

Article

Peer Victimization and Dating Violence Among LGBTQ Youth: The Impact of School Violence and Crime on Mental Health Outcomes

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Abstract

This study examined the moderating role of school violence and peer victimization on the association between sexual orientation and mental health. The sample consisted of 11,794 high school students ($M_{\rm age}=16$, SD=1.23; female assigned at birth = 51%; 1.8% identified as transgender) across 23 schools. Participants completed a self-report survey that assessed sexual orientation, ethnicity, gender identity, victimization experiences (e.g., peer and dating), perceptions of school violence and crime, as well as anxiety and suicidality. Multilevel analyses indicated that lesbian, gay, bisexual, questioning, and transgender (LGBTQ) individuals with lower rates of victimization had significantly lower rates of suicidality compared to LGBTQ individuals with higher rates of victimization. LGBTQ individuals in schools with high student perceptions of school violence and crime had higher suicidality than their non-LGBTQ counterparts. LGBTQ youth in schools with lower school violence and crime levels had lower rates of suicidality than their non-LGBTQ counterparts. Interventions need to consider multiple forms of victimization and school environment as potential risk and protective factors for LGBTQ youth.

Keywords

victimization, teen dating violence, school violence and crime, sexual minority youth, LGBTQ youth

Peer victimization, bullying, and other forms of youth violence are common in U.S. schools (Robers, Zhang, Morgan, & Musu-Gillette, 2015). Lesbian, gay, bisexual, questioning, and transgender youth (LGBTQ) often experience elevated levels of peer victimization when compared to their non-LGBTQ peers (D'Augelli et al., 2005; Eisenberg & Resnick, 2006; Espelage, Aragon, Birkett, & Koenig, 2008; Robinson & Espelage, 2012). According to the 2013 National School Climate Survey, including a nationally representative sample of 8,854 students in Grades 6–12 from over

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3,200 school districts across the United States, 74% of lesbian, gay, bisexual, and transgender (LGBT) youth reported being verbally harassed in the past year (Kosciw, Greytak, Palmer, & Boesen, 2014). Furthermore, they also found that 36% reported being physically harassed and 16% were physically assaulted. All of these forms of victimization were perceived to be related to the victim's sexual orientation or gender expression. With respect to other forms of aggression, results from the Massachusetts Youth Risk Behavior Survey revealed that lesbian, gay, and bisexual (LGB) youth were significantly more likely (i.e., 35% vs. 8%) than their heterosexual counterparts to experience teen dating violence (TDV; Massachusetts Department of Education, 2006). From another nationally representative sample, Halpern, Young, Waller, Martin, and Kupper (2004) found that 25% of adolescents in same-sex dating relationships reported some form of relationship abuse. Likewise, Dank, Lachman, Zweig, and Yahner (2014) found that transgender youth reported higher rates of TDV victimization when compared to nontransgender youth. There is substantial empirical evidence illustrating the prevalence of victimization among LGBTQ youth, and these experiences have concerning consequences.

The pathways linking sexual orientation/gender expression and mental health issues are potentially shaped by various forms of victimization. Many studies have found that LGBTQ youth are at a significant higher risk for suicidal ideation and behavior (Eisenberg & Resnick, 2006; Liu & Mustanski, 2012; Marshal et al., 2011; Ybarra, Mitchell, Kosciw, & Korchmaros, 2015). In a representative sample of 1,988 high school students, Bontempo and D'Augelli (2002) found that LGB youth who reported higher levels of victimization also reported higher levels of suicidality when compared to their non-LGB peers. Similarly, Robinson and Espelage (2012) completed a cross-sectional study with 11,337 students in seventh to ninth grade (588 of whom identified as lesbian, gay, bisexual, and questioning [LGBQ]) and found that peer victimization was associated with greater suicidality and poor academic outcomes among LGBQ youth. However, fewer studies have examined the extent to which TDV contribute to mental health issues. This is an important issue because the combination of multiple victimization experiences may prove especially deleterious. In order to address the insufficient scholarship in this area, this article focuses on TDV and peer victimization as predictors of mental health issues (i.e., anxiety, suicidality) among LGBTQ and their non-LGBTQ peers.

Minority Stress and LGBTQ Mental Health

The seminal minority stress model has been used to understand why LGBTQ individuals present with higher rates of adverse outcomes (Meyer, 2003), like an increased prevalence of suicidality (Meyer, Frost, & Neshad, 2014). Minority stress has been conceptualized as strain arising from the social position of LGBTQ individuals as a stigmatized, disadvantaged, and oppressed group in society (Meyer et al., 2014). Meyer (2003) proposed that the health disparities (e.g., anxiety, depression, and suicidality) between LGBTQ and their non-LGBTQ peers might be explained by stressors prompted by a homophobic and stigmatizing culture. Also, the disadvantaged social position of LGBTQ individuals exposes them to particular forms of stress (i.e., victimization and bullying) in addition to fewer resources for coping (i.e., social support; Meyer, Schwartz, & Frost, 2008). The combination of stigma-related stressors with typical daily stressors offers a helpful framework that explains the health disparities ever-present among LGBTQ youth.

