

From Science Fiction to Computer-Generated Technology: Sampling Lesbian, Gay, and Bisexual Individuals

Esther D. Rothblum

1 Science Fiction: Role of Clinical Samples up to the 1970s

Imagine that you have interviewed eight extraterrestrials and submitted the results for publication in a mental health journal. When you eventually receive the editor's decision letter, it is likely to take one of several forms. The editor may state that the topic area is outside the purview of the journal. Reading between the lines, you may wonder if the editor questions your sanity—What is wrong with you to be studying *them*? The editor may question your results—either because you have presented extraterrestrials as so similar to humans that it defies credibility or else the factors that set them apart are so bizarre the editor does not believe them. If the editor knows you personally, you may be advised to pursue more mainstream research, especially if you are junior in your career. In short, you may be criticized for your choice of topic or your results, but no one is going to be concerned with sampling issues. Eight extraterrestrials are sensational enough—there is no need to explain whether your selection was representative.

This scenario describes research on sexual minorities up through the 1970s. Once in a while, an article appeared in a mental health journal based on a small sample of gay men and sometimes an even smaller sample of lesbians (there was little research on bisexuals). At first, the author was likely to be a mental health professional at a clinic or psychiatric hospital that treated people with severe mental health problems. Given that homosexuality was classified as a mental health problem, articles about this topic focused on psychopathology. Even after homosexuality was removed as a diagnosis from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973, the new edition of the DSM omitting this diagnosis did not appear in print until 1980 (American Psychiatric Association, 1968, 1980). Articles about

homosexuality usually emphasized the participants' masculine versus feminine appearance and gender roles, parental child-rearing behaviors that "caused" the abnormal behavior, current "sexual deviations," and associated mental health problems (depression, anxiety, substance abuse, suicidality).

Today, we are quick to identify sources of sampling error in these articles. We know that many people "passed" as heterosexual in those days, including some of our own friends and colleagues who lied to their therapists about the gender of their lovers or the source of their sexual attractions. Thus, the lesbians and gay men who came to the attention of mental health professionals were those least able to pass owing to their gender-nonconforming appearance or those who were caught during police raids of gay bars or public restrooms. Lesbians and gay men who disclosed their sexual orientation to a therapist had a lot to lose if word got out but often had already lost a lot (e.g., custody of their children, their job, respect of their family) and were desperate to try to become heterosexual to regain societal privileges.

Given the homophobic views and practices of mainstream therapists, it would not be surprising if lesbians, gay men, and bisexuals (LGBs) avoided therapists altogether. In fact, the converse seems to have occurred. Beginning in the 1970s (see Silverstein, 1991, for a review), LGB newspapers and community resources advertised the services of affirmative therapists. Practicing without degrees from mainstream mental health institutions and usually LGBs themselves, these therapists often served as important role models for closeted and isolated individuals who did not know anyone else like them. Among "out" LGBs who lived in urban settings, it was acceptable to talk about one's individual or couples therapy in social settings. Silverstein recalls this period (1991, p. 5): "While gays flocked to our services, established professionals, who earned their living by 'curing' gay men and women, saw us as a cabal of reckless incompetents who, when successful, doomed our clients to a life of misery."

This generation of therapists knew more about the LGB communities, based on issues arising within their clients' lives, than did any researchers at the time. These therapists too began publishing articles about LGB issues but from an affirmative rather than a pathologic perspective. In the early feminist and social issue journals, they described such normative processes in the LGB communities as the coming-out process, sex and relationships, adolescence, aging, race and ethnicity, stress and social support, workplace issues, and friendships. They introduced the general mental health professionals reading these articles to concepts such as lesbian "merger," gay bathhouses, bi-phobia, fluid gender identity among Native Americans, and heteronormativity.

