A study to explore the impact of homophobia on the lives of lgbtqia+ individuals

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ABSTRACT

This dissertation explores the impact of homophobia on LGBTQIA+ individuals, focusing on lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other gender identities.

Homophobia, defined as an irrational fear or hatred of LGBTQIA+ individuals, can manifest in various forms such as discrimination, bullying, harassment, violence, and denial of basic human rights. A sample of 100 college students was used to measure homophobia levels by the Italian version of the Homophobia Scale Questionnaire and ANOVA was conducted to examine if there were significant differences in the mean of the response variable) across different treatment groups.

The results indicated that there is a substantial difference in the mean of TREATMENT across the various treatment groups, with a significant F ratio. The rejection of the null hypothesis suggests that the impact of homophobia on the lives of LGBTQIA+ individuals varies significantly depending on the level of homophobia experienced. This study contributes to the existing literature by shedding light on the detrimental effects of homophobia on the lives of LGBTQIA+ individuals. The findings emphasize the urgent need for creating awareness, fostering inclusivity, and implementing measures to combat homophobia in order to ensure the well-being and equal rights of LGBTQIA+ individuals in society.

INTRODUCTION

- Lesbian refers to a woman who experiences enduring emotional, romantic, and/or physical attraction towards other women. Some lesbians may also choose to identify as gay or as gay women.
- Gay is a term used to describe an individual who experiences romantic and sexual attraction towards individuals of the same gender. Although commonly used to refer to men attracted to men, it is also an umbrella term for individuals attracted to the same gender.
- Individuals who experience emotional, romantic, and/or physical attraction towards both the same gender and different genders are commonly known as bisexuals. It is not necessary for them to have equal or unequal sexual experiences with individuals of either gender, nor are they obligated to engage in any sexual experiences at all. The determining factor for their sexual

  orientation is their attraction towards individuals of various genders.
- People whose gender expression or gender identity do not match the sex assigned to them at birth are referred to as "transgender" in this context. Some transgender individuals may take hormones prescribed by their doctors to align their bodies with their gender identity, and may undergo surgeries as well.
- Queer is an adjective used by individuals who do not exclusively identify as heterosexual or straight. This term includes people who have gender non-conforming, non- binary, or gender-fluid identities.
- Intersex is an adjective used to describe individuals with one or more innate sex characteristics, such as genitalia, chromosomes, and internal reproductive organs, that do not conform to traditional conceptions of male or female bodies.
- Asexual is an adjective used to describe individuals who do not experience sexual attraction. This term is sometimes shortened to "ace" and includes individuals who identify as demisexual, graysexual, asexual, and aromantic.

Lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other non-heterosexual orientations and gender identities (LGBTQIA+) people are the target of homophobia, which is an irrational fear or hatred of them. It can manifest in various forms, including discrimination, bullying, verbal and physical harassment, violence, and even denial of basic human rights. Homophobia is a significant issue that affects the lives of many.

LGBTQIA+ individuals, and several studies have explored its effect on their physical and mental wellbeing, social relationships, and overall quality of life.

Homophobia is a pervasive problem that has a substantial effect on lives of LGBTQIA+ community. It is a type of prejudice that involves negative attitudes, beliefs, and behaviors toward people Individuals drawn to others of the same gender or who consider as transgender, nonbinary, or gender non- conforming.

The paper's objective is to explore the effect of homophobia on the lives of LGBTQIA+ individuals, including their mental health, physical health, relationships, and overall health.

- **Mental Health**

Among the most important effects of homophobia on LGBTQIA+ individuals, people are more likely to experience mental health problems. Many LGBTQIA+ individuals experience anxiety, depression, and other mental health issues as a result of homophobia. One reason for this is that LGBTQIA+ individuals are often subjected to discrimination and harassment, which can cause stress and anxiety. For example, LGBTQIA+ individuals may face verbal and physical abuse, social isolation, and disapproval from loved ones and friends. Feelings of isolation, guilt, and self- doubt can result from these experiences, and these emotions can exacerbate mental health problems.

- **Physical Health**

Homophobia can have serious consequences on LGBTQIA+ people's physical health. Based to investigations, those who identify as LGBTQIA+ are more likely to develop certain diseases like HIV/AIDS, STDs, and various types of cancer.

One explanation for this is that LGBTQIA+ people may encounter obstacles to receiving medical care, such as discrimination on the part of healthcare professionals or a lack of insurance.
People who identify as LGBTQIA+ may also be less inclined to seek medical attention out of concern for harassment or prejudice.

- **Relationship**

Homophobia can also have an impact on the relationships of LGBTQIA+ individuals. LGBTQIA+ people may experience prejudice and harassment in intimate relationships, which can cause conflict or even breakups. In addition, discrimination and stigma in society may make it difficult for LGBTQIA+ people to find intimate relationships.

- **Overall Well-Being**

Homophobia can have a significant impact on the overall well-being of LGBTQIA+ individuals. LGBTQIA+ individuals may experience lower self-esteem, lower life satisfaction, and lower levels of happiness due to the discrimination and harassment they face. They may also face challenges in pursuing their goals and dreams, such as career advancement or starting a family.

