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ORIGINAL ARTICLE

Individual and Community Resilience Factors Among Lesbian, Gay, Bisexual, Queer and Questioning Youth and Adults in Israel

Guy Shilo · Nadav Antebi · Zohar Mor

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Abstract Drawing on resilience theories, this study examined the individual and community factors of Israeli lesbians, gays, bisexuals, queers, and questioning (LGBQs) that contribute to positive mental health and the degree to which individual and community protective factors mitigate the adverse effect of risk factors for poor mental health. Differences in resilience factors between LGBQ youth and adults were explored. Data were collected on 890 LGBQ youth and adults. Findings emphasize the role of community-level resilience factors in the lives of LGBQs, and that these support systems differ slightly between the two age groups. Among youth, family support was both a strong predictor for well-being and a protective factor for mental distress. Although family support was found as a resilience factor among adults as well, other community-level factors (friends' support, LGBT connectedness and having steady partner) were found as protective factors for poorer mental health. These findings suggest for efforts on fostering familial support for LGBQ youth and a multi-level system that offers support at the familial, peer, relationship and community levels for both LGBQ youth and adults.

Keywords Community · Israel · LGBQ · Mental health · Resilience · Youth

G. Shilo (✉)
Bob Shapell School of Social Work, Tel Aviv University, Ramat Aviv, 69978 Tel Aviv, Israel
e-mail: shiloguy@post.tau.ac.il

N. Antebi
Psychology Department, Mailman School of Public Health, Columbia University, R556 Med. Ctr., New York, NY 10027, USA

N. Antebi
Sociomedical Sciences Department, Mailman School of Public Health, Columbia University, R556 Med. Ctr., New York, NY 10027, USA

Z. Mor
Ramla Department of Health, Ministry of Health, Danny Mass St., 72100 Ramla, Israel

Introduction

A growing body of research on the health disparities among lesbian, gay, bisexual, queer and questioning (LGBQ) populations has uncovered considerable evidence of many mental health problems including depression, suicide ideation, and substance abuse (Hatzenbuehler 2011; Meyer 2003). Most efforts to explain such mental health disparities between LGBQ populations and the population as a whole have cited the minority stress perspective, which argues that the heightened vulnerability of LGBQs is a consequence of their chronic exposure to stressors brought on by their minority status (Meyer 2003), specifically, stigma, discrimination, prejudice and experiences of victimization based on sexual orientation which have internal manifestations, such as internalized homophobia and concealment of sexual orientation.

Particular attention in research has been paid to LGBQ youth, a population known to be at even greater risk for mental health disparities than its adult counterpart (e.g., D'Augelli 2006), due, perhaps, to the combined stressors of adolescence and coming to terms with one's sexual orientation and disclosing it to significant others (Floyd and Stein 2002; Shilo and Savaya 2011). However, not all LGBQ youth and adults experience poor mental health

outcomes. In fact, most of them live healthy and fulfilling lives, in spite of the societal challenges surrounding their sexual orientation (Savin-Williams 2005). As a result, some researchers have sought to further explore the protective factors and social contexts of LGBQs who do well despite social stressors and health risks (e.g., Russell 2005). However, few studies on the health of LGBQ populations have incorporated resilience factors into their design, and, to our knowledge, no study has yet explored the possibly differential pathways of resilience among LGBQ youth compared to adults. Moreover, most studies on stressors and resilience factors among LGBQ youth and adults have been conducted in the U.S. (e.g., Frost and Meyer 2009), which means that their findings are mostly generalizable and applicable only to that particular sociocultural environment (with its distinctive attitudes toward race and homosexuality, for example). Since risk and resilience factors related to the mental health of LGBQ populations are usually a function of a specific societal context (Meyer 2007), there is a great need to examine these factors in various sociocultural environments. With this in mind, the present study set out to explore the resilience factors among LGBQs in Israel, and the different ways in which they affect the mental health of LGBQ youth compared to adults.

Risk Factors for Mental Health Among LGBQ Youth and Adults

Studies consistently show that experiences involving stigma and prejudice, such as being a target of bullying and harassment, correspond with poorer mental health outcomes for both LGBQ youth and adults (D'Augelli et al. 2006; Hatzenbuehler 2011; Meyer 2003). Concealing one's sexual orientation from others, internalizing societal heterosexist attitudes (often referred to as internalized homophobia/homonegativity) and even "coming out" (disclosing one's sexual orientation to others) have also been identified as risk factors for poorer mental health among LGBQ youth and adults (D'Augelli et al. 2006; Meyer 2003; Ryan et al. 2009). Since the current average "coming out" age is lower than ever, occurring predominantly during adolescence (Savin-Williams 2005; Shilo and Savaya 2012), the deleterious effects of coming out and of experiences of anti-LGBQ victimization are risk factors even more relevant to LGBQ youth than to adults (D'Augelli 2006; Floyd and Stein 2002). Moreover, given the central role that parents and family play in the lives of LGBQ adolescents (LaSala 2010), and the fact that there are fewer opportunities at a younger age to access LGBQ community support, LGBQ youth are at a higher risk and possess fewer resilience factors compared to adults (Haas et al. 2010).

Resilience Factors Among LGBQ Youth and Adults

Resilience is defined as "an integrative construct that provides an approach to understanding how people and their communities *achieve* and *sustain* health and well-being in the face of adversity" (Zatura et al. 2010, p. 4—our emphasis). It is therefore defined and operationalized as two complementary perspectives. One sees resilience as a mechanism that promotes positive adaptation to adversity (Luthar et al. 2000), which leads researchers to explore variables that foster good functioning and—in the case of mental health—well-being. The second perspective calls for both risk and protective factors to be taken into account, whereby protective factors help avoid the effects of risk factors on negative health outcomes (i.e., mental distress) (Fergus and Zimmerman 2005; Luthar et al. 2000; Mustanski et al. 2011). Statistically this would take the form of a mediation effect (Baron and Kenny 1986; Frazier et al. 2004) to explore the change mechanism by which a protective factor reduces mental distress.

Resilience is often operationalized as individual-level attributes and/or community-level resources that are external to the individual. Some attributes and resources have been repeatedly found to be significant resilience factors among LGBQ individuals. These include social support, being in a relationship, community connectedness, and higher levels of outness among others (Frost and Meyer 2009; Meyer 2003, 2010). Familial and social support is one of the most significant resilience factors of mental health, especially among youth (Fergus and Zimmerman 2005) and LGBQ individuals (Hershberger and D'Augelli 1995). Being in a steady relationship has also frequently been identified by LGBQ as a critical source of support when coping with minority stress (Kurdek 1988).