Here too there was little thought about sampling. Just as in the earlier articles written about "homosexuals" from a pathologizing perspective, these affirmative articles were based on clients in therapy. These clients were thus affluent (and also middle-class, highly educated, young, and European American), open about their own sexual orientation, and knowledgeable about LGB communities. For traditionally

trained mental health professionals who treated the occasional lesbian or gay man, these clinical studies defied credibility (gay men coming out in the workplace, lesbians having children). For LGBs who came across these publications while closeted or isolated in rural or conservative settings, the content was an ideal of what could be possible if they moved to urban areas or "came out." In short, the first wave of LGB samples was not so much science as science fiction.

Is there a place for anecdotal articles about LGBs today? Yes, indeed. Before researchers embark on a topic that has been understudied with LGB populations, it is extremely useful to conduct interviews with just a handful of LGBs. This allows researchers to understand some basic themes and perhaps modify their research measures before surveying hundreds of participants. Publishing the results of these preliminary interviews is still a useful way of disseminating information on new topics; it might be a year or two before the results of the larger study, with standardized measures, is completed.

2 Tips of the Icebergs: Role of Convenience Samples During the 1980s and Beyond

The lesbian publication *The Ladder* contained the following quote in 1958 (p. 9):

There has been much bitter comment that all the published data on Lesbians comes either from badly maladjusted women who have sought psychiatric help or from women in prison. It is high time information was collected and published covering all Lesbians, not just a few. And apparently the only way to make sure this is done is to do it ourselves.

The Ladder went on to do just that in 1959, publishing the results of a survey of 157 lesbians that focused on demographic and mental health information. This survey has rarely been cited in the academic literature, although it was larger and more lesbian-affirmative than the many published studies of 10 or 20 participants that were the norm during the 1970s.

The 1980s was the decade of the lesbian and gay convenience survey. A few LGB researchers were "out" enough in graduate school or as faculty to conduct studies about sexual minorities. At the same time, the LGB communities were expanding to include not only gay bars and social groups but religious organizations, land collectives, campus student groups, bookstores, and subscribers of periodicals (Rothblum, 1994). This gave researchers the opportunity to locate research participants in their geographic region with relative ease. Furthermore, annual events such as gay pride parades and women's music festivals enabled researchers to distribute and collect hundreds of questionnaires in one day. Participants were also encouraged to take extra copies of questionnaires for their friends and acquaintances, a process called snowball sampling. Perhaps the largest and best known of these convenience studies was the National Lesbian Health Care Survey

(Bradford et al., 1994) conducted in the mid-1980s that resulted in 1917 completed questionnaires. The recruitment procedure included women's centers, lesbian and gay organizations, personal networks, social and organizational contacts, bookstores, prisons, and gay newspapers. Furthermore, researchers could focus on subcommunities, such as African American lesbians (Mays & Cochran, 1988), older gay men (Pope & Schultz, 1991), and adolescent lesbians (Schneider, 1989).

From the outset, convenience surveys were considered nonrepresentative because they were limited to LGBs who were "out" or open enough about their sexual orientation to attend community events or subscribe to periodicals. Even with all of these recruitment methods, researchers acknowledged that many LGBs are so closeted, isolated, or mistrustful of researchers that they cannot be reached with these methods. The results were thus not generalizable to LGBs in the general population, and researchers tended to apologize for this weakness. For example, in the National Lesbian Health Care Survey, Bradford and Ryan stated (1987, p. v): "results of the survey, therefore, cannot be generalized to represent all lesbians in the United States."

There is a tendency to assume that those LGBs who are out are only the very tip of the iceberg. This is partly due to the not-so-distant past when homosexuality was a mental illness and LGBs had much to lose by coming out. The general public may assume that the spokespeople for LGB rights they see on television live in gay enclaves (San Francisco, Provincetown, Northampton), have nontraditional jobs (e.g., work for a gay bar or lesbian magazine), and lead a certain kind of "life-style" (e.g., without children or stable relationships). Meanwhile, it is assumed that many LGBs live more "mainstream" but hidden lives (constituting the major part of the iceberg, which is concealed). Consequently, there is pressure for researchers to find more closeted LGBs who are presumed to live in smaller towns or rural areas, have more traditional jobs, have children, and so on. Thus, researchers who study only LGB communities or individuals who are "out" are using samples that cannot be generalized to more hidden, rural, or closeted LGB individuals.