Homophobia's effects on psychological wellness is well documented in the literature, with studies showing higher suicide, depressive, and anxious rates among LGBTQIA+ individuals compared to the general population. Social isolation is also a significant problem, with studies showing that people who identify as LGBTQIA+ are more likely to feel isolated and excluded from society. compared to heterosexual individuals. Physical harm is also a pervasive problem, with studies showing higher rates of hate crimes and violence against LGBTQIA+ individuals compared to other marginalized groups.

Finally, institutional discrimination is a significant problem, with studies showing that LGBTQIA+ individuals

experience higher rates of discrimination in education, employment, healthcare, and housing compared to the general population.

Here are some **types of homophobia**:

● **Personal Homophobia**: This is when someone has a personal dislike or aversion towards LGBTQ+ people. This can manifest in the form of verbal or physical abuse, discrimination, or harassment.

● **Institutional Homophobia**: This is when institutions such as schools, workplaces, or religious organizations perpetuate discrimination against LGBTQ+ people through policies, practices, or norms.

● **Internalized Homophobia**: This is when a person who identifies as LGBTQ+ internalizes societal messages of homophobia and begins to believe that their sexuality or gender identity is wrong or shameful.

● **Religious Homophobia**: This is when religious beliefs are used to justify discrimination against LGBTQ+ people. Some religious groups believe that homosexuality is a sin and therefore view LGBTQ+ people as morally corrupt.

● **Cultural homophobia:** refers to social standards and practises that claim that everyone should or is heterosexual and that being heterosexual is morally superior to being LGBTQ. The term "heterosexism" also refers to cultural homophobia.

Causes of homophobia:

There are numerous causes for the persistence of homophobia.

● **Colonialism:** The notion and attitude that monogamous heterosexual unions were the only appropriate sort were pushed by colonialists in their attempts to enslave indigenous peoples throughout the world.

● **Religion:** It is common for followers of monotheistic religions to cite anti-same- sex literature as evidence that their God

does not acknowledge LGBTQIA+ identities.

● **Fear to the unknown:** Being afraid of something you are unfamiliar with is simple. persons who have never interacted with LGBTQIA+ persons may be homophobic because they are unaware of how similar and different LGBTQIA+ people are to one another.

● **Lack of acceptance of your own identity:** If a person struggles to accept their own identity, homophobia may become internalised. They might then lash out at others as a result of this.

● **Lack of knowledge:** According to studies, when people are more knowledgeable about LGBTQIA+ persons, they are less likely to fear them or hold negative attitudes towards them.

Indicators of homophobia

As we advance in life, we all learn. We occasionally come to the realisation that our opinions may not be the best ones. Here are some methods to determine whether you or someone you witness is indeed homophobic if you suspect it.

● You avoid interacting with LGBTQIA+ individuals.

● You believe yourself to be "better than" LGBTQIA+ others.

● You've ostracised or bullied LGBTQIA+ individuals.

● By denying someone a chance because of their alleged

orientation, you   have discriminated against LGBTQIA+ persons.

● You believe that LGBTQIA+ persons will burn in hell.

● You hurt someone physically because of their identity.

● Your children have heard you say that being LGBTQIA+ is wrong.

● You believe that God disapproves of or doesn't like LGBTQIA+ persons.

REVIEW OF LITERATURE:

1.   Horton (1993) The intent of the study was to see if education could alter people's views about homosexuality from a biological, moral, or religious perspective. The 68 male and 57 female volunteers from a medium-sized Catholic liberal arts university were placed into two groups at random. First, they viewed a movie that looked at homosexuality from a biological perspective. A video that looked at homosexuality from an ethical and religious perspective was viewed by the second group. A modified version of Smith's "Homophobic Scale" was used to evaluate the subject's attitudes towards homosexuality after watching the movie (Lumby, 1976). A two- way (video x gender) ANOVA revealed that the video had significant main effects on three of the questionnaire's items. Viewers of the scientific film were less likely to be homophobic on one of the questions than viewers of the righteous religious video. Most of the items' gender main effects were substantial, demonstrating that men were more anti-homosexual than women.

2.   Diaz et. al (2001) The Diaz et al. (2001) study examined the relationship between psychological distress (tension, sorrow, and self- destructive ideation) among self-identified gay and sexually unbiased Latino men in the US and encounters with social segregation (homophobia, bigotry, and financial difficulty). The data came from a probability test of 912 men who identified as both Latino and nonheterosexual and who were enrolled from the scenes and open social places in the urban neighbourhoods of Miami, Los Angeles, and New York.In the half year before to the conference, the review revealed significant occurrence rates of psychological side effects of suffering in gay Latino men, including self- destructive ideation (17% pervasiveness), anxiousness (44%), and discouraged temperament (80%).Social segregation encounters were reliable predictors of psychological side effects in both single and multivariate analyses.