LGBTQ Youth and TDV

Most of the literature on minority stress and victimization among LGBTQ youth has focused on bullying and peer victimization specific to their identity (i.e., homophobic teasing). However, scholars have started to expand their conceptualization of victimization by examining TDV among LGBQ youth (Lou, Stone, & Tharp, 2014; Martin-Story, 2015; Reuter, Sharp, & Temple, 2015). Dating violence has been defined by the Centers for Disease Control (2006) as physical, sexual, or psychological violence that occurs within the context of a romantic relationship, and studies suggest that LGBQ youth have greater odds of experiencing dating violence victimization than their non-LGBQ peers (Halpern, Young, Waller, Martin, & Kupper, 2004; Lou et al., 2014; Martin-Story, 2015). Although there is a clear dearth of evidence concerning gender identity, one study found that transgender- and female-identified youth were at a heightened risk for TDV when compared to their male-identified peers (Dank, Lachman, Zweig, & Yahner, 2014).

During adolescence, youth are developing identities (e.g., sexuality) and negotiating romantic relationships in the pursuit of improving intimacy (Steinberg, 2008). This process could lead to teasing, social isolation, and victimization for LGBTQ youth whose dating practices are not as socially accepted (Marrow, 2004). Stress associated with being stigmatized can marginalize as well as isolate youth and therefore impact their pursuit of intimacy via romantic relationships. Furthermore, these youths are reluctant to talk about their dating experiences, especially if their sexuality and/or gender identity are not known by others. In some cases, when the youth have reported TDV victimization to others, they have encountered responses that were dismissive of their experiences (Marrow, 2004). In a qualitative study, 109 LGB youth were asked to identify reasons for violence in their romantic relationships (Gillum & DiFulvio, 2012). These youths reported that stress, conflict, and violence could arise in part from societal and internalized homophobia, pressure to adopt socially prescribed gender roles (e.g., one partner adopt a masculine role), assumed connectivity due to identity (e.g., two girls dating automatically understand one another), and other typical relationship issues not necessarily attributable to identity or expression (e.g., incompatibility, jealousy, and readiness for the relationship). These studies suggest that it is important to understand TDV experiences among LGBTQ youth and how these practices are associated with adverse mental health outcomes, especially when the youth are simultaneously exposed to peer victimization or precarious school climates.

Impact of Perceptions of School Violence and Crime

Although studies have largely focused on how affirmative school climates diminish the relations between peer victimization and poor psychological outcomes for LGBQ and non-LGBQ youth (Goodenow, Szalacha, & Westheimer, 2006; Hatchel, Espelage, & Merrin, under review; Heck, Flentje, & Cochran, 2011), we found no studies that explored how school context might exacerbate the relations between TDV experiences and mental health for LGBTQ youth. School climate can be assessed in a number of ways. Examining perceptions of school violence and crime is one way to explore the role of school climate. School violence can take on several forms; it can be accidental or intentional and includes gang activity and weapon use (Volokh & Snell, 1998). School crime includes illegal behaviors like using or distributing drugs or alcohol. Few studies have examined the associations between perceptions of school violence and crime and rates of victimization. However, national data collected in 2013 pointed to an overall decrease in peer victimization rates in the United States; yet, these reductions were not as pronounced in schools where students reported seeing guns, gangs, drugs, alcohol, and hate-related graffiti in their school (Robers et al., 2015). Furthermore, Gottfredson, Gottfredson, Payne, and Gottfredson (2005) found student delinquency was highly correlated with student victimization in a nationally representative sample of students from 254 middle and high schools. In sum, context clearly plays an important role in understanding aggression in schools.

Gang presence in schools appears to play a role in the type of victimization that youth experience. Results from a qualitative study on perceptions of school violence among middle school teachers and students suggested that when gang activity was present in schools, victimization tended to be

more sexualized, including sexual and gender-based harassment (e.g., homophobic name-calling and sexual harassment; Forber-Pratt, Aragon, & Espelage, 2014). Taken together, studies suggest that as perceptions of school violence and crime increase, there might be greater victimization generally and increased victimization that specifically targets LGBTQ youth. Thus, school violence and crime might actually heighten the relation between victimization and mental health issues for LGBTQ youth. As a result, there is a need to assess perceptions of school violence and crime at the school level in order to examine how these perceptions might be associated with increased mental health issues among victimized LGBTQ youth.

Current Study

This study addresses several significant gaps in the literature by (1) examining peer victimization, perceptions of school violence and crime, and TDV victimization among LGBTQ and non-LGBTQ high school students as predictors of anxiety and suicidality; (2) evaluating the extent to which victimization, perceptions of school violence and crime, and TDV moderate the association between sexual orientation and the aforementioned mental health issues; and (3) testing victimization, perceptions of school violence and crime, and TDV as school-level (between-school) predictors of these outcomes.

We hypothesized that LGBTQ youth would report higher rates of peer victimization, perceptions of school violence and crime, and TDV victimization than their non-LGBTQ peers. We also hypothesized that LGBTQ youth would report higher rates of anxiety and suicidality. Furthermore, we hypothesized that between-person and between-school peer victimization, TDV victimization, and perceptions of school violence and crime would be associated with higher rates of anxiety and suicidality for all youth. Finally, we hypothesized that between-person and between-school peer victimization, TDV victimization, and perceptions of school violence and crime would exacerbate the relation between LGBQ youth and rates of anxiety and suicidality, respectively.

Method

Participants

The sample consisted of 11,794 high school students from Dane County. Dane County is the second most populous county in Wisconsin and contains geographically diverse areas reaching from small working farms to large urban centers. Reported ages ranged from 14 to 18 years ($M_{\rm age}=16$, SD=1.23; female assigned at birth = 51%; 1.8% identified as transgender). The majority of participants identified as White = 74% (Asian = 5%, African American = 5%, Latino/Hispanic = 5%, and Other = 11%). In relation to sexual orientation, 93% identified as straight, 1.1% as gay/lesbian, 3.2% as bisexual, and 2.2% as questioning.