Resilience factors were also found to be related to risk factors that characterizes LGBQs, and can enhance understanding of the paths by which they promote mental health. A strong sense of connectedness to the LGBQ community may be a mechanism for coping with minority stress (Meyer 2003). Community connectedness provides the individual with a sense of belonging to a larger collective; close relationships with fellow collective members; satisfaction of one's personal needs; and opportunities for personal and community empowerment (McMillan 1996). Moreover, coming out is usually a positive developmental stage in LGBQ identity development (Shilo 2007): it demonstrates i self-acceptance of one's LGBQ sexual orientation and an understanding of the risks and benefits of disclosing this orientation to others. Since outness is often a function of contextual circumstances, it can be conceptualized as either a risk or a resilience factor. Disclosing one's LGBQ orientation in an unsafe environment may serve as a risk factor, whereas being out in a safe

environment may be empowering and affirming to the LGBQ individual. Conversely, concealing one's sexual orientation typically has detrimental effects on the mental health of LGBQ individuals (Pachankis 2007).

Individual and Community Risk and Resilience Factors in the Israeli LGBQ Context

Israel's citizenry is predominantly Jewish and it is therefore often referred to as a "Jewish state". Most Israeli Jews self-professed secular. However, given that Jewish tradition is deeply interwoven into Israel's sociopolitical life and that Judaism prohibits same-sex intercourse, attitudes toward homosexuality are more negative in Israel compared to other Western societies (Weishut 2000). These negative public attitudes, coupled with a perennial tension between the traditional Orthodox Jewish and secular sectors of society, make Israel a uniquely intriguing context for the study of risk and resilience factors on the mental health of LGBQ people.

On the one hand, LGBQs in Israel enjoy non-discriminatory laws and policies in the workplace, with regard to cohabitation (Kama 2005, 2011), and legal equality with regard to adoption of children by same-sex couples (Pizmony-Levy et al. 2009). Moreover, the LGBQ and the transgender (LGBTQ) community in Israel has thrived in the past 20 years, and the needs of LGBTQ youth and adults have been addressed by several organizations, such as the Israeli Gay Youth organization and the LGBTQ Center in Tel Aviv.

On the other hand, some attributes of the Israeli society may expose LGBQ individuals to social stress as well as potential resilience factors. For reasons rooted in Jewish history, the family plays a more central role and family values are more entrenched than in most Western countries (Gavriel-Fried et al. 2012). This may exacerbate the concerns of LGBQ individuals about coming out to their parents and family even if incidences of complete rejection by one's family are, in fact, quite rare (Kama 2005). Conversely, because of the pivotal role played by the family in Jewish-Israeli society, family support may serve as a significant resilience factor for LGBQ youth and adults alike (Shilo and Savaya 2011). The predominance of family values in Israeli society has also led to an increase in same-sex households, and to a public debate about such households (Gavriel-Fried et al. 2012; Kama 2011).

In most western countries, eighteen marks the age of legal transition from adolescence to adulthood. In Israel, it is also the age when, unlike most other countries, most Jewish youths are conscripted into the military. Scholars often refer to this mandatory service as a significant phase in the lives of young Jewish Israelis entering adulthood, both psychologically and socially (Mazali 1998). Moreover, the key role that military service plays in Israeli life fosters a certain machismo and paternalism that affects society's attitudes toward non-heterosexual orientation (Dar and Kimhi 2001). In 1993, the Israel Defense Forces (IDF) initiated a non-discriminatory policy, stating that no restrictions should be made on the recruitment, assignment, and promotion of individuals based on their sexual orientation or gender identity (IDF Manpower Division 1993). Yet, studies show that although there are no restrictions on LGBQ individuals serving in the IDF, most LGB soldiers prefer not to disclose their sexual orientation in the army, even if they have come out in the civilian sphere (Shilo and Pizmony-Levy 2011). Concealing their sexual identity in the IDF, GBQ combat soldiers adopt one of two coping strategies: *engagement* (perfecting their soldierly skills and actively making friends with fellow soldiers), or *compartmentalization* (focusing on their military and professional expertise while avoiding close relationships) (Kaplan and Ben-Ari 2000). Adopting an engagement strategy may increase the GBQ soldier's sense of social support and thereby make him more resilient to the daily struggles of military service, while a compartmentalization strategy may further isolate him and thus undermine his well-being. Choosing to disclose one's sexual orientation in the IDF can also be a stressor for LGBQ soldiers, especially GBQ men who threaten heteronormative social norms and the machismo image of the male soldier (Shilo 2007).

The Present Study

The present study explores resilience factors of LGBQ youth and adults in Israel, with two aims. The first is to assess individual and community factors of LGBQ youth and adults that contribute to positive mental health. We hypothesized that social support from family and friends, connectedness to the broader LGBTQ community and disclosing one's sexual orientation to significant others would be associated with higher levels of well-being, and conversely that internalized homophobia and victimization based on sexual orientation would be associated with lower levels of well-being. We also explored the differences in these associations between LGBQ youth and adults. The second aim is to assess the individual and community components that constitute risk factors for poor mental health among LGBQ youth and adults, and the degree to which resilience factors mediate this effect. We hypothesized that internalized homophobia, concealment of sexual orientation, and victimization over sexual orientation would be associated with high levels of mental distress, and that social support from family and friends, and LGBT social connectedness would mediate this association. As in the first hypothesis, we further explored the different mechanisms of risk and protective factors among youth versus adults.

Methods

Participants

A total of 890 participants, comprising almost equal numbers of males (462, 51.9 %) and females (428, 48.1 %), completed the online survey, with a mean age of 32.1 years (range 12–60). Participants were classified as either youth (age $\leq$ 18) or adult (age 19 and above). Age classification was based on the fact that in Israel, as in other western countries, the age of eighteen marks the legal transition from adolescence to adulthood. In Israel, it is also the age when most Jewish youths are conscripted into compulsory military service, which is a significant psychological and social milestone in the lives of young Jewish Israeli adults (Dar and Kimhi 2001). Of the total 890 LGBQ participants, 238 (26.7 %) were youths under the age of 18 and 652 (73.3 %) were adults. The participants' demographic characteristics are presented in Table 1. Most participants described themselves as secular, and self-identified as gays/lesbians. Collectively, participants resided in 104 cities and towns across Israel, representing all seven social demographic clusters in Israel (Israeli Central Bureau of Statistics 2009). The majority of youths in the sample were high school students (N = 192, 80.7 %) and lived with one or two parent(s) (N = 230, 96.6 %).

