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Eastern Illinois University

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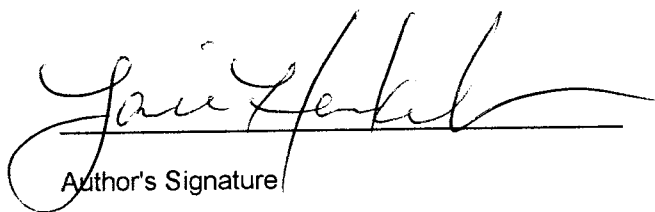
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**School-Based Support as a Mediator between Homophobic Bullying and
Depression in Sexual Minority Youth**

BY

Jamie Henkelman

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

Specialist in School Psychology

IN THE GRADUATE SCHOOL, EASTERN ILLINOIS UNIVERSITY
CHARLESTON, ILLINOIS

2011
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School-Based Support for Sexual Minority Youth 1

Running head: SCHOOL-BASED SUPPORT FOR SEXUAL MINORITY YOUTH

School-Based Support as a Mediator between Homophobic Bullying
and Depression in Sexual Minority Youth

Thesis for a Specialist's Degree in School Psychology
Eastern Illinois University

By

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2011

School-Based Support for Sexual Minority Youth 2

Table of Contents

List of Tables.	3
Acknowledgments.	4
Abstract.	5
Introduction.	6
Literature Review.	7
Definition of Terms.....	8
Nature of Bullying.....	10
Homophobic Bullying.....	12
Depression in Sexual Minority Youth.....	17
School-based Support.....	20
Theoretical Framework.....	25
Rationale for the Study.....	27
Hypotheses.	28
Methodology.	29
Participants.	29
Instruments.	31
Procedure.	36
Design and Data Analysis.....	37
Results.	39
Discussion.	48
References.	60
Appendices.	76
Appendix A: Letter.....	76
Appendix B: Survey.....	77

School-Based Support for Sexual Minority Youth 3

List of Tables

Table 1.1 Sexual Orientation Across Time.....	30
Table 2.1 Frequency Distribution for Homophobic Bullying (N = 195).....	40
Table 2.2 Frequency Distribution for School-based Support (N = 195).....	41
Table 3.1 Average Scores on Homophobic Bullying, Support, and Depression.....	43
Table 4.1 Comparison of Bullying Prevalence Rates According to Study.....	74
Table 5.1 Comparison of Support Availability According to Study.....	75

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Abstract

School-based support as a mediator between the relationship of homophobic bullying during high school and depression later on was examined retrospectively using a sample of 195 participants who identified as lesbian, gay, bisexual, or questioning. Participants were recruited from a Midwestern state via email and social networking sites through their college campus' Lesbian, Gay, Bisexual, Transgender campus groups. The survey was conducted online and used the Center for Epidemiological Studies Depression scale to measure depression symptoms. The modified version of the Gay Lesbian and Straight Education Network's Community Climate survey was used to measure school-based support and homophobic bullying. Results showed that school-based support was not a full or partial mediator for the relationship between homophobic bullying and later-on depression. However, results indicated that participants who experienced the most homophobic bullying reported significantly more symptoms of depression. Also, participants who reported the highest frequency of homophobic bullying reported significantly more school-based support. Additionally, male participants reported significantly more homophobic bullying than female participants. Finally, although the proposed model was not conclusive, further evidence is still needed to explore the impact of school-based support on the well-being of sexual minority youth.

School-Based Support as a Mediator between Homophobic Bullying
and Depression in Sexual Minority Youth

The primary purpose of this study was to investigate the relationship between school-based support, homophobic bullying, and self-reported depression in sexual minority students. Specifically, it was to determine whether school-based support was a mediator of the relationship between homophobic bullying and depression in sexual minority youth. These students are consistently reporting more symptoms of depression and are significantly more likely to report suicidal ideation (30%) and self-harm (21%) than their heterosexual peers who only report at a rate of 6% for both similar experiences (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). Thus, identifying the predictors of depression and suicidality in this population may guide prevention of depression, suicidality, and self-harm in minority youth. These poor outcomes for sexual minority youth seemed to be connected with high levels of homophobic victimization. For example, Almeida et al. (2009) found that perceived discrimination accounted for increased depressive symptomology among lesbian, gay, bisexual, and transsexual youth (LGBT), and accounted for an elevated risk of self-harm and suicidal ideation for male youth. Further, in the Gay, Lesbian, and Straight Education Network's (GLSEN) 2009 National School Climate Survey, 84.6% of LGB students reported verbal harassment, 40.1% reported physical harassment, and 18.8% reported physical assault because of their sexual orientation (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

In addition, because homophobic bullying often occurs at school, schools are expected to support these students and protect them from victimization. However, the role of school-based support for mediating homophobic victimization has not been well researched. A positive school climate, which can include support for LGB students, is one area that has some research. In 2008, Espelage et al. found that both sexual minority and heterosexual youth who reported moderate to high levels of positive school climate reported significantly less depression-suicidal feelings. They also found that students who reported the lowest level of positive school climate and the highest frequency of homophobic teasing reported high depression-suicidal feelings. There is a need for more research for determining whether or not school-support is related to lower incidence of homophobic bullying in sexual minority youth. The current study attempted to fill this gap in the literature.

Although emerging literature is exploring the impact of school-based supports on sexual minority youth (Birkett, Espelage & Koenig, 2009; Espelage, Aragon, Birkett, & Koenig, 2008; Goodenow, Szalacha, & Westheimer, 2006; Kosciw, Greytak, Diaz, & Bartkiewicz, 2010) most of these studies are limited due to problems with methodology or restricted school-based samples. A school-based sample is entirely made up of minors (younger than 18 years old), and LGBT-specific measures that allow a more in-depth assessment of this population's experiences are not often approved by the schools or parents. In addition, some studies did not assess depression (e.g., Kosciw et al., 2010). The current study was a population-based, retrospective survey. Unlike previous studies,

this study includes an in-depth measure of homophobic bullying and depression in order to understand the long-term outcome of homophobic bullying for sexual minority youth and the mediating role of school-based support.

Definition of Terms

What is meant by sexual minority, homophobic bullying, depression, school-based support and youth in this study? *Sexual minority youth* is a relatively new term used to describe adolescents who self-identify as lesbian, gay, bisexual, transgender or questioning, also known as LGBQ, LGBT and LGB (Goodenow, Szalacha, & Westheimer, 2006). These terms and acronyms are mostly interchangeable. The omission of any letter represents the exclusion of that sub-population. For example, the current study omitted the “T” from LGBT which represents individuals who self-identify as transgender or transsexual, due to a lack of established research for this sub-population. Thus, this study focused on the population who self-identified as lesbian, gay, bisexual or questioning (LGBQ) during the completion of the survey.

The current study asserted that sexual minority students can often be victims of homophobic bullying. What is homophobic bullying? *Homophobic bullying* is defined as malicious treatment of individuals based on their perceived LGB orientation and generally falls under one of the following categories: teasing, threats, harassment, or assault (Birkett, Espelage, & Koenig, 2009 & Pilkington & D’Augelli, 1995;). Another assertion made in this study was that sexual minority students who are victims of homophobic bullying are more likely to experience depression. Then, in this study, *depression* was defined based on

the criteria for Major Depressive Disorder from the Diagnostic and Statistical Manual, Fourth Edition-Text Revision (DSM-IV-TR) because of its precise criteria. According to this manual, clinical depression is defined as having one or more Major Depressive Episodes consisting of at least two weeks of depressed mood or loss of interest, as well as at least four additional symptoms of depression. These additional symptoms can include significant weight loss or weight gain; insomnia or hypersomnia; psychomotor agitation or retardation; fatigue or loss of energy; feelings of worthlessness or excessive/inappropriate guilt; diminished ability to think, concentrate, or make decisions; and recurrent thoughts of death, suicidal ideation, or suicide attempts (American Psychiatric Association, 2000).

If sexual minority students who are victims of homophobic bullying are prone to depression, the logical question is what can mediate these events? It is assumed that school-based support may mediate the relationship between homophobic bullying and depression in use with sexual minority youth. It is understood that *school-based support* is designed to prevent or intervene with homophobic bullying. For instance, school-based support may be offered in terms of advocacy, support group, education, or resources (Poynter & Tubbs, 2007). Finally, *youth* is defined as those students between the age of 14 and 21 years (D'Augelli, Pilkington, & Hershberger, 2002; & Pilkington & D'Augelli, 1995). With this understanding of terms, the evolution of the term sexual minority is presented below.

As society began to understand the variants of human sexuality, several new terms and expression emerged. For example, *sexual identity* refers to the labels commonly used

to describe an individual's sexual orientation (American Psychiatric Association, 2008; & Russell & Joyner, 2001), which describes which sex or sexes an individual predominantly experiences attraction and romantic feelings towards (American Psychological Association, 2008). Thus, *gay* is the sexual identity of men who experience attraction and romantic feelings predominantly for other men. *Lesbian* is the sexual identity of women who experience attraction and romantic feelings predominantly for other women. *Bisexual* is a sexual identity of both men and women who experience attraction and romantic feelings for individuals of the same-sex and opposite-sex (American Psychiatric Association, 2008). On the other hand, *questioning individuals* are uncertain of their sexual orientation and are still developing their sexual identity (Huegel, 2003). In comparison to sexual minority, straight is a sexual identity of both men and women who predominantly experience attraction and romantic feelings for individuals of the opposite-sex.

To summarize the foregoing, based on the current literature, this study predicted that there would be a relationship between depression in sexual minority students and homophobic bullying; and that school-based support system can mediate between these two. Further, the definition of sexual minority, homophobic bullying, depression, school-based support, and what is meant by youth, sexual orientation and sexual identity in this study is presented. In the following section the general nature of bullying is discussed.

The Nature of Bullying

In order to understand homophobic bullying, a background in the underlying

concept of bullying may be useful. Any bullying is a form of aggressive behavior that is intentional, physically or psychologically hurtful, persistent/repeated, or threatening (Beane, 2004; Sampson, 2009). This bullying can be direct or indirect. Direct bullying can be physical (e.g., hitting) or verbal (e.g., name calling). Indirect bullying (e.g., spreading malicious rumors or social isolation or rejection) is often known as social or relational bullying, and it is more covert in nature (Beane, 2004; Sampson, 2009; Seale, 2004). In addition, a relatively new form of bullying is cyberbullying, which includes sending negative text messages or threatening images on cell phones, e-mail, voicemail, or social websites, such as Facebook or MySpace (Beane, 2004; Sampson, 2009). However, the impact of homophobic cyberbullying has not yet been researched.

In terms of the prevalence of bullying, a plethora of studies have reported the incidence. Overall, according to Nansel et al. (2001), almost 30% of youth in the United States (around 5.7 million students) are estimated to be involved in bullying. The authors conducted a national survey of students in grades 6 to 10 and found that 13% reported bullying others, 11% were victims of bullying, and 6% reported both bullying and being bullied. Bullying seems to occur in all ages and schools that often lack structure and adult supervision (Bean, 2008; Bryne, 1994; Olweus, 1995); and gender differences exist. For example, boys use more direct bullying and bully both boys and girls; while girls engage in more indirect bullying and bully other girls (Mullin-Rindler, 2002). Specifically, boys use more physical aggression than girls (Espelage, Bowsworth, & Simon, 2000; Hyde, 1986).

The consequences of bullying are less than positive, 10% of school dropout is due to repeated bullying (Weinhold & Weinhold, 1998), 160,000 students stay home from school per day because of bullying (Fried & Fried, 2003), and 30% of all child suicides are directly related to bullying (Hawker & Boulton, 2000). Other studies have found that bullying leads to long-lasting harmful emotional effects, such as loneliness, low self-esteem, depression and anxiety disorders, post-traumatic stress, and eating disorders (McMaster, Connolly, Pepler, & Craig, 1998; Olweus, 1993; Rigby, 2001). Despite these negative outcomes, Cohen and Canter (2003) found that 25% of teachers see nothing wrong with bullying or put-downs, and, therefore, intervene only in approximately 4% of bullying incidents.

Homophobic Bullying

Why do sexual minority youth experience more bullying? The answer may be found in the concept of homophobia. Homophobia and biphobia are “the fear or discomfort with lesbian, gay, and bisexual people and associated phenomena” (Russell & Horne, 2009). It has also been described as negative beliefs, attitudes, stereotypes, and behaviors towards LGB individuals (Espelage et al., 2008). This may be rooted in Albert Bandura’s theory of moral disengagement (Bandura, Barbaranelli, Caprara, and Pastorelli 1996). According to this theory, individuals learn culturally sanctioned beliefs about how they and others should behave, and these beliefs guide behaviors. However, individuals can also selectively suspend these beliefs through moral disengagement, a cognitive process. One way of disengaging is viewing one’s inhumane behavior as though it has a

moral purpose in order to make it socially acceptable. For example, an individual who believes heterosexuality is the norm can justify that bullying LGB youth has a moral purpose in order to support the behavior. Oliver, Hoover, and Hazler (1994) found that approximately 45% of boys and 30% of girls in their study believed that bullying had an educative purpose. Thus, the victim is responsible for inviting such a violent reaction or lesson for violating the norm. Further, youth who bully others report prebullying belief, which supports their behavior (Hymel, Rocke-Henderson & Bonanno, 2005).