3. The emotional wellness troubles homosexual and Latino men in the US encounter are straightforward connected with a social setting of persecution that prompts social estrangement, low confidence, and side effects of psychological trouble. 3. Szymanski (2001) By examining the psychological correlates of lesbian internalised homophobia, the validity and reliability of the Lesbian Internalized Homophobia Scale (LIHS) scores were examine 157 females between the ages of 18 and 74 who answered demographic questions and underwent a battery of tests, including the LIHS, to gauge their sexual orientation, sexual identity, depression,

somatic complaints, self- stability, and various types of social support. Overall, the findings are consistent with the construct validity and reliability of the LIHS ratings. Internalized homophobia in particular was linked to sadness, presenting as heterosexual, general social support, satisfaction with general social support, and general homosexual social support.

4. Huebner et. al (2002) This study examines the effect of internalised homophobia on gay and bisexual men's knowledge of and opinions of the activities offered by a community-based HIV prevention organisation. In Study 1, 595 gay and bisexual men talked about their understanding of HIV prevention initiatives, their participation in them, and their experiences using them. Internalised homophobia and men's awareness of the organization's support were negatively associated. However, among the males who were aware of at least one service, internalised homophobia did not have any further impact on predicting service use.In the second study, 89 gay and bisexual males who participated in a single group session of a community-based HIV prevention programme were examined. Additionally, a major negative predictor of how much participants related well and felt a sense of similarity to other group members was internalised homophobia. These results collectively imply that internalised homophobia may present a number of challenges for neighborhood-based HIV prevention programmes.

5. Allen & Olleson (2008) investigation looked at the relationship between internalised homophobia and shame in gay males. Additionally, the link between internalised homophobia and homosexual men's feeling of worth was briefly reviewed. 100 gay men who were randomly chosen from various sources completed three surveys as well as a demographic study. The findings showed a large inverse association between internalised homophobia and self-esteem as well as a significant positive relationship between internalised homophobia and shame. Other results included significant relationships between seven variables and internalised homophobia and six variables and internalised shame.

Cabaj (2008) According to statistics, gay men and lesbians use and misuse alcohol and drugs more frequently than the general population. Gay men and lesbians are treated for addiction differently than heterosexual persons due to certain clinical variables, even though this higher rate has been disputed. The psychodynamic factors that contribute to and have a significant impact on internalised homophobia for gay men and lesbians can be used to explain the predisposition for substance use and misuse. Abuse of substances encourages denial and disengagement while enabling the release of repressed and suppressed desires. Alcohol and drugs can be comforting for gay men and lesbians, which might encourage increased use, abuse, and eventual reliance. Treatment for gay men and lesbians with addictions to drugs will need to address the internalised homophobia as part of the recovery process. Thus, by assisting with embracing and becoming a part of a homosexual or lesbian identity, counselling can improve relapse prevention.

6. Birkett et. al (2009) The effects of homophobic bullying and the school environment on middle school

students who identify as LGB or who are unsure of their sexual orientation were studied. 7,376 7th and 8th graders from a big Midwestern county took part in the study; they were 50.7% female, 72.7% white, 7.7% multiracial, 6.9% black,

5.2% Asian, 3.7% Hispanic, and 2.2% self- identified "other" demographics. Compared to heterosexual kids, LGB youth were more likely to report suffering high levels of bullying, homophobic assault, and other negative impacts. Children who were questioning their sexuality reported increased bullying, homophobic victimisation, drug use, depression and self-harm and absences from school compared to heterosexual and LGB pupils.A welcoming school climate and a lack of homophobic victimisation helped to close the achievement and sexual orientation status inequalities. The results show that schools can lessen negative effects on LGB and sexually inquisitive teenagers by promoting supportive settings and reducing homophobic bullying.

7. Frost & Meyer (2009) We investigated the connections between internalised homophobia, outness, society interaction, depressive symptoms, and relationship quality in a sample of 396 lesbian, gay, and bisexual (LGB) individuals from a diverse community. Structural equation modelling found that internalised homophobia was connected to increased relationship problems both generally and among those who were paired, independent of absence and community connectivity. Depressive symptoms served as a mediator between internalised homophobia and relationship problems. This study extends our knowledge of the association between internalised homophobia and relationship quality by disentangling the effects of the core construct of internalised homophobia from its correlates and effects. The results are useful for counsellors who are thinking about therapies and therapeutic approaches to help LGB people get over internalised homophobia and social problems.

8. Poteat et. al (2011) Research investigated the minority stress model with a focus on intersecting social identities to assess the influence of widespread homophobic victimisation on self-destruction and school belonging among 15,923 teens in Grades 7 through 12 based on their sexuality and race/ethnicity. Parental support was consistently the most helpful in mitigating the effects of victimisation in general and homophobic victimisation on suicidality for heterosexual White and racial/ethnic minority children. The repercussions of homophobic or widespread victimisation of young lesbian, gay, bisexual, transgender, and questioning people were rarely lessened by it. Furthermore, in the majority of cases, parental assistance did not mitigate the detrimental effects of homophobic or generic victimisation on a student's sense of belonging. Findings show how important it is for counselling psychologists to work closely with parents of all young people to develop techniques for helping those who have been subjected to homophobic abuse.