Table 1 Demographic characteristics of LGBQ youth and adults (N = 890)

Variable	Youth (N = 238)		Adults (N = 652)	
	N	(%)	N	(%)
Age	M = 16.47, SD = 1.32		M = 38.22, SD = 7.08	
Gender				
Female	114	47.9	314	48.2
Male	124	52.1	338	51.8
Sexual orientation				
Gay/lesbian	148	62.2	554	85.0
Bisexual	54	22.7	76	11.6
Questioning	35	14.7	13	2.0
Queer	1	.4	9	1.4
Religiosity				
Secular	198	83.1	599	91.7
Tradition	35	14.8	41	6.3
Orthodox	5	2.1	13	2.0
Status				
School student	192	80.7	6	.9
Soldier	0	0	73	11.2
University student	11	4.6	257	39.4
Employed	80	33.6	470	72.1
Living arrangement				
With parent(s)	230	96.6	172	26.4
With roomates	1	.4	117	17.9
With partner	0	0	206	31.6
Alone	2	.8	139	21.3
Other	5	2.1	18	2.8
Have steady relationship	39	16.4	342	52.5

"youth" = under 18 years of age

Measures

The *Demographics Questionnaire*. The participants' age, gender, education, religiosity, sexual orientation (L/G/B/Q including other), living arrangements, and relationship status were collected.

Outcome Variables

Mental distress and well-being were assessed by the Mental Health Inventory (MHI; Veit and Ware 1983), a 38-item measure of mental distress (24 items) and psychological well-being (14 items). Items were rated on a 6-point scale ranging from 1 ("Strongly agree") to 6 ("Strongly disagree"). The MHI was translated into Hebrew by Florian and Drori (1990), who confirmed both the construct and external validity of the Hebrew version based on a representative sample of Israeli population, reporting high internal consistency reliability ($\alpha = .95$, $\alpha = .93$ for the distress and well-being scales, respectively). A similar internal consistency reliability were found in the present study, with $\alpha = .91$ for the distress scale (adult sample: $\alpha = .89$, youth sample: $\alpha = .93$), and $\alpha = .94$ for the well-being scale (adult sample: $\alpha = .95$, youth sample: $\alpha = .94$). Scores were calculated as the sum of the items of each index: the higher the score, the greater the distress or well-being.

Individual Factors

Internalized homophobia was assessed using the Hebrew version of the LGBQ Self-Acceptance Questionnaire (Elizur and Mintzer 2003). This measure consists of 10 questions that gauge the respondents' degree of acceptance of their sexual orientation, with responses on a 5-point scale, ranging from 1 ("Not at all") to 5 ("Very much"). It demonstrated convergent validity and very good internal consistency reliability ($\alpha = .81$; Elizur and Mintzer 2003). Similar results were found in the present study, with $\alpha = .82$ (adult sample: $\alpha = .82$, youth sample: $\alpha = .83$). Scores were averaged for each participant, with higher scores indicating greater internalized homophobia.

Outness—the degree to which the LGBQ individual has disclosed his/her sexual orientation to others—was assessed

by 7 items that established the extent to which the respondent had come out to close friends, family members, friends and faculty or teachers at school, university, army and work (adapted from D'Augelli et al. 2006), on a 5-point scale ranging from 1 ("No one") to 5 ("All"). D'Augelli et al. (2006) reported an internal consistency reliability of $\alpha = .80$ for the original scale, compared with $\alpha = .78$ in the present study (adult sample: $\alpha = .79$, youth sample: $\alpha = .78$). Scores were calculated as the mean of the 7 items, with higher scores indicating greater levels of outness.

Community Factors

LGBQ Victimization was assessed using the modified Gay Harassment Scale (adapted from D'Augelli and Grossman 2006). Participants were asked about the frequency of incidents of LGBQ-related verbal, physical, and sexual harassment, as well as bullying, boycotts or outings that they had experienced in the past year. Responses were rated on a 4-point Likert scale, ranging from 1 ("Never") to 4 ("Three times or more"). In this study, $\alpha = .82$ for LGBQ victimization (adult sample: $\alpha = .83$, youth sample: $\alpha = .79$). Scores were averaged for each participant, with higher scores indicating greater LGBQ victimization.

Support by family and friends was rated by means of a 13-item scale (Abbey et al. 1985) that measured perceived social support from the individual's close family and friends. Items were rated on a 5-point Likert-type scale (1 = "Not at all," 5 = "A great deal"). The Hebrew version of these scales had been used in a previous study of LGBQ youth and young adults in Israel (Shilo and Savaya 2011) that reported a good construct validity and a reliability of $\alpha = .87$ and $\alpha = .84$ for support of family and support of friends, respectively. In this study, reliability was $\alpha = .92$ for social support from friends (adult sample: $\alpha = .92$, youth sample: $\alpha = .91$) and $\alpha = .88$ for social support from family (adult sample: $\alpha = .86$, youth sample: $\alpha = .89$). Scores were calculated as the mean of the constituent items for each respondent: the higher the score, the greater the support from each provider.

LGBTQ Community Connectedness was assessed by means of an 8-item questionnaire (Shilo and Savaya 2011) relating to three key social activities available to LGBQ youth and adults in Israel: LGBQ social groups, internet forums, and LGBQ-oriented parties. In each case, participants were asked to rate their social contact on a 5-point scale, ranging from 1 ("Never") to 5 ("Usually"). Shilo and Savaya (2011) reported a good construct validity and a reliability of $\alpha = .79$. In this study, $\alpha = .76$ (adult sample: $\alpha = .78$, youth sample: $\alpha = .75$). Scores were calculated as the mean of the constituent items for each respondent: the higher the score, the higher his or her connectedness to the broader LGBTQ community.

Procedure

Study participants were recruited between July and October, 2010 and asked to complete a web-based questionnaire. Because of the difficulty of sampling LGBQ individuals without a sampling frame, an online venue-sampling (Meyer and Wilson 2009) was used by advertising the questionnaire to members of nine LGBQ groups on Facebook and six other LGBQ web forums. To reduce selection bias, web forums and Facebook groups were excluded from our sampling frame if they were likely to over-represent people seeking or receiving support for mental or physical health problems, or people seeking sexual encounters (e.g., help for people with HIV; an online forum offering help and support for young LGBQ individuals during the coming-out process; LGBQ dating forums). Eligibility criteria were being a Jewish self-identified lesbian, gay, bisexual, or other LGBQ-related self-identification (e.g., queer, pansexual, etc.) and living in Israel for the past year. Participants were asked to confirm consent electronically before completion. All study procedures had been reviewed and approved by the Institutional Review Boards of Tel Aviv University, the E. Wolfson Medical Center and the Israeli Gay Youth Organization.

