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Peer victimization and suicidality among LGBTQ youth: the roles of school belonging, self-compassion, and parental support

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ABSTRACT

Research on lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth's experiences at school has largely focused on stigma, adversity, disparities, and peer victimization. Factors like school climate, individual differences, and social support have also garnered significant attention. However, there has been a dearth of research examining how they relate to both suicidal ideation and suicide attempts. Our goal was to bolster the extant literature by examining the protective role of parental support and psychological mechanisms like school belonging and self-compassion among LGBTQ youth struggling with peer victimization and suicidality. A cross-sectional study was completed with a sample of 934 LGBTQ high school students. Structural equation modeling was employed to analyze direct and indirect effects. Peer victimization was positively associated with both forms of suicidality and negatively associated with school belonging and self-compassion. Psychological processes varied in their in prediction of suicidal ideation and attempts. Parental support did not moderate pathways between victimization and processes, but was associated with diminished suicidality and improved school belonging. Our findings illustrate the critical nature of further developing our understanding of the complexities of suicidality. School programs and interventions that are designed to cultivate belonging, self-compassion, and parental support may prove to be especially beneficial for victimized LGBTQ youth who struggle with suicidality.

Peer victimization and suicidality among LGBTQ youth: the roles of school belonging, self-compassion, and parental support

Suicide is a public health issue across many populations, but especially so for lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. Among youths aged 15–24 years, suicide is the second leading cause of death and LGBTQ youth are even more at risk (Centers for Disease

Control and Prevention, National Center for Injury Prevention and Control, 2013). Many other studies have demonstrated that LGBTQ youth are at a significantly higher risk for suicidal ideation and behavior (Child Welfare League of America, 2009; D'Augelli, Hershberger, & Pilkington, 2001; Eisenberg & Resnick, 2006; Liu & Mustanski, 2012; Paul et al., 2002; Ybarra, Mitchell, Kosciw, & Korchmaros, 2015). These findings have been replicated via numerous sampling methodologies such as community-based samples, nationally representative samples, and even across various countries (Garofalo, Wolf, Kessel, Palfrey, & Durant, 1998; Lewis, 2009; Russell & Joyner, 2001). Marshal et al. (2011) completed a meta-analysis on 20 studies and found sexual minority youth were, on average, about three times more likely to present with suicidality than their heterosexual peers. Transgender youth are understudied compared to sexual minority youth, but many reports have demonstrated that they are also at an increased risk for suicidality (Grossman & D'Augelli, 2007; Grossman, Park, & Russell, 2016; Liu & Mustanski, 2012). One study reported that 65% of transgender youth seriously considered suicide in the past year (Veale, Watson, Peter, & Saewyc, 2017).

Hatchel, Polanin, and Espelage (in review) completed a meta-analysis on 44 studies and found that there were numerous factors at play explaining possible variability in LGBTQ youth suicidality and that protective factors as well as mechanisms were relatively understudied. The specific aim of this paper was to examine how school belonging, self-compassion, and parental support may impact the link between peer victimization and suicidality among a large sample of exclusively LGBTQ youth. Another goal was to examine how the factors differ between suicidal ideation and attempts. These findings will be a unique contribution to the extant literature on LGBTQ youth suicide.

Suicide is a complicated issue with many contributing factors. (Beautrais, 2000; Cash & Bridge, 2009). These features and their roles may vary as a function of ideation or attempts (Klonsky & May, 2014; Taliaferro & Muehlenkamp, 2014). Joiner's (2005) interpersonal theory of suicide is a useful theoretical framework that helps differentiate between ideation and behavior. This theory posits that factors like perceived burdensomeness and a lack of belonging contribute to a desire to complete suicide. Alternatively, the capacity to act on these thoughts is frequently attributable to factors like exposure to painful events and access to lethal means (Van Orden et al., 2010). Klonsky and May (2014) suggest that exploring whether risk factors predict ideation, behavior, or both is vital to advancing our understanding of suicide. This foundation can be expanded on to include the examination and differentiation of protective factors, mechanisms, as well as outcomes.

Minority stress and unique challenges

Social dynamics, stress, as well as unique developmental challenges offer some insight into the nature of LGBTQ youth suicidality. LGBTQ youth are often exposed to ostracism, stressors related to their identities, as well as uncertainties regarding their identities (Mustanski, Birkett, Greene, Hatzenbuehler, & Newcomb, 2014). The seminal Minority Stress Theory has posited that LGBTQ youth are at an increased risk for poor mental health outcomes due to social contexts and stigma-related stressors (Meyer, 2003). However, findings have illustrated that although victimization and minority status are risks for suicidality, not all LGBTQ youth present with mental health issues and the discrepancies are not well understood (Mustanski, Newcomb, & Garofalo, 2011; Savin-Williams & Ream, 2003; Robinson & Espelage, 2011). The variability among possible outcomes exemplifies that simply focusing on the relations between predictors and outcomes is myopic and likely missing other factors at play (Hatzenbuehler, 2011). This notion is especially important as there are elements and contexts within certain youth's lives that may leave them resilient to stigma-related stressors like peer victimization.

Peer victimization and suicide

Although LGBTQ youth often face difficulties in many different social contexts, school settings are notorious for leaving these youth at risk. Robust meta-analyses with expansive samples and methods have demonstrated that sexual minority youth were at moderately higher risk for peer victimization when compared with heterosexual youth (Fedewa & Ahn, 2011; Friedman et al., 2011; Toomey & Russell, 2016). More specifically, one cross-sectional U.S. study collected data from 10,528 LGBT students aged 13 to 21 years and found that 85% were verbally harassed in the past year, 27% were physically harassed (i.e., pushed or shoved), 13% were physically assaulted, 49% were harassed via digital media (e.g., Facebook, Instagram, text messaging), and 60% were sexually harassed (Kosciw, Greytak, Giga, Villenas, & Danischewski, 2016). The extensive general as well as bias-based peer victimization that LGBTQ youth are subjected to has been found to be associated with a myriad of poor outcomes like substance use, sexual risk, poor psychosocial adjustment, diminished academic performance, and mental health issues (Aragon, Poteat, Espelage, & Koenig, 2014; Birkett, Espelage, & Koenig, 2009; Huebner, Thoma, & Neilands, 2015; Robinson & Espelage, 2013; Toomey, Ryan, Diaz, Card, & Russell, 2010; Ybarra et al., 2015). A meta-analysis demonstrated that peer victimization was associated suicidality and consistently offered a medium effect size across most studies (Hatchel et al., in review). Several other studies have demonstrated

the link between peer victimization and LGBTQ youth suicidality (Bontempo & D'Augelli, 2002; Garofalo et al., 1998; Hong & Garbarino, 2012; Robinson & Espelage, 2012; Russell & Joyner, 2001). There are fewer studies that model protective factors and/or possible mechanisms at play (Hatchel et al., in review). Most of the cited reports either do not differentiate between ideation and behavior or examine both distinct factors simultaneously. These limitations need to be addressed by new research that offers more theoretically driven models.