Thompson and Zoloth (1990) support the cultural aspect of homophobia discussed above, but also describe homophobia as having three more interrelated types: personal, interpersonal, and institutional. Personal homophobia is an individual's own fears or feelings of discomfort toward LGB people or homosexual behaviors. Interpersonal homophobia, also known as homophobic bullying or "gay bashing", is the manifestation of that fear into malicious behaviors, such as verbally harassing, threatening, sexually assaulting, or being physically violent towards individuals perceived as LGB. Institutional homophobia includes a broad range of discriminatory practices both implicit and explicit toward LGB individuals in the workplace (Orchs, 1996).

In addition to the common occurrence of homophobic bullying already discussed (e.g., physical and verbal harassment and exclusion and isolation), there are some examples of deadly outcomes of homophobic bullying. For example in *Nabonzy v. Podlesny* (1996), an openly gay student was repeatedly attacked, kicked in the stomach, and urinated on by several other students on school premises (Cahill & Cianciotto, 2004;

Goodenow, Szalacha, & Westheimer, 2006). A more recent event resulted in a student's death, when 15-year-old Lawrence King was shot twice in the head by a 14-year-old classmate in Oxnard, California on February 12, 2008. The incident reportedly occurred due to the perpetrator's issues with the victim's openly gay appearance (Conoley, 2008).

Such tragedies have led to a call for research into the prevalence, severity, and diversity of homophobic bullying in the school setting. In 1995, Pilkington and D'Augelli surveyed 194 lesbian, gay, and bisexual youth (aged 15–21 years) during their attendance of a regular meeting of a lesbian and gay community center in the United States. Although dated, it is an important study because the author received a waiver for parental consent requirements. Many parents of lesbian, gay, and bisexual youth are unaware of their child's sexual orientation and the disclosure of such information or the participation in the research might cause risk of being discovered, thus youth might be less likely to participate. Due to the waiver, the pool of participants was not limited to youth who were out to their parents. The sexual minority youth completed pencil-and-paper questionnaires regarding victimization due to their sexual orientation in five different contexts: family, school, friends, employment, and the broader community. The different forms of victimization studied were verbal insults, threats of violence, physical assault, and sexual assault. They reported that 83% of sexual minority youth experienced some form of victimization. Some participants experienced verbal insults (80%) or sexual assaults (22%), had objects thrown at them (33%), or were kicked, hit, beaten, and punched (18%). The study was conducted solely in metropolitan areas, the participants

School-Based Support for Sexual Minority Youth 15

were predominantly male (73%), youth questioning their sexuality were excluded, and all participants were receiving social services.

The 1998 study by Garofalo, Wolf, Kessel, Palfrey, and DuRant was anonymously conducted on a representative, large sample of 4,159 9th to 12th grade students in Massachusetts' public high schools using data from the expanded Centers for Disease Control and Prevention's 1995 Youth Risk Behavior Survey. This study is important despite how dated it is because it was one of the first school-based surveys to include questions pertaining to sexual orientation. One hundred and four participants self-identified as gay, lesbian, or bisexual (2.5% of the overall sample). Participants who were "not sure" of their sexual orientation were excluded. This survey did not specify why the victimization was perceived as occurring (thus it is undetermined whether the bullying is homophobic in nature), but this did make direct comparisons of victimization rates possible. They found that within the school environment, LGB youth were more likely than others (heterosexual or questioning youth) to report being threatened/injured with a weapon (33% LGB vs. 7% others), failing to attend school because of fear (25% LGB vs. 5% others), having property stolen or deliberately damaged (51% LGB vs. 29% others), carrying a weapon (25% LGB vs. 9% others), and engaging in a physical fight (38% LGB vs. 14% others).

In a more recent study, D'Augelli, Pilkington, & Hershberger (2002) recruited participants aged 14 to 17 years of age using convenience sampling by contacting social and recreational groups for LGB via published lists of such groups and an Internet

School-Based Support for Sexual Minority Youth 16

announcement about the study. One youth group in New Zealand, 28 youth groups in the United States, representing 20 states, and 8 groups from 5 provinces in Canada, agreed to participate. An adult contact person involved with each group was identified and utilized to recruit youths. Groups agreeing to participate were sent packets of the questionnaires. While a total of 552 surveys were returned, respondents over the age of 21 and youth who identified as heterosexual, bisexual but mostly heterosexual, or uncertain of their sexual orientation were excluded. Thus, the final sample totaled 350 youths. Results showed that more than half (59%) experienced verbal abuse in high school, 24% were threatened with violence, 11% had objects thrown at them, 11% had been physically attacked, 2% were threatened with weapons, 5% were sexually assaulted, and 20% had been threatened with the disclosure of their sexual orientation.

The GLSEN 2009 National School Climate Survey also recruited participants using convenience sampling of 50 randomly-selected community-based groups, serving LGBT youth, from a list of over 300 groups nationwide and snowball sampling via online notices and advertising on LGBT-youth oriented listservs and websites, including MySpace and Facebook social networking sites (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010). The sample of 7,261 LGBT students represented all 50 states in the United States, and participants were 13 through 21 years old in grades 6 to 12. The study had adequate generalizability, about two-thirds of the sample (67.4%) was Caucasian and 57.1% girls. Due to the snowball sampling strategy over half of the sample identified as gay or lesbian (61.0%).

The survey asked students how often (either “never,” “rarely,” “sometimes,” “often,” or “frequently”) they had been verbally harassed, physically harassed, or physically assaulted during the past school year because of their sexual orientation, gender, gender expression, or actual or perceived race or ethnicity, disability, or religion. Verbal harassment (e.g. being called names or threatened) due to sexual orientation was reported by 84.6% of students, while 39.9% experienced verbal harassment often or frequently. Physical harassment (e.g., being pushed or shoved) because of sexual orientation was reported by 40.1% of students, and of these 12.9% experienced this type of victimization often or frequently. Physical assault (e.g. being punched, kicked, or injured with a weapon) due to sexual orientation was experienced by 18.8% of students, of which 5.5% experienced physical assault often or frequently. Although cyber bullying (being harassed or threatened by peers via electronic mediums such as text messages, emails, photos, instant messages or postings on social networking sites) was experienced by 52.9% of students, the study was not detailed enough to include homophobic cyberbullying. Now technology is a realistic life style, particularly for the youth; it is likely homophobic cyberbullying may also be a reality. Future research needs to address this phenomenon. How do sexual minority youth react to these aversive behaviors towards them? This question is addressed below.

Depression in Sexual Minority Youth

As previously stated, homophobic bullying is related to depression (Almeida et al., 2009). Then, what does depression look like in adolescents? Adolescents with

depression have higher risks of disruptive behaviors, anxiety, substance abuse, and unsafe sexual practices than adolescents without depression (Saluja et al., 2004). Other signs that are associated with depression in children and adolescents include frequent sadness, tearfulness, decreased interest in activities, low energy, persistent boredom, extreme sensitivity to rejection or failure, increased hostility or irritability, poor concentration, running away from home, major change in eating/sleeping patterns, and complaints of physical ailments (American Academy of Child Adolescent Psychiatry, 2010; National Institute of Mental Health, 2008). Furthermore, the school setting has known for over 20 years that student depression is associated with lower achievement scores, lower teacher-rated grades, and poor peer relationships (Riser et al., 1988).

Depression as described above is common within the youth population, 8% of adolescents report depression and over the long-term 25% have experienced depression at some point (Kessler et al., 2001; National Alliance on Mental Health, 2009). Yet LGB youth consistently indicate depression at a much higher rate. For example, D'Augelli and Hershberger (1993) discussed above found 41% of boys and 28% of girls to be “very troubled” or “extremely troubled” by depression. In addition, 42% of the participants reported that they had attempted suicide in the past. This rate is much higher than estimates of high school suicide attempt rates. Lewinsohn, Rohde, and Seely (1996) estimated lifetime suicide attempt rates among high school students to range from 6 to 10%. King (1997) reviewed population-based surveys and concluded that 7 to 16% of adolescents have made a suicide attempt.

School-Based Support for Sexual Minority Youth 19

Almeida, Johnson, Corliss, Molnar, and Azrael's (2009) study of 1,032 9th-12th grade students examined the association between emotional distress and being LGBT. Data were collected via a school-based survey, the Modified Depression Scale, and a shortened version of the DSM Scale for Depression, in Boston, Massachusetts. The scale assesses depressive symptomology within the last 30 days. Of the sample, 10% ($n=103$) were LGBT between the age of 13 and 19 years old. Results showed that LGBT youth scored significantly higher on the scale of depressive symptomology and they were also more likely than their heterosexual peers to report suicide ideation, 39% and 6%, respectively and self-harm (21% LGBT and 6% heterosexuals). These high incidence of suicide attempts among sexual minority is concerning.

Russel, Ryan, Toomey, Diaz, and Sanchez (2011) conducted a study using a sample of 245 LGBT young adults between the ages of 21 and 25 years, with an equal proportion of Latino and non-Latino White participants. They utilized a 10-item retrospective scale to assess school victimization due to actual or perceived LGBT identity experienced between the ages of 13 and 19 years. The Center for Epidemiological Studies Depression (CES-D) scale was used to assess symptoms of depression and the 10-item Rosenberg Self-Esteem Scale was used to measure young adult adjustment.

Between-group analysis of variance comparisons revealed that female participants reported less LGBT victimization than males and transgender young adults. Also, participants who identified as queer reported more LGBT victimization than gay, lesbian,

and bisexual participants. As for well-being, female participants generally reported lower negative mental health and higher positive adjustment than male participants.

Additionally, females reported less depression symptoms than males. However, this study found that LGBT school victimization accounted for the strong difference between males and females in overall levels of young adulthood depression. A Sobel's test indicated that LGBT victimization fully mediated the association between gender and young adult depression. A Sobel's test also indicated that LGBT victimization fully mediated the association between gender and suicidal ideation. Male participants had higher suicidal ideation scores on average, but this difference was again explained by males' higher rates of LGBT school victimization. In summary, this study found that LGBT school victimization mediated the strong link between gender and negative mental health in a retrospective sample of LGBT young adults.

To recapture the foregoing, the discussion thus far has outlined the nature of bullying and homophobic bullying in particular, and the face of depression for sexual minority youth. It would be recalled that this study hypothesized that school-based support may mediate the relationship between homophobic bullying and depression. The next section discusses the role school-based support plays in protecting sexual minority students.

School-based Support

As Poynter & Tubbs (2007) pointed out, *school-based support* is intended to prevent or intervene with homophobic bullying. A group of researchers (Birkett,

Espelage, & Koenig, 2009; & Espelage, Aragon, Birkett, & Koenig, 2008) analyzed data obtained from the 2005 Dane County Youth Assessment. Participants included 7,376 students from this large Midwestern County. Surveys were administered to 7th through 12th grade students and all schools had a survey return rate of 90 to 95%. The survey included items pertaining to sexual orientation, depression and suicidality, homophobic bullying, and positive school climate. Results showed that students who experienced the highest frequency of homophobic teasing and who perceived the lowest positive school climate reported high level of depression-suicidal feelings. Also, students who reported moderate to high levels of positive school climate reported significantly less depression-suicidal feelings. These results indicated that a positive school climate mediated the relationship between homophobic bullying due to sexual orientation and depression/suicidality. In fact, results indicated that LGBQ students were not the only ones who experienced less depression/suicidality when there was a positive school climate, heterosexual students also reported less depression/suicidality.

In the following a few examples of school supports, such as staff, student groups, and curriculum are presented along with research outcomes.

Staff support can manifest in many ways including taking on the form of an ally, advocate, LGBQ role model, and being available to provide emotional support. Allies are people who are members of the dominant or majority group who work to end oppression in their personal lives through support of, and as an advocate with and for, the oppressed population. Specifically, LGBQ allies are heterosexual individuals who strongly support

LGB rights and visibility (Russell & Horne, 2009). Peers can also play an important role in showing support by identifying (Poynter & Tubbs, 2007).

Staff members can also provide a safe zone for LGBQ individuals, that is, a space where LGBQ can be free of homophobic bullying and to discuss LGBQ issues. Such spaces are often marked with a symbol (e.g., rainbow, pink triangle, or hate free zone) in the form of a sticker or a sign on office doors (Poynter & Tubbs, 2007).

