"A statistical study that aims to gather basic material about the target group of LGBTs (Lesbian Gay Bisexual Transgender)"

Commissioned by

The Ministry of the Flemish Community

Equal Opportunities in Flanders

The Zzip Research Group:

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GENERAL INTRODUCTION

In April 2004, the Department of Sociology of Ghent University, led by Professor John Vincke, was commissioned for the second time to set up a large-scale research about the social situation of LGBTs in Flanders. The Department received the assignment from the Flemish Office for Equal Opportunities. There were two main objectives. The most recent large-scale research on LGBTs in Flanders dated as far back as 1997-1999, and was carried out by John Vincke and Peter Stevens. Since then, however, there has been an important change in legislation in Flanders. In 2002, the Anti-Discrimination Bill was adopted, which made discrimination on the basis of sexual orientation punishable by law. It is indeed an explicit reference to sexual orientation in the Bill that makes it possible to prosecute acts of discrimination against LGBTs. Furthermore, since 2003, civil marriage has been declared open to partners of the same sex. Very recently, it also became possible for LGBTs to adopt children. Without any doubt, these constitute recent, very relevant and positive developments for LGBTs. Yet, the question remains whether this has been accompanied by a parallel cultural evolution in society. In other words, does the legal equal treatment of LGBTs translate into an equal treatment of LGBTs on a social level? For the present Zzip study this became a major research question. The second main motive for this large-scale LGBT research was the need for scientific support of Flemish policy concerning LGBTs. Through Zzip, both the Office for Equal Opportunities and the Department of Equal Opportunities in Flanders wish to discover the bottlenecks as well as the elements of success with regard to the different LGBT spheres of life, in order to attune a constructive policy.

Zzip stands for showing who you are and what you stand for. By way of an online survey, disposed of by posters, banners on all sorts of websites, key cords, promotional stunts at parties and events (for example, Lesbian Day) etc., we gathered information about nearly 3000 LGBTs in Flanders. It is the most extensive survey sample of LGBTs to date in Flanders, and even in Europe. Though it may very well be impossible to inquire about everything, nonetheless we gathered a lot of information concerning the social situation of LGBTs in Flanders. We classified all information into five blocks, in order to arrive at a first coherent model in the last, sixth block.
The first part discusses the methodology applied in this research. LGBTs constitute a heterogeneous and hidden population, making an aselect sample impossible. We start our report with this methodological challenge. We conceived of Zzip as a social product that needs to be delivered to the consumer. Online questioning is increasingly being used as a method for gathering data. This method was also applied to Zzip, yet in combination with paper questionnaires. Further, we will extensively discuss structure and results. Apart from discussing the approach of data gathering and the methodology, we will also communicate in this first part the evaluation the respondents themselves gave of the questionnaire and of the social marketing campaign. This is relevant in view of future research. Before we move on to the second part, we explain our method of analysis in the part about methodology (descriptive statistics, (m)anova’s, correlations and regressions). We also briefly discuss the data sets, with which we want to compare the Zzip data, that is, the study by Vincke and Stevens (1997) and the data from the study conducted by APS (Administration, Planning and Statistics—a research institute of the Flemish government), dating from 2002 and 2004.

The second part, ‘Zzip…the results’, consists of six blocks. The first block gives an overview of the descriptive data of the sample survey. First, we discuss sex, age and education, and from there on these variables are taken along and controlled for in the subsequent analyses. All variables are systematically controlled for these background variables: to what extent differences in sex, age and education exist? and are there interaction effects at play? We equally include nationality, social situation, income, studying and working situation in the general block.

The general data give a more complete view of the Zzip sample. The second block then focuses specifically on identity characteristics. In this block, we map out sexual orientation, group identity and coming out.

LGBTs form a sexual minority in society. Block three inquires about minority stressors and LGBT-specific experiences. In relation to the minority status, LGBTs may wrestle with external problems, such as discrimination. Apart from these external experiences, we also probe for internal factors, such as internalized homonegativity and stigma consciousness. These internal stressors are revealed to play a more important role in the lives of LGBTs than the external forms of discrimination.
After this, we take up the issue of aid. To what extent LGBTs turn to their general practitioner and professional aid workers with LGBT-specific problems? and to what extent are they satisfied with the service, the attitude and knowledge of the aid?

Block four then zooms in on social support and social network. The academic literature regarding stress invariably emphasizes social support as a stress buffer. It is, however, often forgotten that the social surroundings can have negative reactions to problems. Zzip probes for both positive and negative social support. The social network, too, constitutes an important part of Zzip. We inquired very extensively about the respondents’ social network. We scrutinized relations with confidants, parents, brothers and sisters, other family, partner, friends and neighbors. Our focus was on the quality and durability of these relations, and the degree to which one entertains or does not entertain regular contact with the different network members. We pay special attention to the ‘family of choice’ hypothesis (LGBTs are said to build elaborate networks of friends to compensate for disturbed, absent or conflict-ridden family relations), as well as to the comparison with the networks of confidants of the average Flemish citizen.

The last descriptive block is concerned with the mental and physical health of the respondents. Zzip approaches mental health in a non-clinical way, thus providing us with an indication of the risk of depression. By way of an internationally applied scale for the quality of life, we analyze physical and social health. Here too, the comparison with the Flemish population makes for a relevant addition.

We end Zzip with a first coherent model. Through correlations and regressions, we map out the manner in which the different blocks are connected. What characteristics have an influence on the identity and minority stressors? and what factors have an influence on the health characteristics?

Finally, in the general conclusion, we go over the report’s most important data again, linking a number of concrete policy recommendations to them.
PART I

Methodology
Introduction

Research invariably starts with demarcating the study group, selecting the method regarding the gathering of data and the process of collecting the data. In this chapter, we describe these methodological choices and steps. First, we highlight our target group, as well as the methodological limitations a hidden population such as the LGBT population entails. Next, we motivate our choice to gather data by way of the internet, linked to the description and evaluation of the large scale Zzip-marketing campaign, through which we recruited our respondents. We go over the content and form of the questionnaire, and subsequently conclude with information about the overall response rate and the method of analysis.

1. A hidden and heterogenous population: a methodological challenge

1.1. LGBTs as a hidden population

LGBTs constitute a hidden population. First and foremost, LGBTs are visually undistinguishable from heterosexuals. A ‘list’ of all LGBTs in Flanders does not exist. As a consequence, it is impossible to take a random sample, that is, to choose respondents randomly from a list. LGBTs do not form a homogeneous group. They are men and women, young and old people, individuals from lower and higher socio-economic classes. They do not identify themselves by definition with the ruling stereotypical images of LGBTs or with the LGBT-community, nor do they all experience their sexual orientation in the same manner.

Prejudices and discrimination, both on a personal and social level, make it hard to design representative and goal-directed samples of hidden populations. These problems are only actually revealed as soon as we want to shed a light on certain subgroups of the population. In the past, LGBT research always experienced trouble with representativeness. Not all groups within the LGBT population, according to either age, sex or education, have been accurately represented. Especially older LGBTs, lower educated and often also lesbians were barely present. Therefore, applying a certain method depends upon the goal, the subject and the sources of the project.
In this matter, the combination of different techniques helps to guarantee a level of diversity in the survey sample.

In the relevant literature, non-probabilistic techniques are advanced as an inevitable option when random recruitment leads to unsurmountable problems. The size of the sample can best be approached by quota sampling, while the manner of recruitment covers a range of methods, among which mainly recruitment on the basis of location (LGBT clubs, parties and events), target group media and organizations (LGBT media, organizations and mailing lists), the internet (‘banners’ and ‘pop-ups’ on LGBT-relevant websites) and social networks (snowball technique). The forms of bias that result from these techniques are compensated for by combinations of methods that make sure that some subgroups that are not taken into account do get represented, thus pulling the target group field as open as possible. Also, the right of initiative for recruitment is partially left with the respondents, provided that there is active control by the researchers.

1.2. Method of gathering data

Data from the N.I.S. (the Belgian National Institute for Statistics) tell us that, in December 2002, Belgium counted 1,694,384 internet connections, a number that now has risen to 1,945,022. Polling for the number of internet users, data from 2002 counted 3,400,000 people. What’s more, the group of users appears to (have) become increasingly diversified. The fast rise of the internet provides researchers in the social sciences with new pathways to conduct research. Last year, the Faculty of Psychology, Department of Experimental Psychology at the University of Maastricht, started an internet research on ‘chatting’, dating and sex among homosexual men. By way of the site, the researchers were able to reach a large number of respondents in a very short time (12,000 visitors in 26 days). Compared to earlier research, certain subgroups were more easily reached. There were, for example, significantly more people under 25 years of age, more immigrant LGBTs, more lower educated and ‘closet’ LGBTs. The number of bisexuals is also markedly higher than in other research. Other advantages of e-research include the possibility to make certain questions ‘obligatory’ (the respondent cannot continue completing the questionnaire without answering the question) and the possibility to include filter questions (the respondent does not have to go over a certain part of the questionnaire that is not relevant for him or her). Another positive aspect is the fact that people are not yet ‘tired’ of online questionnaires, since these
are still fresh, contrary to other forms of inquiry. A disadvantage of e-research, however, is the select group of respondents. Only internet users are reached. In addition, it is a rather expensive way to gather data. The design of the site, the maintenance of the pool of respondents, etc, all take up much time and money. But then again, once this preliminary phase is concluded, the process of gathering data is fast and cheap.

For this study, the online questionnaire therefore occupies a central position. The main challenge was to ‘lure’ people to our site in different ways and to make them assume responsibility in filling in the questionnaire correctly and completely. We met the challenge by means a marketing campaign that has been thought through, and which we will explain below. As soon as the questionnaire had been online for a month, we made an evaluation of the population we managed to reach. In doing so, we were able to meet the quota by using another method, that is, paper questionnaires. We sent promo teams to public meeting places and the like, to address the target groups we failed to sufficiently reach through the online questionnaire.

2. Active gathering of data: social marketing

2.1. Basic concept

We conceived our questionnaire as a social product. In view of this, we turned to a gay marketing agency called ‘Coming Out’. It is the only Flemish agency that focuses on an LGBT audience. The approach is innovating when it comes to scientific research, and certainly when a hidden population such as the LGBTs is concerned.

In the first place, we wanted to attract an internet audience with this campaign. For many LGBTs, the anonymous nature of Internet opens up new possibilities to meet other LGBTs. Not everyone feels comfortable in community life. Internet has thus become an easy way to meet and interact. Especially for gay men, the net has grown into an important dating source.
Another point of weight was the ‘teasing factor’ of the campaign. We wanted to attract a diversified and large audience to our site and generate a general curiosity for the research. During the campaign, we were very vague about the theme of our questionnaire, since we did not want to exclusively address individuals who identify themselves as an LGBT. People that do not describe themselves as gay, lesbian or bisexual, but do have desires or fantasies about and contacts with persons of the same sex, equally belonged to our target group and are very hard to reach in an explicitly LGBT-oriented context. Consequently, it was important that the campaign focused on a broader public than exclusively on LGBTs.

2.2. Reaching the different target groups

Lesbians

First, we scanned the net in search of as many points of contact as possible with regard to lesbian women. As it appeared, effective ways to reach them using this medium were hard to find, but we made attempts by way of websites like ‘pinklink’ and ‘holebivlaanderen’. We also worked with ‘opinion leaders’ to generate a snowball effect. And we recruited actively in lounge bars, at parties, on Women’s Day and Lesbian Day. In spite of the extra efforts, they remain a target group that is hard to reach.

Bisexuals

We decided not to develop a specific strategy for this subgroup. The reason for this decision is the difficult, ambiguous nature of their sexuality, which we know very little about. Another reason is that we thought one of the other strategies would appeal to them.

Gay men

The gay men that frequent the LGBT community are easy to reach by way of LGBT-oriented organizations and hobby clubs, or through the internet, at parties, etc. Gay men outside the gay subculture, however, are an important group that is far more difficult to reach. The general nature of the campaign has been crucial in getting through to this group.
2.3. Logo

We wanted to know a great deal about our target group. We inquired about important aspects of their private life. We wanted them to open up, to show us who they were and what they stood for. In this way, the idea was developed of a zipper, of unzipping a person down to the very core: in internet lingo it became simply ‘Zzzip’, with the symbolic zipper as the basis. The subtitle ‘Flanders wants to know’ was important in order to make the target group assume responsibility and to give the campaign a respectable élan.

2.4. Establishing the campaign’s image

The idea to unzip people was translated into two pictures, one of a man and one of a woman. We deliberately chose two naked upper bodies because it symbolizes the idea that people can really open up. Both people are well-formed, but are far from the pumped up, pseudo-perfect images that feature in many homosexuals-oriented campaigns. In addition, we ‘desexualised’ the images, so to speak. The models did not strike any suggestive poses and attention was primarily drawn by the zipper. The color differences played a crucial part in this. The background colors were chosen for their striking character, and several concepts of the questionnaire appeared on the background to add to the mystery or ‘teasing’.

2.5. Distribution

Wax interactive (www.wax.be) developed an attractive website that integrated the images of the campaign. Evidently, the site was built around the questionnaire, which was put up in a respondent-friendly manner. On the net links to www.Zzzip.be were posted on the sites of the majority of LGBT associations, on a couple of general commercial LGBT-oriented websites and chatsites. We also did mailings with a link, addressed to the members of associations and dating companies. One of Coming Out’s promo teams attended several important LGBT events, using stamps to provide publicity for the website and logo.

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1 See appendix: posters
2 See appendix: a list of the websites that put up our banner
2.6. Posters

A total of 10,000 posters were printed. 5500 were distributed in the regular outgoing and entertainment sector in all provinces. The other 4500 posters were spread over all LGBT associations, as well as in commercial LGBT settings (R&B, NEXT, sauna’s, theme parties, etc). Distribution took place in large and small cities, as well as in villages and municipalities.

2.7. Boosting

When it became clear that, on the basis of the quota, certain subgroups were not representatively included in our population, we started with the distribution of paper questionnaires a month after the launch of the project. For the difficult group of the lesbians, Lesbian Day in October was an important event to recruit. For older LGBTs we made an appeal to the relevant associations (‘Vieux Rose’ and ‘de Roze Rimpel’) and to social networks.

2.8. Sources

At the end of the questionnaire we asked the respondents to give feedback about the way in which they landed up on the website. Zzip used several ways to recruit respondents, and apparently it is precisely the combination of different sources that accounts for an extensive input of respondents. 41.5 % surfed to the Zzip site via a banner on the internet. The regular press and the LGBT press accounted for 33.8% of the respondents. Mouth to mouth publicity still appears to be a good method, since 12% came to the site via friends and family. Publicity via posters, parties, activities and the like were good for 24.8% of the participants.
<table>
<thead>
<tr>
<th>Source</th>
<th>Frequency</th>
<th>Percentage</th>
<th>Cumulative Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through poster</td>
<td>117</td>
<td>3.5%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Through banner</td>
<td>1372</td>
<td>41.5%</td>
<td>46.3%</td>
</tr>
<tr>
<td>Through chat</td>
<td>12</td>
<td>0.4%</td>
<td>46.6%</td>
</tr>
<tr>
<td>Through forum</td>
<td>14</td>
<td>0.4%</td>
<td>47%</td>
</tr>
<tr>
<td>Through LGBT press</td>
<td>542</td>
<td>16.4%</td>
<td>63.4%</td>
</tr>
<tr>
<td>Through Lesbian Day</td>
<td>14</td>
<td>0.4%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Through mailing</td>
<td>30</td>
<td>0.9%</td>
<td>64.8%</td>
</tr>
<tr>
<td>Through press</td>
<td>574</td>
<td>17.4%</td>
<td>82.1%</td>
</tr>
<tr>
<td>Through school</td>
<td>4</td>
<td>0.1%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Through key cord</td>
<td>51</td>
<td>1.5%</td>
<td>83.8%</td>
</tr>
<tr>
<td>Through stamp</td>
<td>105</td>
<td>3.2%</td>
<td>87%</td>
</tr>
<tr>
<td>Through association</td>
<td>26</td>
<td>0.8%</td>
<td>87.8%</td>
</tr>
<tr>
<td>Through friend</td>
<td>395</td>
<td>12%</td>
<td>99.7%</td>
</tr>
<tr>
<td>Through work</td>
<td>9</td>
<td>0.3%</td>
<td>100%</td>
</tr>
<tr>
<td>No information</td>
<td>40</td>
<td>1.2%</td>
<td>1.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3305</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
</tbody>
</table>

2.9. Evaluation campaign

At the end of the questionnaire, respondents could give their opinion on the campaign. We processed these answers in order to arrive at an evaluation of the campaign.