School belonging

A LGBTQ youth's perception of their school, as well as their place in it, is more complex than solely exposure to peer victimization. Findings have demonstrated that a positive school experience for LGBTQ youth is composed of a constellation of factors (Friedman et al., 2011; Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Russell & Joyner, 2001). School belonging tends to be a broad construct that speaks to student's perceptions of safety, school-based social support, social connectedness, as well as engagement (Resnick et al., 1997). Exposure to ostracism, harassment, and discrimination diminish the sense of belonging (Diaz, Kosciw, & Greytak, 2010). These dimensions are vital during adolescence given developmental tasks and heightened appreciation of social contexts (Hill, 1983; Steinberg, 2008).

There is considerable research which examines the connection between school belonging and LGBTQ youth mental health, but it is still developing. In an analysis of the cross-sectional 2004 Minnesota Student Survey of 21,927 high school students (2255 of which identified as LGB), Eisenberg and Resnick (2006) found that LGB youth reported lower levels of school belonging which then predicted increases in both suicidal ideation and attempts. They even found school belonging accounted for more variance in suicidality than identity. A longitudinal study found that LGB students reported less support from schools, parents, as well as friends and that these discrepancies were more distressing to them than their non-LGB peers (Ueno, 2005). Another study of 31,852 8th – 11th grade students (1413 of which identified as LGB) found that the relation between social context and suicidality was preserved even when controlling for factors such as depression and peer victimization (Hatzenbuehler, 2011). One cross-sectional study found transgender youth were exposed to higher rates of victimization and reported lower levels of school belonging (Greytak, Kosciw, & Diaz, 2009). The importance of belonging is a key dimension of the interpersonal theory of suicide (Joiner, 2005).

School belonging can be conceptualized in various fashions. Much of the cited research model a sense of belonging as protective– that it moderates

the relation between risk factors and poor outcomes or has main effects on outcomes. Others have hypothesized that school belonging is a potential mechanism or process connecting factors like victimization and poor mental health. For example, Hatchel, Espelage, and Huang (2018) completed a longitudinal study with LGBTQ youth and demonstrated that school belonging mediated the relation between victimization and depression. The present study aims to build on this foundation by exploring if school belonging mediates the relation between peer victimization and suicidal ideation, behavior, and/or both.

Self-compassion

Psychological well-being is another key component when it comes to understanding LGBTQ youth struggling with peer victimization and suicidality. Self-esteem has been used as a measure of psychological health, but criticisms emerged. Given the limitations of constructs like self-esteem, there has been a tendency to find alternative ways to appreciate a healthy relationship with the self, such as self-efficacy, self-respect, and self-compassion (Bandura, 1990; Bennett-Goleman, 2001; Neff, 2003). Self-compassion is a broad and multi-dimensional construct which is more prone to cultivation than self-esteem (Neff, 2003). Self-compassion is largely composed of three main dimensions. First, self-kindness is described as ones' understanding and empathizing with oneself when experiences are challenging or painful. Second, common humanity is described as understanding ones' experiences as being part of the larger human experience instead of perceiving them as isolating or abnormal. For example, LGBTQ youth may perceive their sexuality and identity as a facet of a normal human experience as opposed to being unusual. Third, mindfulness speaks to maintaining distressing cognitions in balanced awareness instead of over-identifying with them. In sum, self-compassion is a beneficial self-attitude which protects against consequences associated with self-judgment, self-pity, isolation, as well as other mental health issues (Neff, 2003).

Although there is a clear dearth of research in this area, there have been a few studies that examined the role of self-compassion among LGBTQ people. One cross-sectional dissertation study recruited 244 LGBQ young adults via social media and found that high self-compassion was predictive of reduced internalized homophobia (Gertler, 2014). Another cross-sectional dissertation study on 215 LGBQ adults found that self-compassion was associated with positive LGBQ identity development (Crews, 2012). A third cross-sectional study on 657 LGBTQ adults found that self-forgiveness was correlated with better self-esteem and a reduction of shame proneness (Greene & Britton, 2013). One study examined the role of

self-compassion among LGBTQ adolescence and found that it was a pro-cess linking LGBTQ identity and internalizing symptomology (Vigna, Poehlmann-Tynan, & Koenig, 2017). They conceptualize self-compassion as a psychological mechanism linking stigma and outcome as it aligns well with the seminal Minority Stress model. More specifically, self-compassion can disrupt processes like rumination. No research was found that modeled the role of self-compassion among LGBTQ suicidality.

Parental support

The extant literature has established that parents are an important factor concerning LGBTQ youth well-being. Bouris et al. (2010) completed a sys-tematic review of 31 quantitative articles concerning the role of parents in the well-being of LGBTQ youth. They found that parental support was a protective factor for LGBTQ youth well-being. Various studies have also illustrated the protective nature of supportive parents and family connect-edness when it comes to LGBTQ youth's suicidal ideation and behavior (Eisenberg & Resnick, 2006; Espelage, Aragon, Birkett, & Koenig, 2008; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010).

Yet, obtaining much needed parental support can be precarious for LGBTQ youth given their identities and the associated distress. For example, coming out to parents can be emotionally taxing and difficult due to fear of negative reactions and rejection (D'Augelli & Hershberger, 1993; Remafedi, 1987). One retrospective study on 224 LGB young adults found that higher rates of family rejection during adolescence were associated with increased suicidality, among other poor outcomes (Ryan, Huebner, Diaz, & Sanchez, 2009). This study shows how distress can have long-last-ing effects, making parental support even more vital. Warm, supportive, and effective parenting weaken are protective in the face of victimization.

Luthar, Cicchetti, and Becker (2000) offer a useful framework for under-standing resilience and therefore protective factors. They posit that resili-ence is a positive adaptation in response to adverse events. Additionally, it is helpful to understand resilience as a dynamic process as opposed to a personal trait – this conceptualization is supported by the idea that expos-ure to adversity is not required when it is thought of as a trait and that a dynamic process is useful for the interventions. Another complication is that the modeling of protective factors can vary based on context, the nature of the factor and adversity, as well as conceptualization and there-fore analyses. In sum, this paper will use a dynamic process as a framework for protective factors and will also examine both main effects as well as buffering effects of social support.

