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The Effects of General and Homophobic Victimization on Adolescents' Psychosocial and Educational Concerns: The Importance of Intersecting Identities and Parent Support

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Many adolescents experience peer victimization, which often can be homophobic. Applying the minority stress model with attention to intersecting social identities, this study tested the effects of general and homophobic victimization on several educational outcomes through suicidality and school belonging among 15,923 adolescents in Grades 7 through 12 on account of their sexual orientation and race/ethnicity. Parent support also was tested as a moderator of these effects. Homophobic victimization had different effects on suicidality across groups, indicating the importance of considering individuals' multiple social identities. However, homophobic victimization had universal negative effects on school belonging for all groups. Nearly all indirect effects of general and homophobic victimization on reported grades, truancy, and importance of graduating were significant through suicidality and school belonging across groups. Parent support was most consistent in moderating the effects of general and homophobic victimization on suicidality for heterosexual White and racial/ethnic minority youth. In nearly all cases, it did not moderate the effects of general or homophobic victimization for lesbian, gay, bisexual, transgender, and questioning youth. Furthermore, in most cases, parent support did not moderate the effects of general or homophobic victimization on school belonging. Findings underscore the need for counseling psychologists to work with parents of all youth on ways to provide support to those who experience homophobic victimization. Furthermore, they highlight the need for counseling psychologists to be involved as social justice advocates in the passage and implementation of school policies that address homophobic bullying and other forms of bias-based bullying and harassment.

Keywords: bullying, sexual orientation, parent support, homophobia, minority stress

As counseling psychologists become more involved in schools (Kenny, Waldo, Warter, & Barton, 2002), the issue of bullying is highly relevant to our profession. Students who face bullying report multiple academic and mental health concerns (Juvonen, Nishina, & Graham, 2000; Schwartz, Gorman, Nakamoto, & Toblin, 2005). Indeed, mental health mediates the effects of victimization on academic outcomes such as grades (Schwartz et al., 2005). Furthermore, victimization is associated with perceptions of unsafe school climates (Chesir-Teran & Hughes, 2009). There is a growing focus on bullying that is prejudicial and biased (Russell, Sinclair, Poteat, & Koenig, in press). This can include many forms of bias (e.g., sexual orientation, disability, race). In this study, we focus on homophobic victimization. Students often are called homophobic epithets when bullied or because of their actual or perceived lesbian, gay, bisexual, transgender, or questioning identity (LGBTQ; Kosciw, Greytak, & Diaz, 2009; Poteat & Espelage, 2007; Swearer, Turner, Givens, & Pollack, 2008). Counseling psychologists are in a central position to address this issue, given their focus on discrimination and mental health disparities (Thompson & Neville, 1999) and on social justice and resilience (Arbona & Coleman, 2008).

The Minority Stress Model as a Framework for Studying Homophobic Victimization

The minority stress model (Meyer, 2003) offers a framework to understand homophobic victimization as a source of stress and why its effects may differ from general victimization and for different groups. Individuals from disadvantaged social positions experience unique stressors related to these positions, founded in oppressive structures, and can be distal (e.g., homophobic victimization) or proximal (e.g., internalized homophobia; Meyer, 2003). Victimization perceived as homophobic may have added effects beyond general victimization for LGBTQ youth because it further denigrates their identity and emphasizes their marginalized position. In line with these arguments, homophobic victimization is associated with mental health and academic concerns and risk behaviors for LGBTQ youth (D'Augelli, 2002; Russell et al., in press).

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These basic concepts of minority stress have been supported empirically, yet nuanced questions remain. For instance, scholars have called for attention to mediators, moderators, and consideration of individuals' multiple social identities (Meyer, 2010). These are issues of particular importance to counseling psychologists and ones we seek to address in this study.

Homophobic Victimization Among LGBTQ and Heterosexual Youth

Multiple studies indicate that LGBTQ youth report greater victimization, distress, and poorer academic performance than heterosexual youth (Berlan, Corliss, Field, Goodman, & Austin, 2010; Poteat, Aragon, Espelage, & Koenig, 2009). Although these differences reflect the high rates of discrimination faced by LGBTQ youth and their need for mental health resources, attention to how homophobic victimization predicts certain outcomes in similar or unique ways for heterosexual and LGBTQ youth could inform efforts to tailor interventions.

Several studies indicate that heterosexual youth experience homophobic victimization, albeit at lower rates than LGBTQ youth. This research has focused on boys and their use of homophobic language to enforce gender norms, assert dominance, or bully others (Pascoe, 2007; Poteat & DiGiovanni, 2010; Poteat & Espelage, 2005). Girls also use and are called homophobic epithets in relation to bullying (Poteat & Espelage, 2005). For heterosexual boys and girls, being called homophobic epithets is associated with psychosocial concerns even when controlling for prior levels of psychosocial functioning (Poteat & Espelage, 2007). Also, heterosexual boys who are victimized and called homophobic epithets report greater distress than those victimized but not called these epithets (Swearer et al., 2008). These studies, however, have been among mostly White samples. In an ethnographic study, Pascoe (2007) noted that homophobic discourse was more prominent among White youth than youth of color. We seek to extend this literature by comparing these processes for LGBTQ and heterosexual youth, and among a more racially and ethnically diverse sample.

The effects of homophobic victimization may differ for heterosexual and sexual minority youth. The minority stress model (Meyer, 2003) suggests that homophobic victimization will have stronger associations with negative outcomes related to mental health, school belonging, or academic concerns for LGBTQ youth because they are members of the group on which this bias is predicated. To our knowledge, studies have not compared these processes for LGBTQ and heterosexual youth among racially and ethnically diverse samples.

Moving Toward Greater Complexity: The Intersection of Multiple Social Identities

Although studies have focused on LGBTQ adults of color (Huang et al., 2010), there remains a paucity of adolescent research. There is little attention to the effects of homophobic victimization across adolescents on account of sexual orientation and race. During this formative developmental period, these intersections likely shape how youth perceive and navigate their environment, and how they react to this victimization.

There are competing arguments and mixed empirical findings on how the intersection of identities relates to mental health. One line of empirical data supports a greater risk perspective, which suggests that LGBTQ persons of color show magnified risk compared with LGBTQ Whites because of discrimination on account of multiple marginalized positions (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Greene, 2000). Other findings are inconsistent with this position and suggest that individuals from multiple minority backgrounds do not always report poorer health than those from fewer minority backgrounds (Kertzner, Meyer, Frost, & Stirratt, 2009). These perspectives argue that LGBTQ persons of color may have greater resilience than traditionally assumed (Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Meyer, 2010; Moradi, DeBlaere, & Huang, 2010). This may stem from their ability to draw on other cultural resources or to use coping skills learned from racial discrimination experiences. Although LGBTQ youth generally report greater mental health concerns than heterosexual youth, these differences are not always as evident for youth of color (Consolacion, Russell, & Sue, 2004). Support for this alternative perspective is limited. Thus, more research is needed to clarify these mixed findings.