It is interesting that no one has studied similarities and differences between LGBs who are "out" and those who are closeted. This would seem possible because some researchers have included items or scales of "outness" in their questionnaires (e.g., Bradford et al., 1994; Morris & Rothblum, 1999; Solomon et al., 2004) and consequently could compare characteristics of LGBs who differ in levels of outness. The results of such comparisons would justify whether focusing on LGBs who are "out" bears any resemblance to those who are closeted.

Convenience samples with LGB samples are still heavily used today, and there are two other challenges facing researchers who use this method. First, LGBs recruited via convenience sampling tend to have high levels of education, earn incomes that are low relative to their educational level, and do not belong to religious organizations (e.g., Bradford et al., 1994; Morris & Rothblum, 1999; Badgett, 2001). In addition, gay men tend to live in large cities (Laumann et al., 1994). Thus, convenience studies have been criticized for focusing on

members of a middle-class lesbian and gay subculture, ignoring participants who lived in rural settings, did not have a college education, or were more closeted. Yet these demographic data may in fact be an accurate general profile of LGBs. For example, LGBs may have had more educational opportunities due to not being married and/or not having children at a young age. Gay men may move to large cities for greater anonymity and to find supportive LGB communities. Given the homophobic positions of most major religions, it is not surprising that LGBs would be less religious.

The second challenge for researchers who utilize LGB convenience samples is the lack of a heterosexual comparison group. This is not an issue when the focus is on factors unique to LGBs, such as the coming-out process. However, this issue becomes more important for researchers who want to study factors such as health and mental health, where there is an enormous literature on the population at large. Recruiting participants via LGB community organizations, events, and periodicals is going to yield few heterosexuals (and *they* are probably quite atypical of the general heterosexual population). One clever solution to this dilemma was a study by Kris Morgan (1992) who distributed questionnaires at a college women's basketball game, knowing how popular women's sports were in the lesbian community. Sure enough, she found high percentages of both lesbian and heterosexual women from the community among the spectators. Researchers can also recruit heterosexuals via different sources (e.g., feminist periodicals, counterculture events) than those from which they recruit LGBs, but they would most likely find that the LGB and heterosexual samples differ on a number of demographic variables, which then have to be covaried. Finally, they can compare results of LGBs to published norms of the general population, but such norms are often collected on homogeneous samples, such as college students or psychiatric populations, making comparisons difficult.

Despite the sampling constraints of convenience studies, this method yielded an enormous amount of data about lesbians and gay men (though less about bisexuals). I have argued previously (Rothblum, 1994) that convenience samples of members of the LGB communities *are* important for understanding LGBs who are "out" and integrated into community activities and organizations. Trends and issues in the gay/lesbian communities also influence people who are more closeted or just coming out. Finally, historians will search this literature in the future, when LGB communities as we currently know them may be quite different or obsolete.

3 Reaching John and Jane Doe via Computer-Generated Technology: Role of Population-Based Samples in the 1990s and Beyond

By the end of the 1980s, large-scale health and mental health community surveys were beginning to include an item or two about same-sex behavior, mostly due to the fact that the HIV/AIDS epidemic was

becoming widespread. Researchers who would not have considered items about same-sex sexual orientation in the past now realized that they needed to determine the gender of the sexual partner to assess sexual behavior. Even today it is difficult to persuade epidemiologic research teams to include more than one or two items about sexual orientation; their concern is that participants will be offended and refuse to answer the rest of the questionnaire. For example, the U.S. census in 2000 added an item about gender of partners who were cohabiting—a significant improvement (see Gates & Ost, 2004 for data collected by the latest census). However, this leaves out information about LGBs who are single and those who are not living with their partner.