The extant literature largely conceptualizes and subsequently models social support as a buffering agent in the face of risk factors like victimization. One theoretical framework on social support, the stress-buffering model, posits that factors like social support are especially relevant to well-being during times of distress (Cohen, Underwood, & Gottlieb, 2000). The buffering effect can emerge within this framework in a few different fashions. For example, if a victimized youth believes that they have access to support, then this will likely bolster their ability to cope with distress. Alternatively, the support offered can mitigate some of the consequences associated with the stressful event (Cohen et al., 2000). A number of studies on all youth have demonstrated that parental support attenuates the relationships between victimization and poor outcomes (Davidson & Demaray, 2007; Stadler, Feifel, Rohrmann, Vermeirin, & Poustka, 2010). However, a cross-sectional study on peer victimization and suicide found that parental support was a buffering agent for non-LGBTQ youth, but not for their LGBTQ peers (Poteat, Mereish, DiGiovanni, & Koenig, 2011). These mixed findings could be explained by the aforementioned unique features of LGBTQ youth. Poteat and colleagues (2011) also found that parental support did not moderate the link between victimization and school belonging. However, there is not a robust amount of literature on the potential buffering effects of parental support among LGBTQ youth and more work is needed.

The current study

Our understanding of how peer victimization predicts suicidality among LGBTQ youth has been empirically supported quite extensively, but the role of protective factors and mechanisms are not as well established (Hatchel, Polanin, & Espelage, in review). Findings have suggested that belonging, parental support, and self-compassion are important constructs within the realm of suicidality (Espelage et al., 2008; Greene & Britton, 2013; Hatzenbuehler, 2011; Ryan et al., 2010). Others have demonstrated that belonging and self-compassion are psychological processes linking stigma and mental health (Hatchel et al., 2018; Vigna et al., 2017). The goal of this paper is to offer insight on how the various factors vary as a function of suicidal ideation and attempts, or how they interact with processes in more thorough models. Given the complex nature of suicidality, models that examine protective factors, psychological processes, and how they relate to both ideation and suicidal behavior is a valuable and unique contribution to the extant literature. As such, the present study aims to explore the potential buffering effect of parental support among some of the unique pathways that will be modeled. It is established that factors like peer victimization can be distressing. Following a stress-buffering framework, we

chose to explore the potential ameliorating effect of parental support on the relationships between these peer victimization and self-compassion as well as school belonging.

> *Hypothesis 1*: Peer victimization will be correlated with increased suicidal ideation and behavior.

> *Hypothesis 2*: School belonging will mediate the link between peer victimization and suicidality.

> *Hypothesis 3*: Self-compassion will also mediate the link between peer victimization and suicidality.

> *Research Question 1*: Will parental support diminish the link between peer victimization and psychological mechanisms?

> *Research Question 2*: How will the factors vary as a function of suicidal ideation and attempts?

Method

Participants

The data were taken from the 2015 Dane County Youth Survey (DCYS) which is designed to collect wide-ranging information on the perceptions, behaviors, attitudes, and needs of students (Koenig, Espelage, & Biendseil, 2005). Dane County is the second most populous county in Wisconsin and contains geographically diverse areas reaching from small working farms to large urban centers. The full sample consisted of 13,905 youth (50.7% male; 75.4% White, non-Hispanic; M age $= 15.87$ years, SD $= 1.21$, age range $= 14$–18 years) in 22 high schools. In an effort to exclude mischievous responders, a number of participants were screened out based on various criteria such as unreasonable heights/weights (see Robinson & Espelage, 2011 for full screener method). Participants were also excluded if they did not answer the question on sexual orientation or identified as straight/heterosexual. The final sample consisted of 934 LGBTQ high school students from Dane County (Gay or Lesbian $= 148$, Bisexual $= 412$, Transgender $= 60$, Questioning $= 209$). Reported ages ranged from 14 to 18 years ($M = 15.91$, $SD = 1.18$; Assigned female at birth $= 70.2\%$). Most participants identified as White $= 74.3\%$: (Asian/Asian American $= 3.7\%$, Black/African American $= 3.5\%$, Hispanic or Latino $= 4.9\%$, Hmong $= 1.5\%$, Middle Eastern/Arab American $= 0.1\%$, Native American $= 1.3\%$, White (not Hispanic) $= 74.3\%$; Multi-racial $= 9.0\%$; Other $= 1.6\%$).

High schools in all counties except Madison were invited to participate in the study. Only 50% of Madison's high schools were randomly selected

to participate given the county's size. As such, the data from Madison were weighted by demographic variables (i.e., age, grade, sex, and race/ethnicity) to be more representative of the full district. At least 85% of the invited schools participated in all districts.

Procedures and Measures

Participants independently completed anonymous questionnaires (DCYS) via Survey Monkey during school hours in 2015. Informational letters were sent home to parents at the beginning of the school year. A waiver of active parental consent was employed where parents had the option of returning the form/calling the school to request that their child be omitted from the study. Student written assent was used. Surveys were administered to all participating high school students that were present the day of administration and the response rate was high (e.g., 90–95% across the schools). A version of the survey has been administered since 1980 and is mutually designed by students and schools. There are over 100 self-report items on various topics including individual characteristics, exercise and nutrition, family dynamics, peer relations, drug use, aggression, victimization, as well as school belonging. The survey focuses on assessing health-related information and risk factors for poor outcomes (e.g., victimization, mental health, substance abuse). Several factor analyses have been conducted on the items/ measures over the years (see Koenig & Bettin, 2009; Koenig et al., 2005).

Demographics

Measures incorporated self-reports of sex (female or male), gender identity (female, male, transgender, and not sure what transgender means), ethnicity, age, as well as sexual orientation (straight/heterosexual, gay/lesbian, bisexual, questioning, and other). Students who reported that they were unsure of the definition of transgender were not included in the present sample.

Independent variable

Peer Victimization

The 4-item self-report University of Illinois Victimization Scale (Espelage, Holt, & Henkel, 2003) was designed to assess experiences of victimization from peers. Students report how often the following occurred in the last 30 d: "Other students called me names"; "Other students made fun of me"; "Other students picked on me"; and "I got hit and pushed by other students." Frequencies are described as follows: "Never", "1 or 2 times", "3 or 4 times", "5 or 6 times", and "7 or more times." The construct validity of this self-report measure has been maintained and scores are comparable

to peer nominations of victimization (Espelage et al., 2003). Higher scores specify more self-reported victimization and this measure had an internal consistency reliability of .85.