Resilience in the Face of Victimization: General Parent Support as a Moderator

Counseling psychologists emphasize resilience as part of intervention and prevention (Arbona & Coleman, 2008). Although it remains critical to note disparities faced by LGBTQ youth, it is equally important to identify sources that promote resilience. Parent involvement and support are associated with mental health and academic achievement among heterosexual youth (O'Donnell, Schwab-Stone, & Muyeed, 2002; Wentzel, 1998). Emerging findings show that general parent support (i.e., not specific to victimization) moderates the effects of victimization for heterosexual youth on mental health (Davidson & Demaray, 2007; Stadler, Feifel, Rohrmann, Vermeiren, & Poustka, 2010). Research has not yet examined this for homophobic victimization.

Findings are inconclusive on parents as a source of resilience for LGBTQ youth. Many LGBTQ youth face or fear parent rejection because of their identity (Savin-Williams & Ream, 2003). Also, many rely more heavily on peers than parents (Muñoz-Plaza, Quinn, & Rounds, 2002). Thus, parent buffering effects may be weaker for these youth. This may further vary within the LGBTQ community. Because fewer LGBTQ youth of color disclose their sexual orientation to their parents than LGBTQ White youth (Grov, Bimbi, Nanín, & Parsons, 2006), they may hesitate to use their parents for support for this type of victimization.

Alternatively, parent effects may be comparable for heterosexual and LGBTQ youth. Parents vary in their approval of their child's sexual minority identity (Willoughby, Malik, & Lindahl, 2006), and both heterosexual and LGBTQ youth who perceive parents as generally supportive may rely on them when they face victimization. Perceived family support, in general and specific to sexual orientation, is associated with positive LGBTQ mental health (Hershberger & D'Augelli, 1995; Sheets & Mohr, 2009). Also, LGBTQ youth of color may receive parent support related to racially biased victimization. This could generalize to moderate the effects of other forms of bias. This would be congruent with recent

arguments that sexual minorities of color demonstrate resilience in the face of multiple forms of adversity (Meyer, 2010).

The issue of parent support is critical for counseling psychologists. If support does buffer the effects of homophobic victimization, counseling psychologists could consider parents as a source to promote resilience. If, however, they do not have this effect, counseling psychologists need to educate parents on how to support their children who experience this victimization.

The Present Study

Despite the research on bullying, there are pronounced limitations in attention to homophobic victimization and its effects, factors that promote resilience, and how this applies across groups. Thus, we tested a model in which general and homophobic victimization, as well as parent support, predicted educational concerns (grades, truancy, graduation perceptions), through suicidality and school belonging. We then tested parent support as a moderator of these effects. We compared our models across groups on account of sexual orientation (heterosexual, LGBTQ) and race/ethnicity (White, youth of color).

We hypothesized that both general and homophobic victimization would predict higher suicidality and lower school belonging across groups. However, we expected greater variability in homophobic victimization effects. On the basis of findings among mostly White heterosexual and LGBTQ samples, we expected homophobic victimization would predict suicidality among these youth. On the basis of findings from Pascoe (2007) and those that suggest racial minorities can possess greater resilience (Moradi et al., 2010), we hypothesized that this effect would be less evident for youth of color. We hypothesized that homophobic victimization would predict lower school belonging for all youth, as these experiences foster hostile school climates (American Association of University Women [AAUW], 2001; Chesir-Teran & Hughes, 2009).

We hypothesized that parent support would predict lower suicidality and higher school belonging. We expected these main effects to be comparable across groups because general parent support is critical to promote the overall health of all youth.

We believed that suicidality would predict lower grades, higher truancy, and lower reported importance of graduating, whereas school belonging would predict higher grades, lower truancy, and higher importance of graduating. Furthermore, we hypothesized that the indirect effects of general and homophobic victimization on these outcomes through suicidality and school belonging would be significant. Prior studies have identified the mediating role of mental health in relation to victimization and academic outcomes (Schwartz et al., 2005). Thus, we included suicidality as a mediator and indicator of mental health in our model because of its particular focus in LGBTQ youth research (Coker, Austin, & Schuster, 2010) and because suicide remains the third leading cause of death for adolescents ages 15–24 (Centers for Disease Control and Prevention, 2006). We included school belonging because this would highlight the importance for counseling psychologists to provide not only individual counseling to students who are victimized but also the need to engage in broader efforts to change the school climate in an effort to address both the psychological and academic concerns of students. Prior work indicates the relation between victimization and perceptions of the school environment (Chesir-Teran & Hughes, 2009) and between school belonging and grade point average (Murdock & Bolch, 2005). We extend this to test the mediating role of school belonging on multiple educational concerns of students who experience victimization.

We expected that general parent support moderating effects would be significant for heterosexual youth, but less consistently for LGBTQ youth because of the additional risks that LGBTQ youth could face in seeking parent support when victimized (e.g., unintentional disclosure of their sexual orientation or parent rejection). Finally, we hypothesized that these moderating effects would be more consistent in relation to their attenuating effects on suicidality than school belonging, given that parents are more removed from the school context.

Method

Participants and procedure. Data were analyzed from the 2009 Dane County Youth Assessment (DCYA), a county-wide, multischool survey in Wisconsin (population approximately 490,000; 88.5% White, 4.7% African American, 4.6% Asian, 0.5% American Indian or Alaska Native, 1.7% identified with two or more groups, and 5.1% also identified as Hispanic; U.S. Census Bureau, 2010). The county ranges from small working farms to a large city. The middle and high school student population was 32,200 for the 2008–2009 academic year, inclusive of public, private, and parochial schools. The DCYA is modeled on the Youth Risk Behavior Survey (YRBS; Centers for Disease Control and Prevention, 2009). It is a collaboration among middle and high schools and several organizations: Dane County Youth Commission, United Way of Dane County, Dane County Human Services, and Public Health of Madison and Dane County.

All but two public schools in the county participated ($n = 45$) from late fall 2008 to early spring 2009. A total of 17,366 students in Grades 7–12 participated. Free or reduced-cost lunches ranged from 13% to 58% across schools. Because our comparisons focus on sexual orientation and race/ethnicity, data from students who did not respond to one or both items, or who were not identified as heterosexual or LGBTQ, were not analyzed.[1] The final sample was 15,923 students, ages 10–18 ($M = 14.85$, $SD = 1.74$); 94.2% were identified as heterosexual and 5.8% as LGBTQ; 76.4% identified as White, 6.5% as Black, 6.5% as bi/multiracial, 3.7% as Hispanic, 2.0% as non-Hmong Asian, 2.0% as Hmong, 1.1% as Native American, and 1.8% identified as "other." There was an even balance of boys and girls (50% each) and grade levels.