About the visibility of the campaign, opinions were divided. At the beginning, the campaign spread mainly through the press and banners on LGBT sites. Later, the posters started to get increasingly more attention.

Some reactions...
- If people still cannot find this site, then I’m at a total loss. Great approach!
- The way of distribution, as far as I’m concerned, could have been more elaborate, for example via publicity on TV, radio...
- Good diffusion, websites the target group frequently visits and an original poster!
The appraisal of the campaign was predominantly positive. Most respondents thought the campaign was sufficiently eye-catching and attractive.

Some reactions . . .
- Refreshing, as if it were a commercial company. This runs counter to the often musty and fusty image of the sociology department.
- Simple and limited publicity and pop-ups. That’s the way I like my websites.
- Marvellous eyecatching posters!
- Raises curiosity; very taunting posters. Good to make people curious.

Some thought it was a neutral campaign, attracting heterosexuals as well to the website; others clearly understood the link with the LGBT theme.

Some reactions . . .
- A good idea to do it this way and not to confirm the stereotypical image. It is difficult as it is due to the typification in the media . . .
- In a way, it’s a good thing that the poster doesn’t say that Zzzip is only intended for LGBTs. That way, heterosexuals, too, come and have a look at the website.
- Bad . . . in the future, please use more LGBT-oriented ideas and people

We deliberately kept the poster vague, so respondents were not immediately urged to visit the website. Most respondents came across Zzzip via a combination of several teasers.

Some reactions . . .
- I saw the posters numerously in college, but never checked out the intention/message. I read about the questionnaire in the paper a week after the posters had appeared.
- Before visiting the website, I could not remember any promotion. But as soon as I saw the poster (people zipped open), I suspected having seen the poster on the street.
- I read about the questionnaire in the paper ‘Metro’, which reported it briefly and clearly. Later, I saw the poster, but if I had not read Metro, then I would not have understood the poster.
- Remarkable image that urges you into action, that is reading what the campaign is about — was well covered in the press, so I came across it several times and visited the website out of curiosity.
3. The questionnaire

3.1. Content

The Zzzip-survey is an extensive, structured questionnaire inquiring about several domains of life. Zzzip deals with both LGBT-related and general matters. If we go through the points once again, Zzzip contains the following items: sociodemographic data, experience of sexuality, importance of and connection with the heterosexual and the LGBT community, feelings concerning sexual orientation, social reaction and stigma consciousness, studying and working situation, health and quality of life, experience with general practitioner and aid, social support, social network, identity, volunteer work and participation in community life. Because of the amount of information we want to collect, the questionnaire has turned out rather long. We tried to tap into both the intrinsic and the extrinsic motivation of the respondents. We start with pointing out the importance of the questionnaire for a better equal opportunities policy regarding LGBTs. Apart from this, participation in Zzzip is rewarded with movie tickets, gift certificates and traveller's checks.

3.2. Evaluation of the questionnaire

At the end of the questionnaire, respondents could fill in an evaluation form. In this way, we were able to acquire feedback about the questionnaire itself. As we were well aware of in advance, the questionnaire proved to be long and demanding for the respondents. As a result, the comment features very frequently in the feedback. This notwithstanding, the length of the questionnaire has not endangered in any way the degree of participation. On the contrary, many thought the length was necessary given the goal of the study.

Some reactions ...

- Tedious, but I realize this is the best way to guarantee a reliable result.
- Way too long. Ever had marketing-classes? Then you would know questionnaires have to be much shorter.
- It was a fairly long questionnaire, but no question seemed redundant. If you want to understand something, you have to ask a few questions. At least, the questionnaire was clear and the subdivisions exclude misunderstanding. It is the kind of questionnaire from which you expect reliable results.
As far as the content is concerned, some clear criticisms were formulated. Mistakes in the questionnaire, such as too narrowly conceived response categories and incorrect referrals, were rapidly indicated by the feedback, which enabled us to make amends for the problems. In addition, we received both positive and negative reactions about the questionnaire itself. Some thought the survey was unclear, ambiguous, confusing, difficult, negatively phrased and suggestive.

<table>
<thead>
<tr>
<th>Some reactions ...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sometimes too tendentious in a certain direction and overly dramatized</td>
</tr>
<tr>
<td>Too many contradictions and questions to which an answer was meaningless or impossible.</td>
</tr>
<tr>
<td>Not enough NA-options.</td>
</tr>
<tr>
<td>I thought the questionnaire was rather negatively phrased. By this, I mean that there was too much stress on what can go wrong, as if you have to feel unhappy as a LGBT.</td>
</tr>
<tr>
<td>It is as if the LGBTs are condemned by the questionnaire... do you actually know people who are LGBT?</td>
</tr>
</tbody>
</table>

Others thought the questionnaire was clear, to the point, relevant, professional, positive, smooth and interesting.

<table>
<thead>
<tr>
<th>Some reactions...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mostly clear — sometimes the shade (nuance) is not easy to articulate.</td>
</tr>
<tr>
<td>Very positive is the fact that with each concept, you describe what you understand by it.</td>
</tr>
<tr>
<td>good... finally a clear questionnaire!</td>
</tr>
<tr>
<td>Got my attention in a positive way. Was mainly interested in the content of the questions and the results of the questionnaire interest me to know how LGBTs feel and profile themselves in our society, and especially in Belgium.</td>
</tr>
</tbody>
</table>

Another point of criticism concerned the questionnaire’s applicability to the whole population. Older LGBTs found the questionnaire too much focused on young people. Respondents under 18 years of age, on the contrary, found it too largely tailored to older LGBTs. LGBTs who are still in the closet thought the questionnaire, generally speaking, to be more tailored to LGBTs who had already come out. We also received the question how we thought we would reach lower educated and migrant LGBTs given our working method and questionnaire. Despite the fact that our basic assumption was to aim at a broad and open questionnaire, applicable to the whole population, respondents thought we did not entirely succeed in this.
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Some reactions...

- For bisexuals with a steady straight relation, the questions are not always well formulated.
- Good, but not enough options for LGBTs in the closet.
- Too focused on youth, students, people in the process of coming out and their possible negative feelings. Not enough focus on working people with a certain living and working experience, and with a social network.
- Take age more into account, I’m still a minor, and many questions did not really concern me.

About the relevance of this kind of research, opinions always differ. Some respondents think there is no need whatsoever for LGBT research even fear the opposite effect, others do think it is relevant and hope that the research can really change something for the situation of the LGBTs.

Some reactions:

- Frankly, very denigrating and entirely at odds with what you want to reach. Be honest about it: the more you focus on these issues (differences between social situation of heterosexuals and LGBTs), the bigger the problem will become. If people have a problem with their own sexuality, there are plenty of agencies around that can help them personally. To me, this kind of questionnaires are partially to blame for the discrimination (I’m 24 and I have not noticed any discrimination).
- Very clear, well-organized and I’m delighted you do this research to improve upon the LGBT-policy.

4. The overall response rate (Zzip data matrix)

10558 people started the online questionnaire. After the questions about their sexual orientation (at the beginning of the questionnaire), there remained 5091 people who continued the questionnaire. At the end, 2741 respondents finished the questionnaire (26% of the initial sample). In addition to the online campaign, 500 paper questionnaires were mailed to underrepresented subgroups, mainly older people and women. Of those 500 paper questionnaires, we received 180 that were appropriately completed (36%).
Table: overall response

<table>
<thead>
<tr>
<th></th>
<th>Number (amount)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Started the online questionnaire</td>
<td>10558</td>
<td>100%</td>
</tr>
<tr>
<td>Past the questions about sexual</td>
<td>5091</td>
<td>48.22%</td>
</tr>
<tr>
<td>orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finished the online questionnaire</td>
<td>2741</td>
<td>25.96%</td>
</tr>
<tr>
<td>Paper questionnaires sent</td>
<td>500</td>
<td>100%</td>
</tr>
<tr>
<td>Paper questionnaires sent back</td>
<td>180</td>
<td>36%</td>
</tr>
</tbody>
</table>

5. Basis of comparison and interpretation of the results

Zzzip is the follow-up study of the ‘policy-oriented general survey of Flemish homosexual men and women’, a research project conducted in 1997-1999 by Vincke and Stevens, commissioned by the Flemish government. Their principal goal was to draw a picture of the social relations and interactions of Flemish LGBTs at their job, at home, school, among friends and in their contacts with professional aid and care workers. Zzzip deals with the same themes, but inquires about more domains of life and probes deeper into certain aspects. Wherever possible, we will compare this study with the one conducted by Vincke and Stevens (1997), and with the data of the APS research (Administration, Planning and Statistics—a research institute of the Flemish authorities), dating from 2002 and 2004. General descriptive data concerning income, working situation, education, etc. will be compared with the research data of APS. For some of the scales, such as perception of health and depression, we compare with results found in academic field literature.

For the majority of the comparisons with the general population, we indeed use research data from APS (Administration, Planning and Statistics). Compared to the selective sample of Zzzip, the random sample of APS is considerably different with respect to composition according to sex, age, education. However, at all times we controlled for these
differences in the sample composition, and consequently we only report those differences that passed the control. In addition, various methods were tested to compare the data sets, and only in those cases where the differences were confirmed after applying the different methods, were they included in this report. Be that as it may, this comparison is not watertight. APS uses a random sample based on data about the general Flemish population. Zzzip is a selective sample and does not guarantee representativeness. But since there are no population data for LGBTs, it is impossible to carry out a random survey sample with this population.

In part II, we present the results by means of descriptive data, (multivariate) anova and t-tests. We understand descriptive data to be absolute numbers, relative and cumulative percentages, averages, standard deviations and minima/maxima per variable within the Zzzip sample. A t-test is a parametric statistical test to check whether there is a difference between the averages of two groups in the population. Multivariate anova is a testing procedure to verify whether the population averages of two or more groups differ. In this sense, it is a generalization of the t-test for multiple groups. In this case, we do the analyses with sex, age and education as categorical predictors. In other words, if we discuss a significant result for a predictor (for example, sex), then we have controlled for the other predictors (for example, age and education). The data can be examined in a pdf-file on the cd-rom appendix that holds all tables and graphs.

Conclusion

Part I of the report is written for the use of Zzzip’s approach and methodology of Zzzip. The choice of online questionnaires, completed with paper questionnaires, is motivated taking the specificity of the population into account. LGBTs are not a homogeneous population, from which a random sample may be drawn. To attain the greatest variation possible in our sample, we chose to gather data through the internet. The net has become very popular in recent years, and Dutch research taught us the added value of online data gathering with respect to LGBTs as target group.
We recruited respondents by means of a well-thought out social marketing campaign. Zzip stands for unzipping, showing what you stand for. By way of posters, publicity at parties and events, banners on LGBT sites and press releases, Zzip gained fame, turning the Zzip website into a frequently visited place. Analysis of the feedback on the campaign showed predominantly positive reactions about form and distribution. It was a deliberate move to abstain from explicitly focusing the posters on LGBTs, and it was mainly the combination of several teasers that brought respondents to the website.

The questionnaire was very extensive, going over a scala of life domains. It dealt with sociodemographic data, perception of sexuality, experiences within the studying and working field, and within the field of aid, as well as with several items concerning the social network and participation in community life. As a result, most respondents found the questionnaire to be indeed very elaborate and long. On the whole, however, they understood the functionality of this lengthiness, and most ‘Zzzippers’ proved to be satisfied about the questionnaire.

10.558 persons started the online questionnaire. 5091 advanced past the questions about sexual orientation and 2741 arrived at the questionnaire’s finish. 180 duly completed paper questionnaires were added in order to arrive at the final Zzip data set.

Wherever possible, we will compare the Zzip results with other research. The most important reference research projects are those by APS (Administration, Planning en Statistics--a research institute of the Flemish government), dating from 2002 and 2004, and the previous large scale LGBT study commissioned by the Flemish Government (Vincke en Stevens, 1997).
PART II

Zzzip... the results
BLOCK I: GENERAL DATA

Introduction

This report starts with a look at the general data of our survey. By way of a number of basic data, such as sex, age, level of education, nationality, geographical data and net income, we will get a better picture of our respondents’ profile. Wherever possible, we will draw a comparison with the data from the Vincke and Stevens study (1997) and with the APS data (2002 or 2004). During the discussion of all variables, we will always take into account control variables as sex, age and education. We will, therefore, also present these basic data here.

1.1. Sex

Zzip consists of 2931 respondents. One third of these are female (33.3%), two thirds are male (66.6%). Vincke and Stevens (1997) had 54.2% male against 45.8% female respondents in their survey. APS weights its survey, thus rendering the sample representative for the general population. The sex ratio is, consequently, more in balance: 49% of the sample are men, 51% are women.

1.2. Age

42% of the sample consists of young people below 26 years of age, and a considerable part of these (10%) are younger than 19. 43.8% of the respondents belong to the category of 27 to 45 years of age. Older age categories take up a smaller portion of the sample and cover only 14.3%.

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3 See appendix — tables 1
4 A mathematical method to correct for non-representatively present groups (on the basis of population data)
5 See appendix — tables 2
The LGBT study of 1997 consists of 35% young people below 26 years of age, 54.4% are aged between 27-45 years of age and 10.7% are over 45 years of age. In APS we count 13.4% below 26 years of age, 35.4% between 27 to 45 years of age, while 51.3% are over 46 years of age.

1.3. Level of education

Our sample mainly consists of higher educated persons, with 39.9% of the respondents having received higher education and 29.2% having finished university studies. Nevertheless, 885 respondents (30.9%) have no degree higher than secondary school, granting us sufficient variation according to level of education. 41% of the oldest respondents have at best finished higher secondary school. Among the young persons this is 34.6%. For (m)anova’s we will distinguish between elementary school/lower secondary, higher secondary, higher non-university or college, and university education. There is no significant difference according to sex, and neither to age.

In the LGBT sample of 1997, 10.3% have a degree of elementary or lower secondary school. 27.8% of the respondents quit studying after higher secondary education. 38.4% received a higher non-university education and 23.4% successfully finished an university education. In APS2004, finally, 43.2% did not or did finish elementary or lower secondary school, and 31.9% finished higher secondary school. Consequently, 75% are lower educated in APS. 18.6% attended higher education and 6.3% obtained a university degree.

1.4. Nationality

Zzzip inquired about the social origin of the parents. Next, we categorized the results in Belgian origin, Western non-Belgian origin (The Netherlands, Italy, Germany, England, France, Spain, Canada, Austria, Portugal,...) and non-Western origin (China, Turkey, Poland, Cambodja, Laos, Marocco,...) In our sample, the great majority of LGBTs is of Belgian

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6 See appendix — tables 3
7 See appendix — tables 4
descent (93%). 6% have parents originating from Western countries, and 1% of our respondents have parents coming from non-Western countries.

1.5. Geographical data

It is often thought that LGBTs largely take up residence in the big urbanized regions of Antwerp, Ghent and Brussels, because it is there that many LGBT meetingplaces and facilities are located. Zzip inquired about the zip code at the age of 12, of 25, of 45 and at the present moment. For these analyses, we ended up working with the zip code ‘at the age of 12’ and ‘at the present moment’. On the basis of this information we are able to find out whether it is true or false that LGBTs, in the course of their life, primarily migrate to metropolitan areas as Antwerp, Ghent and Brussels. First, we take a general look at the data, then we use the t-tests to analyze the differences according to age, sex and level of education.

As far as the metropoles are concerned, we observe that 9.2% are now living in Antwerp, 10.3% in Ghent and 4.5% in Brussels. Indeed, 25% of our respondents are living in a metropolitan area. Of all LGBTs that did not live in Antwerp, Ghent or Brussels at the age of 12, 17.8% found their way to the cities in the course of their life, 6.2% of whom migrated to Antwerp, 8% to Ghent and 3.6% to Brussels. A deeper analysis of the zip codes reveals that the Zzip survey respondents are spread over the whole of Flanders. From the countryside (e.g. Ternat, Kalmthout, a.o.), the smaller cities (e.g. Tongeren, Lier, a.o.) to the regional urban area (e.g. Denderleeuw, Jabbeke a.o.) and the metropoles (e.g. Antwerp, Ghent and Brussels).

