COPING MOTIVES AS A MEDIATOR IN THE RELATIONSHIP BETWEEN LGBQ-SPECIFIC STRESSORS AND ALCOHOL CONSUMPTION AND CONSEQUENCES AMONG LGBQ EMERGING ADULTS

by

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A thesis submitted in conformity with the requirements for the degree of Master of Arts Department of Applied Psychology and Human Development Ontario Institute for Studies in Education University of Toronto

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Abstract

Research shows that lesbian, gay, bisexual, and queer (LGBQ) emerging adults (EAs) are at a disproportionately high risk of consuming alcohol and experiencing alcohol consequences. Additionally, research has demonstrated a relationship between LGBQ stressors and problematic alcohol outcomes among LGBQ EAs. The underlying mechanisms, however, remain unclear. The purpose of this study was to examine the mediating role of coping motives on the relationship between LGBQ stressors (internalized heterosexism, parental rejection, homonegative microaggressions, and sexual orientation-based violence) and both alcohol consumption and consequences. 252 LGBQ EAs (18-25 years-old) completed a series of online questionnaires. Two LGBQ stressors were significantly and positively associated with alcohol consumption, whereas the majority of the LGBQ stressors were significantly and positively associated with alcohol consequences. Coping motives emerged as a significant mediator across all tested models. These findings suggest that coping motives are an important target for clinical interventions for reducing drinking among LGBQ EAs.
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Coping Motives as a Mediator in the Relationship Between LGBQ-Specific Stressors and Alcohol Consumption and Consequences Among LGBQ Emerging Adults

It is well established that emerging adults (ages 18-25; Arnett, 2000) are at heightened risk for alcohol consumption and alcohol-related consequences (e.g. Eisenberg & Weschler, 2003; Kwan, Faulkner, Arbour-Nicitopoulos, & Cairney, 2013; Leatherdale, Hammond, & Ahmed, 2008). For example, in a recent survey of Canadians, 20-24 year olds demonstrated the highest rates of past year alcohol use and a larger percentage of emerging adult drinkers exceeded the low risk drinking guidelines (10 drinks a week for women with no more than two drinks a day; 15 drinks a week for men, with no more than three drinks a day; Statistics Canada, 2013) relative to other ages. Furthermore, substance abuse is the leading cause of preventable death and injury among university students, making it the number one public health concern for colleges and universities across North America (McCabe, Teter, & Boyd, 2006). More recently, research has found that the prevalence of alcohol consumption is significantly higher among lesbian, gay, bisexual, and queer (LGBQ) emerging adults (Bouris et al., 2010; Kerr, Ding, & Chaya, 2014; Marshal et al., 2008; Weber, 2008), and the consequences associated with substance use are more severe in this population (Kerr et al., 2014; McCabe, Boyd, Hughes, & d’Arcy, 2009). Despite the increased risk for alcohol consumption and alcohol consequences faced by this population, there is a paucity of research examining the mechanisms that increase alcohol use and related consequences among LGBQ emerging adults.

The current study seeks to add to this area of research by examining the following factors: (1) the impact of experiencing an LGBQ-specific stressor (i.e. internalized heterosexism, parental rejection, homonegative microaggressions, and/or sexual orientation-based violence) on alcohol consumption and alcohol-related consequences, and (2) the role that drinking to cope
plays in increasing alcohol consumption and alcohol-related consequences among LGBQ emerging adults who have experienced an LGBQ-specific stressor(s).

Review of the Literature

The Theory of Emerging Adulthood

It is widely accepted by human development theorists and researchers that the years between the late teens to the mid-twenties are full of profound changes, particularly in areas such as work, love, and worldviews. Additionally, in the past half century, significant shifts have been documented across the lives of young people, including longer participation in postsecondary education and training, greater tolerance of premarital sex and cohabitation, and later ages of entering marriage and parenthood (Arnett, 2007). Yet, it was not until 2000 that a developmental theory accounting for the changes common during these crucial years was proposed. In a seminal paper, Arnett (2000) asserted that the years between 18-25 are psychologically distinct from both adolescence and young adulthood, and thus warrant their own theoretical framework. Emerging adulthood, as it was termed, is distinguished as a time when one has “left the dependency of childhood and adolescence, [but has] not yet entered the enduring responsibilities that are normative in adulthood” (Arnett, 2000, p.469). Furthermore, Arnett (2004) proposed five features that differentiate emerging adulthood from other life stages: (1) the age of identity exploration, (2) the age of instability, (3) the self-focused age, (4) the age of feeling in-between, and (5) the age of possibilities.

To draw support for his theory, Arnett (2000, 2004) investigated the subjective experience of ‘what it means to be an adult’ and surveyed participants between the ages of 18-25 to evaluate their perception on having reached adulthood. Unsurprisingly, when asked if they had reached adulthood, the majority of emerging adults (EAs) endorsed an in-between perspective,
indicating, ‘in some respects yes, in some respects no’ (Arnett, 2000). Moreover, this study found that the characteristics that mattered most to EAs in terms of attaining a subjective sense of adulthood were accepting responsibility for one’s self, making independent decisions, and becoming financially independent. This finding was of particular interest given that researchers previously conceptualized adulthood using objective demographic transitions such as establishing a stable residence, settling into a career, and getting married (Arnett, 2000). These findings also pointed to the transitional nature of emerging adulthood. EAs seem to be less restricted by role requirements than persons in other age groups, which gives them the freedom to engage in self-discovery, but may also contribute to higher rates of risk behaviour, as EAs explore their identity and engage in different experiences as part of their exploration (Arnett, 2004).

Alcohol Consumption and Consequences Among Emerging Adults

It is well established that, in comparison to persons at other life stages, EAs are more likely to engage in a range of risky behaviours, including risky sexual behaviour such as unprotected sex, driving while intoxicated or at high speeds, and most types of substance use, including alcohol use (Arnett, 2005). One hypothesis proposed to explain the surge in risky behaviours during this time of life is that EAs are less likely to be monitored by parents than adolescents, and at the same time, less constrained by the normative responsibilities of adulthood, leading to the ability and desire to be involved in a wide range of experiences (Arnett, 2000). Along the same lines, the instability that characterizes emerging adulthood might contribute to substance use as a way to cope with the anxiety, stress, and/or sadness that results from frequent changes in living situations, jobs, and romantic partners (Arnett, 2005).
Although emerging adulthood is a developmental period with high rates of risky behaviours, research shows that alcohol consumption is the risk taking behaviour most common among EAs. Nearly 70% of 21 to 25 year-olds reported using alcohol within the last month (Eisenberg & Weschler, 2003; Kwan et al., 2013). In addition, the typical drinking pattern of EAs differs from that of adults; rather than having one or two drinks per day, EAs are more likely to save drinking for the weekend and to engage in binge drinking, which is defined as the consumption of four (women) or five (men) alcoholic beverages on a single occasion (Weschlsler, Dowdall, Davenport, & Rimm, 1995). Large-scale studies suggest that approximately half of university students engage in binge drinking at least once a month (National Center on Addiction and Substance Abuse [CASA], 2007), with 23% engaging in binge drinking frequently (Eisenberg & Weschler, 2003). Although alcohol consumption in emerging adulthood is culturally normative and often low-risk, there is a troubling trend toward more harmful drinking in EA, with research indicating that approximately 6% of EAs qualify for a diagnosis of alcohol dependence (Canadian Centre on Substance Abuse, 2007). Furthermore, for university students and for EAs in general, alcohol use is associated with a variety of other problems, including missing classes and regretful behaviour (Eisenberg & Weschler, 2003), and alcohol misuse is responsible for some of the most destructive consequences, which include risky sexual behavior, crime, unintentional injuries, suicide, accidental deaths, and driving while intoxicated (CASA, 2007).

**Alcohol Consumption and Consequences Among LGBQ Emerging Adults**

Whereas the general prevalence of alcohol use among EAs is worrisome, researchers have found higher rates of alcohol use and alcohol-related problems among LGBQ EAs (e.g. Amadio, 2006; Bouris et al., 2010; Kerr, 2014). In a meta-analysis of 20 studies on the
differences in substance use frequency (tobacco, alcohol, and illicit drugs) between heterosexual and LGBQ youth, the authors found that the odds of substance use for LGB youth were 190% higher than for heterosexual youth and substantially higher within some subpopulations of LGB youth (e.g. 340% higher for bisexual youth; Marshal et al., 2008). Additionally, Reed, Prado, Matsumoto, and Amaro (2010) found that approximately 85% of LGBQ students reported alcohol use within the past month and that 81% of LGBQ students had at least one incident of binge drinking per week in the past month. In terms of alcohol abuse or dependence, as defined by the Diagnostic and Statistical Manual of Mental Disorders 5th Edition, the incidence is estimated to be between 28-35% in LGBQ EAs as compared to 3-6% of the general EA population (Olsen, 2000). Moreover, the Center for Substance Abuse Treatment found that LGBQ EAs are: a) more likely to use alcohol and drugs than the general population, b) more likely to have higher rates of alcohol and drug abuse than the general population, c) less likely to abstain from use, and d) more likely to continue heavy drinking into later adulthood (Weber, 2008).

In addition to their increased frequency of alcohol use, LGBQ EAs are more likely to experience adverse consequences as a result of their drinking. For example, Kerr and colleagues (2014) found that lesbian and bisexual women are five times more likely to seriously consider suicide, over three times more likely to have sex without giving consent, and twice as likely to have sex without obtaining consent as a consequence of their drinking compared to heterosexual women. Additionally, the rates of suicide ideation and engaging in unconsented sex are twice as high for gay and bisexual men compared to heterosexual men. Similarly, there are slightly higher odds of gay and bisexual men reporting having unprotected sex under the influence of alcohol, in comparison to heterosexual men (Kerr et al., 2014).
LGBQ-Specific Stressors and Alcohol Consumption and Consequences

As a result of the increased frequency of alcohol consumption among LGBQ EAs, researchers have begun to investigate the LGBQ-specific stressors that account for the increased rates of drinking among LGBQ EAs. Although many stressors may be involved in the increased rates of alcohol consumption among LGBQ EAs (Marshal et al., 2008), the current study will focus on four particular stressors: (1) internalized heterosexism, (2) parental rejection, (3) homonegative microaggressions, and (4) sexual orientation-based violence. The selection of these stressors was informed by minority stress theory (Meyer, 1995, 2003), which posits that sexual minorities experience unique stressors due to their stigmatized status and this increases their risk for mental health issues (Meyer, 2003). Minority stressors exist along a continuum from distal stressors to proximal personal processes (Meyer, 2003). Distal stressors refer to objective events or conditions (e.g. sexual orientation-based violence), whereas proximal personal processes are subjective and require individual appraisals and perceptions (e.g. internalized heterosexism; Meyer, 2003). The current study seeks to incorporate stressors from across the continuum. Additionally, robust literature suggests that the experience of these stressors is widespread among LGBQ EAs (e.g. Nadal et al., 2011a; Weber, 2008; Willoughby, Doty, & Malik, 2010). While there is research that assesses the impact of each of the stressors on this population’s mental health and wellbeing, the scope of this research is hindered by several limitations. The current study’s methodology addresses these limitations, as outlined in more detail below.

**Internalized heterosexism.** Internalized heterosexism is defined as “the internalization of negative messages about homosexuality by lesbian, gay, and bisexual individuals” (Szymanski, Kashubeck-West, & Meyer, 2008, p.525). Internalized heterosexism is regarded as
an important predictor of low self-esteem, less social support, and greater depression and psychological distress (Szymanski et al., 2008). Although the relationship between internalized heterosexism and increased alcohol use has been studied by a handful of researchers since the 1970’s, to date, the results have been somewhat contradictory, with some studies reporting a significant positive relationship and others reporting no relationship. This is possibly due to a lack of consistency in the methods used to assess both internalized heterosexism and alcohol use.

In a meta-analysis of the 15 published articles on this topic up to 2009, the authors found three studies that reported clear support, seven that reported partial support, and five that reported no support for the relationship between internalized heterosexism and increased alcohol use (Brubaker, Garrett, & Dew, 2009).

Considering those studies that found an association, Saghir and Robins (1973) found higher rates of alcohol-related problems among lesbian women, but not gay men, who were conflicted about their homosexuality. Similarly, DiPlacido (1998) found that the amount of alcohol consumed was positively related to internalized heterosexism in lesbian and bisexual women, but not in gay or bisexual men. Additionally, Amadio (2006) studied this relationship among 335 lesbian women and gay men, with women completing the Lesbian Internalized Homophobia Scale (Szymanski & Chung, 2001) and men completing the Internalized Homonegativity Inventory (Mayfield, 2001). Their results highlight three main associations: (1) among both genders, the number of days using alcohol and average number of drinks per occasion over the past month were not predictive of internalized heterosexism; (2) the number of days consuming five-plus drinks over the past month was significantly related to internalized heterosexism in women only; and (3) the number of days being “very drunk” over the past year was related to internalized heterosexism in women only (Amadio, 2006). Weber (2008)
conducted a study with 824 LGBQ youth that resulted in modest positive correlations between internalized heterosexism and alcohol abuse. To help explain the inconsistent findings regarding the relationship between internalized heterosexism and alcohol use, Brubaker and colleagues (2009) recommended including mediating variables, such as depression, anxiety, stress, and/or self-esteem when studying this relationship because it could substantiate the theory of internalized heterosexism and alcohol use by discovering potential underlying mechanisms.