Data Analysis

The data was analyzed and cleaned to ensure there was no missing data. First, we tested for an age-group interaction effect on well-being and mental distress using a multiple hierarchical regression in which religiosity, personal and social stressors, and support variables were included in the first step, and interaction variables with age groups (1 = youth under 18; 0 = adults over 18[1]) in the second step. To assess the variables that contributed to well-being among LGBQ youth and adults, independent variables were included in two regression models, one for each group. In these models, independent variables included religiosity, outness, internalized homophobia, LGBQ victimization, family and friends' support, LGBTQ connectedness, and being in a steady relationship. To assess the association between stressors, support variables and mental distress, we conducted a multiple hierarchical regression for each group (youth, adults), in which religiosity was included in the first step, personal and social stressors (outness, internalized homophobia, LGBQ victimization)

[1] Prior analysis to assess for differences between military serving participants, and non-serving participants of a similar age group by means of an independent sample t-test, revealed no significant differences between groups in all study variables; therefore, military-serving participants were included in the adult group of participants aged 18 and above.

in the second step, and support variables (family and friends' support, LGBTQ connectedness, being in a steady relationship) in the third step. To assess the contribution of support variables to mental distress and whether they mediate the relationships between stress variables and mental distress, we used Baron and Kenny's (1986) criteria for mediation, while assessing the association between stressors and support variables, and Peacher and Heyes' (2004) bootstrapping technique to assess the significance of indirect effects.

Results

Age Group Interaction Effects

Multiple regression to identify age group interaction effects between age-groups and study variables on mental distress and well-being (Table 2), found that the interaction variables between age group and study variables added 6 % to the variance explaining mental distress, and 4 % to the variance explaining well-being. In addition, in the assessment of mental distress, the interactions between age group and LGBQ victimization, family and friends support, LGBTQ connectedness, and being in a steady relationship were significant. In assessing well-being, the interactions between age group and level of outness, LGBQ victimization, family support, and LGBTQ connectedness were found to be significant. These results suggest that the mechanisms contributing to mental distress and well-being may be different for youth and adult participants. Therefore, we continued the analyses for each age-group separately.

Predictors of Well-being Among LGBQ Youth and Adults

Linear regression, aimed at identifying variables predicting well-being among LGBQ youth (Table 3), found that high levels of outness ($\beta = .21, p < .001$), high levels of family and friends support ($\beta = .41, p < .001$; $\beta = .25, p < .001$ respectively), and being in a steady relationship ($\beta = .11$, $p < .05$) were associated with high levels of well-being. In contrast, high levels of internalized homophobia were associated with low levels of well-being ($\beta = -.11$, $p < .05$). Among these variables, family support was the strongest predictor of well-being. The analysis of predictors of well-being among LGBQ adults, however, revealed a different pattern (see Table 3): while family and friends' support were both positively associated with well-being, friends' support was the strongest predictor of well-being ($\beta = .27$, $p < .001$). Internalized homophobia was negatively associated with well-being ($\beta = -.12, p < .01$), and LGBQ victimization had even a stronger negative association with well-being ($\beta = -.13$, $p < .05$). Unlike the youth sample, high levels of LGBTQ connectedness were associated with high levels of well-being ($\beta = .10$, $p < .01$).

Predictors of Mental Distress and Mediating Effects of Resilience Factors Among LGBQ Youth and Adults

Multiple hierarchical regression, aimed at identifying variables predicting mental distress among LGBQ youth and adults (see Table 4), found that internalized homophobia, and LGBQ victimization were associated with mental distress after controlling for religiosity, for both LGBQ youth and adults. Internalized homophobia was the strongest predictor of higher levels of mental distress among LGBQ youth ($\beta = .23$, $p < .001$), while LGBQ victimization was the strongest predictor of mental distress among LGB adults ($\beta = .23$, $p < .001$). Level of outness was not associated with mental distress in either group. The main differences between the two age groups were found in the third step of the regression, when family and friends' support, LGBTQ connectedness, and being in a steady relationship variables were taken into account. Among LGBQ youth, high levels of family support ($\beta = -.35$, $p < .001$) and friends' support ($\beta = -.14$, $p < .05$) were associated with low levels of mental distress, above and beyond the impact of the aforementioned stressors, with family support as the strongest predictor of low levels of mental distress. LGBTQ community connectedness, and being in a steady relationship were not associated with mental distress among LGBQ youth. On the other hand, among LGBQ adults, high levels of friends support ($\beta = -.25$, $p < .001$) and LGBTQ connectedness ($\beta = -.18$, $p < .001$) were the strongest predictors of lower levels of mental distress, although family support was also associated with lower levels of mental distress ($\beta = -.16$, $p < .001$). Also among adults, being in a steady relationship was significantly associated with low levels of mental distress ($\beta = -.11$, $p < .01$).

According to Baron and Kenney's (1986) criteria for mediation, (a) the predictor must be related to the outcome of interest, (b) the mediator must be related to the outcome, (c) the predictor must be related to the mediator variable, and (d) the relationship between the predictor and the outcome must be reduced when the mediator is added to the equation. To assess criteria (c), we used multiple regressions for each of the community support variables, with religiosity in the first step, and personal and social stressors in the second step. Results shown in Table 5: these, along with those in Table 4, suggest that family and friends support mediate the relationships between gender, internalized homophobia, LGBQ victimization and mental

Table 2 Predictors of mental distress and well-being among LGBQ youth and adults (n = 890)

Variables	Mental distress			Well-being		
	B	SE B	β	B	SE B	β
Step 1						
Religiosity	.76	1.65	.01	−1.42	1.00	−.04
Outness	−1.01	.75	−.05	1.04	.46	.09*
Internalized homophobia	4.09	1.33	.11**	−2.78	.81	−.12**
LGBQ victimization	1.14	.26	.14***	−.44	.15	−.10*
Family support	−6.37	.87	−.24***	2.42	.52	.15***
Friends support	−8.33	1.32	−.21***	7.34	.79	.31***
LGBTQ connectedness	−1.70	.85	−.06*	1.52	.52	.09**
Have steady relationship	−2.88	1.42	−.07*	3.28	.86	.13***
Youth (under 18)	2.95	1.71	.06*	2.68	1.04	.10**
R^2	.19***			.19***		
Step 2						
Religiosity	.67	1.64	.01	−2.44	1.29	−.08
Outness	.37	.89	.02	.53	.54	.05
Internalized homophobia	3.01	1.64	.08	−3.15	1.01	−.13**
LGBQ victimization	1.55	.31	.19***	−.66	.19	−.14***
Family support	−4.77	1.05	−.18***	1.70	.64	.11**
Friends support	−10.94	1.68	−.28***	7.15	1.02	.30***
LGBTQ connectedness	−2.12	1.01	−.08*	1.54	.62	.10*
Have steady relationship	−3.31	1.56	−.08*	3.23	.95	.13***
Youth	−5.53	15.25	−.11*	−19.04	12.64	−.66*
Religiosity × youth	−5.83	3.36	−.46	2.50	2.05	.33
Outness × youth	1.98	1.69	.12	1.89	1.02	.19*
Internalized homophobia × youth	3.49	2.77	.13	.82	1.73	.05
LGBQ victimization × youth	−1.32	.55	−.22*	.74	.34	.21*
Family support × youth	−4.56	1.86	−.35*	2.09	1.13	.27*
Friends support × youth	6.11	2.76	.52*	.93	1.67	.13
LGBTQ connectedness × youth	1.25	1.88	.22*	−1.02	1.13	−.19*
Have steady relationship × youth	−1.98	3.76	−.21*	−.42	2.27	−.30
R^2	.25***			.23***		

