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Running Head: Social & Parental Support and Homophobic Bullying

Social and Parental Support as Moderators of the Effects of Homophobic Bullying
on Psychological Distress in Youth

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Social and Parental Support as Moderators of the Effects of Homophobic Bullying
on Psychological Distress in Youth

Abstract

The aim of this study was to explore homophobic bullying in Portugal, regarding its forms, prevalence, and consequences, and to verify if parental and social support moderated the effects of homophobic bullying for victims. An online questionnaire was completed by 211 female and male students, aged 12 to 20 years old. Results showed that psychological violence prevailed, male students were more often victims than female students, and LGB adolescents more so than their heterosexual peers. The emotional impact on victims was higher when social support was low, including suicidal ideation and school difficulties. Furthermore, a main effect of parental support was found for emotional and behavioral distress indices experienced by adolescents.

Keywords: bullying, homophobia, sexual orientation, parental support, social support

Introduction

Bullying is a form of interpersonal violence which may have serious health and educational consequences among youth. As a result, in recent years, school bullying has been receiving more attention in research and the *media*. Bullying is a specific form of school violence, defined by Olweus (1993, p. 9) as “a student being provoked and/or victimized when he or she is exposed, repeatedly and over a period of time, to negative actions on the part of one or more people”. The negative actions can be verbal, physical, sexual, or social, with a distinction between “direct” bullying (which involves a direct attack of a victim) and “indirect” bullying (which is related to social isolation and exclusion from a group). This includes “cyberbullying” which involves the use of computer and communication technology (e-mail, mobile telephones, pagers, etc.) as a form of aggression (Smith, Mahdavi, Carvalho, et al, 2008).

The majority of studies indicate that bullying occurs more frequently among students in elementary and middle school (6 to 14 years old), where the percentage of victimization is between 58 and 77% (e.g. Poteat & Espelage, 2005). A large scale study conducted among US youth (Nansel et. al, 2001) found that the prevalence of bullying was substantial, with approximately 30% of youth reporting moderate or frequent bullying behaviors (as either bullies, victims, or both). Studies in England report that there are students who have been the target of some form of bullying in 68% of schools (Elliot & Kilpatrick, 1994, cited by O’Higgins-Norman, 2008). In a 1998 study in Portugal, research with representative samples found that 42.5% of students between the ages of 11 and 16 reported never having been involved in bullying behavior, 10.2% reported being aggressors, 21.4% reported being victims, and 25.9% were both victims and aggressors (Carvalhosa, Lima & Matos, 2001).

According to the majority of studies on bullying that explore gender differences (e.g. Gonçalves & Matos, 2007; Nansel et al., 2001), there are differences between male and

female students concerning the types of bullying that they are subjected to. Female students are more frequently victims of “indirect” bullying (e.g. rumors, sexual jokes), while male students are the target of a more direct form of bullying (e.g. physical aggression; Espelage, Mebane & Swearer, 2008).

Several studies (Hong & Espelage, 2012; Solberg & Olweus, 2003) have confirmed that victimization is associated with problems of internalization, with depressive reactions, negative self-perception, and lack of social integration, while bullying is associated with problems of externalization, such as aggression and anti-social behavior. In this way, research has revealed that bullies as well as victims of bullying can suffer significant repercussions in terms of socio-emotional well-being, health, and learning outcomes (Green, 2008).

As a rule, victims of bullying present low levels of self-esteem and lower levels of happiness (Rigby & Slee, 1993). Craig (1998) affirms that victims of bullying present higher anxiety levels than aggressors and children who are not victims of bullying. Accordingly, the victims of bullying present a greater number of depressive symptoms. Green (2008) stresses that victims of bullying have a greater likelihood to manifest stomachaches, headaches, and, in more serious cases, are more likely to perform acts of self-mutilation and attempt suicide. Bullies, in turn, present a greater prevalence of anti-social and aggressive behavior outside the school environment, greater substance abuse, higher levels of anxiety, positive self-esteem, the need to dominate others, and problems in school (Carvalhosa, Lima & Matos, 2001; Olweus, 1993; Solberg & Olweus, 2003).

Other risk factors for anti-social behavior and victimization are related to negative family relations. According to Perren and Hornung (2005), an insecure identity or an over-protective parenting style may be risk factors for victimization. In this sense, bullying may be associated with physical discipline on the part of the parents, as well as little adult supervision and dysfunctional family life (Hong & Espelage, 2012). Contrary to children who are not

involved in situations of bullying, bullies, bully-victims and victims indicate a negative family environment (Stevens, De Bourdeaudhuij & Van Oost, 2002).

Hence, involvement in situations of bullying is strongly associated with negative indicators of health, namely, violent behavior, depression, suicide ideation, poor quality of life, delinquency, psychosocial maladjustment in school, as well as family problems and psychiatric disturbances in the beginning of adult life (Berlan et al., 2010; Due et al., 2005).

Homophobic Bullying

Despite the fact that research about bullying and victimization has undergone a significant increase in recent years, its relationship with other areas, such as homophobia, has received far less attention (Poteat & Espelage, 2005). In fact, the practice of bullying encompasses a variety of ages, genders, and different forms of expression, one of which is homophobia. Homophobia involves beliefs, attitudes, stereotypes, and negative behavior (e.g. bothering, threatening or harassing) towards lesbian, gay and bisexual (LGB) persons (Wright, Adams & Bernat, 1999).

