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The Effects of Perceived Danger, Fear of Heterosexism, and Internalized Homonegativity on Public Displays of Affection Among Gender and Sexual Minorities

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The Effects of Perceived Danger, Fear of Heterosexism,
and Internalized Homonegativity on Public Displays of Affection
Among Gender and Sexual Minorities

A Thesis

Presented in

Partial Fulfillment of the

Requirements for the Degree of

Master of Science

By

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Thesis Committee

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Biography

The author was born in Cleveland, Ohio, July 4, 1990. He graduated from St. Ignatius High School in 2008, received his Bachelor of Arts degree from Case Western Reserve University in 2012, and a Master of Science degree from DePaul University in 2017.

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Abstract

Among the gender and sexual minority (GSM/GSMs plural) population, public displays of affection (PDA) “out” the participants to observers. Any minor display of affection - such as holding hands or comforting a partner - can lead to verbal harassment or physical assault. In addition to this perceived danger, GSM couples must take into account the possibility of less dangerous and direct forms of heterosexism, such as the denial of business services or poor response from authorities to discrimination. This fear of nonviolent prejudice and discrimination is referred to as a fear of heterosexism. Due to a negative view of their minority identity, those with high levels of internalized homonegativity are likely to conceal their identity and potentially avoid PDA. However, concealing a GSM identity – such as by refraining from PDA - leads to a variety of negative effects: feelings of alienation, negative self-esteem, negative affect, and negative self-perceptions. Through analyses of bivariate correlations, this study examined the roles that perceived danger, fear of heterosexism, and internalized homonegativity play on the frequency of PDA among GSMs. Due to the negative effects of high internal homonegativity - relationship problems for couples, depressive symptoms, lower intimacy, and higher distress – it was hypothesized to also be negatively correlated with the enjoyment of PDA. Data was collected through a questionnaire on the website Qualtrics. The majority of participants were recruited online through the website Reddit ($n = 185$), although others were recruited from DePaul University’s Psychology Subject Pool ($n = 36$). Both perceived danger and fear of heterosexism were found to have a small negative correlation with PDA frequency. Among participants that were sexual minorities, internalized homonegativity was mildly to moderately negatively correlated with both PDA frequency and enjoyment of PDA. Participants that were

gender minorities had no significant correlations between internalized homonegativity and PDA frequency or enjoyment.

**The Effects of Perceived Danger, Fear of Heterosexism,
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Among Gender and Sexual Minorities**

Imagine walking down the street and seeing two people holding hands. Now imagine them kissing. What would these people look like? Would your reaction to the public display of affection (PDA) change depending on the type of behavior you saw? Would you react differently to a hug than a kiss? Would you feel differently if they were a same-sex couple?

For people that are gender and sexual minorities (GSM singular/GSMs plural), actions that the non-GSM population may consider a normal part of everyday life - such as holding hands with a partner or mentioning a partner to coworkers - may “out” them by disclosing their GSM identity. As a result of this disclosure, gender and sexual minority couples face a difficult choice when deciding whether to perform public displays of affection due to the potential negative repercussions from observers. A GSM couple must weigh the desire to show affection or comfort versus the potential harassment they may receive - both for the initiator and receiver of the affection. Misjudging the situation can subject the couple to verbal harassment and physical or sexual assault (Berrier, 2016; De Oliveira, Costa, & Nogueira, 2013; Dwyer, 2015; Katz-Wise & Hyder, 2012; Mitchell, Ybarra, & Korchmaros, 2014; NCAVP, 2014; Rostosky, Riggle, Gray, & Hatton, 2007; Steinbugler, 2005). The potential for an act of affection to cause suffering for a partner is an obstacle that heterosexual couples rarely face, with the exception of interracial relationships, which also have to deal with public harassment frequently due to social stigma (Datzman & Gardner, 2000). Potential public harassment remains a consistent concern for GSM couples.

In addition to potentially dangerous repercussions of performing PDA, GSM couples must also take into account the possibility of less dangerous and direct forms of heterosexism, such as the denial of business services, unwanted stares and attention, or poor response from authorities to discrimination (Muraco, 2015; Rostosky, Riggle, Gray, & Hatton 2007;

Steinbugler, 2005). This fear of nonviolent prejudice and discrimination in reaction to one's GSM identity is referred to as a fear of heterosexism within this study.

Due to the social stigma of the GSM population and its associated prejudice and discrimination, many GSMs have negative attitudes about their minority sexual orientation or gender identity (de Oliveira, Costa, & Nogueira, 2013). This internalization of negative attitudes about GSMs is known as internalized homonegativity and is associated with a variety of negative effects, such as depression and lower relationship satisfaction (Frost & Meyer, 2009). In this study internalized homonegativity – sometimes referred to as internalized homophobia - was used to refer to negative attitudes that gays or lesbians have towards homosexuality as well as the negative internalized attitudes that other sexual minorities have about their sexual orientation, such as bisexual or pansexual individuals. In addition, the term “internalized homonegativity” was expanded to include the negative identity internalization that gender minorities (e.g., transgender individuals) have about their gender identity.

Due to a negative view of their minority identity, those with high levels of internalized homonegativity are likely to conceal their identity and potentially avoid PDA; same-sex couples are generally less supportive of PDA among GSMs when compared to their heterosexual peers (Doan, Loehr, & Miller, 2014). Concealing a GSM identity may lead to a variety of negative effects: feelings of alienation, negative self-esteem, negative affect, and negative self-perceptions (Hoey, Frable, & Platt, 1998).

Cultural Perceptions of Public Displays of Affection

Public displays of affection among couples – such as holding hands or kissing - can elicit emotional reactions from observers, varying from support to disgust. Although no empirical evidence exists that examines how different forms of PDA are received by observers, in many

cultures it appears that more intense, intimate, or overtly sexual forms of affection are more likely to garner criticism (Cavico, Mujtaba, Petrescu, & Muffler, 2015; de Oliveira, Costa, & Nogueira, 2013; Hewitt & Alqahtani, 2003; Lévy-Leboyer, 2005; Regan, Jerry, Narvaez, & Johnson, 1999).

Variability in perceptions of PDA acceptability between national cultures has the potential to create misunderstandings between individuals when interpreting affectionate gestures. In an effort to control for cultural differences in PDA, this study focused on recruiting participants solely from the United States. However, the potential variability of reactions to PDA in the U.S. could be caused by the cultural diversity of the country, making it challenging to control for in the study.

Additionally, even within the same culture there is a large amount of individual variance in what is considered acceptable for the frequency or form of PDA (de Oliveira, Costa, & Nogueira, 2013; Doan, Loehr, & Miller, 2014). Thus, GSM PDA not only reveals the couple to be from a stigmatized group (GSMs) but also links them to an action that is perceived with varying amounts of acceptability. Negative reactions - possibly feelings of disgust or annoyance - may be exacerbated when public displays of affection are performed by GSMs. A person that is disgusted when observing PDA may be more likely to be disgusted by GSMs in general; this is due to the fact that dispositional proneness to disgust, called disgust sensitivity, is associated with intuitive disapproval of gay people (Inbar, Pizarro, Knobe, & Bloom, 2009).

Disgust can come from a breach in social decorum that overly affectionate or sexual actions should remain private and not occupy the public sphere (Rubin, 1984). Disgust can also come from observing something that could be considered “unnatural” such as same-sex affection (Rubin, 1984). These two forms of disgust may help explain individuals who express

acceptance or indifference to gay and lesbian relationships only when those in the relationship do not attempt to disclose its same-sex nature. They may be theoretically supportive of same-sex couples but feel disgusted by having to speak about them or view them in public. The level of disgust experienced by observers is also frequently based on the location where it is performed.

Cultural etiquette dictates what actions are appropriate for different locations, including public displays of affection (Hewitt & Alqahtani, 2003, Lévy-Leboyer, 2005; Regan, Jerry, Narvaez, & Johnson, 1999). Although there is a lack of empirical research on perceptions of public displays of affection, there are certain educated guesses that can be made based on extensive anecdotal evidence. Generally, the more formal or public a location, the less acceptable it is to show public displays of affection. In the United States, mild affectionate gestures such as hugs or hand-holding can be seen in most locations, whereas bars or nightclubs seem to be more acceptable locations to perform more intimate forms of PDA, such as kissing. Differences in frequency of PDA also vary based on race or ethnicity. Latino heterosexual couples – and potentially others from “contact” cultures – are more likely to embrace when walking in public when compared to Asian couples (Regan, Jerry, Narvaez, & Johnson, 1999).

What is considered incidental or platonic and what is considered intimate PDA can also vary based on cultural norms (Hewitt & Alqahtani, 2003, Lévy-Leboyer, 2005; Regan, Jerry, Narvaez, & Johnson, 1999). Standing or sitting closely together can be a form of public affection, with romantic partners standing in closer proximity and using more nonverbal touch (Burgoon, Buller, Hale, & deTurck, 1984). Attempting to use interaction distance to predict relationship status is complicated, however, because the standards for appropriate interaction distance also vary based on the culture, gender, and age of participants (Lomranz, Shapira, Choresh, & Gilat, 1975; Sussman & Rosenfeld, 1982).

As a result of these differences in interaction distances, what someone may perceive as a platonic distance may appear as an intimate distance to another observer. Hewitt and Alqahtani (2003) investigated male and female students' reactions to same- and mixed-sex sitting distances between U.S. and Saudi students (2003). The participants observed three dyads: two brothers, two sisters, and a brother and sister. These dyads sat at three varying distances from each other, and the participants' rated their comfort or discomfort. In line with current research on gender interactions in their respective countries, the U.S. students felt more discomfort when seeing two brothers sit closely together when compared to their Saudi peers; the Saudi students felt more discomfort when viewing the brother and sister sit closely together. This study demonstrates that even in the context of a familial relationship, differences are observed between cultures in what is considered an acceptable amount of interaction distance, and therefore what the limit is for an "intimate" distance.