**Parental rejection.** Over fifty years of research has proven that parental love is essential to the healthy social, cognitive, and emotional development of children (Rohner, Khaleque, & Cournoyer, 2005). When this need is not met, children, regardless of differences in culture, gender, or age, will be more hostile, emotionally unstable, dependent or defensively independent, and have impaired self-esteem (Rohner, 1986; Rohner et al., 2005). Acceptance is characterized by affection, care, comfort, concern, nurturance, support, or love that children can experience from their parents (or primary caregivers). Alternately, rejection refers to an absence or significant withdrawal of these feelings and behaviours, often manifesting in a combination of four principle behaviours by parents: (1) cold and unaffectionate, (2) hostile and aggressive, (3) indifferent and neglecting, and (4) undifferentiated rejecting (Campo & Rohner, 1992). Furthermore, evidence strongly suggests that depression, behavioural problems, and problematic substance use are positively correlated with parental rejection (Rohner et al., 2005). With regard to substance use, an extensive number of studies have reported positive correlations between parental rejection and problematic substance use. For example, one study examined levels of parental rejection among 40 substance abusers and 40 nonsubstance abusers and found that the substance abuse group yielded a mean of 162.4 ($SD=41.2$) on the Parental Acceptance-Rejection Scale (Rohner, 1991), compared to a mean of 93.9 ($SD=26.4$) for the nonsubstance abuse group,
indicating a statistically significant discrepancy between the two groups (Campo & Rohner, 1992). Similarly, a study looking at the impact of parental rejection on the alcohol consumption of young women found that higher levels of perceived parental rejection were related to increased alcohol use (Rundell, Brown, & Cook, 2012).

While parental rejection is detrimental to the healthy social, cognitive, and emotional development of EAs in general, it is especially harmful for LGBQ individuals whose parents reject them on the basis of their sexual identity (Ryan, Huebner, Diaz, & Sanchez, 2009). For LGBQ EAs, sexual identity often represents a core component of one’s sense of self (Ridolfo, Miller & Maitland, 2012). Therefore, the rejection of this central part of one’s identity may result in severe negative outcomes. While many parents are supportive or accepting (27%-55%), a large number of LGBQ youth experience rejecting parental reactions (12%-51%), such as verbal abuse, threats, and physical victimization, when disclosing their sexual identity (D’Augelli, Grossman, & Starks, 2005). These intolerant or rejecting responses often have devastating effects on youth who do not have well-developed coping strategies, resources to be on their own, or other forms of social support (Stevens, 2012). As a result, these individuals may experience a loss of support, increased social isolation, the reinforcement of a negative self-image (Rosario, Schrimshaw, & Hunter, 2009), unsatisfactory academic performance, internalizing problems, verbal and physical victimization, homelessness, and suicide attempts (Savin-Williams, 1998). For instance, Wong and Tang (2004) found that perceived rejection from family members was associated with high levels of distress (i.e., somatic complaints, depression, anxiety, and social dysfunction) among young gay men. Supportive reactions from parents, on the other hand, have been found to be related with positive psychological and behavioral outcomes among sexual
minorities, including fewer suicide attempts, less internalized homophobia, and fewer sexual risk-taking behaviors (Willoughby, Doty, & Malik, 2008).

Only a handful of studies have investigated the direct impact of parental rejection on the substance use outcomes of LGBQ EAs. Ryan, Huebner, Diaz, and Sanchez (2009) conducted the first study to look at parental rejection and negative health outcomes, including substance use, with a sample of 224 LGBQ EAs between the ages of 21-25. The results showed that LGBQ EAs with high parental rejection, as measured by the FAP Family Rejection Scale, were 3.4 times more likely to report problematic alcohol use than participants with low rates of rejection (Ryan et al., 2009). Similarly, Willoughby et al. (2010) found a direct relationship between negative parental reactions to their child coming out and substance use among 81 LGBQ youth. Another study investigated the role of parental support as a mediator of the relationship between identifying as a lesbian or bisexual woman and rates of substance use. The results showed that lesbian and bisexual women had dramatically higher odds of substance use compared to heterosexual women, and that these associations were somewhat attenuated when parental support was also considered, such that increased parental support reduced the positive association (Needham & Austin, 2010). Additionally, Rosario et al. (2009) looked at the effects of both accepting and rejecting parental reactions to their child’s coming out on subsequent substance use and abuse among 156 LGB youth ages 14-21. Results from this study showed that rejecting reactions were associated with greater substance use, including greater tobacco, alcohol, and marijuana use, and symptoms of dependence (Rosario et al., 2009). Conversely, accepting reactions were found to have an important role in buffering the negative consequences of negative reactions on alcohol use (Rosario et al., 2009).
**Homonegative microaggressions.** Microaggressions are “brief and commonplace daily verbal, behavioural, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards members of oppressed groups” (Nadal, 2008, p.23). Microaggressions are a relatively new construct in the literature and, to date, most of the research has focused on the impact of racial microaggressions. For example, results show that racial microaggressions are linked to increased levels of perceived stress, depression, negative assumptions, and low self-expectations among African-American students (Torres, Driscoli, & Burrow, 2010). Based upon previous research, there are three postulated forms of microaggressions (Sue et al., 2007): (1) microinsults, which are often unconscious and are described as verbal or non-verbal communications that convey rudeness and insensitivity and demean a person’s identity (e.g. asking a gay man if he is interested in fashion); (2) microinvalidations, which are also often unconscious and include communications that exclude, negate, or nullify the realities of individuals of oppressed groups (e.g. when someone declares, “I don’t see color” to a Black person, as it nullifies his or her experience as a racial, ethnic, and cultural being); and (3) microassaults, which are defined as the usage of explicit and intended derogations either verbally or nonverbally, as demonstrated through name-calling, avoidant behaviour, or discriminatory actions toward the intended victim (e.g. using a homophobic slur).

While the study of homonegative microaggressions is still in the early stages, previous researchers have provided ample evidence that LGBQ people, especially youth, face covert and overt microaggressions throughout their lives (e.g. Nadal et al., 2011a; Sue & Capodilupo, 2008; Wright & Wegner, 2012). Additionally, Sue (2010) suggests that homonegative microaggressions, especially microassaults, might be more common “because it is more
acceptable to be blatantly heterosexist/homophobic than it is to be racist or sexist in America” (p.229). A very limited number of studies have looked at the impact of homonegative microaggressions on LGBQ individuals’ psychological wellbeing and mental health. Wright and Wegner (2012) found that participants who experienced a high frequency of homonegative microaggressions in the past six month and growing up reported lower self-esteem, and that participants who were currently experiencing homonegative microaggressions reported increased negative feelings and general difficulty about their sexual identity. Using a qualitative focus group framework, Nadal et al. (2011a) found that all of the participants in their sample reported feeling distressed immediately after being subjected to homonegative microaggressions. Specifically, participants reported experiencing negative mental health effects, such as decreased self-esteem and post-traumatic stress symptoms, in response to homonegative microaggressions. Another study that investigated the impact of Homonegative microaggressions using a focus group found that all 26 participants brought up mental health issues (e.g. depression, anxiety, suicidal ideation, self-destructive behaviors, and post-traumatic stress disorder) when asked about the impact of homonegative microaggressions (Nadal et al., 2011b). Despite a scarcity of studies that have focused on LGBQ discrimination through a microaggression framework, and the absence of studies looking specifically at the relationship between microaggressions and alcohol use, previous research supports the relationship between experiences of blatant heterosexist discrimination and a wide rage of mental health concerns, including increased alcohol use (Herek, Cogan, & Gillis, 2002; Nadal et al., 2011a). One of the goals of the current study is to extend the literature on homonegative microaggressions by examining the relationship between microaggressions and alcohol consumption and consequences among LGBQ EAs.
Sexual orientation-based violence. According to Statistics Canada, there were 1,167 police-reported hate crimes in 2013, and 16% of these were motivated by sexual orientation (Allen, 2015). Sexual orientation motivated hate crimes were more likely to be violent, with 66% of sexual orientation-based violence between 2010 to 2013 involving violent offences, in comparison to 44% of crimes targeting race or ethnicity (Allen, 2015). In terms of the victims of violent hate crimes motivated by sexual orientation from 2010 to 2013, 83% were male and 48% were under the age of 25; while 91% of all accused were male, and 64% were under the age of 25 (Allen, 2015).

It is important to emphasize, however, that these prevalence rates are likely to be underestimates that do not paint an accurate picture of sexual orientation-based hate crimes in Canada. For example, based on 2009 data, Dowden and Brennan (2012) found that non-reporting of hate crimes occurred in up to two-thirds of cases. With regards to characteristics related to non-reporting, Dunbar (2006) suggested that women were less likely to report a hate crime, white men and women were more likely to report a hate crime, and that the higher the level of violence, the less likely that the hate crime will be reported. Additionally, Dunbar (2006) found that, out of 1538 sexual orientation hate crimes, 28% were not reported to the police. It has been speculated that the rates of non-or underreporting of hate crimes motivated by sexual orientation are high due to a common fear among minority groups, including LGBTQ people, that police response will result in further victimization, a process called “re-victimization” (Sullaway, 2004).

A multitude of studies have explored the prevalence and occurrence of specific types of sexual orientation-based hate crimes. For example, the lifetime prevalence of verbal harassment (e.g. verbal assaults, threats) ranged from 37% to 50%, for physical violence (e.g. physically
assaulted, sexually assaulted, stalked, objects thrown) the rates ranged from 5% to 15%, for discrimination (e.g. housing, employment, insurance) the prevalence ranged from 11% to 97%, and finally, the rates of any incidents of trauma ranged rom 75% to 98% (D’Augelli, Pilkington & Hershberger, 2006; Gold, Dickstein, Marx & Lexington, 2009; House, Van Horn, Coppeans & Stepleman, 2011).

Overall, prevalence data demonstrates that this population is exposed to discrimination with alarming frequency and they experience a range of discriminatory behaviour. Given these startling numbers, researchers have turned to investigating the health outcomes associated with experiencing sexual orientation-based violence. Being a victim of sexual orientation motivated violence is associated with an increased risk for posttraumatic stress disorder (Rose & Mechanic, 2002), anger, higher levels of depression and anxiety, diminished self-efficacy, self-blame, loss of trust in others, suicidal ideation (Herek, Gillis, & Cogan, 1999), internalized homophobia (Meyer, 1995), and increased substance use and abuse (McCabe, Bostwick, Hughes, West, & Boyd, 2010; Wray, Pantalnoe, Kahler, Monti, & Meyer, 2016).

Looking specifically at substance use outcomes, one study explored the relationship between social discrimination, violence, and illicit drug use among an ethnically diverse sample of 526 male EAs who sleep with men (Wong, Weiss, Ayala, & Kipke, 2012). The authors found that the experience of homophobic violence was strongly associated with increased illicit drug use, specifically among racial/ethnic minority men (Wong et al., 2012). In an older study, McKirnan and Peterson (1988) found that verbal harassment and discrimination for being gay were associated with more alcohol and drug abuse among a sample of 2603 gay men. More recently, Wray and colleagues (2016) explored associations between perceived discrimination experiences, drinking motives, alcohol use, and alcohol-related problems in a sample of 183
heavy drinking men who sleep with men (MSM) with and without HIV. The authors found that in both HIV-negative and positive MSM, perceived discrimination was significantly positively associated with alcohol problems (Wray et al., 2016).

**Drinking Motives**

While direct links between the above stressors and alcohol use and consequences have been demonstrated in the research, the mechanisms underlying the relationships remain unclear. Motivational models of drinking may be one mediating mechanism to explain the relationships between the experience of LGBQ-specific stressors and alcohol use and related consequences. Motivational models of alcohol use assume that understanding the motives that drive an individual to drink will provide insight into the (1) antecedents that make a person more likely to drink; (2) typical pattern of drinking; (3) consequences of drinking; and (4) best suited treatment methods should therapeutic intervention be necessary (Cooper, 1994). Over 20 years of research suggests that drinking motives can be classified across two underlying dimensions reflecting reinforcement (positive or negative) and source (internal or external), resulting in four categories of drinking motives (Cooper, 1994). Social motives involve drinking to obtain social rewards (positive, external). Enhancement motives involve drinking to enhance positive mood or well-being (positive, internal). Conformity motives involve drinking to avoid social rejection (negative, external). Coping motives involve drinking to reduce or regulate negative emotions (negative, internal; Cooper, 1994).

Extensive research suggests that these four drinking motives can result in distinct drinking trajectories (Cooper, 1994; Jasinski & Ford, 2007). For example, social motives are the most commonly endorsed motive by EAs and are associated with light, infrequent, non-problematic alcohol use in social settings (Cooper, 1994). They are also associated with binge
drinking in university campus social settings (Jasinski & Ford, 2007). Enhancement motives are associated with heavy alcohol use in settings that promote heavy drinking (Cooper, 1994). Conformity motives are typically negatively related to drinking at bars and at home, but positively related with drinking at parties where pressures to conform may be strongest (Cooper, 1994). Individuals who endorsed conformity motives were the least frequent drinkers and had the lowest consumption rates (Jasinski & Ford, 2007). Lastly, coping motives tend to be associated with heavy alcohol use, drinking alone, and problematic drinking (Cooper, 1994). The role and endorsement of drinking motives, based on Cooper’s (1994) model, has not been studied among an LGBQ EA population, therefore it is unknown whether the endorsement rates and drinking trajectories differ among this group.