LGBQ role models are staff members who are LGB themselves (i.e., they are “out”, openly sexual minority) or they are perceived by LGBQ students as LGB. These individuals are looked up to for advice or suggestions, because they are perceived as having successfully navigated the same LGBQ youth experience. Staff members who play are advocates, allies, and LGBQ role models provide emotional support. Munoz-Plaza, Quinn, and Rounds (2002) define an emotionally supportive individual as caring, trustworthy, listening, and other similar affective behaviors. In GLSEN’s 2009 National School Climate Survey, fewer students (51.5%) reported feeling unsafe at their school because of their sexual orientation, if they had many (6 or more) supportive staff at their school. More students reported feeling unsafe (73.7%) in school because of their sexual orientation, if they had no supportive staff. This survey found that 94.5% of the students could identify at least one school staff member supportive of LGBT students at their school and 53.4% could identify six or more supportive school staff (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

Unlike staff support, LGBQ *support groups* or clubs provide students a forum to

learn about LGBQ issues or provide support and counseling for coming out (Griffin, Lee, Waugh, & Beyer, 2004; Lipkin, 2004; Kosciw, Greytak, & Diaz, 2008). Other groups are formed to offer LGBQ students and their allies a safe place to hang out, socialize, and participate in social activities, such as watching videos (Griffin et al., 2004; Lipkin, 2004). Still others strive to change the school through political activism and the promotion of respect for all members of the school community (Lipkin, 2004; Kosciw, Greytak, & Diaz, 2008). The most well-known LGBQ support group in the school context is the Gay-Straight Alliance (GSA). Gay Straight Alliances are student initiated, student run groups for lesbian, gay, bisexual, transgender, questioning, and heterosexual youth (Lee, 2002). They sponsor social, educational, and political activities.

Around forty four percent of LGBT students who participated in GLSEN's 2009 National School Climate reported having a GSA at school. They also reported hearing fewer homophobic remarks and were more likely to report that school personnel intervened when hearing homophobic remarks compared to students in schools without GSAs. Also, students attending a school with a GSA (54.3%) were less likely to feel unsafe because of their sexual orientation than those without a GSA (66.5%). Finally, 24.4% of students with a GSA experienced high levels of victimization based on their sexual orientation compared to 34.7% of those without a GSA. In 2008, there were approximately 126,000 public and private schools in the United States, and only 3,583 had GSAs, while only 111 middle or junior high schools and 18 elementary schools reported having a GSA or similar club (Kosciw, Greytak, & Diaz, 2008).

Finally, school environments can be made more supportive by adopting a *curriculum* that addresses LGB topics. According to Munoz-Plaza, Quinn, and Rounds (2002), examples of curricula that adequately represent the contributions of LGB individuals would be the inclusion of the history of LGB civil rights movement into the history courses and LGB authors into the English courses. On a more controversial level, sex-education curriculum would be expanded to include LGB issues beyond the discussion of HIV/AIDS.

The 2009 GLSEN National School Climate Survey found that 86.6% of LGBT students reported they had not been taught anything about LGBT people, history, or events in their classes. Students in schools with an inclusive curriculum were less likely to feel unsafe because of their sexual orientation (42.1%) than those without curriculum support (63.6%); and they were more likely to report that their classmates were somewhat or very accepting of LGBT peers (67.2%) than students in schools without an inclusive curriculum (37.3%). As for availability of LGB-related resources in the school, 17.9% reported textbooks or other assigned readings (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

As seen above, school supports can range from a support system for sexual minority youth to the availability of a few books in the library pertaining to LGB issues, events, or history. However, this low effort and low cost support system is not available in all schools (Poynter & Tubbs, 2007).

Theoretical Framework

To understand the relationship between homophobic bullying and depression in LGB youth, and how school-based support mediates it, it is important to turn to Erik Erikson's (1959) Stages of Psychosocial Development and Bronfenbrenner's Bioecological Systems Theory of Human Development (2005). According to Erik Erikson's theory, individuals develop through stages that occur in certain periods of the life span and each stage poses a challenge to ego development. For the current study, Stage 5 of Erik Erikson's theory (1959), Identity versus Identity Diffusion, explains the relationship between homophobic bullying and depression. Typically taking place in adolescence or young adulthood, Erikson describes this stage as the individuals' need for consistency between their perceived self and others' perception of them. In other words, in order to form a sense of Identity, adolescents need validation and encouragement from the social environment surrounding them, and failure to do so interferes with healthy development.

In the context of the present study, while heterosexual youth's sexual thoughts, attractions, and feelings typically converge with the mainstream during this stage of development; sexual minority youth's sexual orientation diverges from the dominant cultural norm (Rotherman-Borus & Fernandez, 1995). Thus, identity formation is particularly challenging for LGBQ youth. LGBQ youth often do not receive validation and encouragement from the social environment to cement their sexual identity. To the contrary, the social environment is often very critical and not accepting as manifested in

homophobic bullying (Savin-Williams & Cohen, 1996). This suggests that sexual minority youth may be at risk for mental health issues, such as depression and suicidality, due to the feeling that their identity is different and unaccepted by the social environment. One possible way of validating LGBQ individuals' identity is through school-based support as described in the previous section of this study.

This study also postulated that school-based support mediates the relationship between homophobic bullying and depression in sexual minority youth by changing the school environment that shapes the perception of sexual minority students' experiences in the school setting. This idea can be explained by Bronfenbrenner's Bioecological Systems Theory of Human Development (2001, 2005). According to this theory, individuals develop within the environments they are embedded, and each individual's own biology is the primary environment that sets the context for understanding the world around her or him. This model identifies layers of environment: Microsystem, Mesosystem, Exosystem, and Macrosystem. For this study, the focus was on the first two systems, microsystem and mesosystem. It is the interaction between the microsystem (e.g., biology or interpersonal relations in a face-to-face setting) and the mesosystem system (e.g., the school system or faith system) that is most influential in the development of the individual.

To apply this theory to sexual minority youth, sexual minority youth are understood to develop due to the interaction with the school system. Positive and supportive interaction would result in a positive outlook while the opposite is also true.

That is, as negative interactions with peers (homophobic bullying) result in feelings of depression or sadness, positive interactions with school-based support (i.e., supportive staff and curriculum, mesosystem) result in positive outcomes. Although the exosystem (e.g., non-discrimination policy) and the macrosystem (e.g., the broader social context) are indirectly related to the development of sexual minority youth, it is beyond the scope of this study to present an in depth discussion. Bronfenbrenner (2005) presents a comprehensive and rich description of his work.

Rationale for the Study

In sum, the literature is clear that sexual minority youth are often victims of homophobic bullying (D'Augelli et al., 2002; Kosciw et al., 2010), and this experience is related to depression (Almeida et al., 2009; & Goodenow et al., 2006). Further, emergent literature suggests that a school-based support system can mediate the relationship between these two negative experiences, being bullied and depression (Espelage et al., 2008; Espelage & Koenig, 2009). School-based support is not, however, well researched, and the existing literature has not yet explored the relationship between these three factors. The limited research in this area is flawed because of methodological problems or restricted due to the use of school-based samples, which cannot contain LGBTQ-specific measures that allow a more in depth assessment of this population's experiences. Schools and parents are hesitant about consenting to studies that explore homosexuality in adolescents. Therefore, the main purpose of the study was to investigate the relationship among homophobic bullying, depression, and school-based support system.

The current study was population-based and contained an in-depth measure of homophobic bullying, depression, and school-based support by using a retrospective sample. This study makes a unique contribution by assessing all three factors at the same time. The results may inform schools for creating a safe school environment for all children, and sexually minority youth in particular.

In this study, the following four hypotheses were made:

- ▲ Participants who experience higher incidences of homophobic bullying in high school report higher levels of depressive symptoms. Previous research has indicated that sexual minority students who experience homophobic bullying early (e.g., high school) report high level of depression as adults (Almeida et al., 2009; Birkett et al., 2009; Bontempo & D'Augelli, 2002; D'Augelli & Hershberger, 1993; Espelage et al., 2008).
- ▲ Participants who report the most school-based support in high school also report fewer incidences of homophobic bullying in high school. Previous research has indicated that sexual minority youth who report the presence of school-based supports in high school also report lower incidences of homophobic bullying in high school (Goodenow et al., 2006; & Kosciw et al., 2010).
- ▲ Participants who report attending high schools with more school-based supports report lower levels of depressive symptoms now. This hypothesis is based on previous research that indicated that sexual minority youth who have

school-based support in high school report lower levels of depressive symptoms (Birkett, Espelage, & Koenig, 2009; & Goodenow et al., 2006).

- △ School-based support partially or fully mediates the relationship between sexual minority students' experiences of homophobic bullying during high school and depression as adults (Birkett et al., 2009; Hershberger & D'Augelli, 1995).

Methodology

Participants

Of the 254 individuals who participated in the study, 195 participants met criteria by identifying as lesbian ($n = 75$), gay ($n = 45$), bisexual ($n = 70$), or questioning ($n = 5$) during the time of the study. The remaining 59 individuals did not complete all of the measures ($n = 44$) or identified as straight/heterosexual ($n = 15$) during the time of the study. These sexual minority youth reported attending high school within the past five years (60%) and were members of a LGBTQ campus group in colleges and universities in a Midwestern state. Any LGBTQ campus group with an online presence (discovered via search engine on college and university's websites) was invited to participate in this study. The majority of participants (53%) in this study volunteered by responding to a private message on a social-networking site, such as MySpace, LiveJournal, or Facebook. Others volunteered by responding to the invitation emails forwarded to them by the LGBTQ campus groups' leaders (47%).

Participants were asked to report which sexual orientation they identified as

School-Based Support for Sexual Minority Youth 30

during high school. They responded with the choice of lesbian ($n = 41$), gay ($n = 30$), bisexual ($n = 41$), questioning ($n = 58$), or straight/heterosexual ($n = 25$). A breakdown of participants' sexual orientation by sex category showed that 80 (59%) of female participants identified as lesbian, 52 (38%) as bisexual, and 4 (3%) as questioning. For the sex category of male, 39 (68%) of participants identified as gay, 17 (30%) as bisexual, and 1 (2%) as questioning. As for the sex category of intersex, 1 participant identified as lesbian and 1 participant identified as bisexual. These data are further represented in the table below to show how these participants' sexual identities evolved over time.

Table 1.1 Sexual Orientation Across Time

<i>Sexual Orientation</i>	<i>Percentage Orientation During Study</i>	<i>Percentage Orientation During HS</i>
Lesbian	39%	21%
Gay	23%	15%
Bisexual	36%	21%
Questioning	3%	30%
Straight/Heterosexual	0%	13%

With regards to race/ethnicity, 82% of the participants identified as White/European, 3% as African American or Black, 7% as Hispanic or Latino/Latina, 5% as Asian or Pacific Islander, 0% as Native American, and 4% as Other. This is different from GLSEN's 2009 National School Climate Survey, whose sample predominately self-

identified as White (69%), then Hispanic/Latino (13%), multi-racial (8%), African American/Black (7%), and less than 2% identified as Asian/Pacific Islander, Middle Eastern/Arab American or Native American/Alaska Native (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

Instruments

Center for Epidemiological Studies Depression Scale. To assess the depressive symptomology of participants, the Center for Epidemiological Studies Depression Scale (CESD) was used. This depression scale has 20 items. Items are scored and arranged on the Likert scale: zero point for “rarely or none (< 2 days)”, one point for “sometimes (2-4 days)”, two points for “occasionally (6-8 days)” and three points for “most or always (10-14 days).” These descriptions of each rating are condensed versions of CESD’s original rating scale. Also, participants were asked to answer the questions while thinking about the past 2 weeks, in order to reflect the DSM-V-TR criteria (2000). Examples of some of the items on this scale include “I was bothered by things that usually don’t bother me”, “I had crying spells”, and “I could not ‘get going’”. The scale also contains positively worded items, like “I enjoyed life” that are reverse scored. This measure has been used by several researchers to examine adolescent depression and has been shown to have good measurement properties (Cornwell, 2003; Radloff, 1977; Roberts et al. 1991). The scale’s overall score ranges from 0 to 60. According to Robert et al. (1991), the optimal cut-off scores for depression are 22 for boys and 24 for girls. For the purpose of this study, these scores were used to determine the level of depression and not to label

individuals as meeting criteria for depression.

To control for other reasons for depression, participants were asked how strongly they agreed or disagreed with the following statements: “being bullied due to my sexual orientation during high school has made me a stronger person, has made me feel emotionally troubled now, has not impacted who I am today, and has made me feel depressed now. Items were arranged on the Likert scale of “strongly disagree, disagree, undecided, agree, strongly agree, and not applicable.” Then, participants were asked, “If you feel depressed, please rate how strongly you agree or disagree with each of the following statements: I feel depressed because of homophobic bullying, psychosocial reasons, medical reasons, and familial/genetic factors.” Again, items were arranged on the Likert scale of “strongly disagree” to “strongly agree,” but also with an option of “I do not feel depressed.”

