

Original research

Parental Attitude, Internalized Homophobia, and Suicidal Ideation Among Selected Self-Identified Filipino Gay Men in the Philippines

Angeli Charmaine C. Tan^{1,✉}, Marc Eric S. Reyes¹, Roger D. Davis²

¹University of Santo Tomas

²Institute for the Study of Personality

Submitted to SOL: June 6th, 2018; accepted: January 31th, 2019; published: June 10th, 2019

Abstract: Gay men often experience prejudice and discrimination due to their sexual minority identity. Although the Philippines is one of the more Lesbian, Gay, Bisexual and Transgender (LGBT) -friendly countries in Asia, stigma and homonegativity remain pervasive. Due to this, Filipino gay men have been found to have an elevated risk for negative mental health outcomes, including suicidal ideation and attempts. This study investigated two factors that may be related to suicidal ideation, namely perceived parental attitude and internalized homophobia (the inward direction of society's homophobic attitudes). Through snowball sampling in a span of one year, 121 self-identified Filipino gay men completed self-report measures, including the Parental Acceptance-Rejection Questionnaire, the Internalized Homophobia Scale, and the Adult Suicidal Ideation Questionnaire. Results suggest that generally, the participants felt accepted by their parents and reported low levels of internalized homophobia and suicidal ideation. Nevertheless, perceived parental attitude and internalized homophobia were significantly correlated with suicidal ideation. Perceived parental attitude was also associated with internalized homophobia. Regression analyses showed that perceived parental attitude and internalized homophobia both predicted suicidal ideation.

Keywords: *parental attitude, internalized homophobia/homonegativity, suicidal ideation, LGBT*

Copyrights belong to the Author(s). Suicidology Online (SOL) is a peer-reviewed open-access journal publishing under the Creative Commons Licence 3.0.

The Philippines can be considered as one of the more LGBT-friendly countries in Southeast Asia (Manalastas & Torre, 2016). In recent years, Filipinos have become more open-minded and tolerant of sexual minorities in the country. Nevertheless, LGBT Filipinos still struggle with stigma, prejudice, and discrimination (Psychological Association of the Philippines, 2011). As a highly collectivistic society, Filipino families serve as the foundation for the development of individual values.

Parents play central roles in supporting or discouraging sexual minority feelings and behaviors because they are the main socializing agents for children (Docena, 2013). However, most parents do not encourage their gay children to accept their sexual orientation. Gay Filipinos sometimes experience ridicule, discrimination (Tubeza, 2013; Cuneta, 2014; Cannon, 2014), physical abuse (Tan, 2014, as cited in Agence France-Presse, 2014), and they may even be disowned by their families (Martin, 2013; Pascual, 2014). These and other factors set the norms for social conduct and self-expression in society, stigmatizing LGBT Filipinos and causing undue, debilitating stress.

✉ Angeli Charmaine C. Tan, Rpm, RPsy; University of Santo Tomas; Email address: angelicharmaine@yahoo.com

Taking into consideration the rejecting environment, confining norms, and persistent stressors LGBT people encounter almost every day, it is no surprise that gay and bisexual men have been found to be more vulnerable to depression and suicidal ideation relative to heterosexual men (King et al., 2008; Manalastas, 2013). In fact, researchers have consistently documented that LGBTs are generally more susceptible to mental health concerns compared to their heterosexual peers due mainly to certain factors that are unique to them (Meyer, 2003). Researchers have since referred to these unique factors as minority stress processes.

Meyer (2003) described minority stress processes along a continuum from distal stressors to proximal processes. Parents' rejecting attitude may be regarded as one of the most significant problems faced by sexual minority youth (Bregman et al., 2013) This distal stressor produces expectations of rejection stemming from parental stigmatization. Such expectations may be regarded as proximal stressors, because they exist in the moment and influence behavior. In contrast, parental acceptance is associated with positive health outcomes and social adjustment. Acceptance also protects against negative outcomes such as depression, substance abuse, and suicide (Rothman et al., 2012; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Costa, Pereira, & Leal, 2013). Thus, the role of parents in promoting well-being is crucial (Ryan et al., 2010). Another proximal stressor is internalized homophobia. Internalized homophobia is defined as the incorporation of societal anti-LGBT attitudes against the self (Meyer, 2003). Rejection leads to self-rejection. This internalization leads to lowered self-regard, self-deprecating attitudes and conflicts within the individual (Meyer and Dean, 1998). Aside from societal prejudice, parents' homophobic attitudes can also influence their children's homophobia (O'Bryan, Fishbein, & Ritchey, 2004). Research has shown that higher perceived parental rejection results in higher levels of internalized homophobia, suggesting an association between internalized homophobia and acceptance/rejection of sexual orientation (Costa, Pereira, & Leal, 2013). Since parents' rejecting attitude and internalized homophobia may independently result in suicidal thoughts and attempts as well as commission of suicide, these problems require attention. Suicidal ideation is especially noteworthy as a precursor of suicide attempts; approximately 29% of all those with thoughts of suicide eventually attempt suicide (Liu & Mustanski, 2012). Despite increased prevention efforts in the past 2 decades, rates of suicidal ideation have not declined, and suicide has become the second-leading cause of death among

people aged 15-29 worldwide (World Health Organization, 2014).

In the Philippines, the Department of Health (2003) has identified intentional self-harm as the 9th leading cause of death among 20-24-year-old Filipinos (Philippine Health Statistics, 2003, as cited by the DOH, 2003). Further, rates of suicide by hanging, strangulation, and poisoning have been rising steadily in the last 20 years (Dacanay, 2012), especially for males (Redaniel et al., 2011). Gay men were found to be more susceptible to suicide (Remafedi et al., 1998; Haas et al., 2011) which prompted the present study to investigate the extent to which parental attitude (acceptance/rejection) and internalized homophobia might account for this trend, using suicidal ideation in Filipino gay men as the dependent variable. Since only a few studies have been conducted regarding internalized homophobia among Filipino LGBTs (Reyes et al., 2015; Reyes et al., 2017), we intend to highlight the significance of an accepting parental attitude as a protective factor that can aid in buffering Filipino gay men's suicidal thoughts. With these goals in mind, our study's objectives are: (1) to assess the levels of perceived parental attitude (acceptance/rejection), internalized homophobia, and suicidal ideation among Filipino gay men; (2) to infer whether relationships exist between these variables, and; (3) to determine whether perceived parental attitude (acceptance/rejection) and internalized homophobia conjointly or independently predict suicidal ideation.

Method

Research Design

A cross-sectional predictive research design was used to investigate the predictive relationship between parental attitude, internalized homophobia, and suicidal ideation among selected self-identified Filipino gay men. This type of research design entails the collection of data from the participants at a single time period for the purpose of forecasting or predicting an event in the future (Johnson, 2001).

Participants

A total of 121 self-identified Filipino gay men, with ages 18 to 41 ($M = 25.26$, $SD = 5.11$) participated in the current study. This sample is 71.18% of the 170 participants contacted and gathered; 49 participants were not included in the final sample of the current study due to their invalid data (e.g. incomplete responses). They were gathered through nonprobability sampling (snowball sampling) from different universities, workplaces, organizations, cities, provinces, and other places in

the Philippines. Participants were included if they self-identified as gay, were age 18 or older, were "out" to at least one parent, and resided in the Philippines. Approval by the university ethics committee was sought prior to data gathering and informed consent was secured from all Filipino gay men prior to voluntarily participation.

Measures

Parental Acceptance-Rejection Questionnaire. The Parental Acceptance-Rejection Questionnaire (PARQ) is a 60-item self-report instrument that measures an individual's perceived parental acceptance or rejection (Rohner, 2005). Participants respond to a 4-point Likert-type format that indicates their agreement or disagreement to statements that describe the behavior of their parents. Sample items include "My father ridiculed and made fun of me" and "My mother was interested in the things I did". A response of 4 indicates that the behavior is "almost always true", while 1 means it is "almost never true". Of the 60 total items, 7 are reverse scored prior to scoring. The PARQ has four scales: (1) warmth and affection; (2) hostility and aggression; (3) indifference and neglect, and; (4) undifferentiated rejection. Together, these scales constitute a Total Score that represents the degree to which a person experienced parental acceptance or rejection. A low total score is indicative of perceived parental acceptance, while higher scores suggest perceived rejection from the parents. The PARQ has been found to be internally consistent with an alpha reliability coefficient of .96 (Rohner, 2004). Construct validity studies have shown the PARQ warmth/affection to be significantly correlated ($r = .90$) with measures of the acceptance scale in the Children's Reports of Parental Behavior Inventory (CRPBI), while the PARQ scale of indifference/neglect was significantly correlated ($r = .86$) with hostile detachment scale in the CRPBI (Rohner, 2005). In the present study, the PARQ Total Score was utilized which has a Cronbach's alpha of .90.

Internalized Homophobia Scale. The Internalized Homophobia Scale (IHP; Martin & Dean, 1987) is a 9-item self-report instrument designed to assess self-stigma due to sexual minority status. Respondents report their agreement or disagreement using a 5-point Likert scale ranging from (1) "strongly disagree" to (5) "strongly agree." Sample items include: "I feel that being gay is a personal shortcoming for me" and "I have tried to become more sexually attracted to women." The ratings for each item are summed to obtain the total score. Lower scores indicate lower levels of internalized homophobia. Higher scores indicate

higher levels. Internal consistency has been reported at $\alpha = .83$ for gay men (Herek et al., 1997). Construct validity studies have shown that high scores are associated with negative feelings such as guilt and distress, psychological and sexual problems, and even suicide (Meyer, 1995). On the other hand, low scores are associated with self-esteem, "outness" to peers, and general satisfaction with the sexual minority community (Herek & Glunt, 1995). A reliability measure of $\alpha = .86$ was obtained in the current study.

Adult Suicidal Ideation Questionnaire. The Adult Suicidal Ideation Questionnaire (ASIQ; Reynolds, 1991) is a 25-item self-report questionnaire that estimates current level of suicidal ideation (Reynolds, 1991). Subjects rate each item on a 7-point Likert scale based on the frequency of suicidal behaviors or thoughts. The scale ranges from (0) "I never had this thought" to (6) "Almost every day". Example items include "I thought about killing myself" and "I wished that I had never been born". The internal consistency reliability coefficient of the ASIQ has been measured as high as .97 (Reynolds, 1991). Test-retest reliability has been measured at .86 (Reynolds, 1991). The ASIQ is significantly correlated with measures of anxiety, hopelessness, low self-esteem, depression, and prior suicide attempts (Reynolds, 1991). A reliability coefficient of .96 was found in the present study.

Procedure

The study was reviewed by the Graduate School Ethical Review Board of the University of Santo Tomas in order to secure the safety, rights and well-being of participants. Filipino gay men were sought simultaneously through a referral system and by enlisting the assistance of various LGBT organizations to set up a meeting with their members who were willing to participate. Possible participants were contacted via text message or e-mail to ascertain their interest in participating. Referrals were then sought from each participant thereafter and subsequently contacted through various means (e.g. Facebook Messenger). Data gathering was accomplished in person with a test battery consisting of a brief description of the objectives of the study, an informed consent form, and the research instruments. Measures were then scored and the data were statistically analyzed using IBM SPSS Statistics 25.

Results

The socio-demographic profile of our participants are presented in Table 1. As you may glean from the table, most participants had college degrees (78%), while 16% obtained high school diplomas and 6% pursued postgraduate studies. 64% of the

Table 1. Socio-demographic profile of participants.

Variables	Categories	Percentage
Educational Attainment	High School Diploma	16%
	Bachelor's Degree	78%
	Master's Degree or Higher	6%
Occupation	Professional	64%
	Non-professional	36%
Living Situation	Alone	21%
	With Parents	79%
Level of Disclosure	Both	70%
	Father Only	3%
	Mother Only	27%

Nota: N=121

respondents worked as professionals, while the others were either non-professionals or still studying. A significant portion (70%) reported being "out" to both parents. Among those out only to one parent, 27% were "out" only to their mothers and 3% were "out" only to their fathers. Finally, most of the participants (79%) still lived with their parents, while 21% of the respondents reported living alone. Table 2 presents both descriptive and inferential statistics for perceived parental rejection, internalized homophobia, and suicidal ideation. As noted, low PARQ scores indicate perceived parental acceptance, while higher scores suggest perceived parental rejection. As such, we can surmise that both mothers ($\bar{x} = 94.46$) and fathers ($\bar{x} = 116.41$)

were accepting of their children's sexual orientation. Mothers, however, were found to be significantly more accepting ($p = 3.49E-07$) than fathers. Additionally, the level of their internalized homophobia ($\bar{x} = 20.85$) as measured in the IHP was found to be moderate based on the theoretical range for scores (Herek et al., 1997). The participants also reported a low level of suicidal ideation ($\bar{x} = 14.32$) according to the norms in the ASIQ (Reynolds, 1991).

All dependent variables were found to be significantly correlated. The highest correlation we obtained was that between Father Attitude and Suicidal Ideation ($r = .53$), followed by a Pearson coefficient of .40 between Mother Attitude and

Table 2. Means, Standard Deviations, and Pearson Correlations of the research variables.

	Mean	SD	FA	MA	IH	SI
Father Attitude (FA)	116.41	36.55	1			
Mother Attitude (MA)	94.46	28.04	.38*	1		
Internalized Homophobia (IH)	20.85	7.73	.28*	.20*	1	
Suicidal Ideation (SI)	14.32	22.36	.53*	.40*	.29*	1

Note: N = 121; * $p < .05$

Suicidal Ideation. Internalized Homophobia had the lowest correlation with Suicidal Ideation at $r = .29$. According to Cohen (1988), correlations larger than .50 are considered to have a large effect size. Those between .30 and .49 are considered moderate effects, and those between .10 and .29 are considered small effects. Using these guidelines, most of the correlations found in the current study are considered to be moderate effects.

We also wanted to know whether our independent variables (Father Attitude, Mother Attitude, Internalized Homophobia) predicted Suicidal Ideation among our participants. Table 3 shows the forward stepwise regression we performed in order to systematically distinguish which variable had the most predictive power, and whether or not these

variables add up to conjointly better predict Suicidal Ideation. Results show that an accepting or rejecting attitude from the father was the best predictor ($R = .534$) of suicidal thoughts, accounting for 28.5% of the variance in the suicidal ideation. When combined, Mother Attitude and Father Attitude strongly predict suicidal ideation ($R = .577$), thus accounting for 33.3 percent of the variance in suicidal ideation. On the other hand, Internalized Homophobia was excluded from the model as it was not significant enough to contribute to the other predictors when taken altogether. Clearly, the effect size of parental attitude on suicidal ideation is quite large, with each parent making an independent contribution to suicidal ideation.

Table 3. Forward stepwise regression analysis of the research variables with Suicidal Ideation as the dependent variable.

<i>Dependent Variable</i>	Model 1			Model 2		
	Father Attitude			Father+Mother Attitude		
	R^2	SE	F	R^2	SE	F
Suicidal Ideation	.285	18.981	47.525	.333	18.419	29.424

Discussion

Our findings converge with previous research results and support our hypotheses regarding the relationship between parental attitude, internalized homophobia, and suicidal ideation. Overall, participants reported feeling accepted by their parents. Nevertheless, there was enough variation in the scores to support moderate- to large-sized correlations between parental attitude and suicidal ideation.

The participants also reported moderate levels of internalized homophobia, which may be interpreted as self-criticism on behalf of the majority culture. This means that although gay individuals generally accept their sexual orientation and identify themselves as gay, they still feel discomfort due to their environment and negative past experiences related to their sexual minority status. This coincides with Herek et al.'s (2009) study which found evidence that internalized homophobia is present in virtually all LGBT individuals in varying degrees of intensity. Gay men continue to experience a homophobic and heteronormative culture. As such, it is unlikely that

internalized homophobia in gay men will completely abate (Meyer, 2003).

Overall, however, the gay men in our study generally disclosed a low level of suicidal ideation. Most of the respondents claimed they would never hurt themselves due to their sexual orientation. Participants who had thoughts of suicide reported more passive suicidal ideation, with only one admitting having attempted suicide. This is consistent with Manalastas' (2013) findings that despite having relatively higher levels of suicidal thoughts when compared with heterosexual men, gay men are not "essentially suicidal" (Savin-Williams, 2008, as cited by Manalastas, 2013). As a matter of fact, around 84% of gay Filipino men reported they have never considered taking their own lives (Manalastas, 2013). As such, we can conclude that the recent spike in intentional self-harm in the country may be due to other factors that are unrelated to one's sexual orientation. We found that perceived parental attitude is associated with and predictive of suicidal ideation, which supports Ryan et al.'s (2009) findings that LGBTs

who disclosed having been rejected by their families during adolescence were 8.4 times more likely to report having tried to kill themselves. In the current study, PARQ scores show that receiving support from their parents significantly helped subjects accept themselves and cope with societal homophobia. Several other studies (Rothman et al., 2012; Padilla et al., 2010) have likewise shown that parental rejection is associated with mental health concerns such as depression and suicide, while parental acceptance is associated with positive health outcomes. Our participants reported general feelings of parental acceptance and consequently, low suicidal ideation. The results in the present study is consistent with past findings (Rothman et al., 2012; Padilla et al., 2010; Ryan et al., 2010), which conclude that parental acceptance protects against adverse health outcomes such as depression, substance abuse, and even suicide.

The results of the current study show that perceived paternal attitude has a greater influence on both internalized homophobia and suicidal ideation than maternal attitude. These findings may be partly explained by the patriarchy that characterizes the Philippine society. Fathers are often viewed as the head of the household and thus, hold greater parental authority (David, 1994; Haynes, 2008). As such, paternal attitudes and opinions may have a greater influence and impact on children's thoughts and beliefs. Material provided by the Society for Personality and Social Psychology (2012) found that numerous studies support the idea that the father's rejection can be more influential than that of the mothers. To explain such findings, the International Father Acceptance Project (as cited by Society for Personality and Social Psychology, 2012) suggested that children may perceive fathers as having more power, influence, and prestige than mothers; thus, they may be more likely to emulate paternal values and opinions. The weight of paternal opinions and beliefs may have contributed to our participants' decision in disclosing their sexual orientation. Since among those participants who indicated being out only to one parent, 27% were "out" only to their mothers and 3% were "out" only to their fathers. As far as these participants are concerned, they may have chosen to "come out" only to their mothers as maternal opinions may have a milder impact on their own value system. Furthermore, they may have perceived their mothers to be more

understanding and accepting. Past studies have shown evidence that sexual minority children are more likely to "come out" to their mothers (Katz-Wise, 2016) and that mothers are often less rejecting than fathers (D'Augelli & Hershberger, 1993; Radkowsky & Siegel, 1997).

Finally, we found that perceived parental attitude is indeed associated with internalized homophobia. The significant role of parents in the lives of their children undoubtedly influences the development of their children's self-image. Cook and Douglas' (1998) found that how subjects think and feel about themselves is directly related to how they think they are perceived by their parents. Acceptance and support from parents have been found to be critical in the development of an individual's own internal sense of support (Branje et al., 2002). Ryan (2009) concluded that being valued by their parents and family helps LGBT children to value and care for themselves. Internalized homophobia has been associated with poor mental health outcomes such as depression (Gold et al., 2007), anxiety and suicidal ideation (Newcomb & Mustanski, 2010; Costa et al., 2013), and is similar with other stress processes in the minority stress model. Weber-Gilmore, Rose, and Rubinstein (2011) concluded that internalized homophobia is associated with suicide. A previous study by Costa et al. (2013) found that low internalized homophobia seems to be the best predictor of mental health in LGBT youth. In the present study, we can surmise that internalized homophobia is indeed associated with and predictive of suicidal ideation. However, contrary to Costa et al.'s 2013 findings, it was not the best predictor of mental health, and was excluded from our forward stepwise regression model. Paternal and maternal attitudes were much between predictors than internalized homophobia. We hope that our study adds to the body of research and serve as an impetus for further investigation on the concept of parental attitude and its connection to internalized homophobia or self-stigma. Using a larger sample size that is representative of the population would significantly improve the generalizability of the results. Future researchers may also opt to employ rigorous qualitative methods to obtain a better understanding of how these two variables are related.

References

- Branje, S., van Aken, M., & van Lieshout, C. (2002). Relational support in families with adolescents. *Journal of Family Psychology*, 16(3), 351-362.
- Bregman, H., Malik, N., Page, M., Makynen, E., & Lindahl, K. (2013). Identity profiles in lesbian,

- gay, and bisexual youth: The role of family influences. *Journal of Youth and Adolescence*, 42(3), 417–430.
- Cannon, R. (2014). Gay Rights in the Philippines. Retrieved on September 11, 2014 from <http://borgenproject.org/gay-rights-philippines/>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Costa, P., Pereira, H., & Leal, I. (2013). Internalized homonegativity, disclosure, and acceptance of sexual orientation in a sample of Portuguese gay and bisexual men, and lesbian and bisexual women. *Journal of Bisexuality*, 13, 229-244.
- Cuneta, J. (2014). Q&A: The Fight for Gay Rights in the Philippines. Retrieved on September 11, 2014 from <http://blogs.wsj.com/indonesiarealtime/2014/05/25/qa-the-fight-for-gay-rights-in-the-philippines/>
- D'Augelli, A. & Hershberger, S. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology*, 21, 1–28.
- Dacanay, B. (2012). Suicide rate has steadily risen in Philippines for 21 years – report. *Gulf News Philippines*. Retrieved on September 9, 2014 from <https://gulfnews.com/news/asia/philippines/suicide-rate-has-steadily-risen-in-philippines-for-21-years-report-1.1049675>
- David, F. (1994). The roles of husbands and wives in household decision-making. *Philippine Sociological Review*, 42(1/4), 78-93.
- Department of Health. (2003). Adolescent and Youth Health Program. Retrieved on November 16, 2016 from <http://www.doh.gov.ph/adolescent-and-youth-health-program>
- Docena, P. (2013). Developing and managing one's sexual identity: Coming out stories of Waray gay adolescents. *Philippine Journal of Psychology*, 46(2), 75-103.
- Cook, W., & Douglas, E. (1998). The looking-glass self in family context: A social relations analysis. *Journal of Family Psychology*, 12(3), 299-309.
- France-Presse, A. (2014). PH Tolerates Gays But Abuses Continue, Says UN-backed Study. Retrieved from <http://newsinfo.inquirer.net/601549/ph-tolerates-gays-but-abuses-continue/>
- Gold, S., Marx, B., & Lexington, J. (2007). Gay male sexual assault survivors: The relations among internalized homophobia, experiential avoidance, and psychological symptom severity. *Behaviour Research and Therapy*, 45, 549-562.
- Haas, A., Eliason, M., Mays, V., Mathy, R., Cochran, S., D'Augelli, A., Silverman, M., Fisher, P., Hughes, T., Rosario, M., Russell, S., Malley, E., Reed, J., Litts, D., Haller, E., Sell, R., Remafedi, G., Bradford, J., Beautrais, A., Brown, G., Diamond, G., Friedman, M., Garofalo, R., Turner, M., Hollibaugh, A., Clayton, P. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. *Journal of homosexuality*, 58(1), 10-51.
- Haynes, J. (1994). Men in the Philippines. Retrieved from http://factsanddetails.com/southeast-asia/Philippines/sub5_6c/entry-3875.html
- Herek, G., & Glunt, E. (1995). Identity and community among gay and bisexual men in the AIDS era: Preliminary findings from the Sacramento Men's Health Study. In G.M. Herek & B. Greene (Eds.) *AIDS, identity, and community: The HIV epidemic and lesbians and gay men* (pp. 55-84). Thousand Oaks, CA: Sage Publications.
- Herek, G., Cogan, J., Gillis, J., & Glunt, E. (1997). Correlates of internalized homophobia in a community sample of lesbians and gay men. *Journal of the Gay and Lesbian Medical Association*, 2, 17-25.
- Herek, G., Gillis, J., & Cogan, J. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, 56, 32-43.
- Johnson, B. (2001). Toward a new classification of nonexperimental quantitative research. *Educational Researcher*, 30(2), 3-13.
- Katz-Wise, S., Rosario, M., & Tsappis, M. (2016). LGBT youth and family acceptance. *Pediatric Clinics of North America*, 63(6), 1011–1025. <http://doi.org/10.1016/j.pcl.2016.07.005>
- King, M., Semlyen, J., Tai, S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A

- systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8, 70-87.
- Liu, R., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, 42(3), 221-228.
- Manalastas, E. (2013). Sexual orientation and suicide risk in the Philippines: Evidence from a nationally representative sample of young Filipino men. *Philippine Journal of Psychology*, 46(1), 1-13.
- Manalastas, E. & Torre, B. (2016). LGBT psychology in the Philippines. *Psychology of Sexualities Review*, 7(1), 60-72.
- Martin, A. (2013). What It's Like to be Gay in the Philippines. Retrieved September 11, 2014 from <http://thoughtcatalog.com/a-c-martin/2013/06/what-its-like-to-be-gay-in-the-philippines/>
- Meyer, I. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, 36, 38-56.
- Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.
- Meyer, I., & Dean, L. (1998). "Internalized homophobia, intimacy, and sexual behaviour among gay and bisexual men". In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals*, pages 160-186. Thousand Oaks, CA: Sage Publications.
- Newcomb, M., & Mustanski, B. (2010). Internalized homophobia and internalizing mental health problems: A meta-analytic review. *Clinical Psychology Review*, 30, 1019-1029.
- O'Bryan, M., Fishbein, H., & Ritchey, P. (2004). Intergenerational transmission of prejudice, sex role stereotyping, and intolerance. *Adolescence*, 39(155), 407-26.
- Padilla, Y., Crisp, C., & Rew, D. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents: Results from a national survey. *Social Work*, 55(3), 265-275.
- Pascual, P. (2014). State of the Nation: The Plight of the Golden Gays. Retrieved September 11, 2014 from <http://newsinfo.inquirer.net/601549/ph-tolerates-gays-but-abuses-continue/>
- Psychological Association of the Philippines. (2011). Statement of the Psychological Association of the Philippines on non-discrimination based on sexual orientation, gender identity and expression. *Philippine Journal of Psychology*, 44(2), 229-230.
- Radkowsky, M., & Siegel, L. (1997). The gay adolescent: Stressors, adaptations, and psychosocial interventions. *Clinical Psychology Review*, 17(2), 191-216.
- Redaniel, M., Lebanan-Dalida, M., & Gunnell, D. (2011). Suicide in the Philippines: Time trend analysis (1974-2005) and literature review. *BMC Public Health*, 11, 536-545.
- Remafedi, G., French, S., Story, M., Resnick, M., & Blum, R. (1998). The relationship between suicide risk and sexual orientation: Results of a population-based study. *American Journal of Public Health*, 88(1), 57-60.
- Reyes, M., Victorino, M., Chua, A., Oquendo, F., Puti, A., & Reglos, A. (2015). Perceived parental support as a protective factor against suicidal ideation of self-identified lesbian and gay Filipino adolescents. *North American Journal of Psychology*, 17(2), 245-250.
- Reyes, M., Davis, R., David, A., Del Rosario, C., Dizon, A., Fernandez, J., Viquiera, M, & Gagnon, J. (2017). Stigma burden as a predictor of suicidal behavior among lesbians and gays in the Philippines. *Suicidology Online*, 8(26).
- Reynolds, W. (1991). *Adult suicidal ideation questionnaire professional manual*. USA: Psychological Assessment Resource.
- Rohner, R. P. (2005). *Parental acceptance-rejection questionnaire handbook*. USA: Rohner Research Publications.
- Rothman, E., Sullivan, M., Keyes, S., & Boehmer, U. (2012). Parents' supportive reactions to sexual orientation disclosure associated with better health: Results from a population-based survey of LGB adults in Massachusetts. *Journal of Homosexuality*, 59(2), 186-200.
- Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352.

Ryan, C., Russell, S., Huebner, D., Diaz, R., Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.

Society for Personality and Social Psychology. (2012). A father's love is one of the greatest influences on personality development. *ScienceDaily*. Retrieved May 22, 2018 from www.sciencedaily.com/releases/2012/06/120612101338.htm

Tubeza, P. (2013). Filipino Gays More Concerned About Discrimination. Retrieved September 11, 2014 from

<http://globalnation.inquirer.net/78863/filipino-gays-more-concerned-about-discrimination/>

Weber-Gilmore, G., Rose, S., & Rubinstein, R. (2011). The impact of internalized homophobia on outness for lesbian, gay, and bisexual individuals. *The Professional Counselor: Research and Practice*, 1(3), 163-175.

World Health Organization. (2014). Preventing Suicide: A Global Imperative. Retrieved November 16, 2016 from http://www.who.int/mental_health/suicide-prevention/world_report_2014/en/