**Coping motives.** Drinking to cope has been the most extensively researched drinking motive, although not the most highly endorsed. Drinking to cope is considered a reactive process, typically initiated by the presence of negative emotions (Cooper, Frone, Russell, & Mudar, 1995). Turning to alcohol in response to negative emotions is seen as either the result of an individual lacking more adaptive means of coping (Abrams & Niaura, 1987) or an intrinsic part of maladaptive forms of emotion coping (Cooper et al., 1995), such as “drinking to forget your problems.” A large proportion of the drinking motives literature has found that endorsing coping motives, above any other motive, is related to increased alcohol-related consequences and mental health issues (Kuntsche, Knibbe, Gmel, & Engels, 2016). Cooper and colleagues (1995) found that “copers” were significantly more depressed, relied on maladaptive forms of emotion coping, and held stronger expectancies for the tension reducing properties of alcohol. In a study with university students, Jasinski and Ford (2007) found that individuals who drank for coping reasons tend to be more frequent alcohol users, drank alone, and were very likely to binge drink.
Regarding the specific alcohol-related problems of college students, researchers have found that there is a direct association between drinking to cope and experiencing higher levels of impaired control, diminished self-perception, poor self-care, risky behaviors, academic/occupational problems, and physiological dependence (Merrill, Wardell, & Read, 2014). Furthermore, studies have found that coping motives serve as a mediator when investigating the relationship between many stressors (i.e. social anxiety, sexual coercion, bullying victimization) and alcohol use and/or alcohol-related problems (e.g. Fossos, Kaysen, Neighbors, Lindgren, & Hove, 2011; Lewis et al., 2008; Topper, Castellanos-Ryan, Mackie, & Conrod, 2011), wherein increased stressors were associated with greater coping motives for drinking and increased alcohol use and/or problems.

The finding that coping motives are an important underlying mechanism that contribute to EA alcohol consumption and alcohol-related problems is well supported in the literature (Kuntsche et al., 2005). Additionally, it has been hypothesized that, because LGBQ individuals experience increased levels of stress, they may be prone to drink for coping reasons (Drabble, Midanik, & Trocki, 2005). Jasinski and Ford (2007) examined whether drinking motives and social norms could explain the relationship between sexual orientation and binge drinking among over 2000 college students. The authors reported that general drinking motives, but not coping motives, successfully mediated the relationships between sexual orientation and binge drinking because the inclusion of the drinking motives reduced the significant differences in binge drinking based on sexual orientation. Despite the promising results, there were significant limitations to this study: (1) sexual behaviour was used to measure sexual orientation; (2) alcohol use was limited to binge drinking; and (3) drinking motives were not assessed using a validated
measure. Therefore, while this study provides preliminary information to support the role of coping motives as mediators, it is necessary to build upon this important area of research.

Summary

To date, there is considerable evidence supporting the assertion that LGBQ EAs are at a higher risk of consuming increased levels of alcohol, as well as experiencing increased alcohol-related consequences than their heterosexual counterparts (Amadio, 2006; Bouris et al., 2010; Ryan et al., 2009). Further, it is well established that various negative stressors, including internalized heterosexism, parental rejection, homonegative microaggressions, and sexual orientation-based violence are associated with increased alcohol use and alcohol-consequences among LGBQ EAs (Amadio, 2006; Ryan et al., 2009; Wong et al., 2012; Wright & Wegner, 2012). Finally, it has been shown that drinking motives, particularly coping motives, play an important role in the relationship between certain negative stressors and alcohol use and alcohol-consequences (Drabble et al., 2005; Fossos et al., 2011; Jasinski & Ford, 2007). Despite these findings, further research is needed to understand the mediating effects of coping motives in the relationship between LGBQ stressors and alcohol use and alcohol-related consequences among LGBQ EAs in order to develop interventions that are tailored towards the experiences of LGBQ EAs, specifically interventions that focus on coping methods.

Aims of the Current Study and Hypotheses

Purpose

The current study used a quantitative methodological design to advance the understanding of the relationships between LGBQ-specific stressors and alcohol use and alcohol-related consequences among LGBQ EAs. The purpose of the present study is to contribute to the current understanding of the mediating role of drinking to cope (i.e., coping motives) on the
relationship between the LGBQ-specific stressors and alcohol use and alcohol-related consequences.

**Research Questions and Hypotheses**

The LGBQ-specific stressors that were examined in the current study were (1) internalized heterosexism; (2) parental rejection (mother and father, separately); (3) homonegative microaggressions; and (4) sexual orientation-based violence. The proposed mediating variable was coping motives. The alcohol outcome variables were (1) alcohol consumption and (2) alcohol-related consequences. The research questions and hypotheses that guided this research were:

1. What is the relationship between LGBQ-specific stressors and alcohol consumption among LGBQ EAs?

   Hypothesis 1a: Internalized heterosexism will be positively and significantly associated with alcohol consumption.
   
   Hypothesis 1b: Experience of parental rejection will be positively and significantly associated with alcohol consumption.
   
   Hypothesis 1c: Experience of homonegative microaggressions will be positively and significantly associated with alcohol consumption.
   
   Hypothesis 1d: Experience of sexual orientation-based violence will be positively and significantly associated with alcohol consumption.

2. What is the relationship between LGBQ-specific stressors and alcohol-related consequences among LGBQ EAs?

   Hypothesis 2a: Internalized heterosexism will be positively and significantly associated with alcohol-related consequences.
Hypothesis 2b: Experience of parental rejection will be positively and significantly associated with alcohol-related consequences.

Hypothesis 2c: Experience of homonegative microaggressions will be positively and significantly associated with alcohol-related consequences.

Hypothesis 2d: Experience of sexual orientation-based violence will be positively and significantly associated with alcohol-related consequences.

3. **How do coping motives help explain the relationship between LGBQ-specific stressors and alcohol consumption among LGBQ EAs?** That is, does experiencing an LGBQ stressor lead to higher endorsement of coping motives, which result in increased alcohol consumption?

   Hypothesis 3a: Coping motives will significantly mediate the relationship between internalized heterosexism and alcohol consumption.

   Hypothesis 3b: Coping motives will significantly mediate the relationship between experiencing parental rejection and alcohol consumption.

   Hypothesis 3c: Coping motives will significantly mediate the relationship between experiencing homonegative microaggressions and alcohol consumption.

   Hypothesis 3d: Coping motives will significantly mediate the relationship between sexual orientation-based violence and alcohol consumption.

4. **How do coping motives help explain the relationship between LGBQ-specific stressors and alcohol-related consequences among LGBQ EAs?** That is, does experiencing an LGBQ stressor lead to higher endorsement of coping motives, which result in increased alcohol-related consequences?
Hypothesis 4a: Coping motives will significantly mediate the relationship between internalized heterosexism and alcohol-related consequences.

Hypothesis 4b: Coping motives will significantly mediate the relationship between experiencing parental rejection and alcohol-related consequences.

Hypothesis 4c: Coping motives will significantly mediate the relationship between experiencing homonegative microaggressions and alcohol-related consequences.

Hypothesis 4d: Coping motives will significantly mediate the relationship between sexual orientation-based violence and alcohol-related consequences.

**Methodology**

**Participants**

A total of 309 individuals were recruited from the LGBTQ community to participate in this online study. Two hundred and fifty-two participants were included in the total sample, since 12 did not meet the inclusion criteria and 45 were identified by the researcher as non-respondents. Participants ranged in age from 18 to 25 ($M = 21.98; SD = 2.19$), with 45.6% living in Canada and 54.4% in the United States. Eighty-five percent of the participants lived in an urban setting, and 15% lived in a rural setting. In terms of habitation status, 12.7% of respondents lived alone, 32.1% lived with roommate(s), 15.9% lived with a partner/spouse, and 39.3% lived with his or her parent(s).

In regard to education, 2% of respondents had completed some high school, 10.3% competed high school or received a GED, 45.2% reported having ‘some’ university or college education, 36.9% completed a Bachelor’s degree, 4% completed a post-graduate degree, and 0.4% had completed a professional degree. At the time of completion, 52.8% were students, while 47.2% were not students. Thirty-seven percent of participants were employed full-time,
32.9% were employed part-time, and 29.4% were unemployed. Eleven percent of the sample reported a well-below average economic status, 24.6% considered their economic status to be somewhat below average, 34.5% reported about average, 22.6% had an economic status somewhat above average, and 6.7% identified as well-above average.

An analysis of the racial and ethnic makeup of the participant sample indicated that the majority of the sample identified as white/Caucasian (68.3%), 5.6% of the population identified as Asian, 19% identified as Biracial, 1.6% Black/African, 0.4% First Nations/Indigenous, 2.8% Latin/Hispanic, 0.4% Middle Eastern, 0.8% South Asian, and 0.4% identified as ‘Other’. Participants were instructed to check all ethnicities/races that applied, thus, these percentages represent overlapping categories and do not add up to one hundred percent. Thirty-two percent of participants identified as gay, 21.4% were lesbian, 21.4% identified as bisexual, 14.7% were queer, 6.7% were polysexual/pansexual, 0.8% identified as a WSW (woman who has sex with women), 2% identified as questioning, 0.4% were Two-Spirited, and 0.4% were unsure of their sexual identity. In terms of gender identity, 44.8% were female, 38.5% were male, 5.2% identified as genderqueer, 2% were FTM (female-to-male), 3.6% were MTF (male-to-female), 1.6% identified as transgender, 1.6% were questioning, 0.4% were unsure of their gender identity, and 2.4% of participants left the gender identity question blank. Fifty-one percent of the sample indicated that they were currently in a relationship or were dating, while 48.4% were single. The majority of the sample (45.6%) had previously disclosed their sexual identity and were out publically, including at work and all social situations, 27.4% had disclosed their sexual identity to friends and family only, 25.8% had disclosed their sexual identity to friends only, and 1.2% of the sample had not disclosed their sexual identity.
Procedure

This study employed a cross-sectional, quantitative design. Participant recruitment was carried out using snowball and targeted online recruitment strategies. The electronic study advertisement was posted on various online forums and support networks, classified websites, social networking websites, and was distributed by LGBTQ community organizations and university campus listserves. Specifically, a Facebook page for the study entitled “Exploring Drinking Patterns and Sexuality Among LGBTQ Young Adults” was created and it was encouraged for interested participants to invite their own contacts and networks to participate. Other targeted Facebook groups were contacted to request permission to post the study advertisement on the group page. Groups were targeted based on their titles (e.g. “Queer Toronto”) while ensuring that the group met the study’s demographic and age-based requirements as best as possible. In addition, the following LGBTQ organizations distributed the study advertisement and/or shared it on their Facebook page: LGBTOUT, Queer Toronto, the Vancouver Pride Society (My Davie Village), Qmunity, LGBT Community Center of the Desert, Rainbow Health Ontario, The 519, and Out on Campus. Furthermore, advertisements for the study were posted on classified websites such as craigslist.com and kijiji.com. Lastly, participants were recruited through reddit.com, a user-driven new-sharing site that operates using a bulletin-board system and contains a multitude of community subgroups. The study advertisement was posted on the “LGBT”, “Queer”, “Gay”, “Bisexual”, “MentalHealth”, and “Addiction” subgroups. The study advertisement posted on the above websites and distributed by the above community organizations notified participants of their eligibility to enter a draw to win a $50.00 VISA gift card to thank them for their participation. Participants who withdrew their
data by exiting the survey before completion were not eligible to enter the draw and were notified of this during the informed consent process.

Upon accessing the survey link, prospective participants were directed to the study website. The online survey for this study was powered by Google Forms, a user-friendly platform for creating and analyzing questionnaires, that allows participants to respond to surveys privately and anonymously. Additionally, Google Forms provides researchers with features to design questions with a variety of response options (e.g. multiple choice, checklist, paragraph answer, etc.) and allows the researcher to format the survey to allow question skip logic and page branching. After reading a brief introduction to the study, prospective participants were directed to the informed consent page, which, consistent with research ethic principles, outlined the study’s purpose, risks, and right to withdrawal, as well as ensured the participants of the anonymity and confidentiality of their data (Appendix B). Upon clicking the “I Consent” button, they were asked the first three demographic questions, which also served to ensure that participants met the inclusion criteria to participate in this study. In order to participate in the study, individuals had to: a) be between the ages of 18-to-25, b) identify as lesbian, gay, bisexual, queer, WSW (woman who has sex with women), MWM (man who has sex with men), pansexual/polysexual, or questioning, c) currently reside in Canada or the US, and d) consumed at least one alcoholic beverage in the past one year. If the participant met all the inclusion criteria, they were then able to continue to answer the survey questions, which took approximately 30 minutes to complete. At the completion of the survey, respondents were led to a printable “Resource Sheet” (Appendix D), which outlined contact information to national and provincial/state organizations and telephone hotlines that provide services related to LGBTQ, mental health, and drinking and drug use issues. Finally, participants were allowed the
opportunity to submit their e-mail to a separate survey in order to be entered into a draw for a $50.00 VISA gift card to thank them for their participation.

**Variables and Measures**

**Demographic information.** Participants were asked about a series of demographic variables including: age, sexual identity, geographic location, gender identity, education level, relationship status, living situation, income, race/ethnicity, level of outness, and employment status.