The National School Climate Survey. The modified version of the latest National School Climate Survey was used to assess homophobic bullying victimization and school based support. The Gay, Lesbian, and Straight Education Network (GLSEN) has been conducting biennial research regarding the experiences of sexual minority youth in schools using the National School Climate Survey since 1999. This survey was made available at GLSEN’s website in 2006.

As indicated above, the items on the original survey were modified to fit the retrospective design of this study. The original survey was designed to be used with a sample of youth still attending high school and included items pertaining to

discrimination based on gender, gender expression, race, sexual orientation, religion, and disabilities. The original survey was modified so that the questions were retrospective in nature, asking about high school experiences, thus it could be used on a college population asking them about their past, not on-going current, experiences. Thus, instead of using the items to measure current experiences, the modified items were used to measure past experiences. Finally, the survey was modified to include only items pertaining to sexual orientation. The survey attempts to assess various types of victimization: Verbal, physical (e.g., self or property), social (e.g., rumors), and sexual. The following are three of the eight total items used to measure homophobic bullying: “During high school, how often were you verbally harassed (i.e., name calling, threats, etc.), how often were you physically harassed (i.e., shoved, pushed, injured with weapons, etc.), how often were you sexually harassed at your school, such as sexual remarks made toward you or someone touching your body inappropriately, or how often were mean rumors or lies spread about you at school because of your sexual orientation?” Responses are on a Likert Scale ranging from 0 to 4 (4 being frequently, often, sometimes, rarely, and 0 being never). Therefore, with 8 total items, the possible range of scores is 0 to 32 for the measure of homophobic bullying. The GLSEN measure did not operationally define these terms. This current study used the operational definitions used in past literature by Olweus (1991), Whitney and Smith (1993), Rivers (2001), and Goodenow (2006) regarding victimization measures. The following definition is used: ‘frequently = < 1 once a week’, ‘often = once a week’, ‘sometimes = once a month’,

'rarely = 1-2 a semester', and 'never = 0-1 during high school'. The results will indicate the frequency of victimization by adding up the responses across items; and they will be used to assess the relationship between frequency of victimization and self-reported depression.

To assess *School-based support*, again the modified version of the GLSEN National School Climate survey was used in addition to items from both Goodenow's (2006) and Russell and McGuire's (2008) survey. These ten items fell into three different categories: staff (4 items), student groups (2 items), and curriculum (4 items). The items that were used to assess the three different categories of support are provided below.

Staff support was measured using the items, "Was there any individual teacher or other school staff person who was supportive of LGBT students at your high school?" "Was there any teacher or other school staff person at your school who was open about being lesbian, gay, bisexual or transgender?" And, "Did you feel you had school staff you could talk to about a problem?" along with "Did school personnel stop slurs and harassment when they occurred?" Curriculum support was measured using the following modified items from GLSEN's survey: "Were there books or other resources in your high school library that contained information about LGBT people, history or events?" "Were you able to use school computers to access websites about LGBT people, history or events?" And, "If you wanted more information and support from your high school about sexual orientation or LGBQ issues, did you know where to go?" along with "In your classes at high school, did you ever learn about LGB people, discuss LGB history or

current news events, or receive information about sexual orientation?” Response options on the staff and curriculum support items are ‘Yes, No, or Don’t Know’. Sample items for student group support are “Did your high school have a Gay/Straight Alliance or another type of club that addressed LGBTQ student issues?” And, “Did your high school inform students about a community-based Gay/Straight Alliance or another type of club in the community that addressed LGBTQ student issues?” Participants were able to choose a “Yes or No” response.

These items were very similar to items used in other literature assessing school-based supports for sexual minority youth, such as research done by Chesir-Teran and Hughes (2009), Rivers (2001), Goodenow (2006), Rankin (2003), and Russell and McGuire (2008). For the purpose of this study, the presence of school-based support was assessed by a “yes” response to any item related to school-based support, while a response of “no” or “I don’t know” indicated the lack of school-based supports. The amount of “yes” responses constituted the frequency total of support each participant reported experiencing. Therefore, possible scores range from 0 to 10.

Finally, *demographic information* was sought. Participants were asked to self-identify their sex (e.g., male, female, or intersex), their current sexual orientation (e.g. lesbian, gay, bisexual, straight/heterosexual, or questioning), and the sexual orientation they identified as during high school. This information was used to assess whether or not experiences differ based on sexual orientation or sex. Other demographic information sought included age, race, years spent in high school, date of last year in high school

(because they might have graduated or dropped out), and whether or not they were currently attending college (most LGBQ campus groups are open to the community).

Procedure

Once the proposal was approved and IRB approval was granted, participants were recruited by using a snowball sampling of LGBQ college students in a Midwestern state. To target the LGBQ population, an email was sent to administrators (heads) of LGBQ groups asking them to send a notice out to their members. This e-mail served as a notice to the LGBQ membership of the upcoming online survey regarding their experiences in high school. The actual survey's website link was sent via email to the LGBQ group leaders to be forwarded to their membership or through private message on a social-networking site (such as MySpace, LiveJournal, or Facebook). Regardless of the venue, a detailed email, explaining the purpose of the study, requesting participation in the study, and assuring confidentiality (no identifying information is sought) and the voluntary nature of the study accompanied the survey.

The email also included the online survey's web address and a password to be used when logging in to fill out the survey. Once the password was submitted, participants entered the survey and were immediately introduced to the purpose of the study and the minimal risk involved (possible distress). Because only adults, 18 years or older, are invited to participate in this study, completing the survey indicated that the participant was a majority adult and had given consent to participate. Once participants submitted the completed survey, their IP addresses were instantly blocked in order to

eliminate multiple submissions. If potential participants decide not to complete the survey, they could click on “Exit Survey”. For those who wished to participate, a step by step direction was provided within the survey itself (e.g., circle or check the choice that describes you the best).

Because the current study was based on a retroactive survey, participants were instructed to fill out the bullying and school-based support questionnaire reflecting upon their time spent in high school. When filling out the depression scale, participants were instructed to reflect back upon the last two weeks. In addition, because the survey deals with unpleasant events, participants were encouraged to seek counseling at their institution or community mental health service, if completing the survey caused them distress. Finally, to assure further confidentiality, results of the survey were made available to this researcher only and were only accessible by a secure username and password. The data were exported and entered into Statistical Package for the Social Sciences (SPSS) for analysis; and once data collection was completed, the data were purged from the website used to collect data.

Design and Data Analysis

Design. In order to demonstrate mediation, three conditions must be met according to Baron and Kenny (1986). First the independent variable (homophobic bullying), the proposed mediator (available support in high school), and the dependent variable (depression) must be inter-correlated. Secondly, the relationship between the proposed mediator and the dependent variable must remain significant when the

independent variable is entered into a regression equation as a simultaneous predictor. In other words, the relationship between support and depression must remain significant when controlling for homophobic bullying. The third and final condition is to check the relationship between the independent variable and the dependent variable when the proposed mediator is entered into the regression equation as a simultaneous predictor. If the relationship becomes non-significant, the proposed mediator has fully mediated the relationship between the independent variable and the dependent variable. Thus, the relationship between homophobic bullying and depression is fully mediated by support. However, if the relationship between homophobic bullying (the independent variable) and depression (the dependent variable) remains significant, it is likely that the relationship between them is partially mediated by the proposed mediator, support (Baron & Kelly, 1986).

Analyses. Descriptive statistical tests were utilized to determine differences in reported experiences according to sexual orientation and sex for all three of the variables (homophobic bullying, school-based support, and depression). This will help determine whether the data collected are similar in representation of the LGBTQ population as other studies. Also, different samples of the study's population were used for each analysis. Most used all 195 participants whom completed all of the measures and identified as LGBTQ. However, a sample size of 170 (excluding participants who identified as “straight” during high school) was used when trying to control for factors influencing homophobic bullying. Particular analyses were rerun excluding these participants in an

attempt to control for factors influencing homophobic bullying (e.g. participants did not self-identify and perhaps were not perceived as LGBQ by others, thus homophobic bullying was absent or minimal). Lastly, multivariate analyses using sex as a variable used only a sample of 193 participants. The two participants who identified as intersex were excluded during these analyses due to how small their sample size was ($n = 2$).

Results

In the present study, the relationship between homophobic bullying during high school and depression later in life was explored. The proposed mediating variable was school-based support during high school. The relationships between sex and levels of homophobic bullying, support, and depression were explored along with the relationships between sexual orientation and levels of homophobic bullying, support, and depression. First, each variable is explored.

Descriptive Statistics.

A breakdown of the frequency of the different types of homophobic bullying and school-based support experienced by the participants during high school is represented in tables 2.1 and 2.2 below.

Table 2.1

Frequency Distribution for Homophobic Bullying (N = 195).

<i>Type of Bullying</i>	<i>Frequency</i>		
	Never	Rarely-Sometimes	Often-Frequently
Verbal Harassment	45%	38%	17%
Social Rejection	53%	31%	15%
Relational Aggression	42%	43%	15%
Sexual Harassment	69%	24%	7%
Physical Harassment	80%	15%	5%
Property Damage	82%	14%	4%
Cyber Bullying	79%	17%	4%
Physical Assault	90%	8%	3%

Overall, 58% reported relational aggression, followed by 55% of the sample reporting experiencing verbal harassment, and 47% reported social rejection. This means roughly half of the sample experienced all three of these types of homophobic bullying sometime during high school. On the other hand, the type of homophobic bullying that was the most frequently rated as occurring “often” or “frequently” was verbal harassment (17%), followed by relational aggression (15%) and social rejection (15%).

Table 2.2

Frequency Distribution for School-based Support (N = 195).

School-based Support	Was the Support Present?	
	Yes	No
Supportive Staff	66%	34%
Staff Who Would Listen	50%	50%
Internet Resources	40%	61%
Staff Stopped Harassment	38%	62%
School-based LGBTQ Club	36%	64%
Other Informational Resources	28%	72%
LGBTQ Staff	27%	73%
Library Resources	19%	81%
Classroom Resources	13%	87%
Community-based LGBTQ Club	13%	87%

Most participants indicated supportive staff (66%) being present at their high school, then having staff who would listen to a problem (50%), and next internet resources (40%). Inversely, participants reported the following reports as being the least present: community-based LGBTQ support group (87%), opportunity to learn about

LGBQ issues/people/events in classrooms (87%), and library resources about LGBQ issues/people/events (81%). Next, the relationship between these variables will be analyzed.

Relationship between Homophobic Bullying and Depression.

Of the 254 individuals who participated in the study, 195 participants met criteria by identifying as lesbian, gay, bisexual, or questioning during the time of the study and by completing all of the measures. These participants mostly fell within the “sometimes” to “never” range for experiencing the various types of homophobic bullying during high school, as indicated above in Table 2.1. For example, the majority of participants reported “sometimes” to “never” experiencing verbal harassment (83%) and physical harassment (95%) because of their sexual orientation. This suggests that during high school these individuals were never bullied based on their sexual orientation or were bullied as frequently as once a month based on their sexual orientation. Regarding depression, while the mean scores for both female ($M = 18.82$) and male ($M = 19.18$) participants fell below the cut-off scores for depression (24 for female and 22 for male), according to the standard deviations, a good portion of each sex fell above the cut-off score, indicating they were experiencing significant levels of depressive symptoms. Overall, 31% of this study's sample fell above the cut-off scores for depression. Specifically, 33% of the male participants and 30% of female participants met or exceeded the above mentioned cut-off scores on the Center for Epidemiological Studies Depression scale. Finally, for the mediating variable of support experienced during high

school, most participants identified 1 to 6 supports listed in the measure with 3 being the average number of supports. This indicates that during high school, most of the participants were aware of at least one to six school-based supports.

Table 3.1

Average Scores on Homophobic Bullying, Support, and Depression.

<i>Variable</i>	<i>M</i>	<i>SD</i>
Homophobic Bullying	5.09	6.34
Support	3.29	2.53
Depression		
Female	18.82	11.90
Male	19.18	11.88

Sex Differences.

Relationship between Sex and Depression. Using the 193 participants that self-identified as male or female, a t-test for independent means was conducted on the depression scores. At an alpha level of .05, results indicated show that male participants did not have significantly higher depression scores ($M = 19.18, SD = 11.88$) than female participants ($M = 18.82, SD = 11.90$), $t(191) = .19, p = .43$ (one-tailed).

Relationship between Sex and Support. Using the 193 participants that self-identified as male or female, a t-test for independent means was conducted on the level of

support. At an alpha level of .05, results indicated that female participants ($M = 3.24$, $SD = 2.57$) and male participants ($M = 3.40$, $SD = 2.43$) did not differ significantly on level of support, $t(191) = -.42$, $p = .67$ (two-tailed).