The school districts approved a waiver of active parental consent and use of child assent. Students completed the anonymous electronic survey independently in school computer labs. Proctors monitored sessions to ensure confidentiality and answer questions. Students were given resources and contact information to access free mental health services, and were encouraged to use these services if they experienced any emotional discomfort in completing the survey.

Measures. The DCYA assesses student health, attitudes, and behaviors. Some items comprise previously developed measures, whereas others are modeled from similar population-based youth surveys and that would have strong face validity. Traditionally, coun-

[1] We tested for differences between students who were or were not included in our analyses and documented no significant differences based on our practical significance criteria (i.e., $\eta_p^2 \leq .01$).

Table 1
Basic Group Differences on Account of Sexual Orientation and Race/Ethnicity

	Heterosexual		LGBTQ	
	M (*SD*)		*M* (*SD*)	
Measure	White (N = 11,557)	R/E Minority (N = 3,440)	White (N = 606)	R/E Minority (N = 320)
General victimization	1.65 (2.77)	1.67 (2.76)	2.64 (3.58)	2.71 (4.03)
H. victimization	0.18 (0.60)	0.22 (0.71)	0.94 (1.25)	0.87 (1.34)
Parent support	2.53 (0.51)	2.43 (0.59)	2.20 (0.72)	2.06 (0.89)
School belonging	2.09 (0.60)	2.01 (0.63)	1.83 (0.70)	1.77 (0.77)
Suicidality	0.07 (0.26)	0.12 (0.38)	0.39 (0.63)	0.44 (0.72)
Grades	5.70 (1.44)	5.07 (1.62)	5.04 (1.76)	4.78 (1.85)
Truancy	0.16 (0.55)	0.31 (0.77)	0.42 (0.93)	0.69 (1.23)
Importance of graduating	2.82 (0.47)	2.76 (0.57)	2.70 (0.62)	2.50 (0.85)

Note. All measures represent average scale or item scores. LGBTQ = lesbian, gay, bisexual, transgender, questioning; R/E Minority = racial or ethnic minority students; H. victimization = homophobic victimization.

seling psychology research relies on preestablished multi-item scales to assess specific constructs, yet this is less practical or possible in comprehensive population-based surveys. However, in these cases, many of the items match those from other population-based surveys and preestablished measures, facilitating the comparison of our results to those from other population-based research.

Demographic information. Students completed items on race/ethnicity, gender, age, grade, and sexual orientation. The sexual orientation item was, "Do you identify yourself as any of the following? (Check all that apply)" Response options were *Gay*, *Lesbian*, *Bisexual*, *Transgender*, *Questioning my sexual orientation*, or *None of the above*. Because of the options available and their many possible combinations, criteria were established to identify students as LGBTQ or heterosexual in consultation with several scholars with expertise in the field of sexual minority youth research. First, students who only marked *None of the above* were considered heterosexual. Second, students with any combination of responses to *Gay*, *Lesbian*, *Bisexual*, *Transgender*, or *Questioning* and who did not mark *None of the above* were considered LGBTQ. This provided a conservative estimate of LGBTQ students. Those who did not respond or did not meet these criteria were not included in the analyses. Because of the numerous combinations of responses, it was impractical to separate or tabulate participants meaningfully into subgroups (i.e., gay, lesbian, bisexual, transgender only). Because transgender individuals commonly are considered members of the sexual minority community and experience sexual prejudice (Grossman & D'Augelli, 2006), those who checked this option, solely or in combination with LGBQ, were included in this group. Meyer, Schwartz, and Frost (2008) have argued that, although recognizing differences within racial/ethnic minority communities, a commonality is their experience of racial/ethnic discrimination, and that examining broader comparisons between Whites and racial/ethnic minorities is still consistent with testing models related to minority stress. The present models were tested on account of individuals' dichotomized sexual orientation (heterosexual, LGBTQ) and race/ethnicity (White, youth of color).[2]

General victimization. The four-item University of Illinois Victimization scale (Espelage & Holt, 2001) assessed self-reported experiences of victimization in the last 30 days: (a) Other students called me names; (b) I got hit and pushed by other students; (c) Other students picked on me; and, (d) Other students made fun of me. Response options were *Never*, *1 or 2 times*, *3 or 4 times*, *5 or 6 times*, or *7 or more times* (scored 0–4). Items do not assess for perceived bias. The scale has been widely used among diverse adolescent samples and with high internal reliability estimates documented (α = 88; Espelage & Holt, 2001). Scores converge with sociometric peer nominations and are associated with greater mental health concerns (Espelage & Holt, 2001). Higher average mean scores reflect more frequent victimization. The internal reliability for the items in this study was α = .86–.91 across groups.

Homophobic victimization. One item assessed how frequently students experienced homophobic victimization. The item asked, "In the past twelve months, how often have you been bullied, threatened, or harassed about being perceived as gay, lesbian, or bisexual?" Response options were *Never*, *Rarely*, *Sometimes*, *Often*, or *Very often* (scored 0–4). Although the time span was not the same as for general victimization, we were not interested in comparing these rates directly, but rather examining their association and accounting for experiences of one to examine the unique effects of the other. This single item, slightly modified, has been used in other youth surveys and is associated with lower perceived school safety and higher depression (e.g., Preventing School Harassment Survey [California Safe Schools Coalition, 2008]).

[2] To assess the general appropriateness of testing these models for youth of color more broadly, we performed several analyses. First, we examined the correlations for each group (i.e., Black, Hispanic, non-Hmong Asian, Hmong, Native American, bi/multiracial, and "other"), and they were comparable. Second, we tested our models for heterosexual and LGBTQ youth of color in which we excluded youth who identified as bi/multiracial or "other," partly because "other" could be considered a very broad response option, and partly because bi/multiracial youth could have distinct experiences related their identity and could include both those who identify as White and with a racial/ethnic minority group and those who identify with more than one minority group. The results were nearly identical to our inclusive models of all non-White-identifying youth.