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 3 Predictors of well-being among LGBQ youth and adults (n = 890)

Variables	Youth (N = 238)			Adults (N = 652)		
	B	SE B	β	B	SE B	β
Religiosity	.06	1.52	.01	2.44	1.31	.07
Outness	2.42	.82	.21***	.52	.55	.04
Internalized homophobia	−2.33	1.33	−.11*	−3.13	1.03	−.12**
LGBQ victimization	−.08	.27	.01	−.66	.19	−.13***
Family support	8.08	1.25	.41***	1.70	.65	.11***
Friends support	3.79	.89	.25***	7.18	1.04	.27***
LGBTQ connectedness	1.50	.91	.10	1.52	.63	.10**
Have steady relationship	3.65	1.95	.11*	3.24	.96	.13***
R^2	.28***			.18***		

* $p < .05$; ** $p < .01$; *** $p < .001$

distress among LGBQ youth, and that family and friends' support, LGBTQ connectedness, and being in a steady relationship mediate the associations between internalized homophobia, LGBQ victimization and mental distress among LGBQ adults. To test these indirect effects, mediation analyses were conducted using the bootstrapping

Table 4 Multiple regression analyses of risk and protective factors effecting mental distress among LGBQ youth and adults (n = 890)

Variables	Youth (N = 238)			Adults (N = 652)		
	B	SE B	β	B	SE B	β
Step 1						
Religiosity	−3.52	3.01	−.08	−2.41	2.23	−.04
R^2		.01			.01	
Step 2						
Religiosity	−2.21	3.03	−.05	−2.35	2.16	−.05
Outness	−.21	1.53	−.01	−1.46	.88	−.08
Internalized homophobia	8.51	2.59	.23***	6.29	1.67	.16***
LGBQ victimization	1.52	.53	.11*	1.89	.31	.23***
R^2		.09***			.11***	
Step 3						
Religiosity	−2.88	2.82	−.06	−1.43	1.02	−.02
Outness	2.29	1.55	.11	.35	.85	.02
Internalized homophobia	6.92	2.45	.21**	3.28	1.61	.09*
LGBQ victimization	.23	.50	.03	1.57	.30	.19**
Family support	−9.40	1.65	−.35***	−2.52	1.02	−.16**
Friends support	−4.70	2.35	−.14*	−10.76	1.64	−.25***
LGBTQ connectedness	−1.44	1.69	−.05	−2.01	.98	−.18***
Have steady relationship	−3.56	3.68	−.04	−4.21	1.51	−.11**
R^2		.22***			.20***	

* $p < .05$; ** $p < .01$; *** $p < .001$

Table 5 Unstandardized coefficients for predicting community factors by individual factors and LGBQ victimization among LGBQ youth and adults (n = 890)

Variables	Youth (N = 238)				Adults (N = 652)			
	Family support	Friends support	LGBTQ connectedness	Steady relationship	Family support	Friends support	LBGTQ connectedness	Steady relationship
Step 1								
Religiosity	−.07	.04	−.15	.04	.07	−.06	−.12	.08
R^2	.02	.01	.01	.03	.01	.01	.01	01
Step 2								
Religiosity	−.05	.03	−.18	.24	−.01	−.11*	−.15	.19
Outness	.11*	.25***	.22***	−.05	−.23***	−.18***	−.10**	−.39***
Internalized homophobia	−.11*	−.14**	−.13	1.10**	−.19**	−.16***	−.11**	−.11**
LGBQ victimization	−.29*	−.13**	.03*	.02	−.09***	−.12*	.12*	−.03
R^2	.03*	.17***	.14***	.13**	.12***	.11***	.08***	.15***

* $p < .05$; ** $p < .01$; *** $p < .001$

method, with bias-corrected confidence estimates (Preacher and Hayes 2008). The 95 % confidence interval (CI) of the indirect effects was obtained through 5,000 bootstrap resamples (Preacher and Hayes 2008). Among the youth, results confirmed the mediating role of family support in the relationship between internalized homophobia and mental distress (B = .31; CI 1.68–2.84), and the mediating role of friends' support in the relation between internalized homophobia (B = .72; CI .13–2.31), LGBQ victimization (B = 1.23; CI 1.24–2.62) and mental distress. Results indicated that the direct effects of gender and internalized homophobia on mental distress were significantly reduced when controlling for family support, suggesting partial mediation, and that the direct effect of LGBQ victimization

on mental distress became non-significant when controlling for friends' support, suggesting full mediation (see Fig. 1).

Among adults, the results confirmed the mediating role of family support in the relationship between internalized homophobia (B = .49; CI 2.71–5.82), LGBQ victimization (B = .15; CI .09–.52), and mental distress; LGBTQ connectedness in the relations between: internalized homophobia (B = .18; CI .18–.75), LGBQ victimization (B = .12; CI −.18 to −.02), and mental distress; friends' support in the relationships between internalized homophobia (B = .68; CI .70–2.68), LGBQ victimization (B = .08; CI .08 to.45), and mental distress; and having a steady partner in the association between internalized homophobia and mental distress (B = .21; CI .11–.14). Results indicated that these direct effects were all significantly reduced when controlling for mediators, suggesting a partial mediation (see Fig. 2).

Discussion

The present study sought to assess the individual and community factors of LGBQ youth and adults that contribute to positive mental health, and to examine the individual and community risk factors for poor mental health among LGBQ youth and adults, and the degree to which resilience factors mediate this effect.