**Sexual identity.** Sexual orientation is comprised of three major dimensions: sexual behaviour, sexual attraction, and sexual identity. A critique of past research in this area regards the limited assessment of sexual identity. Specifically, a large proportion of the previous research inquires only about the participants’ sexual behaviour (i.e. the gender of sexual partners) to make inferences about their sexual identity. The current study is interested in the participants’ self-reported sexual identity, that is, “an individual’s sense of personal and social identity based on one’s sexual attractions, behaviors expressing those sexual attractions, and membership in a community of others who share them” (Nadal, 2011, p.1344). The rationale behind this decision is based on the idea that one can identify as LGBQ without having any previous same-sex sexual experiences, in the same way that one can have same-sex sexual experiences without identifying as LGBQ. Therefore, the “CAMH: Asking the Right Questions 2” (Barbara, Doctor, & Chaim, 2007) was used to inform the construction of the question regarding sexual identity.

**Internalized heterosexism.** Internalized heterosexism was measured using the Internalized Homophobia Scale (IHS; Wagner, Brondolo, & Rabkin, 1996; Wagner, Serafini, Rabkin, Remien, & Williams, 1994). The IHS consists of 20 items, 9 of which were taken from the Nungesser Homosexual Attitudes Inventory (Nungesser, 1983), and the remaining 11
developed by a research team at the New York State Psychiatric Institute. Each item is rated on a five-point Likert scale ranging from 1=Strongly disagree to 5=Strongly agree, with higher scores signaling increased internalized heterosexism. Example items include “I wish I were heterosexual” and “Most gay people end up lonely and isolated.” The IHS has demonstrated high internal consistency, with a Cronbach’s alpha of .92 (Wagner et al., 1994). Furthermore, validity was established by exploratory factor analysis, positive correlations with psychological distress, demoralization, age at which one first accepted being gay, and negative correlations with degree of integration into the LGBTQ community (Wagner et al., 1996). Since the IHS was developed for use with gay men, the scale was modified for appropriate use with lesbian and bisexual women (e.g. the item “I wish I could be more sexually attracted to women” was modified to “I wish I could be more sexually attracted to the opposite sex”). Reliability analysis in the current study revealed an internal consistency of .92.

**Parental acceptance/rejection.** Global parental rejection was examined using the Parental Acceptance-Rejection Questionnaire-Short Form (PARQ-SF; Rohner, 1991) The PARQ is a 24-item instrument designed to measure individuals’ perceptions of parental acceptance and rejection when the respondent was living with his or her parent(s). The PARQ consists of four scales: (1) Perceived parental warmth/affection; (2) Perceived parental aggression/hostility; (3) Perceived parental indifference/neglect; (4) Perceived parental undifferentiated rejection. Individuals respond to statements on a four-point Likert scale ranging from 1=Almost always true to 4=Almost never true. Participants responded to both the Mother and the Father versions of the PARQ-SF, since research has revealed a difference in the consequences of rejection from a father compared to rejection from a mother (Rohner, 1991). A composite score for the PARQ was obtained by summing the four scales after reverse scoring the warmth/affection scale score.
Over 20 years of research has found this instrument to be reliable and valid for use in North America and cross-culturally, with alpha coefficients ranging from .86 to .95 (e.g. Campo & Rohner, 1992; Rohner, 1991). Internal consistency for rejection from a mother and rejection from a father within the current study were .97 and .97, respectively.

**Homonegative microaggressions.** Homonegative microaggressions was measured using two subscales from the Homonegative Microaggressions Scale (HSM; Wright & Wegner, 2012), which is designed to assess the experiences of homonegative microaggressions in the past six months. The two subscales, Assumed Deviance (AD) and Second-Class Citizen (SCC), make a 17-item measure that is administered on a five-point response scale ranging from 1=hardly ever/never/not at all to 5=consistently/a great deal. Example items include “How often have people conveyed that it is your choice to be gay/lesbian/bisexual?” and “How often have you had to act different at work or school in order to hide your sexual orientation?” These two subscales were chosen due to the factor analyses results, which showed that when combined, the AD and SCC subscales accounted for a significantly larger amount of the variance. Similarly, in Wright’s (2014) study, he found that the AD and SCC subscales were significantly related to negative mental health and well-being, whereas the other two subscales, Assumptions of Gay Culture and Stereotypical Knowledge and Behaviour, were not significantly related with mental health outcomes. The AD and SCC subscales of the HSM show good internal consistency with a Cronbach’s alpha of .85 and .83, respectively. Furthermore, convergent validity was established through the association between the HMS and measures of perceived prejudice, discrimination, and oppressive experiences. Reliability analysis for this scale within the current study demonstrated an alpha coefficient of .93.
Sexual orientation-based violence. Hate crimes and overt discrimination was measured using questions adapted from the Northern California Men’s Health Study by Herek and colleagues (CAYSO; Herek, Gillis, & Cogan, 1999). Questions were designed to capture the extent of victimization, severity, and frequency. Due to the nature of this study, a composite frequency score was calculated and used to represent the total score for sexual orientation-based violences.

Drinking motives. Drinking motives was measured using the Drinking Motives Questionnaire-Revised (DMQ-R; Cooper, 1994). The DMQ-R is a 20-item questionnaire that assesses the frequency with which individuals drink for four reasons: (1) To cope with negative affect (coping motives; e.g. “To forget your worries”), (2) To enhance positive affect (enhancement motives; e.g. “Because it give you pleasant feelings”), (3) For social reasons (social motives; e.g. “To be sociable), and (4) To avoid social consequences (conformity motives; e.g. “Because your friends pressure you to drink”). Individuals indicated the frequency to which they endorse each item using a five-point Likert scale ranging from 1=Almost never/Never to 5=Almost always/Always. All four subscales have demonstrated strong internal consistency with Cronbach alpha’s ranging from 0.84 to 0.88 (Cooper, 1994). Furthermore, the DMQ-R has been validated across various gender, race, and age groups (e.g. Cooper, 1994; Cooper et al., 1995). One study administered the DMQ-R to a sample of LGBQT students and found similar alpha coefficients as the aforementioned studies (Ebersonle, Noble, & Madison, 2012). Only the coping subscale of the DMQ-R was used in the current study and reliability analysis revealed high internal consistency (Cronbach’s α = .89).

Alcohol consumption. Alcohol consumption within the past 12 months was examined using the three consumption items from the Alcohol Use Disorders Identification Test (AUDIT-
Participants rated their alcohol use frequency on a four-point scale from *monthly or less* to *more than four times a week* and the quantity of alcohol consumed on a typical day on a six-point scale from *less than 1* to *10 or more*. Participants also responded to how often they have participated in binge drinking by indicating how often they consumed four (women) or five (men) drinks on one occasion on a five-point scale ranging from *never* to *daily or almost daily*. This item was modified from the AUDIT-C, which specifies *6 or more drinks*, in order to reflect the gender-based criteria for binge drinking (Wechsler, Dowdall, Davenport, & Rimm, 1995). The AUDIT-C has high internal consistency in a diverse range of samples and settings, with a median Cronbach’s alpha of 0.83 (Reinert & Allen, 2007). Research has also found the AUDIT to have good reliability (Reinert & Allen, 2007), and validity for screening alcohol use among EAs (Saunders, Aasland, Barbor, de la Fuente & Grant, 1993), and among LGBTQ populations (Cronbach’s alpha of .80; Weber, 2008). Reliability of the modified version of the AUDIT-C in the present student revealed good internal consistency (Cronbach’s $\alpha = .76$).

**Alcohol-related consequences.** Alcohol problems in the past 12 months were measured using the Brief Young Adult Alcohol Consequences Questionnaire (BYAACQ; Kahler, Strong & Read, 2005). Participants responded either *Yes* or *No* to 24 items that assess the experience of alcohol problems, ranging from mild (i.e., *having a hangover*) to severe (i.e., *driving while impaired*). Scores range from 0-24 with a higher number indicating more alcohol problems. The BYAACQ has demonstrated good psychometric properties, including a reliability estimate of 0.82 in a sample of college students (Kahler et al., 2005). Kahler and colleagues (2005) reported that a score of 10 (out of 24) indicated that the individual is likely to report at least some psychosocial consequences associated with his or her alcohol use, and that a score of 15 (out of
24) suggests that symptoms associated with alcohol abuse and dependence may be present. Reliability analysis demonstrated excellent internal consistency with an alpha coefficient of .91.

Results

Preliminary Analyses

Summary scores were computed for the internalized heterosexism, parental rejection (mother and father, separately), homonegative microaggressions, sexual orientation-based violence, coping motives, alcohol consumption, and alcohol-related consequences variables. Internalized heterosexism was computed by summing all items from the IHS. Parental rejection was computed by summing all items from PARQ-M and the PARQ-F, separately, after reverse scoring the Warmth-Affection subscale. Homonegative microaggressions was computed by summing all items from the HMS. Sexual orientation-based violence was computed by creating a frequency score of each crime a participant experienced and summing all endorsed items. Alcohol consumption was computed by summing all items of the AUDIT-C. Lastly, alcohol-related consequences was computed by summing all items of the BYAACQ.

Descriptive statistics for internalized heterosexism, parental rejection, homonegative microaggressions, sexual orientation-based violence, coping motives, alcohol consumption, and alcohol-related consequences were generated and examined and are provided in Table 1. Means, medians, standard deviations, and the scale and observed range were calculated for the total sample (n = 252). In regard to alcohol consumption, results show that the majority (38%) of participants drink between two-to-four times per month, with a consumption average of one-to-two drinks per drinking occasion. Given the positively skewed nature of all variables, both correlational and inferential analyses were conducted using bootstrapping, a computer-intensive, robust analysis technique that can be applied to non-normal data. Bootstrapping involves
repeatedly sampling from the data set and, for inferential statistics, estimating the indirect effect in each resampled data set by obtaining confidence limits (Preacher & Hayes, 2008).

Independent sample t-tests and one-way ANOVAs were computed to determine whether there were any statistically significant differences between the means of all variables based on sexual orientation, age, location (Canada vs. USA and urban vs. rural, respectively), and gender identity. The results showed that there was little to no statistically significant differences among participants when grouped by sexual orientation, age, or location. However, when grouped by gender identity, results showed that male-to-female (MTF) transgender participants reported statistically significant higher means of maternal parental rejection in comparison to males, higher homonegative microaggressions in comparison to males and females, and more sexual orientation-based violence in comparison to males and females. Despite the statistical significance, the magnitude of these differences was small. Similarly, caution should be taken when interpreting these results since the sample size of MTF participants was extremely small ($n = 5$). Due to the limited differences among the sample, the following statistical analyses were conducted using the data from the whole sample as one group.
Hypothesis 1: The Relationship Between LGBQ-Specific Stressors and Alcohol Consumption

It was hypothesized that internalized heterosexism, parental rejection, homonegative microaggressions, and sexual orientation-based violence would all be positively and significantly related to alcohol consumption. Bivariate correlations were conducted to examine the degree of association between the LGBQ-specific stressors and alcohol consumption (Table 2). There were two significant bivariate relationships found. Homonegative microaggressions was positively and significantly associated with alcohol consumption ($r = .14, p < .05$). In addition, sexual orientation-based violence was positively and significantly associated with alcohol consumption ($r = .17, p < .01$). However, the magnitude of these relationships was small. All other relationships were non-significant.
Hypothesis 2: The Relationship Between LGBQ-Specific Stressors and Alcohol-Related Consequences

It was hypothesized that internalized heterosexism, parental rejection, homonegative microaggressions, and sexual orientation-based violence would all be positively and significantly related to alcohol-related consequences. Bivariate correlations were conducted to examine the degree of association between the LGBQ-specific stressors and alcohol-related consequences (Table 2). The relationship between internalized heterosexism and alcohol-related consequences was non-significant. Both mother and father parental rejection was positively and significantly associated with alcohol-related consequences. However, the magnitude of these relationships was small. Homonegative microaggressions was positively, moderately strongly and significantly associated with alcohol-related consequences. Similarly, sexual orientation-based violence was positively, moderately strongly and significantly associated with alcohol-related consequences.

Table 2.

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Note. *p < .05 **p < .01; IHS = Internalized Homophobia Scale, PARQ-M = Parental Acceptance/Rejection Questionnaire-Mother, PARQ-F = Parental Acceptance/Rejection Questionnaire-Father, HMS = Homonegative Microaggressions Scale, CAYSO = Crimes Against You Because of Your Sexual Orientation scale, DMQR-Cop = Coping subscale of Drinking Motives Questionnaire Revised, AUDIT-C = Consumption subscale of Alcohol Use Disorders Identification Test, BYAACQ = Brief Young Adult Alcohol Consequences Questionnaire; Number of bootstrap sample set at 5000.
Hypothesis 3: The Relationship Between LGBQ-Specific Stressors and Alcohol Consumption Through Coping Motives

According to Baron and Kenny (1986), there are several assumptions that must be met prior to testing statistical mediational hypotheses. Most fundamental is that the predictor variable is significantly correlated with the outcome variable, in order to establish that there is an effect that may be mediated (Baron & Kenny, 1986). Although it was hypothesized that all LGBQ-specific stressors would be associated with alcohol consumption through coping motives, according to the bivariate correlations (see Table 2), only two relationships met this assumption. Thus, only two mediational models were tested (Table 3). Mediation was tested using the PROCESS macro developed by Andrew F. Hayes (2016).

