



NATIONAL CENTER FOR LESBIAN RIGHTS

NATIONAL OFFICE
870 Market St Suite 370
San Francisco CA 94102
tel 415 392 6257
fax 415 392 8442
info@nclrights.org
www.nclrights.org

May 9, 2011

Kim Tolhurst, Esq.
Acting General Counsel
U.S. Commission on Civil Rights
624 Ninth Street, N.W., Sixth Floor
Washington, D.C. 20001

Dear Ms. Tolhurst:

The National Center for Lesbian Rights (NCLR) appreciates the opportunity to submit these comments in advance of the upcoming hearing addressing inter-student violence and harassment targeted at lesbian, gay, bisexual, and transgender (LGBT) youth. We applaud the U.S. Commission on Civil Rights (the Commission) for choosing to focus on this extremely important issue.

NCLR is a national legal organization that is committed to advancing the rights of LGBT people and their families through litigation, policy advocacy, and public education. Through our work, we have seen the devastating impact and long-term effects that violence, harassment, and bullying have on LGBT youth and youth perceived to be LGBT. Every student has the right to learn in an environment free from bullying and violence; in practice, however, bullying remains a persistent problem in our nation's schools. In the case of LGBT youth, research has shown that youth who are or are perceived to be LGBT are at very high risk of harassment and bullying in schools and that the impact of school-based victimization on these young people is often severe, as the recent reports of youth suicides linked to anti-LGBT bullying have underscored. While all bullying is a serious issue, specific focused attention is needed in order to address the pervasive violence and harassment that many LGBT youth face in schools across the country every day. We commend the Commission for its leadership in exploring and addressing the experiences of this vulnerable population of students who are disproportionately targeted for cruelty at the hands of their peers.

As has been well documented by other recent submissions to the Commission, LGBT youth face violence and harassment in school significantly more often than their non-LGBT peers. According to a study conducted by the Gay, Lesbian, and Straight Education Network (GLSEN), 68% of LGBT students reported feeling unsafe at school

as a result of their sexual orientation or gender identity.¹ The situation is particularly damaging for transgender and gender nonconforming youth. According to a recent study, of those respondents who expressed a transgender identity or gender non-conformity while in grades K-12, 78% reported experiencing harassment, 33% reported physical assault, and 12% reported sexual violence.² These numbers illustrate the urgent need to address the pervasive bullying, harassment, and violence that LGBT students face in school.

Our comments focus on two important points. The first, addressed here, is that laws protecting against anti-LGBT bullying in schools are fully consistent with the First Amendment. The second, to be submitted separately, is that the Commission has jurisdiction to investigate and address the bullying, violence, and harassment that LGBT students face in school.

Laws that protect students from harassment based on sexual orientation or gender identity—or any other aspect of a student’s identity—do not conflict with the First Amendment. As the Third Circuit Court of Appeals has noted, “There is no constitutional right to be a bully.” *Sypniewski v. Warren Hills Reg’l Bd. of Educ.*, 307 F.3d 243, 264 (3d Cir. 2002). Harassment based on personal characteristics such as sexual orientation, gender identity, race, or religion is deeply harmful, particularly to vulnerable young people. Such harassment in the school setting prevents targeted students from being able to learn and participate in school activities and deprives them of the right to receive an equal education. Anti-harassment laws simply serve to restrict this detrimental behavior, which is not entitled to any special constitutional protection.

A. Laws against discrimination and harassment do not implicate the First Amendment because they are not aimed at the suppression of expression.

Laws that prohibit harmful behavior, such as discrimination, do not implicate the First Amendment because they “regulate[] conduct, not speech.” *Rumsfeld v. Forum for Academic & Institutional Rights, Inc.*, 547 U.S. 47, 60 (2006). Those laws do not target a

¹ Joseph G. Kosciw, Emily A. Greytak, Elizabeth M. Diaz, & Mark J. Bartkiewicz, *The 2009 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation’s Schools* 22 (2010), available at http://www.glsen.org/binary-data/GLSEN_ATTACHMENTS/file/000/001/1675-1.pdf.

² Jaime M. Grant, Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, & Mara Keisling, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey* 33 (2011), available at http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf.

particular viewpoint but merely restrict behavior that seriously infringes the rights of others. As the California Supreme Court has held, “A statute that is otherwise valid, and is not aimed at protected expression, does not conflict with the First Amendment simply because the statute can be violated by the use of spoken words or other expressive activity.” *Aguilar v. Avis Rent A Car Sys., Inc.*, 980 P.2d 846, 854 (Cal. 1999) (plurality opn.). *See also Giboney v. Empire Storage & Ice Co.*, 336 U.S. 490, 502 (1949) (“[I]t has never been deemed an abridgment of freedom of speech or press to make a course of conduct illegal merely because the conduct was in part initiated, evidenced, or carried out by means of language, either spoken, written, or printed.”).

The United States Supreme Court has held specifically that “acts of invidious discrimination” can be proscribed even if they involve incidental elements of expression: “[L]ike violence or other types of potentially expressive activities that produce special harms distinct from their communicative impact, such practices are entitled to no constitutional protection.” *Roberts v. United States Jaycees*, 468 U.S. 609, 628 (1984). “Congress, for example, can prohibit employers from discriminating in hiring on the basis of race. The fact that this will require an employer to take down a sign reading ‘White Applicants Only’ hardly means that the law should be analyzed as one regulating the employer’s speech rather than conduct.” *Rumsfeld*, 547 U.S. at 62.

The Court has repeatedly held that anti-discrimination laws, including prohibitions of harassment, are valid under the First Amendment, because such laws are primarily aimed at the *act* of discrimination, not speech. *See, e.g., Hurley v. Irish-Am. Gay, Lesbian, & Bisexual Group of Boston*, 515 U.S. 557, 572 (1995) (nondiscrimination laws “do not, as a general matter, violate the First or Fourteenth Amendments” because such laws generally do not “target speech” but rather prohibit “the act of discriminating”); *Wisconsin v. Mitchell*, 508 U.S. 476, 487 (1993) (holding that a statute imposing enhanced penalties for certain bias-related crimes did not violate the First Amendment because it regulated “conduct” rather than “expression”); *R.A.V. v. City of St. Paul*, 505 U.S. 377, 390 (1992) (“Where the government does not target conduct on the basis of its expressive content, acts are not shielded from regulation merely because they express a discriminatory idea or philosophy.”); *Hishon v. King & Spalding*, 467 U.S. 69, 78 (1984) (upholding application of Title VII against First Amendment challenge); *Runyon v. McCrary*, 427 U.S. 160, 176 (1976) (upholding law prohibiting racial discrimination in private school admissions against First Amendment challenge).

The U.S. Supreme Court reaffirmed this settled precedent in its most recent significant case addressing the crucial distinction between laws that regulate conduct and

laws that regulate speech, *Rumsfeld v. Forum for Academic & Institutional Rights, Inc.*, 547 U.S. 47 (2006). In that case, the Supreme Court rejected a First Amendment challenge to a federal statute requiring law schools to provide equal access to military recruiters. The schools challenged the law, arguing that it violated their right to free expression by requiring them to send a message that they endorsed or approved of the military’s policy of excluding openly gay and lesbian service members. *Id.* at 53. The Court soundly rejected that argument, holding that enforcement of the law did not prevent the schools from expressing their views about the military’s policy or anything else. As the Court explained, the law “neither limits what law schools may say nor requires them to say anything.” *Id.* at 60. Rather, the law “regulates conduct, not speech. It affects what law schools must do—afford equal access to military recruiters—not what they may or may not say.” *Id.* The Supreme Court similarly concluded in *R.A.V. v. City of St. Paul*, 505 U.S. 377, 389 (1992), that “since words can in some circumstances violate laws directed not against speech but against conduct (a law against treason, for example, is violated by telling the enemy the Nation’s defense secrets) ... speech can be swept up incidentally within the reach of a statute directed at conduct rather than speech.”

Like the statute at issue in *Rumsfeld*, anti-discrimination laws that protect LGBT students from harassment do not regulate what messages other students may express and do not require any students to say anything they disagree with. Anti-harassment policies are simply aimed at prohibiting harmful harassing behavior, including verbal harassment. Unlawful harassment—like unlawful defamation, or treason—does not become protected under the First Amendment just because the person violating the law happens to use words to do so.

B. Anti-harassment laws are essential to protect vulnerable students from the serious harm caused by school bullying.

Anti-discrimination laws prohibit harassment because harassing behavior in schools or workplaces creates a hostile environment that can deprive targeted individuals of the opportunity to participate equally just as effectively as being excluded outright. *See, e.g., Harris v. Forklift Sys., Inc.*, 510 U.S. 17, 21-22 (1993) (“[T]he very fact that the discriminatory conduct was so severe or pervasive that it created a work environment abusive to employees because of their race, gender, religion, or national origin offends [the] broad rule of workplace equality.”); *Meritor Sav. Bank, FSB v. Vinson*, 477 U.S. 57, 65 (1986) (“Title VII affords employees the right to work in an environment free from discriminatory intimidation, ridicule, and insult.”). It is well settled that these prohibitions on harassment, long required by federal law and enforced by the courts, do not violate the

First Amendment. *Jarman v. City of Northlake*, 950 F. Supp. 1375, 1379 (N.D. Ill. 1997) (“Literally hundreds of hostile work environment sexual harassment cases, starting with the seminal case of *Meritor Savings Bank v. Vinson* ... indicate that employers ... are not only permitted to try to prevent verbal acts of harassment in their workplaces, but Title VII requires them to do so.”). See, e.g., *O'Rourke v. City of Providence*, 235 F.3d 713, 735 (1st Cir. 2001) (upholding workplace harassment claim against First Amendment challenge); *Baty v. Willamette Indus., Inc.*, 172 F.3d 1232, 1246-47 (10th Cir. 1999) (same) *overruled on other grounds*, *Nat'l R.R. Passenger Corp. v. Morgan*, 536 U.S. 101 (2002); *Doe v. City of New York*, 583 F. Supp.2d 444, 448-49 & n.3 (S.D.N.Y. 2008) (same); *Jenson v. Eveleth Taconite Co.*, 824 F. Supp. 847, 884 n. 89 (D. Minn. 1993) (same); *Bowman v. Heller*, 1 Mass. L. Rptr. 51 (Mass. Super. Ct. 1993), *aff'd in part, vacated in part on other grounds*, 651 N.E.2d 369 (Mass. 1995); *Robinson v. Jacksonville Shipyards, Inc.*, 760 F. Supp. 1486, 1534-36 (M.D. Fla. 1991) (courts “may, without violating the first amendment, require that a private employer curtail the free expression in the workplace of some employees in order to remedy the demonstrated harm inflicted on other employees”).

Anti-harassment laws are particularly crucial in settings like the workplace or school where the victim is likely to be a “captive audience” and unable to avoid exposure to the harassing conduct. Courts routinely hold that such unwelcome and unavoidable conduct is particularly appropriate for regulation, even though some elements of expression may be involved. See, e.g., *Frisby v. Schultz*, 487 U.S. 474, 486 (1988) (“The First Amendment permits the government to prohibit offensive speech as intrusive when the ‘captive’ audience cannot avoid the objectionable speech.”); *Erznoznik v. City of Jacksonville*, 422 U.S. 205, 209 (1975) (restrictions on speech are justified when “the degree of captivity makes it impractical for the unwilling viewer or auditor to avoid exposure”); *Aguilar*, 980 P.2d at 867 (Werdegar, J., concurring) (“numerous ... cases have cited an audience’s ‘captivity’ as a factor justifying limitations on free speech”). As the California Supreme Court held in a decision upholding an injunction against racial harassment against a First Amendment challenge, “The workplace is different from sidewalks and parks[;] workers are not so free to leave to avoid undesired messages. When employees are forced to endure racially harassing speech on the job, it is arguable that ‘substantial privacy interests are being invaded in an essentially intolerable manner.’” *Aguilar*, 980 P.2d at 877 (quoting *Cohen v. California*, 403 U.S. 15, 21 (1971)).

It is well established that harassment based on personal characteristics like race, sex, and sexual orientation can be deeply psychologically damaging to its victims. *See, e.g., id.* at 877 (Werdegar, J., concurring) (“In enacting [California’s anti-discrimination laws], the state has recognized the damage racial discrimination at the workplace can cause, both economically to society and psychologically to the victimized worker.”). One scholar has noted research demonstrating that those targeted by racist verbal harassment may experience similar effects to victims of violence, including “physiological symptoms and emotional distress ranging from fear in the gut, rapid pulse rate and difficulty in breathing, nightmares, post-traumatic stress disorder, hypertension, psychosis, and suicide.” Mari J. Matsuda, *Public Response to Racist Speech: Considering the Victim’s Story*, 87 Mich. L. Rev. 2320, 2336 (1989).