In view of the resilience perspective that emphasizes factors that promote positive adaptation in the face of adversity (Luthar et al. 2000), the findings of the present study show that at the individual level, lower levels of internalized homophobia are linked to high levels of well-being among youth and adults alike. Among youths, higher levels of outness were related to well-being. Across both samples, community-levels factors of family and friends' support, and being in a steady relationship were related to well-being, and among LGBQ adults, connectedness to the LGBTQ community and lower levels of LGBQ victimization were additional community factors correlated with well-being. With reference to the complementary resilience perspective that focuses on protective factors that mitigate the effect of risk factors on negative outcome (Fergus and Zimmerman 2005), we found that in the youth sample family support partially mediated the relationship between internalized homophobia and mental distress, whereas friends' support fully mediated the relationship between internalized homophobia, LGBQ victimization and mental distress. In addition, it was found that family support, friends' support, and LGBTQ connectedness partially mediated the relationship between internalized homophobia, LGBQ victimization, and mental distress among LGBQ adults. In addition, being in a steady relationship was found to be a partial mediator in the association between internalized homophobia and mental distress among LGBQ adults.

The findings of the present study underline the importance of having support systems, especially at the community level, to promote well-being and as a buffer against mental distress in both LGBQ youth and adults. The makeup of these support systems differ slightly between the two age groups, suggesting that there is a differential significance between one level of support and another with regard to mediating mental distress. Indeed, different age cohorts may count on or benefit from family and friends' support to different extents (Procidano and Heller 1983), meaning LGBQ individuals might rely on different support providers and sources at different stages of their development. Therefore, in the next section, we will discuss the different support mechanisms that exist in both age groups and their manifestations in each of the groups separately.

Resilience Factors

Among both youth and adults, lower levels of internalized homophobia were correlated with higher levels of well-

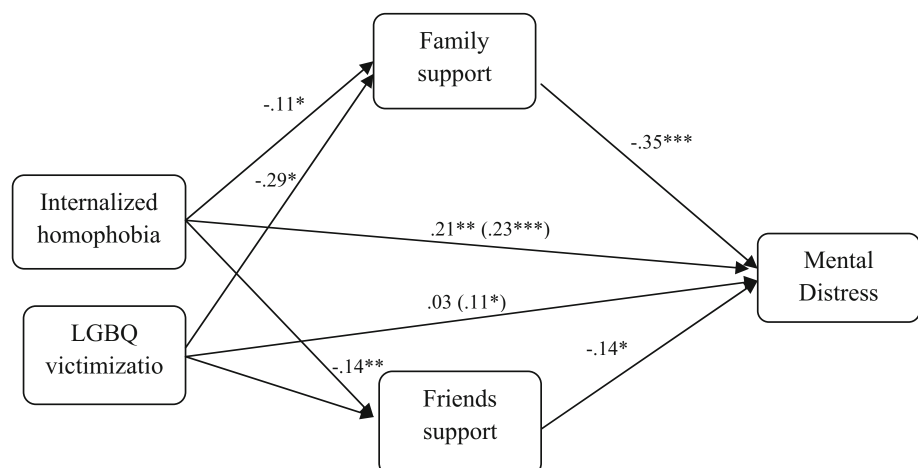

Fig. 1 Indirect effects of gender, internalized homophobia, and LGBQ victimization on mental distress among LGBQ youth (N = 238). *$p < .05$; **$p < .01$; ***$p < .001$

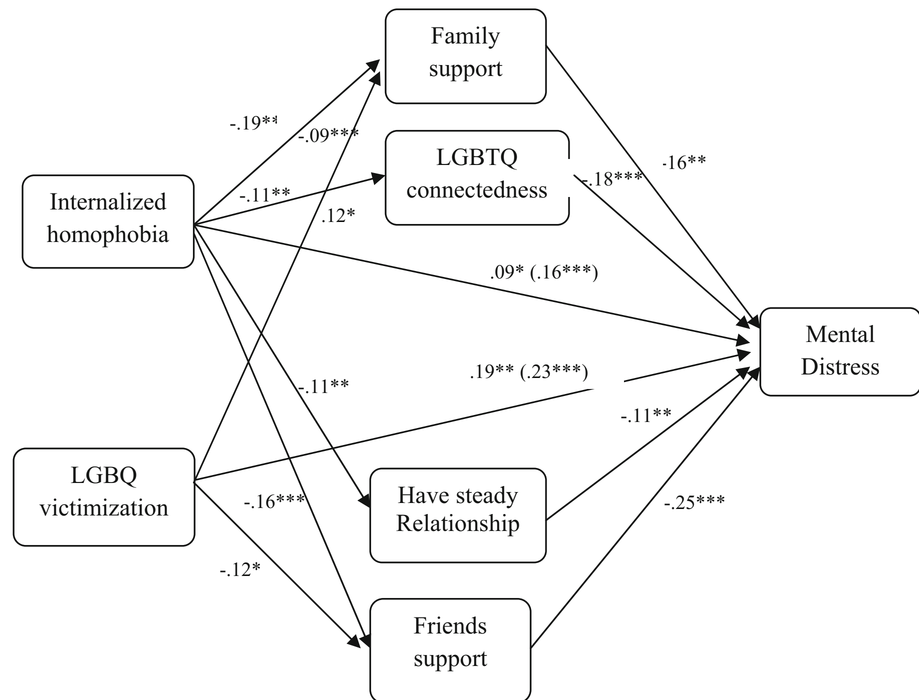

Fig. 2 Indirect effects of internalized homophobia and LGBQ victimization on mental distress among LGBQ adults (N = 652). $*p < .05$; $**p < .01$; $***p < .001$

being, and lower levels of mental distress. Among youth, higher levels of outness correlated with greater well-being. These findings emphasize the positive role of the process by which LGBQ individuals accept their sexual orientation and disclose it to others, especially among youth (Shilo and Savaya 2012). The findings of present study further emphasize the significance of community-level factors in promoting LGBQ well-being and cushioning the adverse effects of social stressors on mental distress. In the present study, familial support was found to be a significant resilience factor of mental distress among LGBQ individuals in general, particularly among LGBQ youth. This finding is consistent with previous research that found the role of family support to be critical among LGBQ youth (Elizur and Mintzer 2003; Hershberger and D'Augelli 1995; Ryan et al. 2009), and can be explained by two main reasons: one relating to the individual level and relevant to LGBQ youth only, the other a sociocultural determinant affecting both age groups. First, the vast majority of youths between the ages of 12–18, including LGBQ, live with their parents and are dependent on them. Most LGBQ youth, like heterosexual youth, are unable to break free from their parents and families, even if the familial climate is homophobic and therefore a cause for distress. Just as a supportive climate at home can counteract the adversity the LGBQ youth may face outside the family context, having an unsupportive family adds to the minority stress they may already experience. Second, the intensely -family-oriented nature of the Israeli sociocultural context means that family members are more economically and socially interdependent– and spend more time with each other—than in the US (Gavriel-Fried et al. 2012; Fischer and Shavit 1995). As a result, LGBQ individuals in Israel, youth and adults, may find the support provided by their families—or lack thereof— more crucial to their perceived well-being compared to their counterparts in other Western countries. In addition, the differences between youth and adults in terms of the impact of family support on well-being may be indicative of a cohort effect, inasmuch as youth today get more familial support than previous generations.