A number of technologic advances made large-scale community surveys more feasible near the end of the twentieth century. First, random digit telephone dialing, whereby computers randomly dialed a number and interviewers then posed questions to the person who answered the telephone, ensured greater anonymity and also had the potential to reach anyone who owned a phone. Second, some researchers allowed respondents to fill out questionnaires directly on a portable laptop, bypassing the need to tell a stranger about personal information. Finally, the Internet became a source of reaching respondents and having them complete information on line.

Needless to say, population-based sampling has several advantages over convenient studies. The researcher is not limited to friends of friends of his or her networks or social groups. The heterosexual comparison group is usually part of the same population, especially in the case of national surveys. Any differences between LGBs and heterosexuals can be attributed to sexual orientation, not sampling biases.

There are three problems, however, with population-based surveys, no matter how technologically sophisticated. First, the numbers of men and (especially) women who identify as being nonheterosexual in population-based surveys are extremely small. For example, Laumann et al. (1994) interviewed close to 3500 individuals using representative sampling. Only 24 women and 49 men in this sample identified as lesbian, bisexual, or "other." Sandfort and his colleagues (Sandfort et al., 2001, 2003) conducted a stratified, random-sampling household survey of 7046 people in The Netherlands, who answered a question about sexual behavior during the past year. Altogether, 82 (2.8%) men and 43 (1.4%) women reported being sexually active with a member of the same sex during the past year (some of these individuals had been sexually active with opposite-sex partners as well). Using data from the second (questionnaire) phase of the National Survey of Midlife Development in the United States (Mays & Cochran, 2001; Cochran et al., 2003), data for 2917 respondents were examined who answered the single question about sexual orientation. Only 41 respondents identified as homosexual and 32 as bisexual; these two groups were combined to increase power. The second part of the National Comorbidity Survey included two items about the number of men and women with whom respondents had had "sexual intercourse" during the past 5 years (Gilman et al., 2001, p. 934). The sample included 4785 respondents with exclusively opposite-sex partners, 48 with

exclusively same-sex partners (33 men and 15 women), 77 with both same-sex and opposite-sex partners (41 men and 36 women), and 967 who reported no intercourse. Respondents with exclusively same-sex partners and those with same-sex and opposite-sex partners were combined and compared with respondents who had only opposite-sex partners. Using the VET Registry of 4774 male twin-pairs who had both served in the military, Herrell and his colleagues (1999) compared 103 twin pairs in which one member of the pair reported having had male sexual partners since age 18 and the other member did not.

Why do large, national surveys find so few LGBs? It is possible that few people in the general population identify as LGBs. On the other hand, it is also possible that LGB individuals are reluctant to "come out" to mainstream survey researchers (including the U.S. census) through standardized sampling methods. This has resulted in a large and somewhat paradoxical discrepancy between convenience surveys that yield hundreds and even thousands of participants and population-based samples that yield, at most, a few dozen.

A second problem with national survey research is that owing to the small number of LGBs national survey researchers have had to combine gay with bisexual men and lesbians with bisexual women. Evidence from community surveys has shown that bisexuals may be at especially high risk for mental health disorders (Jorm et al., 2001). Thus, combining data in this way may yield higher rates of mental health problems than convenience samples that focus only on lesbians and gay men. This also means that we continue to know little about bisexual women and men, a group that may have different experiences than lesbians and gay men.