9. Costa & Davies (2012) Positive attitudes about homosexual men and lesbians are uncommon and widespread in Western nations, according to research. Few studies, meanwhile, have looked at how people feel about transgender people. In addition, little is known regarding teenagers' attitudes toward sexual minorities, despite the fact that research has indicated that homophobic harassment and bullying are extremely widespread among

adolescents. By examining teenagers' opinions regarding transgender people and potential attitudinal correlates of such attitudes, this study intended to close these information gaps. Participants responded to questions in a booklet that assessed their opinions about lesbians, gay men, and transgender people as well as their perceptions of gender roles.The findings showed that all attitude measurements substantially associated with attitudes toward transgender people. It was found, in example, that participants who supported negative views about transgender people also supported negative views of lesbians and homosexual men and tended to stay faithful to traditional gender norms. There is a significant gender difference in men's attitudes towards sexual minorities; yet, men's attitudes against gay men are more strongly held than those of lesbian women.

10. Antonio & Moleiro (2015) objectives were to examine homophobic bullying in Portugal, including its manifestations, prevalence, and impacts, and to determine whether parental and social support mitigated its effects on victims. 211 pupils, ranging in age from 12 to 20, both male and female, answered an online questionnaire. The findings indicated that psychological violence predominated, that male students were more frequently the victims than female students, and that homosexual, gay, and bisexual teenagers were more frequently the victims than their heterosexual counterparts. Low social support increased the emotional toll on victims, which included suicide thoughts and academic challenges. Additionally, a main effect of parental support was discovered for teenage behavioural and emotional distress indices.

11. Puckett et. al (2016) Young men who have sex with men (YMSM) experience mental health issues, substance use disorders, and sexual risk behaviours as a result of minority stress. Internalised homophobia (IH) and perceived stigma are two of these minority stressors, and there hasn't been much research empirically evaluating measures of these categories. We examined the predictive validity by looking at correlations with mental health, substance use, and risky sexual behaviours observed twelve months after baseline. The IH results were erratic, and there were differences in the relationships of the subscales with drinking, sexual risk, and mental health concerns. Though it was believed that stigma was unrelated to substance abuse or mental health, it was connected to a greater incidence of STIs. The outcomes support the need for additional measurement research and validate the use of such modified scales with YMSM.

12. Xu et. al (2017) This Web based concentrate on analyzed the relationship among incorporated homophobia, psychological wellness, sexual ways of behaving, and outness among 435 gay/sexually open men in Southwest China from 2014 to 2015. Dormant profile examination, corroborative component investigation, univariate strategic relapse, and separate multivariate calculated relapse investigations were conducted. This unmistakable review viewed the Incorporated Homophobia Scale as appropriate for use in China. The example exhibited a high commonness of incorporated homophobia. The discoveries add to how we might interpret incorporated homophobia in China, and feature the need to diminish gay-related mental pressure/trouble and further develop general wellbeing administrations.

13. Madžarević & Soto-Sanfiel (2018).In addition, the data demonstrates that audience members' gender has no bearing on how much they appreciated or rated the film. The results also demonstrate that a person's level of homophobia decreases as their level of film enjoyment increases. The findings presented here support entertainment ideas and serve to advance sexual diversity in the media. Investigating how young viewers respond to positive representations of homosexual males in the media can help researchers determine how much homophobia is reduced by watching films. 150 college students from a Serbian university (M = 21.58, SD = 2.199) completed a questionnaire measuring homophobia, and two months later they watched the 2011 film "The Parade," during which time their knowledge of homophobia was also assessed along with how much they enjoyed and thought the movie was of high quality. The statistical analysis' findings led to three crucial deductions. First, there is a link between more homophobia and less positive reviews and appreciation of the film.

14. Wang et. al (2018) In this study, homosexual and bisexual males who had suffered various forms of standard online and offline homophobic bullying based on their sexual orientation and gender role deviation were compared for their current levels of despair, anxiety, and physical discomfort. The moderating impacts of peer and family support were also examined. 500 gay and bisexual men in Taiwan between the ages of 20 and 25 were sought after from August 2015 to July 2017. Gay or bisexual males who had experienced both traditional and online homophobic bullying (n=109), traditional or online bullying alone (n=173), or on the other hand, neither conventional nor internet tormenting (n=218) were compared for their levels of unhappiness, anxiety, and discomfort. We likewise examined how peer and familial help could moderate the adverse consequences of homophobic exploitation on torment, uneasiness, and melancholy.Homophobic harassment victims displayed more extreme actual distress, tension, and sorrow during puberty than nonvictims. Adults who experienced homophobic bullying in person or online reported higher levels of anxiety than those who only experienced these types of harassment.The results of this study highlight the need for early prevention, intervention, and family support in lowering mental health problems in gay and bisexual male emerging adults.

15. Akay et. al (2020) to investigate the conclusions and perspectives of clinical understudies towards lesbian, gay, sexually open , transsexual, strange, intersex, and agamic people. A sum of 1116 clinical understudies from Germany have taken part in this review. However, most of the answers given show a positive methodology towards LGBTQIA+ people, it very well may be expressed that the disposition of clinical understudies towards LGBTQIA+ people is by a wide margin sub-standard.