Procedures and Measures

The Dane County Youth Survey is designed to collect wide-ranging information on the perceptions, behaviors, attitudes, and needs of students (Koenig, Espelage, & Biendseil, 2005). A version of the survey has been administered since 1980 and is mutually designed by researchers, schools, and community agencies. There are over 100 self-report items on various topics including individual characteristics, exercise and nutrition, family dynamics, peer relations, drug use, aggression, victimization, and school connectedness. The survey focuses on assessing health-related information and risk factors for poor outcomes (e.g., victimization, mental health, and substance abuse). A number of factor analyses have been conducted on the items/measures over the years (see Koenig & Bettin, 2009; Koenig et al., 2005, for more information).

Participants independently completed anonymous questionnaires via Survey Monkey during school hours in 2015. Informational letters were sent home to parents at the beginning of the school year. A waiver of active parental consent was employed where parents had the option of returning the form or calling the school to request that their child be omitted from the study. Student written assent was used. Surveys were administered to all participating high school students who were present on the day of administration, and the response rate was high (e.g., 90–95% across the schools).

Measures

Demographics. Measures incorporated self-reports of sex assigned at birth (male and female), ethnicity (White, Black, Asian, Latino, and Other), age, sexual orientation (select all that apply: straight/heterosexual, gay/lesbian, bisexual, questioning, and other), and gender identity (male, female, and transgender). For this study, a binary variable was created for sexual orientation, with 93% as straight and 7% as lesbian, gay, and bisexual.

Dependent Variables

Anxiety. Students were asked "In the past 30 days, how often have you..." Three items were: "Felt nervous, anxious or on edge," "Have not been able to stop or control worrying," and "Felt problems were piling up so high that you could not handle them." Response options ranged from 0 through 3: not at all, sometimes, often, and always. Cronbach's α coefficient was .89 in this study. Higher scores indicated greater rates of anxiety.

Suicidality. Two items were used to measure suicidal ideation and behavior. The students were asked: "During the past 30 days, have you seriously thought about killing yourself?" Response options ranged from 0 through 3: no, yes, but rarely, yes, some of the time, and yes, almost all of the time. They were also asked "During the past 12 months, have you attempted to kill yourself?" Response options ranged from 0 through 3: no, yes, one time, and yes, more than one time. These 2 items were combined (r = .60). Higher scores indicated more suicidality.

Independent Variables

Peer victimization. The 4-item self-report University of Illinois Victimization Scale (Espelage & Holt, 2001) was used to assess peer victimization. Students were asked if the following happened in the last 30 days: "Other students called me names," "Other students made fun of me," "Other students picked on me," and "I got hit and pushed by other students." Response options ranged from 0 through 3: never, 1 or 2 times, 3 or 4 times, and 5 or more times. The construct validity of this self-report measure has been maintained, and scores are comparable to peer nominations of victimization (Espelage & Holt, 2001). Higher scores indicate more self-reported victimization. Cronbach's α coefficient was .85 in this study.

TDV victimization. TDV victimization was assessed with 4 items: During the last 12 months, did someone you were dating or going out with do the following: "Called you names or put you down," "Kept you from spending time with friends or family," "Threatened to hurt you," and "Forced you to have sexual contact." Response options were (1) *yes* and (0) *no*. Higher scores indicated greater TDV victimization. Cronbach's α coefficient was .67 in this study.

Perceptions of school violence and crime. Students were asked, "During this school year, how many times have you seen the following at your school?" Four items were then provided, including "Students using alcohol or drugs," "Weapons," "Gang activity," and "Students selling drugs." Response options ranged from 0 through 3: never, 1 or 2 times, 3 or 4 times, and 5 or more times. Higher scores indicated greater perceptions of school violence and crime. Cronbach's α coefficient was .79 in this study.

Analytic Plan

To address possible mischievous responders that could potentially bias our estimates, we removed students who demonstrated extreme response patterns on a variety of screener items which indicated that they were not being truthful (see Robinson & Espelage, 2011, for screening method). Next, to test our study hypotheses, we used a multilevel modeling approach to first examine the differences among various demographic variables such as age, sex, gender identity, and sexual orientation on anxiety and suicidality. We then examined between-person and between-school main effect differences of peer victimization, perceptions of school violence and crime, and TDV victimization on anxiety and suicidality, respectively. A multilevel framework allowed us to account for both person and school-level dependencies by partitioning variance between individuals and schools. Students are nested within schools, as such, controlling for and testing school-level associations is more appropriate than simply examining between-person differences that fail to consider school-level differences. We used the unconditional null model to calculate the intraclass correlation (ICC) that provides the amount of between-person and between-school variability in outcomes. The ICC for anxiety was .012 and indicated that approximately 1.2\% of variance lied between schools. Similarly, the ICC for suicidality was .021, which also indicated that about 2.1% of variance lied between schools. Although the ICCs were rather modest, they were greater than zero and indicated that there was some school-level dependency that needed to be accounted for. Furthermore, it was important to account for the school-level dependency because the data were multilevel in structure (Snijders & Bosker, 2012). Level 1 variables were group mean centered and represented differences between individuals within the same school. Level 2 variables were grand mean centered and represented average differences between schools.