Model 1: The relationship between homonegative microaggressions and alcohol consumption through coping motives. Mediation analyses were conducted to explore the relationship between homonegative microaggressions and alcohol consumption through coping motives (Figure 1). Participants who experienced greater homonegative microaggressions also endorsed greater coping motives, which in turn led to increased alcohol consumption. Results from the mediation analysis showed a significant indirect effect of homonegative microaggressions on alcohol consumption through coping motives, with confidence intervals based on 5000 bootstrap samples entirely above zero. The effect size, interpreted as a ratio of the indirect effect to the direct effect \( P_M = ab/(ab+c') \), was \( P_M = 1.44 \).
Model 2: The relationship between sexual orientation-based violence and alcohol consumption through coping motives. Mediation analyses were conducted to explore the relationship between sexual orientation-based violence and alcohol consumption through coping motives (Figure 2). Participants who experienced more sexual orientation-based violence also endorsed greater coping motives, which in turn led to increased alcohol consumption. Results from the mediation analysis showed a significant indirect effect of sexual orientation-based violence on alcohol consumption through coping motives, with confidence intervals based on 5000 bootstrap samples entirely above zero. The effect size, interpreted as a ratio of the indirect effect to the direct effect, was $P_M = .42$. 

Figure 1. Path coefficients for the mediation model of the relationship between homonegative microaggressions and alcohol consumption through coping motives.

Figure 2. Path coefficients for the mediation model of the relationship between sexual orientation-based violence and alcohol consumption through coping motives.
Hypothesis 4: The Relationship Between LGBQ-Specific Stressors and Alcohol-Related Consequences Through Coping Motives

Although it was hypothesized that all LGBQ-specific stressors would be associated with alcohol-related consequences through coping motives, according to the bivariate correlations (see Table 2), only four relationships met this assumption. Thus, only four mediational models were tested (Table 3).

**Model 3: The relationship between mother parental rejection and alcohol-related consequences through coping motives.** Mediation analyses were conducted to explore the relationship between parental rejection from a mother and alcohol-related consequences through coping motives (Figure 3). Participants who experienced increased parental rejection from their mother also endorsed greater coping motives, which in turn led to increased alcohol-related consequences. Results from the mediation analysis showed a significant indirect effect of mother parental rejection on alcohol consequences through coping motives, with confidence intervals based on 5000 bootstrap samples entirely above zero. The effect size, interpreted as a ratio of the indirect effect to the direct effect, was \( P_M = .95 \).

*Figure 3. Path coefficients for the mediation model of the relationship between mother parental rejection and alcohol-related consequences through coping motives.*
Model 4: The relationship between father parental rejection and alcohol-related consequences through coping motives. Mediation analyses were conducted to explore the relationship between parental rejection from a father and alcohol-related consequences through coping motives (Figure 4). Participants who experienced increased parental rejection from their father also endorsed greater coping motives, which in turn led to increased alcohol-related consequences. Results from the mediation analysis showed a significant indirect effect of father parental rejection on alcohol consequences through coping motives, with confidence intervals based on 5000 bootstrap samples entirely above zero. The effect size, interpreted as a ratio of the indirect effect to the direct effect, was $P_M = .46$.

![Figure 4](image.png)

*Figure 4.* Path coefficients for the mediation model of the relationship between father parental rejection and alcohol-related consequences through coping motives.

Model 5: The relationship between homonegative microaggressions and alcohol-related consequences through coping motives. Mediation analyses were conducted to explore the relationship between homonegative microaggressions and alcohol-related consequences through coping motives (Figure 5). Participants who experienced more homonegative microaggressions also endorsed greater coping motives, which in turn led to increased alcohol-related consequences. Results from the mediation analysis showed a significant indirect effect of
homonegative microaggressions on alcohol consequences through coping motives, with confidence intervals based on 5000 bootstrap samples entirely above zero. The effect size, interpreted as a ratio of the indirect effect to the direct effect, was $P_M = .59$. Notably, experiencing more homonegative microaggressions also had a direct effect on alcohol-related consequences.

![Path coefficients for the mediation model of the relationship between homonegative microaggressions and alcohol-related consequences through coping motives.](image)

*Figure 5.* Path coefficients for the mediation model of the relationship between homonegative microaggressions and alcohol-related consequences through coping motives.

**Model 6: The relationship between sexual orientation-based violence and alcohol-related consequences through coping motives.** Mediation analyses were conducted to explore the relationship between sexual orientation-based violence and alcohol-related consequences through coping motives (Figure 6). Participants who experienced more sexual orientation-based violence also endorsed greater coping motives, which in turn led to increased alcohol-related consequences. Results from the mediation analysis showed a significant indirect effect of sexual orientation-based violence on alcohol consequences through coping motives, with confidence intervals based on 5000 bootstrap samples entirely above zero. The effect size, interpreted as a ratio of the indirect effect to the direct effect, was $P_M = .40$. Notably, experiencing more sexual orientation-based violence also had a direct effect on alcohol-related consequences.
Figure 6. Path coefficients for the mediation model of the relationship between sexual orientation-based violence and alcohol-related consequences through coping motives.

Table 3.

Indirect Effect of LGBQ-Specific Stressors on Alcohol Consumption and Consequences Through Coping Motives (DMQR-Cop)

<table>
<thead>
<tr>
<th>AUDIT-C</th>
<th>a-path B (SE)</th>
<th>b-path B (SE)</th>
<th>c-path B (SE)</th>
<th>c'-path B (SE)</th>
<th>ab [95% CI]</th>
<th>PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMS</td>
<td>.112*** (.020)</td>
<td>.228*** (.020)</td>
<td>.017* (.008)</td>
<td>-.008 (.010)</td>
<td>.026 [.016, .036]</td>
<td>1.44</td>
</tr>
<tr>
<td>CAYSO</td>
<td>.447*** (.120)</td>
<td>.214*** (.022)</td>
<td>.133** (.049)</td>
<td>.038 (.043)</td>
<td>.095 [.036, .155]</td>
<td>.42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BYAACQ</th>
<th>PARQ-M</th>
<th>PARQ-F</th>
<th>HMS</th>
<th>CAYSO</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUDIT-C</td>
<td>.073** (.022)</td>
<td>.571*** (.048)</td>
<td>.043* (.021)</td>
<td>.002 (.017)</td>
</tr>
<tr>
<td></td>
<td>.062** (.020)</td>
<td>.558*** (.047)</td>
<td>.059** (.019)</td>
<td>.024 (.015)</td>
</tr>
<tr>
<td></td>
<td>.112*** (.018)</td>
<td>.521*** (.049)</td>
<td>.099*** (.017)</td>
<td>.041** (.015)</td>
</tr>
<tr>
<td></td>
<td>.447*** (.120)</td>
<td>.531*** (.046)</td>
<td>.593*** (.109)</td>
<td>.355*** (.091)</td>
</tr>
</tbody>
</table>

Note. *p < .05 **p < .01 ***p < .001; Predictors: PARQ-M = Parental Acceptance/Rejection Questionnaire-Mother, PARQ-F = Parental Acceptance/Rejection Questionnaire-Father, HMS = Homonegative Microaggressions Scale, CAYSO = Crimes Against You Because of Your Sexual Orientation scale; Mediator: DMQR-Cop = Coping subscale of Drinking Motives Questionnaire Revised; Outcomes: AUDIT-C = Consumption subscale of Alcohol Use Disorders Identification Test, BYAACQ = Brief Young Adult Alcohol Consequences Questionnaire; Number of bootstrap sample set at 5000; 95% confidence intervals that do not contain zero are bolded and represent a significant indirect effect; PM is a measure of effect size that represents a ratio of the indirect effect to the direct effect.
Discussion

The purpose of the present study was to advance the understanding of the relationship between LGBQ-specific stressors and alcohol consumption and alcohol-related consequences. Specifically, coping motives were examined as a mediator of the relationship between LGBQ-specific stressors and alcohol use and alcohol-related consequences in a sample of 252 LGBQ emerging adults. Given the exploratory nature of the study, it was hypothesized that all measures of LGBQ-specific stressors would be positively and significantly associated to alcohol consumption and alcohol consequences, respectively. Contrary to the hypotheses, only two LGBQ-specific stressors, homonegative microaggressions and sexual orientation-based violence, were positively and significantly associated with alcohol consumption. In terms of alcohol-related consequences, the results largely supported the hypotheses, since all LGBQ stressors, except for internalized heterosexism, were positively and significantly associated with alcohol consequences.

It was also hypothesized that all LGBQ-specific stressors would be related to alcohol consumption and alcohol-related consequences though coping motives. That is, it was predicted that experiencing an LGBQ stressors would lead to higher endorsement of coping motives, which would, in turn, result in increased alcohol consumption or alcohol consequences. Six mediational models were tested and the results provided support for all predictions. The following section will discuss the most important current findings within the context of the existent literature. Implications for practice and future research are also discussed, along with limitations of the study.

It was hypothesized that internalized heterosexism, defined as the internalization of negative messages about homosexuality by LGBQ individuals, would be positively and
significantly associated with both alcohol consumptions and alcohol-related consequences. However, the results did not provide support for these hypotheses, as internalized heterosexism was not significantly associated with either alcohol consumption or alcohol-related consequences. Although an association between internalized heterosexism and both alcohol consumption and consequences was predicted, the non-significant findings can be understood in the context of previous research indicating contradictory results (Brubaker et al., 2009). Others have noted that the inconsistent findings likely reflect methodological issues (Szymanski et al., 2008) including the potential problems of administering instruments designed for gay and bisexual men to lesbian and bisexual women and the inability of these measures to detect low levels of internalized heterosexism. It may be the case that the questionnaire used in the current study contributed to the non-significant findings. The IHS was developed to assess internalized heterosexism in gay men (Wagner et al., 1994; Wagner et al. 1996). Although the measure was adapted in the current study, based on recommendations for making the measure applicable for women, the nature of the questions themselves may not encompass women’s true experiences. For example, several items reflect the desire to develop heterosexual attractions or to stop being gay. However, given sexual minority women’s experience of greater fluidity in their sexual orientation when compared to men, Herek and colleagues (1998) suggested that items like these may be more applicable to men’s experiences than women’s. Similarly, there are potential problems in the use of the IHS (Wagner et al., 1994; Wagner et al. 1996) with bisexual participants because the unique experiences of bisexuals may lead to differences in the ways that internalized heterosexism is experienced (Szymanski, Kashubeck-West, & Meyer, 2008). Additionally, it is possible that the IHS used a narrow conceptualization of internalized
heterosexism that may not have been sufficiently sensitive to detect low or moderate levels of internalized heterosexism.

A second reason for the lack of significant relationships between internalized heterosexism and alcohol consumption and alcohol consequences may be due to participant demographics. Particularly, in regard to the disclosure of one’s sexual identity (i.e., “outness”), the participants in the current study were significantly publically out, with a majority (46%) of respondents identifying as “out publicly including at work and all social situations”, and 27% and 26% of the sample responding as “out to friends and family only” or “out to friends only”, respectively. Therefore, only 1.2% of the sample had not disclosed their sexual identity. This is significant, given that studies have found that less self-disclosure of sexual orientation to others is related to higher levels of internalized heterosexism (Szymanski et al., 2008). For example, a meta-analysis of 14 studies examining the relationship between various aspects of the coming-out process, including coming out to others, and internalized heterosexism identified 29 significant correlations that ranged from -.23 to -.64, with an average medium effect size of -.41 (Szymanski et al., 2008). To further explore the role of coming out on internalized heterosexism in the current study, a correlation analysis was conducted between level of outness and internalized heterosexism. Consistent with previous findings, a negative, moderately strong and significant relationship was found ($r = -.39, p < .01$). The limitations with using the HIS and the high level of outness among the participants in the current study offers an explanation of the non-significant relationships between internalized heterosexism and alcohol consumption and alcohol-related consequences in the current study.

When comparing the correlations analyzed for the relationships between the LGBQ stressors and alcohol consumption and the LGBQ stressors and alcohol consequences, it is
evident that a greater range of LGBQ-specific stressors were significantly and positively correlated to alcohol-related consequences compared to alcohol consumption. Specifically, alcohol consequences were significantly positively associated with both mother and father parental rejection, homonegative microaggressions, and sexual orientation-based violence, whereas alcohol consumption was only significantly positively related to homonegative microaggressions and sexual orientation-based violence. Though examining somewhat different variables, this finding is supported in past research, where alcohol consequences, but not alcohol use, has been linked with various risk factors. For example, Lewis and colleagues (2008) found that college students higher in social anxiety consumed less alcohol but experienced higher alcohol consequences, even when controlling for alcohol consumption. Similarly, in a study investigating attachment anxiety and alcohol outcomes, Molnar, Sadava, DeCourville, and Perrier (2010) found that increased attachment anxiety was related to lower alcohol consumption but more alcohol-related consequences. In addition, Cogger (2014) reported that among a sample of sexual minority women, recent sexual minority victimization was unrelated to alcohol consumption, yet still associated with alcohol-related consequences. These authors explained their findings by suggesting that these stressors reflected specific vulnerabilities to adverse alcohol consequences, independent from their association with alcohol consumption. This may also reflect qualitatively different patterns of alcohol consumption. For example, the same quantity of alcohol use (e.g., four drinks in a day) may result in very different outcomes depending on the way in which the alcohol is consumed over time (e.g. four drinks in an hour vs. four drinks over the course of several hours).

This explanation parallels the theoretical underpinnings of the drinking motives framework, specifically in regard to coping motives (Kuntsche et al., 2005). The literature has
consistently found that drinking to cope is more strongly associated with alcohol-related consequences relative to other drinking motives. Similarly, while other drinking motives (e.g. enhancement motives) are associated with drinking consequences indirectly, through alcohol consumption, coping motives have been found to predict alcohol problems directly, even after controlling for alcohol consumption (Kuntsche et al., 2005). Furthermore, the alcohol-related consequences associated with coping motives (e.g. poor self-care and academic/occupational problems) are considered longer-term consequences, in comparison to consequences associated with other drinking motives (Merrill & Read, 2010). It was hypothesized that individuals in the current study would use alcohol to cope with LGBQ stressors and the findings supported this hypothesis: fewer LGBQ-specific stressors were associated with alcohol consumption, but all stressors were associated with alcohol-related consequences. These results further validate the established theory that drinking to manage negative experience or affect represents a maladaptive drinking style and problem solving strategy (Cooper et al., 1995) and provide additional evidence that LGBQ stressors contribute to coping motives for drinking and may set the stage for more problematic patterns of alcohol consumption.