Relationship between Sex and Homophobic Bullying. Using the 193 participants that self-identified as male or female, a t-test for independent means was conducted on the level of homophobic bullying. At an alpha level of .05, male participants had significantly higher levels of homophobic bullying ($M = 6.18$, $SD = 6.05$) than female participants ($M = 4.48$, $SD = 6.33$), $t(191) = 1.72$, $p = .04$ (one-tailed). Their mean level of homophobic bullying was 0.34 standard deviations higher than the mean level of homophobic bullying of female participants. It was also higher than the level of homophobic bullying of 96% of the female participants.

Differences Based on Sexual Orientation During High School.

Relationship between Sexual Orientation During High School and Depression. Using all 195 participants, a one-way analysis of variance was conducted on the participants' level of depression. At an alpha level of .05, results show that there are not significant differences in levels of depression across sexual orientation categories, $F(4, 190) = 2.12$, $p = .08$. The different categories of sexual orientation accounted for 4% of the total variance in depression levels.

Relationship between Sexual Orientation During High School and Support. Using all 195 participants, a one-way analysis of variance was conducted on the participants' awareness of availability of school-based support at their high school. At an

alpha level of .05, results show that there are not significant differences in homophobic bullying experiences across sexual orientation categories, $F(4, 190) = 0.53, p = .72$. The different categories of sexual orientation accounted for 1% of the total variance in the school-based support levels.

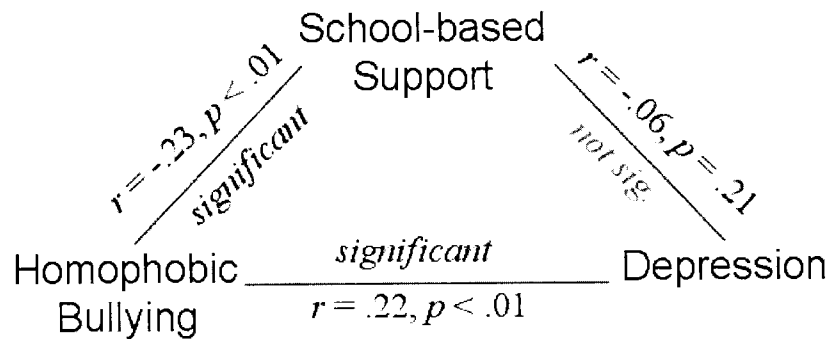
Relationship between Sexual Orientation During High School and Homophobic Bullying. Using all 195 participants, a one-way analysis of variance was conducted on the participants' experiences of homophobic bullying during high school. At an alpha level of .05, results show that there are significant differences in homophobic bullying experiences across sexual orientation categories, $F(4, 190) = 2.67, p = .03$. The different categories of sexual orientation accounted for 5% of the total variance in the homophobic bullying levels. At an alpha level of .05, results of a Tukey's HSD test indicate that participants who self identified as gay during high school experienced significantly more incidences of homophobic bullying during high school than participants who self identified as straight during high school, $p = .02$. All other pairwise comparisons were not found to be significant.

Identifying Mediator between Homophobic Bullying and Depression.

Using all 195 participants, a Pearson's r was conducted on homophobic bullying, school-based support, and depression. At an alpha level of .05, results show that participants who experienced more homophobic bullying in high school experienced more symptoms of depression later in life, $r(193) = .22, p < .01$ (one-tailed). Also, participants who experienced more homophobic bullying in high school experienced less

support in high school, $r(193) = -.23, p < .01$ (one-tailed). Lastly, participants who experienced more support in high school experienced less depression later in life, $r(193) = -.06, p = .21$ (one-tailed). However, this relationship was not significant at an alpha level of .05. Thus, the first requirement for mediation is not met as illustrated below.

Figure 1.1



Data were further analyzed to control for possible confounds. The first confound tested was self-identification as being LGBQ during high school. When using only the 170 students who identified as LGBQ during high school, the relationships between homophobic bullying-support and homophobic bullying-depression both stayed significant, but the relationship between support and depression was not significant again. A Pearson's r was conducted on homophobic bullying, school-based support, and depression. At an alpha level of .05, participants who experienced more homophobic bullying in high school also experience more symptoms of depression later in life, $r(168) = .20, p < .01$ (one-tailed). Also, participants who experienced more homophobic

bullying in high school experienced less support in high school, $r(168) = -.24, p < .01$ (one-tailed). Again, participants who experienced more support in high school experienced less symptoms of depression later in life, but this was not significant at an alpha level of .05, $r(168) = -.04, p = .29$ (one-tailed). Thus, again the first requirement for mediation was not met even after controlling for self-identified sexual orientation during high school as illustrated in the figure below.

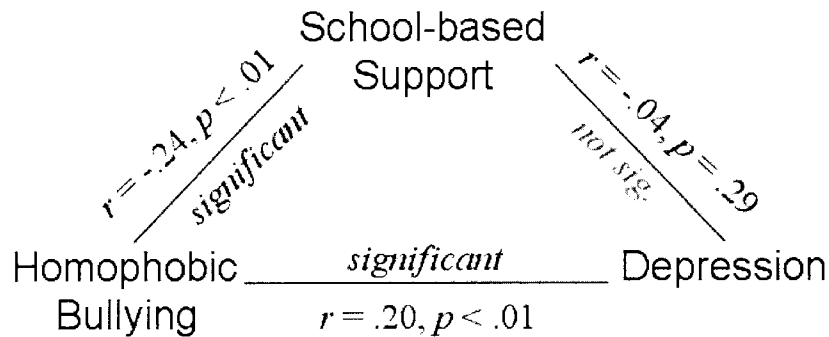


Figure 1.2

Another possible confound identified was lapse of time between attending high school and participating in the study. Thus, again the relationships were tested; but this time only using the 116 participants that had attended high school within the past five years, because they were expected to have a more clear recall of events. Only the relationship between homophobic bullying during high school and depression later on in life stayed significant. A Pearson's r was conducted on homophobic bullying, school-based support, and depression. At an alpha level of .05, participants who experienced

more homophobic bullying in high school experienced more symptoms of depression later in life, $r(114) = .45, p < .01$ (one-tailed). Also, participants who experienced more homophobic bullying in high school experienced less support in high school, $r(114) = -.12, p = .09$ (one-tailed). Lastly, participants who experienced more support in high school experienced less depression later in life, $r(114) = -.08, p = .21$ (one-tailed). Thus, again the first requirement for mediation was not met even after controlling for lapse of time between attending high school and participating in the study as illustrated in the figure below.

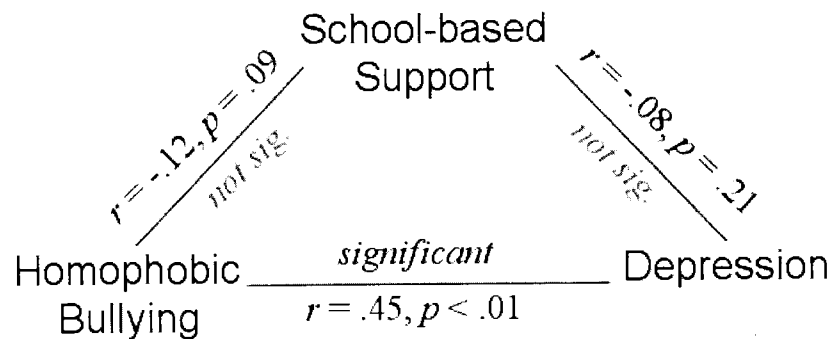


Figure 1.3

Discussion

The current study examined the relationship between participants' levels of homophobic bullying experienced during high school and symptoms of depression later in life. Specifically, this study attempted to determine if the relationship between homophobic bullying and depression would be mediated by the levels of support

available during high school. Lastly, sex and sexual orientation were used as dependent variables for the independent variables of support available during high school, homophobic bullying experienced during high school, and depression later in life.

Relationship between Homophobic Bullying and Depression. Regarding the first hypothesis, did participants who experienced higher incidences of homophobic bullying in high school report higher levels of depressive symptomology? Based on the results of this study, this relationship was found to be significant similar to other research. For example, Almeida et al. (2009) found that perceived discrimination accounted for increased depressive symptomology among lesbian, gay, bisexual, and transsexual youth (LGBT). However, the current study's prevalence rates of homophobic bullying differed with the prevalence rates found in GLSEN's 2009 survey (Kosciw et al., 2010). For example, while the current study found that 17% of the participants recalled "often" or "frequently" being verbally harassed because of their sexual orientation, 40% of GLSEN's participants indicated they were being verbally harassed "often" or "frequently" because of their sexual orientation during the time of the study. Similarly, while 5% of the current study's participants recalled being physically harassed "often" or "frequently," 13% of GLSEN's participants indicated they were being physically harassed "often" or "frequently."

The disparity in the level of homophobic bullying is most likely due to the current study asking participants to recall their high school experiences, while the GLSEN study was conducted with adolescents still in high school and middle school. Also, the GLSEN

study used participants who identified as transgendered and did not word all of the bullying items to specify the victimization was due to sexual orientation. These key differences in methodology most likely account for most of the variation.

Relationship between Homophobic Bullying and Support. The second hypothesis stated participants who reported more school-based support in high school would also report lower incidences of homophobic bullying in high school. Again, the hypothesized relationship was found to be significant similar to previous studies. Specifically, the amount of support reported as being present during high school in this study is mostly similar to that reported in GLSEN's 2009 National School Climate survey as displayed in the Table 5.1. Both the availability of classroom resources (13% vs. 14%) and the internet as a resource (40% vs. 39%) were quite similar between the current study and GLSEN's 2009 survey. The supports that differed the most between the current study and GLSEN's survey were the presence of a community-based LGBTQ club (13% vs. 43%) and had the perception that a member of staff would listen to a problem (66% vs. 95%). These differences could be due to the GLSEN's sample being from the national population, and the current study's sample being from a Midwestern state's population. The GLSEN study included participants from more progressive states with different educational resources.

Furthermore, GLSEN's 2009 report (2010) indicated that the 44% of LGBT students who reported having a GSA at school also reported hearing fewer homophobic remarks, experiencing lower levels of victimization, and school personnel intervening

when hearing homophobic remarks compared to students in schools without GSAs. The survey also reported that students in schools with an inclusive curriculum were less likely to feel unsafe because of their sexual orientation than those without curriculum support; and they were more likely to report that their classmates were somewhat or very accepting of LGBT peers than students in schools without an inclusive curriculum (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

Relationship between Support and Depression. The next hypothesis stated that participants who reported attending high schools with more school-based support would report lower levels of depressive symptomology now. Current results support this hypothesis, but the relationship was not found to be significant. However, previous research has found that both sexual minority and heterosexual youth who reported moderate to high levels of positive school climate reported significantly less depression-suicidal feelings (Espelage et al., 2008). That study measured support according to how participants perceived their environment, while this study measured support according to its absence or presence. This study did not delve into how participants perceived the effectiveness of the supports. For example, to measure staff support, Espelage and colleagues (2008) asked participants how strongly they agreed with the statement, “adults in my school care about me and how well I do in school” while this study asked whether or not participants had a staff member they could talk to. This difference in measures may have impacted results and accounted for the difference in results. Lastly, the impact of school-based support may have only affected depression levels during the time the

support was in place during high school. However, the current study measures current symptoms of depression, not depression experienced during high school.

Differences in Experiences Based on Sex.

Overall, the participants in this study were found to have a much higher prevalence of depression than their peers from the same age group. The following Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the Centers for Disease Control and Prevention (2010) determined current depression prevalence rates based on responses to the Patient Health Questionnaire 8 (PHQ-8). It covered eight of the nine criteria (excluding suicidal ideation) from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) to diagnose major depressive disorder and depression not otherwise specified (“other” depression). The PHQ-8 response set was standardized to BRFSS methodology by asking the number of days “over the last 2 weeks” that the respondent experienced depressive symptoms. According to the Centers for Disease Control and Prevention's (2010) report on the BRFSS survey data from 2006 and 2008, 9.0% of the 235,067 adult respondents in the sample for survey years 2006 and 2008, met criteria for current depression. Specifically, among the 9,944 respondents aged 18-24 years, the prevalence of major depression was found to be 2.8% and the prevalence of any depression (including “other” depression) was found to be 10.9%. Also, women were significantly more likely than men to report major depression (4.0% versus 2.7%).

In the current study which only included participants who currently identify as

LGBQ, the prevalence of meeting criteria for depression using the CES-D was 31%.

This is nearly three times the amount found in the general population (10.9%) according to the Centers for Disease Control and Prevention. Furthermore, male participants and female participants in this study did not report experiencing significantly different amounts of depression symptomology. However, research conducted by D'Augelli and Hershberger (1993) found that 41% of boys and 28% of girls to be “very troubled” or “extremely troubled” by depression. These findings are further supported by research conducted by Russell & colleagues (2011), who found not only that LGBQ males experienced more symptoms of depression than females in young adulthood, but also that this relationship was fully mediated by the higher amounts of LGBT school victimization they experienced during their teenage years.