For each of the two dependent variables (anxiety and suicidality), we fit a series of five nested multilevel models to the data using SAS 9.3. Beginning with a null model (Model 1), we estimated random between-person and between-school variances. Model 2 added demographic variables; we then added between-person predictors (Model 3), between-school predictors (Model 4), and finally significant interactions (Model 5). The final model included predictors that were introduced in previous models like demographics variables and between-person and between-school predictors of peer victimization, perceptions of school violence and crime, and TDV victimization, and our hypothesized interactions. Nonstatistically significant hypothesized interactions were removed for parsimony. Model fit was assessed using reductions in -2 log likelihood, Akaike information criterion, and Bayesian information criterion fit statistics.

Mean Differences

Tables 1 and 2 present the means and standard deviations for the independent and dependent variables of LGBQ- and non-LGBQ-identified individuals and transgender- and nontransgender-identified individuals, respectively. As hypothesized, the LGBQ group reported greater between-person peer victimization, TDV, and school violence and greater anxiety and suicidality than the non-LGBQ group (Table 1). The between-school variables of victimization and perceptions of school violence did not differ between the two groups. As hypothesized, the transgender group

<.001

<.001

.968 (.803)

.089 (.318)

Anxiety

	$LGBQ\;(n=761)$	Non-LGBQ ($n = 11,033$)	Significant Mean Differences (þ)
	M (SD)	M (SD)	
Between-person measures			
Perceptions of school violence and crime	0.824 (.908)	.493 (.610)	<.001
Peer victimization	0.708 (.918)	.315 (.55 4)	<.001
Teen dating violence	0.206 (.322)	.066 (.17 4)	<.001
Between-school measures	` ,	` '	
Perceptions of school violence and crime	0.544 (.166)	.512 (.146)	<.001
Peer victimization	0.345 (.061)	.340 (.064)	.060
Teen dating violence Dependent variables	0.080 (.025)	.075 (.018)	<.001

1.65 (.935)

0.523 (.759)

Table 1. Means and Standard Deviations for Predictor and Outcome Measures by LBGQ and Non-LBGQ Youth.

Note. LGBQ = lesbian, gay, bisexual, and questioning.

Suicidal ideation and attempts

Table 2. Means and Standard Deviations for Predictor and Outcome Measures by Transgender and Nontransgender Youth.

	Transgender (n = 197)	Nontransgender (n = 11,597)	Significant Mean	
	M (SD)	M (SD)	Differences (p)	
Between-person measures				
Perceptions of school violence and crime	1.36 (1.22)	0.500 (.614)	<.001	
Peer victimization	1.09 (1.28)	0.328 (.565)	<.001	
Teen dating violence	0.371 (0.428)	0.070 (.179)	<.001	
Between-school measures	, ,	` ,		
Perceptions of school violence and crime	0.525 (0.152)	0.514 (.148)	.289	
Peer victimization	0.337 (0.054)	0.341 (.064)	.420	
Teen dating violence	0.078 (0.022)	0.075 (.019)	<.034	
Dependent variables	, ,	` ,		
Anxiety	1.61 (1.15)	1.00 (.819)	<.001	
Suicidal ideation and attempts	0.782 (1.05)	0.105 (.345)	<.001	

reported significantly greater between-person victimization experiences and perceptions of school violence and greater anxiety and suicidality than the nontransgender group (see Table 2). The between-school variables did not differ between the groups.

Anxiety Results

As hypothesized, sex was found to be a significant predictor of anxiety, such that females reported significantly higher rates of anxiety compared to their male counterparts (see Table 3, Model 2; β = .327, SE = .015, p < .001). There was a modest but significant association with age; on average, older participants reported significantly higher rates of anxiety (β = .024, SE = .006, p < .001). For

Table 3. Anxiety Parameter Estimates.

	Model I	Model 2	Model 3	Model 4	Model 5
Fixed effects					
Intercept	2.03*** (.021)	1.43*** (.097)	1.09*** (.093)	1.08*** (.092)	1.09*** (.092)
Age		.024*** (.006)	.032*** (.006)	.031*** (.006)	.032*** (.006)
Female		.327*** (.015)	.363*** (.014)	.363*** (.014)	.363*** (.014)
Race (Ref $=$ White)					
Black		016 (.034)	021 (.032)	026 (.032)	026 (.032)
Asian		.087* (.036)	.092** (.034)	.088** (.034)	.087** (.034)
Latino		008 (.034)	001 (032)	006 (.032)	
Other		.002 (.006)	007 (.023)	009 (.023)	009 (.023)
Transgender		.339*** (.059)	063 (.057)	062 (.057)	.022 (.060)
LGBQ		.590*** (.031)	.414*** (.030)	.410*** (.030)	.504*** (.036)
BP school risk		,	.137*** (.012)	.138*** (.012)	.140*** (.012)
BP peer victimization			.299*** (.013)	.299*** (.013)	.312*** (.014)
BP teen dating violence			.523*** (.040)	.523*** (.040)	.579*** (.044)
BS school risk			, ,	.251** (.083)	.247** (.081)
BS victimization				.569* (.214)	, ,
BS teen dating violence				.512 (.731)	.441 (.719)
BP Peer Victimization				, ,	086* (.036)
\times LGBQ					,
BP Teen Dating					292** (.106)
$Violence \times LGBQ$,
Random effects					
Level I variance	.6838**** (.010)	.6286*** (.008)	.5612*** (.007)	.561*** (.007)	.560*** (.007)
Level 2 variance	.008* (.005)	.0034* (.002)	.0047* (.003)	.0016 (.001)	.0015 (.001)
Model fit	,	, ,	, ,	, ,	,
−2 LL	29,024.5	28,021.5	26,689.7	26,667.4	26,646. I
AIC	29,030.5	28,043.5	26,717.7	26,701.4	26,684.1
BIC	29,033.8	28,055.5	27,733.0	26,719.9	26,704.9