Indeed, one of the critical findings to emerge from the current study that contributes to a better understanding of the relationships between LGBQ-specific stressors and alcohol consumption and consequences was the highly significant mediating role of coping motives. As predicted, coping motives was a significant mediator among all tested relationships. Although the current study was one of the first to examine mechanisms contributing to increased alcohol use and consequences among LGBQ EAs, a recent article published after the completion of this study provides support for these findings. Feinstein and Newcomb (2016) investigated the mediating role of substance use motives on the association between minority stressors and
substance use problems among 370 young men who have sex with men. They found that using marijuana to cope mediated the relationship between sexual orientation-based victimization and marijuana use problems, using illicit drugs to cope mediated the relationship between both internalized stigma and victimization and drug use problems, and using alcohol to cope and to enhance pleasure mediated the association between internalized stigma and alcohol use problems (Feinstein & Newcomb, 2016). Although Feinstein and Newcomb (2016) looked at minority stressors in general (i.e. victimization, perceived stigma, and internalized stigma), and not LGBQ stressors in particular, their findings also highlight the important role of coping motives, which is consistent with other studies in which coping motives have been identified as important mediators of the relationship between various stressors (e.g. sexual assault, child maltreatment) and alcohol consequences (Goldstein, Flett, & Wekerle, 2010; Lindgren et al., 2012). However, researchers studying the experiences of LGBQ populations have called for future research on underlying mechanisms that might contribute to a better understanding of the relationships between LGBQ stressors and alcohol consumption and consequences (Jasinski & Ford, 2007). The current study found that coping motives play a significant mediating role among these relationships and provides a first necessary step to understanding what puts LGBQ EAs at risk. It is important to note, however, that out of the six mediational models that were tested, a direct link between the stressor and the outcome continued to exist in two models. Thus, despite the contributions of the present study, the relationship between homonegative microaggressions and alcohol-related consequences and between sexual orientation-based violence and alcohol-related consequences must be further studied in order to identify any additional mediators.

It was particularly interesting to notice the similarity in the magnitude of significance between homonegative microaggressions and sexual orientation-based violence across all
hypotheses. These similarities are significant given that homonegative microaggressions, defined as brief and commonplace daily indignities towards members of sexual minority groups, are far more prevalent than hate crimes motivated by sexual orientation (Wright & Wegner, 2012). For example, within the current study, almost half (42.9%) of the participants had never experienced a sexual orientation-based violence, whereas all of the participants had experienced multiple homonegative microaggressions. Experiencing homonegative microaggressions has not only been associated with increased alcohol consumption and consequences, as reported in the current study, but with other negative outcomes, such as low-self-esteem, post-traumatic stress, anger, depression, anxiety, suicidal ideation, and self-destructive behaviour (Nadal et al., 2011a; Nadal et al., 2011b). Thus, while homonegative microaggressions may be more subtle and covert than sexual orientation-based violence, they still have a substantial negative impact on LGBQ individuals’ mental health and alcohol related outcomes.

Considering that the study of homonegative microaggressions is a new and emerging area of research, the results from the current study highlight the important role of coping motives. Whereas experiencing sexual orientation-based violence tends to be an isolated event, often, homonegative microaggressions are experienced daily and over a prolonged period of time (Wright & Wegner, 2012). As previously mentioned, coping motives are associated with a problematic drinking trajectory, including drinking alone and in large quantities (Copper, 1994), and grave consequences, such as academic/occupational problems, engaging in risky behaviour, and physiological dependence (Merrill et al., 2014). Therefore, the prolonged or repeated experience of a stressor could intensify the problems associated with coping motivated drinking, since these individuals may use drinking to cope more frequently.
Limitations and Future Directions

Although the current study offers important findings that advance the understanding of the impact of LGBQ-specific stressors on the alcohol outcomes of LGBQ EAs, the study is subject to several limitations. First, the present study is limited to cross-sectional data, and therefore, causal effects cannot be inferred. Research that employs longitudinal methods is necessary in order to fully understand the relationships between LGBQ-specific stressors, coping motives, and alcohol consumption and consequences.

The generalizability of these findings may be limited due to the nature of participant recruitment and participant demographics. For example, the study relied on snowball recruitment, which may have limited the diversity of the participant demographics. Specifically, the present sample tended to be well educated, cisgender, and predominantly white/Caucasian. Future research should seek to recruit a more diverse and representative sample. Importantly, results showed that MTF individuals experienced significantly higher mother parental rejection in comparison to males, higher homonegative microaggressions in comparison to males and females, and more sexual orientation-based violence in comparison to males and females. However, only five participants identified as MTF, considerably limiting the generalizability of these results. Thus, future research should aim to recruit a larger group of trans* individuals who identify as LGBQ. Further, self-selection bias may have played a role, in that respondents chose to participate in a study requiring self-identification as LGBQ. As previously noted, the large majority of participants in this study had disclosed their sexual identity, and therefore might differ from LGBQ EAs who were not as “out” or chose not to fill out a survey targeting LGBQ individuals.
Although all of the questionnaires had good psychometric properties, the self-report nature of the current study is a limitation, particularly given the methodological issues of certain questionnaires identified previously (e.g. IHS; Wagner et al., 1994; Wagner et al. 1996). For example, though an extremely well validated and widely used questionnaire, the PARQ (Rohner, 1991) measures general parental rejection, and does not account for parental rejection that is based on their child’s sexual orientation. Therefore, future studies should aim to use quantitative measures that assess sexual orientation-based parental rejection, specifically. Furthermore, using qualitative methodology is also necessary in order to obtain a deeper and more nuanced understanding of LGBQ EA’s experiences of sexual orientation-based parental rejection. Lastly, the current finding that the large majority of LGBQ individuals experience homonegative microaggressions is supported by previous literature (Wegner, 2014; Wright & Wegner, 2012). Given the large prevalence rates and the negative effects associated with this stressor, it is critical that future research focus on homonegative microaggressions, since literature on this topic is relatively scarce.

**Clinical Implications**

The results from the current study have important implications for clinicians, given the significant psychological, physical, and social impact of alcohol consumption and alcohol-related consequences. Understanding the associations between experiences of LGBQ stressors and alcohol outcomes is critical for clinicians to have an awareness of the possible factors influencing their clients’ drinking behaviour. Lehavot and Simoni (2011) concluded that it is critical for clinicians to screen all LGBQ clients for minority stress. Similarly, it is important to assess for problematic alcohol consumption and alcohol consequences during important time periods, such as when clients report experiencing past-year LGBQ-specific stressors and when
clients are going through the coming out process (Cogger, 2014). Results from the current study suggest that experiencing homonegative microaggressions and sexual orientation-based crime have particularly harmful effects. While most professionals consider sexual orientation-based crime traumatic, homonegative microaggressions may be overlooked given the lack of understanding or lived experience of heterosexual therapists. Therefore, special attention should be dedicated to understanding of clients’ experiences of homonegative microaggressions, given how prevalent and pervasive that are among the LGBQ population and the current findings indicating that these experiences impact coping and alcohol outcomes.

Understanding the motives that underlie an individual’s alcohol consumption is imperative, since that information can provide insight into what the client’s drinking trajectory might be (Cooper, 1994) and may therefore be invaluable to developing a treatment plan. The results from the current study showed that coping motives, or drinking for coping reasons, significantly mediated the relationship between LGBQ stressors and alcohol consumption and consequences. Drinking to cope with negative stressors has the potential to lead to heavy alcohol consumption and negative consequences such as drinking alone, depression, impaired control, diminished self-perception, poor self-care, risky behaviors, academic/occupational problems, and physiological dependence (Cooper, 1995; Merrill et al., 2014).

To some extent, most alcohol interventions focus on an individual’s motivation for drinking and the specific needs that alcohol satisfies. Thus, by understanding that drinking to cope is highly endorsed by LGBQ individuals, particularly after experiencing an LGBQ stressor, clinicians can target their interventions to emphasize alternative methods for coping with negative emotions. For example, Lahavot and Simoni (2011) suggest LGBQ-affirmative CBT in order to provide an opportunity for clients to learn coping strategies that relate to the experience
of LGBQ stress, and to develop emotional and behavioural techniques to help the client deal with distressing environmental stressors such as homonegative microaggressions. Motivational Interviewing (MI; Miller & Rollnick, 2002) is a nonconfrontational and nonjudgmental harm reduction approach that has been found highly effective in helping individuals with issues related to alcohol use. MI has an integrative foundation that, at its core, uses elements of humanistic therapy such as empathy, authenticity, and unconditional positive regard. As a result, MI is an LGBQ-affirmative approach to therapy and is increasingly being recommended for use with stigmatized and minority populations.

Finally, the findings from the present study provide further understanding of the interpersonal and environmental contexts that initiate or maintain problematic drinking among LGBQ individuals. The results from the current study can help to inform interventions of a larger scope. For example, clinicians across a variety of settings can conduct training sessions that discuss the impact of discrimination, particularly homonegative microaggressions, on the wellbeing of the LGBQ population (Cogger, 2014). Interventions that promote community-based action are integral to not only help LGBQ people who have been marginalized, but also to encourage collective change in our communities.
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EXPLORING DRINKING PATTERNS AND SEXUALITY AMONG LGBTQ YOUNG ADULTS

Are you between the ages of 18 – 25?

Do you identify as lesbian, gay, bisexual, trans*, queer (LGBTQ)?

Do you currently live in Canada or the United States?

IF SO, WE ARE INTERESTED IN HEARING FROM YOU!

We are interested in studying the drinking patterns and experiences of sexuality-related stressors among LGBTQ young adults. You will be asked to fill out an anonymous online survey about your alcohol use and sexuality. The survey will take approximately 30-45 minutes to complete. Upon completion of the survey you will be given the opportunity to enter your e-mail address for a draw for a $50 VISA gift card. You have approximately a 1 in 50 chance of winning the VISA gift card.

If you are interested in participating in this study please go to the link below to obtain more information about the study.

http://goo.gl/forms/dmfTjrhy9vMCbWQt1

Department of Applied Psychology & Human Development
Ontario Institute for Studies in Education
University of Toronto
Appendix B

Informed Consent Form

**Research Title:** Coping motives as a mediator in the relationship between LGBQ-specific stressors and alcohol use among LGBQ emerging adults

**Short Title:** Exploring drinking patterns and sexuality-related stressors among LGBQ emerging adults

**Consent to Participate in a Research Study**
The purpose of this informed consent is to ensure that you understand the purpose of the study and the nature of your involvement. The informed consent must provide you with sufficient information such that you have the opportunity to determine whether you wish to participate in the study.

Thank you for your interest in this study. As a reminder, in order to participate you must be between the ages of 18-25, identify as LGBTQ, and reside in Canada or the United States.

**Purpose**
The purpose of this study is to better understand the relationship between experiencing sexuality-related stressors and alcohol use among LGBTQ young adults. This study will focus particularly on how drinking motives mediate the relationship between experiencing sexuality-related stressors and alcohol use. The goal of this research is to better inform counsellors and psychologists who work with the LGBTQ population.

**Procedure**
- If you agree to participate in this study, you will be asked to complete an online survey that will take approximately 30-45 minutes.
- The online study must only be completed once.
- Participation in this study will involve answering background information questions, in addition to questions about your experience of sexuality-related stressors, your alcohol consumption patterns, and experiences you may have had related to your drinking.
- You will have the option to enter your e-mail address into a draw to win a $50 VISA gift card as compensation for your participation.

**Right to Refuse**
- Participation in this study is completely voluntary and you are under no obligation to participate.
- You have the right to withdraw from the study at any time during your completion of the online survey, however this will exclude you from the opportunity to enter the draw.
- You may choose to skip questions you do not want to answer for any reason without penalty.
- If you choose to withdraw from the study at any time during the completion of the online survey, simply exit your browser.
• Once data collection has been completed, we will send you an e-mail to inform you whether you have won the draw. All e-mail addresses will be deleted immediately after the draw.

Risks

• Although the risk level of participating in this study is low, the online survey may result in reflecting on your experiences with sexuality-related stressors and alcohol consumption.
• For some individuals, these issues are sensitive, and may cause some participants to feel negative emotions.
• We will provide you with the contact information of various resources that you may access if you would like to discuss any issues that participating in this study brought up.

Benefits

• By sharing your experiences you may gain a better understanding of your experiences of sexuality-related stressors and your drinking patterns. Some people may find this reflection to be helpful in their personal lives.
• The information you provide will help us to develop better practices for working with LGBTQ young adults.
• You will also receive a list of helpful resources that you may use in the immediate or future if you desire access to mental health services.

Compensation

• You will have the option to enter your e-mail address into a draw to win a $50 VISA gift card as compensation for your participation.
  o You have approximately a 1 in 50 chance to win the VISA gift card
• The winner will be notified and forwarded their $50 VISA gift card to the e-mail address provided during the survey.