Dependent variables

Suicidal Ideation and Behavior

Two items are used to briefly measure suicidal ideation and suicidal behavior. The students were asked: "During the past 30 days, have you seriously thought about killing yourself?" Options include: "No", "Yes, but rarely", "Yes, some of the time", and "Yes, almost all of the time." They were also asked "During the past 12 months, have you attempted to kill yourself?" Response options are "No", "Yes, one time", and "Yes, more than one time." Higher scores indicate more suicidality. Suicidal attempts was not normally distributed so the factor was dichotomized.

Indirect pathways

School Belonging

A 6-item measure assesses school climate as well as the student's sense of connectedness to their school. Students are asked how strongly they agree or disagree with the following statements about their school: "The rules and expectations are clearly explained", "I feel close to people at my school", "I feel safe at my school", "Teachers and other adults treat me fairly", "There are adults I can talk to at school if I have a problem", and "I feel like I belong at this school." Response options include a 4-point Likert-type scale from (1) strongly disagree, through (4) strongly agree. Higher scores indicate better school climate and a higher sense of connectedness. The internal consistency reliability for the total scale was .86.

Self-Compassion

The multi-dimensional Self-Compassion Scale – Short Form (SCS-SF) is composed of 12 items. Dimensions include self-kindness, self-judgement, isolation, mindfulness, among others (Raes, Pommier, Neff, & Van Gucht, 2011). Students are asked to report how they typically act towards themselves in difficult times via a 5-point Likert-type scale ranging from (1) almost never, through (5) almost always. "When I fail at something important to me I become consumed by feelings of inadequacy", "When I'm feeling down I tend to obsess and fixate on everything that's wrong", "I'm disapproving and judgmental about my own flaws and inadequacies", and "I'm intolerant and impatient towards those aspects of my personality

I don't like" are a few examples. Certain items were reverse coded and then a total mean was computed. Higher scores indicate more self-compassion. The internal consistency reliability for the total scale was .84.

Moderating Variable

Parental Support and Monitoring

A 7-item scale aims to assess parenting dynamics as well as a sense of support felt by the student. Students are asked to answer the questions following the preface, "My parents … ": "Know where I am when I go out", "Set clear rules about what I can and cannot do", "Have talked with me about future plans", "Encourage me to do well", "Monitor my school progress", as well as "Talk to me about things that bother me." The items are measured via a 4 point Likert-type scale from (1) always to (4) never. Higher scores indicate greater parental support and monitoring. The internal consistency reliability for the total scale was .80.

Results

Overview of Analysis

Structural equation modeling (SEM) was utilized to examine relations among peer victimization, self-compassion, school belonging, and suicidality. SEM is a powerful analytic technique that allows measurement error to be accounted for, increases statistical power, and protects against Type II errors. The assumptions of normality were satisfactory for all variables other than suicidal behavior which was dichotomized. Full Information Maximum Likelihood (FIML) estimation was used to handle missing data (Enders & Bandalos, 2001). Missing data ranged from 0% to 15% depending on the item. AMOS was utilized to complete SEM modeling. In examining model fit, root-mean-square error of approximation (RMSEA), comparative fit index (CFI), and non-normed fit index (NFI) were used. SPSS was employed to run the descriptive analyses. Age and sex were covariates and allowed to covary freely in the SEM model.

Parcels were established via an item-to-construct balance method for the three latent constructs of interest – peer victimization, self-compassion, and school belonging (Little, Cunningham, Shahar, & Widaman, 2002). An exploratory factor analysis was completed in using maximum likelihood estimation with a single fixed factor. The factor loadings were utilized to divide the items into two or three parcels depending on how many items the scale offered. The items were averaged as opposed to summed so that the original scales were preserved. Some of the appeals of parceling include

Table 1. Descriptive statistics for manifest variables.

	Mean	SD	Range
Peer victimization	1.47	0.64	1.00–4.00
School connectedness	2.83	0.60	1.00–4.00
Parental support	3.12	0.61	1.00–4.00
Self-compassion	2.60	0.74	1.00–5.00
Suicidal ideation	1.75	0.55	1.00–4.00
Suicide attempts	1.23	0.93	1.00–2.00

improved reliability, more communality, and diminished violations of distributions assumptions (Little et al., 2002).

Descriptive Statistics

Means, standard deviations, and ranges of the manifest variables were reported (Table 1). Forty-six percent of LGBTQ youth reported having suicidal ideation in the past 30 d. Seventeen percent reported attempting suicide in the past 12 months. Fifty three percent reported being victimized by their peers in the past 30 d. Bivariate correlations of the manifest variables can be found in Table 2. In general, correlations between the manifest variables were as expected – peer victimization was positively associated with suicidality and negatively associated with protective factors. Likewise, protective factors were negatively correlated with suicidality.

Measurement Model

First, a measurement model was tested. Parcels were indicators of their latent factors and were constrained accordingly. The latent factors were free to correlate. The model demonstrated excellent model fit, χ^2(29, $N = 934) = 22.23$, $p = .81$, RMSEA $= .01$ [.000, .016], NFI $= .994$, CFI $= .999$. Factors loadings for the multi-parcel latent variables ranged from .85 to .95 (peer victimization), from .78 to .85 (school belonging), from .76 to .86 (self-compassion), and from .69 to .83 (parental support).

Mediation

Structural Model

The model demonstrated good model fit, χ^2(32, $N = 934) = 88.98$, $p < .01$, RMSEA $= .04$ [.033, .055], NFI $= .972$, CFI $= .981$ (Figure 1). Analyses of model 1 found that peer victimization had a direct effect on self-compassion (b $= -.23$, $p < .05$), school belonging (b $= -.35$, $p < .05$), suicidal ideation (b $= .30$, $p < .001$), and suicidal attempts (b $= .09$, $p < .01$). Self-compassion had a direct effect on suicidal ideation (b $= -.55$, $p < .001$) and suicide attempts (b $= -.10$, $p < .05$). School belonging had a direct effect on

Table 2. Bivariate correlations between manifest variables.

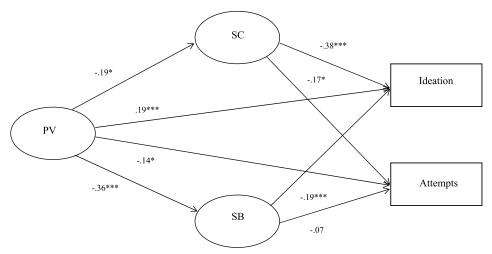|	Peer victimization	School belonging	Parental support	Self-compassion	Suicidal ideation	Suicide attempts
Peer victimization	–					
School belonging	−.31*	–				
Parental support	−.04	.30*	–			
Self-compassion	−.14*	.31*	.11	–		
Suicidal ideation	.32*	−.30*	−.15*	−.46*	–	
Suicide attempts	.17*	−.14*	−.15*	−.23*	.60*	–

Note: *$p < .01$.