Table 2a
Correlations Among the Measures for Heterosexual Youth by Race/Ethnicity

Measure	1	2	3	4	5	6	7	8
1. G. victim.	—	.39**	−.13**	−.16**	.22**	−.05**	.14**	−.11**
2. H. victim.	.38**	—	−.13**	−.11**	.13**	−.07**	.16**	−.21**
3. P. support	−.12**	−.10**	—	.27**	−.22**	.20**	−.14**	.27**
4. S. belong.	−.19**	−.11**	.38**	—	−.14**	.20**	−.14**	.42**
5. Suicide	.20**	.14**	−.23**	−.17**	—	−.08**	.18**	−.18**
6. Grades	−.10**	−.09**	.28**	.25**	−.13**	—	−.24**	.20**
7. Truancy	.09**	.10**	−.19**	−.17**	.16**	−.26**	—	−.18**
8. Graduate	−.10**	−.12**	.30**	.40**	−.18**	.26**	−.20**	—

Note. Correlations above the diagonal are for racial and ethnic minority youth; correlations below the diagonal are for White youth. G. victim. = general victimization; H. victim. = homophobic victimization; P. Support = parent support and involvement; S. belong. = sense of school belonging; Suicide = suicidality; Graduate = importance of graduating.
** $p < .01$.

General parent support. Three items assessed general parent support and involvement: (a) My parents love and support me; (b) My parents encourage me to do my best; and, (c) My parents have talked to me about my future plans. Response options ranged from 0 (*strongly disagree*) to 3 (*strongly agree*). These are similar to items in other general parent support scales (e.g., Schaefer, 1965), and higher scores indicate greater general parent support. The internal reliability for the items in this study was $\alpha = .74–.85$ across groups.

Suicidality. Self-reported suicidal ideation ("During the past thirty days, have you seriously thought about killing yourself?" Response options were *No*, *Yes but rarely*, *Yes, some of the time*, and *Yes, all of the time* [scored 0–3]) and suicide attempts ("During the past twelve months have you attempted to kill yourself?" Response options were *No, Yes one time,* or *Yes more than one time* [scored 0–2]) were assessed. The items were strongly associated ($r = .44–.65$ across groups). Higher scores reflect higher suicidality.

School belonging. The four-item Psychological Sense of School Membership scale (Bosworth, Espelage, & Simon, 1999) assessed school belonging (e.g., "I feel like I belong at this school"). Response options ranged from 0 (*strongly disagree*) to 3 (*strongly agree*). Higher scores reflect greater school belonging, are associated with lower anxiety and depression, and internal reliability has ranged from $\alpha = .63$ to .68 (Bosworth et al., 1999; Poteat & Espelage, 2005). The internal reliability for the items in this study was $\alpha = .79–.85$ across groups.

Educational concerns. Three items assessed educational concerns. First, students reported their average grades. Response options, modeled from the YRBS, were *Mostly A's*, *Half A's and Half B's*, *Mostly B's*, *Half B's and half C's*, *Mostly C's*, *Half C's and Half D's*, *Mostly D's*, or *Mostly below D's* (scored 0–7; higher scores = higher average grades). Second, truancy was assessed: "During the last four weeks, how many days of school have you missed because you skipped (absent without permission)?" Response options were *None*, *1–2 days*, *3–5 days*, *6–10 days*, or *More than 10 days* (scored 0–4; higher scores = greater truancy). The third item was, "It is important to me that I graduate from school" (ranging from 0 [*strongly disagree*] to 3 [*strongly agree*]; higher scores = greater reported importance to graduate). Self-reported grades are commonly used in research on the association between victimization and academic outcomes, although the size of the association tends to be smaller than in studies with access to students' academic records (Nakamoto & Schwartz, 2010). To assess the general validity of the grades and truancy data, descriptive data were presented for these responses to the schools, and school officials were asked to compare these rates with their own records. School officials confirmed that the data

Table 2b
Correlations Among the Measures for LGBTQ Youth by Race/Ethnicity

Measure	1	2	3	4	5	6	7	8
1. G. victim.	—	.53**	−.32**	−.33**	.33**	−.30**	.37**	−.45**
2. H. victim.	.41**	—	−.32**	−.33**	.27**	−.31**	.35**	−.29**
3. P. support	−.12**	−.22**	—	.29**	−.36**	.44**	−.38**	.36**
4. S. belong.	−.12**	−.20**	.33**	—	−.26**	.31**	−.29**	.64**
5. Suicide	.26**	.32**	−.29**	−.24**	—	−.31**	.24**	−.26**
6. Grades	−.00	−.07	.22**	.20**	−.18**	—	−.43**	.44**
7. Truancy	.10*	.16**	−.17**	−.23**	.31**	−.31**	—	−.46**
8. Graduate	−.15**	−.19**	.25**	.43**	−.18**	.31**	−.28**	—

Note. Correlations above the diagonal are for racial and ethnic minority youth; correlations below the diagonal are for White youth. LGBTQ = lesbian, gay, bisexual, transgender, questioning; G. victim. = general victimization; H. victim. = homophobic victimization; P. support = parent support and involvement; S. belong. = sense of school belonging; Suicide = suicidality; Graduate = importance of graduating.
* $p < .05$. ** $p < .01$.

Table 3
Fit Indices for Measurement and Latent Structural Models Across Groups

Model	Fit indices				
	IFI	CFI	NNFI	SRMR	RMSEA [90% CI]
Heterosexual White students					
Measurement model	.98	.98	.97	.026	.040 [.038, .041]
Foundational model	.98	.98	.97	.035	.043 [.042, .045]
P-Support × G-Victimization	.95	.95	.94	.061	.054 [.053, .055]
P-Support × H-Victimization	.96	.96	.95	.052	.048 [.046, .049]
Heterosexual R/E minority students					
Measurement model	.98	.98	.97	.025	.041 [.038, .044]
Foundational model	.97	.97	.96	.035	.046 [.044, .049]
P-Support × G-Victimization	.95	.95	.94	.068	.055 [.052, .057]
P-Support × H-Victimization	.96	.96	.95	.068	.052 [.050, .054]
LGBTQ White students					
Measurement model	.98	.98	.96	.040	.048 [.040, .056]
Foundational model	.97	.97	.97	.044	.047 [.040, .055]
P-Support × G-Victimization	.95	.95	.94	.072	.058 [.052, .064]
P-Support × H-Victimization	.95	.95	.94	.075	.059 [.053, .065]
LGBTQ R/E minority students					
Measurement model	.98	.98	.97	.042	.058 [.047, .070]
Foundational model	.97	.97	.96	.069	.069 [.059, .080]
P-Support × G-Victimization	.95	.95	.94	.160	.080 [.072, .088]
P-Support × H-Victimization	.95	.95	.94	.140	.078 [.070, .086]

Note. IFI = incremental fit index; CFI = comparative fit index; NNFI = nonnormed fit index; SRMR = standardized root-mean-square residual; RMSEA = root-mean-square error of approximation; CI = confidence interval; Foundational model = model with no moderating effects; P-Support × G-Victimization = model with parent support as a moderator of the effects of general victimization on suicidality and school belonging; P-Support × H-Victimization = model with parent support as a moderator of the effects of homophobic victimization on suicidality and school belonging; LGBTQ = lesbian, gay, bisexual, transgender, questioning; R/E Minority = racial or ethnic minority students.

were comparable to their records and that neither appeared underreported.