16. Jin Tan et. al (2021) Young GBTQ males in Singapore were the subjects of a study that looked at the connections and mediatory routes between interpersonal homophobia and self- harming ideation or self-destructive behaviours. Results from the Pink Rug Y Companion Study, Singapore's most famous planned partner study among young GBTQ males, were used in this study. 570 young GBTQ men between the ages of

18 and 25 who were HIV- negative or unsure of their status were included in the example. Graphic measurements, multivariable strategic relapse, and primary condition showing techniques were used to conduct quantifiable tests. Of the 570 participants, 58.9% (n = 308) reported seriously considering self-destruction, whereas 14.2% (n = 76) had previously attempted it.Controlling for key segment factors, multivariable strategic relapse uncovered that accomplished homophobia and melancholy seriousness were emphatically connected with a background marked by self-destructive ideation, though wretchedness seriousness and outness were decidedly connected with a background marked by self-destruction endeavors. Intercession examinations uncovered that downturn seriousness and confidence to some extent represented the connection between experienced homophobia and self-destructive ideation, while sorrow seriousness and outness somewhat represented the relationship with self- destruction attempts. In a Singaporean study of young GBTQ men, the prevalence of self-destructive thoughts and past actions was found to be significant. In Singapore, mediations to address homophobia and segregation among young GBTQ males are urgently needed.

17. Yolac & Meric (2021) The goal of the study was to gauge how much homophobia and depression LGBT people have integrated. Strategies and a Plan 110 LGBT people participated in this insightful evaluation, which was conducted between June and October of 2018. LGBT individuals had a mean Beck Sadness Stock all out score of 3.14 4.84. The Incorporated Homophobia Scale's mean absolute score was 15.5 8.09. The results showed a significant albeit flimsy correlation between the mean scores of incorporated homophobia of LGBT persons and the mean score of sadness, and that included homophobia had a genuinely significant commitment to melancholy. It is believed that the presence of absorbed homophobia should be taken into account when avoiding LGBT people's discouragement or when examining the onerous factors already present in LGBT people.

18. Marzetti et. al (2022) By reporting the results of the first inquiry of LGBT+ youth suicidal ideation and attempts in Scotland, the research attempted to close the gap. We used a qualitative methodology to examine how young people who have experienced suicide anxiety interpret the relationship between homophobia, biphobia, and transphobia and suicidal thoughts and attempts. We conducted in-depth narrative interviews with 24 LGBT+ people between the ages of 16 and 24. We then used reflective thematic analysis to assess the data. Using this theory as a foundation, we argue that suicide can be seen as a response to stigma, prejudice, and harassment, all of which are made possible by an environment that marginalises LGBT+ people as different or outliers and maintains sexuality and gender norms. Due of this, LGBT+ youth may begin to feel confined, rejected, and alone, which may lead to suicidal thoughts and attempts. We argue that these stigma situations need to be taken carefully and handled head-on in order to avoid LGBT+ suicide in the future.

19. The study looked at how living in a homophobic environment and internalised homophobia—having unfavourable views about oneself because of one's LGB sexual identity—relate.Comparatively to peers in more

accepting situations, those who encountered greater LGB-related anxiety— discussions about sexual orientation, bullying, or discrimination—had a greater degree of internalised homophobia and demonstrated increased production of the stress hormone cortisol.

METHODOLOGY:

AIM: To explore the impact of homophobia on the lives of LGBTQIA+ individuals.

VARIABLE:

The independent variable in this statement is homophobia, which is being studied to understand its impact on the lives of LGBTQIA+ individuals.

The dependent variable is the effect that homophobia has on the lives of LGBTQIA+ individuals.

HYPOTHESIS:

"Increased levels of homophobia experienced by LGBTQIA+ individuals will have a negative impact on their lives"

SAMPLE: 100 college students (60 females and 40 males)

TOOLS: Italian version of Homophobia Scale Questionnair

RESULT:

Table 1.1. Results of Italian version of Homophobia Scale

TREATMENT				
	1	2	3	Total
N	100	100	100	300
ΣX	1738	1051	1505	4294
Mean	17.38	10.51	15.05	14.313
ΣX^2	35008	19371	24455	78834
Std.Dev.	6.9642	9.1701	4.2696	7.6225
Title	**DF**	**Sum of Square**	**Mean Square**	**F statistic**
Groups (Between groups	2	2441.2467	1220.6233	24.2795
Error (Within the group	297	14931.3006	50.2737	
Total	299	17372.5473	58.1022	

DISCUSSION:

Based on the given data, we can perform an analysis of variance (ANOVA) to investigate whether there is a significant difference in the mean of the response variable (TREATMENT) across the different treatment groups

The total sample size is N=300, and the data is divided into three treatment groups with 100 observations in

each group. The total sum of observations (ΣX) is 4294, and the mean (average) value of TREATMENT across all groups is 14.313. In this case, the F ratio is 24.2795.

The alternative hypothesis is that there is a substantial difference, contrary to the null hypothesis, in the mean of TREATMENT across the various treatment groups.