Figure 1. Structural equation model testing the direct role of peer victimization as well as the indirect roles of self-compassion and school belonging on suicidal ideation and suicide attempts. Note: All estimates are standardized; PV: peer victimization, SC: self-compassion, SB: school belonging; * $p < .05$, ** $p < .01$, *** $p < .001$; model fit $\chi^2(32, N = 934) = 88.98$, $p < .01$, RMSEA = .04 [.033, .055], NFI = .972, CFI = .981.

ideations ($b = -.32$, $p < .001$), but not on suicidal attempts ($b = -.05$, $p < .08$). The SEM predictors accounted for 30% of the variance in suicidal ideation and 9% of the variation in suicidal behavior.

  RMediation was used to estimate the indirect effects. This technique utilizes a distribution-of-product method to evaluate significance levels of the indirect effects by estimating a 95% CI (Tofighi & MacKinnon, 2011). The indirect effect is considered significant if the CI does not include zero in the range. The indirect effect of peer victimization through school belonging was significant for both suicidal ideation ($b = .09$, $SE = .02$, 95% CI [.057, .137]) and for suicidal attempts ($b = .11$, $SE = .05$, 95% CI [.008, .216]). The indirect effect of peer victimization through self-compassion was not significant for suicidal ideation ($b = .09$, $SE = .06$, 95% CI [−.001,

.212]), but was significant for suicidal attempts (b $=$ .03, $SE =$ .02, 95% CI [.001, .082]).

The results align well with the first hypothesis that peer victimization will predict increased suicidal ideation and attempts. Concerning hypotheses 2 and 3, both school belonging and self-compassion are possible psychological mechanisms linking adversity and suicidality. With regards to the second research question, they varied as a function of suicidal ideation and attempts.

Moderation

One model explored the potential moderating effect of parental support. Interaction parcels were utilized since they are one robust and unbiased method to test for latent interaction effects. As such, a latent interaction term was developed between peer victimization and parental support predicting both school belonging and self-compassion. The model demonstrated good fit, χ^2(64, $N =$ 934) $=$ 176.39, $p <$ .01, RMSEA $=$ .05 [.044, .057], NFI $=$ .960, CFI $=$ .974. Model 2 demonstrated that parental support did not have a direct effect on self-compassion (b $= -$.03, $p =$ ns), but did have a direct effect on school belonging (b $=$ .34, $p <$ .01). The interaction effect was not significant for parental support x peer victimization on self-compassion (b $= -$.01, $p =$ ns) or on school belonging (b $=$ .02, $p =$ ns).

Concerning the first research question, results suggest that parental support was not a buffering agent for LGBTQ youth when it came to the relationship between peer victimization and the tested psychological mechanisms.

Discussion

The goal of the present study was to examine the roles of school belonging, parental support, and self-compassion for LGBTQ youth struggling with peer victimization and suicidality. Another aim was to examine how these factors varied as a function of suicidal ideation versus attempts. Descriptive findings showed that nearly half of the LGBTQ youth reported having suicidal ideation. Likewise, essentially half reported being victimized by their peers. These findings suggest that both peer victimization and suicidality continue to be major public health concerns for this population.

Consistent with previous research, our findings support the notion that belonging and school ecology are important factors to consider in research on suicidality among LGBTQ youth (Eisenberg & Resnick, 2006; Greytak et al., 2009; Hatzenbuehler, 2011; Marx & Kettrey, 2016). Results indicated that school belonging played an important indirect role in the association between peer victimization and suicidality among LGBTQ youth. LGBTQ

youth who had been victimized by peers reported lower levels of school belonging; and in turn lower levels of school belonging were associated with higher rates of suicidality. More specifically, belonging appeared to be psychological process connecting peer victimization and both suicidal ideation and attempts. These findings align well with the interpersonal theory of suicide which suggests that belonging plays an important role in suicidality (Joiner, 2005; Van Orden et al., 2010).

Our results also align with previous findings that show that self-compassion is an important factor for the well-being of LGBTQ people (Crews, 2012; Gertler, 2014; Greene & Britton, 2013; Vigna et al., 2017). The data demonstrate that LGBTQ youth who had been victimized reported lower levels of self-compassion. Moreover, lower levels of self-compassion were related to higher levels of both suicidal ideation and attempts. Researchers suggest that self-kindness, common humanity, and mindfulness are psychological processes that contribute to mental health (Neff, 2003). For example, victimization could be internalized in ways that leave youth feeling isolated or ostracized and common humanity could challenge that perception. With regards to ideation and behavior, self-compassion appeared to be more robust concerning ideation. It is possible that self-compassion is better at addressing issues specific to ideation like hopelessness, belonging, and perceived burdensomeness, but still pertinent to addressing factors specific to suicidal behavior (Joiner, 2005; Klonsky & May, 2014; Taliaferro & Muehlenkamp, 2014; Van Orden et al., 2010).

Also in line with extant literature, our findings show that parental support did not necessarily offer a buffering effect between peer victimization and factors like school belonging (Poteat et al., 2011). There could be many reasons why we did not find moderating effects for parental support. LGBTQ youth are faced with unique developmental challenges such as fear of revealing their identities and subsequently being rejected by their parents (D'Augelli & Hershberger, 1993; Remafedi, 1987; Ryan et al., 2009). This precarious dilemma can make the stress buffering potential of support inaccessible, especially in times of need. The data did suggest that parental support was correlated with reduced suicidality and improved school belonging which also aligns with previous work (Bouris et al., 2010; Eisenberg & Resnick, 2006; Espelage et al., 2008; Poteat et al., 2011; Ryan et al., 2010). In sum, the presented data and existing research suggest that parental support is important for LGBTQ youth well-being, but general support may be lacking in the face of distressing experiences like peer victimization.

The present paper offers a unique contribution to the scholarship on LGBTQ youth. First, we examined a large sample of exclusively LGBTQ identified youth from a Midwest county. Using an exclusively LGBTQ

sample provided us with the opportunity to examine relations that were distinct to this population, rather than focusing on differences or disparities. Second, we assessed the relation between peer victimization and suicidality for LGBTQ youth while at the same time considering the roles of school belonging, self-compassion, and parental support. Third, the differential nature of ideation and attempts was examined and validated. These analyses move the field forward in identifying processes by which victimization is associated with LGBTQ youth suicidality, how these factors compare, and how they vary as a function of ideation and attempts.