Note. BP = between-person; BS = between-school; AIC = Akaike information criterion; BIC = Bayesian information criterion; LL = log likelihood; LGBQ = lesbian, gay, bisexual, and questioning. p = .05. **p = .01. ***p = .001.

ethnicity, using White individuals as the reference group, only Asian students reported significantly higher average levels of anxiety compared to their White counterparts ($\beta = .087$, SE = .036, p < .016). As hypothesized, transgender students reported significantly higher average rates of anxiety compared to nontransgender individuals ($\beta = .339$, SE = .059, p < .001); however, this association became nonsignificant in subsequent models. Similarly, LGBQ students also reported significantly higher rates of anxiety compared to their non-LGBQ counterparts ($\beta = .590$, SE = .031, p < .001).

Between-Person Associations

Table 3 (Model 3) displays the results for the between-person Level 1 variables. As hypothesized, between-person peer victimization, perceptions of school violence and crime, and TDV victimization were significant predictors of anxiety. Specifically, between-person victimization ($\beta = .299$, SE = .013, p < .001) and perceptions of school violence and crime ($\beta = .137$, SE = .012, p < .001) had a significant positive association with anxiety. That is, compared to other individuals at the same school, individuals who reported higher average levels of victimization or perceptions of school violence and crime reported higher average rates of anxiety. Additionally, TDV victimization was

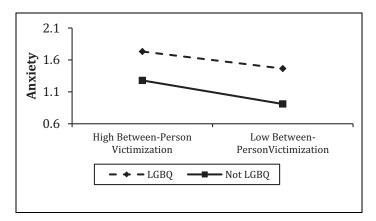


Figure 1. Between-person peer victimization and lesbian, gay, bisexual, and questioning (LGBQ) identity. Simple slopes: LGBQ: $\beta = .23$, SE = .03, p < .001; non-LGBQ: $\beta = .31$, SE = .01, p < .001. High = +1 SD, low = -1 SD.

found to be the strongest predictor of anxiety ($\beta = .523$, SE = .040, p < .001). That is, higher average rates of TDV were associated with higher average rates of anxiety.

Between-School Associations

Table 3 (Model 4) added the between-school predictors. Two of the three between-school variables were significant predictors of anxiety. Between-school victimization was the strongest between-school predictor ($\beta = .569$, SE = .214, p < .014) and indicated that, schools with higher average rates of victimization had a higher rate of students who reported having anxiety compared to schools with lower average rates of victimization. Similarly, perceptions of school violence and crime was significantly associated with anxiety ($\beta = .251$, SE = .083, p < .008). That is, schools with higher levels of perceptions of school violence and crime had a higher rate of students who reported having anxiety compared to schools with lower average levels of perceptions of school violence and crime. Contrary to our hypotheses, between-school TDV victimization was not significantly associated with anxiety ($\beta = .512$, SE = .731, p = .490). This may have been due to the relatively low variability between schools.

Victimization (Peer, Dating) and Perceptions of School Violence and Crime as Moderators of Sexual Orientation and Anxiety

To examine the extent to which peer victimization, perceptions of school violence and crime, and TDV exacerbated the association between LGBQ identity and anxiety, we tested three hypothesized interactions. All significant interactions are shown in Table 3 (Model 5) and plotted in Figures 1 and 2. We found two significant between-person interactions that are presented in Model 5. Level 1, between-person interactions included an interaction with LGBQ identity and peer victimization ($\beta = -.086$, SE = .036, p < .018) and an interaction with LGBQ identity and TDV victimization ($\beta = -.306$, SE = .106, p < .004). Figure 1 displays the plotted between-person interaction for LGBQ identity and victimization; LGBQ individuals had significantly higher rates of anxiety compared to non-LGBQ individuals. More specifically, even in a context with low victimization (-1 SD), LGBQ individuals reported higher rates of anxiety compared to non-LGBQ individuals with high rates of victimization (+1 SD). Test of the simple slopes showed that each identity line, LGBQ ($\beta = .23$, SE = .03, p < .001) and non-LGBQ ($\beta = .31$, SE = .01, p < .001), was statistically significant. Figure 2

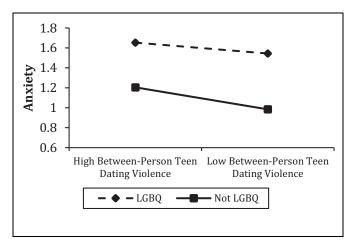


Figure 2. Between-person teen dating violence victimization and lesbian, gay, bisexual, and questioning (LGBQ) identity. Simple slopes: LGBQ: $\beta = .29$, SE = .10, p < .003; non-LGBQ: $\beta = .58$, SE = .04, p < .001. High = +1 SD. low = -1 SD.

presents the interaction between LGBQ identity and between-person TDV victimization. The topline represents LGBQ identity and shows that LGBQ individuals have significantly higher rates of anxiety than their non-LGBQ counterparts. Additionally, looking at low and high TDV victimization for LGBQ and non-LGBQ individuals, we see that low rates of TDV victimization (-1 SD) were associated with significantly lower rates of anxiety. Test of the simple slopes showed that each identity line, LGBQ ($\beta = .29$, SE = .10, p < .003) and non-LGBQ ($\beta = .58$, SE = .04, p < .001), was statistically significant. Contrary to our hypothesis, perceptions of school violence and crime did not exacerbate the association between sexual orientation and anxiety.