Friends' support was also found to be a critical resilience factor among LGBQ youth in Israel, and even more so among LGBQ adults. In Israel, friendships and social networks, like family, play a vital role in people' lives (Katriel and Nesher 1986). The value attached to social cohesion is evident in numerous structural and cultural features in the Israeli society. Cultural traumas such as the Holocaust, the mandatory military service that creates a sense of civic unity and common fate, and the country's comparatively small geographic size are just few examples of those features. One indicator of the key importance of social networks and friendships is network density, or degree of interconnectedness of network members, whereby a high density indicates a network in which many members know each other (Stokes 1983). The average network density in Israel is notably higher than in the U.S. (Fischer and Shavit 1995).

As previously noted, sources and providers of support may vary in importance as one goes through different stages of development. Indeed, we found that LGBQ adults attribute nearly twice as much importance to their friends'

support than to support by their family—in stark contrast to the youth sample, where the opposite is true. Most Jewish Israeli adults over the age of eighteen are drafted for compulsory military service (3 years for males and 2 years for females), which may make them less dependent on their parents and families, and enable the formation of new friendships with a diverse group of people from different parts of the country. Although military service is a common stressor among LGBQ individuals upon conscription (Shilo and Pizmony-Levi 2011)—mainly because, as an institution, the army idealizes hegemonic masculinity (Kaplan and Ben-Ari 2000) and may perceive LGBQ individuals as challenging its heteronormative order—it likely also allows LGBQ youth to become more independent adults, thereby reducing their dependency on their families for instrumental and emotional support, and their perception of this support.

Indeed, shifting the focus from familial to other sources of support is common among LGBQ and other stigmatized populations that typically experience some kind of familial rejection. A useful umbrella term for understanding and describing the support system chosen by stigmatized individuals is *family of choice*. Unlike the biological family of the LGBQ individual, their family of choice might include, among others, current and former lovers, friends, co-workers, and selected members of one's family of origin (Weston 1991). A family of choice typically provides one with long-term support, intimacy, and a safe space in which to discuss and share one's emotional, social, and sexual experiences (Malley and Tasker 2007). A family of choice can also facilitate one's connectedness to the broader LGBTQ community (Nardi and Sherrod 1994), thereby alleviating the sense of loneliness. As we found in the present study, a growing line of research has shown that connectedness to the broader LGBTQ community serves as a protective factor against minority stress when dealing with one's internalized homophobia and victimization (DiPlacido 1998; Kertzner et al.2009).

We found that being a steady relationship was linked to higher levels of well-being among both LGBQ youth and adults and—among adults—served as a protective buffer against the adverse effects of internalized homophobia on mental distress. Although the present study did not examine the issue of same-sex marriage, these findings underline the positive role that steady romantic relationships play in the lives of LGBQs. Therefore, social norms and legislation that promote and accept same-sex relationships may improve LGBQ mental health and well-being.

Implications

The present study has numerous implications for further interventions aimed at promoting the mental health of LGBQ populations. First, therapeutic, public and educational interventions aimed at reducing risk factors such as internalized homophobia and LGBQ victimizations are recommended in order to promote mental health among both LGBQ youth and adults. Creating a social climate that helps LGBQ youth to disclose sexual orientation may promote their wellness. Second, it is important to distinguish between the critical resilience factors that apply in each of the individual age groups. As discussed, to promote the well-being of LGBQ youth and reduce their levels of mental distress, greater efforts should be placed on fostering familial support and eradicating familial homophobia (Schulman 2009). Although family-based interventions can be challenging, a greater visibility of various LGBQ community-based organizations (CBO) established to promote the health of LGBQ persons and their families may allow for a broader outreach to LGBQ individuals and their families, and may serve as a buffer against the minority stress and victimization that most LGBQ youth experience.

Since the family is such a pivotal institution in Israeli society, endorsing the notion of "family of choice" may appeal to Israeli LGBQ who experience distress due to internalized homophobia and/or LGBQ victimization.

Limitations of the Present Study and Future Directions

As in any research study, the findings and conclusions of the present study may be limited. First, given its cross sectional design, attributions of causality must be taken with caution. Although our explanations are rooted in theory and research, alternative explanations cannot be ruled out. Second, it is based on an online convenience sample: given that LGBQ participants in both youth and adult samples were recruited primarily on social networking websites, issues such as participant selection and external validity may potentially bias study's findings. Although population-based samplings are theoretically an ideal method, it presents certain problems with regard to LGBQ populations such as the need for large samples to find very few LGBQ people, which renders such method cost-ineffective (Meyer and Wilson 2009), further efforts to reduce selection bias were included in the recruitment method. Further research on the mental health of LGBQ individuals may benefit from national samples that cover a wide age range as well as different LGBQ and heterosexual populations, to allow for possible mental health disparities between different social groups in Israel. Specifically, our sample included a majority of self-identified secular individuals. With the centrality of Jewish religion in Israel, further research is needed to explore the stressors, community and family characteristics faced by Traditional and Orthodox Israeli LGBQs, and their unique coping mechanisms. Third,

despite targeted efforts to recruit transgender, bisexual, queer, questioning individuals, both samples suffer from underrepresentation of these groups. Future research may benefit from the inclusion of multiple recruitment methods, especially for vulnerable and hard-to-reach populations such as transgender, bisexual, queer, and questioning youth and adults. A community-based participatory research may also be found effective in reaching those populations and building a rapport and trust with them.

References

Abbey, A., Abramis, D. J., & Caplan, R. D. (1985). Effects of different sources of social support and social conflict on emotional well-being. *Basic and Applied Social Psychology, 6*, 111–129.

Augelli, A. R. (2006). Developmental and contextual factors and mental health among lesbian, gay, and bisexual youths. In A. M. Omoto & H. S. Kurtzman (Eds.), *Sexual orientation and mental health* (pp. 37–53). Washington, DC: American Psychological Association.

Baron, R. M., & Kenny, D. A. (1986). The moderator–mediator variable distinction in social psychological research: Conceptual, strategic and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173–1182.

D'Augelli, A. R., & Grossman, A. H. (2006). Researching lesbian, gay, and bisexual youth: Conceptual, practical, and ethical issues. *Journal of Gay and Lesbian Issues in Education, 3*, 35–56.

D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay and bisexual youth. *Journal of Interpersonal Violence, 21*, 1462–1482.

Dar, Y., & Kimhi, S. (2001). Military service and self-perceived maturation among Israeli youth. *Journal of Youth and Adolescence, 30*(4), 427–448.