Limitations and future directions

Notwithstanding these strengths, the current study has some notably limitations that need to be recognized. The present study was a cross-sectional design and as such there is no way to examine longitudinal relations. Longitudinal data would strengthen the directionality of our indirect effects by adding a temporal order to our variables. The data were also collected in a specific region of the Midwest and thus the findings are geographically limiting. Likewise, ethnic minorities and transgender youth were not well represented among the sample and therefore the findings are not fully generalizable. Bisexual youth was the largest group and therefore the outcomes may be especially true for that group and less so for lesbian, gay, or questioning youth. Future research should build on the current study by examining a similar model in samples from various geographically areas and differing sexualities, gender identities, as well as ethnicities. Furthermore, the data are exclusively self-report which give rise to the possibility that rates of victimization and suicidality were under- or over- reported. However, the use of a screener to identify mischievous responders alleviates this concern (Robinson & Espelage, 2011). Though this is inherent in all self-report data, measures that use multiple reporters would strength the validity and reliability of the measures used in the current study.

As hypothesized, the indirect role of school belonging was found to be significantly associated with lower rates of suicidality. This finding suggests that schools play an important role in reducing rates of suicidality for LGBTQ youth which warrants further investigation. It would be important to identify the characteristics of schools that are most important for reducing suicidality for LGBTQ youth. Likewise, self-compassion and parental support were important factors for both suicidal ideation and attempts. As such, more research is needed in this area to further understand the potential roles these variables have on rates of suicidality for LGBTQ youth exposed to peer victimization. Our data also supported the differentiation between suicidal ideation and attempts, therefore future research should

continue to examine how predictors, moderators, and mechanisms vary as a function of ideation and behavior for LGBTQ youth.

Practice implications and conclusions

The extant literature has moved beyond simply examining the role of belonging. It has explored how programs could foster a sense of safety, connection, support, and/or engagement. For example, gay-straight alliances (GSAs) are often conceptualized as avenues that offer a sense of belonging and much needed support. Several studies with varying factors, samples, methodologies have demonstrated that GSAs are protective for LGBTQ youth (Heck et al., 2014; Mayberry, Chenneville, & Currie, 2013; Poteat, Sinclair, DiGiovanni, Koenig, & Russell, 2013; Toomey, McGuire, & Russell, 2012). A meta-analysis offers robust evidence that GSAs are protective in that they are associated with diminished levels of both peer victimization and fear of safety (Marx & Kettrey, 2016). These findings demonstrate that GSAs and a sense of belonging are important in the face of both victimization and suicidality. Additionally, mental health professional working with LGBTQ youth struggling with both suicidal ideation and attempts could support their clients via interventions designed to engender self-compassion. This is pertinent since self-compassion is a quality that is easier to cultivate than factors like self-esteem (Neff, 2003). Moreover, the available resources for clinicians offering lifesaving interventions are often lacking in their appreciation for group-specific needs, like LGBTQ youth, and empirical support (Franklin et al., 2017). LGBTQ youth that are distressed often feel isolated and social support is an important aspect of their well-being (APA, 2012). The present findings support the notion that parental support is clearly an important part of treatment since it was associated with both suicide and school belonging.

Disclosure statement

No potential conflict of interests was reported by the authors.

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References

American Psychological Association. (2012). Guidelines for psychological practice with lesbian, gay, and bisexual clients. *The American Psychologist*, *67*(1), 10. doi:10.1037/a0024659

Aragon, S. R., Poteat, V. P., Espelage, D. L., & Koenig, B. W. (2014). The influence of peer victimization on educational outcomes for LGBTQ and non-LGBTQ high school students. *Journal of LGBT Youth*, *11*(1), 1–19. doi:10.1080/19361653.2014.840761

Bandura, A. (1990). Reflections on nonability determinants of competence. In R. J. Sternberg & J. Kolligian, Jr. (Eds.), *Competence considered* (pp. 316–352). New Haven, CT: Yale University Press.

Beautrais, A. L. (2000). Risk factors for suicide and attempted suicide among young people. *Australian & New Zealand Journal of Psychiatry*, *34*, 420–436. doi:10.1080/j.1440-1614.2000.00691.x.

Bennett-Goleman, T. (2001). *Emotional alchemy: How the mind can heal the heart*. New York: Three Rivers Press.

Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence*, *38*, 989–1000. doi:10.1007/s10964-008-9389-1.

Bontempo, D. E., & D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bi- sexual youths' health risk behavior. *Journal of Adolescent Health*, *30*, 364–374. doi:10.1016/S1054-139X(01)00415-3

Bouris, A., Guilamo-Ramos, V., Pickard, A., Shiu, C., Loosier, P. S., Dittus, P., … Waldmiller, J. M. (2010). A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. *The Journal of Primary Prevention*, *31*(5–6), 273–309. doi:10.1007/s10935-010-0229-1

Cash, S. J., & Bridge, J. A. (2009). Epidemiology of youth suicide and suicidal behavior. *Current Opinion in Pediatrics*, *21*, 613–619. doi:10.1097/MOP.0b013e32833063e1

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2013). *Web-based injury statistics query and reporting system*. Retrieved from http://www.cdc.gov/injury/wisqars/

Child Welfare League of America. (2009). *The nation's children 2009*. Retrieved October 5, 2009, from http://www.cwla.org/advocacy/nationalfactsheet09.htm

Cohen, S., Underwood, L. G., & Gottlieb, B. H. (Eds.). (2000). *Social support measurement and intervention: A guide for health and social scientists*. New York, NY: Oxford University Press.

Crews, D. A. (2012). Exploring self-compassion with lesbian, gay, and bisexual persons (Unpublished doctoral dissertation). University of Utah, Salt Lake City, UT.

D'Augelli, A. R., & Hershberger, S. L. (1993). Lesbian, gay, and bisexual youth in community settings: Personal challenges and mental health problems. *American Journal of Community Psychology*, *21*, 421–448. doi:10.1007/BF00942151

D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay and bisexual youths. *Suicide and Life-Threatening Behavior*, *31*, 250–265.

Davidson, L. M., & Demaray, M. K. (2007). Social support as a moderator between victimization and internalizing-externalizing distress from bullying. *School Psychology Review*, *36*(3), 383.