Suicidality Results

Preliminary models found support for several demographic variables as predictors of suicidality (see Table 4, Model 2). As hypothesized, sex was a significant predictor of suicidality ($\beta = .022$, SE = .006, p = .001) particularly in subsequent models (Model 3–Model 5). This indicated that on average, females reported significantly higher average rates of suicidality. Age was also significantly associated with suicidality; that indicated on average, younger participants reported higher rates of suicidality ($\beta = -.013$, SE = .003, p < .001). There were no significant ethnicity differences between African American ($\beta = -.006$, SE = .015, p = .684), Asian ($\beta = .013$, SE = .016, p = .437), Latino ($\beta = .002$, SE = .015, p = .901), or the Other category ($\beta = -.006$, SE = .011, p = .578), compared to their White counterparts. However, as hypothesized, transgender individuals reported significantly higher average rates of suicidal ideation and attempts compared to nontransgender individuals ($\beta = .478$, SE = .027, p < .001). Similarly, LGBQ students reported significantly higher rates of suicidality compared to their non-LGBQ counterparts ($\beta = .364$, SE = .014, p < .001).

Between-Person Associations

Table 4 (Model 3) presents the suicidality results for the between-person Level 1 variables. As hypothesized, between-person peer victimization, TDV victimization, and perceptions of school violence and crime were significant predictors of suicidality. Specifically, between-person peer

Table 4. Suicidality Parameter Estimates.

	Model I	Model 2	Model 3	Model 4	Model 5
Fixed effects					_
Intercept	1.13*** (.012)	1.29*** (.043)	1.18*** (.041)	1.18*** (.040)	1.17*** (.040)
Age .	, ,	013*** (.003)	013*** (.003)	013*** (.003)	011*** (.002)
Female		.007 (.006)	.022*** (.006)	.021*** (.006)	.020*** (.006)
Race (Ref =					
White)					
Black		.006 (.015)	.003 (.014)	001 (.014)	.001 (.014)
Asian		.013 (.016)	.016 (.015)	.013 (.015)	.014 (.015)
Latino		.002 (.015)	.006 (.143)	.003 (.014)	.004 (.014)
Other		006 (.011)	—.011 (.010)	013 (.010)	014 (.010)
Transgender		.478*** (.027)	.256*** (.025)	.256*** (.025)	.088*** (.027)
LGBQ		.364*** (.014)	.272*** (.013)	.269*** (.013)	.069*** (.017)
BP school risk		, ,	.087*** (.005)	.087*** (.005)	.068*** (.006)
BP peer			.105*** (.006)	.105*** (.006)	.089*** (.006)
victimization			` ,	` ,	` ,
BP teen dating			.395*** (.018)	.396*** (.018)	.326*** (.019)
violence			, ,	, ,	. ,
BS school risk				.017 (.024)	.029 (.026)
BS peer				.041 (.066)	.045 (.071)
victimization				` ,	` ,
BS teen dating				1.02*** (.233)	1.07*** (.248)
violence				, ,	. ,
BP Peer					.090*** (.016)
Victimization					
\times LGBQ					
BP Perceptions					.158*** (.017)
of School					` ,
Violence and					
Crime \times					
LGBQ					
BP Teen Dating					.283*** (.049)
Violence $ imes$					` ,
LGBQ					
Random effects					
Level I	.1422*** (.002)	.1276*** (.002)	.1092*** (.001)	.1092*** (.001)	.1061*** (.001)
variance					
Level 2	.003* (.002)	.0002 (.0002)	.0008 (.0007)	.0001 (.0001)	.0001 (.0001)
variance					
Model fit					
−2 LL	10,513.7	9,198.2	7,388.0	7,349.7	7,016.6
AIC	10,519.7	9,220.2	7,416.0	7,381.7	7,056.6
BIC	10,522.9	9,232.2	7,431.3	7,399.2	7,078.5

Note. BP = between-person; BS = between-school; AIC = Akaike information criterion; BIC = Bayesian information criterion; LL = log likelihood; LGBQ = lesbian, gay, bisexual, and questioning. p = 0.05. **p = .01. ***p = .001.

victimization ($\beta = .105$, SE = .006, p < .001) and TDV ($\beta = .395$, SE = .018, p < .001) victimization both had a significant positive association with suicidality. More specifically, on average, as individuals reported higher rates of victimization (peer, dating), they reported higher rates of suicidality. Similarly, perceptions of school violence and crime, though modest, was a significant predictor of suicidality ($\beta = .087$, SE = .005, p < .001).

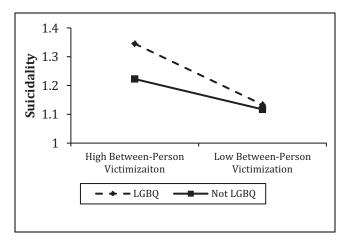


Figure 3. Between-person peer victimization and lesbian, gay, bisexual, and questioning (LGBQ) identity. Simple slopes: LGBQ: $\beta = .18$, SE = .02, p < .001; non-LGBQ: $\beta = .09$, SE = .01, p < .001. High = +1 SD, low = -1 SD.

Between-School Associations

Table 4 (Model 4) added the between-school predictors to the model; however, contrary to our hypotheses, only one of the three between-school variables was found to be a significant predictor of suicidality. Between-school TDV victimization was a significant predictor of suicidality ($\beta = 1.02$, SE = .233, p < .001), which indicated that schools with higher average rates of TDV had students who reported higher average rates of suicidality compared to schools with lower average rates of TDV. However, neither between-school peer victimization ($\beta = .041$, SE = .066, p = .539) nor perceptions of school violence and crime ($\beta = .017$, SE = .024, p = .474) were significantly associated with suicidality.