T-tests point out that the LGBTs that are now living in the metropolitan areas are on average younger and higher educated. There is no difference on the basis of sex. On the matter of the so-called escape from the countryside in the course of life, that is, a migration toward the metropoles, we note that these also mainly concern younger, higher educated LGBTs. By way of control for age and level of education we only consider the age group of those above 26 years of age. Among them we find about 2 out of 3 of the respondents that grew up in Antwerp or Ghent also remain living there throughout the course of their life, while 1 out of 3 moves away from the metropoles.

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8 See appendix — table 5
The zip codes were subsequently translated to the provincial level. If we consider the instream of respondents top down, we see respectively Antwerp (29.5%), East-Flanders (26.8 %), Flemish Brabant (including Brussels Capital Region) (20.2%), West-Flanders (14.9%) and Limbourg (8.9%). Comparing the results with those for the provinces at the age of 12, we note that West-Flanders and Limbourg must give in to Antwerp, East-Flanders and Flemish Brabant (mainly through an increase within the Brussels Capital Region). The male:female-ratio remains relatively stable beyond all provincial borders.

1.6. Net income

20.4% of the respondents have no net income of their own. These are primarily the young persons and students. Anova shows that (controlled for sex, age and level of education) young and lower educated persons earn significantly less than older and higher educated persons ($p < 0.001$). An effect of interaction between sex and age shows us that, among men, every increase in level of education is accompanied by a raise in salary. Among women no such linear increase of income corresponding to level of education can be observed. 7.7% of the men has a monthly net income greater than 2500,00 €, whereas among women this is merely 2% ($p < 0.05$).

If we compare the average income of seven years ago with that of today, we can see identical relations manifesting themselves. Lesbian and bisexual women are not different from the average Flemish woman (APS2004). The men in the Zzip survey, however, earn less than the average Flemish man. This is in sharp contrast with what we might expect on the basis of the data about level of education, since there were on average more higher educated respondents in the Zzip survey.

1.7. Studying and working situation

1.7.1. Present occupational situation

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$^9$ See appendix — table 6 & Manova graphic 1
$^{10}$ See appendix — table 7
60.7% of the respondents have a job. 5.3% are unemployed and 21.7% are studying. 5.4% combine working and studying and 3% of our sample are retired. The difference between men and women mainly resides in the proportion of working versus studying respondents. 63.3% of the men are working, against 55.5% of the women.

There is, however, a greater proportion of women that are studying (26.9%), as compared to men (19.1%). According to age, the occupational status evidently is very different. Half of the young people (below 27 years of age) are still students, 34% have jobs and 8% combine both, while 5.8% are looking for a job. 85% of those between 27 and 45 years of age are working, 4% are unemployed and 5% are studying or combine studying with working. In our third age category, those above 46 years of age, 62% are still working, 10.9% are unemployed, of whom 6.7% are looking for a job and 4.2% are work-incapacitated. 20.2% of the oldest age category are retired. The most marked line between level of education and occupational status can be observed among those who are looking for a job. The number of unemployed decreases as the level of education increases. Whereas 11.6% of the lowest-educated are without jobs, this number decreases to 4.1% among those with an university degree. Thus Manova points out that, controlled for the other background variables, elderly and higher educated do work that is significantly higher-paid than that done by young and lower educated persons (p < 0.001).

APS2004 only inquired about whether or not remunerated work was done. 53.7% of the APS respondents does paid work, 46.3% does not.

1.7.2. Number of weekly work hours

Three quarters of the respondents (73.8%) work 31 to 50 hours a week. Manova teaches us, controlled for other background variables, that men, older people and higher educated persons perform on average significantly more hours of paid labour per week than women, young people and lower educated persons (p < 0.001).

In APS2004 most respondents also worked between 31 and 40 hours a week (54.5%). Fewer respondents perform between 41 and 50 working hours per week, to wit 12.7% against 24.9% in Zzip. Workaholics (+50u per week) are equally present in APS2004 as in Zzip

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11 See appendix — table 8
Women from Zzzip work more hours per week than do women from APS2004. In both groups half falls under the category of 30 to 40 hours per week. However, whereas 17.4% of the APS women work between 11 and 20 hours a week, and 118.8% between 21 and 30 hours a week, this only applies to a mere 3.9 and 8.3% of the Zzzip-women. 27.9% of these works more than 40 hours a week, as opposed to a minority of the APS-women (11.5%).

1.7.3. Executive position

56.3% of the working LGBTs have an executive position. There is a greater proportion of men (61.2%) that hold an executive position than of women (45.5%). Persons in an executive position are also mainly those who choose to continue working past 60 years of age (72%). Finally, we observe that the higher the respondents’ education, the greater the proportion of executives. Upon control of the other background variables (anova), it becomes clear that men, older people and higher educated persons hold significantly more executive positions than do women, young people and lower educated persons ($p < 0.001$).

In APS far less respondents have an executive position, that is, only 29.5% as opposed to the 56.3% in our Zzzip survey.

1.7.4. Occupational status

Most of the respondents in our Zzzip sample work as an employee (42.5%), followed by higher-ranking employee (23.3%). 4.2% in our sample are unschooled and 7.6% are schooled workers. 4.1% are small independents and a small minority (3.7%) are

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12 See appendix — table 9
13 See appendix — table 10
independent entrepreneur. To conclude, we find 4.8% of the Zzip respondents among the free professions.

The greatest difference between men and women resides in holding the position of employee versus high-ranking employee. 68.1% of the women are employees, of whom 17.3% are high-ranking employees. 38.8% of the men are employees, 26.1% are high-ranking employees. According to age a number of trends can be noted. Young people start off more as employee and as the age increases, the status shifts from employee toward high-ranking employee, self-employed/independent and free profession.

With regard to the level of education, we can observe that there is, logically speaking, a relation between level of education and the kind of occupation. The lower the degree of schooling, the greater the proportion of unschooled workers. Schooled workers can mainly be found in the group of respondents with a degree of elementary/lower secondary education (17.3% and 18%). Employees are almost over the entire line represented, with the centre of gravity residing with the respondents holding a degree of higher education (49.2%). Higher-ranking employees are mainly persons with a university degree (38.4%). The proportion of small self-employed/independents decreases corresponding to the level of education.

Half (53.9%) of the APS-respondents are employees, of whom 12.4% are higher-ranking employees. In APS (un)schooled workers hold the majority in comparison with respondents from the Zzip survey: the ratio of workers is 32% versus 11.8%, respectively.

Conclusion

On the basis of this overview of the general data, we get a good idea of how the Zzip sample is composed. Women, lower educated, elderly remain, despite specific efforts during the gathering of data, underrepresented subgroups. The size of the sample (2931 respondents), however, ensures that a sufficient number of lower educated, elderly and women are present in the sample, allowing us to make meaningful, valid statements. All further analyses will be controlled for sex, age and level of education.
At the start of our gathering of data, we deliberately chose not to purposively seek out (im)migrant LGBTs. The immigrant LGBT-association Merhaba has collaborated on the online dissemination, but no further specific attention was paid to this. The result is that there are very few (im)migrant respondents (1%) present in the sample. If, in the future, we may want to get to know this target group any better, extra effort will have to be put in reaching them during the gathering of data.

These data partially debunk LGBT sexuality as an ‘exclusive big city/metropolitan phenomenon’. About 25% of the LGBTs in this sample is now living in Antwerp, Ghent or Brussels. The majority of the respondents, however, have spread over the whole of Flanders. This increases the representativity of these data. The concept of ‘escape from the countryside’ among LGBTs, too, has to be put into perspective, since merely 17.8% of the respondents has gone looking for the big city in the course of their life. Given the possibility that metropoles may primarily function as studying or working location for young respondents (rather than being a pole of attraction to go out and to meet other people), additional research into the various motivations for migration to the metropolitan areas seems very interesting. Longitudinal data to assess the diachronic evolution of this phenomenon are equally needed. The fact that the survey is Dutch-speaking and the focus of the research on Flanders also presents limitations with respect to Brussels respondents.

The respondents’ income is normally divided. As can be expected, lower educated and young persons earn less than higher educated and older. Among women there is not much difference between those with a degree of higher non-university education and those with an university degree. Among men, on the contrary, every step up the educational ladder adds to a higher income. Compared to the general population ‘our’ men are on average higher educated. Young people are abundantly present in Zip, which explains why we have a large group of students or working students (26%). The respondents mainly hold job positions as employees. The greatest differences with the average Flemish subject are situated at the level of the number of working hours and the holding of an executive position. Despite the few difference in income, we can see that LGBTs on average perform more working hours. Especially among women the difference is sizeable. Differences can also be observed with regard to the executive positions: a larger group of our respondents holds an executive position as compared to the group of average Flemish subjects.

In the next block we take a closer look at identity characteristics and features. The survey inquired about personal and group identities, as well as about the degree of coming out.
BLOK II: IDENTITY CHARACTERISTICS

Introduction

An LGBT identity is a social construction created by cultural factors, yet interpreted by individuals. People may feel sexual attraction to persons of the same sex, yet do not necessarily need to identify themselves as LGBT sexual. We inquired about sexual identity by way of the Coleman and Kinsey scale. The Coleman scale assesses the degree to which the respondents experience or engage in homosexual fantasies, behavior and relations. The Kinsey scale specifically inquires about sexual identity by way of a continuum, ranging from exclusively heterosexual to exclusively homosexual.

In connection with this, the present block will also provide an initial view of the degree of coming out. LGBT sexuality is a potentially hidden feature, which means that you cannot (always) detect from the outside whether someone is LGBT. Heterosexuality is an implied or tacit identity to which everyone is socialized. Whenever a person is born, the environment takes for granted that he/she is heterosexual. LGBTs, therefore, first have to find out for themselves their sexual identity, consequently have to be able to accept it, and, finally, must decide whether or not to (selectively) make it known to their social surroundings. In the scope of Zzzip we have limited the notion of coming out to coming out to the family (parents and brothers and sisters) and to coming out at work. The proportional coming out is an indicator of the extent to which progress one has made in the process of coming out.

In addition to personal identity, group identity, or the sense of belonging to a particular group, is also of importance. In our survey we have inquired about the connection to the LGBT community as well as to the heterodominant community. Given the fact that we are living in a heteronormative society, heterosexuality is considered as self-evident and normal. This turns the LGBTs into a minority group occupying a deviant position in the heteronormative society. LGBTs can identify with the minority group, but they also remain part of the heterosexual society. Zzzip inquired about the degree to which the respondents belong to both communities.
2.1. Experience of sexuality

2.1.1 Coleman: sexual contacts, fantasies and relations\textsuperscript{14}

The Coleman scale offers a clearer picture of homosexuality versus bisexuality according to the different charges of sexual orientation. 87.1\% of the men entertain mainly homosexual contacts, against 76.2\% of the women. Bisexual contacts are nearly twice as frequent among women (15.2\%) than among men (8.3\%). With respect to sexual fantasies the differences between men and women are even greater. 35.3\% of the women have sexual fantasies about men and women, against 12\% of the men. Our inquiring about having intimate relations, shows that about as many men (13.6\%) as women (15.6\%) have intimate relations with both sexes. 7.6 \% of the women mainly have intimate relations with men, while this is the case for 5.3\% of the men.

Engaging in sexual contacts with persons of the opposite sex decreases as the respondents’ age increases. While still 14.3\% of the younger persons below 26 of age has bisexual contacts, this decreases to 9.8\% of those between 27 to 45 of age, to 8.6\% of those between 46 to 60 of age, and finally to no more than 6\% of those above 60 of age. Mainly having homosexual contacts, increases from 78.1\% among the younger to 94\% among those above 60 of age. Although having sexual fantasies is in keeping with having sexual contacts and intimate relations, this is, however, less pronounced. 25.1\% of the young persons fantasize equally about men and women, and this decreases to 16.2\% among those above 60 of age. Inquiring about intimate relations almost produces the same results as inquiring about sexual contacts. The higher the age, the lesser the frequency of engaging in intimate relations with the opposite sex.

The only aspect where a marked tendency according to level of education can be observed, is with having sexual fantasies. 28.5\% of the respondents holding an university degree have sexual fantasies about women as well as about men, against 10 and 15.2\%, respectively, of the respondents that have finished elementary and lower secondary education. Respondents that have passed through higher secondary education obtain the highest scores on sexual contacts and on intimate relations with the other sex (8.1\%). This can be interpreted as a greater conformity to the dominant values and norms in our heterosexual society.

\textsuperscript{14} See appendix — table 11
2.1.2. Kinsey: describing your own sexuality

On the Kinsey scale the respondents were allowed to indicate how they would describe their own sexuality. The respondents that had marked 0 — exclusively heterosexual — were immediately removed from our inquiry. When we recode the scale to the categories ‘bisexual’ (values 1, 2, 3 and 4) versus ‘homosexual’ (values 5 en 6), we note that 13.3% of the respondents identify themselves as bisexual and 86.7% as homosexual.

Anova shows that women on average designate themselves significantly more often (p<0.001) as bisexual than men. 19.4% of the women in Zzip call themselves bisexual, against 10.3% of the male respondents. An effect of interaction between sex and age reveals that this mainly concerns the women from the youngest age category (p<0.01). The difference between men and women decreases as the age increases. It is, nonetheless, clear that for men the designation of their own sexuality does not alter much beyond the different age groups.

In the Vincke and Stevens (1997) sample, markedly fewer bisexuals were present (9.7%). 47.2% referred to themselves as gay and 35.2% as lesbian. 7.9% did not know what to call themselves or did not count themselves to any of the other categories. Here also the bisexual women formed a majority as compared to men. Whereas 11.9% of the women call themselves bisexual, this is the case for merely 6.7% of the men.

2.2. Coming out

2.2.1. Coming out to the parents

The largest group of our respondents have already carried through their coming out to the mother. 81.8% of all mothers certainly knows the sexual orientation of son/daughter. With 8.4% of the respondents the mother is certainly not privy to the sexual orientation of son/daughter. The other respondents do not know for sure and consequently have not yet carried through their coming out to the mother in an explicit way. Among men and women the percentages of coming out are about equal.

15 See appendix — tables 12 & Manova graphic 2
16 See appendix — tables 13
Also for age and level of education we find no differences. Coming out to the father is less common than to the mother. 75.8% of the fathers are aware of the sexual orientation of their son/daughter. In the case of 11.8% the father does certainly not know that his son/daughter is LGBT. There is a difference in level of education, in the sense that the respondents holding a degree of higher secondary education are the least inclined to do their coming-out to their father (73%).

In the Vincke en Stevens (1997) study we see that 85% of the mothers is aware of the sexual orientation of their son or daughter. Coming out to the father is as frequent as in the Zzip survey.

2.2.2. Coming out to the brothers and sisters

10.8% of the respondents know with certainty that none of the brothers is aware of their being LGBT. In the case of 5.9% at least one brother knows and 77.1% of the respondents have done their coming out to all their brothers. 6.1% do not know. There are no significant differences in sex, age and level of education. 10.2% know for sure that none of the sisters is aware of their being LGBT. In the case of 6% at least one sister knows and 77.8% of the respondents have done their coming out to all sisters. 5.9% do not know. Girls do their coming out (81%) more frequently to their sisters than to their brothers (76%).

In 1997 a general inquiry was made with respect to coming out to the brothers or the sisters. 10.8% of the respondents did not have any brothers or sisters, 80.9% of the respondents having brothers or sisters were completely open about their sexual orientation.

2.2.3. Coming out at work

38.9% of the respondents are entirely open at work about their sexual inclination, 39.1% are open to a number of colleagues. 22% of those who have a job do not come out on the working floor. Women are more open about their sexual orientation on the working floor than men. 40.9% of the women tell certain persons that they are LGBT and 41.6% even tell this to everyone, in comparison with 38.3 and 37.6% of the men. Men (6%) are more than women (4.7%) inclined to lie about their sexual orientation (p < 0.01). 30.4% of those above 45 years of age have not done their coming out at work. In the other age categories this is merely 18.2% and 23.6%. Those between 27 and 45 years of age are (whether or not

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17 See appendix — tables 14
18 See appendix — tables 15
selectively) the most open about their homosexuality (81.8%). 76.4% of those below 26 years of age and 69.6% of those above 45 years of age are (more or less) open about their homosexuality.

Manova reveals an interesting effect of interaction between age and sex. Young men are more open about their sexuality at work than older men. This also applies to women, except for the youngest girls (below 26 years of age), who obtain the lowest scores on the matter of coming out at work (p<0.01).

The 1997 data indicate that the percentage of respondents concealing their sexual orientation at work, is slightly higher than in the Zzip survey (25.1%). With respect to correlations, we can observe a few differences with Zzip. Controlled for the other background variables, the older people are here on average significantly more open about their sexual orientation than the young people, as are also the lower educated respondents (p < 0.01).