Results

Preliminary analyses. We used multiple imputation in LISREL 8.80 (Jöreskog & Sörbom, 2006) to impute missing values with plausible simulated values based on the actual data. This is preferred over listwise deletion or mean substitution at the variable level, which can introduce statistical bias (Schafer & Graham, 2002). We performed the procedure at the item level, as we used items and not variables as indicators of latent factors. Missing data ranged from 2.1% to 9.3% (M = 5.8%, SD = 2.6%). To determine whether missing data varied on account of gender, sexual orientation, or race/ethnicity, we conducted a multivariate analysis of variance (MANOVA) with these demographic factors as independent variables and the items as dependent variables (coded as missing or nonmissing). The large sample size increased the likelihood of identifying significant differences if they existed, even with very small effects. Thus, for all preliminary analyses, we relied on effect sizes to indicate the practical significance of any statistically significant differences. We considered differences with effect sizes of $\eta_p^2 \leq .01$ as negligible. There were no differences for these demographic factors, and correlations between missing data and grade level were trivial (r = .00–.03, $p < .05$, for all except two parent support items, which were nonsignificant).

Descriptive data are in Table 1, and correlations appear in Table 2. We conducted MANOVAs to test for gender, sexual orientation, and race/ethnicity differences on general and homophobic victimization, general parent support, school belonging, suicidality, grades, truancy, and importance of graduating. There was only a significant effect for sexual orientation (Wilks's Λ = .92), $F(8, 15908) = 181.09$, $p < .001$, $\eta_p^2 = .08$.

Follow-up analyses of variance (ANOVAs) revealed significant sexual orientation differences on all measures, although trivial in some cases: general victimization, $F(1, 15915) = 100.91$, $p < .001$, $\eta_p^2 = .01$; homophobic victimization, $F(1, 15915) = 817.01$, $p < .001$, $\eta_p^2 = .05$; general parent support, $F(1, 15915) = 303.85$, $p < .001$, $\eta_p^2 = .02$; suicidality, $F(1, 15915) = 698.56$, $p < .001$, $\eta_p^2 = .04$; school belonging, $F(1, 15915) = 111.86$, $p < .001$, $\eta_p^2 = .01$; grades, $F(1, 15915) = 83.33$, $p < .001$, $\eta_p^2 < .01$; truancy, $F(1, 15915) = 211.10$, $p < .001$, $\eta_p^2 = .01$, and importance of graduating, $F(1, 15915) = 119.50$, $p < .001$, $\eta_p^2 = .01$. LGBTQ youth reported higher scores on general and homophobic victimization, suicidality, and truancy. Heterosexual youth reported higher scores on general parent support, school belonging, grades, and importance of graduating.

Testing the latent model across groups. We used structural equation modeling (SEM) to test the direct effects of general and homophobic victimization on suicidality and school be-

[3] We also included grade level and gender as covariates and documented no differences in the results. For parsimony, we excluded them from our models. Because of the nested data (i.e., students within schools), we tested multilevel models to determine the variability across schools. Intraclass correlations (ICCs) ranged from .00 to .04 on our variables (i.e., between 0% and 4% of the total variance in scores was between schools). ICCs below .10 are considered negligible (Lee, 2000), precluding the need in this case to model the nested data in our analyses.

longing, and their indirect effects on educational concerns.[3] We used several fit indices to assess whether each model was a good representation of the data: root-mean-square error of approximation (RMSEA), standardized root-mean-square residual (SRMR), incremental fit index (IFI), comparative fit index (CFI), and nonnormed fit index (NNFI). IFI, CFI, and NNFI values of at least .90 indicate an adequate fit, and values of .95 or higher indicate a strong fit (Kline, 1998); RMSEA and SRMR values of .08 or below are recommended (Hu & Bentler, 1999). It is inadvisable to rely on the chi-square fit statistic for model fit or model invariance because of our very large sample size (Bollen, 1989; Chen, 2007; Cheung & Rensvold, 2002). Although we subscribe to the common practice of referring to certain variables as predictors that have an effect on other variables, because our data are cross-sectional we do not intend to infer causality from these data.

We first tested the measurement model. Each item was an indicator of its respective latent factor and was constrained to load only on that factor. The correlations among the factors were free to be estimated, but the measurement errors were not allowed to correlate. The model was a good fit across the four groups (see Table 3). We then tested its metric invariance across groups (Marsh, 1994). First, we ran the measurement model for all groups simultaneously and allowed the factor loadings to be estimated for each group with no constraints. The global fit indices were a baseline comparison for our next step, in which we constrained the loadings to be equal across groups. The unconstrained model was a good fit (IFI = .96; CFI = .96; NNFI = .95; RMSEA = .065, 90% CIs [.064, .066]). As expected, the constrained model was a slightly poorer fit (IFI = .93; CFI = .93; NNFI = .92; RMSEA = .089, 90% CIs [.088, .090]). The changes in the fit indices were small and suggested that the measurement model could be considered to demonstrate metric invariance. We tested the invariance of factor variance, and this constraint led to no decrease in model fit from prior constraints for metric invariance. Factor loadings for the multi-item latent variables ranged from .56 to .86 (general victimization), from .55 to .84 (parent support), from .65 to .76 (school belonging), and were .62 and .82 for the two suicidality items.

We tested the mediation model (see Figures 1a–d without moderating effects), which was a good fit across all groups (see Table 3). We base our group comparisons on unstandardized path estimates (Aiken & West, 1991). As hypothesized, general victimization effects on suicidality and, with the exception of LGBTQ White youth, school belonging were significant and comparable across groups.[4] Homophobic victimization effects were more varied, as hypothesized. The effect on suicidality was nonsignificant for heterosexual and LGBTQ youth of color, but was significant for heterosexual White youth and LGBTQ White youth. Also as hypothesized, general parent support predicted lower suicidality and higher school belonging. As hypothesized, suicidality and school belonging predicted educational concerns on all three indices with similar effects across groups. Finally, the total indirect effects of general victimization, homophobic victimization, and general parent support on educational concerns through suicidality and school belonging were significant in nearly all cases (see Table 4).