Differences in Experiences Based on Sexual Orientation.

Next, experiences of depression, school-based support, and homophobic bullying were examined based on the sexual orientation status participants identified as during high school. Results indicated that there were no significant differences among the five sexual orientation groups in level of depressive symptomology. This differs from previous research conducted by Birkett, Espelage, and Koenig (2009), who conducted a survey with 7,376 seventh through twelfth grade students from a large Midwestern County. They found that questioning youth report higher rates of depression/suicidality feelings than not only heterosexual students, but LGB students as well. The difference in findings might be due to the retrospective nature of the current study. Participants may

have been less likely to mark their identity as questioning during high school, due to their strong sense of LGB identity now.

Regarding school-based support, again results indicated that the five groups did not differ significantly. This differs with the above mentioned research that found questioning students reported the lowest levels of positive school climate in comparison to the LGB and heterosexual students (Birkett, Espelage, and Koenig, 2009).

Lastly, participants who identified as gay during high school reported experiencing significantly more homophobic bullying than participants who identified as straight/heterosexual during high school. Previous researchers found that their three groups significantly differed from one another, with questioning students reporting the most teasing, followed by LGB students, and then heterosexual students reporting the least (Birkett, Espelage, & Koenig, 2009). These differences in findings could be due to the fluidity of sexuality and the retrospective nature of the current study. The participants may have retrospectively identified themselves with a sexual orientation they would not have while actually attending high school.

Identifying the Mediators for the Relationship between Homophobic Bullying and Depression. Is the relationship between homophobic bullying and depression fully or partially mediated? Based on the results of this study, while the relationships between homophobic bullying and depression, along with homophobic bullying and support were both significant, school-based support did not seem to have a significant relationship with depression. This remained true even when controlling for sexual orientation status during

high school and lapse of time between high school and completing the survey. Based on the inter-correlations not all being significant, the proposed model did not pass the first condition of mediation testing.

However, this may have been due to how school-based support was defined in the current study as being present or not versus how it was perceived to impact the school environment. Previous research has defined support as a “positive school climate” and found that students who reported the lowest level of positive school climate and the highest frequency of homophobic teasing also reported high depression-suicidal feelings (Espelage et al., 2008).

On the other hand, data suggest the relationships may be one of moderation instead of mediation. Specifically, the relationship between support and depression was weak despite the relationship between support and bullying as well as between bullying and depression were strong. This could be due to the direction of the relationship being different. School-based support could be the one influencing homophobic bullying, instead of the inverse. School-based support could be predominantly preventative in nature, taking place mostly before the bullying, and rarely reactive in nature. Thus, the path for the relationships could be school-based support influences homophobic bullying which then influences depression.

Limitations of the Study. The main limitation of this study is that it is retrospective in nature. This study relies on participants to accurately recall the frequency of events that occurred during high school (up to around 5 years ago for most

of the sample). Thus, caution should be used with the interpretations of these data. Reliability of the answers depends on the accuracy of their recall of events. Although a retrospective study is common, an experimental, longitudinal approach would better allow researchers to draw conclusions as well as simultaneously address the need for accurate/consistent ratings of how variables in existence during high school impact later well-being. Some of the variability may be due to error caused by bias on the part of the participants answering the survey in the manner they think would best suit the study or they think the researcher would desire.

As previously stated, this study relied on the participants' self-perceptions of bullying, depression, support, as well as self-identifications of sexual orientation during high school. While the measure for depression has been shown to have good internal consistency (Cronbach alpha = 0.85) with a random sample of high school students, the measures for homophobic bullying and support, although used by other researchers, have not been tested; thus, their reliability is unknown (Chabrol, Montovany, Chouicha, & Duconge, 2002). Objective, observational instruments are superior to self-report measures. Participants were asked to recall events that they might have found highly traumatic, and thus may have been difficult to recall accurately. Similarly, if the events were perceived as highly insignificant at the time, the participants might have had difficulty recalling them.

Next, the inability of this study to control for confounds such as level of “outness” (how many school, family, and community individuals and groups were aware of the

participants' LGBQ status) during high school may have greatly impacted how much school-based support they were offered. For example, teachers might not reveal their own LGBQ statuses to students they perceive as straight/heterosexual and thus are not known role models. Another confound is quality of school-based support. The current study required participants to indicate which supports were offered. They were not asked how useful the support was or how often it was used. Determining the quality of school-based support may help expand its potential as a mediating factor between homophobic bullying and depression. Another possible confound regarding the scales used involves the CES-D. This measure of depression does not reflect whether the participants have experienced a high level of depressive symptoms during any significant amount of time since high school. Instead, the data reflect only upon the amount of depressive symptomology experienced by the participants within the last two weeks of completing the survey.

The final major limitation of this study involved the issue of random sampling. Achieving a large enough participation rate sample is difficult using traditional random sampling methods, because sexual orientation is often a hidden identity. The current study recruited participants by employing the convenience sampling method, which is not generalizable due to the lack of random sampling methods. Specifically, the current study's sample were all members of a college campus LGBQ support/social group. While their level of involvement in the group is unknown, they all share the commonality of seeking out a LGBQ support group. Also, they all attended college. Part of the missing

population may have been individuals who dropped out of high school due to homophobic bullying. Therefore, the current sample's representation of the LGBTQ population is unknown.

However, by far the majority of peer-reviewed research (Kosciw et al., 2010; Russell et al., 2011) conducted with the sexual minority youth populations uses convenience sampling methods, because of the sensitivity of the subject and difficulty in finding participants using random sampling methods. A particular critique of this type of sampling is that participants in the same social groups tend to be more alike resulting in a more homogeneous sample. For example, the current study's sample may be skewed towards those who report lower levels of depressive symptoms because they are currently in an LGBTQ college group receiving support.

Conclusion. Research conducted in the past 30 years has found that sexual minority students are consistently reporting more symptoms of depression and are significantly more likely to report suicidal ideation and self-harm than their heterosexual peers (Almeida et al., 2009; D'Augelli and Hershberger, 1993). Identifying predictors of and mediators for these poor outcomes are essential to guide prevention of depression, suicidality, and self-harm in sexual minority youth. Furthermore, these poor outcomes for sexual minority youth seemed to be connected with high levels of homophobic victimization and because homophobic bullying often occurs at school, schools are expected to support these students and protect them from victimization. However, the role of school-based support for mediating homophobic victimization has not been well

researched. There is a need for more research for determining whether or not school-based support is related to lower incidence of homophobic bullying in sexual minority youth. The current study attempted to fill this gap in the literature using a population-based, retrospective survey. Unlike previous studies, this study included an in-depth measure of homophobic bullying and depression in order to understand the long-term outcome of homophobic bullying for sexual minority youth and the mediating role of school-based support.

The current study attempted to refine a working model of how homophobic bullying can increase symptoms of depression in sexual minority youth, specifically by intervening with school-based support. However, despite depression having significant relationships with school-based support and depression, support and depression's relationship was not found to be significant. Therefore, the study helped refine the model by calling for a more specific definition of school-based support to account for its impact on the school environment. Also, the current study helped clarify the direction of relationships between the variables. Data also supported previous research finding that out of a sample of participants who identify as LGBTQ, male participants report significantly more homophobic bullying than female participants.

This research, and model presented within, is not conclusive; thus, it calls for further evidence of the impact of school-based support. However, it can be viewed as furthering the current emerging literature to include measures of homophobic bullying with specific types of school-based support and depression.

References

- Almeida, J., Johnson, R., Corliss, H., Molnar, B., & Azrael, D. (2009). Emotional Distress Among LGBT Youth: The Influence of Perceived Discrimination Based on Sexual Orientation. *Journal of Youth & Adolescence*, 38(7), 1001-1014. doi:10.1007/s10964-009-9397-9.
- American Academy of Child and Adolescent Psychiatry (2008, May). Facts for Families: the Depressed Child. Retrieved from http://www.aacap.org/cs/root/facts_for_families/the_depressed_child.
- American Psychological Association. (2008). Just the facts about sexual orientation and youth: A primer for principals, educators, and school personnel. Washington, DC: Author. Retrieved from: <http://www.apa.org/pi/lgbc/publication/justthefacts.html>.
- Bandura, A., Barbaranelli, C., Caprara, G. V., and Pastorelli, C. (1996). Mechanisms of moral disengagement in the exercise of moral agency. *Journal of Personality and Social Psychology*, 71, 2, 364-374.
- Banks, R. (2000). Bullying in schools. *ERIC Review*, 7(1), 12-14.
- Beane, A. L. (2004). Together we can be bully free: A mini-guide for educators. Minneapolis, MN: Free Spirit.
- Berndt, E. R., & Koram, L. M. (2000). Lost Human Capital From Early-Onset Chronic Depression. *American Journal of Psychiatry*, 157(6), 940. Retrieved from EBSCOhost.
- Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and Questioning Students in

Schools: The Moderating Effects of Homophobic Bullying and School Climate on Negative Outcomes. *Journal of Youth & Adolescence*, 38(7), 989-1000.
doi:10.1007/s10964-008-9389-1

Bontempo, D. E., & D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health*, 30(5), 364-374. doi:10.1016/S1054-139X(01)00415-3.

Bronfenbrenner, U. (2001). The Bioecological Theory of Human Development (2001). In U. Bronfenbrenner, U. Bronfenbrenner (Eds.), *Making human beings human: Bioecological perspectives on human development* (pp. 3-15). Thousand Oaks, CA: Sage Publications Ltd. Retrieved from EBSCOhost.

Bronfenbrenner, U. (2005). Ecological Systems Theory (1992). In U. Bronfenbrenner, U. Bronfenbrenner (Eds.), *Making human beings human: Bioecological perspectives on human development* (pp. 106-173). Thousand Oaks, CA: Sage Publications Ltd. Retrieved from EBSCOhost.

Byrne, B. J. (1994). Bullies and victims in a school setting with reference to some Dublin schools. *Irish Journal of Psychology*, 15(4), 574-586. Retrieved from EBSCOhost.

Cahill, S., & Cianciotto, J. (2004). U.S. Policy Interventions that Can Make Schools Safer. *Journal of Gay & Lesbian Issues In Education*, 2(1), 3-17. Retrieved from Academic Search Premier database.

- Centers for Disease Control and Prevention (2010). Current depression among adults-United States, 2006 and 2008. *Morbidity and Mortality Weekly Report*, 59, 1229-1235.
- Chesir-Teran, D., & Hughes, D. (2009). Heterosexism in High School and Victimization Among Lesbian, Gay, Bisexual, and Questioning Students. *Journal of Youth & Adolescence*, 38(7), 963-975. doi:10.1007/s10964-008-9364-x
- Cohn, A., Canter, A. (2003) Bullying: facts for schools and parents. Nation Association of School Psychologists.
- Conoley, J. (2008). Sticks and Stones Can Break My Bones and Words Can Really Hurt Me. *School Psychology Review*, 37(2), 217-220. Retrieved from Academic Search Premier database.
- Cornwell, B. (2003). The Dynamic Properties of Social Support: Decay, Growth, and Staticity, and Their Effects on Adolescent Depression. *Social Forces*, 81(3), 953-978. Retrieved from EBSCOhost.
- D'Augelli, A. (2002). Mental Health Problems among Lesbian, Gay, and Bisexual Youths Ages 14 to 21. *Clinical Child Psychology & Psychiatry*, 7(3), 433. Retrieved from EBSCOhost.
- D'Augelli, A. R., & Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health. *American Journal of Community Psychology*, 21(4), 421. Retrieved from EBSCOhost.
- D'Augelli, A., Pilkington, N., & Hershberger, S. (2002). Incidence and mental health

impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17(2), 148-167.

doi:10.1521/scpq.17.2.148.20854.

Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision.

Washington, DC, American Psychiatric Association, 2000.

Diamond, L., & Lucas, S. (2004). Sexual-Minority and Heterosexual Youths' Peer Relationships: Experiences, Expectations, and Implications for Well-Being.

Journal of Research on Adolescence (Blackwell Publishing Limited), 14(3), 313-340. doi:10.1111/j.1532-7795.2004.00077.x.

DuRant, R.H., Krowchuk, D.P., & Sinal, S.H. (1998). Victimization, use of violence, and drug use at school among male adolescents who engage in same-sex sexual behavior. *Journal of Pediatrics*, 132, 13-18.

Eccles, J., Midgley, C., Wigfield, A., Buchanan, C., Reuman, D., Flanagan, C., et al.

(1993). Development during adolescence: The impact of stage-environment fit on young adolescents' experiences in schools and in families. *American Psychologist*, 48(2), 90-101. doi:10.1037/0003-066X.48.2.90.

Erikson, E. H. (1959). *Identity and the life cycle: selected papers*. Oxford England:

International Universities Press. Retrieved from EBSCOhost.

Erikson, E. H. (1968). *Identity: youth and crisis*. Oxford England: Norton & Co.