Several studies have focused on the relationship between the verbal content of homophobic discourse utilized in situations of homophobia and bullying (Poteat & Espelage, 2005). Homophobic verbal content is defined as words that stigmatize and denigrate the language referring to sexual orientation (i.e. homophobic epithets; see Poteat, Mereish, DiGiovanni & Scheer, 2003). It is noteworthy that homophobic bullying behavior may be expressed both towards heterosexual and LGB individuals, in other words, heterosexual students can also be victims of homophobia not because of their sexual orientation, but because they are perceived as being different in some way than the traditional expectations of male and female gender roles (Poteat & Espelage, 2005). Green (2008) gives an example of this situation, where a boy who likes to dance and a girl who likes to play football could be the target of homophobic bullying not because of their sexual orientation but because of their

non-traditional gender role performances. Therefore, for O'Higgins-Norman (2008), homophobic bullying can be divided into two types: the bullying underlying the hetero-normative character of the school environment, which is related to gender role expectations, namely, the policing of feminine and masculine behavior; and the bullying that has as its basis the persecution of LGB people themselves.

Regarding the prevalence of homophobic bullying on an international level, the records of victimization are also quite high; approximately 92% of LGB individuals have been victims of homophobic comments, 84% claim to have been offended verbally and 83% have suffered from insults, threats, physical and sexual violence (Poteat & Espelage, 2005). According to O'Higgins-Norman (2008), 45% of gay and 20% of lesbian adolescents in the US have already experienced physical and verbal aggression on the part of other students due to their sexual orientation and 53% have heard homophobic comments on the part of school employees. In the UK, a study undertaken by the Stonewall Association with the participation of more than 1100 adolescents demonstrated that 65% of LGB students under 18 have already been victims of direct homophobic bullying, more than 95% were exposed to verbal aggression of homophobic content, 35% report that they do not feel safe or accepted in their school, and 62% of the girls and 56% of the boys did not report the situation of victimization to anyone (Stonewall, 2007). The same study confirmed that, among victimized students, 92% were victims of verbal homophobic bullying, 41% physical, and 17% had death threats.

Aspects such as low self-esteem, isolation, difficulties in concentration, phobia of school and suicide attempts are several examples of the consequences of homophobic bullying (e.g. Hershberger & D'Augelli, 1995; Ritter & Terndrup, 2002; Russell, 2003; Adams, Cox, & Dunstan, 2004; Stonewall, 2007; Almeida et al., 2009; Berlan et al., 2010). In view of the high percentage of victims of bullying by virtue of their sexual orientation, these consequences are a matter for concern.

In the long term, feelings of guilt, depression, and anxiety, as well as the fear of establishing interpersonal relationships and shyness, have been identified as consequences (see Adams et al., 2004). Additionally, young LGB victims of homophobic bullying present a greater risk of attempting suicide, as well as greater levels of depression and higher rates of actual suicide (Robertson & Monsen, 2001). In this sense, the effects of this type of bullying incorporate a large quantity of aspects, mainly, a loss of confidence, a decrease of self-esteem, a reduction in school performance, an increase in school drop-outs (O'Higgins-Norman, 2008), symptoms of post-traumatic stress, anxiety, depression, substance abuse, or suicide (D'Augelli, Pilkington & Hershberger, 2002). Consequences also occur at the school level, such as school climate (Kosciw, Greytak, Diaz & Bartkiewicz, 2010).

Social and Parental Support as Protective Factors

Social support is related to the resources available to those individuals and social units (such as the family), in response to requests for help. Social support may be defined as “the existence or availability of people on whom we can rely, people who let us know that they care about, value, and love us” (Sarason et al., 1983, p. 127). Parental support can be defined as a behavior of the father or mother towards a son or daughter which permits the child to feel comfortable in the presence of the parent and to feel recognized and approved by them (Young et al., 1995). In a longitudinal study by Ryan et al. (2009), negative family responses to sexual orientation of an adolescent were found to be associated with negative health issues in young LGB adults. In this way, adverse, punitive, and traumatic reactions on the part of the parents and caregivers in response to the LGB identity of their children will have a negative influence on the risk behaviors and health of young people, taking into consideration the fundamental role that families play in the developmental level of the children and adolescents. Hence, and according to the same study, young LGB people who experience low levels of rejection on the part of the parents are at less risk of suffering from depression, committing

suicide, abusing substances, and partaking in risky sexual behavior than their counterparts with high levels of rejection.

Hershberger and D'Augelli (1995) indicate that the majority of young LGB people are afraid to reveal their sexual orientation to their family. In this sense, Espelage, Aragon and Birkett (2008) attempted to investigate to what extent parental support and a positive school environment influence the psychological consequences of students questioned about their sexual orientation. The authors found that LGB individuals communicate less with their parents and believe themselves to have less parental support than heterosexual individuals.

When compared with heterosexual adolescents, young people in the sexual minority are presented with less social support, in both the family context and with their peers; they are less close to their mothers and have less companionship with their best friends (Williams et al., 2005). Williams et al. (2005) report that the stigma associated with non-heterosexuality could diminish the ties that adolescents have with friends and family, resulting in a reduction in perceived social support. In this way, the low level of social support and the high level of victimization are, by themselves, negative experiences and constitute risk factors for the emotional adjustment and behavior of young people who are part of the sexual minority (Safren & Heimberg, 1999). Victimization and a lack of social support play a fundamental role in the prediction of psychosocial difficulties.

The present study, therefore, intended to explore the ways in which homophobic bullying affects Portuguese youth who are part of the sexual minority. Historically, the literature that addresses the struggles of LGB persons, including children and adolescents, tends to come from an Anglo-Saxon perspective; less research has been conducted in other cultural contexts, including those where Latin values (such as the core value of the family unit) and strong Catholic roots are present, which is the case of Portugal. In fact, literature indicates that there is an important role of culture and religion in shaping views of

homosexuality and that the influence of personal religiosity is greater in countries characterized by a self-expressive culture (Adamczyk & Pitt, 2009). Among those, Portugal and others (Spain, Puerto Rico, Mexico, Venezuela, Argentina, Peru, and Chile; see cluster identified by Adamczyk & Pitt, 2009) have strong Catholic traditions and emphasis on family values. These combined cultural factors may have strong effects on attitudes toward LGB issues among youth, as well as homophobic bullying experiences. Hence, more concretely, the specific, initial objective of this study consisted in characterizing homophobic bullying as reported by Portuguese LGB youth. It also intends to describe the symptoms of psychological discomfort reported by them. It is predicted that LGB adolescents present higher levels of victimization than their heterosexual peers, as well as higher levels of negative psychological symptomology. The second objective, which is the central question of this study, is to verify if the perception of parental and social support moderates the relationship between the experience of victimization and the psychological distress that is reported by these adolescents. We expect that the victims of homophobic bullying with higher levels of parental and social support will show lower levels of distress and difficulties than victims of homophobic bullying with lower levels of parental and social support.

