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Parental and peer support in the LGBT community

Andrew Midgley

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PARENTAL AND PEER SUPPORT IN THE LGBT COMMUNITY

by
Andrew M. Midgley

A Thesis

Submitted to the
Department of Psychology
College of Science and Mathematics
In partial fulfillment of the requirement
For the degree of
Master of Arts in School Psychology
at
Rowan University
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Thesis Chair: Roberta Dihoff, Ph.D.

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Abstract

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PARENTAL AND PEER SUPPORT IN THE LGBT COMMUNITY
2012/13
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Master of Arts in School Psychology

The unique challenges faced by lesbian, gay, bisexual, and transgender (LGBT) students are putting pressure on parents, teachers, and school psychologists to find potential solutions. The purpose of this study is to examine variables that have the potential to decrease levels of depression and bullying victimization experienced by LGBT youth. Adults who identify as LGBT were asked to complete a survey reflecting on their experiences in high school. Findings indicate that parental support and peer support are associated with decreased levels of depressive symptoms. There is also an indication that the presence of a student-run LGBT support and/or advocacy group (such as a gay-straight alliance) is associated with a more positive school climate in terms of bullying.

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Chapter 1

Introduction

Problem

Based on self-reports, just over one in every ten children over the age of 11 has been a victim of bullying on multiple occasions (Hediger, 2006, p.17). Victims of bullying show higher levels of depression (Riittakerttu, Sari & Mauri, 2010; Saluja, Iachan, Scheidt, Overpeck, Sun & Gledd, 2004). This issue affects some groups of students more than others. Students who identify as LGBT are more likely to experience bullying (Kosciw, Greytak, Diaz & Bartkiewicz, 2009; Kosciw, Greytak, Bartkiewicz, Boesen & Palmer, 2011; Espelage, Aragon, Birkett & Koenig, 2008; McGuire, Anderson, Toomey & Russell, 2011), higher levels of depression in general (Espelage, et al., 2008), and suicidal ideation (Espelage, et al., 2008; Bolton & Sareen, 2011; Needham & Austin, 2010; Oswalt & Wyatt, 2011).

Purpose

The purpose of this study is to consider the possible correlations between parental support, peer support, presence of school LGBT support or advocacy organizations such as gay-straight alliance, bullying victimization, depression, and suicidal ideation. The current study benefits from the use of participants that can offer the unique perspective of an adult who has already experienced high school.

Hypothesis 1

Participants who recall higher levels of peer support in high school will have had fewer occurrences of depressive symptoms than those who recall little or no peer support.

Hypothesis 2

Participants who recall higher levels of parental support in high school will have had fewer occurrences of depressive symptoms than those who recall little or no parental support.

Hypothesis 3

Students who attended a high school with an LGBT student support and/or advocacy group (such as a gay-straight alliance) will report lower levels of bullying victimization than students who did not attend a high school with such a group.

Operational Definitions

Bullying, as defined by The U.S. Department of Justice is, “a variety of negative acts carried out repeatedly over time...with the more powerful child or group attacking those who are less powerful. Bullying can take three forms: physical...verbal...and psychological” (Ericson, 2001, p. 1).

A Gay-Straight Alliance (GSA) is, according to the California based gsanetwork, “a student-run club in high school or middle school that brings together LGBTQ and straight students to support each other, provide a safe place to socialize, and create a platform for activism to fight homophobia and transphobia (“What we do,” 2009). Furthermore, these organizations work to educate the school community about LGBT issues (“Background and information,” 2012).

Depressive symptoms are defined by the DSM-IV-TR criteria for a major depressive episode. Suicidal ideation, a component of depressive symptoms, (American Psychiatric Association) is defined as “suicidal ideas...(or) suicidal thoughts” (Gliatto & Rai, 1999, p. 1500-1506).

For the purposes of this study, LGBT(Q) will be defined as a minority group of people who identify as either lesbian (homosexual female), gay (homosexual male or female), bisexual, and/or transgender. In some circumstances, Q is added to the acronym for those who are questioning their identity. Those who identify as transgender feel that “their birth-assigned sex and own internal sense of gender identity do not match” (Transgender glossary of terms). For the results of this study, all participants who identify as gay or lesbian will be classified under the umbrella term of “gay” regardless of gender.

Assumptions

It is assumed that the participants will take all questions seriously and answer them honestly.

Limitations

The requirement for participants to recall experiences from high school after graduating provides a perspective that is not often seen. However, this may also be perceived as a limitation in that participants must rely on memory. Furthermore, although participants from every age group and region of the continental United States took part in the study, there is an over-representation of participants who are between the ages of 18-25 and attended high school in the northeast.

Summary

The literature review in chapter two will include a summary of the previous research on the topics of bullying in schools for both the general population and the LGBT community. It will also include a review of the research done on the levels of depression and suicidal ideation in the LGBT student community. The conclusion of the literature review will examine the factors that can possibly mitigate these problems.