The third problem with population-based surveys has been the way in which sexual orientation is defined or obtained. Looking at the examples above, national survey researchers have used self-identity, sexual activity, and cohabiting status as ways to find nonheterosexual respondents. Yet these dimensions are not highly intercorrelated. Research during the 1990s began to identify dimensions of sexual orientation, such as self-identity (I am a lesbian), sexual behavior (I have sex with women), sexual fantasies and attraction (I imagine having sex with women), and participation in LGBT communities (I belong to a lesbian softball league) (see Laumann et al., 1994; Morris & Rothblum, 1999, for reviews of this literature). In the National Comorbidity Study (Gilman et al., 2001) and in The Netherlands study (Sandfort et al., 2001, 2003), there were seven to eight times as many respondents who reported no sexual behavior as there were who reported some same-sex behavior. This means that some of the respondents who indicated no sexual behavior may have identified as LGB but were not included as such by the researchers, who used same-sex sexual behavior as the defining variable. Community surveys have shown lesbians to have sex less often than gay men or heterosexuals (e.g., Blumstein & Schwartz, 1983; Loulan, 1988; Peplau et al., 2004), so defining sexual orientation via sexual behavior may underrepresent lesbians in particular. Furthermore, research on lesbians (Morris & Rothblum, 1999) found Native American, Asian American, and European American

lesbians to have particularly low interrelationships among dimensions of lesbianism (such as self-identity, outness/disclosure to others, number of years being out, proportion of sexual relationships with women, and participation in lesbian community events). Even for African American and Latina lesbians, these interrelationships were only moderately correlated.

Population-based studies are viewed as representative in their sampling methods. Yet one can question how representative a sample of 30 to 40 LGBs can be, even if recruited via highly sophisticated sampling methods. Laumann et al. (1994), for example, chose not to interpret the results they found for the 24 nonheterosexual women and 49 nonheterosexual men of their total 3500 participants. They decided that this group was too small to be meaningful as a representation of LGBs in the society at large.

4 Methods for the Future: New Methods for the New Century?

Just as community groups may not be typical of the general LGB population, population-based studies may not be typical of LGB communities. As this chapter has shown, LGB convenience samples lack a heterosexual comparison group, whereas national population-based samples lack a large enough subsample of LGBs. What are some future directions for sampling sexual minorities?

4.1 Siblings as a Comparison Group

I have argued in the past (Rothblum, 1994) that siblings of LGBs could serve as an appropriate comparison group. Unlike members of other oppressed groups (e.g., immigrants, Asian Americans), LGBs often have siblings who are members of the dominant group (heterosexuals). Comparable in race, ethnicity, age cohort, and parental socioeconomic status, siblings who differ in adult sexual orientation illustrate some of the ways that coming out as lesbian or gay is associated with demographic factors. This method allows convenience sampling (and thus obtaining large LGB sample sizes) at the same time that heterosexual siblings provide a comparison group.

My colleagues and I have conducted studies on lesbians and their heterosexual and bisexual sisters (Rothblum & Factor, 1999), LGBs and heterosexual siblings (Rothblum et al., 2004; Balsam et al., 2005a,b) and same-sex couples who had civil unions in Vermont compared with heterosexual siblings and spouses (Solomon et al., 2004). The sibling recruitment and comparison method has some advantages. First, it is possible to include LGBs who are not out to their heterosexual siblings. In our first study of lesbians and their sisters, the questionnaire we sent to all participants did not indicate that we were focusing on sexual orientation and contained only two items about sexual orientation among many demographic items. In the second study of LGBs and heterosexual siblings, LGBs were sent an additional lavender questionnaire with extra questions about sexual orientation.

Second, many LGBs have multiple siblings, and we sent questionnaires to all instead of making decisions about which sibling to include. In hindsight, this had a major benefit: the response rate of the index participants (the original participants who contacted us) was much higher than those of their siblings. With multiple siblings, however, we ended up with nearly identical numbers of lesbians and heterosexual women and with gay and heterosexual men.

The number of self-identified bisexuals was much smaller than participants who identified as lesbian, gay, or heterosexual. Nevertheless, we found a number of statistically significant differences between bisexuals and other groups, indicating that even small numbers of bisexuals yield important information.

Furthermore, some index participants had siblings who were themselves LGB. This allowed us to compare index participants with siblings who were similar in sexual orientation to see if the recruitment method (e.g., bisexual women who actively sought us out versus those dragged into the study by their sisters) made a difference (it did not).