Method

Participants

A total of 211 students aged from 12 to 20 ($M=17$; $DP=1.67$) participated in this study (online survey), of whom 55% ($n=116$) identified as female and 45% as male (no participants identified as gender non-conforming). They were students between the 7th and 12th grades, the largest cohort of whom were in the 12th grade (47.4%). The sample included the participation of young people from all regions of Portugal, from the north (Bragança) to the south (Faro), with 36% living in Lisbon (the capital). Regarding their sexual orientation, 30.8% ($n=65$) of the participants identified themselves as homosexual (gay or lesbian), 29.9%

(n=63) as heterosexual, 25.1% (n=53) as bisexual, and the remainder opted not to respond to the question or declared having doubts as to their sexual orientation (n=30; 14.6%).

Instruments

The data were collected by the filling out of an online questionnaire, which presented, in the beginning, a definition of bullying and homophobic bullying. The first part of the questionnaire was composed of 11 questions, designed to gather biographical data. The second part of the questionnaire had as its objective the evaluation of homophobic bullying, psychological symptoms, and parental and social support. To do so, a group of questions was elaborated, based on the Speakout Survey (Stonewall, 2007), the Clinical Outcomes in Routine Evaluation (CORE-OM; Markham et al., 1998), and the Parental Support Scale (Espelage, Aragon & Birkett, 2008). This selection was based on the goals of the present study and the evaluation of available instrument with sound research and psychometric properties. All the instruments had already been used in research in Portuguese, with the exception of the Parental Support Scale, which was translated by the authors and back-translated by an independent bilingual researcher.

The characterization and prevalence of homophobic bullying was evaluated based on the Speakout Survey (Stonewall, 2007), from which items referring to different forms of aggression (e.g. “Verbal aggression”, “Physical aggression”, “Via internet posts or blogs”) were extracted, the consequences for the aggressor were identified (e.g. “What happened to the aggressor?”), and other characteristics relating to the situation of bullying, such as the locale, other participants, feelings regarding school safety and sense of belonging, etc. The possible answers varied according to the item’s content, presented, in some cases, in the format of a five-point Likert scale. This survey was utilized in the UK for two national level studies, with the objective of characterizing the prevalence, characteristics, and consequences of homophobic bullying in British schools, having revealed not only its adequate nature for

research but also its applicability to young people. While differences are expected to exist between Britain and Portugal, the use of this scale in our study was justified given that it was the best survey available that had been used in a large-scale study.

From the CORE-OM (Barkham et al., 1998), a reduced version was utilized and directed towards adolescents (YP-CORE). The CORE-OM is composed of 34 items that are grouped into four dimensions: subjective well-being (4 items), complaints/symptoms (12 items), social and personal functioning (12 items), and at-risk behaviors for oneself and/or others (6 items). It is a scale that is widely used in research and in clinical/psychotherapy, with excellent psychometric qualities (alpha coefficients for subscales between 0.72 and 0.94; Sales et al., 2012). The reduced version for adolescents has just 10 items, translating the level of global psychological well-being, as a sum of a total score. The answers are given in a five-point Likert scale in which one corresponds to “Never” and five to “Very Frequently”. These measurements have already been translated into Portuguese, with preliminary data for the clinical and non-clinical population, which indicated good psychometric properties, similar to those found for this instrument in different languages (Sales et al., 2012). In our sample, we obtained an alpha coefficient of 0.78.

To measure parental support levels, the scale presented by Espelage, Aragon and Birkett (2008) was utilized, composed of two items which permit the evaluation of the extent to which individuals feel that their parents worry about them and are available when needed ($r=.77$): “Do you feel that your parents are available when you need them?” and “Do you feel that your parents worry about you?”. Possible answers are: “Never”, “Rarely”, “Sometimes”, “Frequently”, and “Very Frequently”. The items were totaled to obtain one score of parental support. Social/Peer Support was assessed through the sum of four items. This index was extracted from the Kidscreen Quality of Life European survey, developed and funded by the European Commission in more than 13 countries – adapted to the Portuguese population by

Gaspar and Matos (2008). Items included “Do you feel you could trust your friends?”, answered on a five-point scale similar to the one used for parental support. Internal consistency of this measure in our study was also excellent (alpha 0.90 in the present study).

Procedures

After approval of the project by the university department, the questionnaire was developed online and a link with an invitation to participate in the study was sent via e-mail to all the local offices of the *rede ex aequo* Association (the largest national youth association of lesbians, gays, bisexuals, transgender people and friends, with offices in all regions of Portugal). A snowball sampling approach was then utilized, as LGB youth and allies who participated in the study were asked to recruit other participants among their acquaintances. Through this method, we aimed not only to increase sample size, but also to obtain comparable homosexual- and heterosexually-defined youth.

In the study webpage, the questionnaire’s objective was explained as being to gather opinions from students about some aspects of their school life and that their cooperation would be fundamental in helping to understand human relations in school, especially bullying. Participants were guaranteed confidentiality and anonymity of the answers, and assured that their participation was voluntary (American Psychological Association, 2002; Board of Portuguese Psychologists, 2011). The questionnaire was online for four months, after which the data was analyzed using the SPSS program.