Retrieved from EBSCOhost.

Espelage, D., Aragon, S., Birkett, M., & Koenig, B. (2008). Homophobic Teasing,

- Psychological Outcomes, and Sexual Orientation Among High School Students: What Influence Do Parents and Schools Have? *School Psychology Review*, 37(2), 202-216. Retrieved from Academic Search Premier database.
- Espelage, D.L., Bosworth, K., & Simon, T.R. (2000) Examining the social context of bullying behaviors in early adolescence. *Journal of Counseling and Development*, 78, 326-333.
- Espelage, D. (Ed.), & Swearer, S. (Ed.). (2004). *Bullying in American schools: A social-ecological perspective on prevention and intervention*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers. Retrieved from EBSCOhost.
- Faulkner, A. H., & Cranston, K. (1998). Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students. *American Journal of Public Health*, 88(2), 262-266. Retrieved from EBSCOhost.
- Fox, J.A., Elliott, D. S. Kerlikowske, R. G., Newman, S. A. Christeson, W. (2003) Bullying Reduction is Crime Reduction, Northeastern University and Inst of Behavioural Science University of Colorado, Boulder, and Invest In Kids Seattle. Retrieved from: <http://www.fightcrime.org/reports/BullyingReport.pdf>
- Fried, S., & Fried, P. (2003). *Bullies, targets and witnesses*. New York: Evans.
- Frost, D., & Meyer, I. (2009). Internalized homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of Counseling Psychology*, 56(1), 97-109. doi:10.1037/a0012844.
- Garofalo, R., Wolf, R., Kessel, S., Palfrey, J., & DuRant, R. (1998). The association

between health risk behaviors and sexual.. *Pediatrics*, 101(5), 895. Retrieved from Academic Search Premier database.

Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, 43(5), 573-589. doi:10.1002/pits.20173

Griffin, P., Lee, C., Waugh, J., & Beyer, C. (2004). Describing Roles that Gay-Straight Alliances Play in Schools: From Individual Support to School Change. *Journal of Gay & Lesbian Issues In Education*, 1(3), 7-22. Retrieved from EBSCOhost.

Hawker, D. J., & Boulton, M. J. (2000). Twenty Years' Research on Peer Victimization and Psychosocial Maladjustment: A Meta-analytic Review of Cross-sectional Studies. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 41(4), 441. Retrieved from EBSCOhost.

Herek, G. M. (2004). Beyond "homophobia": Thinking about sexual prejudice and stigma in the twenty-first century. *Sexuality Research & Social Policy*, 1, 6–24.

Hershberger, S. L. & D'Augelli, A. R. (1995). The Impact of Victimization on the Mental Health and Suicidality of Lesbian, Gay, and Bisexual Youths. *Developmental Psychology*, 31, 65–74.

Huegel, K. (2003). *GLBTQ: The survival guide for queer & questioning teens*. Minneapolis, MN: Free Spirit Publishing.

Hyde, J. S. (1986). Gender differences in aggression. In J. S. Hyde & M. C. Linn (Eds.), *The psychology of gender: Advances through meta-analysis* (pp. 51–66).

Baltimore: John Hopkins University Press.

Nabozny, Jamie S. v. Mary Podlesny, William Davis, Thomas Blauert, Ashland Public School District, No. 92 F.3d 446, 1996 U.S. App. LEXIS 18866. Retrieved from: Lexis Nexis database.

Kessler, R. C., Avenevoli, S., & Merikangas, K. (2001). Mood disorders in children and adolescents: An epidemiologic perspective. *Biological Psychiatry*, 49(12), 1002-1014. doi:10.1016/S0006-3223(01)01129-5

King, C. A. (1997). Suicidal behavior in adolescence. In R. W. Maris, M. M. Silverman, S. Canetto, R. W. Maris, M. M. Silverman, S. Canetto (Eds.) , *Review of suicidology, 1997* (pp. 61-95). New York, NY US: Guilford Press. Retrieved from EBSCOhost.

Kosciw, J. G. (2004). The 2003 national school climate survey. The school-related experiences of our nation's lesbian, gay, bisexual and transgender youth. *GLSEN (Gay, Lesbian and Straight Education Network)*, 1-70.

Kosciw, J. G., & Diaz, E. M. (2006). The 2005 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: Gay, Lesbian, and Straight Education Network.

Kosciw, J., Greytak, E., & Diaz, E. (2008). The 2007 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools. New York: Gay, Lesbian, and Straight Education Network.

Kosciw, J. G., Greytak, E. A., Diaz, E. M. , & Bartkiewicz, H. J. (2010). 2009 National

School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, and Transgender Youth in Our Nation's Schools. New York: Gay, Lesbian, and Straight Education Network.

Lee, C. (2002). The Impact of Belonging to a High School Gay/Straight Alliance. *High School Journal*, 85(3), 13. Retrieved from EBSCOhost.

Lewinsohn, P. M., Rohde, P., & Seeley, J. R. (1994). Psychosocial risk factors for future adolescent suicide attempts. *Journal of Consulting and Clinical Psychology*, 62, 297–305.

Lipkin, A. (2004). Gay-Straight Alliances: Introduction. *Journal of Gay & Lesbian Issues In Education*, 1(3), 3-5. Retrieved from Academic Search Premier database.

MacGillivray, I. K. (2000). Educational equity for gay, lesbian, bisexual, transgendered, and queer/questioning students. *Education & Urban Society*, 32(3), 303. Retrieved from EBSCOhost.

McMaster, L.E., Connolly, J., Pepler, D., & Craig, W. M. (1998). Sexual harassment and victimization among early adolescents. Paper presented at the biennial meeting of the Society for Research on Adolescence, San Diego, CA.

Meyer, I. H., & Dean, L. (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. In G. M. Herek (Ed.) *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 160–186). Thousand Oaks, CA: Sage.

Mullin-Rindler, N. (2002). Teasing and bullying: Facts. Wellesley Centers for Women.

Wellesley, MA.

Munoz-Plaza, C., Quinn, S., & Rounds, K. A. (2002). Lesbian, Gay, Bisexual and Transgender Students: Perceived Social Support in the High School Environment. *High School Journal*, 85(4), 52. Retrieved from EBSCOhost.

Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W., Simons-Morton, B., & Scheidt, P. (2001). Bullying Behaviors Among US Youth. *JAMA: Journal of the American Medical Association*, 285(16), 2094. Retrieved from EBSCOhost.

National Alliance on Mental Health. (2009, October). Children and Adolescents and Depression. Retrieved from

<http://www.nimh.nih.gov/health/publications/depression/nimhdepression.pdf>.

National Institute of Mental Health. (2008). Depression. NIH Publication No. 083561.

U.S. Department of Health and Human Services, National Institutes of Health.

Retrieved from

<http://www.nimh.nih.gov/health/publications/depression/nimhdepression.pdf>.

Ochs, R. (1996). Biphobia: It goes more than two ways. *Bisexuality: The psychology and politics of an invisible minority* (pp. 217-239). Thousand Oaks, CA US: Sage Publications, Inc. Retrieved from PsycINFO database.

Oliver, R., Hoover, J. H., Hazler, R. (19194). The perceived roles of bullying in small-town Midwestern Schools. *Journal of Counseling & Development*, 72, 416-420.

Olweus, D. (1993). *Bullying at school: What we know and what we can do*. Malden: Blackwell Publishing. Retrieved from EBSCOhost.

- Olweus, D. (1995). Bullying or Peer Abuse at School: Facts and Intervention. *Current Directions in Psychological Science (Wiley-Blackwell)*, 4(6), 196-200.
doi:10.1111/1467-8721.ep10772640
- O'Shaughnessy, M., Russell, S., Heck, K., Calhoun, C., & Laub, C. (2004). *Safe place to learn: Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer*. San Francisco, CA: California Safe Schools Coalition.
- Pilkington, N., & D'Augelli, A. (1995). Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology*, 23(1), 34-56.
doi:10.1002/1520-6629(199501)23:1<34::AID-JCOP2290230105>3.0.CO;2-N.
- Poynter, K., & Tubbs, N. (2007). Safe Zones: Creating LGBT Safe Space Ally Programs. *Journal of LGBT Youth*, 5(1), 121-132. doi:10.1300/J524v05n01-10.
- Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1(3), 385-401.
doi:10.1177/014662167700100306.
- Resnick, M. D., Bearman, P. S., Blum, R. m., Bauman, K. E., Harris, K. M., Jones, J., & ... Udry, J. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA: Journal of the American Medical Association*, 278(10), 823-832. doi:10.1001/jama.278.10.823
- Rigby, K. (2001). Health consequences of bullying and its prevention in schools. In J. Juvonen, S. Graham, J. Juvonen, S. Graham (Eds.), *Peer harassment in school:*

The plight of the vulnerable and victimized (pp. 310-331). New York, NY US: Guilford Press. Retrieved from EBSCOhost.

Rivers, I. (2000). Social Exclusion, Absenteeism And Sexual Minority Youth. *Support for Learning*, 15(1), 13. Retrieved from EBSCOhost.

Rivers, I. (2001). Retrospective reports of school bullying: Stability of recall and its implications for research. *British Journal of Developmental Psychology*, 19(1), 129. Retrieved from EBSCOhost.

Roberts, R. E., Lewinsohn, P. M., & Seeley, J. R. (1991). Screening for adolescent depression: A comparison of depression scales. *Journal of the American Academy of Child & Adolescent Psychiatry*, 30(1), 58-66. doi:10.1097/00004583-199101000-00009

Roeser, R. W., Eccles, J. S., & Sameroff, A. J. (1998). Academic and emotional functioning in early adolescence: Longitudinal relations, patterns, and prediction by experience in middle school. *Development and Psychopathology*, 10(2), 321-352. doi:10.1017/S0954579498001631

Rohde, P., Lewinsohn, P. M., Seely, J. R., & Rohling-Langhinrichsen, J. (1996). The Life Attitudes Schedule short form: An abbreviated measure of life-enhancing and life-threatening behaviors in adolescents. *Suicide and Life-Threatening Behavior*, 26(3), 272-281. Retrieved from EBSCOhost.

Rotheram-Borus, M., & Fernandez, I. (1995). Sexual orientation and development challenges experienced by gay and lesbian youths. *Suicide and Life-Threatening*

Behavior, 25(Suppl), 26-34. Retrieved from EBSCOhost.

Russell, G. M., & Horne, S. G. (2009). Finding equilibrium: Mentoring, sexual orientation, and gender identity. *Professional Psychology: Research and Practice*, 40(2), 194-200. doi:10.1037/a0011860

Russell, S. T., & Joyner, K. (2001). Adolescent Sexual Orientation and Suicide Risk: Evidence From a Natural Study. *American Journal of Public Health*, 91(8), 1276-1281. Retrieved from EBSCOhost.

Russell, S. T., McGuire, & Joyner, K. (2008). The school climate for lesbian, gay, bisexual, and transgender (LGBT) students. In M. Shinn, H. Yoshikawa, M. Shinn, H. Yoshikawa (Eds.), *Toward positive youth development: Transforming schools and community programs* (pp. 133-149). New York, NY US: Oxford University Press. Retrieved from EBSCOhost.

Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M. & Sanchez, J. (2011). Lesbian, Gay, Bisexual, and Transgender Adolescent School Victimization: Implications for Young Adult Health and Adjustment. *Journal of School Health*, 81: 223–230. doi: 10.1111/j.1746-1561.2011.00583.x.

Rust, P. (1992). The politics of sexual identity: Sexual attraction and behavior among lesbian and bisexual women. *Social Problems*, 39(4), 366-386. doi:10.1525/sp.1992.39.4.03x0044r.

Ryan, C., & Futterman, D. (1998). *Lesbian and gay youth: Care and counseling*. New York: Columbia University Press.

- Saluja, G., Iachan, R., Scheidt, P.C., Overpeck, M.D., Sun, W., & Giedd, J.N. (2004).
Prevalence of and risk factors for depressive symptoms among young adolescents.
Archives of Pediatrics & Adolescent Medicine. 158(8), 760-5.
- Sampson, R. (2002). *Bullying in Schools: Problem-Oriented Guides for Police*. Series
No. 12. U.S. Department of Justice, Office of Community Oriented Policing
Services. Retrieved from:
<http://www.cops.usdoj.gov/files/ric/Publications/e07063414-guide.pdf>.
- Savin-Williams, R. C. (1994). Verbal and physical abuse as stressors in the lives of
lesbian, gay male, and bisexual youths: Associations with school problems,
running away, substance abuse, prostitution, and suicide. *Journal of Consulting
and Clinical Psychology*, 62(2), 261-269. doi:10.1037/0022-006X.62.2.261
- Savin-Williams, R. C., & Cohen, K. M. (1996). *The lives of lesbians, gays, and bisexuals:
Children to adults*. Orlando, FL US: Harcourt Brace College Publishers.
Retrieved from EBSCOhost.
- Seale, A. (2004). *The 411 bullying*. Washington, D.C.: The George Washington
University, Hamilton Fish Institute. Retrieved from:
<http://www.hamfish.org/newsroom/bullying411.pdf>
- Simmons, R. G., & Blyth, D. A. (1987). *Moving into adolescence: The impact of
pubertal change and school context*. Hawthorne, NY: Aldine de Gruyter.
- Szalacha, L. (2003). Safe sexual diversity climates: Lessons learned from an evaluation
of Massachusetts Safe Schools Program for Gay and Lesbian Students. *American*

Journal of Education, 110, 58-88.