The results of all three studies show many differences between LGBs and heterosexuals recruited from siblings. Lesbians are more highly educated, have occupations with greater status, are less religious, and are more geographically mobile than heterosexual women. Heterosexual women are more similar to census data in terms of marriage, children, religion, and homemaker status. Gay men have moved to large cities and are more highly educated than heterosexual men. In general, bisexual women are most comparable demographically to lesbians, whereas bisexual men are most similar to heterosexual men. These results have two important implications. First, given that LGBs have heterosexual siblings who are demographically similar to the census data indicates that convenience samples may not be reaching biased samples of LGBs. Instead, LGBs probably are more highly educated, less religious, and more urban than heterosexuals. Second, all of the heterosexuals in these studies were siblings of LGBs, so one could speculate that these heterosexuals might also come from less traditional families. Yet they were quite traditional demographically and thus present a feasible comparison group.

Our first study (Rothblum & Factor, 1999) performed matched comparisons of lesbians with their heterosexual sisters. In the second study (Rothblum et al., 2004), some of the heterosexual women were sisters of lesbians and others were sisters of gay men, for example. Yet we achieved similar results whether we compared lesbians with their heterosexual sisters or when we compared all women who identified as lesbians with all women who identified as heterosexual (and similarly for gay and heterosexual men). This means that researchers can include both same-gender and opposite-gender siblings of LGBs for a larger sample size without affecting the results.

It is also possible to use a nested design (siblings nested within families) and calculate the effect of family variance. For example, when studies examine mental health problems among LGBs, this design makes it possible to determine whether mental health problems are the

result of being part of a high-risk family (i.e., siblings have similar mental health problems) or sexual orientation (LGBs have more mental health problems than their siblings). Researchers have used siblings to investigate the genetics of sexual orientation (e.g., Bailey et al., 2000) but rarely to investigate sexual orientation differences in mental health and other psychological variables. In fact, our research did not find differences between LGBs and heterosexuals when sibling variance was taken into account (Balsam et al., 2005a) although LGBs had higher rates of traumatic victimization even when sibling variance was accounted for (Balsam et al., 2005b).

Obviously, the sibling methodology has some limitations. It excludes LGB respondents without siblings as well as those who are not in contact with their siblings. It cannot be used under all circumstances. For example, lesbians tend to have children much later, on average, than their sisters (because of the high cost of ways in which lesbians become pregnant, such as adoption and reproductive technologies). Thus, comparing lesbian and heterosexual sisters on child rearing compares mothers who differ in age by as much as a decade and is not a useful method.

The sibling methodology does not constitute representative sampling. It can answer the question of how LGBs in a particular sample are similar to or different from their heterosexual siblings, but it cannot determine, for example, how many people in the general population have LGB siblings.

4.2 Accessing an Entire Population of LGBs

In our research on same-sex couples who had civil unions in Vermont (Solomon et al., 2004), we were able to compare basic information about survey respondents to the civil union population as a whole because civil unions, like marriage certificates, are a matter of public record. Thus, this study had access to a population, not just a sample, and represents methodologic improvement over previous research in this area. It was not possible in the past to compare LGB respondents with non-respondents; even population-based surveys do not know how many people who refused to participate were in fact LGBs. As U.S. states and other countries legalize same-sex relationships, including same-sex marriage, this kind of information will become increasingly possible.

4.3 Changes in Definition of Sexual Orientation

Language about sexual orientation has changed over time and across cultures. Thus, old terms such as "invert" and new terms such as "queer" complicate research on sexual orientation because inclusion criteria differ across place and time. People who are bisexual are less inclined to use labels for self-identity (Rust, 2000), possibly explaining the relatively small numbers of bisexuals we found in our siblings research. New theory and writing from the transgender movement will increase our understanding about the intersection of gender identity with sexual orientation.