Results

Characteristics and Prevalence of the Behaviors of Homophobic Bullying

It was found that 40% of the participants claimed to have been intimidated, insulted, or assaulted in school for being homosexual or bisexual, or for being someone that is perceived to be homosexual or bisexual. Beyond this, the majority of students surveyed declared that they had seen other people be victims of homophobic bullying (68%), of which 37% said the

victims were students that were or could be seen as homosexuals or bisexuals. The most common place where the participants reported these situations took place was either inside the school grounds (26%), or both inside and outside the school (68%).

This survey also found that 58% of the situations were witnessed by others as well as the participant. In these cases, the survey participants reported that the other people did nothing (38%) or laughed at the situation (20%) and only in 16% of these cases did someone ask the aggressor to stop. In cases in which the situation was not witnessed by anyone else besides the participant, only 20% told their friends at school what had happened, registering low percentages of reporting the situations to adults, in particular, teachers (6.8%) and parents (1.4%). In 80% of the situations of homophobic bullying, the survey participants reported that nothing happened to the aggressor, in just 15% of the situations the aggressor was reprimanded.

Types of homophobic bullying

The various forms of homophobic bullying (items in the Speakout Survey) were grouped using Principal Component Analysis (PCA), resorting to the Varimax rotation method (KMO=0.847; Bartlett χ^2 (55) =1204.127, $p < 0.001$) and using the Kaiser criterion to extract the factors (values equal to or larger than 1). The final solution revealed a total of three factors that explain 70.72% of the total variance (see Table 1). The first factor obtained, *Psychological Violence*, refers to verbal aggression, exclusion and isolation, as well as gossip and rumors, having presented a good internal consistency ($\alpha=0.90$). The second factor, *Physical and Sexual Violence*, refers to the type of aggression that involves threats to physical integrity and sexual assault, presenting an adequate internal consistency ($\alpha=0.77$). Finally, the third factor, *Cyberbullying*, is related to the aggression perpetuated via the Internet (e.g. publication of posts) or by mobile phone, having presented a satisfactory internal consistency ($\alpha=0.80$). Psychological violence registered a greater mean frequency (M=2.09) than

Cyberbullying ($M=1.30$) and Physical and Sexual Violence ($M=1.14$), explaining 27.93% of the variation.

----- Insert Table 1 -----

Differences relating to sex and sexual orientation among victims of homophobic bullying

It was found that male students presented greater percentage levels of victimization (56.1%), than female students (43.9%), and that these levels revealed a statistically significant difference ($\chi^2=6.645$, $df=1$, $p<0.05$). Those who identified themselves as being homosexual presented a higher rate of victimization (47.6%) than participants who identified themselves as bisexual (32.9%), and in turn with those identified as heterosexual (7.3%), these differences also being statistically significant ($\chi^2=39.690$, $df=4$, $p<0.001$).

Statistically significant differences were observed between female and male students, in two types of bullying, namely, psychological violence ($t(209)=-2.56$, $p<0.05$), and physical and/or sexual violence ($t(209)=-2.07$, $p<0.05$). Male participants who are the target of bullying present greater average levels of both psychological violence and physical and sexual violence compared with female peers. There were no statistically significant differences regarding cyberbullying ($t(209)=0.43$, ns).

Psychological symptoms associated with homophobic bullying

A series of t-tests were performed to compare the averages among homophobic bullying victims and non-victims. Statistically significant differences were found between victims and non-victims, in 15 of the 20 consequences measured in the questionnaire (see Table 2). It was therefore shown that victims of homophobic bullying, when compared with non-victims, presented greater average levels of psychological distress indices, with a few

exceptions. There were no differences found related to substance use (specifically, tobacco, alcohol, and drugs) and behavioral problems.

----- Insert Table 2 -----

The role of Social Support and Parental Support

The central objective of this study was to verify whether the relation between *Victimization* and *Psychological symptoms* (emotional, school, behavioral and substance use) was affected by *Social Support* and *Parental Support*, through moderation. To this end, the support variables (both social and parental) were dichotomized into high/low, and a median was used to divide the participants into two groups for each of the support variables¹. While dichotomization of an independent variable may result in loss of information, it allowed for the exploration of interaction effects.

Before performing the ANOVA models, four indices were created (composite scores) with the goal of grouping together questions regarding emotional symptomology (e.g. sadness), aspects related to school (e.g. difficulty in concentrating), behavioral problems (e.g. acting without thinking), and substance use (e.g. alcohol).

In the first ANOVA, the value of the emotional symptoms was utilized as a dependent variable, and victimization (yes/no) and social support (high/low) were the independent variables. The interaction effect was significant ($F(1, 207) = 8.162, p < 0.01$) (see Figure 1). Therefore, the effect of victimization on emotional symptoms was significantly different depending upon whether there was high or low social support ($\text{Eta}^2 = 3.8\%$). The main effect of victimization was also significant ($F(1, 207) = 28.663, p < 0.001$), which indicates that the level of emotional symptoms was different for victims and non-victims of homophobic

¹ The analyses presented utilize the median as criteria of dichotomization of parental and social support, although analysis was also undertaken using the average. The results, however, were similar to those presented here.

bullying, whereby victims of homophobic bullying presented higher values ($M=3.35$, $SD=0.84$) than non-victims ($M=2.61$, $SD=0.68$). The principal effect of social support was also significant ($F(1, 207)=41.303$, $p<.001$), indicating that the level of emotional symptoms was higher when the social support was low ($M=3.27$, $SD=0.83$), as compared with when it was higher ($M=2.53$, $SD=0.64$).

----- Insert Figure 1 -----

Regarding the second ANOVA model, parental support (high/low) was utilized as an independent variable, as well as victimization (yes/no), and emotional symptoms were the dependent variable. In this case, there was no significant interaction effect. Still, victimization was found to have a significant main effect ($F(1, 207)=32.728$, $p<.01$), as was parental support ($F(1, 207)=4.384$, $p=0.037$), which demonstrated that the level of emotional symptomology was higher when parental support was lower ($M=3.08$, $SD=0.85$), compared with when parental support was higher ($M=2.65$; $SD=0.73$).