2.2.4. Proportional coming out

In order to calculate the degree of total coming out, we have taken into account the number of people whom the coming out can be addressed to. This measure is, therefore, the ‘proportional coming out’, the closer to ‘0’, the less a coming out has taken place or has been performed, the closer to ‘1’, the more complete the coming out has happened. Note that 3.9% of the respondents have as yet not performed any coming out to anyone, against 62.1% who have already done this to family and work. 16.5% of the respondents obtain a score of 0.5 or less, which means they have done their coming out to half of their family and colleagues or even to fewer. 83.5% of the respondents have done the coming out to more than half of the number of relevant, involved persons.

Manova does not show any strong significant differences on proportionele coming out according to sex, age or level of education.

19 See appendix — tables 16
2.3. Group identity: the connection to the LGBT and heterodominant community

De LGBT group identity is slightly more outspoken than the hetero group identity. 35.1% do not feel they belong to the LGBT community, against 38.3% who do feel this is the case. Asked about the extent to which the respondents are part of the heterodominant community, 32.5% adopt a neutral position. 25.5% deem he or she (absolutely) do not belong to this community, while 42% state the opposite. 48.5% of the respondents who do not feel connected to the LGBT community, do feel connected to the heterodominant community. 42.2% feel they belong to both communities, 29.2% feel they belong to neither of both.

Multivariate anova shows that persons with a university degree see themselves on average significantly (p<0.001) as belonging more to the heterodominant community than lower educated persons. Older persons feel on average significantly more (p<0.001) as belonging to the LGBT community, young people (p<0.001) to the heterodominant community. As the respondents are older, so increases the connection to the LGBT community. In this way, 31.7% of the young people feel a strong to very strong connection to the LGBT community, against 42.5% of those between 27 to 45 years of age, 45.3% of those between 46 to 60 years of age and 47.7% of those above 60 years of age. Conversely, the sense of belonging to the heterodominant community decreases as the age increases. 46.2% of the young people, for example, feel a strong to very strong connection to the heterodominant community, against respectively 40.9, 30.5 and 25.9% of the respondents in the categories of 27-45 years of age, 46-60 years of age and above 60 years of age.

Conclusion

Mapping personal identity particularly reveals a marked difference between men and women. Women have significantly more bisexual fantasies and contacts than men and also identify themselves significantly more as bisexual. As far as the hetero- or bisexual relations are concerned, however, we observe that their frequency is just as high among men. This implies that men, even if they have mainly homosexual fantasies and contacts, equally engage in heterosexual relations. According to age it clearly appears that bisexuality is primarily an issue among young people. Is bisexuality a ‘transitional phase’ in the process of coming out? Was bisexuality in former times more the object of taboos or are young people nowadays more reluctant to be categorized? More research is needed to find this out.

20 See appendix — tables 17
Most of the respondents in the Zzzip survey have already fairly progressed in the process of coming out. 4% have undertaken as good as no coming out whatsoever, against 62% who have already passed through the coming out to family and colleagues. With respect to the working environment a number of remarkable observations can be made. In spite of the anti-discrimination legislation as many as two thirds of the respondents still fail to fully come out for their sexual orientation. Coming out at work indeed shows no progress in comparison with seven years ago.

Finally, group identity reveals a number of interesting differences between LGBT group identity and hetero group identity; as well as between young and old. 42% of the respondents has a sense of belonging to both communities; 30% feels no connection to either one. One fourth of the Zzzippers possesses a high LGBT group identity and a low hetero-oriented group identity, half experiences this identity conversely (no LGBT but a hetero group identity). Nearly half obtains a neutral position toward both communities. Finally, young people appear to feel significantly more connected to the heterodominant community, compared to the older people who have a greater sense of belonging to the LGBT community.

Block 3 will focus on minority features and experiences that can be linked back to their sexual orientation, such as experience of discrimination, stigma, homonegativity. Also addressed in the next block is the issue of aid.
BLOCK III: MINORITY STRESSORS AND LGBT-SPECIFIC EXPERIENCES

Introduction

Groups that constitute an inferior minority in society often have to cope with minority stress. In our heteronormative society, LGBTs occupy a minority status. As a result of their stigma, they are very susceptible to a chronic form of stress. Consequences of this minority position are, for example, discrimination, a pushed-through susceptibility to LGBT-specific stigmas, or the adoption of negative connotations with respect to LGBT sexuality into the self-image. Within the scope of Zzip, minority stressors are measured by way of discrimination at the workplace, internalized homonegativity and stigma consciousness.

In the past, considerable attention was paid to aid for LGBTs. Homo- and bisexuality are no longer considered to be a ‘disease’, yet some stressors remain active that can give cause health problems. For example, respondents can go through a difficult coming out or their surroundings can generate such bad reactions that LGBTs start to develop psychological problems. In Zzip, we examine the request for help to the general practitioner and to professional aid workers. Aid workers can be familiar with the possible problematic aspects of LGBT sexuality and can anticipate these in a positive or in a negative manner. Consequently, we also inquire about the satisfaction with aid-related service, attitude and expertise of the aid workers.

3.1. Feelings about sexual orientation: internalized homonegativity (GH)\(^21\)

LGBTs live in a heteronormative society. They are socialized in accordance with the norms and values of this society. The negative valuation society addresses at LGBTs, and because LGBTs experience being different, and the LGBTs’ personal experience of being different, leads to these negative feelings being adopted in the self-image. This results in what is called ‘internalized homonegativity’. Internalized homonegativity, therefore, is the whole of negative attitudes and emotions towards homosexuality among others and towards

\(^{21}\) See appendix — tables 18
one’s own homosexual components. In other words, LGBTs with a high level of internalized homonegativity have internalized the negative connotations of homosexuality that are dominant in society.

In Zzip, we measured the internalized homonegativity by means of the 'internalized homonegativity scale' of Mayfield (2001). The scale contains 11 items, to which respondents attribute values between 0 and 6. The most extreme statements are less endorsed by the respondents. For example, only 4.1% (rather) agrees with the statement “sometimes I’d rather be dead than be LGBT”, 6.1% with the statement “When I think of me feeling attracted to persons of the same sex, I feel unhappy.” 12% of the LGBTs (rather) agrees with the statement “I wish I were not a LGBT.” Respondents tend to agree more with statements that are less extreme, and more nuanced. For example, 21.4% of the respondents says that they would like to change their sexual orientation if they could, and 26.7% agrees with the statement “it bothers me when people can see that I am LGBT.” 17.4% says they get nervous when people in their surroundings talk about LGBTs. 26.3% says they sometimes feel embarrassed by their sexual orientation. Many respondents do consider their sexual orientation as an important part of themselves (89.2%) and 49.9% is proud to be LGBT. 25.6% even looks at their sexual orientation as a gift. 90.7% thinks that schools should give the messages that sexual attraction to people of the same sex is normal. Yet, 4.1% still (absolutely) disagrees with this.

This scale is mainly used to check to what extent this internalized homonegativity has an influence on the well-being of the respondents. In view of this, we combined the variables into one variable ranging from a minimum of 0 to a maximum of 43, where low scores indicate a low level of internalized homonegativity and high scores a high level of internalized homonegativity. The average is 11.5 with a standard deviance of 7.3.

Manova shows that young respondents experience significantly more internalized homonegativity then older respondents (p < 0.001). Internalized homonegativity does not vary significantly according to sex or education.
3.2. Social reaction and stigma consciousness

3.2.1. The perception of the attitudes of heterosexuals towards LGBTs

Half (50.3%) of the respondents thinks that heterosexuals generally have a very neutral ‘live and let live’-attitude towards LGBTs. 3.2% thinks that they are averse to the minority group and 25.7% is less extreme and denotes the attitude of most heterosexuals as ‘not favorable’. 15.6% thinks most heterosexuals have sympathy for LGBTs, and only 5.1% thinks that most heterosexuals accept LGBTs completely. There is not much difference in opinion between men and women, but there are significant differences when it comes to age. Whereas 23.8% of the young respondents judges them to be averse or not favorable, a considerable part (42%) of the respondents above 46 years of age has the same opinion. The highest educated respondents pass the most neutral judgments. 58% of them thinks heterosexuals have a ‘live and let live’-attitude, compared to 38.7% and 44.4% of the lowest educated. Of the respondents that have finished no more than lower secondary school, 41.2% judges heteros to be negative (‘averse’ or ‘unfavorable’) in their attitude towards LGBTs. This percentage is slightly lower among the higher educated (26.1% of those with a college degree and 28.9% of those with a university degree).

When we look at the results by going into multivariate analysis, and when controlling for gender, age and level of education, the perception of the attitude of heterosexuals towards LGBTs turns out to vary according to age and education. Young respondents have on average significantly more positive perception of the attitude of heterosexuals than older LGBTs (p < 0.001). According to education there is only a significant difference between respondents with a higher education and those with a university degree. Those with an university degree perceive the attitude of LGBTs significantly in a more negative manner than respondents with a higher, non-university degree. (p < 0.001).

In spite of all legal changes concerning LGBTs (for example, the decree that made civil marriage open to partners of the same sex, The Anti-Discrimination Bill), LGBTs still think nothing much has changed when it comes to the attitude of heterosexuals towards LGBTs. What’s more, the negative attitudes (averse and unfavorable) were more frequently quoted than in 1997. In the 1997 study, 1.7% of the respondents perceived the attitude of

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22 See appendix — tables 19
heterosexuals towards LGBTs as negative. 24.1% perceived their attitude as unfavorable, and half of the respondents (55.7%) perceived the attitude of heterosexuals towards LGBTs as neutral, ‘live and let live’. 18.5% of the respondents thought that heterosexuals had sympathy for LGBTs or thought that they accepted them completely. As in Zzip, there appeared to be a negative effect of age on the perception of attitude of heterosexuals.

3.2.2. Stigma consciousness

Stigma consciousness refers to the degree in which LGBTs expect to be stigmatized by others. The more someone expects to be stigmatized, the more he/she feels the need to anticipate the stereotypes. In Zzip, we measure stigma consciousness via the ‘stigma consciousness scale’ of Pinel (1999). On the one hand, we gauge the own behavior in interaction with heterosexuals. On the other hand we gauge their beliefs about how heteros perceive them.

There is a fairly large awareness with respect to general stigmatization of LGBTs. Almost 40% (reply category 1+2+3) of the respondents thinks that heterosexuals condemn LGBTs on the basis of their sexual orientation, and that they experience more fear and aversion towards LGBTs than they are willing to admit. 43.8% even thinks that most heterosexuals have trouble to consider LGBT’s as their equals (reply category 4+5+6). 48.2% of the LGBTs is convinced that prejudices about LGBTs have also influenced them on a personal level. 17.1% has the feeling that in conversations with heterosexuals the whole of their behavior is interpreted in terms of their sexual orientation (reply category 1+2+3). On the other hand, 57.8% thinks that heterosexuals do not treat them differently because of their sexual orientation (reply category 4+5+6). As for themselves, most respondents try not to take a different position toward heterosexuals. Thus, 67.5% thinks they do not dwell upon their LGBT sexuality when they enter in interaction with heterosexuals (reply category 1+2+3).

We combined these items into one single scale, ranging from the minimum of 0 to a maximum of 58, where low scores indicate a low degree of stigma consciousness, and high scores indicate a high degree of stigma consciousness. The average amounts to 26.2 with a standard deviance of 9.8.

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23 See appendix — tables 20
Multivariate analysis shows there are no significant differences between sex, age or education.

### 3.3. Discrimination at work

Discrimination on the work floor has been made illegal by The Anti-Discrimination Bill of 2002 and legal action can therefore be taken against its perpetrators. Yet, this does not imply that it does no longer occur. By differentiating between the certainty of discrimination and the suspicion of, we can see that respondents are cautious with these allegations and that this kind of discrimination (dismissal, limitations in promotion,…) rather occurs in a subtle way. 2.4% of the respondents is certain to have been fired because of his/her sexual orientation. 6.5% is not sure about it, but suspects it. Equally, 2.6% has been turned down for a job for the same reason, whereas 7% suspects it. 3.3% has already had the experience of missing out on promotion opportunities for this reason, and 8.6% suspects his/her employer to have acted in this way. The work climate shows more explicit discrimination. In the past work year, 22.5% of the respondents has experienced negative reactions there with regard to his or her homosexuality.

When controlling for age, gender, and education, we find no differences for discrimination at work.

With respect to discrimination at work, we observe that there has been little or no change in the past seven years.

### 3.4. Experience with the general practitioner and professional aid workers

#### 3.4.1. Experience with the general practitioner

In the case of 60.7% of the respondents the general practitioner has been informed of their sexual orientation. Particularly older respondents (77.7% of those above 46 years of age against 40.2% of those under 27 years of age) disclose their sexual orientation to their general practitioner (p < 0.001). When controlled for background characteristics, however, there is only more outing to the general practitioner in the case of younger men as opposed

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24 See appendix — tables 21
25 See appendix — tables 22
to older men. Within the older age groups, women out themselves on average significantly more to their general practitioner ($p < 0.01$).

36.2% of the respondents has at one time asked their general practitioner questions concerning sex and sexuality, of whom the majority (32%) has come out to the general practitioner. It is a fact that men (45.3%) ask to a greater extent questions about sex and sexuality than do women (18.1%). Also standing out is that older LGBTs on average talk less about it with their general practitioner than do younger LGBTs ($p < 0.001$).

84.1% of our sample knows with certainty that their general practitioner is not LGBT. Given the fact that only a few respondents indeed have a LGBT general practitioner, there are, for this item, no great differences to be found on the basis of sex, age and education.

Of those respondents that had sought help from the general practitioner, 81.8% was satisfied or very satisfied with the service of their general practitioner. 10.9% took a neutral position and 7.4% was not satisfied. As many respondents were satisfied about the general practitioner’s attitude, and only 2.2% found the attitude of the general practitioner to be negative. As far as knowledge is concerned, we can see a slightly higher percentage (8.6%) of Zzzippers is not satisfied. One fourth of the respondents took a neutral position, which still indicates that 25% of the respondents is as yet not entirely satisfied about the competence of the general practitioner when it comes to LGBT-specific problems. Multivariate anova shows that women are on average significantly ($p<0.01$) less satisfied with the service of their general practitioner than men are. When it comes to attitude and knowledge, there is only a difference according to education. The lower educated are on average significantly more positive towards their general practitioner than the higher educated ($p < 0.001$). An interaction effect between level of education and age shows that this effect of education holds for the youngest age groups. For those above 45 years of age, however, applies that the higher educated are significantly more positive than the lower educated.

Vinccke and Stevens (1997) asked the same question in their study. 21.2% of their respondents asked their general practitioner for help concerning LGBT-specific problems. More than three quarters of these were satisfied to very satisfied about the service and the attitude of the general practitioner. About the general practitioner’s knowledge, the respondents were more divided, as is exactly the case in Zzzip. 13.8% of the respondents was not satisfied about the knowledge. Thus, we can see that, compared to Zzzip, the knowledge of general practitioners has slightly grown in the past seven years.
3.4.2. Experience with professional aid workers\textsuperscript{26}

27.8\% has at least once made an appeal to a professional aid worker. In the data set of 1997, the percentage of those requesting aid was 31.9\%, which is not so different from Zip. Anova shows that, controlled for age and education (p < 0.001), older respondents significantly appeal more to a professional aid worker than younger respondents.

47\% of those that has already visited an aid worker, is aware of the sexual orientation of their aid worker. Only those respondents that knew about the sexual orientation of their aid worker (13\% of the sample), were asked to evaluate the aid workers. More women (53\%) than men (43.7\%) are aware of the sexual orientation of their aid worker. This holds even more for older than for younger LGBTs (controlled for sex and education) (p < 0.001).

89.4\% of the respondents was satisfied to very satisfied about the service of the LGBT-aid worker. For heterosexual aid workers, 84.7\% was satisfied to very satisfied about the service. Anova points out a difference according to sex: women are on average significantly less satisfied about the service of both LGBT and heterosexual aid workers, and this in comparison with men (p < 0.01). An interaction between sex and age shows that, with this, as far as LGBT aid workers are concerned, mainly holds LGBT for young women (p < 0.01).