Confidentiality/Anonymity

• The data collected in this study is strictly confidential.
• You will not be asked to put your name anywhere on the survey, and no other identifying information (i.e. birthdate, IP address, etc.) will be collected or used when publishing or presenting the results of this study.
• Your e-mail address will not be directly connected with your survey responses, as they will be stored in two separate password-protected databases. All e-mail addresses will be deleted once the draw has been done.

Other Information
If you are interested in obtaining a brief report of the study results please feel free to contact the research investigator (Ms. Natalie Kalb) by e-mail at n.kalb@mail.utoronto.ca.

Questions
If you have any questions or concerns about this study, or if any issues arise because of your participation, please feel free to contact the Investigator or Supervisor.
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**Should you have any questions about your rights as a research participant, please feel free to contact the Office of Research Ethics at the University of Toronto. Office of Research Ethics, University of Toronto Tel: (416) 946-3273 E-mail: ethics.review@utoronto.ca**

I have read the above form and understand the conditions of my participation. My participation in this study is voluntary, and if for any reason, at any time, I wish to exit the survey, I may do so without having to give an explanation and with no penalty. I am also aware that the data gathered in this study are confidential and anonymous. My e-mail address, should I decide to provide it, will not be associated with any of my data.

Please print this screen at this point if you want a copy of this page for your own records.

Clicking the “I consent” button indicates that you have agreed to participate in this research study and do not have any unresolved questions about your participation in the research.
Appendix C

Online Survey Questionnaires

Demographic Questionnaire

What is your current age? _______________

I identify my gender as:
- □ Female
- □ Male
- □ Transsexual
- □ Transgender
- □ Genderqueer
- □ Two-spirit
- □ FTM (female-to-male)
- □ MTF (male-to-female)
- □ Intersex
- □ Unsure
- □ Questioning
- □ Other (please specify) ______________
- □ Prefer not to answer

Which of the following options best describes your sexual identity?
- □ Straight/heterosexual
- □ Lesbian
- □ Gay
- □ WSW (woman who has sex with women)
- □ Bisexual
- □ MSM (man who has sex with men)
- □ Queer
- □ Transsensual (person attracted to transsexual or transgendered people)
- □ Polysexual/pansexual
- □ Questioning
- □ Asexual
- □ Autosexual
- □ Unsure
- □ Other (please specify) ______________
- □ Prefer not to answer

In what province/state do you primarily live in? (Select from Drop-down menu)

What type of setting best describes where you live?
- □ Urban
- □ Rural
Check all the boxes that come closest to how you identify your race/ethnicity:
☐ First Nations
☐ Caucasian
☐ Asian
☐ Latin/Hispanic
☐ Black/African
☐ South Asian
☐ Middle Eastern
☐ Biracial _____________________
☐ Other (please specify): __________________________

Which of the following categories best describes your financial situation?
☐ Well-below average
☐ Somewhat below average
☐ About average
☐ Somewhat above average
☐ Well-above average

Please indicate the highest level of education that you have completed:
☐ Some high school
☐ High school diploma or GED
☐ Some university/college
☐ Bachelor’s Degree
☐ Master’s/ Graduate Degree
☐ Ph.D.
☐ Professional degree
☐ Other (please specify): __________________________

Are you currently a student?
☐ Yes ☐ No

What is your current employment status?
☐ Employed full-time
☐ Employed part-time
☐ Unemployed

What is your current living situation?
☐ Living alone
☐ Living with roommate(s)
☐ Living with partner/spouse
☐ Living with parent(s)

Are you currently dating, sexually active or in a relationship(s)?
☐ Yes
☐ No
How open are you about your sexual identity?
☐ Have no disclosed sexual identity/Not out to anyone
☐ Have disclosed sexual identity/Out to close friends only
☐ Have disclosed sexual identity/Out to friends and family only
☐ Have disclosed sexual identity/Out publicly including at work and all social situations
☐ Unsure
☐ Prefer not to say
**Internalized Homophobia Scale** (Wagner, Brondolo, & Rabkin, 1996; Wagner, Serafini, Rabkin, Remien, & Williams, 1994) **item modifications are italicized**

**INSTRUCTIONS:**
The following are some statements that individuals can make about being gay/lesbian/bisexual. Please read each one carefully and decide the extent to which you agree with each statement, and then select the number that best reflects how much you agree or disagree with the statement.

Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree
---|---|---|---|---
1 | 2 | 3 | 4 | 5

1. *Homosexuality/bisexuality* is a natural expression of sexuality in *humans*.
2. I wish I were heterosexual.
3. When I am sexually attracted to another *person of the same-sex*, I do not mind if someone else knows how I feel.
4. Most problems that *homosexuals/bisexuals* have come from their status as an oppressed minority, not from their *sexual orientation* per se.
5. Life as a *homosexual/bisexual* is not as fulfilling as life as a heterosexual.
6. I am glad to be *gay/lesbian/bisexual*.
7. Whenever I think a lot about being *gay/lesbian/bisexual*, I feel critical about myself.
8. I am confident that my *homosexuality/bisexuality* does not make me inferior.
9. Whenever I think a lot about being *gay/lesbian/bisexual*, I feel depressed.
10. If it were possible, I would accept the opportunity to be completely heterosexual.
11. I wish I could become more sexually attracted to the *opposite-sex*.
12. If there were a pill that could change my sexual orientation, I would take it.
13. I would not give up being *gay/lesbian/bisexual* even if I could.
14. *Homosexuality/bisexuality* is deviant.
15. It would not bother me if I had children who were *gay/lesbian/bisexual*.
16. Being *gay/lesbian/bisexual* is a satisfactory and acceptable way of life for me.
17. If I were heterosexual, I would probably be happier.
18. Most *gay/lesbian/bisexual* people end up lonely and isolated.
19. For the most part, I do not care who knows I am *gay/lesbian/bisexual*.
20. I have no regrets about being *gay/lesbian/bisexual*. 
Parental Acceptance/Rejection Questionnaire-SF Mother  (Rohner, 2004)

The following pages contain a number of statements describing the way mothers sometimes act toward their children. Read each statement carefully and think how well it describes the way your mother treated you. Work quickly. Give your first impression and move on to the next item. Do not dwell on any item.

Four boxes are drawn after each sentence. If the statement is basically true about the way your mother treated you, then ask yourself, “Was it almost always true?” or “Was it only sometimes true?” If you think your mother almost always treated you that way, put an X in the box ALMOST ALWAYS TRUE; if the statement was sometimes true about the way your mother treated you then mark SOMETIMES TRUE. If you feel the statement is basically untrue about the way your mother treated you then ask yourself, “Is it rarely true?” or “Is it almost never true?” If it is rarely true about the way your mother treated you put an X in the box RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your mother really was rather than the way you might have liked her to be. For example, if in your memory she almost always hugged and kissed you when you were good, you should mark the item as follows:

<table>
<thead>
<tr>
<th>MY MOTHER</th>
<th>TRUE OF MY MOTHER</th>
<th>NOT TRUE OF MY MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost Always True</td>
<td>Sometimes True</td>
</tr>
<tr>
<td>Hugged and kissed me when I was good</td>
<td>☒</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MY MOTHER</th>
<th>TRUE OF MY MOTHER</th>
<th>NOT TRUE OF MY MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Almost Always True</td>
<td>Sometimes True</td>
</tr>
<tr>
<td>1. Said nice things about me</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Paid no attention to me</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Made it easy for me to tell her things that were important to me</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Hit me, even when I did not deserve it</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Saw me as a big nuisance</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Punished me severely when she was angry</td>
<td>☒</td>
<td>☐</td>
</tr>
<tr>
<td>7. Was too busy to answer my questions</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Seemed to dislike me</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Was really interested in what I did</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Said many unkind things to me</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Paid no attention when I asked for help</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Made me feel wanted and needed</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Paid a lot of attention to me</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Went out of her way to hurt my feelings</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Forgot important things I thought she should remember</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Made me feel unloved if I</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Parental Acceptance/Rejection Questionnaire-SF Father  (Rohner, 2004)

The following pages contain a number of statements describing the way fathers sometimes act toward their children. Read each statement carefully and think how well it describes the way your father treated you. Work quickly. Give your first impression and move on to the next item. Do not dwell on any item.

Four boxes are drawn after each sentence. If the statement is basically true about the way your father treated you, then ask yourself, “Was it almost always true?” or “Was it only sometimes true?” If you think your father almost always treated you that way, put an X in the box ALMOST ALWAYS TRUE; if the statement was sometimes true about the way your father treated you then mark SOMETIMES TRUE. If you feel the statement is basically untrue about the way your father treated you then ask yourself, “Is it rarely true?” or “Is it almost never true?” If it is rarely true about the way your father treated you put an X in the box RARELY TRUE; if you feel the statement is almost never true then mark ALMOST NEVER TRUE.

Remember, there is no right or wrong answer to any statement, so be as honest as you can. Respond to each statement the way you feel your father really was rather than the way you might have liked him to be. For example, if in your memory he almost always hugged and kissed you when you were good, you should mark the item as follows:

<table>
<thead>
<tr>
<th>MY FATHER</th>
<th>TRUE OF MY FATHER</th>
<th>NOT TRUE OF MY FATHER</th>
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</thead>
<tbody>
<tr>
<td>Hugged and kissed me when I was good</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Almost Always True</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sometimes True</td>
<td></td>
<td></td>
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<tr>
<td>Rarely True</td>
<td></td>
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<tr>
<td>Almost Never True</td>
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</table>

<table>
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<th>TRUE OF MY FATHER</th>
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</tr>
</thead>
<tbody>
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<td></td>
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<tr>
<td>2. Paid no attention to me</td>
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<td></td>
</tr>
<tr>
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<td></td>
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<tr>
<td>6. Punished me severely when he was</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

misbehaved

17. Made me feel what I did was important
   18. Frightened or threatened me when I did something wrong
   19. Cared about what I thought, and liked me to talk about it
   20. Felt other children were better than I was no matter what I did
   21. Let me know I was not wanted
   22. Let me know she loved me
   23. Paid not attention to me as long as I did nothing to bother her
   24. Treated me gently and with kindness

Parental Acceptance/Rejection Questionnaire-SF Father  (Rohner, 2004)
<p>| | | | | | |</p>
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<tr>
<td>7.</td>
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<td>20.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Treated me gently and with kindness</td>
<td></td>
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</tbody>
</table>
Homonegative Microaggressions Scale (Wegner, 2014; Wright & Wegner, 2012)

INSTRUCTIONS: The following questions ask you about experiences you’ve had in the past six months.

Hardly ever/ Occasionally, Occasionally/ Consistently/ Constantly/ A
Never but rarely/ From time to Often/ A A
/Not at all A little bit time/ Somewhat good deal great deal
1 2 3 4 5

1. How often have people conveyed that it is your choice to be gay?
2. How often have people assumed you were more sensitive (if you are a man) or less sensitive (if you are a woman)?
3. How often have people assumed you were skilled in stereotypically gay tasks (like interior design for men or carpentry for women)?
4. How often have people assumed you knew a lot about stereotypical LGB interests like wine (if you are a man) or sports (if you are a woman)?
5. How often have people assumed you were knowledgeable about women’s clothing (if you are a man) or men’s clothing (if you are a woman)?
6. How often have people of the same sex assumed you were attracted to them simply because of your sexual orientation?
7. How often have people said blanket statements about how society is full of diversity, minimizing your experience of being different?
8. How often have people changed the subject/topic when reference to your sexual orientation comes up?
9. How often have people assumed you were a pervert or deviant?
10. How often have people assumed you were a pedophile?
11. How often have people assumed you have HIV/AIDS because of your sexual orientation?
12. How often have people physically shielded their child/children from you?
13. How often have people avoided proximity, like crossing the street to walk or waiting for the next elevator?
14. How often have people said things like “I watched Will & Grace” to show they know about gay culture?
15. How often have people equated themselves and their experiences to yours as a minority?
16. How often have people showed surprise at how not effeminate (if you are a man) or not masculine (if you are a woman) you are?
17. How often have people made statements that you are “more normal” than they expected?
18. How often have people told you to “calm down” or be less “dramatic”?
19. How often have people either told you to be especially careful regarding safe sex because of your sexual orientation or told you that you don’t have to worry about safe sex because of your sexual orientation?
20. How often have people made statements about LGB individuals using phrases like “you people” or “you know how gay people are”?
21. How often have people made statements about why gay marriage should not be allowed?
22. How often have people made statement against LGB individuals adopting?
23. How often have people told you to act differently at work or school in order to hide your sexual orientation?
24. How often have people used the phrase “that’s so gay” in your presence?
25. How often have people told you it’s wrong to be gay or said you were going to hell because of your sexual orientation?
26. How often have people told you to dress differently at work or school in order to hide your sexual orientation?

27. How often have people told you not to disclose your sexual orientation in some context (like work or school)?
Crimes Against You Because of Your Sexual Orientation (Herek, Gillis, & Cogan, 1999).