Similar analyses were performed to explore the relation of victimization and support on school variables. No significant interaction effects were found, either in exploring the role of social support or parental support. The main effect of victimization was significant, both when social support was introduced as an independent variable ($F(1, 207)=13.555$, $p<0.01$) and when parental support was introduced ($F(1, 207)=16.402$, $p<0.01$). Victims of homophobic bullying presented higher values in terms of school difficulties ($M=3.10$, $SD=1.23$) than non-victims ($M=2.36$, $SD=1.18$). In a school setting, no significant differences between the principal effects of social and parental support were registered.

In evaluating behavioral problems, two similar ANOVA models were also performed. No significant interaction effects were found. Only the significant main effect was found ($F(1,$

207)= 4.111, $p=0.044$), indicating that behavioral problems were higher when social support was low ($M=2.43$, $SD=0.88$), as opposed to when it was high ($M=2.14$, $SD=0.785$). The same conclusion was reached for parental support ($F(1, 207)=6.254$, $p=0.013$), whereby behavioral problems were greater when parental support was low ($M=2.45$, $SD=0.86$), compared with when it was high ($M=2.07$, $SD=0.78$).

Regarding the use of substances (alcohol, tobacco, drugs), no significant interaction effects were found. Once again, the principal effect of victimization was significant ($F(1,207)= 4.752$, $p=0.030$), indicating that the victims of homophobic bullying reported a greater use of these substances ($M=1.81$, $SD=1.09$) than did non-victims ($M=1.57$, $SD=0.84$).

Lastly, we sought to verify if the effect of *Victimization* in the variable “did you think about hurting yourself” (suicide ideation) was affected by *Social Support* and *Parental Support*. In the first ANOVA that was performed, victimization (yes/no) and social support (high/low) were the independent variables. A significant interaction effect was observed ($F(1, 207)=4.537$, $p=0.034$) (see Figure 2). It was therefore concluded that the effect of victimization on suicide ideation was significantly different as a result of whether the victim had high or low social support ($\text{Eta}^2= 2.1\%$). The main effect of victimization was equally significant ($F(1, 207)= 15.283$, $p<0.01$), with the victims of homophobic bullying presenting higher values of suicide ideation ($M=2.28$, $SD=1.51$) than non-victims ($M=1.57$, $SD=0.94$). The main effect of social support was also significant ($F(1, 207)=23.438$, $p<0.001$), indicating that reported suicide ideation was higher when social support was low ($M=2.19$, $SD=1.44$) than when it was high ($M=1.39$, $SD=0.89$).

----- Insert Figure 2 -----

With regard to the second ANOVA, parental support was utilized as the independent variable. In this case, there was no significant interaction effect, registering only a significant main effect in victimization ($F(1, 207) = 13.084, p = 0.000$).

Discussion

The present study's initial objective was to create a general characterization of the phenomenon of homophobic bullying and to explore the ways in which this type of bullying affects Portuguese youth, as it is related to a number of psychological distress symptoms for the victims. The results found that the majority of young students have witnessed homophobic bullying situations against students that are or that are perceived to be LGB, or those that are otherwise gender non-traditional, and that the majority of the situations occur within school grounds. As with similar results obtained in other studies on other forms of bullying (e.g. D'Augelli et al., 2002; O'Higgins-Norman, 2008), these suggest that Portuguese male students are more frequently victims of homophobic bullying than are their female peers. Psychological violence was reported as more prevalent than physical violence, which corroborates similar studies (O'Higgins-Norman, 2008; Poteat & Espelage, 2005; Stonewall, 2007). For their part, LGB adolescents were subject to more situations of homophobic bullying, with some young heterosexual students also encountering similar situations. This fact corresponds to that which has been asserted in other studies (e.g. Poteat & Espelage, 2005), in which heterosexual youths can also be victims of homophobia, not by their sexual orientation, but because they are perceived as being different from the traditional expectations of gender roles.

On the level of intervention in situations of homophobic bullying and in line with previous studies (e. g. Stonewall, 2007), in the majority of cases no one intervened and only in a few situations was the aggressor asked to stop his or her behavior, even though the situations of victimization were witnessed by third parties. Acts that encouraged the behavior

of the aggressor and devalued the aggression (e.g. laughter) were commonplace. It is worthy of note that the results indicated that in the majority of these situations the aggressors appear not to have suffered any consequences for their behavior. This finding points to a lack of awareness regarding bullying and homophobia among the young, most likely stemming from beliefs that legitimize attitudes and aggressive behavior towards those individuals who do not correspond to the normative gender roles or who manifest a sexual orientation that is not heterosexual. It is therefore important to work towards preventing and addressing situations of homophobic bullying in schools, with a view to guaranteeing that the learning environment is positive for LGB students (Kosciw et al., 2010; Stonewall, 2007).

Similarly, symptoms of psychological distress – in particular isolation, sadness, and loneliness – are found to be notoriously higher for victims than for those who were not victims, findings that have been reported by other authors (e.g. Adams et al., 2004; Russell, 2003). It is also of note that the victims of homophobic bullying report feeling less secure in school, and finding themselves less integrated in the student community, which agrees with the results of other studies (e.g. Berlan et al., 2010). In fact, those who have experienced bullying generally feel less secure at school, and have difficulty concentrating and sleeping (Poteat, Mereish, DiGiovanni & Koenig, 2011). Specifically, lower school belonging has been found to be associated with more frequently skipping school, poorer academic performance, and feeling it is less important to graduate. These difficulties may help understand achievement gaps impacting sexual minority youth, including higher dropout rates, given the association of hostile school climates with poorer academic performance for these students (Poteat, Mereish, DiGiovanni & Koenig, 2011). It is, after all, important to ponder the need to perceive this phenomenon as a relevant academic issue, with educational consequences, rather than only at an individual, clinical or psychosocial level. While most studies have indeed investigated its individual psychosocial effects (Due et al., 2005), literature has also shown its

impact on school performance (see Glee et al., 2005) and school climate (see Kosciw et al., 2010). Indeed, students who attend schools with more positive school climates tend to have better school attendance, develop better study habits, become more motivated and committed to succeed academically, and are more able to do so (Osterman, 2000; Zins, Weissberg, Wang & Walberg, 2004). Thus, more successful strategies to prevent homophobic bullying will enhance academic achievement and school quality indicators.