Testing the moderating effects of general parent support. We tested two models in which general parent support moderated the effects of general and homophobic victimization on suicidality and school belonging. We followed the recommendations of Marsh, Wen, and Hau (2004) and created interaction parcels among the observed variables of these factors to serve as indicators of the latent moderating effect. There were four parcels for the general victimization moderator and three parcels for the homophobic victimization moderator. The models were a good fit for each group, with the exception of the SRMR for LGBTQ youth of color (see Table 3). As hypothesized, the general parent support moderating effect was evident for general victimization on suicidality with the exception of LGBTQ youth of color. In contrast, with the exception of LGBTQ youth of color, parent support did not buffer the effect of general victimization on school belonging. Finally, general parent support only buffered the effect of homophobic victimization on suicidality for heterosexual Whites and youth of color, only weakly buffered its effect on school belonging for heterosexual youth of color, and was not significant for LGBTQ youth.

Discussion

Peer victimization has serious consequences, yet little attention is given to homophobic victimization and even less to factors that promote resilience among youth who experience it. Addressing these limitations, we documented how homophobic victimization predicted psychosocial and educational concerns on account of students' sexual orientation and race or ethnicity. Furthermore, we

[4] We did not test for significant differences in the size of each specific path coefficient for each group in comparison to the size of the coefficients for each of the other three groups. The number of comparisons yielded would ultimately detract from the focus of this study on the overarching patterns across groups. We did, however, test the overall invariance of path coefficients across groups. As expected, the fit indices displayed a poor fit for the mediation model (IFI = .89; CFI = .89; NNFI = .89; RMSEA = .18) and general victimization moderation model (IFI = .90; CFI = .90; NNFI = .90; RMSEA = .11), and was not positive definite for the homophobic victimization moderation model. Finally, we tested the overall invariance of path coefficients across groups on account of single social identities (i.e., models comparing White and racial/ethnic minority heterosexual youth; White and racial/ethnic minority LGBTQ youth; heterosexual and LGBTQ White youth; and heterosexual and LGBTQ youth of color). For the basic mediation model, fit indices for the invariance models were acceptable across these comparisons (IFI, CFI, and NNFI indices ranged from .94 to .97, RMSEA ranged from .05 to .07). For the general victimization moderation model, fit indices for the invariance models were poor to marginally acceptable across these comparisons (IFI, CFI, and NNFI indices ranged from .86 to .93, RMSEA ranged from .07 to .15). The models were not positive definite for the homophobic victimization moderation models. These results for the basic mediation model suggest that consideration of greater complexity in individuals' social identities (i.e., multiple as opposed to single social identities) captures greater nuance and more distinct differences in the path coefficients across groups in our model. At the same time, they suggest caution in overinterpreting differences in the size of significant path coefficients across groups; however, comparisons between significant versus nonsignificant path coefficients across groups remain warranted, and we focus on these distinctions in the discussion of our findings. These results for the moderation models provide support for differences in these effects across groups, even when considering individuals' single social identities in isolation as opposed to individuals' multiple social identities in combination.

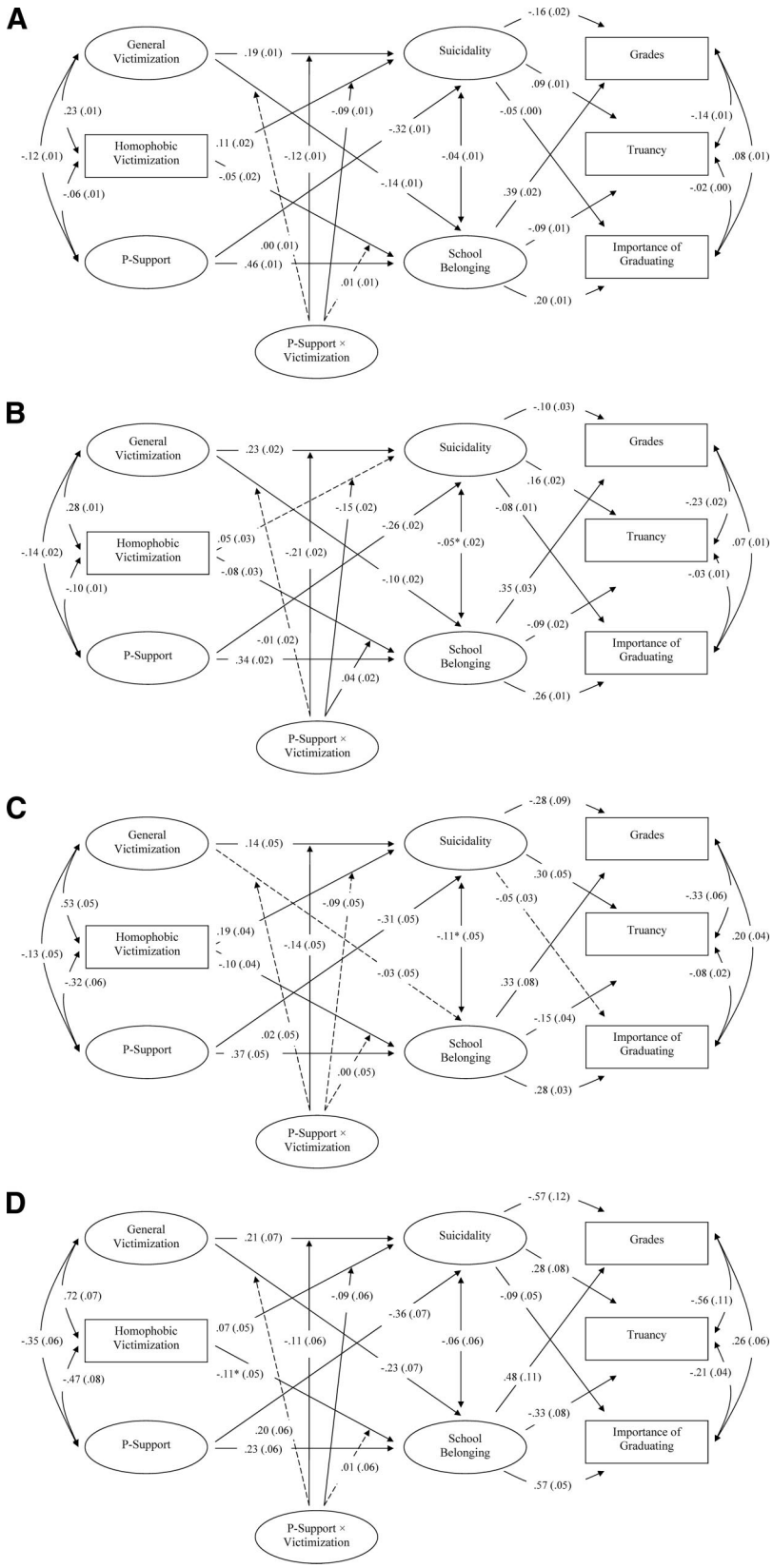

Figure 1 (opposite).