Most respondents (94\%) evaluated the attitude of the homosexual aid worker positively to very positively. Here, anova points out an effect of education: higher educated respondents assessed the attitude of the LGBT-aid worker in a significant way more positively than lower educated respondents. The attitude of the heterosexual aid worker was also evaluated positively to very positively (91.4\%). When the aid worker was LGBT, 93.9\% of the respondents thought his/her knowledge was good to very good. This percentage is lower for heterosexual aid workers, 74.3\% of the respondents judging the aid worker to be good to very good. On average, women evaluated the knowledge of the heterosexual aid worker in a significant way to be less good than men (p < 0.001).

\textsuperscript{26} See appendix – tables 23
Conclusion

Internalized homonegativity and stigma consciousness are stressors that are the result of a minority status in society, in this case with respect to sexual orientation. They are not externally observable, but are internalized into the personality of the individual. Younger respondents are significantly more susceptible to internalized homonegativity. Younger men and older women are significantly more susceptible to stigma consciousness. We also asked what our respondents thought about the attitude of heterosexuals towards LGBTs. Half of them endorses the attitude of heterosexuals towards LGBTs to be one of ‘live and let live’. Older persons assess the attitude of heterosexuals in a significant way more negatively. Compared to 1997, we see that little or no improvement in this perception has manifested itself. In block 6, we link these minority variables to identity characteristics, social network, social support, and health indicators.

We inquired about discrimination, a form of external minority stress, in its explicit and implicit expressions. Whereas one fifth of the respondents clearly continues to experience discrimination at work in the form of harassments and negative remarks of colleagues, the percentage is considerably lower for more explicit forms of discrimination, such as dismissal, missing out on opportunities for promotion and being turned down for a job.

As far as aid is concerned, we observe that one third of the respondents asked their general practitioner questions about sex and sexuality. Service and attitude were evaluated very positively. As was the case in 1997, knowledge, however, was evaluated somewhat less well than aid and attitude of the general practitioner. 27% of the Zzipers has now or in the past moved to seeking help from a professional aid worker. Almost half of these is aware of the sexual orientation of the aid worker. When we compare the satisfaction with the heterosexual aid worker with that regarding the LGBT aid worker, we notice that both score positively, but that the LGBT aid worker nonetheless appears to have more knowledge than the heterosexual aid worker (94% as opposed to 74%). In terms of policy, effort may still be put into improving the knowledge of aid workers (physicians, as well as social workers, psychologists, . . . ) about problems related to sexual orientation.

After this look into minority stressors we arrive at the issue of social support and social networking. We extensively inquired about the social network of the respondents, which enabled us to provide an elaborate framework to which identity, coming out, health and other similar elements can be linked.
4.1. Social support

We looked at social support on three different levels. Non-supportive interactions are an indication of the amount of negative reactions respondents get to their requests for help, the degree to which their surroundings minimize their problems or consciously distance themselves from them, or the degree to which the respondent is held responsible for the problem. The second level assesses the extent to which respondents experience social support in case of general problems. The third level deals with experiencing social support in case of LGBT-specific problems.

The part about the social network provides an extensive overview of the personal social network of LGBTs. We closely examined relations with confidants, parents, siblings, brothers or sisters, other family members, partner, male or female friends and neighbors. We focused on the quality and durability of these relations, and the degree to which one has regular contact with these different network members. We pay special attention to the ‘family of choice’ hypothesis (LGBTs are thought to build extensive friendship networks to compensate for disturbed, absent or conflict-ridden family relations) and the comparison with networks of confidants of the average Flemish person.

4.1.1. Non-supportive social interactions

Members of your social network do not always react in a supportive manner, even though that may be their intention. They may feel powerless or too scared to react to your request for help. Another reason for ‘wrong reactions’ could well be that they feel too insecure about how to react appropriately. They may simply not know how they could react in the best way. A third reason could be that they wrongly assess the nature and length of the process of adaptation.

Ingram (2001) composed a scale that summarizes the variety of stressor-specific non-supportive behaviors. Types of negative social support are: distancing oneself from a stressful situation; minimizing the problem; and holding the very person who poses the problem responsible.

27 See appendix — tables 24 & manova graphs 5
Our results show that the most common reactions consist in minimizing the problem. 56% of the respondents told us that the advice they received was ‘to look at the bright side of things’. 44% indicates that their surroundings in case of stressful situations mainly or always reacted with the advice ‘to be strong and not to worry’, and 42.1% of the respondents were mainly told ‘to focus on the present or the future and to forget about the past’. Disassociating from the problem or to attribute blame to the respondent is far less common. 8 to 12% of the respondents pointed out that this sort of reactions occur often to always. There is however a significant relation between the three non-supportive forms of reactions. The more detached the reaction proves to be, the more the minimizing and blaming reaction is seen to occur.

The reaction of surroundings acting mainly in a minimizing manner when these are at a loss in handling the situation can be found proportionally among men and women. Respondents between 46 and 60 years of age indicate slightly more often the fact of deviant reaction. Their surroundings more often adopt a detached stance than the surroundings of younger or older respondents. Thus, in the case of 25% of the respondents between 46 and 60 years of age their surroundings does not want to hear anything about problem situations, whereas only 10% of the younger respondents undergoes this reaction. For the group between 27 and 45 years of age, this percentage is 11%, and for those 60 years of age and older, the percentage is 19%. With regard to education we note that the higher a person is educated, the less often their surroundings try to detach themselves from the problem situation. Minimizing the problem is an interaction pattern that is similarly perceived by all respondents. Most frequently of all other respondents to experience a blaming reaction to stressful situations are LGBTs with a college degree. On the reaction that they themselves were blamed to be responsible for their problems, 14% of the respondents with a college degree replies affirmatively, against 11,12 and 10% respectively for respondents with a degree of lower secondary school, higher secondary school and university. Manova shows that the lower educated individuals experience on average significantly (p<0.001) more non-supportive interactions from their surroundings than the higher educated.

When we combine all items of the non-supportive interactions scale (average: 8.8 and standard deviance: 6.7) and control for sex, age and level of education using anova, we can see that education delivers a significant difference in experiencing non-supportive interaction: the lower the respondents are educated, the more they experience non-supportive interactions (p < 0.01). An interaction effect between sex and age shows that the influence of sex (women experience on average more non-supportive social interaction than
men) holds for the youngest and the oldest age categories. For the age group between 27 and 45 years of age it is precisely the converse: here, men experience more non-supportive interactions than women (p<0.01). But then again, an interaction effect between sex, age and education points out the fact that previously discussed effects are mainly the consequence of age-releated sex variance within the category of the lowest educated (p<0.01).

4.1.2. Social support with general and LGBT-specific problems

In our Zzip study, the questions concerning social support focused on receiving support from father, mother, brothers and sisters, straight friends, LGBT friends, partner, neighbors and colleagues, and this in case of general problems, on the one hand, and LGBT-specific problems, on the other hand. 87% of the respondents indicate to receive a lot of support. The Zzip respondents indicate they get more support for general problems (average = 13.83) than for LGBT-specific problems (average = 14.28).

One fourth of the respondents finds support from their mother for general problems, and one fifth also for LGBT-specific problems. The father is much less the object of requests for support: 10% turns to him in case of general problems, and only 7.8% in case of LGBT-specific problems. 20.4% receive support from their brothers or sisters in case of general problems. For LGBT-specific problems, the percentage is 18.3%.

Male or female friends appear to be the most important source of social support. Straight friends are mainly important for general problems (54.7%), while LGBT friends are important for LGBT-specific problems (59.7%). The partner, too, provides support for more than half of the respondents in case of general problems (46.5%) and LGBT-specific problems (44.7%). Colleagues also are a relatively important source of support. 18.5% of the respondents affirms receiving much support from them in case of general problems and 15.3% in LGBT-specific problems. Neighbors are little or never asked for support, nor is there support to be received from them, neither in case of general problems or in case of LGBT-specific problems (1.7 and 1.6%, respectively). Multivariate anova shows that women, the older age groups and the higher educated receive on average significantly more support

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28 See appendix — tables 25 & manova’s graphics 6
from their surroundings, both for general and LGBT-specific problems, in comparison with, respectively, men, younger age groups and the lower educated ($p < 0.001$).

### 4.2. Social network

What do we mean by ‘social network’ in this study? The question is not unimportant, as it is possible to consider the network both very broadly and narrowly. In fact, ‘social network’ in itself does not sufficiently indicate what we want to map out in this study. Our inquiry about the network is based on a study like that of 2002. There, the network of confidants of people was charted with the question: ‘Who are the people with whom you discuss important personal matters?’ Then, for each of the 5 most important confidants more information was requested. We have adopted entirely the same way of inquiring about confidants and linked it to extending questions about family, partner, neighbors and colleagues. In this way, we can identify no more than 28 persons that belong to the most important subnetworks of persons (the network of confidants, the family network, the partner, persons from the work environment and people from the neighborhood). We corrected for a potential overlap between confidants and other network members (since these confidants may very well be also a parent, partner, etc.).

In the end, the whole of this gives us an elaborate overview of the personal and social network of LGBTs. To avoid uncontrollable overlap and keep the questionnaire within bounds, friends were not questioned with the ‘name-producing questions’. Nonetheless, friends do constitute a very important part of the social networks. Within LGBT research the ‘family of choice’ hypothesis is often mentioned. We want to test this in the Zzzip study. The ‘family of choice’ hypothesis holds that LGBTs develop extensive friendship networks to compensate for disturbed, absent or conflict-ridden family ties. Yet, the hypothesis has been rarely supported on the basis of quantitative data. This is exactly, among other aspects, what we aim at with this report. For this reason, we have incorporated a number of questions regarding the friendship networks, such as the number of good friends and their sexual orientation, and the solidarity with LGBT- and heterosexual friends.

29 See appendix — tables 26
To inquire the networks in this way is a complex process (both with respect to the collection of data, as to the analysis of the data), but the outcome is very interesting. The data can give us unique insights about the social networks of LGBT’s and of non-LGBT’s.

4.2.1. General network measurements

4.2.1.1. Number of network members

We calculated the number of network members based on the minimum amount of weekly contact with confidants, parents, brothers and/or sisters, children, neighbors and colleagues/fellow students. The size of the friendship network will be indicated later in this report.

Most LGBTs (42.2%) have a network that consists of 6 to 8 members. 35% have 3 to 5 network members and a little less than one tenth (9.1%) have 0 to 2 network members. 13.6% have 9 to 15 network members.

4.2.1.2. Average contact frequency with the network members

We calculated the average contact frequency on the basis of the confidants, parents, brothers and sisters, children, neighbors and colleagues/fellow students that were mentioned by the respondents. The respondents could report the frequency of contact with each network member on a scale of 1 (contact on a daily basis) to 6 (once a year or less). In view of arriving at a general measure, the different scale values were added and divided them by the total number of network members. A high value on the scale means a low frequency and vice versa.

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30 See appendix — tables 27
A little more than half of the respondents (54%) have contact with their network members several times a week to several times a month. About one fourth (25%) have contact with their network members several times a month to once a month. 17% of the respondents have contact with their network members every day to several times a week, and only 4% have contact with their network members about once a month or less. In comparison with men, women (average = 2.71) have contact with their network members on a less regular basis (average = 2.59, p < 0.001). In addition, we see that the older our respondents are, the less contact they have with their network members (p < 0.01): for young LGBTs the average amounts to 2.58, middle-aged LGBTs have an average of 2.64 and for older LGBTs the average is 2.72. Finally, we also see that the higher educated a person is, the less contact he or she has with the network members (p < 0.01): respondents with a degree not higher then lower secondary school on average score 2.58, those with a higher secondary school degree 2.62, those with a non-university higher education 2.66 and those with a university degree 2.73.

4.2.2. Family

4.2.2.1. Measurements with regard to the family

We calculated the average connection with the family members (based on the indicated family members and the scores of degree of connection on a scale of 1 (no connection) to 5 (connection). To attain a general measurement we added the several scale scores and divided them by the number of family members. Family members include parents, siblings and children.

Most respondents (44%) entertain neutral to fairly connected feelings with respect to their family members. One third feel rather connected with their family members. In the case of about one fifth (19%) this connection is weak. One in twenty has a very weak connection. We did not find differences in sex, age or education.

We calculated the average contact frequency with the family members (based on the reported family members and the scores on contact frequency on a scale of 1 (every day) to 6 (once a year or less).

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31 See appendix — tables 28
We observe that most LGBTs (36%) have contact with their family members on a weekly or monthly basis. A bit more than one fourth (26%) have contact with their family members once or several times a month. More than a fifth (22%) have contact with their family members on a daily basis or several times a week. Finally, 15% have at the most once a month contact with their family members. Women (average = 2.87) engage in contact with their family members on a less regular basis than men (average = 2.67, p < 0.001). According to age, too, we see a significant difference (p < 0.001): older LGBTs have less contact with their family members (average = 2.94), compared to young LGBTs (average = 2.67) and middle-aged LGBTs (average = 2.70). We also find differences according to education (p < 0.01). Those who have merely finished secondary school are the ones that engage most frequently in contact with their family members (average = 2.68), followed by those who have finished no more than lower secondary school (average = 2.77) and those with a degree of higher education (average = 2.75). Finally, respondents with a university degree have contact with their family members on the least regular basis (average = 2.89). If we make a division between the ‘lower educated’ (two lowest levels of education) and the ‘higher educated’ (the two highest levels of education), we notice that higher educated persons (average = 2.78) have contact with their family members on a less regular basis than lower educated persons (average = 2.66, p < 0.05).

4.2.2. Children and the desire to have children

Children and adoption is a hot issue in the LGBT-debate. Recently, LGBTs were given the right to adopt children. Zzip inquired about having children, and about the desire to have children.

326 (11.1%) respondents already have children. 8.9% has children out of a (former) heterosexual relationship, 3.3% out of a LGBT relationship. There are slightly more men (190, 9.8%) with children out of a heterosexual relationship than women (69; 7.1%). On the other hand, there are more women who already have children out of a LGBT relation, be it via IVF (19; 1.9%) and via adoption (15; 1.5%). As adoption for LGBT couples had not yet been legalized in 2004, adoption here considers a single parent. We did not find much differences according to age or education.

We inquired about the factual having of children, but also about the desire to have them. 42.1% of the Zzip respondents have a manifest desire to have children, both men (35.7%) and women (54.5%). To have a child via adoption is the most favorite option of men (60.4% of the men with the desire for children prefer adoption), but IVF (15%) and children of a partner (15.2%) are options that are increasingly more frequent. Finally, 6.9% of the men want children through establishing a heterosexual relation. Women have different
preferences: 66.6% of women want children via IVF, 15% via adoption, 13.8% via the partner (children of the partner) and 3.1% chooses a heterosexual relation. 64.8% of the respondents without the desire to have children, indicate simply to not want any any children. 12% indicate they have no partner and therefore no desire for children. 9.4% respondents do not want children because they are convinced children need a father and a mother. 6.4% consider themselves to be unfit to raise a child, and 7.4% indicate other reasons, such as age.

4.2.3. Neighbors and colleagues/fellow students\textsuperscript{32}

We here present the data on the basis of the colleagues/fellow students reported by the respondents whom they most frequently have to do with. We calculated the average contact frequency with the neighbors and colleagues/fellow students (on the basis of the reported neighbors and colleagues/fellow students and the scores for contact frequency on a scale of 1 (daily) to 6 (once a year or less)). We calculated the average connection with the neighbors and colleagues/fellow students (on the basis of the reported neighbors and colleagues/fellow students and the scores on connection on a scale of 1 (no connection) to 5 (connection)).

Most respondents (37.1%) have about once a month or less contact with their neighbors. More than one fourth (27.3%) have contact once to several times a month and 29% of the respondents have contact several times a month to several times a week. Only about 6.7% have weekly or daily contact with their neighbours. With colleagues or fellow students, on the other hand, respondents have contact on a more regular basis, which fairly goes without saying. More than half of the LGBTs have weekly or daily contact with their colleagues or fellow students. In the case of 40.3% this is more likely to be monthly or

\textsuperscript{32} See appendix — tables 29
weekly contact and only 7.2% have several times a month or less contact with colleagues or fellow students. As far as the sense of connection is concerned, we see that more than half of the respondents (52.6%) (rather) feel no connection with their neighbors, while only 6.8% (rather) do feel connected with them. 17.4% of the LGBTs (rather) feel no connection with their colleagues or fellow students, while more than one fifth (21%) (rather) do feel connected with them. In short, with colleagues and fellow students one tends to see more frequently than neighbors, one feels a stronger connection than with the neighbors.