Victimization (Peer, Dating) and Perceptions of School Violence and Crime as Moderators of Sexual Orientation Identity and Suicidality

Comparing LGBQ with non-LGBQ individuals was our main focus, as such, we hypothesized that there would be significant interactions between LGBQ identity and between-person predictors (peer victimization, TDV victimization, and perceptions of school violence and crime). All significant hypothesized interactions are shown in Table 4 (Model 5) and plotted in Figures 3–5. Three significant between-person interactions were found in Model 5. They included an interaction with peer victimization and LGBQ identity ($\beta = .091$, SE = .016, p < .001), TDV victimization and LGBQ identity ($\beta = .283$, SE = .049, p < .001), perceptions of school violence and crime, and LGBQ identity ($\beta = .158$, SE = .017, p < .001). Figure 3 displays the between-person trajectories between peer victimization and LGBQ identity. LGBQ individuals with lower rates of victimization (-1 SD)had significantly lower rates of suicidality when compared to LGBQ-identified individuals with higher rates of victimization (+1 SD). The non-LGBQ group showed a similar trajectory; however, the magnitude of the relation was much weaker. Test of the simple slopes showed that each identity line, LGBQ ($\beta = .18$, SE = .02, p < .001) and non-LGBQ ($\beta = .09$, SE = .06, p < .001), was statistically significant. Figure 4 presents the interaction between LGBQ identity and betweenperson TDV victimization. LGBQ and non-LGBQ individuals with low rates of TDV victimization (-1 SD) reported significantly lower rates of suicidality even though the magnitude of the relation was stronger for LGBQ individuals. Test of the simple slopes showed that each identity line, LGBQ

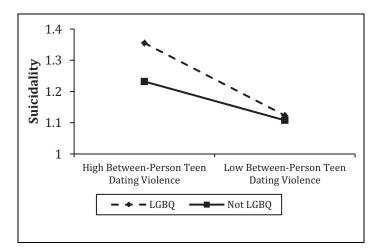


Figure 4. Between-person teen dating violence victimization and lesbian, gay, bisexual, and questioning (LGBQ) identity. Simple slopes: LGBQ: $\beta = .61$, SE = .05, p < .001; non-LGBQ: $\beta = .33$, SE = .02, p < .001. High = +1 SD, low = -1 SD.

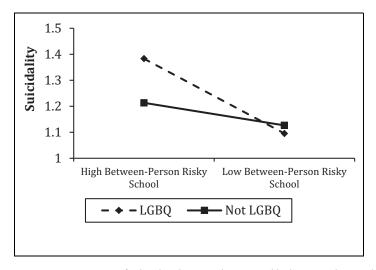


Figure 5. Between-person perceptions of school violence and crime and lesbian, gay, bisexual, and questioning (LGBQ) identity. Simple slopes: LGBQ: $\beta = .23$, SE = .02, p < .001; non-LGBQ: $\beta = .07$, SE = .01, p < .001. High = +1 SD, low = -1 SD.

 $(\beta = .61, SE = .05, p < .001)$ and non-LGBQ $(\beta = .33, SE = .02, p < .001)$, was statistically significant. Figure 5 displays the interaction between LGBQ identity and perceptions of school violence and crime, LGBQ individuals with higher perceptions of school violence and crime had higher suicidality than their non-LGBQ counterparts. Furthermore, LGBQ- and non-LGBQ-identified individuals with low levels of between-person perceptions of school violence and crime had significantly lower rates of suicidality when compared to higher rates of perceptions of school violence and crime; however, the magnitude of the association was again much weaker for non-LGBQ individuals. Interestedly, at low levels of perceptions of school violence and crime, there was no difference in suicidality for LGBQ or non-LGBQ-identified youth. Test of the simple slopes

showed that each identity line, LGBQ ($\beta = .23$, SE = .02, p < .001) and non-LGBQ ($\beta = .07$, SE = .01, p < .001), was statistically significant.

Discussion

Our findings support minority stress theory because LGBTQ youth reported greater levels of anxiety, suicidality, and peer victimization. These results are consistent with previous research (Bontempo & D'Augelli, 2002; Espelage et al., 2008; Robinson & Espelage, 2011). Likewise, peer victimization experiences appeared to moderate the associations between sexual orientation and mental health outcomes. LGBQ youth who reported higher rates of peer victimization. In contrast, we found this disparity was not as predictive of anxiety, where LGBQ youth with high and low levels of peer victimization reported elevated anxiety levels in comparison to non-LGBQ youth, signifying that something else might be driving their anxiety. These findings suggest victimization is not necessarily equally predictive of all mental health issues among LGBQ youth.

LGBTQ youth also reported greater TDV victimization, adding to a growing body of literature demonstrating that LGBTQ youth are at an increased risk for this form of violence (Dank et al., 2014; Lou et al., 2014; Martin-Story, 2015; Reuter et al., 2015). Again, similar to peer victimization, LGBQ youth who reported low levels of TDV victimization had lower suicidality than LGBQ youth with high levels of TDV victimization. This buffering effect was not found for anxiety, as regardless of TDV victimization experiences, LGBQ youth had elevated anxiety levels. Within the last decade, research on TDV among adolescents has increased substantially; however, the number of studies that have assessed gender identity or sexual orientation are limited. Our findings demonstrate that it is essential to collect these data, so that we can further develop prevention programs for all youth.