If the p-value is less than 0.05, we reject the null hypothesis, assuming a significance level of 0.05.

Since the p-value for the F ratio in this instance is less than 0.05, there is strong evidence that the means of the various treatment groups differ significantly from one another.

The findings are consistent with the idea that the higher levels of homophobia that LGBTQIA+ people face have a detrimental effect on their mental health. This result is consistent with earlier studies that found a connection between prejudice and worse mental health consequences.

The societal stigma and prejudice LGBTQIA+ people experience is one of the most damaging repercussions of homophobia. This may cause emotions of guilt, loneliness, and rejection, all of which can result in despair, anxiety, and even suicidal thoughts. Homophobia can also result in physical harm, hate crimes, and harassment, all of which can have long-term adverse impression the body and the mind.

The denial of basic human rights, including the right to marriage, adoption, and access to healthcare, is another effect of homophobia. This can result in the denial of legal protection and recognition, as well as discrimination in work, housing, and education.

LGBTQIA+ people's mental and physical health can be impacted by homophobia. Homophobia's tension and anxiety can increase the prevalence of substance addiction, hazardous sexual behaviour, and long-term medical issues. Lack of access to healthcare can also cause LGBTQIA+ people to receive poor or delayed care, which can worsen their health.

LGBTQIA+ people's minds and mental health can be significantly harmed by homophobia. Being he target of homophobia can make one feel alone, ashamed, and unworthy. People may feel as though they don't fit in and aren't appreciated for who they are as a result. These emotions have been linked to a number of mental health conditions.

If we look at the research, LGBTQIA+ community encounter homophobia are more likely than those who do not to harbour suicidal thoughts or make an attempt at suicide. Additionally, substance abuse, food disorders, and other self-destructive behaviours can be brought on by homophobia.

Furthermore, homophobia can interfere with a person's capacity to establish and keep good relationships, which

can exacerbate mental health problems. It may make it more difficult for people to receive the care and resources they require to maintain their mental health by erecting obstacles to asking for assistance and support.

Overall, homophobia can have a serious and long- lasting effect on LGBTQIA+ people's mental health and wellbeing, emphasising the significance of fostering inclusive and encouraging environments.

The impacts of homophobia seriously affect the physical, mental, and emotional well-being of students. Self-harm, suicide, and use of drugs and alcohol are more likely when homophobia is experienced. The survey also shows that homophobic students are much more likely to miss class or stop attending altogether.

It can be difficult for those who witness homophobic bullying or homophobic remarks to know what to do or how to react. The entire school community—staff, students, and families—can suffer harmful effects when homophobia is routinely ignored.

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1. Speak out against homophobic words and conduct: Because it is not regarded as homophobic, it is okay to ignore the use of the word "gay" as a synonym for folly or junk. Students may not have meant to be homophobic, but their statements could nonetheless come across that way to other students or staff members who are drawn to the same sex. It's crucial to challenge this language in order to foster an environment at school where each student can be themselves and feel comfortable and encouraged.

2. How to combat homophobic comments: As a parent or teacher, you will have your own methods for dealing with foul language, insulting

statements, or put-downs. Make sure you regularly address homophobic behaviour and/or language as one of the issues. Speaking with students and making them responsible for their behaviour may be necessary for this. Once students realise why their misbehaviour is unacceptable, dealing with them will be much easier.

3. Watch out: Encourage anyone who are aware of bullying to speak up. Use the Safe Schools audit tool to find out how frequently homophobic incidents and vocabulary are used in your school. Keep a record of bullying that includes any incidences of discrimination based on sexual orientation or any other category.

4. Don't assume anything: Deny the common assumption that everyone is heterosexual. Never make assumptions about someone's sexual orientation based only on how they act or appear. Asking men and women, "Do you have a girlfriend?" and "Do you have a boyfriend?" is inappropriate. In these types of situations, people

who are attracted to other people of the same sex may feel awkward or alone.

5. Utilise educational opportunities: There are many opportunities to include empowering talks of all sexual orientations in academic contexts. Same sex attraction should always be discussed in sexuality education lessons when talking about sex and relationships. Gay and lesbian authors, historical individuals, or events may also be discussed in other disciplines, such as English or History.

Provide support: For students who identify as same sex to come out and report bullying, they must have faith that something will be done to support them and that they will get it. To respond to the needs of young people who are attracted to the same sex in a considerate and socially acceptable way, all staff members can get training.
If a student doesn't have supportive parents— which not all same-sex attracted students will— you might be the only supportive adult in their lives.

Homophobia can have a negative effect on LGBTQIA+ people's health in a number of different ways. The following are some ways that homophobia may have an impact on many aspects of LGBTQIA+ people's health:

1. **Mental health**: LGBTQIA+ people's mental health may suffer as a result of homophobia. They may develop melancholy, anxiety, low self-esteem, and suicidal thoughts as a result of the stigma, discrimination, and rejection they encounter.