The second objective of the present study consists of the central question, which explores the moderating role of parental and social support regarding the levels of psychological symptomology of the victims of homophobic bullying. It was determined that the level of emotional distress experienced by the victims of homophobic bullying was greater when the social support was low. At the same time, both the levels of emotional and behavioral distress indicators differed according to the level of parental support (high or low). When the level of parental support was low, the level of emotional and behavioral distress indicators was higher. This may be particularly important in cultural contexts such as this, in which the family unit is core. The effect of victimization on the variable level “Did you think about hurting yourself” was greater when the victims had less social support. Even though the moderating effect of the two types of support was not verified for all the dependent variables, the importance of the influence of both social and parental support can be observed. Moreover, since other studies have underlined the fact that young victims of homophobic bullying have less social and parental support and help (e. g. Espelage, Aragon & Birkett, 2008; Safren & Heimberg, 1999), this places LGB youth at a greater risk of experiencing more intense forms of distress. It is of course important to underscore yet again the need to create social support networks, both formal and informal, for young victims of homophobic bullying. This is in line with recommendations on the design of effective antibullying school-wide programs to change group norms and improve school climate, which should include

individualized interventions for students at heightened risk (Kosciw et al., 2010). Our findings suggest that, for LGB students, especially in family-oriented cultures (e.g. Portugal, Spain, Puerto Rico, Mexico, Venezuela, Argentina, Peru, and Chile), parental involvement is key. This may prove a challenge given the Catholic roots of most families and the fact that most youth may not be open regarding their sexual orientation and/or the fact that they are bullied.

The completion of this study found that discrimination based on sexual orientation or on the hetero-normative character of the school environment is present in Portuguese schools, taking on characteristics analogous to those found in studies of other countries. Like some other countries, Portugal has recently launched a school project which aims at creating awareness of homophobic bullying – “The Inclusion Project” – developed by the *rede ex aequo* Association (*rede ex aequo* Association, 2008, 2010). However, it is still necessary to create more awareness programs, as well as develop measures of protection and formal and informal support networks against homophobia and homophobic bullying in the school environment.

This study presents some methodological limitations. The data collection procedure was the greatest limitation, since it was done by the largest youth support association for LGBT youth and allies in the country, which made the sample non-representative of the youth population in Portugal due to an over-representation of homosexual and bisexual participants, or those sympathetic to LGB issues. The use of a snowball sampling approach may also provide bias and non-representativeness. These young people, moreover, already have some kind of informal social support through this association. Future studies could use a larger and more representative sample of Portuguese youth, exploring the differences between the characteristics of homophobic bullying and bullying in general. A second important limitation refers to the fact that the age range was large (12 to 20 years old) and analyses were performed for the group as a whole, without taking into consideration age differences. While

conducting analyses by age group (e.g. middle school vs. high school) would be consistent with the literature, it would decrease statistical power. Finally, the study design was correlational, and thus implications regarding causal effects cannot be made. Longitudinal designs and developmental studies (such as Ryan et al, 2009) are needed to further establish the predictive value of social and parental support.

References

- Adamczyk, A., & Pitt, C. (2009). Shaping attitudes about homosexuality: The role of religion and cultural context. *Social Science Research, 38*(2), 338-351.
- Adams, N., Cox, T., & Dunstan, L. (2004). 'I am the hate that dare not speak its name': Dealing with homophobia in secondary schools. *Educational Psychology in Practice, 20*, 259-269.
- Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBT youth: the influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence, 38*, 1001-1014.
- American Psychological Association (2002). *Ethical principles of psychologists and code of conduct*. Washington, DC: American Psychological Association.
- Associação *rede ex aequo* (2008). Associação *rede ex aequo* – Associação de jovens Lésbicas, Gays, Bissexuais, Transgéneros e simpatizantes. *Relatório sobre Homofobia e Transfobia: Observatório de Educação LGBT [Report on Homophobia and Transphobia: LGBT Education Observatory]*. Lisbon: non published manuscript.
- Associação *rede ex aequo* (2010). Associação *rede ex aequo* – Associação de jovens Lésbicas, Gays, Bissexuais, Transgéneros e simpatizantes. *Relatório sobre Homofobia e Transfobia: Observatório de Educação LGBT. [Report on Homophobia and Transphobia: LGBT Education Observatory]*. Lisbon: non published manuscript.
- Barkham, M., Evans, C., Margison, F., McGrath, G., Mellor-Clark, J., Milne, D., & Connell, J. (1998). The rationale for developing and implementing core outcome batteries for routine use in service settings and psychotherapy outcome research. *Journal of Mental Health, 7*, 35-47.
- Berlan, E., Corliss, H., Field, A., Goodman, E., & Austin, S. (2010). Sexual orientation and bullying among adolescents in the Growing up Today study. *Journal of Adolescent Health, 46*, 366-371.