Diaz, E. M., Kosciw, J. G., & Greytak, E. A. (2010). School connectedness for lesbian, gay, bisexual, and transgender youth: In-school victimization and institutional supports. *The Prevention Researcher*, *17*(3), 15–18.

Eisenberg, M. E., & Resnick, M. D. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health*, *39*, 662–668. doi:10.1016/j.jadohealth.2006.04.024

Enders, C. K., & Bandalos, D. L. (2001). The relative performance of full information maximum likelihood estimation for missing data in structural equation models. *Structural Equation Modeling: A Multidisciplinary Journal*, *8*(3), 430–457. doi:10.1207/S15328007SEM0803_5

Espelage, D., Aragon, S., Birkett, M., & Koenig, B. (2008). Homophobic teasing, psychological outcomes, and sexual orientation among high school students: What influence do parents and school have? *School Psychology Review*, *37*, 202–216.

Espelage, D. L., Holt, M. K., & Henkel, R. R. (2003). Examination of peer-group contextual effects on aggression during early adolescence. *Child Development*, *74*(1), 205–220. doi:10.1111/1467-8624.00531

Fedewa, A. L., & Ahn, S. (2011). The effects of bullying and peer victimization on sexual-minority and heterosexual youths: A quantitative meta-analysis of the literature. *Journal of GLBT Family Studies*, *7*(4), 398–418. doi:10.1080/1550428X.2011.592968

Franklin, J. C., Ribeiro, J. D., Fox, K. R., Bentley, K. H., Kleiman, E. M., Huang, X., … Nock, M. K. (2017). Risk factors for suicidal thoughts and behaviors: A meta-analysis of 50 years of research. *Psychological Bulletin*, *143*(2), 187. doi:10.1037/bul0000084

Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health*, *101*, 1481–1494. doi:10.2105/AJPH.2009.190009

Garofalo, R., Wolf, R. C., Kessel, S., Palfrey, J., & DuRant, R. H. (1998). The association between health risk behaviors and sexual orientation among a school-based sample of adolescents. *Pediatrics*, *101*(5), 895–902.

Gertler, L. M. (2014). The coming out experience, internalized homophobia, and self-compassion in LGBQ young adults (Doctoral dissertation, The Wright Institute). Retrieved from ProQuest.

Greene, D. C., & Britton, P. J. (2013). The influence of forgiveness on lesbian, gay, bisexual, transgender, and questioning individuals' shame and self-esteem. *Journal of Counseling & Development*, *91*(2), 195–205. doi:10.1002/j.1556-6676.2013.00086.x

Greytak, E. A., Kosciw, J. G., & Diaz, E. M. (2009). *Harsh realities: The experiences of transgender youth in our nation's schools*. New York, NY: Gay, Lesbian and Straight Education Network (GLSEN).

Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior*, *37*(5), 527–537. doi:10.1521/suli.2007.37.5.527

Grossman, A. H., Park, J. Y., & Russell, S. T. (2016). Transgender youth and suicidal behaviors: Applying the interpersonal psychological theory of suicide. *Journal of Gay & Lesbian Mental Health*, *20*(4), 329–349. doi:10.1080/19359705.2016.1207581

Hatchel, T., Espelage, D. L., & Huang, Y. (2018). Sexual harassment victimization, school belonging, and depressive symptoms among LGBTQ adolescents: Temporal insights. *American Journal of Orthopsychiatry*, *88*(4), 422–430. doi:10.1037/ort0000279

Hatchel, T., Polanin, J. R., & Espelage, D. L. (*in review*). Suicidality among LGBTQ youth: A meta-analysis.

Hatzenbuehler, M. L. (2011). The social environment and suicide attempts in lesbian, gay, and bisexual youth. *Pediatrics*, *127*(5), 896–903. doi:10.1542/peds.2010-3020

Heck, N. C., Livingston, N. A., Flentje, A., Oost, K., Stewart, B. T., & Cochran, B. N. (2014). Reducing risk for illicit drug use and prescription drug misuse: High school gay-straight alliances and lesbian, gay, bisexual, and transgender youth. *Addictive Behaviors*, *39*(4), 824–828. doi:10.1016/j.addbeh.2014.01.007.

Hill, J. P. (1983). Early adolescence: A research agenda. *The Journal of Early Adolescence*, *3*(1–2), 1–21.

Hong, J. S., & Garbarino, J. (2012). Risk and protective factors for homophobic bullying in schools: An application of the social–ecological framework. *Educational Psychology Review*, *24*(2), 271–285. doi:10.1007/s10648-012-9194-y

Huebner, D. M., Thoma, B. C., & Neilands, T. B. (2015). School victimization and substance use among lesbian, gay, bisexual, and transgender adolescents. *Prevention Science*, *16*(5), 734–743. doi:10.1007/s11121-014-0507-x

Joiner, T. E. (2005). *Why people die by suicide*. Cambridge: Harvard University Press.

Klonsky, E. D., & May, A. M. (2014). Differentiating suicide attempters from suicide ideators: A critical frontier for suicidology research. *Suicide and Life-Threatening Behavior*, *44*(1), 1–5. doi:10.1111/sltb.12068

Koenig, B., & Bettin, C. (2009). *Dane County Youth Assessment, 2009*. Retrieved from Dane County Department of Human Services website: http://www.danecountyhumanservices.org/youth_assessment.shtm

Koenig, B., Espelage, D. L., & Biendseil, R. (2005). *The Dane county youth assessment*. Unpublished report. The Dane County Youth Commission.

Kosciw, J. G., Greytak, E. A., Diaz, E. M., & Bartkiewicz, M. J. (2010). *The 2009 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York, NY: GLSEN.

Kosciw, J. G., Greytak, E. A., Giga, N. M., Villenas, C., & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation's schools*. New York: GLSEN.