Even within one country, such as the United States, acceptability of different forms and frequencies of PDA can be found. The current study required participants to live in the U.S. in an attempt to control for cultural variation in perception of PDA between countries. However, differences in frequency of PDA were anticipated based on the cultural diversity found in the U.S. population representing a wide variety of different ethnicities, cultural mores, and religious beliefs. In order to account for differences in how cultures in the U.S. view PDA, the frequency of PDA was measured using both a relative scale (*PDA Perceived Frequency*) and a numeric sum of total PDA actions over the past 30 days of the relationship (*PDA Count Frequency*).

Social Stigma of Gender and Sexual Minorities and Fear of Heterosexism

Although the culture of the United States is more amenable to variation in sexual orientation and gender identity than it was in the past, there is still significant prejudice expressed against gender and sexual minorities (Berrier, 2015; CDC, 2014). This fear of nonviolent prejudice and discrimination is referred to as a fear of heterosexism in the current study. The stigma of being GSMs may be compounded with the negative perception of PDA to create more instances of discrimination, leading to a decrease in the frequency of PDA. While public perception of lesbian, gay, bisexual, and transgender (LGBT) people is increasingly positive, many people are still uncomfortable being around those who identify as LGBT (Berrier, 2015). From the non-LGBT population, many Americans say they are “somewhat uncomfortable” or “very uncomfortable” seeing: a same-sex couple holding hands (29%), learning a family member is LGBT (27%), seeing an LGBT co-worker’s wedding picture (26%), learning his or her doctor is LGBT (28%), learning his or her child’s teacher is LGBT (29%), or learning a child had a lesson on LGBT history in school (37%) (Berrier, 2015). The similar rates of discomfort between seeing a same-sex couple holding hands and learning a family member is LGBT may indicate that there is little difference in rates of overall comfortability with LGBT people for some participants regardless of familiarity.

Lesbian, gay, and bisexual youth are also likely to experience negative effects of stigma as a result of prejudice from their families. Lesbian, gay, and bisexual youth that have been more strongly rejected by their parents are eight times more likely to attempt suicide, six times more likely to report high levels of depression, and three times more likely to use illegal drugs and engage in risky sexual behaviors when compared to their supported LGB peers (CDC, 2014). Given these statistics, it is understandable why GSMs may decide not to perform PDA and “out” themselves to observers. If 29% of the U.S. population is “very uncomfortable” seeing a same-

sex couple holding hands, it is likely that they would be even more uncomfortable with more intimate forms of PDA such as kissing.

Minority sexual orientations are sometimes perceived as overtly sexual or deviant in nature – contributing to social stigma - while a heterosexual orientation is not (Rubin, 1984). Sexuality is divided into different strata of power, with good and normal sexuality associated with sex that is heterosexual, monogamous, procreative, same-generation, traditional and in private (Rubin, 1984). These forms of good sexualities have more social power when compared to ‘bad, abnormal, damned’ sexuality that includes same-sex, unmarried, non-procreative, sadomasochistic, promiscuous, casual, or cross-generational sex (Rubin, 1984). Gender and sexual minority PDA contains several forms of “bad sexuality”: same-sex, non-procreative, and non-private (public). This can be hypothesized as one of the reasons behind low levels of acceptability and high levels of discomfort for GSM PDA (Berrier, 2015; Doan, Loehr, & Miller, 2014). For this reason, individuals who support non-disclosed same-sex relationships may express support as long as the relationships – and PDA – remain covert. When GSM relationships are accepted based on the requirement that the couple is discreet or covert, it diminishes these relationships in comparison to non-GSM couples.

Although heterosexuals in the U.S. are becoming increasingly supportive of formal legal rights for GSMs, they are less approving of informal privileges, such as public displays of affection, for same-sex couples (Doan, Loehr, & Miller, 2014). Formal rights are legal rights that are institutionalized in a governing body, such as marriage, while informal privileges refer to, “interactional and often subtle advantages that dominant groups enjoy over minority groups” (e.g., telling others that they are a couple, holding each other’s hands, giving each other a kiss on the cheek, and French kissing) (Doan, Loehr, & Miller, 2014). Although many heterosexual

individuals verbally state support for same-sex couples' rights, this is not always seen in their evaluation of informal rights. So while public support for the legal rights of the GSM population may be increasing, there still remains stigma and prejudice that prevents some heterosexuals from fully supporting informal rights such as PDA, possibly due to the disgust sensitivity mentioned prior (Inbar, Pizarro, Knobe, & Bloom, 2009).

Among GSMs, 41% have reported being a victim of discrimination due to their sexual orientation or gender identity (Katz-Wise & Hyde, 2012). Given the high rate of discrimination, GSMs must have access to a police force that supports them. However, minority populations are often unfairly targeted by police, including sexual orientation minorities (Dwyer, 2015; Kissing to Protest, 2009). Gender and sexual minorities may feel less comfortable seeking assistance from the police or other security personnel due to a perception of unhelpfulness and the historic discrimination against GSMs perpetrated by the police (Dwyer, 2015; Kissing to Protest, 2009).

Perceived Danger

When a GSM person becomes outed through a public display of affection the PDA performer increases his or her risk of violence. The negative reactions from observers of GSM PDA include verbal, physical, and sexual harassment or assault (CDC, 2014; Katz-Wise & Hyde, 2012; Mitchell, Ybarra, & Korchmaros, 2013; NCAVP, 2015). Beyond the considerations of how a display of PDA can negatively affect oneself, the initiator of the PDA must also consider the effects that a public outing could have on one's partner. As a result of potential negative repercussions, the consideration of several additional factors is required for GSM couples when determining whether to perform PDA in comparison to cisgender heterosexuals (cisgender denotes a person whose gender identity corresponds to their assigned sex at birth, i.e. a person born biologically male that identifies as a man).

Lesbian, gay, bisexual, and transgender people are the most likely targets of hate crimes in the United States according to the Federal Bureau of Investigation (Crime in the United States, 2014). In 2015, a historically high 24 LGBTQ and HIV-affected hate violence homicides were reported to the National Coalition of Anti-Violence Programs (NCAVP, 2015). . Transgender, gender non-conforming, and people of color are affected by hate crimes and violence at an alarming rate. Out of the 24 reported homicides in 2015, 62% were people of color, and 67% were transgender and gender non-conforming individuals. Between 2012 and 2015, 39 of the 88 LGBT homicides reported were for Black transgender women, although the number of actual homicides is anticipated to be much higher due to the difficulty of collecting these statistics and the low rate of report (NCAVP, 2015). Transgender women are 1.8 times more likely to experience sexual violence, and transgender people of color are 6 times more likely to experience police violence (NCAVP, 2015). This high rate of violence directed towards transgender, gender-nonconforming, and people of color suggests that they may be likely in particular to restrict their frequency of PDA to avoid putting themselves in danger.

When compared to their heterosexual peers, LGB participants have higher rates of discrimination, threats, verbal harassment, property violence, being followed, physical and weapon assault, being robbed, sexual harassment and assault, verbal/physical/sexual abuse from family, and school/workplace/general victimization (Katz-Wise & Hyde, 2012). Substantial reports of victimization are found for verbal harassment (55% experienced) and discrimination (41%). Gender differences are small, though men are slightly more likely to experience physical assault and robbery than women. In addition, interracial and same-sex couples have mentioned self-regulating their PDA based on security and safety concerns as well as their current physical location, though the magnitude of this regulation is unknown (Steinbugler, 2005).

Due to the high victimization rate of GSM couples, the individual that initiates the PDA may have to take into account the safety of his or her partner. Some people may be willing to deal with verbal harassment or even physical assault if they are able to express themselves and their affection freely; however, they may be much less likely to initiate PDA if they believe they are putting their partner in a dangerous or victimizing circumstance. With such high rates of victimization, GSM couples must heavily weigh potential consequences and their relative safety when determining whether or not to perform public displays of affection. Same-sex couples are known to self-regulate their PDA when they feel unsafe, but the magnitude of this regulation and the correlation is unknown (Steinbugler, 2005). It is probable that the reality of a more dangerous environment for public displays of affection among gender and sexual minorities will correlate with a decrease in the frequency of PDA.

Effects of GSM Identity Concealment and Outing

When GSM couples conceal their identity due to fears of discrimination and victimization they suffer from an array of negative effects: feelings of alienation, negative self-esteem, negative affect, and negative self-perceptions (Hoey, Frable, & Platt, 1998). One aspect of concealing one's GSM identity would be refraining from public displays of affection.

When compared to their peers with a visible stigmatized identity, such as being a racial/ethnic minority or having a physical disability, those with a concealable stigmatized identity, such as GSMs, experience more negative affect and lower self-esteem (Hoey, Frable, & Platt, 1998). The presence of similar others is able to increase the affect and self-esteem of those with a concealable stigmatized identity. However, due to the concealable nature of their stigmas, this group is also least likely to realize they are around similar others (Hoey, Frable, & Platt, 1998). Being a culturally stigmatized group often leads to negative self-perceptions, as well as

isolation from others, further decreasing the likelihood of finding similar others. The presence of similar others seems to act as a buffer for negative self-esteem and affect among those who experience negative cultural messages regarding their concealable social stigma (Hoey, Frable, & Platt, 1998). These results support the importance of identifying as GSM in public ways, such as by performing PDA, to demonstrate group membership and promote better self-esteem and affect among GSMs.