Students at school are particularly vulnerable to the harm that such harassment can cause—even more so than adults in the workplace. The psychological damage that bullying causes can have the very real effect of denying affected students the right to an equal education. *See, e.g.,* Melissa Weberman, *University Hate Speech Policies and the Captive Audience Doctrine*, 36 Ohio N.U. L. Rev. 553, 558-59 (2010). In addition, LGBT-related bullying in school is strongly linked to higher rates of negative psychosocial outcomes in young adulthood, including elevated levels of depression, suicidal ideation, and STD diagnosis and increased risk for HIV infection. *See* Stephen Russell, et al., *Lesbian, Gay, Bisexual, and Transgender Adolescent School Victimization: Implications for Young Adult Health and Adjustment*, 81 J. Sch. Health 223, 227 (2011) (“Given the known health disparities faced by LGBT young people, evidence of lasting consequences of middle and high school victimization into young adulthood is particularly important for schools because it underscores the need to prevent and intervene in LGBT victimization.”) (attached as Appendix A). *See also* Russell Toomey, et al., *Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Development*, 46 Developmental Psychol. 1580 (2010) (finding that LGBT young adults who were gender nonconforming as adolescents reported high levels of anti-LGBT victimization at school and significantly higher levels of depression and decreased life satisfaction in young adulthood) (attached as Appendix B).

The Ninth Circuit has recognized that voluminous research demonstrates the serious impact that harassment and bullying have on LGBT students in particular:

The demeaning of young gay and lesbian students in a school environment is detrimental not only to their psychological health and well-being, but

also to their educational development. Indeed, studies demonstrate that “academic underachievement, truancy, and dropout are prevalent among homosexual youth and are the probable consequences of violence and verbal and physical abuse at school.” Susanne M. Stronski Huwiler and Gary Remafedi, *Adolescent Homosexuality*, 33 Rev. Jur. U.I.P.R. 151, 164 (1999); *see also* Thomas A. Mayes, *Confronting Same-Sex, Student-to-Student Sexual Harassment: Recommendations for Educators and Policy Makers*, 29 Fordham Urb. L.J. 641, 655 (2001) (describing how gay students are at a greater risk of school failure and dropping out, most likely as a result of “social pressure and isolation”); Amy Lovell, “*Other Students Always Used to Say, ‘Look At The Dykes’*”: *Protecting Students From Peer Sexual Orientation Harassment*, 86 Cal. L.Rev. 617, 625-28 (1998) (summarizing the negative effects on gay students of peer sexual orientation harassment). One study has found that among teenage victims of anti-gay discrimination, 75% experienced a decline in academic performance, 39% had truancy problems and 28% dropped out of school. *See* Courtney Weiner, Note, *Sex Education: Recognizing Anti-Gay Harassment as Sex Discrimination Under Title VII and Title IX*, 37 Colum. Hum. Rts. L.Rev. 189, 225 (2005). Another study confirmed that gay students had difficulty concentrating in school and feared for their safety as a result of peer harassment, and that verbal abuse led some gay students to skip school and others to drop out altogether. Human Rights Watch, *Hatred in the Hallways* (1999), http://hrw.org/reports/2001/uslgbt/Final-05.htm#P609_91364. Indeed, gay teens suffer a school dropout rate over three times the national average. Nat'l Mental Health Ass'n, *Bullying in Schools: Harassment Puts Gay Youth at Risk*, <http://www.nmha.org/pbedu/backtoschool/bullyingGayYouth.pdf>; *see also* Maurice R. Dyson, *Safe Rules or Gays' Schools? The Dilemma of Sexual Orientation Segregation in Public Education*, 7 U. Pa. J. Const. L. 183, 187 (2004) (gay teens face greater risks of “dropping out [and] performing poorly in school”); Kelli Armstrong, *The Silent Minority Within a Minority: Focusing on the Needs of Gay Youth in Our Public Schools*, 24 Golden Gate U. L.Rev. 67, 76-77 (1994) (describing how abuse by peers causes gay youth to experience social isolation and drop out of school). In short, it is well established that attacks on students on the basis of their sexual orientation are harmful not only to the students' health and welfare, but also

to their educational performance and their ultimate potential for success in life.

Harper v. Poway Unified Sch. Dist., 445 F.3d 1166, 1178-80 (9th Cir. 2006), *judgment vacated as moot*, 549 U.S. 1262 (2007).

As a result, it is clear that the government may enact laws to protect LGBT students from bullying without infringing the alleged First Amendment rights of bullies. Anti-harassment laws are viewpoint neutral, they do not target protected expression, and they protect the fundamental right of all students “to be secure and to be let alone” while at school. *Tinker v. Des Moines Indep. Cmty. Sch. Dist.*, 393 U.S. 503, 508 (1969). They also serve the compelling interests of “fostering of individual dignity, the creation of a climate and environment in which each individual can utilize his or her potential to contribute to and benefit from society, and equal protection of the life, liberty, and property that the Founding Fathers guaranteed to us all.” *Gay Rights Coalition of Georgetown Univ. Law Center v. Georgetown Univ.*, 536 A.2d 1, 37 (D.C. 1987).

We are grateful for this opportunity to provide comments in advance of this hearing, and appreciate the Commission’s leadership and willingness to engage on this important issue that poses a serious threat to LGBT students. Every student has a right to go to school free from fear, and an inability to do so results in unequal access to opportunities and lower quality of education for those students who are targeted for violence and abuse. This is a crucial issue that affects every aspect of life for these young people, and we are glad that it is receiving the national attention it deserves.

The second part of NCLR’s comments, concerning the Commission’s jurisdiction over these questions, will follow.

Sincerely,

Shannon P. Minter
Legal Director
National Center for Lesbian Rights

Maya Rupert
Federal Policy Director
National Center for Lesbian Rights

Appendix A

RESEARCH ARTICLE

Lesbian, Gay, Bisexual, and Transgender Adolescent School Victimization: Implications for Young Adult Health and Adjustment

STEPHEN T. RUSSELL, PhD^a CAITLIN RYAN, PhD, ACSW^b RUSSELL B. TOOMEY, MA^c RAFAEL M. DIAZ, PhD, MSW^d JORGE SANCHEZ, BA^e

ABSTRACT

BACKGROUND: Adolescent school victimization due to lesbian, gay, bisexual, or transgender (LGBT) status is commonplace, and is associated with compromised health and adjustment. Few studies have examined the long-term implications of LGBT school victimization for young adult adjustment. We examine the association between reports of LGBT school victimization and young adult psychosocial health and risk behavior.

METHODS: The young adult survey from the Family Acceptance Project included 245 LGBT young adults between the ages of 21 and 25 years, with an equal proportion of Latino and non-Latino White respondents. A 10-item retrospective scale assessed school victimization due to actual or perceived LGBT identity between the ages of 13 and 19 years. Multiple regression was used to test the association between LGBT school victimization and young adult depression, suicidal ideation, life satisfaction, self-esteem, and social integration, while controlling for background characteristics. Logistic regression was used to examine young adult suicide attempts, clinical levels of depression, heavy drinking and substance use problems, sexually transmitted disease (STD) diagnoses, and self-reported HIV risk.

RESULTS: Lesbian, gay, bisexual, and transgender-related school victimization is strongly linked to young adult mental health and risk for STDs and HIV; there is no strong association with substance use or abuse. Elevated levels of depression and suicidal ideation among males can be explained by their high rates of LGBT school victimization.

CONCLUSIONS: Reducing LGBT-related school victimization will likely result in significant long-term health gains and will reduce health disparities for LGBT people. Reducing the dramatic disparities for LGBT youth should be educational and public health priorities.

Keywords: LGBT; sexual orientation; victimization; mental health; HIV; STDs; risk behavior; young adulthood; adolescents.

Citation: Russell ST, Ryan C, Toomey RB, Diaz RM, Sanchez J. Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *J Sch Health*. 2011; 81: 223-230.

Received on October 6, 2010

Accepted on December 14, 2010

The victimization of lesbian, gay, bisexual, and transgender (LGBT) students in middle and high schools is pervasive. Such victimization ranges from social interactions in which homophobic discourse is a routine part of everyday communication (eg, the use of “that’s so gay” and “fag” as generalized derogatory comments among teens)^{1,2} to verbal harassment^{3,4} and physical violence.^{5,6} In the last decade, a growing body of research documents the prevalence of LGBT victimization in US secondary

schools.^{7,8} More recently, results of a survey of LGBT youth from across the country⁹ indicate that 90% of students reported hearing the word “gay” used in a derogatory way, and over 85% reported that they were verbally harassed because of their sexual orientation. Furthermore, 44% said that they were physically harassed because of their sexual orientation. What are the long-term implications of such victimization?

Prior research has identified strong associations between secondary school victimization (whether

^aDistinguished Professor, Fitch Nesbitt Endowed Chair, (strussell@arizona.edu), Family Studies and Human Development, University of Arizona, 650 North Park Ave., PO Box 210078, Tucson, AZ 85721-0078.

^bDirector, (caitlin@sfsu.edu), Family Acceptance Project, Marian Wright Edelman Institute, San Francisco State University, 3004 16th Street, Suite 203, San Francisco, CA 94103.

^cDoctoral Candidate, (toomey@email.arizona.edu), Family Studies and Human Development, University of Arizona, 650 North Park Ave., PO Box 210078, Tucson, AZ 85721-0078.

^dProfessor of Ethnic Studies, (rmdiaz@sfsu.edu), Family Acceptance Project, San Francisco State University, 3004 16th Street, Suite 203, San Francisco, CA 94103.

motivated by LGBT-related bias or not) and compromised health and adjustment during adolescence.¹⁰ School victimization has been linked to compromised academic achievement and school absenteeism, aggressive behavior, compromised emotional health, and suicidal ideation.¹¹ In addition, physical victimization is linked to substance use, delinquency, and aggression, particularly for boys.¹² One recent study showed that adolescents who described their health as fair or poor were more likely to have also reported that they missed school because they felt unsafe; this effect was particularly pronounced for boys.¹³

One school-based study showed that the combination of LGB identity and school victimization predicted high levels of health risk behavior during adolescence. Using data from Massachusetts and Vermont *Youth Risk Behavior Surveys*, the study showed that at low levels of victimization, students that identified as LGB were similar to heterosexual students in health risk behavior.⁵ However, at high levels of school victimization for both groups, LGB students reported more substance use, suicidality, and sexual risk behaviors. The authors suggest that the victimization experienced by LGB youth may have been attributable to their sexual minority status.

In fact, a growing body of research has shown that much of the victimization or bullying that takes place in schools is motivated by bias or prejudice. Furthermore, the negative consequences of bullying appear to be worse when bullying is motivated by bias or prejudice. A recent study found that high school boys who were bullied by being called gay had greater psychological distress and more negative attitudes about the school climate compared with boys who were bullied for other reasons.⁴ Similarly, in a representative study of over 200,000 California 7th, 9th, and 11th grade students, the rates of compromised school grades and attendance, depression, and substance use were higher for students who had been bullied at school because of their race or “because you are gay or lesbian or someone thought you were” than for students who did not experience bias-related victimization. Both groups reported higher health risks than those who were not bullied at all.⁸ Finally, another study directly compared LGB and heterosexual students’ experiences of homophobic teasing.³ The results showed that health risks were lowest for students who reported no teasing, but among those who experienced homophobic teasing, LGB and youth who were questioning their sexual

orientation reported the highest levels of depression, suicidal feelings, and alcohol or marijuana use.

All of the research described thus far has considered school victimization and concurrent adjustment for adolescents. However, research on non-bias-related victimization and bullying shows consistent and strong links between victimization and later psychosocial adjustment for children and adolescents.¹⁴ For example, an Australian cohort study showed that having a history of victimization predicted emotional problems in adolescence; specifically victimization at age 13 was linked to depression and anxiety a year later.¹⁵ There have been only a small number of studies of the lasting influence of school victimization for health and well-being in the years after formal schooling and into young adulthood. A longitudinal study in Finland showed that having been a victim of bullying by age 8 was linked with anxiety 10-15 years later, when the study participants were young adults.¹⁶

Two retrospective studies conducted in the United Kingdom have examined the long-term consequences of LGB victimization for LGB adults. One compared LGB men and women in their late 20s who reported having been bullied at school with those who had not; results showed higher depressive symptoms (but not anxiety) among those who reported school bullying.¹⁷ In a second study, also of LGB men and women in their late 20s, symptoms of posttraumatic stress were stronger among the subgroup that reported a longer duration (in years) of homophobic bullying at school.¹⁸ Together these studies suggest that LGB school victimization, like non-bias-related victimization, has a negative effect on mental health that lasts into adulthood.

Taken as a whole, the prior research suggests that school-related victimization in middle and high schools has negative consequences, and that bias-motivated victimization, in particular, may compromise mental health. Moreover, at least a few studies show negative consequences for academic achievement and other health risks such as substance use. There are no known studies in the United States that examine the influence of LGB school victimization in middle and high schools for a range of mental and behavioral health outcomes in young adulthood: this study examines LGBT victimization in middle and high school and its influence on young adult social, emotional, and behavioral adjustment and health. Given the known health disparities faced by LGBT young people, evidence of lasting consequences of

⁹Ethnographer, (jorges@sfsu.edu), Family Acceptance Project, San Francisco State University, 3004 16th Street, Suite 203, San Francisco, CA 94103.

Address correspondence to: Stephen T. Russell, Distinguished Professor, Fitch Nesbitt Endowed Chair, (strussell@arizona.edu), Family Studies and Human Development, University of Arizona, 650 North Park Ave., PO Box 210078, Tucson, AZ 85721-0078.

The initial research for this study was supported by the California Endowment. We thank the many adolescents, families, and young adults who shared their lives and experiences with us. We also thank Laurie Bechhofer, MPH, for her insightful comments and the anonymous reviewers for enhancing our work.

middle and high school victimization into young adulthood is particularly important for schools because it underscores the need to prevent and intervene in LGBT victimization.

METHODS

Subjects

The Family Acceptance Project is a network of research studies, intervention development, and policy activities aimed at increasing family acceptance and societal support for LGBT youth and young adults. Additional information about the Family Acceptance Project is available at the project's Web site (<http://familyproject.sfsu.edu>). The young adult survey included a convenience sample of 245 California-based LGBT young adults between the ages of 21 and 25 years (mean = 22.8, SD = 1.4). Among the young adults in the study, 46.5% identified as male, 44.9% as female, and 8.6% as transgender. This study was designed to include an equal number of Latino (51.4%) and White, non-Latino (46.8%) young adults.

Procedure

In 2005, participants were recruited from 249 LGBT venues, mapped for patronage by this population from among general social and community organizations as well as LGBT bars and clubs, within a 100-mile radius of the San Francisco Bay Area. Half of the sites were community, social, and recreational agencies and organizations that serve LGBT young adults, and half were from clubs and bars serving this group. Bilingual recruiters (English and Spanish) conducted venue-based recruitment from bars and clubs and contacted program directors at each agency to access all young adults who use their services. Using street-based outreach outside the venues to maximize representation and minimize bias, young adults were screened for eligibility through inclusion criteria that included age (21-25 years), ethnicity (White, Latino/a, or Latino/a mixed), self-identification as LGBT, homosexual, or related LGBT identity (eg, queer) during adolescence, disclosure about sexual orientation to at least 1 parent or guardian during adolescence, and at least part-time residence with at least 1 parent or guardian during adolescence. Participants were recruited in California; however, we do not know whether they attended middle and high school in California or in some other location. Of the individuals recruited for the study, 723 agreed to be screened for inclusion and 438 met the inclusion criteria; of those, 245 individuals participated in the study. The survey was made available to participants in English or Spanish, as well as in paper and pencil and computer-assisted formats. The survey took, on

average, 1.5 hours to complete (duration ranged from 30 minutes to 4 hours). Participants received a \$50 stipend for their participation.

Instruments

Adolescent School Victimization Due to Actual or Perceived LGBT Status. A 10-item retrospective scale assessed school victimization due to actual or perceived LGBT status between the ages of 13 and 19 years. This scale was adapted from the California Healthy Kids Survey measure on violence, safety, harassment, and bullying.¹⁹ Sample items included "During my middle or high school years, while at school, I was pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around" and "During my middle or high school years, while at school, I had mean rumors or lies spread about me." These statements were followed by the question: "How often did this occur because people knew or assumed you were LGBT?" (0 = never, 3 = many times; mean = 7.59, SD = 7.75). The scale had excellent internal reliability ($\alpha = .91$). Participants were also asked whether victimization occurred due to reasons other than perceived or actual LGBT identity, such as race or weight; this strategy minimizes the possibility that the reported school victimization was attributable to other forms of bias. Levels of LGBT school victimization were trichotomized to compare levels of victimization: low (n = 91, range = 0-2, mean = 0.45, SD = 0.76), moderate (n = 75, range = 3-10, mean = 5.91, SD = 2.35), and high (n = 79, range = 11-28, mean = 17.41, SD = 4.73). Descriptive information revealed that the school victimization items were significantly skewed; square root transformation returned the variables into acceptable range (mean = 5.33, SD = 4.91).

Young Adult Depression. The 20-item version of the Center for Epidemiologic Studies-Depression Scale (CES-D)^{20,21} was used to measure levels of depression in young adulthood. Consistent with prior studies, the measure had strong internal reliability ($\alpha = .94$). Prior to analyses, descriptive information revealed significant skewness in depression items; square root transformations returned the variables to acceptable ranges (mean = 12.41, SD = 8.24). For purposes of identifying respondents with clinical levels of depression (ie, scores at or above the accepted cutoff score [≥ 16]), a dichotomous variable was created from the untransformed sum of depression items (0 = score less than 16 and 1 = score greater than or equal to 16 [44%]).

Young Adult Suicidal Ideation and Behavior. One item measured suicidal ideation in young adulthood: "During the past 6 months, did you have any thoughts of ending your life. If yes, how often?" (0 = never, 1 = once, 2 = a few times, and 3 = many times). This item had significant skewness levels; however,

a square root transformation shifted the variable into acceptable range (mean = 0.35, SD = 0.60). Suicide attempts were measured by 1 item: "Have you ever, at any point in your life, attempted taking your own life?" (0 = no and 1 = yes [41%]). In addition, we include a measure of serious attempts that required medical attention: "Of these times, how many were serious enough to need medical attention?" (0 = legitimate skip or none and 1 = one or more times [22%]).

Young Adult Adjustment. Life satisfaction was measured by an 8-item scale. Sample items included "At the present time, how satisfied are you with your living situation?" and "At the present time, how satisfied are you with your friendships?" (1 = very dissatisfied and 4 = very satisfied; mean = 22.78, SD = 4.19; $\alpha = .75$). The 10-item Rosenberg Self-Esteem Scale²² was used and had strong internal reliability in this sample ($\alpha = .88$; mean = 2.80, SD = 0.38). The measure for social integration was based on the mean of 4 items: "How often do you feel you lack companionship?" "How often do you feel there is no one you can turn to?" "How often do you feel alone?" and "How often do you feel left out?" (0 = never and 3 = always). These items were reverse coded, such that a higher score indicates greater social integration. The scale had good internal reliability ($\alpha = .85$; mean = 2.07, SD = 0.65).

Substance Use and Abuse. Two measures assessed heavy drinking and problems due to substance use or abuse. Participants were asked the following 2 questions to obtain information about heavy drinking behavior: "During the past 6 months, how often have you had any alcoholic beverages (such as beer, wine, liquor, or other drink)?" (0 = never and 6 = at least one a day) and "During the past 6 months, on a typical day when you drank some alcohol, how many drinks did you usually have (by 'drink' we mean a glass of wine, a can or bottle of beer, or a drink with a shot of hard liquor)?" (response was open-ended). Participants who reported consuming alcoholic beverages 1-2 times a week or more and who reported having 3 or more drinks on a typical day were categorized as heavy drinkers (n = 100, 41%). Problems due to substance use and abuse were measured by 4 items: "In the past 5 years, have you had problems with the law because of your alcohol or drug use?" "In the past 5 years, have you lost a job because of your alcohol or drug use?" "In the past 5 years, have you passed out or lost consciousness because of your alcohol or drug use?" and "In the past 5 years, have you had conflicts with family, lovers, or friends because of your alcohol or drug use?" (0 = no and 1 = somewhat yes/yes). A summary variable was created as an indicator of problems due to alcohol or drug use (0 = never and 1 = any [56%]).

Sexual Risk. Sexual risk was assessed with 2 measures. First, participants were asked if they had

ever been diagnosed with a sexually transmitted disease (STD). Of the respondents, 27% (n = 65) had been diagnosed with an STD. Second, participants were asked about their risk for HIV infection over the past 6 months: "In the last 6 months, were you ever at risk of being infected with or transmitting HIV?" (0 = no and 1 = yes [30%]).

Sociodemographic Characteristics. Information on 5 sociodemographic characteristics was collected, including gender (female, with male as the reference group), transgender (with non-transgender as reference group), sexual orientation (dichotomous variables for bisexual and queer, with gay or lesbian orientation as the reference group), immigrant status (0 = not immigrant and 1 = immigrant), ethnicity (White, non-Latino, with Latino/Mixed as the reference group), and family-of-origin socioeconomic status (SES). SES was measured by open-ended responses to the following question: "What kind of work did your parents/caregivers do during your teenage years?" Each participant was asked to report on their father's and mother's type of work. Participant responses were coded by 3 independent raters (1 = unskilled, 2 = semiskilled, 3 = skilled, and 4 = professional). A single indicator of SES was calculated by multiplying responses for both parents' work (1 = unskilled to 16 = professional; mean = 6.75, SD = 4.77).

Data Analysis

To maximize power and sample size, we used the expectation maximization algorithm in PRELIS, a component of LISREL 8.80, to impute missing data (total < 5%).²³ Analysis of covariance was used to examine group differences between victimization levels and experience of long-term health risk outcomes. Multiple regression analyses were used to examine the effect of LGBT school victimization on young adult outcomes while controlling for sociodemographic characteristics; logistic regression was used for dichotomous outcomes.

RESULTS

There were no statistically significant differences in LGBT school victimization based on ethnicity, immigrant status, or SES. However, between-group analysis of variance comparisons revealed that females reported less LGBT victimization when compared with males and transgender young adults, both male-to-female and female-to-male ($F_{(2,224)} = 18.73$, $p < .001$). Additionally, participants who identified as queer reported more LGBT-related victimization when compared with gay, lesbian, and bisexual participants ($F_{(2,224)} = 8.33$, $p < .001$).

Analyses that predict young adult mental health and social adjustment show the strong predictive

role of adolescent LGBT school victimization. Table 1 presents regression analyses in which background characteristics are presented alone in model 1; model 2 includes LGBT school victimization. Females generally reported lower negative mental health and higher positive adjustment when compared with males. Depression was higher and self-esteem was lower for immigrants and persons from low SES families. Family SES was also associated with life satisfaction and self-esteem. Non-Latino Whites reported lower self-esteem when compared with Latinos.

Females had lower depression (model 1) until LGBT victimization was taken into account (model 2): LGBT school victimization accounts for the strong difference between males and females in overall levels of young adulthood depression. A Sobel's test indicated that LGBT victimization fully mediated the association between gender and young adult depression ($z = -3.21, p < .01$). A similar pattern is seen for suicidal ideation; specifically, males have higher scores on average, but this difference is explained by males' higher rates of LGBT school victimization, which is strongly linked to young adult suicidal ideation. Again, a Sobel's test indicated that LGBT victimization fully mediated this prior association ($z = -3.19, p < .001$). In summary, LGBT school victimization mediates the strong link between gender and negative mental health. Lesbian, gay, bisexual, and transgender school victimization is also strongly linked to positive mental health and adjustment outcomes (lower self-esteem, life satisfaction, and social integration), but it does not fully account for gender differences; in general, females score higher on all 3 positive young adult adjustment measures.

Analyses of dichotomous mental health, substance use, and sexual risk behavior are presented in Table 2. We present the odds ratios for the 3-category LGBT school victimization variable—moderate and high victimization compared with low victimization—for each outcome. There was no statistical association between LGBT school victimization and heavy drinking or

substance use-related problems in young adult. Furthermore, there were few statistically strong differences for those who reported moderate levels of LGBT school victimization compared with those who reported low levels. However, there were several strong differences between the groups that reported high vs low LGBT school victimization. Specifically, LGBT young adults who reported high victimization during adolescence were 2.6 times more likely to report depression above the clinical cutoff ($CES-D \geq 16$), and 5.6 times more likely to report having attempted suicide at least once, and having a suicide attempt that required medical attention. Compared with those with low LGBT school victimization, respondents who reported high levels were more than twice as likely to report having had an STD diagnosis and to have been at risk for HIV infection. These dramatic differences are illustrated in Figure 1. Compared with moderate and low levels of LGBT victimization, almost twice as many young adults who reported high levels of LGBT school victimization reported clinical levels of depression and an STD diagnosis. One quarter of the participants at low levels of LGBT school victimization reported ever attempting suicide, compared with one third of those at moderate levels of victimization and two thirds at high levels of victimization. Finally, more than half of those who experienced high levels of LGBT school victimization reported HIV risk as young adults—a rate that was more than double the rate of those who reported low levels of victimization.

DISCUSSION

School bullying is a widespread public health problem. School victimization of LGBT students and those who are perceived to be gay or gender non-conforming has been reported for decades. Experts report that it appears to be increasing in prevalence and severity, and involves more vicious behaviors and deadlier outcomes than in previous years.²⁴ When

Table 1. The Association Between Victimization and Young Adult Adjustment, Controlling for Background Characteristics (Ordinary Least Squares Multiple Regression, Standardized Estimates Shown)

Outcome	Depression		Suicidal Ideation		Life Satisfaction		Self-Esteem		Social Integration	
	1	2	1	2	1	2	1	2	1	2
Predictors	1	2	1	2	1	2	1	2	1	2
Female	-.16*	-.07	-.14*	-.05	.23***	.17*	.19**	.13 ⁺	.26***	.21**
Transgender	.07	.07	.02	.01	-.11	-.10	.06	.07	-.03	-.03
Bisexual	-.11 ⁺	-.09	.02	.04	.07	.06	-.07	-.08	.03	.01
Queer	-.002	-.05	.02	-.03	.01	.05	-.06	-.03	.02	.05
White	.09	.07	.08	.05	-.01	.01	-.15*	-.13 ⁺	-.09	-.07
Immigrant	.14*	.15*	.11	.11 ⁺	.03	.03	-.14*	-.15*	-.06	-.06
Family-of-origin SES	-.17**	-.13*	-.13 ⁺	-.09	.19**	.17**	.16*	.13 ⁺	.08	.06
LGBT victimization		.27***		.27***		-.19**		-.19**		-.16*

SES, socioeconomic status; LGBT, lesbian, gay, bisexual, and transgender.

⁺ $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.

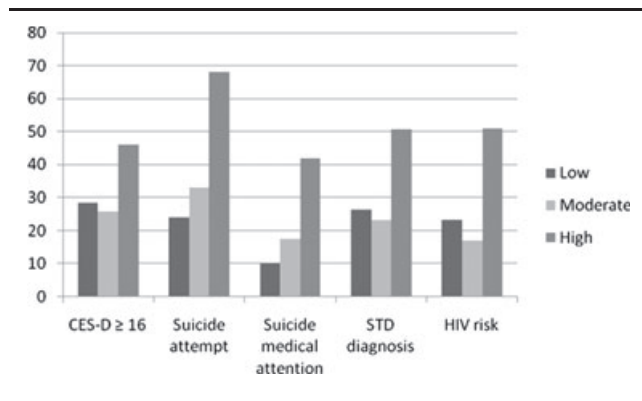
Table 2. Odds Ratios of Young Adult Risk Levels Predicted by Teenage Victimization (All Effects Are Adjusted for Gender, Sexual Orientation, Ethnicity, Immigrant Status, and SES)

Outcome	Moderate Victimization, OR (95% CI)	High Victimization, OR (95% CI)	Overall Effect (χ^2)
Mental health			
Depression (CES-D \geq 16)	1.12 (0.57-2.19)	2.60 (1.29-5.25)**	28.62***
Suicide attempt (ever)	1.74 (0.84-3.59)	5.62 (2.65-11.94)***	50.79***
Suicide—medical attention (ever)	2.17 (0.83-5.64)	5.60 (2.26-13.87)***	33.82***
Substance use/abuse			
Heavy drinking (last 6 months)	1.01 (0.52-1.98)	0.70 (0.34-1.42)	19.16*
Substance use/abuse-related problems (ever)	0.93 (0.49-1.78)	1.54 (0.77-3.09)	16.85*
Sexual risk behavior			
STD diagnosis (ever)	1.01 (0.45-2.27)	2.53 (1.17-5.47)*	22.71**
Reported HIV risk (last 6 months)	0.61 (0.27-1.37)	2.28 (1.09-4.76)*	34.91***

SES, socioeconomic status; CES-D, Center for Epidemiologic Studies-Depression^{20,21}; STD, sexually transmitted disease.

+ $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$.

Figure 1. Percentage of Health Risks by Level of LGBT-Related School Victimization (Low, Moderate, and High)



California middle school student Lawrence King was murdered in his classroom in February 2008, there was significant public attention to the ongoing and persistent victimization of LGBT students (and those who are perceived to be LGBT) at school.²⁵ More recently, there has been widespread attention to the number of suicides that are closely linked to anti-LGBT school victimization.

Although the immediate outcomes are not usually so extreme, for many LGBT and gender nonconforming adolescents, the simple, daily routine of going to school is fraught with harassment and victimization. Population-based studies have consistently shown that students who identify or are perceived to be LGB are at dramatically higher risk for a wide range of health and mental health concerns, including sexual health risk, substance abuse, and suicide, compared with their heterosexual peers. Although the long-term impact has been reported anecdotally, ours is the first-known study to document the strong negative effects of victimization at school during adolescence on multiple dimensions of young adult well-being.

A notable finding in our study is that LGBT school victimization mediates the strong link between

gender and negative mental health—depression and suicidal ideation. Our results show that males' elevated depression and suicidal ideation scores can be explained once their disproportionate rates of victimization are taken into account. These findings are consistent with prior studies that highlight the link between homophobia and masculinity in the lives of adolescent boys.^{1,2,8} The stakes of gender conformity are especially high for boys; undoubtedly, much of the LGBT school victimization that they experience is also rooted in a peer culture that demands conformity to masculine gender. In fact, other studies show that adolescent gender nonconformity is a source of significant risk in the lives of young people, particularly for boys and for LGB youth^{26,27} and gender nonconforming LGBT youth.²⁸ Further research on the link between overall health and gender nonconformity at school is warranted.

Limitations

These novel results must be interpreted in the context of several limitations of the study. It is retrospective, and relies on LGBT young adults' recollections of experiences during their teenage years. To minimize recall bias, we used measures that asked specific questions about school victimization. Although the sample was drawn to study LGBT young adults from a wide range of sites, this is a hidden group and the sample is not representative of the population. The study focused on LGBT Latino and non-Latino White young adults—the 2 largest ethnic groups in California. Subsequent research should include greater ethnic diversity to assess potential differences related to ethnicity within these groups.

IMPLICATIONS FOR SCHOOL HEALTH

Our results suggest that even modest reductions in LGBT school victimization for those who experience

it most in middle and high school would result in significant long-term health gains. Reducing the dramatic disparities for LGBT youth who are the most victimized student group should be an educational and public health priority, and can play an important role in helping mitigate the well-documented adult health disparities that exist for LGBT adults in the United States.²⁹ As public health policies increasingly focus on social determinants of health and on developing structural interventions to address significant disparities, schools—which are the primary socializing institution where children and adolescents spend most of their time—provide a critical environment for intervention. Our findings of dramatically elevated levels of suicide attempts, risk for HIV infection, STD diagnoses, and depression provide a clear public health rationale for implementing safe school programs to prevent bias-related and anti-LGBT bullying. Awareness of this compelling relationship is especially important for school health programs that are funded by HIV funding streams. School climate clearly matters, and enumerating bias related to LGBT identity in school policies will help administrators to ensure that prevention funds are used effectively at both structural and individual levels.

Other research has documented the effectiveness of specific school policies and programs for promoting safe school climates for all students, both LGBT and heterosexual. Specifically, this work shows that schools have safer LGBT school climates when (1) they have and enforce clear and inclusive antidiscrimination and antiharassment policies that include LGBT identity and gender expression, (2) students know where to go for information and support about LGBT concerns, (3) school staff regularly intervene when bias-motivated harassment happens, (4) students have gay-straight alliances and other student-sponsored diversity clubs, and (5) LGBT issues are integrated into the curriculum.^{8,26,27,30-32} In spite of such evidence, a recent national survey revealed that the politics of sexual orientation too often get in the way of the implementation of such policies and programs in US schools.³³ School administrators and educators must continue to advocate for and to implement LGBT inclusive policies and programs to promote safe and supportive learning environments where all students are protected from bias-motivated victimization and harassment and are free to learn and flourish in schools. For too many LGBT and gender variant students, school victimization has resulted in school failure, poorer grades, and restricted life chances that limit vocational and career development and undermine their human potential.

Human Subjects Approval Statement

San Francisco State University's institutional review board approved the study design and protocol.

REFERENCES

1. Pascoe CJ. *Dude, You're a Fag: Masculinity and Sexuality in High School*. Berkeley, CA: University of California Press; 2007.
2. Smith GW. The ideology of "fag": the school experience of gay students. *Sociol Q*. 1998;39(2):309-335.
3. Espelage DL, Aragon SR, Birkett M, Koenig BW. Homophobic teasing, psychological outcomes, and sexual orientation among high school students: what influence do parents and schools have? *Sch Psychol Rev*. 2008;37(2):202-216.
4. Swearer SM, Turner RK, Givens JE, Pollack WS. "You're so gay!": do different forms of bullying matter for adolescent males? *Sch Psychol Rev*. 2008;37(2):160-173.
5. Bontempo DE, D'Augelli AR. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *J Adolesc Health*. 2002;30(5):364-374.
6. DuRant RH, Krowchuck DP, Sinal SH. Victimization, use of violence, and drug use at school among male adolescents who engage in same-sex sexual behavior. *J Pediatr*. 1998;138:113-118.
7. Bochenek M, Brown AW. *Hatred in the Hallways: Violence and Discrimination Against Lesbian, Gay, Bisexual, and Transgender Students in U.S. Schools*. New York, NY: Human Rights Watch; 2001.
8. O'Shaughnessy M, Russell ST, Heck K, Calhoun C, Laub C. *Safe Place to Learn: Consequences of Harassment Based on Actual or Perceived Sexual Orientation and Gender Non-Conformity and Steps for Making Schools Safer*. San Francisco, CA: California Safe Schools Coalition;2004.
9. Kosciw JG, Diaz EM, Greytak EM. *The 2007 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual and Transgender Youth in Our Nation's Schools*. New York: GLSEN;2008.
10. Zin JE, Elias MJ, Maher CA. Prevention and intervention in peer harassment, victimization, and bullying: theory, research, and practice. In: Zin JT, Elias MJ, Maher CA, eds. *Bullying, Victimization, and Peer Harassment: A Handbook of Prevention and Intervention*. Binghamton, NY: Haworth Press; 2007:3-8.
11. Eisenberg ME, Aalsma MC. Bullying and peer victimization: position paper of the Society for Adolescent Medicine. *J Adolesc Health*. 2005;36:88-91.
12. Sullivan TN, Farrell AD, Kliever W. Peer victimization in early adolescence: association between physical and relational victimization and drug use, aggression, and delinquent behaviors among urban middle school students. *Dev Psychopathol*. 2006;18(1):119-137.
13. Bossarte RM, Swahn MH, Breiding M. Racial, ethnic, and sex differences in the associations between violence and self-reported health among US high school students. *J Sch Health*. 2009;79(2):74-81.
14. Hawker DSJ, Boulton MJ. Twenty years' research on peer victimization and psychosocial maladjustment: a meta-analytic review of cross-sectional studies. *J Child Psychol Psychiatry*. 2003;41(4):441-455.
15. Bond L, Carlin JB, Thomas L, Rubin K, Patton G. Does bullying cause emotional problems? A prospective study of young teenagers. *BMJ*. 2001;323:480-484.
16. Sourander A, Jensen P, Ronning JA, et al. What is the early adulthood outcome of boys who bully or are bullied in childhood? The Finnish "From a Boy to a Man" study. *Pediatrics*. 2007;120(2):397-404.
17. Rivers I. The bullying of sexual minorities at school: its nature and long-term correlates. *Educ Child Psychol*. 2001;18(1):32-46.
18. Rivers I. Recollections of bullying at school and their long-term implications for lesbians, gay men, and bisexuals. *Crisis*. 2004;25(4):169-175.
19. California Healthy Kids Survey: Survey Content & Download. Available at: <http://chks.wested.org/administer/download>. Accessed October 26, 2010.

20. Radloff LS. The CES-D Scale: a self-report depression scale for research in the general population. *Appl Psychol Meas*. 1977;1:385-401.
21. Radloff LS. The use of the Center for Epidemiological Studies Depression Scale in adolescents and young adults. *J Youth Adolesc*. 1991;20(2):149-166.
22. Rosenberg M. *Conceiving the Self*. New York: Basic Books, Inc.; 1979.
23. Graham JW, Cumsille PE, Elek-Fisk E. Methods for handling missing data. In: Shrinka J, Velicer W, eds. *Handbook of Psychology, Vol. 2, Research Methods in Psychology*. New York: Wiley; 2003:87-114.
24. Russell ST. Remembering Lawrence King: an agenda for educators, schools, and scholars. *Teachers Coll Rec*. April 25, 2008. Available at: <http://www.tcrecord.org>. Accessed February 12, 2009.
25. Hafner L. *Bullying Report: How Are Washington State Schools Doing?* Seattle, WA: Washington State PTA & Safe Schools Coalition;2003.
26. D'Augelli AR, Grossman AH, Salter NP, Vasey JJ, Starks MT, Sinclair KO. Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide Life-Threat Behav*. 2005;35(6):646-660.
27. D'Augelli AR, Grossman AH, Starks MT. Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *J Interpers Violence*. 2006;21(11):1462-1482.
28. Toomey RB, Ryan C, Diaz RM, Card NA, Russell ST. Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and youth adult psychosocial adjustment. *Dev Psychol*. 2010;46(6):1580-1589.
29. Auerbach J. Lesbian, gay, bisexual, and transgender public health: progress and challenges. *Am J Public Health*. 2008;98(6):971-973.
30. Blake SM, Ledsy R, Lehman T, Goodenow C, Sawyer R, Hack T. Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: the benefits of gay-sensitive HIV instruction in schools. *Am J Public Health*. 2001;91:940-946.
31. Russell ST, McGuire JK. The school climate for lesbian, gay, bisexual, and transgender (LGBT) students. In: Shinn M, Yoshikawa H, eds. *Toward Positive Youth Development: Transforming Schools and Community Programs*. Oxford, UK: Oxford University Press; 2008:133-158.
32. Szalacha L. Safe sexual diversity climates: lessons learned from an evaluation of Massachusetts Safe Schools Program for Gay and Lesbian Students. *Am J Educ*. 2003;110:58-88.
33. Rienzo BA, Button JW, Sheu J-j, Li Y. The politics of sexual orientation issues in American schools. *J Sch Health*. 2006;76(3):93-97.

Appendix B

Gender-Nonconforming Lesbian, Gay, Bisexual, and Transgender Youth: School Victimization and Young Adult Psychosocial Adjustment

Russell B. Toomey
University of Arizona

Caitlin Ryan and Rafael M. Diaz
San Francisco State University

Noel A. Card and Stephen T. Russell
University of Arizona

Past research documents that both adolescent gender nonconformity and the experience of school victimization are associated with high rates of negative psychosocial adjustment. Using data from the Family Acceptance Project's young adult survey, we examined associations among retrospective reports of adolescent gender nonconformity and adolescent school victimization due to perceived or actual lesbian, gay, bisexual, or transgender (LGBT) status, along with current reports of life satisfaction and depression. The participants included 245 LGBT young adults ranging in age from 21 to 25 years. Using structural equation modeling, we found that victimization due to perceived or actual LGBT status fully mediates the association between adolescent gender nonconformity and young adult psychosocial adjustment (i.e., life satisfaction and depression). Implications are addressed, including specific strategies that schools can implement to provide safer environments for gender-nonconforming LGBT students.

Keywords: gender nonconformity, LGBT youth, victimization, safe schools

In 2008 Larry King was murdered by a fellow eighth grader during a class at school because of his gender expression and his openness about his gay sexual orientation (Pringle & Saillant, 2008). He was referred to as an "effeminate" boy by his classmates and various school personnel when they were interviewed by the media after the shooting (Setoodeh, 2008). King's murder is not an isolated case, and the association between gender nonconformity and victimization is at the forefront of the public awareness and discussions about school safety (Hoffman, 2009). King's murder is an extreme example of school victimization motivated by a student's gender nonconformity.

A growing body of literature suggests that young people who do not conform to heteronormative societal values are at risk for victimization during adolescence (Meyer, 2003; Oswald, Blume, & Marks, 2005). Lesbian, gay, bisexual, transgender (LGBT), and gender-nonconforming youth are at elevated risk levels for experiencing victimization (e.g., Kosciw, Diaz, & Greytak, 2008; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004) and negative psychosocial adjustment (e.g., suicidality, depression, anxiety;

D'Augelli, Grossman, & Starks, 2006; Pilkington & D'Augelli, 1995). A number of studies document the direct effects of individual-level characteristics (i.e., gender nonconformity and sexual minority status) and social experiences (e.g., school victimization, negative family experiences) on psychosocial adjustment (Carver, Yunger, & Perry, 2003; D'Augelli, Pilkington, & Hershberger, 2002; Rivers, 2001a; Russell & Joyner, 2001; Yunger, Carver, & Perry, 2004). What remains unknown is whether experiences of victimization during adolescence are largely responsible for the elevated levels of negative psychosocial adjustment and health among gender-nonconforming youth and young adults.

This study extends prior research that documents the associations between gender nonconformity, victimization, and adjustment by directly testing the degree to which experiences of school victimization account for the link between adolescent gender nonconformity and young adult well-being. By examining both direct and indirect effects simultaneously, we were able to account for the unique association each predictor has on two psychosocial adjustment indicators: young adult life satisfaction and depression. Our goal was to build on previous research that separately documents the direct effects of gender nonconformity and victimization on psychosocial outcomes: We sought to provide an explanation of the mechanisms through which gender nonconformity influences young adult psychosocial adjustment.

One theoretical explanation that may help to explain the high prevalence of psychosocial problems that gender-nonconforming individuals experience is Meyer's (1995, 2003) minority stress model. Meyer's (1995, 2003) minority stress model posits that lesbian, gay, and bisexual individuals are at increased risk for mental health distress because of their stigmatized sexual identities. Meyer (2003) discussed that the unique stressors that sexual minority individuals experience range on a continuum from more

Russell B. Toomey, Noel A. Card, and Stephen T. Russell, Family Studies and Human Development, University of Arizona; Caitlin Ryan and Rafael M. Diaz, Family Acceptance Project, San Francisco State University.

We gratefully acknowledge the support of our funder, The California Endowment, and the contribution of our community advisory groups and the many adolescents, families, and young adults who shared their lives and experiences with us.

Correspondence concerning this article should be addressed to Russell B. Toomey, Family Studies and Human Development, University of Arizona, 650 North Park Avenue, PO Box 210078, Tucson, AZ 85721-0078. E-mail: toomey@email.arizona.edu

distal processes that occur externally (i.e., actual experience of discrimination and/or violence) to proximal processes that occur internally (i.e., expectations of discrimination and/or violence, internalized homophobia). As explained by Meyer (2003), the experiences of distal minority stress processes (e.g., school victimization due to minority status) are likely to be associated with an increase in proximal minority stress processes (e.g., expectations of victimization). Combined with general life stressors, unique minority stress can plausibly cause poor psychosocial adjustment. That is, it is school victimization specifically due to gender nonconformity that is crucial in the model. Meyer (2003) suggested that these associations are modified by coping strategies, available social support, and other personal characteristics.

In this study, school victimization represents the distal process by which gender-nonconforming LGBT young people experience stigma. Our study is limited in that we cannot fully assess Meyer's (1995, 2003) minority stress model. Specifically, data were not collected about proximal minority stress processes (i.e., expectations of victimization). It is also beyond the scope of this article to examine potential moderators of the link between school victimization and psychosocial adjustment. Nonetheless, we expect that the unique social stigma experienced by gender-nonconforming LGBT young people in adolescence has lasting negative effects into young adulthood and that these lasting negative effects are the product of victimization based on gender nonconformity, not of their gender nonconformity. Further, it is victimization due to gender nonconformity rather than victimization for other reasons that should explain the association between gender nonconformity and negative effects in young adulthood.

Gender Nonconformity

Western culture engrains gender stereotypes within individuals during the earliest stages of life (S. E. Hill & Flom, 2007; Poulin-Dubois, Serbin, Eichstedt, Sen, & Beissel, 2002). By preschool, children understand gender categories and the social pressure to conform to the category associated with their biological sex (Carver et al., 2003; Younger et al., 2004). Kessels (2005) defined gender stereotypes as "a set of specific beliefs about the characteristics that women and men are likely to possess" (p. 310). Gender identity refers to the "maleness and femaleness a person feels on the inside; how that identity is projected to the world; and how others mirror that identity back to the individual" (Israel, 2005, p. 55). Individuals are expected to assume the roles and characteristics (e.g., clothing, hobbies, mannerisms) associated with their respective biological sex (Grossman & D'Augelli, 2006). Those who do not assume the expected roles and characteristics of the gender associated with their biological sex often experience a myriad of negative consequences because of their nonconformity to these cultural rules.

Gender-nonconforming individuals, such as boys who are more feminine than other boys or girls who are more masculine than other girls, can be described as those who transgress social gender norms. These individuals, however, may or may not decide to label themselves as transgender, an umbrella category that includes individuals who identify as transsexuals, gender queers, cross-dressers, drag kings, drag queens, and other various labels (Israel, 2005).

A multidimensional framework proposed by Egan and Perry (2001) suggests that the construct of gender includes five major components including membership knowledge, gender typicality, gender contentedness, pressure to conform, and intergroup bias. Thus, this multidimensional framework not only incorporates the degree to which an individual feels nonconforming but also warrants attention to the pressure to conform to gendered norms from others. In this study, we sought to further understanding of two influences on adjustment: gender typicality and pressure to conform to gender norms through the experience of victimization by peers.

Gender Nonconformity and Young Adult Adjustment

Gender nonconformity is just one of the individual-level characteristics that previous research has linked to poor psychosocial adjustment and suicidality in adolescence (Carver et al., 2003; Morrow, 2004; Younger et al., 2004) and adulthood (Sandfort, Melendez, & Diaz, 2007; Skidmore, Linsenmeier, & Bailey, 2006). Although the research on risk-taking behavior (e.g., risky sexual behavior, substance abuse) among gender-nonconforming and transgender individuals is growing, researchers know much less about the psychosocial adjustment (e.g., life satisfaction, anxiety, depression) experienced among this population (Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Kenagy, 2002, 2005; Kenagy & Hsieh, 2005a, 2005b). Of the research that does exist, most has been based on studies of adults. For instance, Skidmore et al. (2006) found that higher levels of gender nonconformity among adult gay men were associated with more psychological distress. Similarly, Sandfort et al. (2007) found that higher levels of gender nonconformity among gay and bisexual Latino men were associated with higher levels of mental distress. However, Sandfort et al. found that this association could be explained by experiences of homophobia during one's lifetime. We sought to examine how adolescent experiences of school victimization may account for the association between gender nonconformity and psychosocial adjustment.

Victimization at School

Peer reactions to gender nonconformity change across developmental stages. By middle childhood, children's cognitive development allows them to make social comparisons and to form an abstract concept of the self (Younger et al., 2004). In adolescence, gender differences observed between girls and boys can be partially explained by the intense socialization of stereotypical gender roles prior to and during that developmental period (J. P. Hill & Lynch, 1983). Because of a heightened awareness and a sense of an imaginary audience during adolescence, shame often controls or holds in place strictly gendered rules (Ma'ayan, 2003). The shame felt by gender-nonconforming adolescents may be compounded by the reactions from their peers. Peer reactions to gender-nonconforming behavior are often negative, ranging from verbal questioning of another's biological sex to physical abuse (Grossman & D'Augelli, 2006).

Previous research documents the intersection between sexual orientation and gender nonconformity in Western culture (Ma'ayan, 2003). Because of this intersection, negative reactions toward gender-nonconforming adolescents may actually

be related to the perpetrator's perceptions that the adolescent is lesbian, gay, or bisexual (D'Augelli et al., 2006; Friedman, Koeske, Silvestre, Korr, & Sites, 2006; Pilkington & D'Augelli, 1995). In Pilkington and D'Augelli's (1995) sample of lesbian, gay, and bisexual adolescents, students who were gender atypical and more open about their lesbian, gay, or bisexual status to peers were more likely to report victimization than students who conformed to stereotypical gender norms. Thus, the more young people present as gender nonconforming, the more likely they will be victimized or abused at school (Grossman, D'Augelli, Howell, & Hubbard, 2005).

The abuse experienced by gender-nonconforming adolescents frequently occurs at school (D'Augelli et al., 2006; Henning-Stout, James, & Macintosh, 2000). The school context is one of the primary settings where social interactions occur during adolescence, and for gender-nonconforming and LGBT youth, school can be one of the most dangerous social contexts (Morrow, 2004). Previous research documents the high prevalence rate of harassment that occurs in schools because of actual or perceived lesbian, gay, or bisexual status (see Kosciw et al., 2008; Lasser & Tharinger, 2003; Russell, 2005; Ryan & Rivers, 2003; van Wormer & McKinney, 2003). Information about the prevalence of harassment in schools associated with gender nonconformity or transgender status, however, is lacking.

In a recent study, gender-nonconforming youth reported that school was the location of their first experience of physical victimization more than any other context (e.g., home or community; D'Augelli et al., 2006). Another recent study found that nearly two thirds of gender-nonconforming youth report verbal harassment and nearly one third report physical harassment at school (Kosciw et al., 2008). Within the category of gender-nonconforming youth, transgender young people are perhaps most at risk for experiencing victimization at school. Sausa (2005) found that 96% of transgender participants experienced physical harassment and 83% experienced verbal harassment at school. Furthermore, transgender youth are at risk for dropping out of school, running away from home, and becoming homeless (Grossman & D'Augelli, 2006). Thus, whereas the prevalence of victimization due to gender nonconformity or transgender status in school is underdocumented, it is clear that victimization does occur because of this personal characteristic and warrants further investigation.

Finally, biological sex may be a moderator in the backlash toward gender nonconformity: Biological men face more peer harassment and victimization than biological women. In fact, D'Augelli et al. (2006) found that male youth who were gender nonconforming were more likely to receive negative responses from parents than were gender-nonconforming female youth. Gender nonconformity by girls is generally accepted and even rewarded until puberty. However, once puberty occurs, girls who still project a masculine appearance are often characterized as immature (Carr, 2007) and face harassment from their peers (Carr, 2007; Ma'ayan, 2003). In fact, young people report hearing more negative remarks about gender nonconformity toward boys (53.8%) than girls (39.4%; Kosciw et al., 2008) and perceive their schools as safer for gender-nonconforming girls compared with nonconforming boys (O'Shaughnessy et al., 2004).

School Victimization and Young Adult Psychosocial Adjustment

Repeated negative responses from peer groups often leads to negative feelings about one's self (Ellis & Eriksen, 2002). Not only does victimization affect students emotionally at the time it occurs, victimization also negatively affects future psychosocial adjustment (Olweus, 1993; Rivers, 2001a). Recent research documents the lasting negative effects of victimization during adolescence into adulthood. For example, D'Augelli et al. (2006) found that gender-nonconforming individuals who experienced victimization due to sexual orientation status during childhood were at greater risk for developing posttraumatic stress disorder later in life than those who were not gender nonconforming. Similarly, Friedman, Marshal, Stall, Cheong, and Wright (2008) found that early violence (i.e., in adolescence) experienced by gay boys is predictive of young adult well-being above and beyond the effects of young adult violence. In a retrospective study, Friedman et al. (2006) examined the link between gender nonconformity and suicidality during adolescence and found that the experience of victimization mediated this association for boys. Similarly, Williams, Connolly, Pepler, and Craig (2005) found that school victimization mediated the association between sexual orientation and depression and externalizing problems in adolescence. We sought to extend the findings of these two studies through the inclusion of both male and female participants and the examination of multiple psychosocial adjustment indicators in young adulthood.

The Current Study

The purpose of this study was to expand understanding regarding the associations among adolescent gender nonconformity, school victimization, and young adult psychosocial adjustment experienced by LGBT individuals. Specifically, the hypotheses tested in this study include the following (see Figure 1 for hypothesized model):

Hypothesis 1: Higher levels of gender nonconformity during adolescence are associated with more instances of victimization specific to perceptions of LGBT status.

Hypothesis 2: Biological sex moderates the effects of gender nonconformity on LGBT school victimization, such that gender-nonconforming boys experience more victimization than gender-nonconforming girls.

Hypothesis 3: Experience of LGBT school victimization during adolescence mediates the direct effect of gender nonconformity on young adult psychosocial adjustment, such that victimization becomes the salient predictor of young adult psychosocial adjustment.

Method

Sample

This study used data from the Family Acceptance Project's young adult survey that included 245 LGBT young adult participants, who were recruited at multiple venues frequented by LGBT young adults within a 100-mile radius of the San Francisco Bay

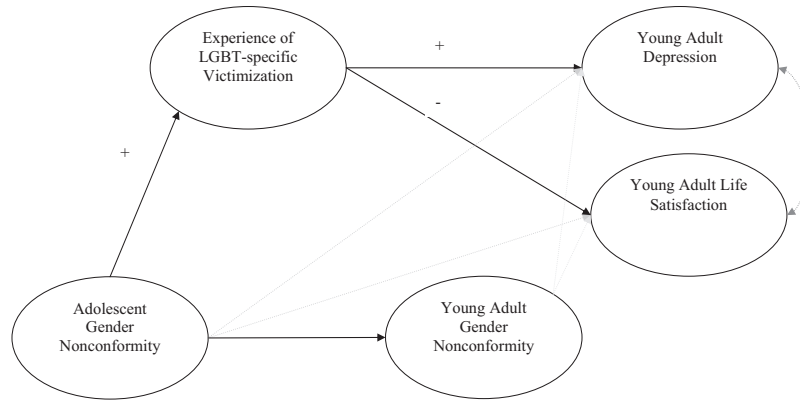


Figure 1. Conceptual model.

Area. The Family Acceptance Project is a network of research studies, intervention development, and policy activities aimed at increasing family acceptance and societal support for LGBT youth and young adults. Criteria for participation in the young adult study included age (21–25 years); ethnicity (White, Latino, or Latino mixed); self-identification as LGBT during adolescence; outness to at least one parent during adolescence; and at minimum, part-time residence with at least one parent during adolescence. The survey was available in both English and Spanish, as well as in paper-and-pencil and computer-assisted formats. The university's institutional review board approved the study protocol.

The mean age of the sample was 22.8 years ($SD = 1.4$). Participants self-identified their sexual orientation on the survey: 42.5% gay, 27.8% lesbian, 13.1% bisexual, and 16.7% other (e.g., queer, dyke, or homosexual). Participants reported on LGBT milestones: Average age of awareness was 10.7, labeling oneself as LGBT was 13.9, and coming out to anyone was 15.2. In terms of ethnicity, 51.4% identified as Latino, and 48.6% as White, non-Latino young adults. Trained interviewers obtained a measurement of biological sex that resulted in the following distribution: 51.4% male and 48.6% female. Participants also self-identified their young adult gender identity on the survey: 46.5% male, 44.9% female, and 8.6% transgender. To test for the sex moderation proposed in the model, we used biological sex instead of gender identity to examine the hypothesized negative effects of crossing gendered norms (i.e., male-to-female transgender individuals would be included with other boys instead of girls because they would be perceived by their classmates as breaking male gendered norms). Finally, a retrospective report of family-of-origin socioeconomic status was assessed (1 = *both parents in unskilled positions or unemployed*, 16 = *both parents in professional positions*; $M = 6.75$, $SD = 4.77$).

Measures

Adolescent and young adult gender nonconformity. One item assessed retrospective adolescent gender nonconformity: “On a scale from 1–9, where 1 is extremely feminine and 9 is extremely masculine, how would you describe yourself when you were a teenager (age 13–19)?” After reverse-coding male scores on this question, higher scores are reflective of greater levels of adolescent

gender nonconformity, whereas lower scores represent greater levels of concordance.

The same item was also asked about current (young adult) gender nonconformity: “On a scale from 1–9, where 1 is extremely feminine and 9 is extremely masculine, how would you describe yourself at this point in your life?” To test the validity, we also included an item of comparative gender nonconformity: “Compared to other people who are your same age, do you see yourself as: Much more feminine (1), more feminine (2), about the same (3), more masculine (4), or much more masculine (5)?” The three items highly correlated with one another, such that adolescent gender nonconformity was significantly associated with young adult gender nonconformity ($r = .62$, $p < .001$) and with young adult comparisons to others regarding gender conformity ($r = .50$, $p < .001$). Finally, young adult gender nonconformity correlated with young adult comparison of gender conformity ($r = .65$, $p < .001$).

Self-reported past school victimization due to actual or perceived LGBT status. A 10-item retrospective scale measured school victimization due to actual or perceived LGBT status during adolescence (ages 13–19). A sample item includes “During my middle or high school years, while at school (in other words, while on school property or at a school event), I was pushed, shoved, slapped, hit, or kicked by someone who wasn't just kidding around.” The 10 items were followed by “How often did this occur because people knew or assumed you were LGBT?” (0 = *never*, 3 = *many times*). All the items loaded onto one factor in preliminary exploratory factor analysis, leaving no distinct factors. The Cronbach α reliability coefficient for the 10-item scale was .91. For a structurally stable latent construct, three parcels were created to balance items with high and low factor loadings (Little, Cunningham, Shahar, & Widaman, 2002). Following the questions about LGBT school victimization, participants were asked whether school victimization occurred due to race, weight, or other reasons. The presence of this measure limits the possibility that reports of LGBT school victimization were due to other reasons and provides a counterpoint to allow us to compare LGBT school victimization to school victimization for other reasons.

Young adult depression. The 20-item version of the Center for Epidemiologic Studies Depression Scale (Radloff, 1977, 1991)

assessed young adult depression. The reliability for the complete measure was strong ($\alpha = .94$). The four factors identified in past research were consistent with the factor structure found in this sample: positive affect (four items, $\alpha = .83$), negative affect (seven items, $\alpha = .87$), somatic symptoms (seven items, $\alpha = .82$), and interpersonal (two items, $\alpha = .64$). The items that make up the four subscales of the Depression Scale were respectively parceled into four manifest variables used as the structure for the latent construct of depression (i.e., facet-representative parceling; Little et al., 2002).

Young adult life satisfaction. An eight-item scale evaluated young adult life satisfaction. A sample question includes “At the present time, how satisfied are you with your living situation?” (1 = *very dissatisfied*, 3 = *very satisfied*). The complete measure had acceptable reliability ($\alpha = .75$). An exploratory factor analysis revealed that the eight items loaded onto a single factor. To create a structurally stable latent construct, we used the item-to-construct balance approach and created three parcels (Little et al., 2002).

Covariates. We controlled for gender (two dichotomous variables were created for female and transgender; male was the reference group), sexual orientation (two dichotomous variables were created for bisexual orientation and “other” orientation; gay or lesbian orientation was the reference group), outness to others during high school (0 = *not out to no one at school*, 4 = *out to everyone*); immigrant status (0 = *not immigrant*, 1 = *immigrant*), ethnicity (0 = *White*; 1 = *Latino/mixed*), and family-of-origin socioeconomic status.

Results

Overview of Analysis

To maximize power and to minimize exclusion of participants due to missing data, we used PRELIS, a component of LISREL 8.80 (Jöreskog & Sörbom, 2006; Graham, Cumsille, & Elek-Fisk, 2003), to impute missing data (total < 5%). All numeric variables were entered into the expectation maximization algorithm for imputation. We used SAS to conduct all descriptive statistical analyses. Assumptions of normality were checked for all variables. Items from the depression and the adolescent LGBT school victimization measures were positively skewed, but after square-root transformations were performed, the items met assumptions of normality.

To test for associations between the variables of interest, we used structural equation modeling in LISREL. To test the predicted moderator, we conducted a multigroup confirmatory factor analy-

sis (CFA) and examined latent differences in correlations and means (Little, Card, Slegers, & Ledford, 2007). Mediation analyses were performed after the multigroup CFA allowed for the collapse of all participants into one group. We used Sobel’s (1982) products-of-coefficients approach to evaluate the indirect effects (MacKinnon, Lockwood, Hoffman, West, & Sheets, 2002). The eight covariates were entered after the completion of CFA multigroup analyses and were allowed to covary freely. In examining all structural equation model fit tests, we used standard measures of practical fit: root-mean-square error of approximation, comparative fit index, and nonnormed fit index.

Descriptive Statistics

See Table 1 for the bivariate correlations, means, and standard deviations of the manifest variables. The mean level of gender nonconformity for the sample was 4.44 ($SD = 1.80$). Female participants reported the lowest levels of adolescent gender nonconformity ($M = 4.17$, $SD = 1.77$), male participants ($M = 4.45$, $SD = 1.66$) reported higher levels than girls, and transgender participants reported the highest levels ($M = 5.86$, $SD = 2.15$), $F(2, 242) = 8.13$, $p < .001$. No significant mean-level differences on gender nonconformity were found for outness to others during high school, ethnicity, immigrant status, or socioeconomic status. Manifest variable correlations provide preliminary support of our hypotheses: Specifically, both adolescent and young adult levels of gender nonconformity and LGBT school victimization were positively correlated, both adolescent and young adult levels of gender nonconformity were associated with higher young adult depression and lower young adult life satisfaction, and adolescent LGBT school victimization was also associated with higher young adult depression and lower young adult life satisfaction.

Model Results: Hypotheses 1 and 2

Our model was first tested in a multigroup CFA framework to examine factorial invariance across male and female participants. See Table 2 for the model fit statistics for the multigroup CFA (i.e., configural invariance, weak factorial invariance, strong factorial invariance; Little, 1997). We allowed the constraints to be tenable for strong invariance, even though the change in comparative fit index was greater than .01, because the model fit indices still indicated good overall model fit. Thus, our hypothesis that biological sex would moderate the association between adolescent gender nonconformity and adolescent LGBT victimization was not supported.

Table 1
Manifest Scale Correlations, Means, and Standard Deviations

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Gender nonconformity (A)	4.44	1.80	—				
2. LGBT school victimization (A)	5.33	4.91	.33***	—			
3. Depression (YA)	12.41	8.24	.22**	.32***	—		
4. Life satisfaction (YA)	22.78	4.19	-.18**	-.29***	-.62***	—	
5. Gender nonconformity (YA)	4.40	1.87	.62***	.21***	.21***	-.19**	—

Note. A = adolescent; LGBT = lesbian, gay, bisexual, transgender; YA = young adult.
** $p < .01$. *** $p < .001$.

Table 2
Multigroup Factorial Invariance Comparisons

Model	χ^2	<i>df</i>	<i>p</i>	RMSEA	90% CI	NNFI	CFI	Constraint tenable
Configural	112.17	92	>.05	.031	[.000, .059]	.987	.991	
Weak	120.37	99	>.05	.032	[.000, .059]	.987	.990	Yes
Strong	158.06	106	<.05	.058	[.035, .079]	.971	.977	Yes

Note. RMSEA = root-mean-square error of approximation; CI = confidence interval; NNFI = nonnormed fit index; CFI = comparative fit index.

Table 3 shows the model fit indices for latent covariance, variance, and mean structure analyses. The latent variance and covariance structures could be equated, which allowed male and female participants to be combined into one group for all future analyses. Investigation of the latent mean structure indicated significant differences between male and female participants even though the means could be constrained to be equal. We calculated Cohen's *d* effect sizes for the mean difference scores on all latent constructs. In examining the difference in latent mean scores for the experience of LGBT school victimization, we found a medium effect size ($d = -0.66$) between male ($M = 0.00$) and female participants ($M = -0.61$). Differences in mean scores for male ($M_{\text{depression}} = 0.00$, $M_{\text{satisfaction}} = 0.00$) and female participants ($M_{\text{depression}} = -0.38$, $M_{\text{satisfaction}} = -0.58$) on depression ($d = -0.35$) and satisfaction ($d = 0.58$) are considered to be small to medium. The difference in reported adolescent gender nonconformity between male ($M = 0.00$) and female participants ($M = -0.07$) was minimal ($d = -0.06$). Similarly, the difference in reported adult gender nonconformity was minimal ($d = -0.09$, $M_{\text{male}} = 0.00$, $M_{\text{female}} = -0.09$).

After collapsing male and female participants into one group, the structural model was tested. The model achieved excellent model fit, $\chi^2(103, N = 245) = 147.19$, $p < .01$, root-mean-square error of approximation = .04 (.02|.06), nonnormed fit index = .97, comparative fit index = .99. Female and young adults from families with higher economic backgrounds reported less LGBT-related school victimization, whereas young adults who identified as queer, who were more out to others during high school, and who were White (non-Latino) reported more LGBT school victimization. Transgender young adults reported greater levels of adolescent and young adult gender nonconformity. Immigrants reported higher levels of depression, and female and young adults from higher economic backgrounds reported more life satisfaction. Outness to others during high school was associated with lower levels of depression and higher levels of life satisfaction. We found support for our first hypothesis: Higher levels of self-reported adolescent gender nonconformity were associated with more LGBT school victimization.

Model Findings: Hypothesis 3

Only the direct and indirect effects between latent constructs are shown on Figure 2 for clarity (see Table 4 for manifest variable factor loadings). The pathway between gender nonconformity and depression was mediated by the experience of LGBT school victimization ($z = 3.14$, $p < .01$). The proportion mediated (as calculated by the formula $a\beta/c$) is 43.95%. Likewise, the experience of LGBT school victimization mediated the pathway between gender nonconformity and life satisfaction ($z = -2.70$, $p < .01$).

The proportion mediated is 51.22%. The direct paths of adolescent gender nonconformity to both young adult outcomes were not significant. Thus, our third hypothesis was supported. The results indicate that gender nonconformity predicts victimization specific to perceptions of LGBT status and that victimization—not the characteristic of gender nonconformity—accounts for long-term psychosocial adjustment problems.¹

Finally, we replicated the model using the measure of school victimization due to other (non-LGBT) reasons. Results (available from the authors upon request) were distinctly different: School victimization for other reasons did not mediate the pathway between gender nonconformity and depression or between gender nonconformity and life satisfaction. These results further strengthen the conclusion that it is LGBT school victimization that accounts for compromised long-term psychosocial adjustment.

Discussion

Gender-nonconforming youth face many obstacles and challenges in school that they carry with them into young adulthood. This finding is consistent with a growing body of literature that suggests that adolescent experiences of gender-nonconforming and sexual minority individuals are important for understanding young adult health disparities among this population (Friedman et al., 2008; Sandfort et al., 2007). Consistent with previous studies (D'Augelli et al., 2006; Ma'ayan, 2003), the mean level of victimization experienced due to LGBT status in school was significantly different for boys and girls, with boys experiencing greater amounts of victimization at school. Also consistent with prior research and the minority stress model (D'Augelli et al., 2006; Friedman et al., 2006; Meyer, 1995, 2003; Morrow, 2004), victimization due to LGBT status was significantly associated with negative psychosocial adjustment. We also found that school victimization due to LGBT status between the ages of 13 and 19 fully accounts for the associations between gender nonconformity and young adult adjustment, measured as depression and life satisfaction. However, school victimization for other reasons does not mediate this association. On the other hand, we did not find support for our hypothesis that the strength between gender nonconformity and school LGBT victimization would be stronger for boys: The process through which early gender nonconformity

¹ We also tested the model without transgender participants. The findings (available upon request) were similar to the results based on the full sample (i.e., the indirect pathway was significant and all pathways were of similar strength and the same direction). On the basis of these results, and because our measure of LGBT school victimization was inclusive of transgender experiences, we present finding based on the full sample.

Table 3
Tests of Equivalence of Covariance, Variance, Latent Correlations, and Means

Model	χ^2	<i>df</i>	<i>P</i>	$\Delta\chi^2$	Δdf	<i>p</i>	Constraint tenable
Homogeneity of variances and covariances	134.67	114	>.05	14.30	15	>.05	Yes
Equality of variances	127.59	104	>.05	7.22	5	>.05	Yes
Equality of correlations	128.96	109	>.05	8.59	10	>.05	Yes
Equality of means	166.83	116	<.01	8.77	10	>.05	Yes

affects later psychosocial adjustment is similar for boys and girls. Overall, our results provide partial support for the minority stress model. We found that the negative impact of specifically homophobic school victimization continues into the young adult years and affects quality of life and capacity to enjoy life.

Because victimization due to perceived or actual LGBT status occurs within the school context, the results of this study have several implications for school administrators, teachers, school-based providers, and staff, as well as social service and mental health providers and other providers who directly work with LGBT and gender-nonconforming young people. Although boys experience victimization in school due to actual or perceived LGBT status and gender nonconformity at higher rates than girls, school policies and practices affect all students regardless of gender. Enactment of school policies that specifically prohibit victimization due to LGBT status, gender nonconformity, and other types of bias-related harassment can help reduce negative psychosocial outcomes in LGBT and gender-nonconforming young people. Thus, although it is clear that all victimization should be prohibited in schools, these findings specifically indicate the need for antibullying policies that enumerate categories often targeted by bullies.²

Recommendations for Safe Schools

In line with recent research and guidance on LGBT student safety (Chesir-Teran, 2003; Kosciw et al., 2008; O'Shaughnessy et al., 2004; Perrotti & Westheimer, 2001; Sausa, 2005), we recommend that schools implement policies and procedures to prevent harassment due to LGBT status and gender nonconformity. The most basic change schools can make includes adopting and implementing enumerated antiharassment policies to prevent harassment based on gender nonconformity and LGBT status. Antiharassment policies, however, need to have follow-up procedures and other policies and programs to further promote a safe school environment. Providing education about gender expression and LGBT issues to students, administrators, staff, and teachers is another key strategy for increasing safety in schools. Schools should provide the opportunity for a support or social group for gender-nonconforming and LGBT students, such as a Gay–Straight Alliance, to provide an institutional venue for social support, student involvement, and student voice (Goodenow, Szalacha, & Westheimer, 2006; Human Rights Watch, 2001). In fact, Goodenow et al. (2006) found that sexual minority youth in schools with Gay–Straight Alliances reported fewer suicide attempts than students without Gay–Straight Alliances in their schools. School administrators, teachers, and staff members should examine the physical structure of their schools to find new opportunities to create safer environments for gender-nonconforming and LGBT students

(Chesir-Teran, 2003). For example, providing gender-neutral bathroom options for students, staff, and teachers and avoiding the use of gendered segregation in practices such as school uniforms, school dances, and extracurricular activities are structural ways to provide safer school environments.

Limitations

This study has several limitations. Although we used the best sampling strategies available to reach stigmatized populations (Diamond, 2003), the results cannot establish causality and cannot be generalized to all gender-nonconforming youth in other settings outside California. The data collection was retrospective, which does not allow for measurements to be taken at unique data points (Frazier, Tix, & Barron, 2004). The order of measurements in the survey may have led to measurement bias because participants were asked to report retrospectively on prevalence of LGBT school-related victimization prior to being asked about their current life situations. This order of questions may have prompted respondents to report more negative psychosocial adjustment. Our methods attempt to establish temporal order by asking participants to report retrospectively on gender nonconformity and victimization while reporting current life adjustment. Although this is a potential concern, prior research has found that results of retrospective reports of school bullying are stable over time, a finding that gives us confidence that reports of adolescent school victimization were not overly influenced by young adult mental health (Rivers, 2001b). Another limitation of our construct of LGBT school victimization and our test of the minority stress model is that we do not have a measure of expectations of victimization; those who expect more victimization may report more victimization experiences.

Our focus on school victimization as the sole context for our measure of LGBT-related victimization and violence is limited. A more comprehensive approach to studying the mechanisms that place LGBT and gender-nonconforming youth at greater risk for concurrent and later psychosocial maladjustment would include experiences of victimization and rejection from multiple contexts (e.g., family, community, work). Our measurement of gender nonconformity is also limited in that it was assessed only with a single item. Future work could examine the associations among gender nonconformity, victimization experiences, and adjustment

² For example, the Safe Schools Improvement Act (H.R. 2262), currently under consideration by Congress, is the first proposed federal school antibullying law that includes enumerated categories. Currently 10 U.S. states have enumerated school antibullying laws designed to protect students based on sexual orientation and gender identity or expression.

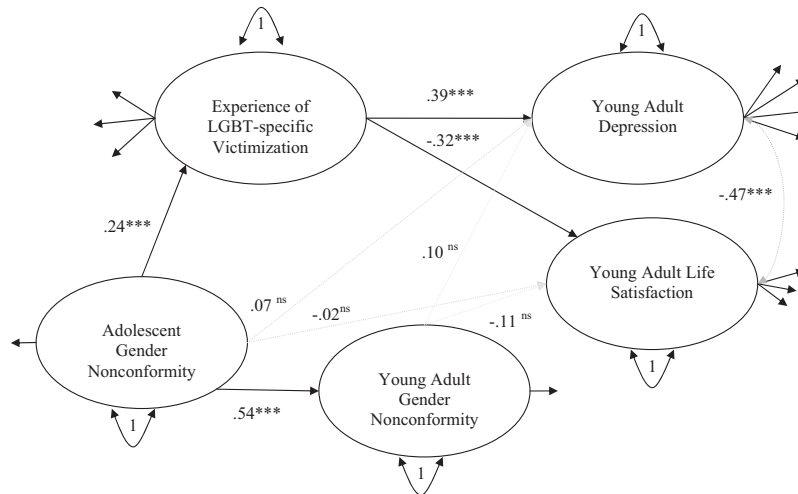


Figure 2. Model with standardized estimates.

from a multidimensional view of gender such as the one proposed by Egan and Perry (2001).

Conclusions

Despite the limitations, this study contributes new knowledge about the negative impact school victimization has for young adult well-being among gender-nonconforming LGBT young adults. Specifically, the direct effect of adolescent gender nonconformity on young adult adjustment was fully mediated by the experience of victimization. This finding is particularly important when framed in the context of the murder of Larry King (Pringle & Saillant, 2008). We acknowledge that this is only one recent example, but the media attention it received highlights growing public concern about the most extreme form of victimization that LGBT and gender-nonconforming youth experience in school. King's brutal experience with victimization because of his sexual orientation and

gender nonconformity ended with his teenage murder, but our findings indicate that the experience of victimization has lasting consequences that fully account for any previous association between gender nonconformity and young adult adjustment.

Prior to this study, the authors are aware of no other studies that have attempted to examine simultaneously the associations between gender nonconformity, LGBT school victimization, young adult depression, and life satisfaction. The results of this study warrant future research to examine other factors that may be crucial in the lives of LGBT youth in preventing negative psychosocial outcomes. For instance, what other factors influence the association between victimization and psychosocial outcomes: family acceptance, family rejection, peer support, or other life situations (e.g., socioeconomic status, quality of other relationships, personality factors)? Finally, future research should examine the school context to gain a deeper understanding of effective protective measures that schools use to prevent the victimization and harassment of LGBT and gender-nonconforming students.

Table 4

Unstandardized and Standardized Factor Loadings

Construct	Unstandardized (SE)	Standardized
Adolescent gender nonconformity	1.73 (0.08)	1.00
Adolescent LGBT school victimization		
Parcel 1	0.40 (0.02)	.94
Parcel 2	0.37 (0.02)	.87
Parcel 3	0.36 (0.02)	.88
Depression		
Positive affect	0.35 (0.02)	.80
Negative affect	0.35 (0.02)	.91
Somatic symptoms	0.31 (0.02)	.88
Interpersonal	0.27 (0.02)	.66
Young adult life satisfaction		
Parcel 1	0.36 (0.04)	.64
Parcel 2	0.41 (0.04)	.76
Parcel 3	0.36 (0.03)	.70
Young adult gender nonconformity	1.34 (0.06)	1.00

Note. All factor loadings are significant at $p < .001$. LGBT = lesbian, gay, bisexual, transgender.

References

- Carr, C. L. (2007). Where have all the tomboys gone? Women's accounts of gender in adolescence. *Sex Roles, 56*, 439–448.
- Carver, P. R., Yunger, J. L., & Perry, D. G. (2003). Gender identity and adjustment in middle childhood. *Sex Roles, 49*, 95–109.
- Chesir-Teran, D. (2003). Conceptualizing and assessing heterosexism in high schools: A setting-level approach. *American Journal of Community Psychology, 31*, 267–279.
- D'Augelli, A. R., Grossman, A. H., & Starks, M. T. (2006). Childhood gender atypicality, victimization, and PTSD among lesbian, gay, and bisexual youth. *Journal of Interpersonal Violence, 21*, 1462–1482.
- D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly, 17*, 148–167.
- Diamond, L. M. (2003). New paradigms for research on heterosexual and sexual-minority development. *Journal of Clinical Child and Adolescent Psychology, 32*, 490–498.
- Egan, S. K., & Perry, D. G. (2001). Gender identity: A multidimensional analysis with implications for psychosocial adjustment. *Developmental Psychology, 37*, 451–463.

- Ellis, K. M., & Eriksen, K. (2002). Transsexual and transgenderist experiences and treatment options. *Family Journal, 10*, 289–299.
- Frazier, P. A., Tix, A. P., & Barron, K. E. (2004). Testing moderator and mediator effects in counseling psychology research. *Journal of Counseling Psychology, 51*, 115–134.
- Friedman, M. S., Koeske, G. F., Silvestre, A. J., Korr, W. S., & Sites, E. W. (2006). The impact of gender-role nonconforming behavior, bullying, and social support on suicidality among gay male youth. *Journal of Adolescent Health, 38*, 621–623.
- Friedman, M. S., Marshal, M. P., Stall, R., Cheong, J., & Wright, E. R. (2008). Gay-related development, early abuse and adult health outcomes among gay males. *AIDS and Behavior, 12*, 891–902.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health, 38*, 230–236.
- Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools, 43*, 573–589.
- Graham, J. W., Cumsille, P. E., & Elek-Fisk, E. (2003). Methods for handling missing data. In J. A. Shrinka & W. F. Velicer (Eds.), *Handbook of psychology: Vol. 2. Research methods in psychology* (pp. 87–114). Hoboken, NJ: Wiley.
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality, 51*, 111–128.
- Grossman, A. H., D'Augelli, A. R., Howell, T. J., & Hubbard, S. (2005). Parents' reactions to transgender youths' gender nonconforming expression and identity. *Journal of Gay and Lesbian Social Services, 18*, 3–16.
- Henning-Stout, M., James, S., & Macintosh, S. (2000). Reducing harassment of lesbian, gay, bisexual, transgender, and questioning youth in schools. *School Psychology Review, 29*, 180–191.
- Hill, J. P., & Lynch, M. E. (1983). The intensification of gender-related role expectations during early adolescence. In J. Brooks-Gunn & A. C. Petersen (Eds.), *Girls at puberty: Biological and psychosocial perspectives* (pp. 201–228). New York, NY: Plenum.
- Hill, S. E., & Flom, R. (2007). 18- and 24-month-olds' discrimination of gender-consistent and inconsistent activities. *Infant Behavior and Development, 30*, 168–173.
- Hoffman, J. (2009, November 6). Can a boy wear a skirt to school? *New York Times*. Retrieved from <http://www.nytimes.com>
- Human Rights Watch. (2001). *Hatred in the hallways: Violence and discrimination against lesbian, gay, bisexual, and transgender students in U.S. schools*. New York, NY: Author.
- Israel, G. E. (2005). Translove: Transgender persons and their families. *Journal of GLBT Family Studies, 1*, 53–67.
- Jöreskog, K. G., & Sörbom, D. (2006). LISREL 8.80 [Software]. Chicago, IL: Scientific Software International.
- Kenagy, G. P. (2002). HIV among transgendered people. *AIDS Care, 14*, 127–134.
- Kenagy, G. P. (2005). Transgender health: Findings from two needs assessment studies in Philadelphia. *Health & Social Work, 30*, 19–26.
- Kenagy, G. P., & Hsieh, C.-M. (2005a). Gender differences in social service needs of transgender people. *Journal of Social Service Research, 31*, 1–21.
- Kenagy, G. P., & Hsieh, C.-M. (2005b). The risk less known: Female-to-male transgender persons' vulnerability to HIV infection. *AIDS Care, 17*, 195–207.
- Kessels, U. (2005). Fitting into the stereotype: How gender-stereotyped perceptions of prototypic peers relate to liking for school subjects. *European Journal of Psychology of Education, 20*, 309–323.
- Kosciw, J. G., Diaz, E. M., & Greytak, E. A. (2008). *The 2007 national school climate survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York, NY: Gay, Lesbian and Straight Education Network.
- Lasser, J., & Tharinger, D. (2003). Visibility management in school and beyond: A qualitative study of gay, lesbian, bisexual youth. *Journal of Adolescence, 26*, 233–244.
- Little, T. D. (1997). Means and covariance structures (MACS) analyses of cross-cultural data: Practical and theoretical issues. *Multivariate Behavioral Research, 32*, 53–76.
- Little, T. D., Card, N. A., Slegers, D. W., & Ledford, E. C. (2007). Representing contextual effects in multiple-group MACS models. In T. D. Little, J. A. Bovaird, & N. A. Card (Eds.), *Modeling contextual effects in longitudinal studies* (pp. 121–148). Mahwah, NJ: Erlbaum.
- Little, T. D., Cunningham, W. A., Shahar, G., & Widaman, K. F. (2002). To parcel or not to parcel: Exploring the question, weighing the merits. *Structural Equation Modeling, 9*, 151–173.
- Ma'ayan, H. D. (2003). Masculine female adolescents at school. *Equity and Excellence in Education, 36*, 125–135.
- MacKinnon, D. P., Lockwood, C. M., Hoffman, J. M., West, S. G., & Sheets, V. (2002). A comparison of methods to test mediation and other intervening variable effects. *Psychological Methods, 7*, 83–104.
- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*, 38–56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674–697.
- Morrow, D. F. (2004). Social work practice with gay, lesbian, bisexual, and transgender adolescents. *Families in Society, 85*, 91–99.
- Olweus, D. (1993). Victimization by peers: Antecedents and long-term outcomes. In K. H. Rubin & J. B. Asendorpf (Eds.), *Social withdrawal, inhibition, and shyness in childhood* (pp. 315–341). Hillsdale, NJ: Erlbaum.
- O'Shaughnessy, M., Russell, S., Heck, K., Calhoun, C., & Laub, C. (2004). *Safe place to learn: Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer*. San Francisco, CA: California Safe Schools Coalition.
- Oswald, R. F., Blume, L. B., & Marks, S. R. (2005). Decentering heteronormativity: A model for family studies. In V. L. Bengston, A. C. Acock, K. R. Allen, P. Dilworth-Anderson, & D. M. Klein (Eds.), *Sourcebook of family theory and research* (pp. 143–165). Thousand Oaks, CA: Sage.
- Perrotti, J., & Westheimer, K. (2001). *When the drama club is not enough: Lessons from the safe schools program for gay and lesbian students*. Boston, MA: Beacon Press.
- Pilkington, N. W., & D'Augelli, A. R. (1995). Victimization of lesbian, gay, and bisexual youth in community settings. *Journal of Community Psychology, 23*, 34–56.
- Poulin-Dubois, D., Serbin, L. A., Eichstedt, J. A., Sen, M. G., & Beissel, C. F. (2002). Men don't put on make-up: Toddlers' knowledge of gender stereotyping of household activities. *Social Development, 11*, 166–181.
- Pringle, P., & Saillant, C. (2008, March 8). A deadly clash of emotions before Oxnard shooting. *Los Angeles Times*. Retrieved from <http://www.latimes.com>
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385–401.
- Radloff, L. S. (1991). The use of the Center for Epidemiologic Studies Depression Scale in adolescents and young adults. *Journal of Youth and Adolescence, 20*, 149–166.
- Rivers, I. (2001a). The bullying of sexual minorities at school: Its nature and long-term correlates. *Educational and Child Psychology, 18*, 32–46.
- Rivers, I. (2001b). Retrospective reports of school bullying: Stability of recall and its implications for research. *British Journal of Developmental Psychology, 19*, 129–142.
- Russell, S. T. (2005). Beyond risk: Resilience in the lives of sexual minority youth. *Journal of Gay and Lesbian Issues in Education, 2*, 5–18.

- Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health, 91*, 1276–1281.
- Ryan, C., & Rivers, I. (2003). Lesbian, gay, bisexual and transgender youth: Victimization and its correlates in the USA and UK. *Culture, Health & Sexuality, 5*, 103–119.
- Sandfort, T. G. M., Melendez, R. M., & Diaz, R. M. (2007). Gender nonconformity, homophobia, and mental distress in Latino gay and bisexual men. *Journal of Sex Research, 44*, 181–189.
- Sausa, L. A. (2005). Translating research into practice: Trans youth recommendations for improving school systems. *Journal of Gay and Lesbian Issues in Education, 3*, 15–28.
- Setoodeh, R. (2008, July 19). Young, gay and murdered. *Newsweek*. Retrieved from <http://www.newsweek.com>
- Skidmore, W. C., Linsenmeier, J. A. W., & Bailey, J. M. (2006). Gender nonconformity and psychological distress in lesbians and gay men. *Archives of Sexual Behavior, 35*, 685–697.
- Sobel, M. E. (1982). Asymptotic confidence intervals for indirect effects in structural equation models. In S. Leinhardt (Ed.), *Sociological methodology 1982* (pp. 290–312). Washington, DC: American Sociological Association.
- van Wormer, K., & McKinney, R. (2003). What schools can do to help gay/lesbian/bisexual youth: A harm reduction approach. *Adolescence, 38*, 409–420.
- Williams, T., Connolly, J., Pepler, D., & Craig, W. (2005). Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence, 34*, 471–482.
- Yunger, J. L., Carver, P. R., & Perry, D. G. (2004). Does gender identity influence children's psychological well-being? *Developmental Psychology, 40*, 572–582.

Received June 24, 2009

Revision received June 10, 2010

Accepted June 29, 2010 ■