- Board of Portuguese Psychologists [Ordem dos Psicólogos Portugueses, OPP] (2011). *Código Deontológico da Ordem dos Psicólogos Portugueses [Ethics Code of the Board of portuguese Psychologists]*. Regulamento nº 258/2011, Publicado na 2ª Série do Diário da Republica a 20 de Abril de 2011.
- Carvalhosa, S., Lima, L. & Matos, M. (2001). Bullying – A provocação/vitimação entre pares no contexto escolar português [Bullying – peer victimization in the portuguese school context]. *Análise Psicológica*, 4, 523-537.
- Craig, W. M. (1998). The relationship among bullying, victimization, depression, anxiety, and aggression in elementary school children. *Personality and Individual Differences*, 24, 123-130.
- D’Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (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.
- Due, P., Lynch, J., Diderichsen, F., Gabhain, S.N., Scheidt, P., Currie, C. and the Health Behaviour in School-Aged Children Bullying Working Group (2005). Bullying and symptoms among school-aged children: international comparative cross sectional study in 28 countries. *European Journal of Public Health*, 15(2), 128-132.
- Espelage, D. L., Aragon, S. R., & Birkett, M. (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.
- Espelage, D.L., Mebane, S. E. & Swearer, S. M. (2008). Gender differences in bullying: Moving beyond mean level differences. In D.L. Espelage and S.M. Swearer (Eds.), *Bullying in American Schools: A social-ecological perspective on prevention and intervention* (3rd Edition; pp. 15-36). Mahwah, NY: Lawrence Erlbaum Associated, Inc.

- Gaspar, T. & Matos, M.G. (Eds.) (2008). *Qualidade de Vida em Crianças e Adolescentes: Versão portuguesa dos instrumentos Kidscreen 52 (Health behaviour in school-aged children/WHO)*. Lisbon: Aventura Social e Saúde.
- Glew, G.M., Fan, M., Katon, W., Rivara, F.P., & Kernic, M.A. (2005). Bullying, psychosocial adjustment, and academic performance in elementary school. *Archives of Pediatric Adolescent Medicine*, 159, 1026-1031
- Gonçalves, S. M. P., & Matos, M. G. (2007). Bullying in schools: Predictors and profiles. *International Journal on Violence and School*, 4, 91-108.
- Green, V. A. (2008). Bullying. In N. J. Salkind (Ed.) *Encyclopedia of educational psychology* (pp. 119-124). Thousand Oaks, CA: Sage.
- 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(1), 65-74.
- Hong, J. S., & Espelage, D. L. (2012). A review of research on bullying and peer victimization in school: An ecological system analysis. *Aggression and Violent Behavior*, 17, 311–322.
- Kosciw, J.G., Greytak, E.A., Diaz, E.M., & Bartkiewicz, M.J. (2010). *The 2009 National School Climate Survey: The experiences of lesbian, gay, bisexual, and transgender youth in our nation's schools*. New York: GLSEN.
- McCormack, M. (2003). Mapping the boundaries of homophobic language. In I. River and N. Duncan (Eds.), *Bullying: Experiences and discourses of sexuality and gender*. New York, NY: Routledge.
- Nansel, T.R., Overpeck, M., Pilla, R.S., Ruan, W.J., Simons-Morton, B. & Scheidt, P. (2001). Bullying Behaviors among US Youth: Prevalence and Association with Psychosocial Adjustment. *JAMA*, 285(16), 2094-2100.

- O'Higgins-Norman, J. (2008). Equality in the provision of social, personal and health education in the Republic of Ireland: the case of homophobic bullying? *Pastoral Care in Education, 26*(2), 69-81.
- Olweus, D. (1993). *Bullying at school*. Cambridge MA: Blackwell.
- Osterman, K.F. (2000). Students' need for belonging in the school community. *Review of Educational Research, 70* (3), 323-367.
- Perren, S. & Hornung, R. (2005). Bullying and delinquency in adolescence: victims' and perpetrators' family and peer relations. *Swiss Journal of Psychology, 64* (1), 51-64.
- Poteat, V. P., & Espelage, D. L. (2005). Exploring the relation between bullying and homophobic verbal content: The Homophobic Content Agent Target (HCAT) scale. *Violence and Victims, 20*, 513-528.
- Poteat, V.P, Mereish, E.H., DiGiovanni, C. & Scheer, J.R. (2003). Homophobic bullying. In I. River and N. Duncan (Eds.), *Bullying: Experiences and discourses of sexuality and gender*. New York, NY: Routledge.
- Poteat, V. P., Mereish, E. H., DiGiovanni, C. D., & Koenig, B. W. (2011). The effects of general and homophobic victimization on adolescents' psychosocial and educational concerns: The importance of intersecting identities and parental support. *Journal of Counseling Psychology, 58*(4), 597-609.
- Rigby, K., & Slee, P. T. (1993). Dimensions of interpersonal relating among Australian school children and their implications for psychological well-being. *Journal of Social Psychology, 133*, 33-42.
- Ritter, K. Y., & Terndrup, A. I. (2002). *Handbook of affirmative psychotherapy with lesbians and gay men*. New York: The Guildford Press.

- Robertson, L., & Monsen, J. (2001). Issues in the development of a gay or lesbian identity: Practice implications for educational psychologists. *Educational and Child Psychology, 18*(1), 13-31.
- Russell, S. T. (2003). Sexual minority youth and suicide risk. *American Behavioral Scientist, 46*(9), 1241-1257.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and latino lesbian, gay, and bisexual young adults. *Pediatrics, 123*, 346-352.
- Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology, 67*, 859-866.
- Sales, C. M. D., Moleiro, C., Evans C., & Alves, P. (2012). Versão Portuguesa do CORE-OM: Tradução, adaptação e estudo preliminar das suas propriedades psicométricas [The portuguese version of CORE-OM: Translation, validation and preliminar results on its psychometric properties]. *Revista de Psiquiatria Clínica, 9*(2), 54-59.
- Sarason, I. G., Levine, H. M., Basham, R. B., & Sarason, B. R. (1983). Assessing social support: The Social Support Questionnaire. *Journal of Personality and Social Psychology, 44*(1), 127-139.
- Smith, P. K., Mahdavi, J., Carvalho, M., Fisher, S., Russell, S., & Tippett, N. (2008). Cyberbullying: its nature and impact in secondary school pupils. *Journal of Child Psychology and Psychiatry 49*(4), 376–385.
- Solberg, M., & Olweus, D. (2003). Prevalence estimation of school bullying with the Olweus bully/victim questionnaire. *Aggressive Behavior, 29*, 239-268.