Public visibility is generally described as a heterosexual privilege due to the potential dangers of publically revealing a GSM identity— such as through a public display of affection (Steinbugler, 2005). In addition, people who have not disclosed that they belong to a GSM group are generally assumed by others to be cisgender and heterosexual, minimizing the negative consequences of their minority identity (Steinbugler, 2005). Due to normative expectations related to romantic relationships, both interracial couples and same-sex couples report being perceived as romantic couples or as a family at a significantly reduced rate than their intra-racial and heterosexual peers, respectively. Interracial and same-sex couples also report being addressed separately from their partner (assuming they are not together), and a general feeling that the legitimacy of their partnership is not recognized (Bell & Hastings, 2015; Datzman & Gardner, 2000; Steinbugler, 2005; Vaquera & Kao, 2005). Members of same-sex couples also report being hit on in front of their same-sex partner (even when displaying PDA with their partner at the time) (Steinbugler, 2005). Performing public displays of affection may publically validate a GSM couple and reduce instances where their relationship is misinterpreted by observers.

Additional consequences of prolonged concealment of sexual identity include increased cognitive effort at concealing and maintaining the secret, increased frequency of intrusive

thoughts, and negative physical and psychological concerns (Oswald, 2007). In a study by Oswald (2007), participants were found to react more positively to individuals that attempted to conceal a stigmatized identity (being HIV positive), *but* also rated them as less moral and as having more negative personal characteristics as a result of them attempting to conceal information. This creates a situation where GSMs can either reveal their minority identity and suffer the negative social effects and increased social distance, or conceal their orientation – which is rated as more immoral and less positive than revealing their identity by the same participants.

Internalized Homonegativity

Due to social stigma and its associated prejudice and discrimination, many GSMs have negative attitudes about their minority sexual orientation or gender identity (de Oliveira, Costa, & Nogueira, 2013). This internalization of negative attitudes about GSMs is known as internalized homonegativity and is associated with a variety of negative effects, such as depression and lower relationship satisfaction (Frost & Meyer, 2009). In this study internalized homonegativity – sometimes referred to as internalized homophobia - was used to refer to negative attitudes that gays or lesbians have towards homosexuality as well as the negative internalized attitudes that other sexual minorities have about their sexual orientation, such as bisexual or pansexual individuals. In addition, the term “internalized homonegativity” was expanded to include the negative identity internalization that gender minorities have about their gender identity.

Internalized homonegativity is associated with a variety of adverse mental health and relationship issues. In particular, internalized homonegativity is associated with greater relationship problems for couples mediated by depressive symptoms, lower intimacy, higher

distress, and lower relationship satisfaction (Frost & Meyer, 2009; Meyer, 2003; Rostosky, Riggle, Gray, & Hatton, 2007). Among gay and lesbian individuals, higher internalized homonegativity may also lead to less support for PDA among GSMs. Gay males are significantly less approving of holding hands, kissing on the cheek, and French kissing for same-sex couples when compared to their heterosexual peers, while lesbian females are less approving of holding hands in comparison to their heterosexual peers (Doan, Loehr, & Miller, 2014).

Higher levels of internalized homonegativity may also lead to increased levels of homonormativity. Homonormativity is the way that heteronormativity is internalized and expressed by GSMs. (de Oliveira, Costa, & Nogueira, 2013). The criticism of homonormativity is that it internalizes the heterosexual ideal, causing GSM people to feel the need to self-regulate their affection behaviors as to not offend the sensibilities of the heterosexual majority. This is particularly problematic because homonegativity can also serve as a mediator in the relationship between heterosexist discrimination, gender role conflict, and depression among sexual minority men (Szymanski & Ikizler, 2013). Lower support for same-sex PDA among gay and lesbian individuals is an example of homonormativity that may appeal to a concern for appropriateness (de Oliveira, Costa, & Nogueira, 2013).

The combination of relationship problems and low support for same-sex PDA suggests that internalized homonegativity decreases PDA frequency. Due to the negative effects of high internal homonegativity on relationship intimacy and affect, internal homonegativity was hypothesized to be negatively correlated with the enjoyment of PDA as well. When individuals have elevated levels of both perceived danger and fear of heterosexism, it is possible that they may decrease the frequency of PDA but continue to enjoy the PDA that they are able to perform;

for this reason enjoyment of PDA was only hypothesized to be negatively correlated with internalized homonegativity.

The current study examined the roles that perceived danger, fear of heterosexism, and internalized homonegativity play on the frequency of PDA among GSMs. Perceived danger, fear of heterosexism, and internalized homonegativity were hypothesized to be negatively correlated with PDA frequency. Due to the negative effects of high internal homonegativity - relationship problems for couples, depressive symptoms, lower intimacy, and higher distress – it was hypothesized to be negatively correlated with the enjoyment of PDA as well (Frost & Meyer, 2009; Meyer, 2003; Rostosky, Riggle, Gray, & Hatton, 2007).

Rationale

This study examined the roles that perceived danger, fear of heterosexism, and internalized homonegativity play on the frequency of public displays of affection (PDA) among gender and sexual minorities (GSM singular/GSMs plural). Though individuals may reduce their PDA frequency due to factors outside of their control – perceived danger and fear of heterosexism – it was hypothesized that it would not reduce their enjoyment of PDA when they are able to perform it without fear of negative repercussions. However, due to the negative effects of high internal homonegativity - relationship problems for couples, depressive symptoms, lower intimacy, and higher distress (Frost & Meyer, 2009; Meyer, 2003; Rostosky, Riggle, Gray, & Hatton, 2007) – internal homonegativity is hypothesized to also be negatively correlated with the enjoyment of PDA.

This study fills an important gap in the literature surrounding the daily lives of GSMs, particularly the additional risks that GSMs must take on to live their romantic lives in an open fashion similarly to their non-GSM peers. Any decision to show affection or mention a same-sex partner must be weighed against the negative consequences not only for oneself, but one's partner as well. Many covert forms of prejudice and discrimination toward GSMs go unnoticed by the non-GSM population; they do not experience – and therefore notice – these forms to the same degree (Doan, Loehr, & Miller, 2014; Steinbugler, 2005). People who may be aware of these forms of discrimination may not understand the severity or frequency with which they are experienced (Doan, Loehr, & Miller, 2014; Steinbugler, 2005). When GSM relationships are accepted based on the requirement that the couple is discreet or covert, it diminishes these relationships in comparison to non-GSM couples.

This study is the first to examine the magnitude of correlations between PDA frequency and related factors. In addition, this study is the first to examine PDA among gender minorities. The ability for participants to select from a wide array of sexual orientations and gender identities and the possibility to choose more than one selection allowed for data to be accurately collected from a diverse group of individuals that are normally not recruited for similar studies.

Performing public displays of affection may publically validate a GSM couple and reduce instances where their relationship is misinterpreted or invalidated by observers (Bell & Hastings, 2015; Datzman & Gardner, 2000; Steinbugler, 2005; Vaquera & Kao, 2005). Due to the potential negative consequences of concealing a GSM identity by avoiding PDA and the positive benefits of asserting one's GSM identity, the factors that may influence the frequency of PDA among this group need to be examined (Oswald, 2007). The presence of similar others seems to act as a buffer for negative self-esteem and affect among those who experience negative cultural

messages regarding their concealable social stigma (Hoey, Frable, & Platt, 1998). These results support the importance of identifying as GSMs in public ways, such as by performing PDA, to demonstrate group membership and promote better self-esteem and affect among this population.

Hypotheses and Research Questions

Hypotheses

Hypothesis I. Perceived danger will be negatively correlated with the frequency of performing public displays of affection (PDA).

Hypothesis II. Fear of heterosexism will be negatively correlated with the frequency of performing PDA.

Hypothesis III. Internalized homonegativity will be negatively correlated with the frequency and enjoyment of performing PDA.

Research Questions

Research Question I. What sexual orientations, race/ethnicities, and gender identities will perform the highest frequency of PDA?

Research Question II. Will partner safety concern be a stronger predictor of PDA frequency than self safety concerns?

Method

Research Participants

Participants in this study needed to fulfill four eligibility requirements: 1) a gender and/or sexual minority (GSM); 2) at least 18 years of age; 3) currently living in the United States; and 4) in a current monogamous relationship for at least one month or have had a past monogamous relationship that lasted at least one month. An a priori power analysis assuming a Pearson's correlation of 0.2 predicted that a small-medium correlation between variables in these

hypotheses required a participant sample of around 200 individuals ($n = 193$, $\rho = 0.2$, $\alpha < .05$, $\beta = .2$). The final sample for this study included 221 participants.

Gender and sexual minorities (GSMs) is a term used to represent the entire spectrum of non-heterosexual sexual orientations - such as gay, lesbian, bisexual, or asexual - as well as people who identify as any minority gender identity, such as transgender or genderqueer. This study excluded non-GSM participants because it examined how GSM participants evaluate the decision to perform PDA due to the additional risk factors associated with outing oneself and one's partner. Participants were solely recruited from the United States due to cultural variation in what is considered acceptable PDA. Polyamorous and open relationships were not included because participants would have to fill out the extensive demographic section for each partner as well as fill out separate responses to the measures for each partner (greatly increasing the time required for a survey with no compensation). In addition, the relationship dynamics present in a polyamorous or open relationship might not be analogous to those seen in a monogamous relationship, such as a possibility of spreading out PDA actions between different partners in the relationship.

Data was collected from 284 participants, but 61 participants were removed from the analysis because they did not meet the inclusion criteria ($N = 221$). The dataset was examined to remove participants that did not meet the inclusion criteria for age (one removed for being under 18), length of relationship (one removed for being less than one month), type of relationship (one removed for not being monogamous), and identifying as a gender identity and/or sexual orientation minority (61 removed for not identifying as GSMs).