Table 4
Total Indirect Effects Estimates Through Suicidality and School Belonging

Total indirect effects on each educational concern	Heterosexual		LGBTQ	
	White	Racial/ethnic minority	White	Racial/ethnic minority
Effect of general victimization on:				
Grades	−.24** [−.28, −.20]	−.14** [−.20, −.09]	−.10 [−.21, −.01]	−.35** [−.59, −.16]
Truancy	.08** [.07, .10]	.10** [.07, .14]	.08* [.02, .18]	.21** [.09, .37]
Importance of graduating	−.10** [−.12, −.09]	−.10** [−.13, −.07]	−.03 [−.08, .02]	−.21** [−.31, −.07]
Effect of homophobic victimization on:				
Grades	−.05** [−.07, −.03]	−.04** [−.07, −.01]	−.10** [−.16, −.05]	−.11 [−.20, −.01]
Truancy	.02** [.01, .03]	.02 [.00, .04]	.08** [.04, .13]	.07 [.01, .13]
Importance of graduating	−.02** [−.03, −.01]	−.03* [−.05, −.01]	−.04* [−.07, −.02]	−.08 [−.14, −.01]
Effect of parent support on:				
Grades	.67** [.61, .74]	.34** [.27, .42]	.46** [.32, .66]	.53* [.28, .94]
Truancy	−.21** [−.24, −.18]	−.17** [−.22, −.13]	−.31** [−.43, −.22]	−.31* [−.56, −.15]
Importance of graduating	.31** [.28, .33]	.24** [.20, .28]	.24** [.17, .34]	.27* [.12, .39]

Note. We used bootstrapping procedures conducted on 500 generated samples to test the significance of the indirect effects. The bias-corrected bootstrap confidence intervals are reported in this table. Values are unstandardized total indirect effects through the mediating variables of suicidality and school belonging. LGBTQ = lesbian, gay, bisexual, transgender, questioning.
* $p < .05$. ** $p < .01$.

identified important but limited buffering effects of general parent support.

Universal and distinct effects of general and homophobic victimization across groups. For the most part, general victimization had similar direct effects on suicidality and school belonging and indirect effects on educational concerns across groups. This is in line with other studies (Juvonen et al., 2000; Schwartz et al., 2005). Our findings are novel by noting the added effects of homophobic victimization even when accounting for overall victimization. Studies have documented associations between homophobic victimization and mental health concerns for heterosexual and LGBTQ youth (D'Augelli, 2002; Poteat & Espelage, 2007; Swearer et al., 2008) but have not tested which groups are most affected. Homophobic victimization predicted suicidality for LGBTQ and heterosexual White youth. The effect for LGBTQ White youth may have been evident over and above that of general victimization because this is a blatant denigration of their identity, a key contributor to minority stress (Meyer, 2003). The effect for heterosexual White youth is congruent with other associations between homophobic victimization and mental health concerns among mostly White heterosexual samples (Poteat & Espelage, 2007; Swearer et al., 2008) and reports that youth view this as especially stigmatizing (AAUW, 2001). This link to suicidality underscores the need for counseling psychologists to become part of school-based prevention programs (Kenny et al., 2002), especially those that address the interplay between bullying and prejudice for all students. Counseling psychologists should collaborate on prevention and intervention efforts and address issues of prejudice that underlie the victimization that many youth experience.

Homophobic victimization did not predict suicidality for heterosexual and LGBTQ racial and ethnic minorities when accounting for general victimization experiences, perhaps because homophobic banter is more disparaging among White adolescents than racial and ethnic minority adolescents (Pascoe, 2007). We note, however, that these factors were correlated when not controlling for general victimization. There is strong evidence for the association between racial discrimination and mental health and academic concerns for heterosexual racial and ethnic minority youth (Fisher, Wallace, & Fenton, 2000; Flores, Tschann, Dimas, Pasch, & de Groat, 2010). Thus, future research should continue to consider homophobic and racially based victimization as predictors of psychosocial and educational outcomes. Specific to LGBTQ youth of color, this finding highlights the need for attention to the intersection of social identities and how this adds complexity to the minority stress model (Meyer, 2010). In this case, our findings were more supportive of the resilience perspective (Bowleg et al., 2003; Moradi et al., 2010). LGBTQ youth of color may have drawn on coping strategies learned from racial discrimination. Use of adaptive identity processes (Pittinsky, Shih, & Ambady, 1999) also could explain our pattern of findings: LGBTQ youth of color might reorient their identities to identify more strongly with their race or ethnicity than sexual orientation when they experience homophobic victimization.

Figure 1 (opposite). (a) Model results for heterosexual White youth. All coefficients are significant at $p < .01$, with the exception of dashed paths that were not significant. Coefficients for all main effects are reported from the mediation model without moderators. In nearly all cases, these coefficients were identical when the moderating effects were included. (b). Model results for heterosexual racial/ethnic minority youth. All coefficients are significant at $p < .01$ unless otherwise noted (coefficients with an asterisk denote $p < .05$). Dashed paths were not significant. (c) Model results for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) White youth. All coefficients are significant at $p < .01$ unless otherwise noted (coefficients with an asterisk denote $p < .05$). Dashed paths were not significant. (d) Model results for LGBTQ racial/ethnic minority youth. All coefficients are significant at $p < .01$ unless otherwise noted (coefficients with an asterisk denote $p < .05$). Dashed paths were not significant. P-Support = Parent-Support.

Counseling psychologists should consider more closely how LGBTQ youth of color process these experiences. This could integrate an intersectionality framework in which identity is not the additive sum of social positions; rather, it is multiple social identities influencing each other with synergistic effects (Warner, 2008). Knowledge of how these youth experience resilience is critical given the mental health and educational disparities on account of race and sexual orientation (Coker et al., 2010; Mattison & Aber, 2007). Counseling psychologists may draw on strengths, resources, and coping strategies from youths' experiences of racial discrimination in ways that could also buffer the effects of homophobic victimization.

Our models suggest that across sexual orientation and racial or ethnic background, youth who experience homophobic victimization feel a lower sense of school belonging, which is associated with more frequently skipping school, poorer academic performance, and feeling it is less important to graduate. These effects are in addition to those for general victimization and support findings that LGBTQ youth are marginalized at school (Kosciw et al., 2009) and that victimization is associated with academic concerns (Russell et al., in press). We further extend this to heterosexual youth, who may fear exclusion for being perceived as a sexual minority. Thus, homophobic victimization must be considered in bullying research because failure to assess for bias in bullying masks its added consequences. Our findings accentuate the need for counseling psychologists to address homophobic victimization in a way that is inclusive of all students.