5 Summary

What are the costs and benefits of various research methodologies when used with LGB samples? First, I encourage researchers to write about (and journal editors to accept for publication) theoretical issues regarding the application of research methodologies for use with LGB samples. Too often researchers are forced into a specific methodology (by their graduate thesis advisor, granting agencies, and manuscript reviewers) simply because such methods are the status quo among the general population. As I have argued earlier, an ideal method such as population-based sampling may not work with LGBs if it yields only a handful of respondents.

Similarly, publishing anecdotal articles, pilot studies, or results of a few interviews with LGBs on new topic areas can be extremely useful in generating discussion among mental health practitioners, policy-makers, and researchers. Sometimes the most interesting parts of large, standardized, questionnaire studies are to be found in the comments written in by participants at the end of the questionnaire. Such qualitative impressions should be written up, and luckily there are now a number of LGBT journals across academic disciplines for submission of such qualitative content.

The advantage of convenience studies lies in the large number of LGBs who are eager to participate in research. The disadvantage, however, is the inability to find heterosexuals via the same sources. Thus, it is not possible to know if any differences between LGBs and published norms of the general population are the result of sexual orientation or sampling bias. As I argued above, incorporating siblings of LGBs controls for a number of variables that are often similar among siblings. This method allows researchers to examine the effect of sexual orientation among participants recruited via the same sample.

Obviously, population-based sampling is an ideal method in theory. However, this chapter has described some of the problems when this method is used to examine sexual orientation. Large samples are needed to find even tiny numbers of LGBs, and researchers may need to combine anyone who is not heterosexual (in either identity or sexual behavior) to increase the statistical power. Thus, this method may end up being too cost-ineffective for most researchers studying LGBs.

Finally, a time may come when LGBs are so assimilated into mainstream society that it will be difficult to conceptualize sexual orientation as separate categories. This will necessitate new methods for a new age. All of these challenges will affect sampling.

References

- American Psychiatric Association. (1968) *The diagnostic and statistical manual of mental disorders*, 2nd ed. American Psychiatric Association, Washington, DC.
- American Psychiatric Association. (1980) *The diagnostic and statistical manual of mental disorders*, 3rd ed. American Psychiatric Association, Washington, DC.