1. Have you ever been the victim of any sort of crime or attempted crime – such as a physical attack, sexual assault, robbery, or vandalism – because someone thought you were LGBQ?
   - ☐ Yes
   - ☐ No

2. How many times have you been the victim of any sort of crime or attempted crime because someone thought you were LGBQ?
   - ☐ Never
   - ☐ Once
   - ☐ Twice
   - ☐ Three or more times

3. If you were the victim of more than one anti-LGBQ crime or attempted crime, tell us about the most severe one. What happened to you that time? (Check as many as apply)
   - ☐ You were hit, beaten, or physically attacked.
   - ☐ You were raped or sexually assaulted.
   - ☐ You were robbed, as in a holdup or mugging.
   - ☐ Your property was stolen, as in a break-in, burglary, or theft.
   - ☐ Your property was purposefully damaged or vandalized.
   - ☐ You saw a friend or relative deliberately killed or murdered.
   - ☐ Someone tried to hit or attack you physically, but they were stopped or you got away?
   - ☐ Someone tried to rape or sexually assault you, but they were stopped or you got away?
   - ☐ Someone tried to steal or damage your property, but they were stopped?
   - ☐ Something else? ________________

4. When did this occur? (Month/Year)

5. Did they use a gun, knife, or other weapon?
   - ☐ Yes
   - ☐ No
   - ☐ Not Applicable

6. Have you experienced any of the following events because someone thought you were LGBQ? (Check as many as apply)
   - ☐ Someone threatened you with violence (including online).
   - ☐ Someone verbally insulted or abused you.
   - ☐ Someone spat on you.
   - ☐ Someone threw an object at you.
   - ☐ Someone chased or followed you.
   - ☐ You were discriminated against in a job, housing, or services.
Drinking Motives Questionnaire-Revised (Cooper, 1994)

INSTRUCTIONS: Listed below are 20 reasons people might be inclined to drink alcoholic beverages. Using the five-point scale below, decide how frequently your own drinking is motivated by each of the reasons listed.

<table>
<thead>
<tr>
<th></th>
<th>Almost never /Never</th>
<th>Some of the time</th>
<th>Half of the time</th>
<th>Most of the time</th>
<th>Almost always/Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To forget your worries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Because your friends pressure you to drink.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Because it helps you enjoy a party.</td>
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<tr>
<td>4</td>
<td>Because it helps you when you feel depressed or nervous.</td>
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</tr>
<tr>
<td>5</td>
<td>To be sociable.</td>
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</tr>
<tr>
<td>6</td>
<td>To cheer up when you are in a bad mood.</td>
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<td></td>
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</tr>
<tr>
<td>7</td>
<td>Because you like the feeling.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>So that others won’t kid you about not drinking</td>
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<tr>
<td>9</td>
<td>Because it’s exciting.</td>
<td></td>
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</tr>
<tr>
<td>10</td>
<td>To get high.</td>
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</tr>
<tr>
<td>11</td>
<td>Because it makes social gatherings more fun.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>12</td>
<td>To fit in with a group you like.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Because it gives you a pleasant feeling.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Because it improves parties and celebrations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Because you feel more self-confident and sure of yourself.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>To celebrate a special occasion with friends.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>To forget about your problems.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Because it’s fun.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>To be liked.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>So you won’t feel left out.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Are there any reasons that you drink alcoholic beverages that are related to your LGBQ identity?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Alcohol Use Disorders Identification Test- Consumption (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998)

INSTRUCTIONS: Please think about your alcohol consumption within the past 12 months.

Definition: A drink means one bottle of beer, one glass of wine, one cooler, or a single shot of liquor

If you have not consumed ANY alcohol within the past 12 months, please check this box
☐ I have not consumed any alcohol within the past 12 months

1. In the past 12 months, how often have you had a drink containing alcohol?
☐ Monthly or less
☐ 2-4 times a month
☐ 2-3 times a week
☐ 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
☐ Less than 1
☐ 1 or 2
☐ 3 or 4
☐ 5 or 6
☐ 7 to 9
☐ More than 10

3. How often do you have four (women)/five (men) or more drinks on one occasion?
☐ Never
☐ Less than monthly
☐ Monthly
☐ Weekly
☐ Daily or almost daily
Brief Young Adult Alcohol Consequences Questionnaire (Kahler, Strong & Read, 2005)

**INSTRUCTIONS:** Please answer the following questions as they apply to you within the past year

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. While drinking, I have said or done embarrassing things.</td>
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<td>2. I have had a hangover (headache, sick stomach) the morning after I had been drinking.</td>
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<td>3. I have felt very sick to my stomach or thrown up after drinking.</td>
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<td>4. I often have ended up drinking on nights when I had planned not to drink.</td>
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<td>5. I have taken foolish risks when I have been drinking.</td>
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<td>6. I have passed out from drinking.</td>
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<td>7. I have found that I needed larger amounts of alcohol to feel any effect, or that I could no longer get high or drunk on the amount that used to get me high or drunk.</td>
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<td>8. When drinking, I have done impulsive things I regretted later.</td>
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<td>9. I’ve not been able to remember large stretches of time while drinking heavily.</td>
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<td>10. I have driven a car when I knew I had too much to drink to drive safely.</td>
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<td>11. I have not gone to work or missed classes at school because of drinking, a hangover, or illness caused by drinking.</td>
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<td>12. My drinking has gotten me into sexual situations I later regretted.</td>
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<td>13. I have often found it difficult to limit how much I drink.</td>
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<td>14. I have become very rude, obnoxious, or insulting after drinking.</td>
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<td>15. I have woken up in an unexpected place after drinking.</td>
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<td>16. I have felt very badly about myself because of my drinking.</td>
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<td>17. I have had less energy or felt tired because of my drinking.</td>
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<td>18. The quality of my work or school has suffered because of my drinking.</td>
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<td>19. I have spent too much time drinking.</td>
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<td>20. I have neglected my obligations to family, work, or school because of drinking.</td>
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<td>21. My drinking has created problems between myself and my boyfriend/girlfriend/spouse, parents, or other near relatives.</td>
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<td>22. I have been overweight because of drinking.</td>
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<td>23. My physical appearance has been harmed by my drinking.</td>
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<td>24. I have felt like I needed a drink after I’d gotten up (that is, before breakfast).</td>
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</tbody>
</table>
Appendix D

Helpful Resources

Canada

Canadian Centre on Substance Abuse: Treatment Services
Provides treatment services relating to alcohol and drug use across Canada.

*Website:* [http://www.ccsa.ca/Eng/Topics/Treatment/default/Pages/default.aspx](http://www.ccsa.ca/Eng/Topics/Treatment/default/Pages/default.aspx)

Canadian Rehab Programs
Provides an online directory of alcohol and drug rehabilitation programs across Canada.

*Website:* [http://www.canadadrugrehab.ca/](http://www.canadadrugrehab.ca/)

LGBT Youth Line
Provides confidential and non-judgemental peer support through telephone, text and chat services.

*Website:* [http://www.youthline.ca](http://www.youthline.ca)
*Phone:* 1-800-268-9688
*Text:* 647-694-4275

GayCanada
Provides an online directory of LGBTQ support groups across Canada.


British Columbia

Alcohol and Drug Information and Referral Services (ADIRS) Helpline
Free provincial telephone helpline that provides confidential and anonymous information and referral services relating to alcohol problems.

*Website:* [http://www.health.gov.bc.ca/navigation/1-800.html](http://www.health.gov.bc.ca/navigation/1-800.html)
*Phone (Lower Mainland):* 604-660-9382
*Phone (toll-free in BC):* 1-800-663-1441
*Text:* 604-836-6381

Qmunity – BC’s Queer Resource Centre
Provides LGBTQ online and in-person resources, referrals, and services to individuals of all ages across British Columbia.

*Website:* [http://qmunity.ca](http://qmunity.ca)
*Phone (general and referrals):* (604) 684-5307 ext. 100
*Phone (youth support):* (604) 684-5307 ext. 113

Alberta

Alberta Alcohol and Drug Abuse Commission (AADAC) Helpline
Free provincial helpline that provides confidential support, information, and referral services relating to alcohol and drug problems over the phone or Skype.

*Website:* http://www.albertahealthservices.ca/addiction.asp
*Phone:* 1-866-332-2322

**YouthSafe**
Provides an online directory of Alberta’s resources and services for LGBTQ youth.

*Website:* http://youthsafe.net

**Saskatchewan**

**Healthline**
Free provincial helpline through which registered nurses and social workers provide confidential health information and support services over the phone.

*Website:* http://www.health.gov.sk.ca/healthline-online
*Phone:* 1-877-800-0002

**OUTSaskatoon**
Provides an online directory of Saskatoon’s (and provincial) LGBTQ resources and services, including peer counselling both in person and over the phone.

*Website:* http://www.outsaskatoon.ca
*Peer support phone (Saskatoon)*: (306) 665-1224
*Peer support phone (Outside of Saskatoon)*: 1-800-358-1833

**Manitoba**

**Addictions Foundation of Manitoba**
Free provincial helpline that provides more information on the services that would best suit your needs relation to alcohol or drug use.

*Website:* http://afm.mb.ca
*Phone (Northern Region):* 1-866-291-7774
*Phone (Western Region):* 1-866-767-3838
*Phone (Winnipeg Region):* 1-866-638-2561

**Rainbow Resource Centre**
Provides online and in-person resources, referrals, and services, including drop-in counselling, peer-support, and group counselling, to LGBTQ individuals of all ages.

*Website:* http://www.rainbowresourcecentre.org
*Phone:* (204) 474-0212, 1-855-437-8523
*Address:* 170 Scott Street, Winnipeg MB R3L 0L3

**Quebec**

**Alcohol Addiction Treatment**
Online directory of alcohol and rehab programs and other addiction-related services.
Really Open
Online directory of Quebec’s resources and services for LGBTQ individuals.
Website: http://reallyopen.com/resources

Ontario

ConnexOntario
Free provincial helpline that provides confidential and anonymous support, information, and referral services relating to alcohol and mental health problems over the phone or online chat.
Website: http://www.connexontario.ca/
Online chat: http://www.drugandalcoholhelpline.ca/
Phone: 1-800-565-8603

LGBT Youth Line
Provides confidential and non-judgemental peer support through telephone, text and chat services.
Website: http://www.youthline.ca
Phone: 1-800-268-9688
Text: 647-694-4275

Atlantic Canada

Gay Halifax
Provides an online directory of LGBTQ and mental health services across Atlantic Canada.
Website: http://gay.hfxns.org/GroupsAndServices

New Brunswick

CHIMO Help Line
Free provincial helpline that provides confidential and anonymous support and referral services over the phone.
Website: http://www.chimohelpline.ca/
Phone: 1-800-667-5005

Prince Edward Island

Island Helpline
Free provincial helpline that provides confidential and anonymous support and referral services over the phone.
Website: http://www.healthpei.ca/index.php3?number=1020501&lang=e
Phone: 1-800-218-2885

Nova Scotia

Addiction Services
Provides specialized addiction prevention services and treatment facilities, including an emergency help telephone line.

Website: http://www.cha.nshealth.ca/addiction/index.asp
Phone (Springhill): 902-597-8647
Phone (Pictou): 902-485-4335

Newfoundland & Labrador

Alcohol Addiction Treatment
Online directory of alcohol and rehab programs and other addiction-related services.
Website: http://www.canadadrugrehab.ca/NL/Newfoundland-Outpatient-Alcohol-Drug-Rehab-Programs.html
Phone: 1-877-746-1963

Yukon

Alcohol and Drug Information and Referral Services (ADIRS) Helpline
Free provincial helpline that provides confidential support, information, and referral services relating to alcohol and drug problems over the phone.
Website: http://www.hss.gov.yk.ca/ads.php
Phone: 1-866-980-9099

Northwest Territories

Northwest Territories Helpline
Free provincial helpline that provides confidential support, information, and referral services relating a range of problems over the phone.
Website:
http://www.hlthss.gov.nt.ca/english/services/help_lines/help_directory_database/view_by_subject.asp?Subject=Addictions,Counselling and Mental Health
Phone: 1-800-661-0844

Nunavut

Nunavut Kamatsiaqtut Helpline
Free provincial helpline that provides confidential support, information, and referral services relating a range of problems over the phone.
Website:
Phone: 1-800-265-3333
Phone (Iqaluit): 1-867-979-3333
United States

GLBT National Help Centre
Provides free and confidential phone and online peer-support to LGBTQ individuals.
   Website: http://www.glbthotline.org
   Phone line: 1-888-843-4564
   Youth (25 & under) phone line: 1-800-246-7743

The Trevor Project
Provides crisis intervention and suicide prevention services to LGBTQ young people ages 13-24.
   Website: http://www.thetrevorproject.org
   Phone line: 866-488-7386

Mental Health America
Provides an online directory for finding low-cost psychotherapy in the United States.
   Website: http:www.mentalhealthamerica.net/finding-therapy

Quit Alcohol
Provides resources across the United States to help individuals reduce or quit drinking.
   Website: http://www.quitalcohol.com/resources-for-quitting.html
   Phone: 1-888-368-8151

Addiction Center
Provides an online directory for finding inpatient drug/alcohol rehab centers in the United States.
   Website: https://www.addictioncenter.com
   Phone line: 877-655-5116

Iowa Substance Abuse Information Center
Provides a Facility Locator to find alcohol/drug services or treatment facilities in Iowa.
   Website: http://facilitylocator.drugfreeinfo.org/Agency/Default.aspx
   Phone line: 1-866-242-4111

Sober Recovery
Provides a list of gay-friendly treatment centers across the United States.
   Website: http://www.soberrecovery.com/links/gayandlesbianresources.html

Treatment4Addiction
Provides an online resource directory for the LGBT community in recovery across the United States.
   Website: http://www.treatment4addiction.com/recovery/lgbt/
   Phone: 888-480-1703

National Alliance on Mental Illness
National helpline and support network for individuals affected by mental illness.
   Website: http://www.nami.org
   Phone line: 800-950-6264
Gays and Lesbians in Alcoholics Anonymous
Directory of AA meeting lists for the LGBT community across the United States.

*Website*: http://gal-aa.org/meetings/meeting-listing/