DiPlacido, J. (1998). Minority stress among lesbians, gay men, and bisexuals: A consequence of heterosexism, homophobia, and stigmatization. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 138–159). Thousand Oaks: Sage.

Elizur, Y., & Mintzer, A. (2003). Gay males' relationship quality: The roles of attachment security, gay identity, social support and income. *Personal Relationships, 10*, 411–435.

Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annual Review of Public Health, 26*, 399–419.

Fischer, C. S., & Shavit, Y. (1995). National differences in network density: Israel and the United States. *Social Networks, 17*, 129–145.

Florian, V., & Drori, J. (1990). The mental health index: Psychometric characteristics and normative data in Israeli population. *Psychologia, 2*, 26–35 (Hebrew).

Floyd, F. J., & Stein, T. S. (2002). Sexual orientation identity formation among gay, lesbian and bisexual youths: Multiple patterns of milestone. *Journal of Research on Adolescence, 12*(2), 167–191.

Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology, 51*, 115–134.

Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology, 56*, 97–109.

Gavriel-Fried, B., Shilo, G., & Cohen, O. (2012). How do social workers define the concept of family. *The British Journal of Social Work*. Published online.

Haas, S. A., Schaefer, D. R., & Kornienko, O. (2010). Health and the structure of adolescent social networks. *Journal of Health and Social Behavior, 51*, 424–439.

Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in LGB youth. *Pediatrics, 127*, 896–903.

Hershberger, S. L., & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Developmental Psychology, 31*, 65–74.

IDF Manpower Division. (1993). Standing orders: Service of homosexuals in the IDF. K 31-11-01 (in Hebrew).

Kama, A. (2005). LGBT youth in Israel. In J. T. Sears (Ed.), *Youth, education, and sexualities: An international encyclopedia*. Greenwood: Westport, CT.

Kama, A. (2011). Parading Pridefully into the Mainstream: Gay and Lesbian Immersion in the Civil Core. In G. Ben-Porat & B. Turner (Eds.), *The contradictions of israeli citizenship: Land, religion and state* (pp. 180–202). Abdingdon: Routledge.

Kaplan, D., & Ben-Ari, E. (2000). Brothers and others in arms: Managing gay identity in combat units of the Israeli army. *Journal of Contemporary Ethnography, 29*, 369–432.

Katriel, T., & Nesher, P. (1986). The rhetoric of cohesion in Israeli school culture. *Comparative Education Review, 30*, 216–231.

Kertzner, R. M., Meyer, I. H., Frost, D. M., & Stirratt, M. J. (2009). Social and psychological weil-being in Lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. *American Journal of Orthopsychiatry, 79*(4), 500–510.

Kurdek, K. A. (1988). Perceived social support in lesbians and gays in cohabiting relationships. *Journal of Personality and Social Psychology, 54*, 504–509.

LaSala, M. C. (2010). *Coming out, coming home: Helping families adjust to a gay or lesbian child*. New York: Columbia University Press.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guideline for future work. *Child Development, 71*, 543–562.

Malley, M., & Tasker, F. (2007). "The difference that makes a difference": What matters to lesbians and gay men in psychotherapy. *Journal of Gay and Lesbian Psychotherapy, 11*(1–2), 93–109.

Mazali, R. (1998). Parenting troops: The summons to acquiescence. In L. A. Lorentzen & J. Turpin (Eds.), *The women and war reader* (pp. 272–288). New York: New York University Press.

McMillan, D. (1996). Sense of community. *Journal of Community Psychology, 24*, 315–325.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in LGB population: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674–697.

Meyer, I. H. (2007). Prejudice and discrimination as social stressors. In I. H. Meyer & M. E. Northridge (Eds.), *The Health of Sexual Minorities* (pp. 242–267). New York: Springer.

Meyer, I. (2010). Identity, stress, and resilience in lesbians, gay men, and bisexuals of color. *The Counseling Psychologist, 38*(3), 442–454.

Meyer, I. H., & Wilson, P. A. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology, 56*, 23–31.

Mustanski, B., Newcomb, M., & Garofalo, R. (2011). Mental health of lesbian, gay, and bisexual youth: A developmental resiliency perspective. *Journal of Gay and Lesbian Social Services, 23*, 204–225.

Nardi, P. M., & Sherrod, D. (1994). Friendship in the lives of gay men and lesbians. *Journal of Social and Personal relationships, 11*, 185–199.

Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*, 328–345.

Pizmony-Levy, O., Shilo, G., & Pinhassi, B. (2009). Is there a new Israeli gay teenager? *Journal of GLBT Youth, 6*(4), 340–368.

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods, 40*, 879–891.

Procidano, M. E., & Heller, K. (1983). Measures of perceived social support from friends and from family: Three validation studies. *American Journal of Community Psychology, 11*, 1–24.

Russell, S. T. (2005). Beyond risk: Resilience in the lives of sexual minority youth. *Journal of Gay and Lesbian Issues in Education, 2*, 5–18.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*, 346–352.

Savin-Williams, R. C. (2005). *The new gay teenager*. Massachusetts: Harvard University Press.

Schulman, S. (2009). *Ties that Bind – Familial Homophobia and its Consequences*. New York: The New Press.

Shilo, G. (2007). *Life in Pink: The lives of LGBT Youth in Israel*. Tel Aviv: Resling (Hebrew).

Shilo, G., & Pizmony-Levy, O. (2011). *IDF climate survey 2011—research report*. Tel Aviv: Israeli Gay Youth Organization (Hebrew).

Shilo, G., & Savaya, R. (2011). Effects of social support, undermining and acceptance on mental health and sexual orientation milestones of LGB youth. *Family Relations, 60*, 318–330.

Shilo, G., & Savaya, R. (2012). Mental health of lesbian, gay, and bisexual youths: Differential effects of age, gender, religiosity and sexual orientation. *Journal of Research on Adolescence, 22*(2012), 310–325.

Stokes, J. P. (1983). Predicting satisfaction with social support from social network structure. *American Journal of Community Psychology, 11*(2), 141–152.

Veit, C. T., & Ware, J. E. (1983). The structure of psychological distress and well-being in general population. *Journal of Consultation Clinical Psychology, 51*, 730–742.

Weishut, D. J. N. (2000). Attitudes toward homosexuality: An overview. *Israel Journal of Psychiatry and Related Sciences, 37*, 308–319.

Weston, K. (1991). *Families we choose: Lesbians, gays, kinship*. New York: Columbia University Press.

Zatura, A. J., Hall, J. S., & Murray, K. E. (2010). Resilience: A new definition of health for people and communities. In J. W. Reich, A. J. Zatura, & J. S. Hall (Eds.), *Handbook of adult resilience* (pp. 3–29). New York: Guilford Press.