- Badgett, M.V.L. (2001) *Money, myths, and change: the economic lives of lesbians and gay men*. University of Chicago Press, Chicago.
- Bailey, J.M., Dunne, M.P., and Martin, N.G. (2000) Genetic and environmental influences on sexual orientation and its correlates in an Australian twin sample. *Journal of Personality and Social Psychology* 78:524-536.
- Balsam, K.F., Beauchaine, T.P., Mickey, R.M., and Rothblum, E.D. (2005a) Mental health of lesbian, gay, bisexual, and heterosexual siblings: Effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology* 114:471-476.
- Balsam, K.F., Rothblum, E.D., and Beauchaine, T.P. (2005b) Victimization over the life span: a comparison of lesbian, gay, bisexual, and heterosexual siblings. *Journal of Consulting and Clinical Psychology* 73:477-487.
- Bradford, J.B., and Ryan, C. (1987) *National lesbian health care survey: mental health implications for lesbians*. PB88-201496/AS. National Institute of Mental Health, National Technical Information Service, Bethesda, MD.
- Bradford, J., Ryan, C., and Rothblum, E.D. (1994) National lesbian health care survey: implications for mental health. *Journal of Consulting and Clinical Psychology* 62:228-242.
- Cochran, S.D., Sullivan, J.G., and Mays, V.M. (2003) Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology* 71:53-61.
- Gates, G.J., and Ost, J. (2004) *The gay and lesbian atlas*. Urban Institute Press, Washington, DC.
- Gilman, S.E., Cochran, S.D., Mays, V.M., Hughes, M., Ostrow, D., and Kessler, R.C. (2001) Prevalences of DSM-III-R disorders among individuals reporting same-gender sexual partners in the National Comorbidity Survey. *American Journal of Public Health* 91:933-939.
- Herrell, R., Goldberg, J., True, W.R., Ramakrishnan, V., Lyons, M., Eisen, S., and Tsuang, M.T. (1999) Sexual orientation and suicidality: a co-twin control study in adult men. *Archives of General Psychiatry* 56:867-874.
- Jorm, A.F., Korten, A.E., Rodgers, B., Jacomb, P.A., and Christensen, H. (2001) Sexual orientation and mental health: results from a community survey of young and middle-aged adults. *British Journal of Psychiatry* 180:423-427.
- Laumann, E.O., Gagnon, J.H., Michael, R.T., and Michaels, S. (1994) *The social organization of sexuality: sexual practices in the United States*. University of Chicago Press, Chicago.
- Loulan, J. (1988) Research on the sex practices of 1566 lesbians and the clinical implications. *Women & Therapy* 7:221-234.
- Mays, V.M., and Cochran, S.D. (1988) The black women's relationship project: a national survey of Black lesbians. In: Shernoff, M., and Scott, W.A. (eds) *A sourcebook of gay/lesbian health care*, 2nd ed. National Gay and Lesbian Health Foundation, Washington, DC, pp. 54-62.
- Mays, V.M., and Cochran, S.D. (2001) Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health* 91:1869-1876.
- Morgan, K.S. (1992) Caucasian lesbians' use of psychotherapy. *Psychology of Women Quarterly* 16:127-130.
- Morris, J.F., and Rothblum, E.D. (1999) Who fills out a "lesbian" questionnaire? The interrelationship of sexual orientation, years "out," disclosure of sexual orientation, sexual experience with women, and participation in the lesbian community. *Psychology of Women Quarterly* 23:537-557.
- Peplau, L.A., Fingerhut, A., and Beals, K.P. (2004) Sexuality in the relationships of lesbians and gay men. In: Harvey, J., Wenzel, A., and Sprecher, S. (eds)

- Handbook of sexuality in close relationships*. Erlbaum, Mahway, NJ, pp. 349-369.
- Pope, M., and Schulz, R. (1991) Sexual attitudes and behavior in midlife and aging homosexual males. *Journal of Homosexuality* 21:169-177.
- Rothblum, E.D. (1994) "I only read about myself on bathroom walls": the need for research on the mental health of lesbians and gay men. *Journal of Consulting and Clinical Psychology* 62:213-220.
- Rothblum, E.D., and Factor, R. (2001) Lesbians and their sisters as a control group: demographic and mental health factors. *Psychological Science* 12:63-69.
- Rothblum, E.D., Balsam, K.F., and Mickey, R.M. (2004) Brothers and sisters of lesbians, gay men, and bisexuals as a demographic comparison group: an innovative research methodology to examine social change. *Journal of Applied Behavioral Science* 40:283-301.
- Rust, P.R. (2000) *Bisexuality in the United States*. Columbia University Press, New York.
- Sandfort, T.G.M., de Graaf, R., and Bijl, R.V. (2003) Same-sex sexuality and quality of life: findings from The Netherlands Mental Health Survey and Incidence Study. *Archives of Sexual Behavior* 32:15-22.
- Sandfort, T.G.M., de Graaf, R., Bijl, R.V., and Schnabel, P. (2001) Same-sex sexual behavior and psychiatric disorders: findings from The Netherlands mental health survey and incidence study (NEMESIS). *Archives of General Psychiatry* 58:85-91.
- Schneider, M. (1989) Sappho was a right-on adolescent: growing up lesbian. *Journal of Homosexuality* 17:111-130.
- Silverstein, C. (1991) *Gays, lesbians, and their therapists*. Norton, New York.
- Solomon, S.E., Rothblum, E.D., and Balsam, K.F. (2004) Pioneers in partnership: lesbian and gay male couples in civil unions compared with those not in civil unions, and heterosexual married siblings. *Journal of Family Psychology* 18:275-286.
- The Ladder* (1958) Letter to editor. May, p. 9.