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*(2), 151–173. doi:10.1207/S15328007SEM0902_1

Lewis, N. M. (2009). Mental health in sexual minorities: Recent indicators, trends, and their relationships to place in North America and Europe. *Health Place*, *15*(4), 1029–1045. doi:10.1016/j.healthplace.2009.05.003

Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, *42*(3), 221–228. doi: doi.org/10.1016/j.amepre.2011.10.023

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, *71*(3), 543–562. doi:10.1111/1467-8624.00164

Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., … Brent, D. A. (2011). Suicidality and depression disparaties between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health*, *49*(2), 115–123. doi:10.1016/j.jadohealth.2011.02.005

Marx, R. A., & Kettrey, H. H. (2016). Gay-straight alliances are associated with lower levels of school-based victimization of LGBTQ + youth: A systematic review and meta-analysis. *Journal of Youth and Adolescence*, *45*(7), 1269–1282. doi:10.1007/s10964-016-0501-7

Mayberry, M., Chenneville, T., & Currie, S. (2013). Challenging the sounds of silence: A qualitative study of gay-straight alliances. And school reform efforts. *Education and Urban Society*, *45*(3), 307–339. doi:10.1177/0013124511409400.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674. doi:10.1037/0033-2909.129.5.674

Mustanski, B., Birkett, M., Greene, G. J., Hatzenbuehler, M. L., & Newcomb, M. E. (2014). Envisioning an American without sexual orientation inequities in adolescent health. *American Journal of Public Health*, *104*(2), 218–225. doi:10.2105/AJPH.2013.301625

Mustanski, B., Newcomb, M., & Garofalo, R. (2011). Mental health of lesbian, gay, and bisexual youth: A developmental resiliency perspective. *Journal of Gay and Lesbian Social Services*, *23*(2), 204–225. doi:10.1080 = 10538720.2011.561474

Neff, K. (2003). Self-compassion: An alternative conceptualization of a healthy attitude toward oneself. *Self and Identity*, *2*(2), 85–101. doi:10.1080/15298860309032

Paul, J. P., Catania, J., Pollack, L., Moskowitz, J., Canchola, J., Mills, T., … Stall, R. (2002). Suicide attempts among gay and bisexual men: Lifetime prevalence and antecedents. *American Journal of Public Health*, *92*(8), 1338–1345.

Poteat, V. P., Mereish, E. H., DiGiovanni, C. D., & Koenig, B. W. (2011). The effects of general and homophobic victimization on adolescents' psychosocial and educational concerns: The importance of intersecting identities and parent support. *Journal of Counseling Psychology*, *58*(4), 597. doi:10.1037/a0025095

Poteat, V. P., Sinclair, K. O., DiGiovanni, C. D., Koenig, B. W., & Russell, S. T. (2013). Gay-straight alliances are associated with student health: A multischool comparison of LGBTQ and heterosexual youth. *Journal of Research on Adolescence*, *23*(2), 319–330. doi:10.1111/j.1532-7795.2012.00832.x.

Raes, F., Pommier, E., Neff, K. D., & Van Gucht, D. (2011). Construction and factorial validation of a short form of the Self-Compassion Scale. *Clinical Psychology & Psychotherapy*, *18*, 250–255. doi:10.1002/cpp.702

Remafedi, G. (1987). Male homosexuality: The adolescent's perspective. *Pediatrics*, *79*(3), 326–330.

Resnick, M. D., Bearman, P. S., Blum, R. W., Bauman, K. E., Harris, K. M., Jones, J., … Ireland, M. (1997). Protecting adolescents from harm: Findings from the National Longitudinal Study on Adolescent Health. *JAMA*, *278*(10), 823–832. doi:10.1001/jama.1997.03550100049038

Robinson, J. P., & Espelage, D. L. (2011). Inequities in educational and psychological outcomes between LGBTQ and straight students in middle and high school. *Educational Researcher*, *40*(7), 315–330. doi:10.3102/0013189X11422112

Robinson, J. P., & Espelage, D. L. (2012). Bullying explains only part of LGBTQ–Heterosexual risk disparities implications for policy and practice. *Educational Researcher*, 41(8), 309–319. doi:10.3102/0013189X12457023

Robinson, J., & Espelage, D. L. (2013). Peer victimization and sexual risk differences between LGBTQ and heterosexual youth in grades 7–12. *American Journal of Public Health*, 103(10), 1810–1819. doi:10.2105/AJPH.2013.301387

Russell, S. T., & Joyner, K. (2001). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal of Public Health*, 91(8), 1276–1281.

Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352. doi:10.1542/peds.2007-3524

Ryan, C., Russell, S., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205–213. doi:10.1111/j.1744-6171.2010.00246.x

Savin-Williams, R. C., & Ream, G. L. (2003). Suicide attempt among sexual-minority male youth. *Journal of Clinical Child and Adolescent Psychology*, 32(4), 509–522. doi:10.1207/S15374424JCCP3204_3

Stadler, C., Feifel, J., Rohrmann, S., Vermeiren, R., & Poustka, F. (2010). Peer-victimization and mental health problems in adolescents: Are parental and school support protective? *Child Psychiatry & Human Development*, 41(4), 371–386. doi:10.1007/s10578-010-0174-5

Steinberg, L. (2008). *Adolescence*. New York, NY: McGraw-Hill.

Taliaferro, L. A., & Muehlenkamp, J. J. (2014). Risk and protective factors that distinguish adolescents who attempt suicide from those who only consider suicide in the past year. *Suicide and Life-Threatening Behavior*, 44(1), 6–22. doi:10.1111/sltb.12046

Tofighi, D., & MacKinnon, D. P. (2011). RMediation: An R package for mediation analysis confidence intervals. *Behavior Research Methods*, 43(3), 692–700. doi:10.3758/s13428-011-0076-x

Toomey, R. B., McGuire, J. K., & Russell, S. T. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *Journal of Adolescence*, 35(1), 187–196. doi:10.1016/j.adolescence.2011.03.001

Toomey, R. B., & Russell, S. T. (2016). The role of sexual orientation in school-based victimization: A meta-analysis. *Youth & Society*, 48(2), 176–201. doi:10.1177/0044118X13483778

Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46(6), 1580–1589. doi:10.1037/a0020705.

Ueno, K. (2005). Sexual orientation and psychological distress in adolescence: Examining interpersonal stressors and social support processes. *Social Psychology Quarterly*, 68(3), 258–277.

Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner Jr, T. E. (2010). The interpersonal theory of suicide. *Psychological Review*, 117(2), 575. doi:10.1037/a0018697

Veale, J. F., Watson, R. J., Peter, T., & Saewyc, E. M. (2017). Mental health disparities among Canadian transgender youth. *Journal of Adolescent Health*, 60(1), 44–49. doi:10.1016/j.jadohealth.2016.09.014

Vigna, A. J., Poehlmann-Tynan, J., & Koenig, B. W. (2018). Does self-compassion facilitate resilience to stigma? A school-based study of sexual and gender minority youth. *Mindfulness*, *9*(3), 914–924. doi:10.1007/s12671-017-0831-x

Ybarra, M. L., Mitchell, K. J., Kosciw, J. G., & Korchmaros, J. D. (2015). Understanding linkages between bullying and suicidal ideation in a national sample of LGB and heterosexual youth in the United States. *Prevention Science*, *16*(3), 451–462. doi:10.1007/s11121-014-0510-2