Chapter 2

Literature Review

The following research examines the prevalence of bullying and the consequences of bullying for the students victimized in both the general population and the LGBT(Q) population. It also discusses other issues that affect the LGBT(Q) community, such as the prevalence of suicidal ideation and symptoms of depression. Finally, the research examines variables that may alter these relationships.

According to The National Institute of Health's Health Behaviors in School-Aged Children (HBSC) survey of over 9,000 students, conducted in 2005 and 2006, slightly more than one in every ten U.S. children between the ages of 11 and 15 has been a victim of bullying on multiple occasions (Hediger, 2006, p. 17). Most recently, when the HBSC was conducted in 2009 and 2010 with a sample of 6,274 students between the ages of 11 and 15, the data provided some more information. Some students, such as the 11 year olds, exhibited a slightly higher prevalence of bullying victimization (13% and 15% for boys and girls, respectively), while others, such as the 15-year-old age group, were slightly lower (7% and 6% for boys and girls, respectively). As children get older, and begin to enter high school, the prevalence of bullying appears to decrease. (Currie, et al., 2010, p. 191 - 192).

Students who experience bullying are more likely to suffer from symptoms of depression than students who are not bullied (Saluja, et al., 2006; Riittakerttu, Sari, & Mauri, 2011; Schneider, O'Donnell, Stueve, & Coulter, 2012).

An article appearing in *The Archives of Adolescent and Pediatric Medicine* studied this connection. They administered a survey with questions regarding depression

and bullying victimization. To measure depression, they modeled 10 true or false questions for middle and high school students based on 7 pieces of criteria from the DSM-III-R. When analyzing the results, 2 sets of questions were combined to form categories of “weight disturbance” and “sleep disturbance” resulting in a total of 8 questions. They used a threshold of at least 5 true statements in order to categorize a participant as being depressed. To gauge the level of bullying experienced by a student, they simply asked the participants to identify the frequency of bullying they experienced. Using a sample of 9,863 students in 6th, 8th, and 10th grade, they found that the more frequently a student claimed to have been bullied, the more likely they were to report depressive symptoms. The researchers were able to determine that 21.3% and 7.4% of girls and boys who did not report being “Bullied in school in the past year” qualified as being depressed. 36.8% and 17.7% of girls and boys who reported the highest frequency of bullying victimization qualified as being depressed. For perspective, boys who were bullied in school were more than twice as likely to be identified as suffering from depression based on the DSM criteria at the time (Saluja, et al., 2006, p. 763).

Bullying has also been shown to have an impact on education. Students who are victims of bullying tend to show decreased academic performance when compared to their peers who are bullied less or not at all (Schneider, et al, 2012; Eisenberg, Neumark-Sztainer & Perry, 2003; Beran, Hughes & Lupart, 2008).

A 2008 survey of 20,406 students at 22 high schools in the Boston area found that grades among students who reported being victims of bullying were lower than those who did not report bullying. Students who reported being victims of cyberbullying, in-school bullying, or both accounted for 41.4% of the students who received “mostly D’s

and F's" but only 29.2% of students that received "mostly A's." (Schneider, et al., 2012, p. 174)

Similar results were found with younger, elementary school children as well. In another study, 2,084 children living in Canada, between the ages of 10-11 filled out surveys with questions regarding how frequently they experienced bullying. Their teachers provided their academic achievement level. The results indicated a significant negative correlation between frequency of being "bullied at school" and their teacher's perception of their success in reading, writing, and mathematics (Beran, et al., 2008).

With regards to the prevalence of bullying, the data collected for the general population of students does not follow the same patterns as the data collected for the lesbian, gay, bisexual, transgender, and questioning (LGBTQ) student population. Many studies indicate that students who identify as part of this population experience higher incidences of bullying (Kosciw, Greytak, Diaz & Bartkiewicz, 2009; Kosciw, Greytak, Bartkiewicz, Boesen & Palmer, 2011; Espelage, Aragon, Birkett & Koenig, 2008; McGuire, Anderson, Toomey & Russell, 2011).

Kosciw (2009), along with The Gay, Lesbian, and Straight Education Network (GLSEN), conducted a comprehensive survey of 7,261 LGBTQ students, mostly in high school, about their experiences. Participants were recruited through LGBT youth organizations and websites to take either an online or paper form of the survey. Efforts were made to ensure equal representation across the United States (25.3% from the "Northeast", 29% from the "South", 23.4% from the "Midwest", and 22.3% from the "West"). Of the participants, over 23% and exactly 13% responded that they were subjected to frequent "Verbal harassment in the Past School Year" on the basis of "sexual

orientation” and “gender expression”, respectively. When all LGBTQ students who experienced at least some level of “verbal harassment” are included, the prevalence increases to 84.6% and 63.7%, respectively (p. 26). Prevalence of physical harassment is lower, with 7.6% and 4.6% reporting frequent occurrences based on their sexual orientation and gender expression, respectively (p. 27). Considering this data, it is not surprising that over 61% and almost 40% of students feel their safety is at risk while attending school because of their sexual orientation and gender expression, respectively (p. 22).