Support through adversity: Working with parents to foster youth resilience. Parent support attenuates the effects of victimization (Davidson & Demaray, 2007; Stadler et al., 2010), which we replicated for heterosexual youth in that it moderated the effect of victimization (general and homophobic) on suicidality. It did not, however, moderate the effect of homophobic victimization on suicidality for LGBTQ youth, and it only moderated the effect of general victimization on suicidality for LGBTQ White youth. In most cases, parent support did not moderate the effects of general or homophobic victimization on school belonging.

There are several potential reasons for the series of nonsignificant moderating effects of general parent support on suicidality for LGBTQ youth. Many face or fear parent rejection (Savin-Williams & Ream, 2003). For self-protection, youth who are not out may not seek parent support for victimization, particularly when it is homophobic, because they may risk exposure of their sexual orientation. Also, many rely on peers more than parents for support (Muñoz-Plaza et al., 2002). Notably, however, general parent support directly predicted lower suicidality and greater school belonging and indirectly predicted lower educational concerns. Similar effects have been documented in other studies (Hershberger & D'Augelli, 1995; Sheets & Mohr, 2009) and suggest that parents do promote the overall health of LGBTQ youth. When they are victimized, however, general parent support does not consistently attenuate these effects. General parent support may be an insufficient buffer of homophobic victimization effects; more specific forms may be necessary (e.g., affirmation of sexual minority identity). Parents also may feel less equipped to provide support in these instances. Counseling psychologists cannot assume that all parents will automatically serve as a resource to promote resilience for victimized youth, even when youth perceive them as highly supportive in general. Counseling psychologists thus need to consider how to include parents in intervention and social justice efforts (e.g., working with parents to provide specific affirming support to their children).

These moderating effects were more consistent for heterosexual youth, building on past findings (Davidson & Demaray, 2007; Stadler et al., 2010). Heterosexual youth may cope with victimization differently than LGBTQ youth. Because they do not identify as LGBTQ, fear of rejection from parents may not be present as it is for LGBTQ youth, even when this victimization is homophobic. In line with minority stress (Meyer, 2003), because heterosexual youth do not identify as LGBTQ, they may not internalize the victimization as a reflection of their identity and oppressive societal structures.

Several findings underscore the need to examine minority stress from an intersectionality framework. The moderating effect of general parent support on victimization (general and homophobic) and suicidality was most evident for heterosexual youth of color relative to other groups. These youth may draw on parent-taught coping strategies for racial discrimination. Also, they might rely on their parents for support during instances of racial discrimination and thus may rely on them for support in these instances as well. The effect of parent support on general victimization and suicidality may have been significant for LGBTQ White youth but not youth of color because fewer LGBTQ youth of color may have been out to their parents (Grov et al., 2006). These youth may have feared rejection if their sexual orientation was inadvertently disclosed in the process. Yet, parent support moderated general victimization effects on school belonging for LGBTQ youth of color. In these cases, they may rely more on their parents, potentially due to barriers in schools (e.g., a lack of academic resources, racist school climates). Counseling psychologists should work with schools and organizations (e.g., Gay-Straight Alliances) to address any of these possible barriers for LGBTQ youth of color.

It is important to note the largely absent moderating effects of general parent support on victimization and school belonging. This may be possible because we measured general and not school-based parent support or involvement (e.g., parent–teacher conference attendance). Also, some parents may feel they lack a voice in school systems, or may be unsure of the procedures to report bullying to administrators. Whereas parents may have a stronger buffering effect in relation to their child's mental health than school belonging, teacher support may have a stronger buffering effect on school belonging, as they can actively shape their classroom climate.

Given the absent or weak moderating effects of parent support on homophobic victimization across groups, counseling psychologists should work with parents of all youth on ways to provide support for those who experience homophobic victimization. This may include training on how to approach administrators who may hesitate to address issues around sexual orientation or homophobic victimization. Similarly, counseling psychologists and schools should work collaboratively on policy reform that strengthens antibullying programs and policies and their protection of marginalized youth.

Strengths, limitations, and future directions. Our findings identify complex associations among victimization and risk outcomes and provide knowledge of how homophobic victimization may affect youth in similar and unique ways. Our attention to the intersection of sexual orientation and race/ethnicity adds nuance to

this. Many studies rely on mostly White LGBTQ samples. Our findings indicate that programs should be informed from an intersectional lens. Also, they provide a rigorous test of the added effects of homophobic bias by accounting for experiences of overall victimization. In addition, we focused on resilience, which is often overlooked in the victimization literature. Finally, the large sample size, multiple schools, and representativeness of LGBTQ participants strengthen the external validity of our findings and avoid many of the common limitations in LGBTQ youth research (e.g., small samples, snowball or other selective sampling procedures) that impact the validity of findings, especially for LGBTQ youth of color.

We also acknowledge several limitations. As with other population-based data sets, not all measures were preestablished assessments. Our items were similar to existing scales, yet multiple items within established assessments could better capture these constructs. Furthermore, studies should consider the cultural validity of these indicators. Broadening the construct of parent support to represent family or extended family may be more appropriate for some racial or ethnic groups. Also, we could not consider the intersection of students' sexual orientation and race/ethnicity on the basis of specific racial/ethnic minority groups. This would have yielded inadequate sample sizes for some groups. Qualitative studies could provide a particularly rich understanding of these experiences for underrepresented groups of youth (e.g., Native American youth). Additionally, our data were from a single time point, and longitudinal data are needed in this area. Finally, we assessed general parent support, which is a typical approach in the victimization literature. Nevertheless, specific types of parent support (e.g., toward their child's sexual orientation) also should be examined.

Building on these findings, studies might identify other ways in which homophobic victimization and other forms of bias affect those in dominant and marginalized groups. Also, research should identify other sources of resilience among youth who are victimized. Furthermore, research should attend to other intersections of social identities in continual efforts to refine and tailor interventions for youth who experience invisibility due to their multiple minority group statuses. Finally, research should evaluate school-based prevention and intervention programs designed to counter homophobic bullying and victimization.

Counseling psychologists in schools are in a central position to address the serious issue of bullying. Their expertise and training in multicultural counseling places them at the forefront to address the neglected issue of homophobic victimization. Antibullying legislation and school policies continue to be debated on account of their inclusivity of protection for marginalized youth. Our findings strengthen the case for these policies to address homophobic bullying. With their emphasis on social justice, counseling psychologists must be involved in the creation, passage, and implementation of policies to ensure that schools are welcoming for all students.

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