- Stevens, V., De Bourdeaudhuij, I., & Van Oost, P. (2002). Relationship of the family environment to children's involvement in bully/victim problems at school. *Journal of Youth and Adolescence*, 31(6), 419-428.
- Stonewall (2007). Stonewall Association. The School Report: The experiences of young gay people in Britain's schools. UK: Autor.
- Williams, T., Connolly, J., Pepler, D., & Craig, W. (2005). Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence*, 34 (5), 471-482.
- Wright, L. W., Adams, H. E., & Bernat, J. (1999). Development and validation of the Homophobia Scale. *Journal of Psychopathology and Behavioral Assessment*, 21, 337-347.
- Young, M. H., Miller, B. C., Norton, M. C., & Hill, E. J. (1995). The effect of parental supportive behaviors on life satisfaction of adolescent offspring. *Journal of Marriage and the Family*, 57, 813-822.
- Zins, J.E., Weissberg, R.P., Wang, M.C., & Walberg, H.J. (Eds.). (2004). *Building academic success on social and emotional learning: What does the research say?* New York: Teachers College Press.

Table 1. Principal Component Analysis of forms of homophobic bullying

| How often were you subject to: | Factors | | | | | | | | |
|---|------------------------|----------|-----------|------------------------------|----------|-----------|----------------|----------|-----------|
| | Psychological violence | | | Physical and Sexual violence | | | Cyberbullying | | |
| | <i>Loading</i> | <i>M</i> | <i>SD</i> | <i>Loading</i> | <i>M</i> | <i>SD</i> | <i>Loading</i> | <i>M</i> | <i>SD</i> |
| Verbal aggression(s) | .883 | 2.22 | 1.36 | | | | | | |
| Gossip and rumor(s) | .841 | 2.33 | 1.47 | | | | | | |
| Intimidating looks | .809 | 2.00 | 1.28 | | | | | | |
| Being ignored and isolated | .781 | 1.81 | 1.30 | | | | | | |
| Serious threat(s) to your physical integrity | | | | .866 | 1.06 | 0.43 | | | |
| Physical aggression | | | | .724 | 1.19 | 0.57 | | | |
| Sexual aggression | | | | .721 | 1.06 | 0.28 | | | |
| Having things damaged or stolen | | | | .592 | 1.23 | 0.67 | | | |
| Aggression via instant messaging/chat/e-mail | | | | | | | .877 | 1.34 | 0.77 |
| Aggression via posts on the internet or blogs | | | | | | | .811 | 1.27 | 0.72 |
| Aggression via your cellphone | | | | | | | .728 | 1.29 | 0.80 |
| Explained Variance (%) | 27.928 | | | 22.122 | | | 20.669 | | |
| Internal Consistency (α) | 0.90 | | | 0.77 | | | 0.80 | | |
| <i>M</i> | 2.09 | | | 1.14 | | | 1.30 | | |
| <i>SD</i> | 1.193 | | | 0.384 | | | 0.647 | | |

Table 2. Mean differences between victims and non-victims

| Consequences | <i>t</i> | Victims | | <i>Non-victims</i> | |
|--|----------|----------|-----------|--------------------|-----------|
| | | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> |
| Feeling irritated and nervous | 3.59** | 3.51 | 1.21 | 2.88 | 1.26 |
| Not feeling like talking to anyone | 7.09** | 3.48 | 1.21 | 2.29 | 1.17 |
| Feeling you were able to deal with things that went wrong | -1.59 | 2.94 | 1.13 | 3.19 | 1.14 |
| Thinking of hurting yourself | 4.80** | 2.28 | 1.51 | 1.47 | 0.94 |
| Feeling you were able to ask someone for help | -2.38* | 2.00 | 1.12 | 2.44 | 1.42 |
| Your thoughts and feelings making you feel bad or hurt | 5.54** | 3.46 | 1.32 | 2.42 | 1.35 |
| Feeling your problems were too much for you | 4.83** | 3.22 | 1.42 | 2.30 | 1.29 |
| Having difficulties falling asleep or staying asleep all night | 3.61** | 3.12 | 1.43 | 2.41 | 1.37 |
| Feeling sad | 5.72** | 3.73 | 1.20 | 2.74 | 1.24 |
| Doing all the things you wanted to | -2.84* | 2.35 | 1.05 | 2.81 | 1.21 |
| Feeling alone | 6.60** | 3.35 | 1.37 | 2.17 | 1.20 |
| Doing things before thinking | 2.22* | 2.66 | 1.33 | 2.28 | 1.13 |
| Behaving well at home and at school | -0.52 | 3.76 | 1.06 | 3.84 | 1.14 |
| Having many arguments | 2.85* | 2.51 | 1.09 | 2.06 | 1.14 |
| Smoking cigarettes | 1.47 | 2.23 | 1.71 | 1.90 | 1.53 |
| Drinking alcohol | 1.32 | 1.83 | 1.28 | 1.62 | 1.01 |
| Using other drugs/substances | 1.71 | 1.38 | 1.01 | 1.19 | 0.62 |
| Having trouble concentrating at school | 4.33** | 3.10 | 1.23 | 2.36 | 1.18 |
| Feeling safe at school | -5.09** | 3.34 | 1.09 | 4.14 | 1.12 |
| Feeling like you are part of your school | -4.25** | 3.01 | 1.18 | 3.75 | 1.26 |

df=209 **p*<0.05 ***p*<0.001