With regard to the sense of connection with neighbors or colleagues/fellow students, we did not find any differences according to sex, education or age. With respect to contact frequency with colleagues/fellow students, we only found a difference according to sex: men have a higher contact frequency (average = 1.64) in comparison with women (average = 1.73, p < 0.01). We did not find any differences according to sex, age or level of education with respect to the contact frequency with neighbours.

4.2.4. Partner

More than half of all LGBTs have a partner. We did not find any differences according to sex or age. According to level of education, however, we did find differences (p < 0.001): respondents with a university degree have more often a partner (64%) than those with a degree not higher than lower secondary school (61%). These are followed by respondents with a higher education/college degree (57% have a partner), while those who have only finished their secondary school, have the least often a partner (54%).

4.2.5. Friends

Most LGBTs (43.1%) have 1 to 5 good friends. 31.8% have 6 to 10; 11.9% have 11 to 15; 4.8% have 16 to 20 6.2% have more than 20. Only 2.1% have no friends. Moreover, women have on average more friends than men do (p < .001): 52% of men have more than 5 friends, as opposed to 60% of women. We did not find differences according to age or education.

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33 See appendix — tables 30
34 See appendix — tables 31
Almost one fifth (18.5%) of the LGBTs have no other LGBTs in his or her circle of friends. In the case of 40% of the LGBTs less than half of the circle of friends consists of other LGBTs and for one fifth of them half of the circle of friends are LGBTs. For 16% of the LGBTs, more than half of the circle of friends is composed of LGBTs. Finally, only 5% of the LGBTs have a circle of friends consisting exclusively of LGBTs. We did not find any differences according to sex, education or age.

Almost one third (32.3%) of all LGBTs feel a strong connection with their heterosexual friends. Almost half of them (47.4%) feel rather connected to fairly connected. About 13% has no outspoken view. Only 6.2% rather feel no connection and 1.6% do not feel any connection with their heterosexual friends. Women feel more connected with their heterosexual friends (average = 5.73) compared to men (average = 5.48, p < 0.001). We did not find any differences according to education or age.

38.7% of all LGBTs feel a strong connection with their LGBT friends. 44.6% rather feel connected with their LGBT friends. 9.3% adopts a neutral stance toward the matter and only 5.6% postition themselves between 'not connected' and 'neutral'. Only 1.8% do not feel any connection with their LGBT friends. LGBTs feel more connected with their LGBT friends (median=5.75, standard deviation =1.41) compared to their heterosexual friends (median=5.58, standaard deviation=1.40, Z= -6.50, p < .001).\textsuperscript{35} Women feel more connected (average = 5.79) with their LGBT friends in comparison with men (average = 5.64, p < 0.01). We did not find any differences according to age or education.

\textsuperscript{35} We used “Wilcoxon’s signed-rank test” for non-parametric data
4.2.6. The network of confidants

8% of our respondents have no confidants. Most respondents (23%) have three confidants. One fifth have two confidants, and 7% have only one confidant. 15% have four confidants, 13% have five and an equal amount of respondents (12%) have six to ten confidants. 2% have more than 10 confidants. Women (3.59) have on average more confidants than men (3.05, p < 0.001). We did not find differences according education or age.

We asked our respondents to provide us with their five most important confidants. For each of those confidants, we asked for the type of relation (partner, parent, brother or sister, child, other family member, colleague, member of an organization, neighbor, friend or another relation). By means of this information we could calculate in what way the LGTBs’ network of confidants is composed proportionally (for example: 25% are parents, 50% are friends and 25% are colleagues). We calculated to which degree the network of confidants of LGTBs is on average composed for each type of relation. We made this calculation separately for respondents with a partner and respondents without a partner.

As it turned out, there were not many differences between those with a partner and those without a partner: respondents without partner more often had members of organizations as confidants (on average 5% versus 2% respectively). Also, those without partner more often have friends as confidants, compared to those with a steady partner (on average 65% versus 41% respectively). The network of confidants for respondents with a partner is for 31% composed of their partner. For this group, friends still form a larger part of the network of confidants (on average 41%). Obviously, respondents could report several friends as confidants, while they were only able to report one partner as a confidant. In addition, we see that parents on average take up 8% of the network of confidants. For colleagues, the average percentage varies somewhere between 6% and 8%, depending on having a partner or not. Brothers and sisters on average take up 6% of the network of confidants. Other family, children and neighbors play only a marginal role in LGTBs’ network of confidants.

36 See appendix— tables 32
4.2.7. A comparison with data from the Flemish population (APS2002)\textsuperscript{37}

Zzip and APS2002 have a different sample survey size, but after controlling for this, our reported differences appear not to be caused by this.

4.2.7.1. Connection with certain groups

Family

55.5\% of all Flemish people (rather) feel strongly connected with their family members, while only 32.1\% of LGBTs (rather) feel strongly connected with their family members. Only 4.3\% of Flemish people feel hardly any or no connection at all with their family members, while this applies to 16.7\% of the LGTBs. In general, LGBTs feel less connected with family members than the average Flemish population.

Neighbors

15.4\% of the Flemish people feel (as good as) strongly connected with their neighbors, while only 5.4\% of LGBTs feel the same. 20.7\% of the Flemish people (as good as) feel no connection with their neighbors, while this applies to 56.9\% of the LGTBs. In general, LGBTs feel less connected with their neighbors than the average Flemish population.

Colleagues

23.4\% of Flemish people feel (as good as) strongly connected with their colleagues/fellow students, while 19.2\% of LGBTs feel (as good as) strongly connected with their colleagues/fellow students. 8.5\% of the Flemish citizens feel (as good as) no connection with their colleagues/fellow students, whereas this applies to 17\% of the LGTBs. In general, LGBT’s feel less connected with their colleagues/fellow students than the average Flemish population.

Friends

\textsuperscript{37} See appendix — tables 33
In our Zzzip survey we made a distinction between feeling connected with heterosexual friends, on the one hand, and with LGBT friends, on the other hand. Obviously, the APS survey (2002) did not make the same distinction.

60.1% of the Flemish citizens, while 59.2% of the LGBTs feel (as good as) strongly connected with their heterosexual friends and 66.1% with their LGBT friends. 2.3% of the Flemish feel (as good as) no connection with their friends, while 3.4% of the LGBTs feel (as good as) no connection with their heterosexual friends. 4.1% of them feel (as good as) no connection with their LGBT friends. In general, there are almost no differences between the Flemish and LGBTs with respect to feeling connected with their friends.

4.2.7.2. The network of confidants

Only 1% of the Flemish have no confidants, compared to 8% of the LGBTs. 37.8% of the Flemish have 3 or less confidants, compared to 55.3% of the LGBTs. 32.7% of the Flemish have four or five confidants, compared to 29.4% of the LGBTs. Finally, 29.4% of the Flemish have six or more confidants, compared to 15.2% of the LGBTs. In other words, LGBTs generally have less confidants compared to the average Flemish population.

LGBTs and the Flemish appeal more or less equally to their partner as a confidant. On average, the network of confidants of LGBTs consist for 31% of their partner. For the Flemish this is a little less, to wit, 27%. As far as the family is concerned, we can observe that it is to a greater degree represented in the network of confidants of the Flemish than it is in that of the LGBTs. On average, 16% of the network of confidants of LGBTs without steady partner consists of family. For the Flemish without partner this percentage climbs up to 46%. For respondents with a steady partner, the ratio amounts to 17% for LGBTs versus 34% for the Flemish. We also note that the share of family in the network of confidants remains virtually the same for LGBTs depending on whether they have a partner or not.
The Flemish, however, appeal less to family members as confidants when they have a steady partner. When we take a look at friends as confidants, we can see that they are to a greater degree represented in the network of confidants of LGBTs in comparison with the Flemish. For respondents without a steady partner, the network of confidants of LGBTs consist for 65% of friends, while for the Flemish this is only 43%. For respondents with a partner, the network of confidants of LGBTs on average consists for 41% of friends, while this only 27% for the Flemish. For both LGBTs and Flemish, we see that having a partner results in a lower share of friends in the network of confidants. Regarding colleagues, we did not find great differences between LGBTs and the Flemish. In comparison with the Flemish, members of organizations do play an important role in the network of confidants of the LGBT’s. For LGBTs without a steady partner, the share amounts to 5%; for the Flemish only to 1%. For LGBTs with a partner, the share amounts on average to 2%, for the Flemish to 0%. Both for the Flemish as for the LGBTs applies that the share of members of organizations is lower when one has a partner. Neighbors appear to play a slightly more important role in the network of confidants of the Flemish than in that of the LGBTs. We did not find any differences depending on whether or not the respondents have a steady partner.

4.2.8. Volunteer work and participation in community life

4.2.8.1. Volunteer work in community life

We inquired about the participation in regular and LGBT-oriented community life. 65% of the respondents does not do any voluntary work at all. 9.2% is only volunteer in LGBT organizations, and 23% only in the regular environment. 2.9% of the respondents, finally, does voluntary work in both types of organizations.

As far as regular organizations are concerned, the youth movement and the cultural association are the most popular (8%). Only 0.8% of the respondents is a voluntary for a women’s movement. Aid organizations perform slightly better: taking all aid organizations together, we see that 11% of the respondents work in some org of this kind, such as

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38 See appendix — tables 34
neighborhood work, help for the elderly, help for the disabled, the fire department, the Red Cross, etc. Beyond the different categories of voluntary work we see by way of Anova two major effects, to wit, according to education and age. In the case of education, it is clear that the higher educated participate on average significantly more in non-LGBT-oriented organizations than the lower educated. For the matter of age, we note that the youngest and the oldest group participate significantly more in non-LGBT-oriented organisations than the group between 27 and 45 years of age.

Higher educated men on average do more voluntary work in political organizations than women or lower educated. According to education, there is also a difference in participation in professional or occupational orgs, in cultural associations and on other domains (Amnesty International, Third World (Aid) Shop, ...). These types of organizations attract significantly more higher educated than lower educated volunteers. Orgs like Amnesty International and Third World Shop are on average significantly more popular among women than men, as is exactly the case for women's organizations and aid like emergency phone services, counseling offices, etc. Women's organizations attract mainly older people, youth movements evidently more young people. We find a last significant difference in the hobby clubs, significantly more visited by older LGBTs (these data are based on non-parametric correlation analysis).

4.2.8.2. Participation in community life

55.9% of the respondents have never been a member of a LGBT-oriented organisation (from a subscription to a magazine to a participatory membership of an organization). 12.4% used to be a member, 13.5% are passively members, 10.7% are actively member and 5.5% are committee members. Women participate more than men, older persons more than younger, and higher educated more than lower educated.

Among the regular organizations, we see that sports associations or clubs attract the most people. 23.5% of the respondents are an active member of a sports association or club. 10.8% actively participate in a cultural association and 6.4% in a youth movement. De professional organizations have the greatest number of passive members (15.1%), together with organizations as Amnesty, 11.11.11, ... (11.2%).
If we take a look at the type of membership, and this according to level of education, we can see clear profiles for each organization. Political organizations and trade organizations particularly have male, older and higher educated members. Sports associations, on the other hand, have mainly female, younger and higher educated members. The active members of youth movements and cultural associations are mainly younger, higher educated persons. Women’s organizations have significantly more female and higher educated active members. Neighborhood and family aid organizations mainly attract younger female respondents (the data are based on non-parametric correlation analysis).

When we zoom in on the general rate of participation in regular community life, LGBT men on average appear to participate significantly more than the respondents from the APS2004-database. For women, generally speaking, there appears to be not much of a difference, due to the fact that they participate significantly more in specific associations, and significantly less in other associations than the women from APS2004. Men from Zzip participate more in cultural associations, political organizations, sports clubs, hobby clubs, aid organizations and neighborhood/elderly/disabled aid associations. Bisexual and lesbian women participate more in cultural organizations, youth movements, political organizations and sports clubs, and significantly less in aid organizations, and women’s organizations than do APS-women.

Conclusion

This chapter shows that social support can have both a positive as a negative effect. In many cases, people react in a minimizing way to problems a person is dealing with. Distancing themselves or attributing blame is less frequent. We found differences between levels of education. Higher educated respondents have less trouble from this negative support than lower educated respondents. An interaction effect between sex and ages shows us that especially younger girls run the risk of experiences negative support.

LGBTs rely mainly on their friends for social support. While both types of friend obtain high scores, LGBTs on average find slightly more support with heterosexual friends for general problems, and with LGBT friends for LGBT-specific problems.

With respect to the social networks of LGBTs, it is striking that they mainly differ on the the degree to which they feel themselves less connected with family members, neighbors, and
colleagues or fellow students in comparison with the average Flemish citizen. We assume that environments that are not completely ‘chosen’ by the LGBTs (work, neighborhood, school and family) are also the most subject to heteronormative influences. In addition, we note that LGBTs more often appeal to friends as far as discussing important personal matters is concerned. Family members, on the other hand, are less often addressed as confidants. In this sense, the ‘family of choice’ hypothesis is thus confirmed: LGBTs compensate for less qualitative family relations by addressing their network of friendship. They put together a ‘fictional’ family, consisting of friends. In this sense, as a minority group, they indeed also differ from other minority or disadvantaged groups (such as people from lower socio-economic classes or an ethnic minority group). The latter will seek compensation precisely by falling back on their family ties. On the one hand, this underlines the flexibility and resilience of LGBTs as a minority group that adapts to a heretonormative context. On the other hand, the question can be raised to what extent these ‘families of choice’ are sufficiently functional when it comes to emotional and even instrumental needs.
BLOCK V: HEALTH AND QUALITY OF LIFE

Introduction

In order to get a clear view of the health of LGBTs in Flanders, we have adopted two specific scales in Zzip. QOL (Quality of Life) is a scale to measure quality of life among the respondents. Stewart A.L. (1998) composed a scale that measures various aspects determining the general quality of life. The scale divides into six subscales:

QOL1: mental health (power over one’s own life)
QOL2: perception of general health
QOL3: physical activity limitations due to physical health problems
QOL4: bodily pain
QOL5: social activity limitations due to physical health problems
QOL6: in-depth perception of state of health

The second scale, the CESD-scale is a questionnaire consisting of 20 items with the goal of assessing symptoms of depression in a non-clinical population. The respondent is requested to indicate to what extent he has had certain feelings in the past week, ranging from ‘never’ (0) to ‘nearly always’ (3). Higher scores point at more symptoms of depression.

5.1. Quality of Life

5.1.1. QOL 1: feelings of powerlessness

The first subscale inquires in four questions about the feelings of power(lessness) of the preceding month. 52.5% of the respondents had (almost) never the feeling that they could control important matters in their life, as opposed to 22.2% who had this feeling often to always. One fifth of the respondents is not happy with his/her own capacity to handle personal problems and one fourth has the feeling that things don’t turn out or end up the way they wish.

39 See appendix – tables 35
On the most extreme question, whether there is the feeling that troubles were accumulating in such a way that these could not be resolved any longer, more than 70% replied that he/she (almost) never had this feeling in the last month, against 13.8% who did have this feeling.

By way of anova we control for the effect of sex, age and level of education on feelings of powerlessness. Young people and lower educated persons experience on average more powerlessness over their own lives than older and higher educated respondents (p < 0.001). When sex and age interact, we see that for the youngest and oldest age category applies that women, on average, feel more powerless than men, whereas the converse is the case with respondents between 27 and 45 years of age, to wit, that men, on average, experience more feelings of powerlessness than women. An effect of interaction between sex, age and level of education shows us that it is mainly the variation within the category of lowest level of education that provides the age-related sex variance.

5.1.2. QOL2 and QOL6: Perception of one’s own state of health

The second and sixth scale of the quality of life measurement inquire about the way our respondents perceive their own state of health. 77.3% of the respondents describes his/her health as good to very good. Lower educated persons (p < 0.001) tend to perceive their general state of health as less good. An interaction effect between sex and age shows us that, for the group between 27 and 45 years of age, men score less well than women (p<0.001), whereas for the youngest and the oldest group women consider their health to be less good.

QOL6 attempts a more in-depth inquiry about the perception of health. 4.6% of the respondents agrees or entirely agrees with the statement that they feel fairly sick, against 88.3% who does not agree. Still, compared with the people in their surroundings, 37.3% thinks he or she is the healthiest person around, against 33% who does not have this feeling. 55.8% considers their health to be excellent. 17.2% agrees to entirely agrees with the statement ‘i have felt bad lately’.