Perceptions of school violence and crime also moderated the relation between sexual orientation and suicidality. LGBQ youth who saw gang activity, drugs, and weapons in their school also reported high rates of suicidality in comparison to LGBQ youth who reported less crime and violence. Given the U.S. national data, bullying and victimization rates are highest in schools with gangs (Robers et al., 2015), and it is likely that the presence of violence and crime increases the likelihood that the school climate is not supportive of LGBQ youth. Indeed, research has suggested that when gangs are present in schools, peer victimization tends to be more sexualized, homophobic, and gender-based harassment (Forber-Pratt et al., 2014). Thus, efforts to prevent suicide among LGBQ youth should include a school climate improvement process that promotes student engagement, personal as well as emotional safety, and focuses on improving the environment (Osher, Dwyer, Jimerson, & Brown, 2012).

All of these findings illustrate the complex nature of victimization and LGBTQ youth mental health. For example, there were a number of identity variables that predicted the aforementioned relation. It is becoming even more apparent that appreciating intersecting identities and their role in LGBTQ youth well-being demands further investigation (Parent, DeBlaere, & Moradi, 2013). Similarly, the pathways between victimization and mental health issues were moderated and predicted by a number of other variables. The paths may vary as a function of the type of mental health issue (i.e., anxiety vs. suicidality) as well as the nature of the context (i.e., perception of school crime). Despite these complexities, some intuitive commonalities have emerged. Both forms of victimization and perceptions of poor school climate all proved especially precarious for LGBTQ youth when compared with their non-LGBTQ peers. This overarching theme aligns well with minority stress theory—these marginalized youths are already stressed and therefore the exposure to additional stigma-related stressors (i.e., victimization) proves deleterious.

Limitations

Despite these findings, the study has a number of limitations. The current study was cross-sectional in nature and only examines one point in time. As such, the directionality among our variables remains elusive. It is possible that mental health issues were antecedents and actually predicted the victimization. Likewise, it is reasonable to imagine a bidirectional relation between victimization and mental health. Second, the data were collected in the Midwest with a sample of mostly White youth; the findings should be replicated with more diverse samples to strengthen the validity and generalizability of the findings. Third, the dependence on individual self-report data could diminish the reliability and validity of the reported behaviors. However, despite these limitations, our current findings further demonstrate the differences in mental health outcomes for LGBTQ youth and how various forms of victimization and school climates can exacerbate rates of anxiety and suicidality for these individuals.

Implications for Prevention

These findings indicate that prevention programs need to address multiple forms of victimization (e.g., peer and dating) and should pay particular attention to the experiences of LGBTQ youth. Given that LGBTQ youth have reported being the target of homophobic name-calling at higher rates than non-LGBTQ youth (Robinson & Espelage, 2011), prevention programs should attempt to minimize language that marginalize and stigmatize these youths in particular (Espelage, 2016). However, the majority of bullying and peer victimization prevention programs ignore this language. For example, a study of 23 comprehensive antibullying programs aimed at middle and high school students found that none of the programs covered issues of sexual orientation, homophobia, sexual harassment, gender expression, or sexual violence sufficiently; yet a large percentage of bullying and victimization among students involves the use of homophobic teasing or slurs, name-calling, or other forms victimization (Birkett, Espelage, & Stein, 2008). Further, no TDV prevention programs consider violence within the context of nonheterosexual relationships or gender nonconformity in a comprehensive manner. Our findings suggest that the TDV victimization experiences of LGBTQ youth need to be attended to. Ideally, our empirical findings are disseminated among program developers and policy makers, so that they can influence the designs necessary to broach these issues. That said, discussions could take place among LGBTQ youth support groups or clubs like gay-straight alliances. Indeed, adolescents attending schools with LGBTQ support groups have been found to exhibit lower rates of victimization and subsequently diminished suicidality (Goodenow et al., 2006; Heck et al., 2011).

Implications for Juvenile Justice Policy

Although we did not assess whether our LGBTQ sample had experiences with the juvenile justice system, there is reason to believe that they may have. Nonheterosexual youth had greater odds of being stopped by the police, more juvenile arrests, and convictions (Himmelstein & Bruckner, 2011). Feinstein, Greenblatt, Hass, Kohn, and Rana (2001) chronicled the experiences of LGBT youth in the New York's juvenile justice system and offered a number of recommendations on how to improve juvenile justice policies for these youth. For example, resources are needed to prevent atrisk LGBT youth from entering the juvenile justice system in the first place. Also, it is important to decriminalize nonviolent survival crimes with which LGBT youth are commonly charged. Training is also needed for professionals who work with LGBT youth, as they often lack expertise on how to meet needs of this population. For example, judges, attorneys, and social workers have little formal training relating directly to working with the unique needs of this population.

Future Directions

There are a number of issues and limitations that the extant literature does not cover sufficiently. Most of the work on LGBTQ youth has examined the group with varying identities as being homogenous in nature. A bisexual youth of color in a rural area may prove to have very different experiences than a transgender youth in an urban environment. Similarly, some schools may be inclusive while others are very lacking. Moreover, digital media are entrenched in youth's lives and there is a clear need to explore how these contexts potentially predict how various forms of victimization develop and unfold. For example, it is very possible that digital media offer a convenient platform for engaging in TDV or other forms of victimization or exploitation. There is also a dearth of studies that use more rigorous methodology like experimental or longitudinal designs that could augment our understanding of directionality. Finally, there are few syntheses of studies via metanalyses that offer robust conclusions about the existing literature in a way that could further improve our knowledge base.

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