The majority of participants were recruited online through the website Reddit ($n = 185$), where GSMs may have felt more comfortable freely responding to questions regarding sensitive

and stigmatized issues due to the anonymity the online format provides; questions regarding sexual orientation, gender identity, and specifics of sexual behavior and roles may be answered more truthfully through an anonymous format. Internet websites and forums are a particularly effective way to reach out to smaller minority populations due to message boards that specifically cater to GSMs. The website “Reddit” was used to recruit due to its several message boards for GSM users. Reddit is a website where users can create special-interest image and discussion boards called “subreddits”. Examples of subreddits include “gay”, “truelesbians”, “gaypoc”, “transgender”, and “asexual”. Posting on these subreddits to recruit participants allowed the targeting of online populations with a much greater percentage of GSMs than the general U.S. population. Recruitment messages were posted that contained information regarding the study: general information, goals, eligibility criteria, potential benefits and costs, and the direct link to the online questionnaire where data was collected (Qualtrics). The recruitment message was submitted to 12 of the largest subreddits that were made for GSMs.

Participants were recruited also from DePaul University’s Psychology Subject Pool ($n = 36$). Participants from this subject pool were students enrolled in the Introduction to Psychology courses (PSY 105 & PSY 106) at DePaul University during the winter and spring quarters of the 2016-17 academic year.

Participants in the study represented a variety of relationship types, sexual orientations, gender identities, and race/ethnicities (see Table 1). The average age for participants was fairly young ($N = 221$, $M = 21.8$ years, $SD = 5.7$ years, $Median = 21.0$ years). The mean relationship length was heavily skewed in a positive direction ($skewness = 4.20$, $SE = .17$) due to a small number of participants in relationships for multiple decades ($N = 218$, $M = 31.6$ months, $SD = 48.0$ months, $Median = 16.5$ months).

Table 1: Demographic Information of Participants

Participant Sample Source	N	% Total
DePaul University Students	36	16.3
Reddit Participants	185	83.7

Current or Past Relationship	N	%Total
Current	155	72.1
Past	60	27.9
Missing	6	2.7

Relationship Type	N	%Total
Dating	25	11.3
Committed Relationship	150	67.9
Engaged	15	6.8
Married	21	9.5
Partnered	10	4.5

Assigned Sex/Gender at Birth	N	%Total
Male	92	41.6
Female	129	58.4
Intersex	1	0.5

Gender Identity	N	% Total
Male	85	38.5
Female	115	52.0
Trans Man	1	0.5
Trans Woman	3	1.4
Genderqueer	10	4.5
Genderfluid	9	4.1
Does Not Categorize	5	2.3
Other	7	3.2

Sexual Orientation	N	%Total
Gay	70	31.7
Lesbian	62	28.1
Bisexual	55	24.9
Heteroflexible	6	2.7
Questioning	3	1.4
Queer	19	8.6
Asexual	12	5.4
Pansexual	13	5.9
Heterosexual	4	1.8
Does Not Categorize	10	4.5

Race/Ethnicity	N	%Total
Other	4	1.8
White/Caucasian	176	79.6
African American/Black	8	3.6
Hispanic/Latinx	19	8.6
Asian/Pacific Islander	18	8.1
Indigenous Peoples of the Americas/Native American	3	1.4
Does Not Categorize	4	1.8
Other	8	3.6

Procedure

Data was collected through a questionnaire on the website Qualtrics. To protect participant privacy as well as to facilitate honesty to sensitive questions, the survey was anonymous and IP addresses were not collected. Reddit participants accessed the survey through a specific web address, or URL, that linked to the consent form. This URL was available in the recruitment messages posted to GSM subreddits. DePaul University student participants accessed the survey through the online SONA systems, which moderated their research participation; this system directed them to the consent form on Qualtrics. Students from DePaul University could receive 0.5 hours of research credit for their Introduction to Psychology course for completing the survey. Participants that were completing the survey for credit received a client-side completion URL link that automatically gave them research credit; this protected the anonymity of the student participants. No hours of research credit were awarded for DePaul students that did not go through all of the questions, although skipping questions was allowed due to the sensitive nature of some of the questions. Reddit participants received no compensation.

The questionnaire asked participants about their demographic information as well as the demographics of their current or most recent monogamous romantic partner. In the context of

this survey, “partner” referred to the current or most recent monogamous romantic partner and did not necessarily refer to the genderless term for a person in a long-term committed relationship. Questions about the participants’ relationship were answered in regards to the same partner. If participants were currently in a relationship, participants were directed to respond to questions in regards to the current partner over a prior relationship partner.

Demographic information collected did not include enough information to identify an individual and did not request participants' names. Questionnaire responses were saved under individual codes, e.g. PA001. Data saved on Qualtrics was password-protected and on protected servers. If a participant decided during the questionnaire process that they no longer wanted to participate, they were able to quit at any time and the data were deleted after one week (the minimum time necessary to delete survey data on Qualtrics).

Measures

A demographics section and three scales were completed by participants during the course of the questionnaire: Public Displays of Affection Scale (PDAS), Fear of Heterosexism Scale (FOH), and Reactions to Homosexuality Scale (RHS) (see Appendix A for the complete survey).

Demographics. The demographics section asked for basic information about the participant and the participant’s partner. The participant specified whether they were filling out the partner portion of the demographics section for a current partner or the most recent prior partner. Additional information collected included date of birth, age at beginning of the relationship, partner’s age at the beginning of the relationship, date that the relationship started, prior knowledge of the partner before dating (and date met), length of relationship, type of relationship (dating, married, etc.), sexual orientation, assigned sex at birth, gender identity,

race/ethnicity, preferred sexual position within and outside of the relationship, and fidelity.

Participants were then asked to answer the same questions for the partner about sexual orientation, assigned sex at birth, gender identity, race/ethnicity, preferred sexual position within and outside of the relationship, and fidelity.

Public Displays of Affection Scale (PDAS). The Public Displays of Affection Scale (PDAS) was created for this study and measures variables related to PDA: frequency, participant enjoyment, participant initiation, partner protection reactions, and factors affecting whether the participant performs PDA ($\alpha = .76$). The PDAS contains 47 total questions and five sub-measures that were used to analyze results.

PDA Perceived Frequency was measured by one question, “How frequently do you and your partner engage in public displays of affection?” on a scale from 1 (*Never*) to 7 (*Always*). This question serves as a general or overall measure of the participants’ perceived level of public affection.

PDA Count Frequency is the frequency sum of 12 intimate and sexual activities performed in public for the previous month - or the last month of a previous relationship ($n = 188$, $\alpha = .92$). Participants responded to each of the 12 items by indicating how many times they performed that action in the last month. These numeric responses were then totaled. The items are, “Walked very close together,” “Hugged,” “Touched affectionately on the arm, back, shoulder, or leg,” “Sat with legs touching,” “Held hands,” “Put your arm(s) around each other,” “Kissed on the cheek,” “Peck on the lips,” “Closed-mouth kissed,” “French kissed,” “Made out,” and “Groped/fondled.” These items display a wide range of perceived intensity and associated social acceptability.

Self Safety Concern was measured as the mean of the responses to two questions that ask for participants to rate the extent certain factors affect whether they perform public displays of affection ($n = 219$, $r = .851$, $p < .01$). The level of agreement was measured on a 7-point Likert scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*). The two questions were, “The likelihood of me being physically assaulted,” and “The likelihood of me being verbally insulted or harassed.”

Partner Safety Concern was measured as the mean of the responses to two questions that ask for participants to rate the extent certain factors affect whether they perform public displays of affection ($n = 219$, $r = .906$, $p < .01$). The two questions were “My partner’s likelihood of being physically assaulted” and “My partner’s likelihood of being verbally insulted or harassed.” The level of agreement was measured on a 7-point Likert scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*).

PDA Enjoy measured the enjoyment of PDA. It was operationalized as the numeric response to the statement, “I enjoy public displays of affection.” The level of agreement was measured on a 7-point Likert scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly agree*).

Fear of Heterosexism Scale (FOH). The Fear of Heterosexism Scale (FOH) measures participants’ perceived danger and fear of heterosexism (Fox & Asquith, 2015). Responses to the FOH were split into two separate constructs, *Perceived Danger* and *Fear of Heterosexism*. *Perceived Danger* is used to measure one’s perception of personal safety, physical and verbal harassment, and violence. *Fear of Heterosexism* measures fear of prejudice, discrimination, and a lack of response from authorities to discrimination.

The version of the FOH used in this study is a modified version that uses a scale from 1 (*Strongly disagree*) to 7 (*Strongly agree*) opposed to the initial 4-point Likert scale used by Fox

and Asquith (2015) in order to maintain uniformity and add variability between separate measures in this study. The initial FOH had no gender-identity-related material so “LGBTIQ” items were adapted to GSMs to represent this study’s population (e.g., “LGBTIQ people are safer if they hide their sexual orientation or gender identity” was changed to, “GSMs are safer if they hide their sexual orientation or gender identity”). In order to avoid double-barreled questions, some questions were split into separate parts: questions about prejudice and discrimination were split into separate items as well as questions about violence and harassment (e.g., “I feel vulnerable to prejudice/discrimination from people I know” was changed to “I feel vulnerable to prejudice from people I know” and “I feel vulnerable to discrimination from people I know”; “I feel vulnerable to violence and/or harassment from strangers” was changed to, “I feel vulnerable to violence from strangers” and “I feel vulnerable to harassment from strangers.”) Although the initial FOH was used in conjunction with 44 open-ended, categorical responses, it can stand alone as a unique measure. The revised version used in this study contains 23 items ($n = 214$, $\alpha = .93$). Victims of heterosexist violence, prejudice, or discrimination receive higher scores on the FOH showing the correlation between actual victimization and individual perceptions of safety, discrimination, and prejudice (Fox & Asquith, 2015).

Perceived Danger was operationalized as the mean of responses to five questions on the FOH that deal with perceptions of safety, physical and verbal harassment, and violence ($n = 218$, $\alpha = .77$). This subscale was used as measure of one’s fear that they are not safe in his or her environment. Examples of items include, “GSMs are safer if they hide their sexual orientation or gender identity,” and, “I feel vulnerable to violence from strangers.” One item was reverse-scored, “I feel safe to be open about my sexual orientation or gender identity.”

Fear of Heterosexism was operationalized as the mean of responses to 18 questions that deal with prejudice, discrimination, and proper response from authorities ($n = 217$, $\alpha = .91$). *Fear of Heterosexism* does not directly measure responses to danger and feelings of safety. Examples of items include, “I feel vulnerable to discrimination from people I know,” and, “I avoid doing some things because of possible prejudice.” Five items were reverse-scored: “Prejudice is not a worry for me,” “Discrimination is not a worry for me,” “I would be confident about reporting violence to the police,” “I would be confident about reporting harassment to the police,” and, “I would be confident about reporting discrimination to the proper authorities.”

Reactions to Homosexuality Scale (RHS). The Reactions to Homosexuality Scale (RHS) is an instrument used to measure internalized homonegativity, which is a concept that refers to negative attitudes that gays or lesbians have towards homosexuality. This term has been expanded to include negative internalized attitudes that other gender and sexual minorities have about their minority identities, such as bisexual or transgender individuals. The version used in this questionnaire is adapted from Smolenski’s (2010) 7-item revision of the original scale by Ross and Rosser (1996). Participants rated their agreement with statements on a scale from 1 (*Strongly disagree*) to 7 (*Strongly agree*). Seven of the 14 total items examine sexual orientation internalization such as, “I feel comfortable discussing my sexual orientation in a public situation” and seven analogous items examine gender identity internalization, “I feel comfortable discussing my gender identity in a public situation”. Responses were examined for people who belong to the respective groups; sexual orientation minorities were scored on the seven items related to sexual orientation internalization ($n = 216$, $\alpha = .76$) while gender identity minorities were scored on the seven items related to gender identity internalization ($n = 30$, $\alpha = .48$). Twelve out of the 14 items were reverse-scored, while two were scored normally: “Social

situations with people of my sexual orientation make me feel uncomfortable” and. “Social situations with people of my gender identity make me feel uncomfortable.” Internalized homonegativity for sexual minorities was calculated as the mean of the seven items related to sexual orientation (*RHS Orientation*); for gender minorities it was calculated as the mean of the seven items related to gender identity (*RHS Gender*).

Results

All correlations were performed as bivariate correlations using Pearson’s Correlation (two-tailed); for missing values, cases were excluded pairwise (see Appendix B for the full correlation table of all variables).

Participants reported a wide variety of public display of affection (PDA) frequencies and types (See Table 2). The average score for *PDA Perceived Frequency* was 3.75 out of 7 ($N = 220$, $SD = 1.7$). The average *PDA Count Frequency* sum for participants was 89 total affectionate actions in the past 30 days, although there was a large range for reported number of actions ($N = 188$, $SD = 98.7$, $Range = 528$).

Table 2: Frequency Descriptives for PDA Count Items

PDA Actions	<i>M</i>	<i>SD</i>	Range	<i>N</i>
Walked very close together	16.46	16.10	100	194
Hugged	11.31	14.01	75	200
Touched affectionately	15.54	18.06	100	202
Sat with legs touching	10.56	14.14	89	201
Held hands	9.70	13.32	90	197
Put arm(s) around each other	7.76	11.51	67	199
Kissed on the cheek	5.96	12.28	98	199

Peck on the lips	7.35	13.46	100	200
Closed-mouth kissed	5.08	11.47	100	203
French kissed	2.11	8.73	96	207
Made out	1.54	6.99	86	207
Groped/fondled	1.71	7.40	87	207

Perceived Danger and PDA Frequency

In order to examine the first hypothesis, that perceived danger will be negatively correlated with the frequency of performing public displays of affection (PDA), bivariate correlations were performed. *Perceived Danger* was found to have a small negative correlation with the frequency of PDA as measured by both *PDA Count Frequency* and *PDA Perceived Frequency* (See Table 3).

Table 3: *Perceived Danger & Public Display of Affection Frequency*

Variables	Perceived Danger	PDA Count Frequency	PDA Perceived Frequency
Perceived Danger	-		
PDA Count Frequency	-.166* N = 188	-	
PDA Perceived Frequency	-.168* N = 220	.518** N = 188	-
<i>M</i>	4.14	89.00	3.75
Median	4.40	58.50	4
<i>SD</i>	1.16	98.74	1.70
Range	6	528	6

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

Fear of Heterosexism

A bivariate correlation was performed to examine the second hypothesis, that fear of heterosexism will be negatively correlated with the frequency of performing PDA. *Fear of Heterosexism* was found to have a small negative correlation with frequency of PDA when it was measured as *PDA Perceived Frequency* but not when it was measured as *PDA Count Frequency* (see Table 4).

Table 4: Fear of Heterosexism & Public Display of Affection Frequency

Variables	Fear of Heterosexism	PDA Count Frequency	PDA Perceived Frequency
Fear of Heterosexism	-		
PDA Count Frequency	-.088 N = 188	-	
PDA Perceived Frequency	-.198** N = 220	.518** N = 188	-
<i>M</i>	3.96	89	3.75
Median	3.94	58.5	4
<i>SD</i>	1.08	98.7	1.70
Range	5.89	528	6

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

Internalized Homonegativity

The third hypothesis, that internalized homonegativity will be negatively correlated with the frequency and enjoyment of performing PDA, was examined with bivariate correlations. For participants that were sexual minorities ($n = 216$), internalized homonegativity (*RHS Orientation*) was mildly to moderately negatively correlated with *PDA Count Frequency* and

PDA Perceived Frequency (See Table 5). Among this same group internalized homonegativity was also moderately negatively correlated with the enjoyment of PDA (See Table 5).

For participants that were gender minorities ($n = 32$), internalized homonegativity was not significantly correlated with the frequency of PDA (*PDA Count*, [$n = 28$, $r = .297$, $p = .124$]; *PDA Perceived Frequency*, [$n = 32$, $r = -.190$, $p = .297$] or PDA enjoyment ($n = 32$, $r = -.084$, $p = .647$).

Table 5: Internalized Homonegativity and Public Displays of Affection

Variables	PDA Enjoy	RHS Orientation	PDA Count Frequency	PDA Perceived Frequency
PDA Enjoy	-			
RHS Orientation	-.358** N = 216	-		
PDA Count Frequency	.311** N = 184	-.246** N = 184	-	
PDA Perceived Frequency	.531** N = 215	-.292** N = 215	.518** N = 184	-
<i>M</i>	4.61	2.25	87.32	3.77
Median	5	2	57.50	4
<i>SD</i>	1.78	.90	98.15	1.71
Range	6	4.71	528	6

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

Demographic Differences in PDA Frequency

The first research question was what sexual orientations, race/ethnicities, and gender identities will perform the highest frequency of PDA? In order to examine the first research

question, separate one-way ANOVAs were performed based on sexual orientation, gender identity, and race/ethnicity. The main effect of sexual orientation was not significant for *PDA Count Frequency*, $F(9,157) = .880$, $p = .55$, nor was it significant for *PDA Perceived Frequency*, $F(9,184) = .463$, $p = .90$. The main effect of gender identity was not significant for *PDA Count Frequency*, $F(5,167) = .470$, $p = .80$, nor was it significant for *PDA Perceived Frequency*, $F(5,198) = 1.109$, $p = .36$. The main effect of race/ethnicity was not significant for *PDA Perceived Frequency*, $F(4,204) = 1.352$, $p = .25$, but it was significant for *PDA Count Frequency*, $F(4,174) = 3.706$, $p = .006$. A Tukey's HSD post hoc test revealed a difference in *PDA Count Frequency* between White ($M = 78.18$, $SD = 89.02$) and Black/African American participants ($M = 201.40$, $SD = 106.06$).

Self and Partner Safety Concern as Predictors of PDA Frequency

The second research question was will partner safety concern be a stronger predictor of PDA frequency than self safety concern? Two multiple regressions were performed to determine if concern for a partner's safety (*Partner Safety Concern*) was a stronger predictor of PDA frequency than concern for one's own safety (*Self Safety Concern*). In the first multiple regression, *Partner Safety Concern* and *Self Safety Concern* predicted *PDA Count Frequency*. In the second, *Partner Safety Concern* and *Self Safety Concern* predicted *PDA Perceived Frequency*. No control variables were used. *Self Safety Concern* and *Partner Safety Concern* did not statistically significantly predict *PDA Perceived Frequency* $F(2, 215) = 2.475$, $p = .09$, $R^2 = .023$ or *PDA Count Frequency* $F(2, 184) = 0.915$, $p = .40$, $R^2 = .01$.

Discussion

For many people, public displays of affection (PDA) are an enjoyable way to show fondness or comfort to a romantic partner. Public displays of affection reveal the individuals as

a couple and can strengthen relationship bonds and intimacy. For gender and sexual minorities (GSM singular/GSMs plural), performing PDA can “out” the romantic couple by non-verbally disclosing their minority identity. Gender and sexual minorities may be wary of disclosing their minority identity through public displays of affection due to potential violence, prejudice, and discrimination from observers both to themselves and their partners: verbal or sexual harassment, mistreatment by businesses, unwanted stares and attention, and physical attacks (Berrier, 2016; De Oliveira, Costa, & Nogueira, 2013; Dwyer, 2015; Katz-Wise & Hyder, 2012; Mitchell, Ybarra, & Korchmaros, 2014; NCAVP, 2014; Rostosky, Riggle, Gray, & Hatton, 2007; Steinbugler, 2005). However, by refraining from PDA, GSMs are missing out on potential benefits. Performing PDA can publically validate a GSM couple, demonstrate minority group membership to promote better self-esteem and affect, and reduce negative effects of concealing a GSM identity such as reduced intimacy and depressive symptoms (Bell & Hastings, 2015; Datzman & Gardner, 2000; Hoey, Frable, & Platt, 1998; Oswald, 2007; Steinbugler, 2005; Vaquera & Kao, 2005). This thesis fills an important gap in the literature surrounding the daily lives of GSMs, particularly the additional risks that GSMs must take on in order to live their romantic lives in an open fashion similarly to their non-GSM peers.

This study examined the roles that perceived danger, fear of heterosexism, and internalized homonegativity play on the frequency of PDA among GSMs. Due to the negative effects of high internal homonegativity - relationship problems for couples, depressive symptoms, lower intimacy, and higher distress (Frost & Meyer, 2009; Meyer, 2003; Rostosky, Riggle, Gray, & Hatton, 2007) – internal homonegativity is hypothesized to be negatively correlated with the enjoyment of PDA as well.

The first proposed hypothesis, that perceived danger would be negatively correlated with the frequency of performing PDA, was upheld. Perceived danger was found to have a small negative correlation with the perceived frequency of PDA (*PDA Perceived Frequency*). This result corresponds to preliminary qualitative data obtained from four same-sex couples that identified safety as being a concern for the performance of PDA (Steinbugler, 2005). This study adds onto the qualitative data collected by Steinbugler (2005) by creating a quantitative analysis of how perceived danger could correlate to reductions in PDA frequency. Additionally, this study contains interracial and within-race couples; all four same-sex couples in the study by Steinbugler (2005) were interracial, creating an additional variable that could account for an increase in perceived danger for participants due to the increased harassment that interracial couples receive (Datzman & Gardner, 2000). Due to the high victimization rate of GSMs, particularly among those that identify as ethnic/racial minorities, it is not surprising that GSMs may reduce the frequency of PDA in order to better protect both themselves and their partners from violence.

The second hypothesis, that fear of heterosexism would be negatively correlated with the frequency of performing PDA, was supported. Fear of heterosexism measures the fear of non-violent prejudice, discrimination, and lack of support from authorities. These results complement prior findings that many citizens of the U.S. are uncomfortable being around LGBT people and are likely to discriminate against them, with 55% of GSMs reporting having been verbally harassed and 41% being discriminated against (Berrier, 2015; Katz-Wise & Hyde, 2012). Gender and sexual minorities may avoid performing PDA in order to deter feelings of disgust or uncomfortableness from observers (Inbar, Pizarro, Knobe, & Bloom, 2009; Katz-Wise & Hyde, 2012; Rubin, 1984). Due to the fact that fear of heterosexism also measures concern

regarding a lack of response from authorities, these results also dovetail with prior findings that GSMs may be unfairly targeted by police, or at least hold the belief that they are (Dwyer, 2015; Kissing to Protest, 2009).

When examining responses to questions about prejudice and analogous questions about discrimination, no significant differences were detected between responses. Although both prejudice and discrimination were defined in the questionnaire, it is possible that participants had difficulty distinguishing between the two words, or that the words may be used somewhat interchangeably in non-academic settings. The questions may also not have had enough nuances for participants to successfully distinguish between the two terms when selecting a response.

The magnitude of the negative correlation between *Fear of Heterosexism* and PDA frequency is similar to the correlation between *Perceived Danger* and PDA frequency ($r = -.177$ and $r = -.173$, respectively). Due to the similarity between correlations, it is possible that both *Fear of Heterosexism* and *Fear of Danger* both examine the same underlying factor – potentially a fear of any form of negative public response.

The third hypothesis, that internalized homonegativity would be negatively correlated with the frequency and enjoyment of performing PDA, was partially upheld. For participants that were sexual orientation minorities, internalized homonegativity (*RHS Orientation*) was weakly to moderately negatively correlated with the frequency and enjoyment of PDA. However, for gender minorities, internalized homonegativity (*RHS Gender*) was not significantly correlated with the frequency or enjoyment of PDA. This finding for gender minorities is surprising considering the elevated level of social stigma and violence that this population experiences in comparison to most sexual minorities (Katz-Wise & Hyde, 2012; NCAVP, 2015). One potential explanation for this disparity is the small sample size of recruited gender minorities ($n = 32$). In

addition, 27 of the 32 gender minorities were sexual minorities; the interaction between being both a gender and sexual minority may have some benefit that creates a buffer against internalized homonegativity. Finding that internalized homonegativity is negatively correlated with the enjoyment of PDA for sexual minorities aligns with past research that found a link between high internalized homonegativity and feelings of depression and distress (Frost & Meyer, 2009; Meyer, 2003; Rostosky, Riggle, Gray, & Hatton, 2007)

The first research question was analyzed: What sexual orientations, race/ethnicities, and gender identities will perform the highest frequency of PDA? No significant differences in the frequency of PDA were found for sexual orientation or gender identity. Prior research has found that gay men, in comparison to lesbians, find PDA among same-sex couples to be less acceptable (Doan, Loehr, & Miller, 2014). The fact that no differences were seen based on sexual orientation may imply that while gay men are less accepting of PDA they may perform PDA just as much as lesbians or other sexual minorities.

No main effect of race/ethnicity was found for the perception of one's PDA frequency, but a difference was found for the frequency of PDA when participants listed how many times they performed PDA actions in the past month. When examined using this numerical frequency (*PDA Count Frequency*), a Tukey's HSD post hoc test revealed a difference between White and Black/African American participants, with Black/African American participants performing more PDA. However, the sample size for Black/African American participants was very small ($n = 8, 3.6\%$) and not proportional to the U.S. Black/African American population, which accounts for 12-14% of the total population. As a result, significant caution should be used when attempting to generalize from these findings on PDA frequency among the Black/African American population. Both Hispanic/Latinx and Asian/Pacific Islander populations were

overrepresented in comparison to the U.S. total population, signifying that the methods used in this study may need to be expanded to better recruit Black/African American participants (U.S. Department of Commerce, 2009). In addition, both Hispanic/Latinx and Asian participants did not have any significant difference in PDA frequency when compared to White US citizens, conflicting with results found in prior research that Latino couples engage in more and Asian couples less PDA (Regan, Jerry, Narvaez, & Johnson, 1999).

The second research question was also analyzed: Will partner safety concern be a stronger predictor of PDA frequency than self safety concern? Both *Self Safety Concern* and *Partner Safety Concern* were found to not significantly predict PDA frequency as measured by both *PDA Perceived Frequency* and *PDA Count Frequency*. Unlike *Perceived Danger* which measures the magnitude of a feeling of danger, both *Concern* variables measure how much the participant takes the likelihood of danger into account. The fact that both *Concern* variables did not predict PDA frequency may suggest that GSMs that perform PDA may consider the possibility of danger more important than the probability that the danger will actually occur.

Strengths and Limitations

Unlike many studies in the academic world of gender and sexual minorities, this study did not focus solely on one subsection of the GSM community. One strength of this thesis was the ability to recruit participants with a wide variety of sexual orientations, gender identities, and race/ethnicities. The use of online technology such as Reddit for participant recruitment allowed for the efficient collection of data from minority groups that can be hard to locate offline due to their statistically smaller size, such as pansexual or transgender people. This study made multiple efforts to be inclusive, allowing participants to write in options for sex assigned at birth, gender identity, sexual orientation, race/ethnicity, and partner demographics. In addition, the

ability to choose more than one option for these categories allowed participants to not have to choose only one identity when they are more likely to describe themselves in real life using multiple identifiers, such as describing themselves as both bisexual and queer, for example.

Efforts were made to recruit people of different sexual orientations and gender identities by posting to a variety of different websites (subreddits) that had message boards for people of particular identities. Judging by data collected, this targeting of multiple minority demographics worked to make the project more inclusive, with disproportionate numbers of gender identity minorities and some sexual orientation minorities, such as bisexuals and queer people (APA, 2016). Although there were a disproportionate number of several sexual orientation minority groups, the small total sample size for some groups makes it difficult to come to conclusions about results. For example, the sample size for people who identified as a gender identity minority was 31, but individual identities such as trans men or trans women only had one or two participants who identified as such. In order to perform analyses with more appropriate effect sizes, more participants would have to be recruited.

In addition, the differences between gender identity minorities and sexual orientation minorities may be conflated in analyses because 27 out of the 31 participants who identified as a gender identity minority also identified as a sexual orientation minority. Although no significant correlations for perceived danger were found for people who identified as a gender identity minority, it cannot be known if this is due to the small sample size or an interaction effect for people who are both a gender identity and sexual orientation minority.

An additional issue with analysis comes from allowing participants to choose multiple options for identification purposes. Many participants chose more than one option for their sexual orientation, with 30 participants choosing more than one option (13.6%), complicating the

analysis. Although well-meaning, there were not enough participants who chose the same multiple responses to perform a meaningful analysis. In addition, some female participants identified as both gay and lesbian, possibly due to the fact that “gay” can refer specifically to homosexual men but also to anyone who is homosexual. Due to the limited number of participants that chose more than one option, participants had to be sorted into one category in order to investigate which sexual orientations may perform the most frequent PDA – although no differences were found. Cisgender women that selected both lesbian and gay were categorized as lesbians. Participants that selected queer and an additional sexual orientation were categorized as their non-queer orientation; for example a cisgender man that identified as gay and queer was categorized as gay due to the fact that queer can be an inclusive term referring to any GSM identity.

The construct validity of the *PDA Count Frequency* may be called into question by the number of participants that either did not respond to all 12 of the items or who did not respond correctly, such as by writing in words instead of numerals (33 of 221 total participants). Similar to the method used by Muraco (2015), participants were asked to estimate the number of times they had performed certain affectionate actions in public with their partner over the past 30 days. It is possible that participants skipped these questions because they did not feel they could come up with an estimate that was accurate. It is also possible that instead of writing down a “0” that participants skipped certain questions in order to convey that a particular item did not apply to them because they had not performed that action publically in the last 30 days. Finally, it is possible that people felt comfortable only reporting certain affectionate behaviors but less comfortable reporting others (possibly those that would be considered less socially appropriate).

Future Directions and Clinical Implications

Throughout this study, PDA frequency was calculated as both the numerical sum of PDA actions within the past 30 days (*PDA Count Frequency*) and as the response to participants' self-report of PDA frequency on a scale from 1 (*Never*) to 7 (*Always*) (*PDA Perceived Frequency*). These two separate measures were included to determine if any differences appeared between participants' actual numerical PDA frequency and participants' perception of their PDA frequency; both measures were strongly correlated with one another in a positive direction ($n = 188, r = .518, p < .01$). *PDA Perceived Frequency* was significantly correlated with two variables where *PDA Count Frequency* was not: *Partner Danger Likelihood* and *Fear of Heterosexism*. *PDA Perceived Frequency* was also more strongly correlated with two variables: enjoyment of PDA (*PDA Enjoy*), and internalized homonegativity for sexual minorities (*RHS Orientation*). These differences in significance and magnitude between both PDA frequency measures suggest that participants may not be accurate when comparing their relative PDA frequency to those around them. This is also suggested by the wide range of reported values for *PDA Count Frequency*.

Due to the correlational nature of this study causation cannot be known, but it is possible that *Perceived Danger*, *Self Safety Concern*, *Partner Safety Concern*, and *Fear of Heterosexism* may influence how people perceive the frequency of PDA actions rather than affect the actual numerical frequency. Differences in PDA frequency measures' significance and correlations may also be related to the items used to calculate these measures. Due to the wide range of reported values for the numerical frequency of PDA ($M = 89, SD = 98.7, n = 188, Range = 528$) plus the established differences in PDA norms throughout different cultures, *PDA Perceived Frequency* may be a more appropriate measure of frequency to use in future studies.

There are a plethora of negative mental health effects caused by internalized homonegativity, such as depression and low affect (Frost & Meyer, 2009). Due to the negative correlation between internalized homonegativity and the frequency of PDA it is possible that identity internalization causes GSMs to perform less PDA. As a result they miss out on the positive benefits of PDA, such as a sense of community with other GSMs – by demonstrating group membership – and promoting better self-esteem and affect (Hoey, Frable, & Platt, 1998). Due to the fact that an individual generally has more control over one's internalized homonegativity when compared to societal factors such as violence and prejudice towards GSMs, an intervention for the reduction of internalized homonegativity could be beneficial and feasible by a mental health professional and cause an increase in the frequency of PDA.

Additional research needs to be performed examining why gender minorities seem to avoid having a significant negative correlation between PDA frequency and internalized homonegativity. A larger sample size is necessary to examine the separate gender identity minorities and determine if specific groups have less internalization (such as genderqueer people potentially suffering from less internalization in comparison to transgender people). Comments left on the Reddit postings indicate that the location where PDA is performed needs to be further examined; some comments suggested that GSMs actually perform more PDA in “gay-friendly” areas such as gay neighborhoods than non-GSMs perform in public. Some positive benefit may be derived from increasing one's visibility specifically in a gay-friendly neighborhood, possibly to increase a sense of community or belonging. Finally, there may be positive benefits to performing PDA for GSMs that are not seen in the non-GSM community in addition to those discovered, such as the potential for GSM PDA to specifically signal to other GSMs that it is a safe area.

Summary

This study found a negative correlation between the frequency of PDA and perceived danger, fear of heterosexism, and internalized homonegativity. These findings complement prior research that emphasizes that gender and sexual minorities are likely to experience danger, prejudice, and social stigma due to their GSM identity (Berrier, 2015; Berrier, 2016; CDC, 2014; De Oliveira, Costa, & Nogueira, 2013; Dwyer, 2015; Frost & Meyer, 2009; Katz-Wise & Hyder, 2012; Mitchell, Ybarra, & Korchmaros, 2014; NCAVP, 2014; Rostosky, Riggle, Gray, & Hatton, 2007; Steinbugler, 2005). The findings from this study emphasize the difficulty in deciding whether or not to perform PDA as a GSM, particularly due to the fact that revealing a GSM identity also reveals the GSM identity of a partner. This complex interaction between desiring to show affection while also attempting to avoid negative reactions for one's partner creates a unique situation.

The results of this study also found that concern for a partner's safety does not have more of a negative correlation with frequency of PDA than concern for one's own safety. The lack of difference may be due to the individuals in the GSM couple viewing themselves as part of a unit rather than two unique individuals when deciding to perform PDA. It is also possible that a certain threshold of perceived danger or heterosexism exists for GSMs that want to perform PDA, and that when this threshold is surpassed for oneself or one's partner PDA is not performed; for example, a high likelihood of physical attack may reduce PDA frequency while the likelihood of verbal harassment may not factor into the decision-making process to the same extent.

No differences were found in the frequency of PDA based on sexual orientation or gender identity. A difference was found for the frequency of PDA between White and Black/African-

American participants when PDA frequency was operationalized as a numeric frequency (*PDA Count Frequency*), but not when it was operationalized as the perception of one's PDA frequency in comparison to one's peers (*PDA Perceived Frequency*). This suggests that differences between race/ethnicities may exist in the U.S. on what is the average frequency of PDA behaviors. However, due to the very small sample size of African-American participants, significant caution must be used when attempting to generalize from these findings. Finally, no differences were found in PDA frequency for Hispanic/Latinx and Asian/Pacific Islander participants, although previous research had suggested that the Latinx "contact culture" would have more frequent PDA and Asian cultures less frequent PDA (Regan, Jerry, Narvaez, & Johnson, 1999).

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Appendix A

Public Displays of Affection Among Gender and Sexual Minorities Questionnaire

Q2.1 Will you be filling out the partner information in regards to a current or past partner?

- Current
- Past

Q2.2 Your date of birth (MM/YYYY)

Q2.3 Your age at the beginning of the relationship

Q2.4 Your partner's age at the beginning of the relationship

Q2.5 Date that the relationship started (MM/YYYY)

Q2.6 Date you first met your partner (MM/YYYY)

Q2.7 Length of relationship with partner in years and months (e.g., 1 year and 3 months)

Q2.8 Sometimes it is unclear how to identify romantic relationships due to variation in commitment and emotional investment. Please choose one of the following options that most closely matches your type of relationship:

- Dating
- Committed relationship (boyfriends/girlfriends, etc.)
- Engaged
- Married
- Partnered

Q3.1 Are you a gender identity minority (transgender, genderqueer, non-binary, genderfluid, etc.)?

- Yes
- No

Q3.2 Are you a sexual orientation minority (gay, lesbian, bisexual, pansexual, asexual, etc.)?

- Yes
- No

Q3.3 Please choose the response(s) to each question that most accurately identifies you. You may select more than one response.

Q3.4 Assigned sex/gender at birth:

- Male
- Female
- Intersex
- Other (fill in) _____

Q3.5 Gender identity:

- Male/Man
- Female/Woman
- Trans Man
- Trans Woman
- Genderqueer
- Genderfluid
- I do not categorize
- Other (fill in) _____

Q3.6 Sexual orientation:

- Gay
- Lesbian
- Bisexual
- Heteroflexible
- Questioning
- Queer
- Asexual
- Pansexual
- Heterosexual
- I do not categorize
- Other (fill in) _____

Q3.7 Race/ethnicity:

- White/Caucasian
- African American/Black
- Hispanic/Latinx
- Asian/Pacific Islander
- Indigenous Peoples of the Americas/Native American
- Unknown
- I do not categorize
- Other (fill in) _____

Q3.8 In the referenced relationship, which of the following options most closely describes your sexual position/role:

- Top/Active/Insertive
- Versatile top (versatile but prefers to top)
- Versatile/Switch
- Versatile bottom (versatile but prefers to bottom)
- Bottom/Passive/Receptive
- Unsure
- None of the above

Q3.9 Outside of the referenced relationship, which of the following options most accurately describes your sexual position/role:

- Top/Active/Insertive
- Versatile top (versatile but prefers to top)
- Versatile/Switch
- Versatile bottom (versatile but prefers to bottom)
- Bottom/Passive/Receptive
- Unsure
- None of the above

Q3.10 Did you ever cheat on the referenced partner?

- Yes
- No

Display This Question:

If Did you ever cheat on the referenced partner? Yes Is Selected

Q3.11 Did your partner find out?

- Yes
- No

Q4.1 The following demographic questions refer to characteristics of your partner. Please choose the response(s) to each question that most accurately identifies your partner. You may select more than one response.