When controlling the background variables, it appears from the anova for the perception of health that both age and level of education, on average, vary significantly. On average, the older (p < 0.01), and particularly lower educated (p < 0.001), respondents perceive

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40 See appendix — tables 36 & tables 40
themselves as less healthy than younger and higher educated respondents. An interaction between sex and age indicates that in both the youngest and the oldest age group women perceive their health as significantly poorer, whereas this is the converse for the group between 27 and 45 years of age, to wit, men obtain weaker scores than women.

Within the N.I.S. data (2004) concerning subjective perception of health among the Belgian population, we observe that 77% of the population perceives his/her state of health as good to very good. These data also show that women and older obtain a poorer score. As far as perception of health is concerned, therefore, it is clear that there are no great differences between our respondents and those of the average Belgian.

5.1.3. QOL 4: Bodily pain

Almost 75% indicates to have had no or only mild bodily pain in the past month. When controlling for the other background variables, we note that especially sex and level of education have a significant effect on bodily pain: on average, women (p < 0.001) and lower educated respondents (p < 0.001) indicate this in a higher degree. Older persons state to have bodily pain most frequently, followed by the youngest group, while we find the lowest scores on bodily pain in the group between 27 and 45 years of age.

5.1.4. QOL 3 and QOL5: Social activity limitations due to physical health problems

QOL3 represents the physical activity limitations. These variables are divided in a very distorted way, since most of Zip-respondents have no difficulties with physical activities such as taking the stairs, going for short walks, lifting, stooping, bowing, eating, bathing or using the bathroom on their own. Only when it comes to intense physical activities, 30% indicates having trouble. A little over half of the respondents indicates never to experience any limitation in physical activities, 1.3% always feels limited in his or her social activities.

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41 See appendix — tables 38
42 See appendix - tables 37 & tables 39; manova's graphs 9
Applying manova shows that respondents with a lower education as well as elder respondents indicate on average more physical activity limitations than respondents with a higher education and younger respondents ($p<0.001$). The interaction effect between sex and age shows that both in the youngest as the eldest age group, women experience more physical activity limitations, while for the group between 27 and 45 of ages, the reverse holds, that is, men more than women.

More than half of the respondents indicates to have no social activity limitations whatsoever, while 1.3% feels limited during all social activities (QOL5). The analysis of social activity limitations shows that women, respondents with a lower education and elder respondents experience on averages more limitations. Women ($p < 0.001$) and respondents with a lower education ($p < 0.001$) experience on average more social activity limitations than men and respondents with a higher education.

5.2. The CESD depression scale

Mental (psychisch) wellbeing of LGBTs is both nationally and internationally a hot issue. In this research, we chose to be succinct on mental wellbeing om zzzip een positieve toon te laten behouden.

We used the CESD depression scale. This scale is popular because of its non-clinical nature, since it exceeds the classical psychiatric approach. The scale contains 20 items to which the respondents give scores from 0 to 3. Thus, scores range from 0 to 60. In this research, the maximul score was 58, the minimum score was 0, and the average score was 16.8. In the past, 16 was set as the limit, suggesting for people with a higher score a higher risk for depression. Our average score is higher than this limit. We check for differences in sex, age and level of education.


\footnote{Zie bijlage — tabellen 41; manova's graphs 7}
Anova shows that, when controlling for the background variables, younger respondents and respondents with a higher education indicate more symptoms of depression than elder respondents and respondents with a lower education ($p < 0.001$). The interaction effect between sex and age indicates that for the youngest and the eldest age groups, women score higher than men. For the group between 27 and 45 years of ages, the reverse holds: men score higher than women ($p < 0.001$). An interaction effect between sex and level of education shows that for respondents with the lowest education, men score higher than women, while for respondents with the highest level of education, women score higher than men ($p < 0.001$).

Further analysis indicates that the respondents under 26 years of ages are the group that runs the highest risk (average $= 21.9$, number $= 201$), especially the girls under 26 with a lower education (average $= 25.1$, number $= 49$). Compared to the Dutch averages from random samples from the general population, we got higher scores (Bouma, 1995).

As mentioned earlier, the scores on the CESD scale are divided according to certain border values, that is, 16 for possible clinical depression, 21 for a clear indication of feelings of depression.

Compared to Dutch LGBT research, zijn ook onze verdelingen t.a.v. de grenswaarde de helft tot dubbel zo hoog als bij aselecte steekproeven bij algemene populaties (Bouma, 1995). Up till now, the use of CESD in Belgian research has been very limited. One study of mental wellbeing among students in secundair onderwijs in Brussels in 1994 did use this scale (Bayingana, 2002). The sample showed that, when applying the border value of 16, 37% of the students showed a depressive symptomatology. 22% scored higher than 21. When we compare with the LGBTs from our data, we notice that the percentages are doubled for the border value of 16 (65.9%), as well as for the border value of 21 (48.5%).

One has to be careful with comparisons between results from a CESD scale and results from other scales for mental health. Yet, we want to compare our results with those from the general Belgian and Flemish population. The health survey of 1997 wanted to get information on the subjective health of the Belgian population. The survey measured the mental wellbeing by means of the General Health Questionnaire gebruikt. Results indicate that the prevalence of mental health problems is 31%. 
This prevalence was 1.6 times as high for women as it was for men (Bayingana, 2002). Prevalence for LGBTs is 54% when we take 16 (possible depression) as border value, and 41% when we take 21 (clear indication of depression) as border value. When we compare the prevalence among lesbian (and bisexual) women with homosexual (and bisexual) men, we can see that scores are almost identical for the whole population. However, this is true because of the high prevalence among respondents younger than 26. When we look at the scores of LGBTs that are older than 26, we can see that prevalence among lesbian and bisexual women is about 1.3 times as high as the prevalence among homosexual and bisexual men.

Conclusion

When it comes to physical health, we can clearly state that LGBTs are as healthy as the general population. The largest part of Zzip indicates to have only slight or no health problems, not physically, nor mentally. Anova indicate that people with a lower education, women and elder respondents have the most health problems (as is the case in the general population). For respondents younger than 26 or older than 45, women have more health problems than men, while for the group between 27 and 45 years of age, men experience more health problems than women.

LGBTs younger than 26 run the greatest risk of developing mental health problems, especially girls with a lower education in this age group. Prevalence of depression in this group is twice as high as prevalence of depression among young people in the general population. Differences in prevalence based on sex are smaller within the Zzip sample. Among younger respondents from the general population, girls show consequently higher scores, while for LGBT respondents there same difference is present, but smaller. For LGBTs older than 26, the prevalence of depression does not differ extremely from the general population. Also, differences in prevalence based on sex and level of education are similar to those of the general population. Women and respondents with a lower education indicate significantly higher prevalence of depression. However, we want to stress that these differences need to be put into perspective, since data were gathered in different manners and at different data, and since different scales of prevalence were used for comparing adults. All we wanted to do was put our results into perspective, just to identify possible risk groups.
BLOCK VI: CORRELATIONS AND EFFECTS

Introduction

Block six brings together all the previous blocks. Following the descriptive data, controlled for sex, age and level of education, here we take a look at the relations and effects between the different variables. The block is subdivided as follows: we keep the structure of the previous blocks, and examine the relationship between the variables within a block and between the blocks in order to get to the main predictors of health problems. In the regression analyses, we will in each case underline the dependent variable and put the independent variables in italics.

6.1. Identity characteristics

By means of a correlation matrix we take a first look at the relations between and with the identity characteristics. Respondents with a gay or lesbian identity obtain higher scores on coming out and on LGBT group identity, but lower scores on feeling connected with the heterodominant community. Respondents with a higher degree of coming out, obtain higher scores on the LGBT group identity. With respect to health characteristics, we find a number of distinct relations. Identification as gay or lesbian goes together with the feeling to be in control of one’s own life (QOL 1), with lower depression scores, as well as with less restrictions in social activities (QOL5). Connection with the LGBT community significantly goes together with feelings of being in control of one’s own life (QOL1) and with depression (CESD): LGBTs with a stronger LGBT group feeling obtain significantly higher scores on being in control of your own life (QOL1) and significantly lower scores on depression (CESD). A hetero group identity also correlates significantly with health characteristics: LGBTs with a strong connection with the heterodominant community obtain lower scores on depression, and their conception of health (QOL6) is more positive. Finally, respondents who have not made great progress in their coming out, significantly more often have to deal with depression and with health problems (QOL 4 + 5).

44 See appendix—correlation matrix and Betas.
Controlled for sex, age and level of education, we observe that LGBT group identity is significantly predicted by sexual identity and the degree of coming out. The more progress respondents have made in their coming out, the greater the probability that they feel connected with the LGBT community (p < 0.001). Respondents who identify themselves as gay or lesbian, will have developed a stronger LGBT group identity. Controlled by sex, age and level of education, a hetero group identity, however, apparently is not significantly influenced by sexual identity (p > 0.05).

Controlling for sex, age and level of education, we find positive effects of our identity characteristics on physical and mental health. Gay or lesbian respondents have a significantly stronger feeling of being in control of their own life than bisexuels (p < 0.01). Bisexual respondents obtain significantly higher scores on depression (p < 0.01). The more progress one has made in the process of coming out, the less trouble one has with depression (p < 0.001) and the more control one experiences over one’s own life (p < 0.01).

The higher one scores on group identity, whether it be LGBT-oriented or hetero-oriented, the less trouble one has with depression (p < 0.001) and the more control one experiences over one’s own life (QOL1) (p < 0.001). A strong connection with the heterodominant community, also has a significant effect on the perception of one’s own health (QOL 2+6): respondents that have a strong hetero-oriented group identity, consider themselves healthier (p < 0.01). The stronger the connection they feel with the heterodominant society, the fewer the limitations they experience on physical (QOL3) (p < 0.001) and social (QOL5) (p < 0.01) activities due to health problems.

6.2. Minority stressors and LGBT-specific experiences

6.2.1. Minority stressors

LGBTs who more often experience discrimination, obtain significantly higher scores on stigma consciousness and internalized homonegativity. Stigma consciousness and internalized homonegativity are in a significantly manner positively correlated with each other, which implies that respondents with a high stigma consciousness, also have significantly more trouble with internalized homonegativity. Finally, respondents with higher scores on
experiences of discrimination, stigma consciousness or internalized homonegativity in a significant way perceive the attitude of heterosexuels toward LGBTs more negatively.

The correlation matrix also reveals relations between the identity characteristics and minority stressors. Identification as gay or lesbian is connected with experiences of discrimination. Furthermore, respondents with a gay or lesbian identity perceive the attitude of heterosexuels toward LGBTs more negatively and score lower on internalized homonegativity. With regard to the connection with the LGBT community, we see that this is correlated with internalized homonegativity: respondents with a high score on connection with the LGBT community experience less trouble with internalized homonegativity. Connection with the heteronormative community is significantly correlated with all minority stressors. Those who feel connected with the heteronormative community experience less discrimination, obtain significantly lower scores on stigma consciousness and have a more positive perception of the attitude of heterosexuels. Respondents with a strong connection to the heteronormative community obtain higher scores, however, on internalized homonegativity than those who feel but a weak connection with the said community. Having made more progress in coming out, finally, is significantly correlated with lower scores on internalized homonegativity and stigma consciousness; and with a more positive perception of the attitude of heterosexuels toward LGBTs.

A number of significant correlations also obtain between minority stressors and health characteristics. Respondents experiencing more often discrimination have higher scores on depression, have less the feeling to be in control of their life and perceive themselves as less healthy. A high degree of internalized homonegativity and a high degree of stigma consciousness go together with higher scores on depression and lower scores on control over one’s own life and on perception of health. A negative perception of the attitude of heterosexuels toward LGBTs correlates with higher scores on depression and physical health problems and lower scores on perception of health.

Controlled for sex, age and level of education, we can see that discrimination at work has a significant effect on stigma consciousness and internalized homonegativity. Respondents who have repeatedly experienced discrimination at work are more significantly aware of the stigma attributed to LGBTs in the heteronormative society (p < 0.001). They have also internalized, to a high extent, negative stereotypes about LGBTs (p < 0.01). The perception of the attitude of heterosexuels toward LGBTs, significantly varies according to the stigma consciousness: the more the respondent is aware of the negative connotations that are alive in society vis-à-vis LGBTs, the more negative he/she will perceive the attitude
of heterosexuals toward LGBTs (p < 0.001).

When we control for the background variables (sex, age and level of education), we see that stigma consciousness is significantly influenced by the connection with the heterodominant community and the degree of coming out. Respondents with a weak hetero-oriented group identity obtain significantly higher scores on stigma consciousness (p < 0.001), as do respondents that have not yet completed their coming out (p < 0.001). Internalized homonegativity is strongly influenced by all identity characteristics: bisexual identification and a strong hetero-oriented group identity lead to significantly higher scores on internalized homonegativity (p < 0.001). A strong LGBT group identity and a highly advanced coming out lead to significantly lower scores on internalized homonegativity (p < 0.001).

When controlled for sex, age and level of education, these minority stressors are indeed revealed to have a very strong effect of on depression. The strongest influence on depression results from internalized homonegativity: LGBTs that have internalized negative associations with homosexuality obtain significantly higher scores on depression (p < 0.001). High scores on stigma consciousness and frequently experiencing discrimination at work result in significantly higher scores on depression (p < 0.001). Finally, a negative perception of the attitude of heterosexuals towards LGBTs results in significantly higher scores on depression (p < 0.001).

In addition, we analyzed the effect of minority stressors on the perception of state of health. Respondents with a high score on internalized homonegativity, a high score on stigma consciousness and with a high frequency of discriminatory experiences perceive themselves as significantly less healthy (QOL2+6) than respondents scoring low on internalized homonegativity, stigma consciousness and experience with discrimination (p < 0.001).

6.2.2. Aid

Whether respondents ask their general practitioner questions about sex and sexuality, or do not so, correlates with a number of other characteristics. Correlations show that asking one’s general practitioner for help goes hand in hand with a high score on the sense of being in control of one’s own life, yet also with high scores on discriminatory experiences. In addition, high scores on asking the general practitioner for help correlated with greater progress in coming out, with low scores on internalized homonegativity, stigma consciousness and depression. To identify oneself as gay or lesbian and a more strongly
developed LGBT group identity correlates with higher scores on asking the general practitioner for information.

When we control here for sex, age and level of education, we notice that the level of coming out and LGBT-group identity are significant predictors for asking help from the general practitioner: the more advanced in coming out, the greater the chance of asking information at the general practitioner’s (p < 0.001). The greater the LGBT-group identity, the greater the chance of a request for information at the general practitioner’s (p < 0.001). As for minority characteristics, experience with discrimination and the degree of internalized homonegativity are strong predictors for asking the general practitioner questions about sexuality. Respondents that take their questions about sexuality to the general practitioner have significantly trouble with internalized homonegativity (p < 0.001), but experience significantly more discrimination (p < 0.001). As far as indicators of health are concerned, we see no significant effects with regard to asking the general practitioner questions about sexuality.

The profile of clients of professional aid workers is a somewhat different matter. Correlations show significant relations with both identity characteristics, minority characteristics and health variables: persons that have made great progress in coming out more often visit a professional aid worker, as is the case for respondents that identify themselves as gay or lesbian. LGBTs that feel little connection with the heterodominant community, too, appeal more often to a professional aid worker. A high level of stigma consciousness heightens the chances of asking for professional help, and this also applies to higher internalized homonegativity and a higher frequency of discriminatory experiences. To ask professional aid workers for help significantly correlates with exposure to non-supportive social interactions. Asking for professional help equally correlates with all, both physical and mental, health problems that were inquired about.

When controlled for sex, age and level of education, the progress made in coming out turns out to be the strongest predictor with regard to asking help from a professional aid worker. The greater the advances in the process of coming out, the more help from a professional aid worker has already been requested (p < 0.01). After controlling for the background variables, the other identity characteristics are no longer significant. In the range of minority stressors, stigma consciousness is the most important predictor of a request for help from a professional aid worker. LGBTs with a high level of stigma consciousness, seek significantly more help from a professional aid worker (p < 0.001).
Also, respondents with a higher degree of internalized homonegativity and respondents that have experienced more discrimination resort more often to a professional aid worker \( (p < 0.001) \). Respondents with a higher score on depression \( (p < 0.01) \) and respondents that experience more limitations on social activities (QOL5) \( (p < 0.001) \), resort more often to a professional aid worker than those with lower scores \( (p < 0.001) \).