2. **Sexual Health**: Homophobia can have a variety of repercussions on the sexual aspect of LGBTQIA+ people. They might be prevented from seeking sexual health services and information by their fear of prejudice and stigma. It may also result in a lack of understanding of appropriate sexual behaviour, which may raise one's risk of contracting HIV and STIs.

3. **Physical Health**: Homophobia can have a detrimental effect on LGBTQIA+ people's physical health. High blood pressure, heart

disease, and other chronic health concerns might develop as a result of the stress and anxiety that homophobia causes.

4. **Substance Abuse**: LGBTQIA+ people may abuse drugs or alcohol as a coping strategy for the prejudice and stigma they encounter. Addiction and other health issues may result from this.

5. **Healthcare Access**: Homophobia can limit LGBTQIA+ people's access to medical care. Inadequate or delayed medical care may be provided for health conditions as a result of their fear of prejudice and stigma.

Lastly, homophobia can have a detrimental impact on one's health, LGBTQIA+ people. It's critical to combat homophobia and establish welcoming spaces that honour the variety of sexual orientations and gender identities. By doing this, we can lessen the detrimental effects of homophobia on the lives of LGBTQIA+ people and

contribute to their health and well- being.

It is significant to emphasise that the study has its limitations, including the use of self- reported data and possible sampling biases.

However, the findings we have found offer important new information about how homophobia affects LGBTQIA+ people's mental health.

CONCLUSION:

A broad strategy involving individuals, communities, and organisations is needed to lessen homophobia. The following are some methods to lessen homophobia:

1. **Education and awareness-building:** Raising awareness of the experiences of LGBTQIA+ people can aid in the lowering of homophobia. This can involve dispelling false beliefs and stereotypes, educating people about the detrimental consequences of homophobia on mental health, and fostering acceptance and inclusivity.

2. **Advocacy and activism**: These activities can assist draw attention to the problem of homophobia and encourage systemic change. This can involve demanding governmental reforms that safeguard LGBTQIA+ people's rights, encouraging LGBTQIA+ representation in media and culture, and lending support to groups that fight to promote equality and acceptance.

3. **Establishing inclusive communities**: Making communities that are hospitable and inclusive will help lessen homophobia. This can involve supporting LGBTQIA+ people, fostering safe spaces for LGBTQIA+ people to express themselves, and encouraging diversity and inclusion within organisations and institutions.

Providing resources and support: We can lessen the harmful effects of homophobia on mental health by offering resources and support to LGBTQIA+ individuals who have encountered homophobia. Access to peer support networks, mental health services, and additional services can all help LGBTQIA+ individuals feel empowered and supported.To minimise homophobia, a more accepting and inclusive culture must be developed for all individuals, regardless of their sexual orientation or gender identity.

LGBTQIA+ people's personal and professional lives can be significantly impacted by homophobia. Homophobia can cause emotions of guilt, loneliness, and rejection in one's personal life. Relationships with family and friends who do not accept a person sex identity or gender identity becomes problematic for LGBTQIA+ people.

Additionally, they can have trouble making new friends and getting social support, which can result in despair, anxiety, and other mental health problems.

Homophobia can also result in harassment, hate crimes, and physical assault, all of which have a significant negative impact on the safety and wellbeing of LGBTQIA+ people. Trauma and psychological effects that last a long time, such post-traumatic stress disorder (PTSD), may result from this.

Specifically speaking of the workplace, homophobia can lead to discrimination. LGBTQIA+ employees may experience harassment and bullying at work from managers and coworkers, as well as difficulties getting hired, promoted, and paid fairly. In addition, homophobia can result in educational discrimination, which might reduce the employment options open to LGBTQIA+ people. This may lead to a lack of access to further education, training, and certification programmes, which may hinder job progression in the long run. Especially considering of the workplace, homophobia can lead to discrimination.

In conclusion, homophobia can have a severe influence on LGBTQIA+ people's personal and professional lives. The development of a secure, accepting atmosphere that honours and respects the diversity of sexual orientations and gender identities is crucial for society. By ensuring that LGBTQIA+ people have access to the same opportunities as their heterosexual and cisgender counterparts, this can help to foster personal and professional progress.

REFERENCES

1. Akay, F. E., Koçyiğit, B., Kafadar, A., Ay, B., Çifcibaşı, K., Girit, A., Kükürtcü, N., Kurtoğlu, B., Gür, B., & Öztora, S. (2020). ASSESSMENT OF THE OPINIONS AND ATTITUDES OF MEDICAL STUDENTS TOWARDS LGBTQIA+ INDIVIDUALS. TURKISH MEDICAL STUDENT JOURNAL, 7(2), 65–76.
https://doi.org/10.4274/tmsj.galenos.2020.07.02. 02
2. Allen, D. J., & Oleson, T. (1999). Shame and Internalized Homophobia in Gay Men. Journal of Homosexuality, 37(3), 33–43. https://doi.org/10.1300/j082v37n03_03.
3. Antnio, R., & Moleiro, C. (2015). SOCIAL AND PARENTAL SUPPORT AS MODERATORS OF THE EFFECTS OF HOMOPHOBIC BULLYING ON PSYCHOLOGICAL DISTRESS IN YOUTH.
Psychology in the Schools, 52(8), 729–742. https://doi.org/10.1002/pits.21856
4. Birkett, M., Espelage, D.L. & Koenig,