Temple, J. (2005). "People Who Are Different from You": Heterosexism in Quebec High School Textbooks. *Canadian Journal of Education*, 28(3), 271-294. Retrieved from ERIC database.

Thompson, C. and Zoloth, B. (1990) Homophobia [Pamphlet]. Cambridge, MA: Campaign to End Homophobia.

Troiden, R. (1988). Homosexual identity development. *Journal of Adolescent Health Care*, 9(2), 105-113. doi:10.1016/0197-0070(88)90056-3.

Weinhold, B.K., & Weinhold, J.B. (1998). Conflict resolution: The partnership way in schools. *Counseling and Human Development*, 30(7), 1-2.

Table 4.1

Comparison of Bullying Prevalence Rates According to Study

<i>Type of Homophobic Bullying</i>	<i>Percentage Indicated as Occurring Often or Frequently</i>	
	<i>Current Study</i>	<i>GLSEN study</i>
Verbal Harassment	17%	40%
Relational Aggression	15%	40%*
Social Rejection	15%	46%*
Sexual Harassment	7%	21%*
Physical Harassment	5%	13%
Cyber Bullying	4%	15%*
Property Damage	4%	11%*
Physical Assault	3%	19%

* = Item did not specify that the bullying was because of sexual orientation.

School-Based Support for Sexual Minority Youth 75

Table 5.1

Comparison of Support Availability According to Study

<i>Type of Support</i>	<i>Availability</i>	
	<i>Current Study</i>	<i>GLSEN study</i>
Supportive Staff	66%	95%
Staff Who Would Listen	50%	78%
Internet Resources	40%	39%
Staff Stopped Harassment	38%	59%
School-based LGBTQ Club	36%	45%
Other Informational Resources	28%	-
LGBTQ Staff	27%	43%
Library Resources	19%	47%
Community-based LGBTQ Club	13%	43%
Classroom Resources	13%	14%

Appendix A

Dear [name of president/leader of campus group],

Your student organization, [name], is invited to participate in a research study conducted by Jamie Henkelman, a graduate student in School Psychology, Department of Psychology at Eastern Illinois University. Participation in this study is voluntary, confidential, and has been approved by [name of IRB chair] at your University and the Institutional Review Board at Eastern Illinois University.

I am writing to ask you, the president, to assist me in forwarding an announcement to your members via email or through a private message via a social network, such as Facebook or MySpace. The following portion of this email is the announcement:

Dear members,

You are invited to participate in a research study conducted by Jamie Henkelman, a graduate student in School Psychology, Department of Psychology at Eastern Illinois University. Participation in this study has been approved by [name of IRB chair] at your University and the Institutional Review Board at Eastern Illinois University. Also, participation is entirely voluntary and confidential. No identifying information will be sought.

The primary purpose of this study is to assess the interplay between experiences of homophobic bullying during high school and availability of school-based supports for sexual minority youth during high school, and potential experience of depression in LGBQ individuals. By participating, you can help advance knowledge about LGBQ youth experiences, and hopefully assure equity; and also help me to fulfill the thesis requirement for a Specialist in School Psychology (SSP) degree.

Link to the survey: <https://www.surveymonkey.com/s/LGBQexperience>
Password: pride

Again, by spending 10-15 minutes filling out this survey, you will be contributing to bettering life for LGBQ individuals and helping to educate society.

If you have any questions about this study, please contact: Jamie Henkelman, Principal Investigator (jhenkelman@eiu.edu) or Professor Assege HaileMariam, Ph.D., Thesis Advisor (ahailemariam@eiu.edu or 217-581-6615).

Thank you for your time and help!

Sincerely,

Jamie Henkelman

School Psychology Intern

Appendix B

|

The LGBTQ Experience

1. Consent

Informed Consent to Participate in Research Study

Title: School-Based Support as a Mediator between Homophobic Bullying and Depression in Sexual Minority Youth

Investigators: Jamie Henkelman, M.S., Assege HaileMariam, Ph.D.

PURPOSE OF THE STUDY

The primary purpose of this study is to assess the relationship between experiences of homophobic bullying during high school, availability of school-based supports for sexual minority youth during high school, possible depression among members of selected LGBTQ support or social groups from colleges in Illinois.

PROCEDURES

Once you have clicked the link and submitted the password, you will immediately be introduced to the purpose of the study and the minimal risk involved (possible distress). If consent to participate in the survey is given (by clicking on the "NEXT" button at the bottom of this page) then, you will be asked to indicate how frequently you experienced (or did not experience) homophobic bullying during high school, as well as whether or not school-based supports were present at your high school. Next, you will also be asked to answer questions about how often you have felt depressive symptoms during the past two weeks. Finally, demographic information will be collected, such as age, gender, sexual orientation, etc. Step by step directions will be given throughout the survey.

POTENTIAL RISKS AND DISCOMFORTS

Minimal risk is involved, i.e., recalling potentially uncomfortable memories may be distressing. If such discomfort occurs, it is recommended that participants seek out their University's Counseling Center. There are no safety or physical risks associated with this study.

CONFIDENTIALITY

In order to assure confidentiality, no identifying information is sought (e.g., name); and IP addresses will not be collected. Further, the anonymous survey data are username and password protected, and only the Primary investigator can access them. During the course of the study, the data will be stored on an online survey creation website that requires a username and password to retrieve the data. Again, only the Primary Investigator will have access to the username and password.

Finally, please note that your participation will advance knowledge of the consequences of homophobic bullying, as well as assist school professionals to improve sexual minority youth students' high school experiences and emotional outcomes.

PARTICIPATION AND WITHDRAWAL

To participate in this study you must be 18 years of age or older. Participation in this research study is voluntary and not a requirement or a condition for being the recipient of benefits or services from neither Eastern Illinois University, nor the student university group you are affiliated with. If you volunteer to participate in this study, you may withdraw at any time without consequences of any kind. There is no penalty if you withdraw from the study. Again, if you have any questions or concerns about this study, please contact:

Jamie Henkelman, Principal Investigator

jhenkelman@eiu.edu

Or

Dr. Assege HaileMariam, Thesis Advisor

ahaillemariam@eiu.edu or 217-581-8815

Please note that by clicking "NEXT" you are consenting to participate and indicating you are 18 years old or older. If you

The LGBTQ Experience

wish not to participate or are younger than 18 years old, then click the "Exit this Survey" link found at the top right corner of this page. Thank you.

The LGBQ Experience

2. School-based Support

LGBQ Definition

LGBQ refers to individuals that identify as lesbian, gay, bisexual, and/or are questioning their identity.

High School Definition

Items that refer to high school should only be answered pertaining to your experiences during high school. Please do not include experiences or support from middle school, elementary school, or college. If you attended multiple high schools, answer questions based on the last high school you attended.

School-based Support Definition

Within this survey, the term "school-based support" refers to the presence of a supportive person, group, or classroom for assisting LGBQ individuals during high school.

This first set of questions is about school-based support you may have encountered at your high school. For each question, indicate the answer that best describes your experience at your last high school.

1. Was there any teacher or other school staff person who was supportive of LGBQ students at your high school?

Yes

No

2. Was there any teacher or other school staff person at your high school who was open about being lesbian, gay, or bisexual?

Yes

No

3. Did you feel you had school staff you could talk to about a problem?

Yes

No

4. Did school personnel stop slurs and harassment when they occurred?

Yes

No

5. Were there books or other resources in your high school library that contained information about LGBQ people, history or events?

Yes

No

I don't know.

6. Were you able to use school computers to access websites about LGBQ people, history or events?

Yes

No

I don't know.

7. If you wanted more information and support from your high school about sexual orientation or LGBQ issues did you know where to go?

Yes

No

The LGBTQ Experience

8. In your classes at high school, did you ever learn about LGB people, discuss LGB history or current news events, or receive information about sexual orientation?

Yes

No

9. Did your high school have a Gay/Straight Alliance or another type of club that addressed LGBTQ student issues?

Yes

No

I don't know.

10. Did your high school inform students about a community-based Gay/Straight Alliance or another type of club in the community that addressed LGBTQ student issues?

Yes

No

The LGBTQ Experience

3. Depressive Symptomology

Below is a list of the ways you might have felt or behaved. Please mark how often you have felt this way during the past two weeks.

1. Please mark how often you have felt this way during the past two weeks.

	Rarely or None (<2 days)	Sometimes (2-4 days)	Occasionally (6-8 days)	Mostly or Always (10-14 days)
1. I was bothered by things that usually don't bother me.				
2. I did not feel like eating; my appetite was poor.				
3. I felt that I could not shake off the blues even with help from my family or friends.				
4. I felt I was just as good as other people.				
5. I had trouble keeping my mind on what I was doing.				
6. I felt depressed.				
7. I felt that everything I did was an effort.				
8. I felt hopeful about the future.				
9. I thought my life had been a failure.				
10. I felt fearful.				

2. Please mark how often you have felt this way during the past two weeks.

	Rarely or None (<2 days)	Sometimes (2-4 days)	Occasionally (6-8 days)	Mostly or Always (10-14 days)
11. My sleep was restless.				
12. I was happy.				
13. I talked less than usual.				
14. I felt lonely.				
15. People were unfriendly.				
16. I enjoyed life.				
17. I had crying spells.				
18. I felt sad.				
19. I felt that people dislike me.				
20. I could not get "going."				

The LGBTQ Experience

4. Homophobic Bullying

This set of questions is about harassment or fights that you may have encountered at your high school. For each question, indicate the answer that best describes your experience at your high school.

1. Please respond to each of the statements below using the ratings across the top of the page.

	Frequently (>1 a week)	Often (once a week)	Sometimes (once a month)	Rarely (1-2 a semester)	Never (0-1 during high school)
1. During high school, how often were you verbally harassed (name calling, threats, etc.) at your school because of your sexual orientation?					
2. During high school, how often were you physically harassed (shoved, pushed, etc.) at your school because of your sexual orientation?					
3. During high school, how often were you physically assaulted (punched, kicked, injured with a weapon) at your school because of your sexual orientation?					
4. During high school, how often were you ignored by your peers, left out of activities, or dropped as a friend because of your sexual orientation?					

2. Please respond to each of the statements below using the ratings across the top of the page.

	Frequently (>1 a week)	Often (once a week)	Sometimes (once a month)	Rarely (1-2 a semester)	Never (0-1 during high school)
5. During high school, how often were you sexually harassed at your school, such as sexual remarks made toward you or someone touching your body inappropriately because of your sexual orientation?					
6. During high school, how often did you have mean rumors or lies spread about you in school because of your sexual orientation?					
7. During high school, how often did you have your property stolen or deliberately damaged, such as your car, clothing or books because of your sexual orientation?					
8. During high school, how often were you harassed online or by phone, such as hurtful Facebook comments or threatening phone text messages, because of your sexual orientation?					

The LGBTQ Experience

5. Demographic Information

This next set of questions is about some characteristics of your high school. If you attended multiple high schools, please describe the last high school you attended.

1. What type of high school did you attend?

a public school

a religious-affiliated school

another kind of non-public, private or independent school

2. What kind of area was your high school in?

an urban area

a suburban area

a rural area

The LGBQ Experience

6. Demographic Information Continued

This last section is about some of your personal characteristics.

1. What is your sex?

intersex female male

2. Below is a list of terms that people often use to describe their sexuality or sexual orientation. Please check the term that best applies to you right now:

lesbian gay bisexual questioning straight/heterosexual

3. Below is a list of terms that people often use to describe their sexuality or sexual orientation. Please check the term that best applied to you during high school:

lesbian gay bisexual questioning straight/heterosexual

4. Indicate which year you last attended high school:

2011 2010 2009 2008 2007 2006 earlier than 2005

5. What is your race or ethnicity? Please check the term that best applies to you:

White or European-American African American or Black Hispanic or Latino/Latina Asian or Pacific Islander Native American Other

6. How many years old are you?

18 19 20 21 22 23 or older

7. Are you currently attending a college or university?

Yes No

8. How did you find out about this survey?

- Notification by college campus group via email
- Notification by college campus group via social network site (Facebook, MySpace, etc.)
- Other (please specify):

The LGBTQ Experience

7. Thank You

Thank you for your time!

Again, you are encouraged to seek support from your University's Counseling Center if your participation has caused distress.

1. The following space is available to you for additional comments:

