

Peer Victimization, Social Support, and Psychosocial Adjustment of Sexual Minority Adolescents

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The present study examined the link between sexual orientation and adjustment in a community sample of 97 sexual minority (gay male, lesbian, bisexual, and questioning) high school students, taking into account their experiences of peer victimization and social support within peer and family contexts. Adolescents were identified in a large-scale survey study conducted at 5 high schools. They were matched to a comparison sample of their heterosexual peers. Sexual minority adolescents reported more externalizing behaviors and depression symptoms than heterosexual youth. Compared to their heterosexual peers, sexual minority youth reported more sexual harassment, more bullying, less closeness with their mothers, and less companionship with their best friends. There were no significant differences between gay male, lesbian, bisexual, and questioning adolescents. Overall, both victimization and social support mediated the link between sexual orientation and psychosocial symptoms. Among sexual minority youth, the link between social support and externalizing was mediated by experiences of peer victimization. These findings highlight the contextual risk and protective factors associated with non-heterosexual sexual orientation in accounting for the emotional and behavioral problems in this population.

KEY WORDS: sexual orientation; adolescence; adjustment.

The societal stigma associated with adopting a non-heterosexual orientation complicates the adjustment of

many gay, lesbian, and bisexual youths. Sexual minority adolescents have been found to report more emotional and behavioral adjustment difficulties than heterosexual youths (Savin-Williams, 1994). They are also, however, more likely to experience physical or verbal harassment than heterosexual youths, and often report limited access to supportive family and friend relationship (Garofalo *et al.*, 1998; Savin-Williams, 1994). The current study examines the roles of victimization experiences and social support in the psychosocial adjustment of sexual minority adolescents. Youths experiencing uncertainty in their sexual attractions, as well as gay male, lesbian, and bisexual adolescents were included to provide a broad view of sexual minority adolescent experiences.

Adolescence is a developmental period during which questioning one's place along the sexuality spectrum typically occurs. As the sexual aspect of the self emerges and becomes increasingly more central to identity, questions of non-heterosexuality may arise and become a predominant focus for adolescents who question their own sexuality (Patterson, 1995). The context in which this occurs, however, has been described as one of widespread

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prejudice and discrimination (Patterson, 1995). Adolescents who are questioning their sexual orientation, or who self-identify as gay male, lesbian, or bisexual, in a predominantly heterosexual context, may be perceived as different, providing the basis for harassment and victimization within the peer milieu. Additionally, the stigma associated with non-heterosexuality may lessen adolescents' social ties to friends and family, resulting in a reduction of perceived social support. Clearly, less social support and increased victimization are negative experiences and constitute significant risk factors for poor emotional and behavioral adjustment of sexual minority youth (Safren and Heimberg, 1999).

LITERATURE REVIEW

Large-scale studies of high schools indicate that between 1 and 3% of adolescents self-identify as gay male, lesbian, or bisexual (Garofalo *et al.*, 1998; Remafedi *et al.*, 1992). When asked whether they have questions about their sexual orientation, another 10% of the adolescents reported being unsure (Garofalo *et al.*, 1998). Consistent with this, retrospective accounts of openly self-identified gay male, lesbian, or bisexual adults suggest that uncertainty about sexual orientation and same-gender attraction in adolescence gradually gives way to heterosexual, bisexual, or homosexual identification with the passage of time and increased sexual experience (Remafedi *et al.*, 1992). Russell *et al.* (2001) found approximately 6% of adolescents in their nationally representative U.S. sample reported some same-sex romantic attraction, although only 1% reported exclusive same-sex attraction. Troiden's (1989) developmental approach to sexual orientation recognizes the fluidity of sexual orientation and identity formation during adolescence and provides reference as to why many adolescents do not identify openly as gay, lesbian, or bisexual at this stage of development. Despite this fluidity of adolescent sexual orientation, there has been little effort to describe the high school experiences of adolescents who are uncertain of their sexuality, as well as those who firmly espouse a lesbian, a gay male, or a bisexual orientation. Youth questioning their sexual orientation may be as vulnerable as sexual minority youth to victimization and decreased social support.

Past studies have brought to our attention the psychosocial adjustment difficulties of sexual minority youth (e.g., Savin-Williams, 1994, 2001). Overall, these studies have revealed that gay male, lesbian, and bisexual youths report more externalizing and internalizing problems than heterosexual youths (Savin-Williams, 2001). In

particular, sexual minority adolescents report school difficulties, such as fighting and carrying a weapon (Garofalo *et al.*, 1998; Savin-Williams, 1994, 2001). Sexual minority adolescents also report more conflict with the law than heterosexual youths, largely because of substance abuse, prostitution, school truancy, and running away (Remafedi, 1987; Rotheram-Borus *et al.*, 1995). In addition, depression among sexual minority adolescents has received considerable attention since suicide was revealed to be a leading cause of death among sexual minority adolescents (Savin-Williams, 1994). These youths reported greater feelings of hopelessness, helplessness, worthlessness, alienation, and extreme loneliness compared to heterosexual youths (Savin-Williams, 1994).

In the past, the emotional and behavioral problems of sexual minority youth were often viewed as a direct consequence of a "deviant" sexual orientation (Gonsiorek, 1991). More current perspectives focus on the presence of risk factors and lack of protective processes, within homophobic environments, as primary contributors to these emotional and behavioral problems. Focusing on sexual minority youths in an after-school program, Safren and Heimberg (1999) concluded that peer victimization and lack of social support play a major role in predicting psychosocial difficulties. This conceptual shift from a focus on deviance to a focus on the environment has occurred with the recognition that sexual minority youth differ in their degree of psychosocial difficulties, and that there are many healthy and well-adjusted sexual minority adolescents (Savin-Williams, 2001). Just as hostile peer contexts can negatively influence adolescent adjustment, so too can supportive contexts influence adjustment in a more positive direction.

Consistent with this view, many gay males, lesbian, and bisexual youths report that having friends is important to their sense of trust and closeness. Many sexual minority youths, however, also report that they feel insecure in their friendships (Savin-Williams, 1990). Hershberger and D'Augelli (1995) reported that one-third of their participants, recruited from gay metropolitan community centers, feared losing friends, while almost half reported having lost friends. Sexual minority youths who seek counseling from social service agencies identify social isolation and a lack of supportive friends among the most difficult issues they face (Martin and Hetrick, 1988). Over 95% reported that they frequently felt alienated from their peers because of their feelings of "differentness" (Martin and Hetrick, 1988). Friendship networks and the perception of friendship closeness and support are thus important foci to consider in addressing contextual peer factors and adjustment.

During adolescence, emotional closeness and trust within the mother–adolescent relationship also may buffer problems occurring within the peer or school context (Hartos and Power, 1997; Hill and Holmbeck, 1986). Maternal companionship has the potential to provide emotional support and guidance. Mothers, however, may often assume that their children are heterosexual and this may limit the perception of support and closeness. The perception of maternal closeness and support is therefore also an important factor to consider in addressing contextual factors and adjustment.

Peers represent an important source for support, but the peer context can also be a milieu of victimization for sexual minority youth. A limited number of studies of sexual minority adolescents indicate that they are more likely than their heterosexual peers to be victimized and threatened by their peers in their community. For example, in a large representative high school-based sample of adolescents, sexual minority youths were more likely than their peers to report being physically threatened, injured with a weapon, fearful of attending school, and of having property stolen or deliberately damaged by peers (Garofalo *et al.*, 1998). Sexual harassment has also been reported as a significant problem. Among sexual minority youths recruited from centers serving gay and lesbian youth, 70% reported some sort of harassment (Telljohann and Price, 1993). These adolescents reported being subjected to rude comments, discrimination, profanities written on lockers, and threats from students' parents (Telljohann and Price, 1993).

THE CURRENT STUDY

Social support and victimization may both be associated with the psychosocial adjustment of sexual minority youths because they represent developmentally salient risk and protective factors. From a developmental–contextual perspective, adolescent sexuality must be viewed within the contexts of peer and family values and expectations (Lerner and Simi, 2000). Using this model, we propose that psychosocial adjustment difficulties of sexual minority youth are linked to the contextual risks of victimization, and lack of social support experienced by these adolescents more so than to the process of sexual orientation alone. More specifically, we predict the links between non-heterosexual sexual orientation and psychosocial difficulties will be mediated by less social support and more victimization experiences.

Furthermore, we suggest in this study that victimization may be especially harmful to the adjustment of sexual minority youths. Luthar (1993) suggests that peer

victimization experiences represent an adversity condition for youth that constitutes high risk. Sexual minority youth may be particularly sensitive to experiences of harassment and bullying because they may represent heterosexist attitudes. These negative homophobic experiences may be particularly threatening to the youth's emerging sense of self and wellbeing. Although social support from parents and peers may be potentially available, sexual minority youth who are victimized may fail to access this support for fear of further victimization (Olweus, 1993). Consequently, victimization will have a particularly strong influence on their psychosocial adjustment apart from social support (Hodges and Perry, 1999; Hodges *et al.*, 1999; Olweus, 1993). Thus we propose that victimization experiences mediate the link between social support and adjustment problems among sexual minority youth.

Our study offers 2 innovations to the extant research on sexual minority youths. First, our sample of sexual minority youth was recruited in high schools, rather than in clinical or community settings, as is more commonly done. Second, we included adolescents questioning their sexual orientation, as well as those identifying themselves as gay, lesbian, or bisexual. Previous research has been focused on a predefined sexual minority status, ignoring the many adolescents who are questioning their sexual orientation. Following Russell *et al.*'s (2001) example, we use the term “sexual minority” to encompass both adolescents who openly identify as gay, lesbian, or bisexual and also youth who define their orientation as questioning. We believe that adolescents who identify as non-heterosexual may face similar contextual experiences and adjustment difficulties.

HYPOTHESES

In this study, we assessed the links between sexual orientation, psychosocial adjustment, victimization, and social support. Following a developmental contextual model, we hypothesized that the relationship between non-heterosexual sexual orientation status and psychological adjustment is mediated by the victimization experiences and lack of social support. Furthermore, we hypothesized that victimization experiences mediate the link between social support and psychological adjustment among sexual minority youth.

Our specific research hypotheses were as follows:

- (1) Sexual minority adolescents experience more adjustment difficulties, victimization experiences, and less social support resources than heterosexual adolescents.

- (2) Questioning adolescents have similar psychosocial, victimization, and social support difficulties as gay, lesbian, and bisexual adolescents.
- (3) Victimization and social support mediate the link between sexual minority orientation and psychosocial difficulties.
- (4) Victimization mediates the relationship between social support and psychosocial adjustment, specifically among sexual minority youth.

METHOD

Participants

The participants for this study were drawn from a larger project involving 1,598 adolescents from 5 high schools in a large south central Canadian city. As a part of the research project, all of the adolescents were asked to describe their sexual orientation as either: heterosexual, gay male, lesbian, bisexual, or questioning. A total of 97 (45 boys, 52 girls) adolescents indicated that they were gay male, lesbian, bisexual, or questioning their sexual orientation, constituting approximately 6% of all the adolescents who participated in the overall project. Eight adolescents (7 males, 1 female) described their sexual orientation as gay or lesbian, 36 adolescents (14 males, 22 girls) described themselves as bisexual, and 53 adolescents (24 males, 29 females) described their orientation as questioning.

Chi-square analyses revealed that the percentages of adolescents identifying as non-heterosexual did not differ significantly across the 5 schools. The heterosexual participants in the overall project were stratified by gender, grade, and school. Then, 97 adolescents were randomly selected to create a matched comparison sample. To confirm that the 97 sexual minority or questioning participants did not differ from their comparison heterosexual participants on the matching variables, a MANOVA was conducted. Results indicated that the 2 groups did not differ by grade, gender, or school (Wilks's $\lambda = .99$, $F(3, 190) = .06$, *ns*). Follow-up, chi-square analyses indicated that sexual minority and questioning participants did not differ from their comparison heterosexual participants on non-matched demographic variables including race ($\chi^2(7, 187) = 6.71$, *ns*), family composition ($\chi^2(6, 188) = 3.60$, *ns*), and education level of mother ($\chi^2(6, 188) = 9.42$, *ns*) or father ($\chi^2(6, 188) = 8.23$, *ns*).

The 194 adolescents ranged from 14 to 19 years of age, with a mean age of 16.05 years ($SD = 1.26$ years). Of all participants, 18% were in grade 9, 23% were in grade 10, 33% were in grade 11, and 26% were in grade

12. The majority of students was from Euro-Canadian backgrounds (69%), with 7 (4%) African-Canadian adolescents, 33 (17%) Asian-Canadian adolescents, and the remaining 21 (11%) from other ethnic backgrounds. Most of the adolescents came from 2-parent households (70%), while 16% came from single-parent homes, 5% came from family situations involving 1 biological and 1 step parent, 6% lived with both parents in joint custody, and 3% were living in other types of family configurations (e.g., with legal guardians). Over 3 quarters (79%) of the fathers and over half (70%) of the mothers had completed some form of college or university post-secondary education. The 194 adolescents selected in this study did not differ significantly from the whole sample on gender, age, grade, nor demographic variables.

MEASURES

Psychosocial Adjustment

Beck Depression Inventory

The Beck Depression Inventory (Beck *et al.*, 1996) was administered to assess symptoms of depression. Participants' responses were summed to create a total depressive symptoms score. Internal consistency for the Beck depression score, as measured by Cronbach's alpha, was .92.

Youth Self Report

The Youth Self-Report (Achenbach and Edelbrock, 1991) was completed by all of the participants and the externalizing items were summed to obtain an index of externalizing symptoms. Internal consistency for this score, as measured by Cronbach's alpha, was .88.

Victimization

Three measures were collected to represent a range of different victimization experiences: bullying, sexual harassment, and physical abuse by peers.

Bullying

Following Olweus (1989), participants were asked how often they had been bullied by their peers in the last 2 months. Bullying was defined as: "when another student or group of students says nasty and mean things to him/her or teases him/her a lot in a mean way. It is also bullying

when a student is hit, kicked, threatened, locked inside a room and things like that.” Responses to this question were rated on a Likert-type scale, ranging from 0 = never, to 4 = several times a week.

Sexual Harassment

Five items were adapted from the American Association of University Women’s Sexual Harassment scale (AAUW, 1993; McMaster *et al.*, 2002) to form a sexual harassment scale. These questions included “How often has another kid . . . made sexual comments, jokes, movements, or looks at you?, Brushed up against you in a sexual way on purpose? Spread sexual rumors about you? Called you ‘fag,’ ‘dyke,’ ‘lezzie,’ or ‘queer’? and Flashed or ‘mooned’ you?” Participants were asked to indicate how often each of these experiences had been perpetrated on them by boys and by girls within the last 6 months. These responses were rated on a 5-point Likert-type scale, 0 = never, to 4 = daily. The adolescents reported on experiences of both same-sex and opposite-sex sexual harassment. Responses to both types of harassment were then summed to create a total peer sexual harassment score. Internal consistency for this score, as measured by Cronbach’s alpha, was .82.

Physical Abuse

Experiences of physical victimization were assessed using the students’ responses to 5 items adapted from the Conflict Tactics Scale (Straus, 1979). These were: “pushed, grabbed, or shoved”; “slapped or kicked”; “something thrown, smashed or kicked hit, or kicked at you”; “hit with something”; and “choked, punched, or beaten.” Participants were asked to indicate how often each of these experiences had been perpetrated on them by boys and by girls within the last 6 months. These responses were rated on a 5-point Likert-type scale, 0 = never, to 4 = always. The adolescents reported on experiences of both same-sex and opposite-sex physical victimization. Responses to both types of victimization were then summed to create a total peer physical victimization score. Internal consistency for this score, as measured by Cronbach’s alpha, was .82.

Social Support

To assess social support, we collected measures of trust, closeness, and companionship describing the participants’ relationship quality with their mothers and their

best friends. We also collected a measure of the size of the participants’ friendship networks. Given different family constellations, and the fact that not all young people are able to report equally on their relationship with both parents, we chose to focus on participants’ relationships with their mothers. Mothers most often play the primary parental role in 2-parent households, and most particularly in single-parent homes. Additionally, the vast majority of the sample were living with their biological mothers, and a sizeable minority were not living with their biological fathers.

Relationship Quality with Mother and Best Friend

The Inventory of Parent and Peer Attachment (IPPA; Armsden and Greenberg, 1987) was administered to assess the quality of adolescents’ relationships with their best friend and their mother. For the purpose of this study, we focused on the Trust (11 items) and Alienation scales (4 items). Each of the items for these scales was rated on a 5-point Likert scale ranging from 1 (almost never, never true) to 5 (almost always, always true). Mean scores were calculated separately for participants’ ratings of their mother and their best friend. The Alienation subscale was then reverse coded to provide an index of Relationship Closeness. Internal consistency for the Relationship Closeness scale for best friend and mother relationships, as measured by Cronbach’s alpha, were .70 and .77, respectively. Internal consistency for the Trust scale for best friend and maternal relationships, as measured by Cronbach’s alpha, were .80 and .77, respectively.

To obtain a measure of companionship with their best friends and mothers, the Companionship subscale of the Network of Relationships Inventory was administered (NRI; Furman and Buhrmester, 1992). This scale was composed of 3 items (“How much of your free time do you spend with your best friend/mother,” “How often do you spend time and have fun with your best friend/mother,” and “How often do you go places and do enjoyable things with your best friend/mother”) ranging from 1 (little or no time) to 5 (the most time). Mean scores were calculated on participants’ responses to these items. Internal consistency for these scores, as measured by Cronbach’s alpha, were .93 and .89, respectively, for the best friend and mother companionship scales.

Friendship Networks

To assess friendship networks, the adolescents completed the Peer Relationships Questionnaire (PRF; Connolly and Konarski, 1994) in which they were asked

Table I. Means and Standard Deviations of Psychosocial Adjustment, Victimization Experiences, and Social Support for Sexual Minority Adolescents and Heterosexual Adolescents

	Gay, lesbian, and bisexual adolescents	Questioning adolescents	Heterosexual adolescents
<i>Psychosocial adjustment</i>			
Depression symptoms ^a	29.96 (12.11)	27.71 (9.53)	24.83 (7.74)
Externalizing symptoms ^a	14.43 (8.25)	14.62 (7.53)	11.61 (6.76)
<i>Victimization experiences</i>			
Sexual harassment ^a	1.08 (1.50)	.93 (1.33)	.59 (.89)
Bullying (in past 2 months) ^a	.57 (1.09)	.66 (1.02)	.29 (.66)
Physical victimization	2.70 (1.57)	2.48 (1.00)	2.37 (.92)
<i>Social support factors</i>			
Closeness with mother ^a	3.03 (.98)	3.01 (.86)	3.38 (.92)
Trust in mother	3.46 (1.16)	3.77 (.88)	3.88 (.95)
Time spent with mother	1.93 (.75)	2.26 (.89)	2.33 (.83)
Closeness with best friend	3.99 (.86)	3.81 (.75)	3.88 (.85)
Trust in best friend	4.00 (1.02)	4.24 (.72)	4.20 (.75)
Time with best friend ^a	3.42 (1.00)	3.43 (1.18)	3.80 (.84)
Total number of friends	6.02 (3.73)	7.41 (3.26)	7.18 (2.89)
	<i>N</i> = 44	<i>N</i> = 53	<i>N</i> = 97

Note. Total *N* = 194.

^aMain effects are significant for comparison between heterosexual and sexual minority (gay, lesbian, bisexual, and questioning) adolescents.

to identify up to 10 teenage peers whom they perceive to constitute their social networks (“people whom you like, to whom you feel close, and with whom you spend time”). Using the adolescents’ responses to this questionnaire, the total number of friends in the participant’s network was indexed.

RESULTS

Adjustment, Victimization, and Social Support of Sexual Minority Youth

Depression and Externalizing Symptoms

Differences in emotional and behavioral adjustment between sexual minority and heterosexual adolescents were examined using a 2 (gender) × 2 (sexual orientation group) MANOVA. Although we did not generate any specific hypotheses regarding gender and sexual orientation, we nonetheless chose to include gender to provide some exploratory analysis of its possible moderating effect. Using the BDI Depression symptoms score and the YSR Externalizing score as dependent variables, the analysis yielded significant multivariate effects for sexual orientation, Wilks’s $\lambda = .94$, $F(1, 193) = 6.51$, $p < .01$; and gender, Wilks’s $\lambda = .95$, $F(1, 193) = 4.55$, $p < .05$. Although boys reported more externalizing symptoms and

girls reported more symptoms of depression, there was no significant effect for the interaction between gender and sexual orientation. The between subject tests of the individual variables revealed a significant effect of sexual orientation on the BDI score, $F(1, 193) = 8.94$, $p < .01$ and on the externalizing score, $F(1, 193) = 7.77$, $p < .01$. As shown in Table I, the sexual minority adolescents had higher depression and externalizing scores than heterosexual youths.

Victimization Experiences

To examine differences between the 2 groups in peer victimization experiences, a 2 (gender) × 2 (sexual orientation) MANOVA was computed with bullying, peer physical victimization, and peer sexual harassment as dependent variables. The analysis yielded a significant multivariate effect for sexual orientation, Wilks’s $\lambda = .95$, $F(1, 193) = 3.04$, $p < .05$, and nonsignificant effects for gender, as well as for the interaction of sexual orientation with gender. The test of the between subject variables revealed a significant main effect of sexual orientation on bullying $F(1, 193) = 6.72$, $p < .05$ and peer sexual harassment $F(1, 193) = 5.97$, $p < .05$. As shown in Table I, sexual minority adolescents reported significantly higher rates of bullying and sexual harassment than did heterosexual adolescents.

Social Support

A 2 (gender) \times 2 (sexual orientation) MANOVA was calculated for social support factors that included separate measures of closeness, trust, and companionship with mother and best friend, as well as the participant's reported total number of friends. The results indicated a significant effect for sexual orientation, Wilks's $\lambda = .92$, $F(1, 193) = 2.18$, $p < .05$; and a significant effect for gender, Wilks's $\lambda = .84$, $F(1, 193) = 5.21$, $p < .001$, but no sexual orientation by gender interaction. Tests of between subject effects revealed a significant effect of sexual orientation on closeness with mother ($F(1, 193) = 7.33$, $p < .01$) and companionship with best friend ($F(1, 193) = 7.31$, $p < .01$). As shown in Table I, sexual minority adolescents reported less closeness with their mothers and less companionship with their best friends than did heterosexual adolescents.

Adjustment, Victimization, and Social Support of Questioning Youth

To determine whether questioning youth experienced similar or different adjustment, victimization, and social support experiences as gay, lesbian, and bisexual youths, we employed 3 follow-up MANOVA comparisons of the self-identified sexual minority (gay, lesbian, and bisexual) and questioning adolescents. These analyses revealed no significant differences between the 2 groups on psychosocial adjustment variables (Wilks's $\lambda = .98$, $F(1, 96) = .63$, *ns*), victimization experiences (Wilks's $\lambda = .97$, $F(1, 96) = .68$, *ns*), or social support variables (Wilks's $\lambda = .88$, $F(1, 96) = 1.63$, *ns*).

Victimization and Social Support as Mediators of Sexual Orientation and Psychosocial Adjustment

In our next analyses, we tested the hypothesis that social support and victimization experiences are mediators of the link between sexual orientation, externalizing, and depression symptoms. We employed Baron and Kenny's (1986) strategy of assessing mediational effects through multiple regression analyses in which the dependent variable (in this case, externalizing and depression symptoms) is predicted from the independent variable (sexual orientation) by itself, and then with the mediating variable (total social support; victimization experiences) included as well. We conducted initial regression analyses in which we predicted externalizing and depression symptoms separately from sexual orientation, followed by a second in which the mediating variable of total social support or victimization experiences was added. According to Baron

and Kenny (1986), mediation effects can be inferred when the presence of the mediator reduces the predictive value of the independent variable by itself.

These analyses were conducted separately for externalizing and depressive symptoms, and the mediational role of social support and victimization were evaluated for each outcome using the Sobel test for mediation (Baron and Kenney, 1986; MacKinnon *et al.*, 1995). For the purpose of these analyses, closeness, trust, and companionship scores with mother and best friend were summed to create a score of participants' total social support. A sum of participants' physical victimization, sexual harassment, and bullying scores was also computed to create a score of participants' total victimization.

Given the relatively small number of participants, it was important to address the issue of power. On the basis of a power analysis (α level = .05, power = .80, and a medium effect size), it was determined that a minimum sample size of 67 would be adequate to test the hypotheses (Cohen, 1992).

Social Support

The results supported the mediational effect of social support for both externalizing (Sobel test = 2.50, $p < .05$) and depressive symptoms (Sobel test = 2.20, $p < .05$). As can be seen in Fig. 1, sexual orientation is a significant predictor of both externalizing and depression symptoms. When total social support is also included in the analysis, the links between sexual orientation and both outcomes are nonsignificant.

Victimization

The results also supported the mediational effect of victimization experiences support for externalizing symptoms (Sobel test = 2.33, $p < .05$) and at a level approaching significance for depressive symptoms (Sobel test = 1.65, $p < .10$). As Fig. 2 shows, when victimization experiences are included, the effect of sexual orientation is mediated by experiences of victimization.

Victimization as a Mediator of Social Support and Psychosocial Adjustment Among Sexual Minority Youth

In the analyses of our forth research goal, we tested the hypothesis that victimization experiences are linked to externalizing and depression symptoms and mediate the link between social support and adjustment among

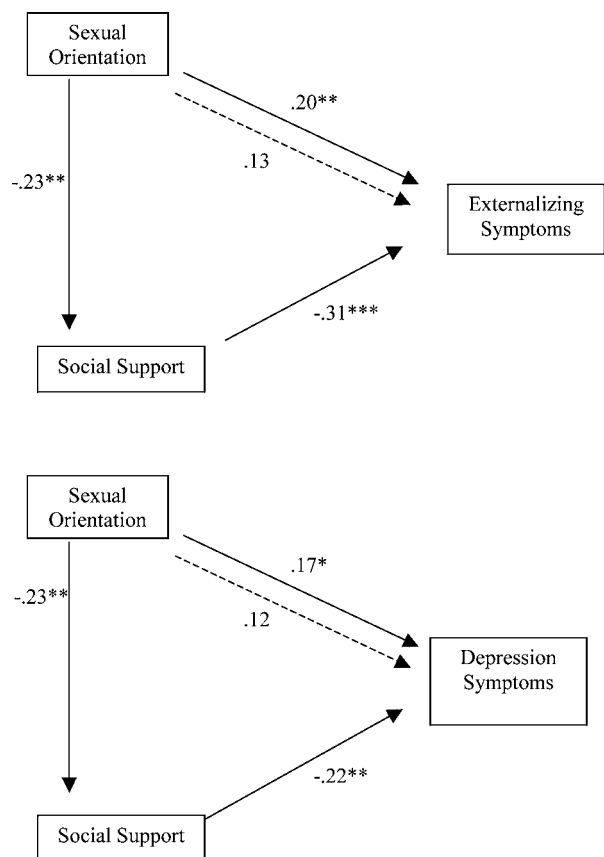


Fig. 1. Mediation regression analyses of sexual orientation and social support on externalizing and depression symptoms. $N = 194$ * $p < .05$; ** $p < .01$; *** $p < .001$. Solid between variables denote direct paths between two variables; dotted lines denote path when social support is included as mediator; values denote standardized Beta weights.

sexual minority youth. Again, we employed Baron and Kenny's (1986) strategy of assessing mediational effects through multiple regression analyses in which the dependent variables (in this case, externalizing and depression symptoms) are predicted from the independent variable (social support) by itself and then with the mediating variable (victimization experiences) included. We conducted initial regression analyses, in which we predicted externalizing and depression symptoms separately from social support, and then a second in which victimization experiences were added. These analyses were conducted separately for externalizing and depression symptoms.

Externalizing Symptoms

The results supported the mediational effect of victimization experiences for externalizing symptoms (Sobel test = -2.47 , $p < .05$). As shown in Fig. 3, social support

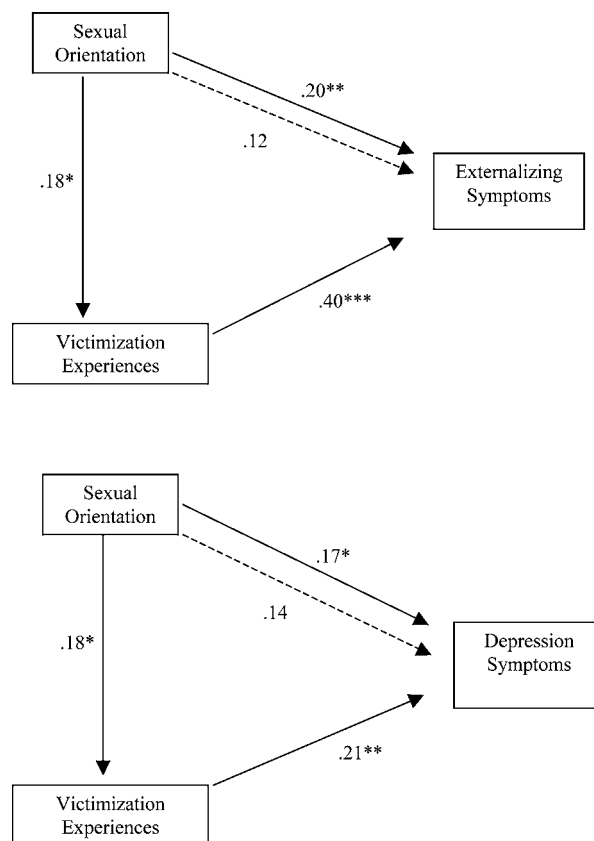


Fig. 2. Mediation regression analyses of sexual orientation and victimization experiences on externalizing and depression symptoms. $N = 194$ * $p < .05$; ** $p < .01$; *** $p < .001$. Solid between variables denote direct paths between two variables; dotted lines denote path when social support is included as mediator; values denote standardized Beta weights.

is a significant negative predictor of externalizing symptoms. When victimization experiences are also included in the analyses, the link between social support and externalizing symptoms is nonsignificant.

Depression Symptoms

In contrast, the results did not support the mediational effect of victimization experiences for depression symptoms (Sobel test = -1.32 , *ns*). As shown in Fig. 3, for depression symptoms, victimization reduced the predictive value of social support, but the predictive value of victimization was also reduced. When both victimization and social support were added to predict symptoms of depression, neither standardized beta weights were significant. Overall, neither variable added any predictive power above the other in predicting depression symptoms.

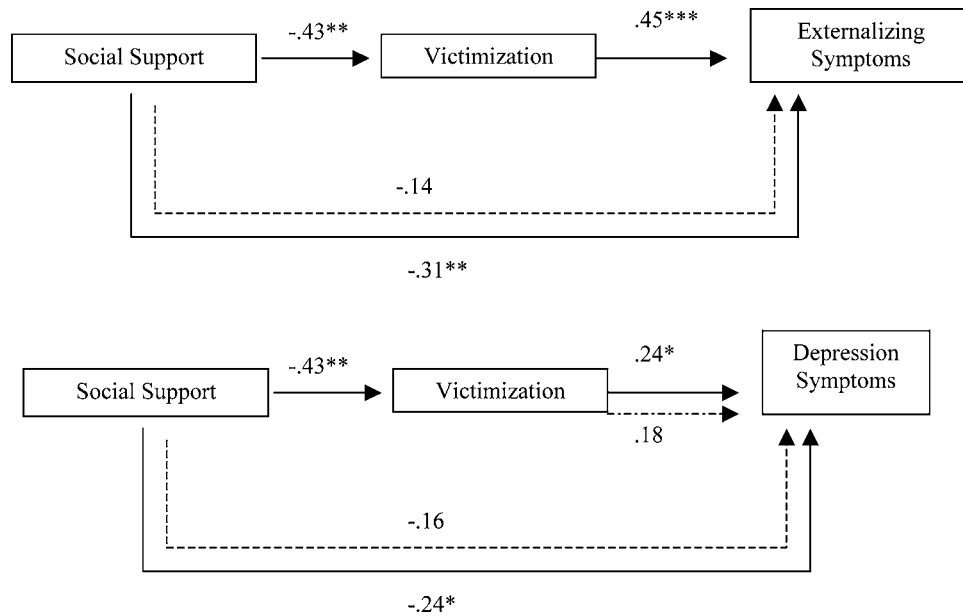


Fig. 3. Mediation regression analyses of social support and victimization experiences on externalizing and depression symptoms among sexual minority youth. $N = 194$ * $p < .05$; ** $p < .01$; *** $p < .001$. Solid between variables denote direct paths between two variables; dotted lines denote path when social support is included as mediator; values denote standardized Beta weights.

DISCUSSION

This study examined psychosocial adjustment among a community-based high school sample of questioning, gay, lesbian, and bisexual adolescents. The contextual factors of victimization experiences, family, and peer social support were studied in order to evaluate their mediating role in the relationship between sexual orientation and psychosocial adjustment. Overall, the results suggest that the depression and externalizing symptoms reported by sexual minority adolescents accrue largely because of victimization experiences and lack of support rather than sexual orientation on its own.

Our findings indicate that sexual minority youths in the community report more emotional and behavioral difficulties than heterosexual adolescents. In our community-based sample, sexual minority adolescents reported significantly more symptoms of depression and externalizing behaviors than heterosexual adolescents. Sexual minority adolescents may report more feelings of depression because, whether still questioning their sexuality or having identified themselves as gay, lesbian, or bisexual, these adolescents may be keenly aware of societal heterosexism. Dealing with the experience of identifying as a sexual minority may also result in behavioral attempts to mask this status through acting out behaviors, in an effort to detract or mitigate the stress of the questioning process.

Alternatively, externalizing behavior problems could be related to acting out against parents, peers, or society for rejecting them, or in actual direct defense against such physical victimization or sexual harassment (Hammond, 1986).

Concurrent with reports of emotional and behavioral problems, sexual minority youths also reported a more hostile peer environment of victimization than their heterosexual peers. Our results are consistent with the increased risk of problematic peer environments reported by sexual minority youths in previous research (Garofalo *et al.*, 1998; Herek *et al.*, 1999). Sexual minority adolescents in this sample reported higher rates of both bullying and sexual harassment from their peers than the heterosexual youths. These results suggest that sexual minority youth are at risk for negative stigmatization and harassment in their peer contexts. Peers may feel psychologically threatened by a classmate who identifies as non-heterosexual, and this in turn evokes their harassment behaviors. At the same time, an adolescent who is targeted with bullying or sexual harassment may begin to question his or her sexuality. Finally, we cannot rule out the possibility that sexual minority adolescents may be particularly sensitive to harassment of this nature and in turn may be more likely to report its experience. Nonetheless, it is clear that sexual minority adolescents perceive their peer group integration as more hostile than their heterosexual peers.

Thus, the peer group remains an important context to be examined when considering prevention and intervention efforts.

As well as a more hostile peer environment, sexual minority youths reported less social support than heterosexual adolescents, in both their peer and family contexts. Sexual minority youths indicated that they felt significantly less closeness with their mothers and less companionship with their best friends than did heterosexual youths. Although it is unknown whether these adolescents are “out” to their mothers or best friends, this particular finding may reflect the tension arising from keeping their sexual orientation from their mothers and/or best friend. Out of fear, adolescents may withdraw from family and other close relationships to avoid discussing concerns about their sexual orientation. This may be a reaction to fear of parental rejection (Hersch, 1991), or a desire to avoid hurting or disappointing parents (Cramer and Roach, 1988). Fear may also extend to losing one’s best friend. Spending less time with close friends may also be due, in part, to an increase in exploring different social contexts such as gay, lesbian, and bisexual community groups.

This study adds substantially to previous adolescent sexual orientation research as it includes the experiences of adolescents questioning their orientation. This group of adolescents has been largely neglected in the literature, yet they represent approximately 2% of our sample, a finding consistent with other research (Garofalo *et al.*, 1998; Russell *et al.*, 2001). We found adolescents questioning their sexual orientation reported similar adjustment difficulties, victimization experiences, and perceived social support as adolescents who self-identified as gay, lesbian, or bisexual. In recognizing the common difficulties and social environments shared by non-heterosexual adolescents, it is imperative that questioning youth be included in both research and clinical initiatives targeting sexual minority youth.

Because the developmental task of negotiating a non-heterosexual orientation occurs simultaneously with hostility in the peer environment and decreased social support, it raises the possibility that adjustment difficulties of questioning and sexual minority youths do not stem directly from sexual minority status, but through developmental risk and protective processes. Our results suggest that this is indeed the case. When controlling for peer victimization experiences or social support, the association between psychosocial adjustment difficulties and sexual orientation was no longer significant.

Focusing specifically on sexual minority adolescents, we addressed the relationship between social support, psychological adjustment and the mediating role

of victimization experiences. Whereas victimization fully mediated the relationship between social support and externalizing difficulties, it did not for depression symptoms. This suggests a strong association between victimization experiences and the expression of externalizing behaviors in these youth. In a recent study, peer victimization was significantly correlated with concurrent and subsequent aggressive behavior and delinquency (Hanish and Guerra, 2002). Our results support this previous study, and highlight the importance of considering the externalizing behaviors of sexual minority youth in the context of past and current experiences of victimization. We found both victimization and social support, however, to be similarly predictive of symptoms of depression. Adolescents with depressive symptoms may be more receptive to offers of social support. Although victimization may contribute to depression symptoms, these feelings may also be alleviated by time spent with others, relational trust, and closeness. In contrast, externalizing behaviors may be exacerbated in the presence of peers, as they provide a context in which these behaviors may be encouraged and fostered.

Our study provides an integrated examination of psychosocial well being of sexual minority and questioning youths, examining victimization and social support in family and peer environments. This study builds upon past qualitative studies that have examined the family and peer contexts of sexual minorities to identify and illustrate social support needs and the “coming-out” experience (Nesmith *et al.*, 1999; Waldner and Magruder, 1999). It integrates this knowledge with the victimization data of research involving “out” community program members, calling attention to the increased contextual risks of sexual minority youths (Hershberger and D’Augelli, 1995; Safren and Heimberg, 1999). Sexual minority youths attending sexual minority programs, however, may be more forthcoming about their sexual orientation, may obtain relief from the program, or alternatively may be more distressed or victimized than the participants in the current study. Our findings provide an important confirmation and extension of previous findings, empirically focusing on the experiences of adolescents from a representative high school sample.

Nonetheless, a limitation of the present study is the relatively small sample of non-heterosexual youths. This reflects, to a rather large extent, the low prevalence of adolescents identifying as sexual minorities in the community. Our sexual minority sample was drawn from over 1,500 adolescents in 5 high schools. The percentage of our sample who self-identified as non-heterosexual is reasonably consistent with previous research in community settings (e.g., Garofalo *et al.*, 1998; Russell *et al.*, 2001).

Yet, the question of how best to study the development of these youths remains. Recruitment in clinical settings may more easily generate larger samples, yet the representativeness of the population of non-heterosexual youths is open to question. This is especially important when examining issues related to well being. On balance, we believe it is important to study sexual minority youths in the community as well as in the clinical settings.

Consideration of this study's findings highlights the need to target intervention and prevention services to appropriately address the powerful impact of these contributing risk and protective factors within the school, family, and community contexts. Clinicians, teachers, and school counselors may wish to provide support through individual counseling or support groups for sexual minority adolescents having difficulty fitting in, and who may be marginalized or targeted by peers. Additionally, friends and families must be assisted to deal with adolescent sexual issues when adolescents come to terms with a minority sexual orientation.

Taken together, the findings of the current research support a developmental contextual model of adjustment among sexual minority youth. Social support and peer victimization appear to be prominent factors contributing to emotional and behavioral difficulties, more so than sexual orientation status. Promoting peaceful and accepting environments, as well as appreciating the importance of both adolescent friendships and family relationships, will result in more encompassing initiatives for improving the adjustment of sexual minority and questioning adolescents.

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