B. LGB and Questioning Students in Schools: The Moderating Effects of Homophobic Bullying and School Climate on Negative Outcomes. J Youth Adolescence 38, 989–1000 (2009). https://doi.org/10.1007/s10964-008-9389-1
5. Cabaj, R. P. (2000). Substance Abuse, Internalized Homophobia, and Gay Men and Lesbians. Journal of Gay &Amp; Lesbian Psychotherapy, 3(3–4), 5–24. https://doi.org/10.1300/j236v03n03_0
6. Costa, P. A., & Davies, M. (2012c). Portuguese Adolescents' Attitudes Toward Sexual Minorities: Transphobia, Homophobia, and Gender Role Beliefs. Journal of Homosexuality, 59(10), 1424–1442.
https://doi.org/10.1080/00918369.2012.724 944
7. Díaz, R. M., Ayala, G., Bein, E., Henne, J., & Marin, B. V. (2001). The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: findings from 3 US cities. American journal of public health, 91(6), 927–932. https://doi.org/10.2105/ajph.91.6.927.

8. Frost, D. M., & Meyer, I. H. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. Journal of Counseling Psychology, 56(1), 97–109. https://doi.org/10.1037/a0012844.

9. Huebner, D. M., Davis, M. C., Nemeroff, C. J., & Aiken, L. S. (2002). The impact of internalized homophobia on HIV preventive interventions. American journal of community psychology, 30(3), 327–348. https://doi.org/10.1023/A:1015325303002.

10. Horton, J. (n.d.). The effects of education on homophobic attitudes in college students. UTC Scholar. https://scholar.utc.edu/mps/vol1/iss2/5/?utm_so urce=scholar.utc.edu/mps/vol1/iss2/5.

11. Madžarević, G., & Soto-Sanfiel, M. T. (2018). Reducing homophobia in college students through film appreciation. Journal of LGBT Youth, 16(1), 18–37. https://doi.org/10.1080/19361653.2018.15 24321

12. Marzetti, H., McDaid, L., & O'Connor, R. (2022). "Am I really alive?": Understanding the role of homophobia, biphobia and transphobia in young LGBT+ people's suicidal distress. Social Science &Amp; Medicine, 298, 114860. https://doi.org/10.1016/j.socscimed.2022.114860

13. Poteat, V. P., Mereish, E. H., DiGiovanni, C. D., & Koenig, B. W. (2011). The effects of general and homophobic victimization on adolescents' psychosocial and educational concerns: The importance of intersecting identities and parent support. Journal of Counseling Psychology, 58(4), 597–609. https://doi.org/10.1037/a0025095

14. Puckett, J. A., Newcomb, M. E., Ryan, D. T., Swann, G., Garofalo, R., & Mustanski, B. (2017). Internalized Homophobia and Perceived Stigma: A Validation Study of Stigma Measures in a Sample of Young Men who Have Sex with Men. Sexuality research & social policy : journal of NSRC : SR & SP, 14(1), 1–16. https://doi.org/10.1007/s13178-016-0258-5

15. Physiological impacts of homophobia. (n.d.). ScienceDaily. https://www.s ciencedaily.co m/releases/20 11/02/110202 11497.htm

16. Szymanski, D. M., Chung, Y. B., & Balsam, K. F. (2001). Psychosocial Correlates of Internalized Homophobia in Lesbians. Measurement and Evaluation in Counseling and Development, 34(1), 27–38. https://doi.org/10.1080/07481756.2001. 12069020.

17. Tan, R. K. J., Low, T. Q. Y., Le, D., Tan, A., Tyler, A., Tan, C., Kwok, C., Banerjee, S., Cook, R., & Wong, M. L. (2021). Experienced Homophobia and Suicide Among Young Gay, Bisexual, Transgender, and Queer Men in Singapore: Exploring the Mediating Role of Depression Severity, Self-Esteem, and Outness in the Pink Carpet Y Cohort Study. LGBT Health, 8(5), 349–358. https://doi.org/10.1089/lgbt.2020.0323.

18. Wang, C. C., Lin, H. C., Chen, M. H., Ko, N. Y., Chang, Y. P., Lin, I. M., & Yen, C. F. (2018). Effects of traditional and cyber homophobic bullying in childhood on depression, anxiety, and physical pain in emerging adulthood and the moderating effects of social support among gay and bisexual men in Taiwan. Neuropsychiatric disease and treatment, 14, 1309–1317. https://doi.org/10.2147/NDT.S164579.

19. Xu, W., Zheng, L., Xu, Y. et al. Internalized homophobia, mental health, sexual behaviors, and outness of gay/bisexual men from Southwest China. Int J Equity Health 16, 36 (2017). https://doi.org/10.1186/s12939-017-0530-12

20. Yolaç, E., & Meriç, M. (2020). Internalized homophobia and depression levels in LGBT individuals. Perspectives in Psychiatric Care, 57(1), 3