6.3. Social support

6.3.1. Non-supportive social interactions

Exposure to non-supportive social interactions significantly correlates with a low level of hetero-oriented group identity and low progress in coming out. In addition, this correlates with experiencing all of the minority stressors: a high frequency of discriminatory experiences, a high degree of internalized homonegativity and stigma consciousness, and a negative perception of the attitude of heterosexuals towards LGBTs significantly correlate with being exposed to numerous non-supportive social interactions. This negative form of social support also strongly correlates with the state of health: high scores correlate with depression, with the sense of not being in control of one’s own life, with negative perception of health, with bodily pain and limitations in social and physical activities.

As for identity characteristics, we notice that the level of hetero-oriented group identity is significantly influenced by being exposed to non-supportive interactions: the more such exposure a respondent witnesses, the less he/she feels connected with the heterodominant society \( (p < 0.001) \). After controlling for background variables, the non-supportive interactions turn out to have no significant effect on the progress made in coming out.

When controlled for sex, age and level of education, being exposed to non-supportive social interactions is seen to have a significant effect on all internal minority stressors. LGBTs that are more exposed to non-supportive social interactions score significantly higher on stigma consciousness \( (p < 0.001) \) and on internalized homonegativity \( (p < 0.001) \). Also, they experience the attitude of heterosexuals towards LGBTs as significantly more negative \( (p < 0.001) \).
Exposure to a great amount of negative social support significantly damages physical and mental health: the more one experiences these interactions, the greater the chance of depression ($p < 0.001$) and the more negatively one’s own health is perceived (QOL 2+6) ($p < 0.001$). Finally, also bodily pain (QOL4) and limitations in physical (QOL3) and social activities (QOL5) are significantly higher among LGBTs with high scores on non-supportive interactions ($p < 0.001$).

6.3.2. Social support

We observe that receiving general and LGBT-specific social support positively correlates with each other, and negatively with non-supportive interactions. Respondents that obtain high scores on LGBT-specific support also obtain high scores on general support. High scores on both forms of support correlates with low scores on non-supportive social interactions. With respect to identity characteristics, it is logical that respondents that have as yet not engaged in any coming out, also seek less support for LGBT-specific problems. Respondents that identify themselves as gay or lesbian receive significantly more support for LGBT-specific and general problems. Both forms of support are positively correlated with group identity (both hetero-oriented and LGBT group identity) and with a positive perception of the attitude of heterosexuals towards LGBTs. The minority stressors of stigma consciousness and internalized homonegativity correlate negatively with social support: more support in case of LGBT-specific and general problems goes hand in hand with lower scores on stigma consciousness, internalized homonegativity and experiences of discrimination. The relation between the extent of support and health is significant: little support in case of LGBT-specific and general problems significantly goes together with physical and mental health problems.

When controlled for sex, age and level of education, support in case of general problems is seen to increase when the hetero-oriented group identity is greater ($p < 0.001$). Support in case of LGBT-specific problems increases when the LGBT-oriented identity is stronger ($p < 0.001$). As far as minority stressors are concerned, especially the effects of the extent of support on the level of internalized homonegativity and stigma consciousness are striking: the less support respondents receive in case of their LGBT-specific and general problems, the higher they score on internalized homonegativity. The less support respondents receive in
case of both LGBT-specific and general problems, the more they are conscious of the stigmas with regard to LGBTs. Finally, the attitude of heterosexuals towards LGBTs is perceived more negatively by respondents that receive little support in case of LGBT-specific or general problems ($p < 0.001$).

Physical and mental health are also influenced by the extent of support in case of problems. For these analyses we considered general and LGBT-specific problems as one whole. The less support respondents receive when they have a problem, the higher they score on depression (CESD), physical (QOL3) and social (QOL5) limitations and bodily pain (QOL4). In addition, their sense of being in control of their own life (QOL1) is weaker and they perceive their own health more negatively (QOL2 + QOL6) ($p < 0.001$).

6.4. Social network

In this part, we examine the relation between our measurements of the social network and identity characteristics, minority characteristics, social support and mental health. We limit ourselves to correlation measures, as the final results with respect to the impact of the social network will not be released until the end of 2006. This means that, though we can indeed indicate significant relations, we can, however, disclose nothing about the direction.

The highest number of relations, and the strongest, are by far to be found between the composition of the social network and the extent to which a person is open about his or her sexual orientation (proportional coming out). Correlations showed that the family, the confidants, the partner and friends have a strong influence on the level of coming out.

A high level of being connected with family and family members goes together with greater openness on the matter of sexual orientation. Having children however goes hand in hand with greater closedness with regard to one’s own sexual orientation. We found positive relations with respect to having confidants and the number of confidants. The more confidants a respondent has, the greater the level of coming out. The age of the confidants, and the average number of years the respondents have known their confidants, equally play a role: the older the confidants and the longer the respondents have known them, the more one is open about one’s sexual orientation. Moreover, we found that the greater the share of LGBT confidants, the higher the level of coming out.
As could be expected, having a partner is also positively correlated with greater progress made in coming out. Furthermore, a greater connection with the partner goes together with more openness. We found a positive relation with respect to the share of male or female LGBT-friends in the circle of friends: a larger share correlated with more openness about sexual orientation. In addition, feeling connected with one’s male or female LGBT friends went hand in hand with a greater openness.

The years respondents have known their confidants plays a role when it comes to internalized homonegativity and depression. Thus we found a negative relation between the average number of years of having known the confidants, and both internalized homonegativity and depression. The shorter the time respondents have known their confidants, the higher they score on internalized homonegativity and depression.

As could be expected, the composition of the social network significantly correlates with experiencing social support. We found a positive relation regarding the frequency respondents have contact with confidants and experiencing non-supportive interactions. This confirms the hypothesis that interactions with important persons in your social surroundings are not always constructive.

Experiencing support for general problems is equally influenced by the social network. Having confidants and the number of confidants goes together with receiving general social support. We also find a positive relation between feeling connected with heterosexual male or female friends and putting one’s trust in persons concerning general matters. The greater the sense of connection, the more general support one receives.

The number of confidants that one possesses and the average number of years one has known these confidants provides a high level of LGBT-specific support. In addition, we found a positive relation between feeling connected with heterosexual male and/or female friends and putting one’s trust in persons with respect to LGBT-specific problems. The number of male or female LGBT friends goes together with experiencing LGBT-specific support: the greater their share, the more one experiences this kind of support.
Conclusion

Mental health is significantly influenced by identity characteristics, minority stressors and the level of social support. In turn, the latter are influenced by each other and by characteristics of the social network.

Respondents feel a greater connection with the LGBT community, inasmuch as they identify themselves to a greater extent as gay or lesbian, and as they have made greater progress in coming out. The level of feeling connected with the heterodominant society is only influenced by the exposure to non-supportive social interactions: the more respondents are being exposed to these kinds of interactions, the less they feel connected with the heterodominant community.

Respondents have significantly more internalized homonegative stereotypes, inasmuch as they identify themselves as bisexual, have made lesser progress in coming out, and have a greater hetero-oriented group identity and a lesser developed LGBT identity. As far as minority stressors are concerned, the analyses show that a high frequency of discriminatory experiences makes for a higher level of internalized homonegativity. Social support factors, too, have a significant influence on internalized homonegativity: the less support respondents experience and the more they are exposed to non-supportive interactions, the greater the chance of a high level of internalized homonegativity.

Respondents who have not made as much progress in their coming out, run significantly more risk of stigma consciousness. Furthermore, stigma consciousness is stimulated by a weak hetero-oriented group identity, frequent discrimination, negative social interactions and little social support.

The perception of the attitude of heterosexuals towards LGBTs is significantly influenced by social support: little and negative social support heightens the chance that LGBTs think heterosexuals adopt a negative attitude towards LGBTs. A high score on stigma consciousness is a very strong predictor of a negative perception.

As to the impact of the social network, we also found relations with the other blocks. Durable relations with the confidants lead to a lower level of internalized homonegativity or depression (or respondents that obtain low scores on internalized homonegativity or depression are more capable of building these kinds of durable relations). With respect to experiencing social support we observed that having confidants, and the number of confidants play a significant role in this.
In addition, durable relationships with the confidants are connected to LGBT-specific support. The share of male and/or female LGBT friends went hand in hand with LGBT-specific support, which, once again, confirms the special role of LGBT friends. However, qualitative relations with heterosexual male and/or female friends also go together with greater trust in persons to rely on in general as well as LGBT-specific matters. Finally, there appears to be a relation between experiencing non-supportive interactions and frequency of contact with confidants.

This indicates that contacts with confidants are not always experienced as supportive. We also point out that, as far as both mental well-being and social support are concerned, the relations are never strong. However, our study of the impact of the social network on mental well-being and social support has not been concluded. The definitive results can be expected at the end of 2006. The majority of relations, and also the strongest, we find with regard to coming out to parents, brothers and sisters and colleagues. Qualitative relations with next of kin and family members turned out to go together with more openness. Moreover, we found that the number of confidants, their age and the number of years of having known the confidants correlate with more openness. A large and 'mature' network of confidants appeared to be functional as a basis for coming out as LGBT. Also, having other LGBTs as confidants was found to contribute to more openness. Having a qualitatively edifying relation with the partner and close friendships also correlates with more openness, as did having a great share of LGBTs among friends.

Next, we examine the influences on health. Especially with respect to depression we find a number of strong predictors. Identity characteristics influence the CESD score, although the relations are not as strong as in the case of the minority stressors. A bisexual identity, little progress made in coming out and a low level of group identity (both LGBT-oriented and hetero-oriented) significantly increase the risk for depression. High scores on internalized homonegativity and stigma consciousness equally do so. Finally, having a negative perception increases the chance of depression. In the literature on social stress, social support and the social network are invariably mentioned as buffers for stress. We checked the direct relations, and note that particularly social support has a significant effect on depression. Negative support and little support heighten the risk of depression.
The strongest predictors of mental health are the internal minority stressors, internalized homonegativity and stigma consciousness, as well as the level of social support. In other words, we have still a long way to go in our heterodominant society, where LGBT sexuality is still seen as a deviation from the norm. In spite of the progressive legal developments of the recent years, cultural developments need considerably more time. We can clearly observe this when taking into account the great influence of internal minority stressors on the well-being of LGBTs.
The objective of this study was to collect basic information concerning the social situation of LGBTs in the region of Flanders. We gathered general data, as well as data about identity, minority stressors, aid, social support, the social network and health. On a methodological level, we combined different techniques, in this case internet recruitment and postal surveys. The respondents were addressed by way of a broad social marketing campaign. In the end, about 3,000 LGBTs filled in the questionnaire. Next, the most striking results from this study were briefly discussed in view of consequent policy advice. Some future research paths were also indicated.

Men have a significantly higher income than women. A higher education has a positive influence on the wages of men, to a lesser extent on that of women. In comparison with the general population (APS 2004), we can see that LGBTs in this sample survey are on average higher educated, hold more leading positions and perform more paid work hours a week, and yet on average have a lower income. This may be the result of the employment sector, as research has shown that LGBTs are overrepresented in the social and governmental sector, where wages are on average relatively lower. Another hypothesis is the presence of a so-called ‘glass ceiling’ as far as upward mobility and career development opportunities on the working floor are concerned.

60% of the sample still fails to completely come out for their sexual orientation at work. And 10% has the impression to have been fired, to have missed out on promotion opportunities or to have been turned down as a consequence of sexual orientation.

With respect to social geography the same patterns were found for LGBTs as for the general population. No evidence was found of a so-called ‘escape from the countryside’. This misconception is mainly the result of the influence of American research. The distinction between city and countryside is far more outspoken in North America than in our regions.
Sexual identity evolution is more a matter of women. At young age they indicate to identify themselves more as bisexual, at older age more as lesbian. Men tend to identify themselves as gay or bisexual at young age, and this also goes for older gay or bisexual men. It is far from certain whether this is a generational or time-related effect. The latter would imply that women go on to identify themselves differently in the course of their life as a result of their coming out process. A generational effect, on the contrary, would situate the cause of the differences in a differing socialization as a consequence of a changed social climate.

Young people are mainly oriented toward general society, whereas older people indicate to feel a stronger connection with the LGBT community. Here, too, a generational or time-related effect can be presupposed. This could be a matter of a better social acceptance inducing young people to feel safer within the general society and to seek refuge in flight into the LGBT subculture. Equally, a gay or lesbian identity may consolidate itself under influence of the coming out process, inducing a person to grow a stronger feeling of belonging to the LGBT community.

The ‘family of choice’ hypothesis, indicating that LGBTs would feel a stronger connection to their friends than to their family as a result of problems originating as a consequence of a coming out, finds confirmation in the Zzip study. Compared to the general population, we see that MGBTs feel less connected with their family than is the case for the average Flemish citizen. In addition, again in comparison with the average Flemish citizen, they appeal more often to male and female friends within their network of confidants than to family members. 8% of the LGBTs indicates they do not have confidants, compared to only 1% of the general population. Evidently, this makes them more vulnerable as far as finding social support is concerned. Furthermore, compared to Flemish citizens, LGBTs have less often steady partners. Finally, we see that that LGBTs feel less connected to their neighbours and colleagues or fellow students in comparison with the average Flemish citizen. Consequently, the surroundings that LGBTs cannot consciously choose are more liable to heteronormative influences.

About 45% of this sample has an outspoken wish to have children. This wish is even more frequent (60%) among young persons under 26 years of age.
The lower educated, but especially younger girls, constitute the largest risk group for internalizing negative attitudes toward LGBTs in society; enjoy the least support from their direct surroundings; obtain the highest scores on the presence of depressed feelings. Compared to scores from the general population, we see that mainly the group of younger LGBTs (younger (under 27 years of age) score higher. Among adults, the differences are much smaller when comparing LGBTs with the general population.

The overall degree of participation in regular volunteer organizations is relatively high. In the end, 12% is active as volunteer within LGBT-focused organizations.

Summarizing, we can state that the general line throughout the preceding results, when compared to the general population, indicates the same patterns according to sex, age and level of education for this sample survey of LGBTs. In other words, both populations clearly overlap to a great extent. Some differences or pressure points, however, do exist, related to the specific given of sexual orientation and the personal and social problems that go along with it.

All of the above-mentioned leads to the following policy recommendations:

• Work: Continued watching over the possible presence of 'a glass ceiling' for LGBTs as far as career opportunities within the working environment is concerned. Better sensitization on the shop floor with respect to a LGBT-friendly climate, within which an open attitude about sexual preference is possible.
• Local LGBT-organizations, whether focused on young or older people, should receive permanent support. This form of support cannot limit itself to metropolitan areas.
• More insight is required on the level of sexual identity, in order to be able to answer all questions. It is, however, abundantly clear that LGBTs should not be tarred with the same brush when it comes to interventions. The different needs of target groups as bisexuals and lesbians, among others, should be a major concern. Young LGBTs, and young lesbians, in particular, are a very vulnerable group in terms of mental well-being.
• The LGBT-community has progressed far beyond what was understood by it here 20 years ago. In the eyes of today’s young people, it often concerns the possibility of attending places of entertainment that are open to individuals of all preferences. The LGBT-youth organizations, too, have increasingly opened doors to all young people.
For older people, the social networks based on sexual preference remain important. Older LGBTs, moreover, score badly on the issue of social support. This is an important fact, given the polemics about pink rest homes and the issue of social isolation among elderly people.

• Volunteer-focused policy should receive further support in order to prevent social networks from tumbling down.

• This survey shows that the need for legislation making adoption open to LGBTs is confirmed from within the target group. Sensitization or awareness-raising aimed at, among others, adoption organizations, schools, Child Care and keeping an eye open for all possible forms of discrimination is of great importance.

• A better sensitization at the level of family and education, as well as campaigns that aim to open the debate on homosexuality in society, may offer young people (and especially young girls) a solid buffer for personal LGTB-specific problems. In addition, signalling these specific problems, paying particular attention to risk groups, is necessary when it comes to counseling (inside and outside the education system). The entitled ministeries need to be involved in this. Following up on this is indeed the message.

With regard to research, there is a clear need for more insight into the female identity development and its possible personal and social consequences. Research does not focus evenly on the total subpopulation. In this, the group of bisexuals falls by the wayside, apart from the fact that questionnaires only inquire about the way in which ‘western’ sexuality is experienced, perceived, lived through. Exploratory research on sexuality within migrant communities is, therefore, an absolute must. Moreover, it would be particularly useful to repeat monitor studies with an invariable questionnaire. Many of these results would only really attain importance within the scope of longitudinal research. In view of this monitor, it would also be a rewarding move to expand this kind of research to the whole of society, in order to be able to analyze comparisons on the basis of sexual identity in an improved and more profound way.