Q4.2 Assigned sex/gender at birth:

- Male
- Female
- Intersex
- Other (fill in) _____

Q4.3 Gender identity:

- Male/Man
- Female/Woman
- Trans Man
- Trans Woman
- Genderqueer
- Genderfluid
- My partner does not categorize
- Other (fill in) _____

Q4.4 Sexual orientation:

- Gay
- Lesbian
- Bisexual
- Heteroflexible
- Questioning
- Queer
- Asexual
- Pansexual
- Heterosexual
- My partner does not categorize
- Other (fill in) _____

Q4.5 Race/ethnicity:

- White/Caucasian
- African American/Black
- Hispanic/Latinx
- Asian/Pacific Islander
- Indigenous Peoples of the Americas/Native American
- Unknown
- My partner does not categorize
- Other (fill in) _____

Q4.6 In the referenced relationship, which of the following options most closely describes your partner's sexual position/role:

- Top/Active/Insertive
- Versatile top (versatile but prefers to top)
- Versatile/Switch
- Versatile bottom (versatile but prefers to bottom)
- Bottom/Passive/Receptive
- Unsure
- None of the above

Q4.7 Outside of the referenced relationship, which of the following options most accurately describes your partner's sexual position/role:

- Top/Active/Insertive
- Versatile top (versatile but prefers to top)
- Versatile/Switch
- Versatile bottom (versatile but prefers to bottom)
- Bottom/Passive/Receptive
- Unsure
- None of the above

Q4.8 Did your partner ever cheat on you?

- Yes
- No

Display This Question:

If Did your partner ever cheat on you? Yes Is Selected

Q4.9 Were you aware during the relationship that your partner cheated on you?

- Yes
- No

Q5.1 Please respond to the following questions regarding safety on a scale from 1 (Strongly disagree) to 7 (Strongly agree). The following questions make a specific distinction between prejudice (emotional) and discrimination (behavioral). Prejudice is defined as having negative feelings towards an individual based on the individual's membership in a particular group. Discrimination is defined as treating an individual differently based on the individual's membership in a particular group. Choose the answer that best reflects your perceptions of safety.

Q5.2 I feel vulnerable to prejudice from people I know

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.3 I feel vulnerable to discrimination from people I know

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.4 I fear that I will lose my job because of prejudice against gender and sexual minorities (GSM)

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.5 I fear that I will lose my job because of discrimination against GSM

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.6 GSM are safer if they hide their sexual orientation or gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.7 I fear that I will be physically unsafe because of my sexual orientation or gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.8 I feel vulnerable to prejudice from strangers

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.9 I feel vulnerable to discrimination from strangers

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.10 I fear that I will lose friends because of my sexual orientation and gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.11 Prejudice is not a worry for me

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.12 Discrimination is not a worry for me

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.13 I avoid doing some things because of possible prejudice

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.14 I avoid doing some things because of possible discrimination

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.15 I feel safe to be open about my sexual orientation or gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.16 I feel vulnerable to violence from strangers

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.17 I feel vulnerable to harassment from strangers

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.18 I would be confident about reporting violence to the police

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.19 I would be confident about reporting harassment to the police

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.20 I would be confident about reporting discrimination to the proper authorities

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.21 I fear that I will be ridiculed because of my sexual orientation or gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.22 I fear that I will be vilified because of my sexual orientation or gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.23 As a GSM person, I am attuned to prejudice

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q5.24 As a GSM person, I am attuned to discrimination

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.1 For each of the following questions, indicate how much you agree or disagree on a scale from 1 (Strongly disagree) to 7 (Strongly agree).

Q6.2 I feel comfortable discussing my sexual orientation in a public situation

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.3 I feel comfortable discussing my gender identity in a public situation

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.4 Even if I could change my sexual orientation, I would not

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.5 Even if I could change my gender identity, I would not

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.6 I feel comfortable with my sexual orientation

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.7 I feel comfortable with my gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.8 I feel comfortable being seen in public with a person that is obviously a sexual orientation minority

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.9 I feel comfortable being seen in public with a person that is obviously a gender identity minority

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.10 I feel comfortable in bars that have customers primarily of my sexual orientation

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.11 I feel comfortable in bars that have customers primarily of my gender identity

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.12 Social situations with people of my sexual orientation make me feel uncomfortable

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q6.13 Social situations with people of my gender identity make me feel uncomfortable

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Display This Question:

If Are you a sexual orientation minority (gay, lesbian, bisexual, pansexual, asexual, etc.)?

Yes Is Selected

Q6.14 My sexual orientation is as natural as being heterosexual

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Display This Question:

If Are you a gender identity minority (transgender, genderqueer, non-binary, genderfluid, etc.)? Yes Is Selected

Q6.15 My gender identity is as natural as being cisgender

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.1 Public displays of affection include a variety of actions from walking close together or holding hands to "making out" or groping. In general, how frequently do you and your partner engage in public displays of affection?

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.2 Rate how much you agree with the following statements on a scale from 1 (Strongly disagree) to 7 (Strongly agree).

Q7.3 I enjoy public displays of affection

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.4 My partner enjoys public displays of affection

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.5 I initiate or start public displays of affection

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.6 My partner initiates or starts public displays of affection

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.7 When I receive verbal insults or harassment during PDA I ignore it or leave the situation with my partner.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.8 When I receive verbal insults or harassment during PDA I defend myself verbally.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.9 When I receive verbal insults or harassment during PDA I defend myself physically.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.10 When my partner receives verbal insults or harassment during PDA I ignore it or leave the situation with my partner.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.11 When my partner receives verbal insults or harassment during PDA I defend my partner verbally.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.12 When my partner receives verbal insults or harassment during PDA I defend my partner physically.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.13 When I receive physical harassment or attacks during PDA I ignore it or leave the situation with my partner.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.14 When I receive physical harassment or attacks during PDA I defend myself verbally.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.15 When I receive physical harassment or attacks during PDA I defend myself physically.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.16 When my partner receives physical harassment or attacks during PDA I ignore it or leave the situation with my partner.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.17 When my partner receives physical harassment or attacks during PDA I defend my partner verbally.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.18 When my partner receives physical harassment or attacks during PDA I defend my partner physically.

- Strongly disagree 1
- Disagree 2
- Slightly disagree 3
- Neither agree nor disagree 4
- Slightly agree 5
- Agree 6
- Strongly agree 7

Q7.19 In the past 30 days, how many times have you and your partner done the following in public? Estimate to the best of your ability.

Q7.20 Walked very close together

Q7.21 Hugged

Q7.22 Touched affectionately on the arm, back, shoulder, or leg

Q7.23 Sat with legs touching

Q7.24 Held hands

Q7.25 Put your arm(s) around each other

Q7.26 Kissed on the cheek

Q7.27 Peck on the lips

Q7.28 Closed-mouth kissed

Q7.29 French kissed

Q7.30 Made out

Q7.31 Groped/fondled

Q7.32 Rate how much the following factors affect whether you perform public displays of affection on a scale from 1 (Never) to 7 (Always).

Q7.33 The location I am in

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.34 The people who are around me

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.35 The presence of police

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.36 Wanting to show affection for my partner

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.37 Wanting to show off my partner

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.38 Wanting to be visible in society

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.39 Wanting to break heteronormative social norms

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.40 Wanting to challenge others' expectations

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.41 The likelihood of me being physically assaulted

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.42 The likelihood of me being verbally insulted or harassed

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.43 The degree I am "out"

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.44 My privacy

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.45 My partner's likelihood of being physically assaulted

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.46 My partner's likelihood of being verbally insulted or harassed

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.47 The degree that my partner is "out"

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q7.48 My partner's privacy

- Never 1
- 2
- 3
- 4
- 5
- 6
- Always 7

Q8.1 In order to complete the survey and save your responses - and to receive credit if applicable - you must continue to the page after the Debriefing & Resources page. The survey will let you know when you have finished; if you are a DePaul student you will be redirected to a page that will grant you credit. Select one of the following:

- I am a DePaul University student taking this questionnaire for 0.5 hours of research credit.
- I am a volunteer not taking this questionnaire for course credit

Variables	RHS Gender	RHS Orientation	PDA Count Frequency	PDA Perceived Frequency	Partner Safety Concern	Self Safety Concern	Fear of Heterosexism	Perceived Danger	PDA Enjoy
RHS Gender	-								
RHS Orientation	.594** N = 221	-							
PDA Count Frequency	-.087 N = 188	-.188** N = 188	-						
PDA Perceived Frequency	-.116 N = 220	-.274** N = 220	.518** N = 184	-					
Partner Safety Concern	.041 N = 219	-.037 N = 219	-.063 N = 187	-.148* N = 218	-				
Self Safety Concern	.054 N = 220	.024 N = 220	-.100 N = 188	-.126 N = 219	.780** N = 219	-			
Fear of Heterosexism	.250** N = 221	.244** N = 221	-.088 N = 188	-.198** N = 220	.469** N = 219	.570** N = 220	-		
Perceived Danger	.214** N = 221	.156* N = 221	-.166* N = 188	-.168* N = 220	.503** N = 219	.588** N = 220	.779** N = 221	-	
PDA Enjoy	-.219** N = 221	-.332** N = 221	.322** N = 188	.532** N = 220	.013 N = 219	.034 N = 220	-.033 N = 221	-.053 N = 221	-
<i>M</i>	2.78	2.25	89.00	3.75	4.77	4.45	3.96	4.14	4.61
Median	2.86	2	58.50	4	5	5	3.94	4.40	5
<i>SD</i>	.79	.90	98.74	1.70	2.22	2.11	1.08	1.16	1.78
Range	3.52	4.71	528	6	6	6	5.89	6	6