Two years later, Kosciw, et al. (2011) and GLSEN found some changes. With a larger sample of 8,584 students participating in an online survey it was found that frequent verbal harassment was down to 17.3% and 11.3% for “sexual orientation” and “gender expression”, respectively. Once again, when including all LGBTQ students who experienced at least some level of “verbal harassment”, the prevalence is much higher. This time it was 81.9% and 63.9% for “sexual orientation” and “gender expression”, respectively (p. 24). Frequent physical harassment showed a prevalence of 6.2% and 4.1% for sexual orientation and gender expression. GLSEN also asked about the prevalence of “physical assault.” While they define “physical harassment” as “shoved or pushed”, they define physical assault as being “punched, kicked, or injured with a weapon...(which is) much more severe (than physical harassment)” (p. 25). This was a less common occurrence among the students surveyed. 3% and 1.9% of students reported physical assault happened to them frequently because of their sexual orientation and gender expression. If all students who experienced at least some frequency of physical assault are included, the prevalence rises to 18.3% and 12.4% (p. 25). Safety was once

again an issue in 2011. Of the students surveyed, “63.5% reported feeling unsafe at school because of their sexual orientation and ...43.9% felt unsafe because of how they expressed their gender.” This was one of the few figures that had risen since the 2009 study (p. 20). Although many of these figures have decreased since the previous GLSEN study (Kosciw et al., 2009), the LGBTQ students of high school age are still experiencing bullying victimization at levels that are well above the prevalence for the general population in the United States as measured by the HBSC (Currie, et al., 2010).

Research also indicates that victims of bullying through the use of homophobic statements experienced higher levels of psychological stress, such as depression, when compared to students who were bullied for other reasons (Swearer, Turner, Givens & Pollack, 2008). Other findings, however, simply indicate that members of the LGBTQ youth community, particularly those questioning their sexual orientation, experienced higher levels of depression in general (Espelage, et al., 2008; Willians, et al., 2005).

In a study of 251 high school students between the ages of 14 and 18, researchers sought to examine the effects of different types of bullying, particularly in the area of homophobia. Students responded to questionnaires and surveys to measure, among other variables, their experiences as victims of bullying and their level of “depression symptoms.” When the male students reported being bullied “because others called them gay”, they experienced the negative results of bullying to a greater degree. When compared to students who were bullied for reasons other than actual or perceived sexual orientation, those who were in this category of bullying also reported that harassment occurred more frequently (Swearer, et al., 2008, p. 169).

Bullying and the issues related to it are not the only problems faced by those who identify as LGBTQ. Studies have found that those who identify as part of this community are more likely to experience suicidal ideation (Espalage, et al., 2008; Bolton & Sareen, 2011; Needham & Austin, 2010; Oswalt & Wyatt, 2011) or actually commit suicide (Mathy, Cochran, Olsen & Mays, 2011).

A study representing the entirety of the United States surveyed 34,653 adults via home interviews. They were asked questions regarding their sexual orientation as well as their history of psychological disorders, substance abuse, and suicide attempts. To determine if a participant identified as LGBTQ, the interviewer would ask if they considered themselves “heterosexual”, “gay male or lesbian”, “bisexual”, or “not sure.” The results indicated that 2.1% of heterosexual participants acknowledged a past suicide attempt while gay, bisexual, and unsure participants were significantly more likely to have attempted suicide at some point in their lifetime (with a prevalence of 9.8%, 10%, and 8.5%, respectively). It is worth noting that gay, bisexual, and unsure participants were also more likely to have been diagnosed with a mood or anxiety disorder (Bolton & Sareen, 2011, p. 38).

After reviewing the research on bullying, depression, and suicidal ideation in the LGBTQ community, the next step is to examine the variables that may have moderating effects. Research indicates that students who have the support of their peers are less likely to experience depression (Williams, Connolly, Pepler & Craig, 2005) and bullying (Kosciw, et al., 2011; Poteat, 2008).

A 2005 study sampled 197 high school students, half of whom identified as LGBTQ and half of whom identified as heterosexual. Their experiences regarding

bullying and levels of depression were determined via questionnaires. They were also administered a set of questionnaires to determine how they interpreted their relationships with both their mother and their friends. In addition to finding a positive correlation between identification as an LGBTQ person and level of depression, the study also determined, “When total social support is also included in the analysis, the links between sexual orientation and (‘externalizing and depressive symptoms’) are non-significant” (Williams, et al., 2005, p. 477).

In terms of bullying, the GLSEN used data from their 2011 National School Climate survey to reach a similar conclusion. As defined by the GLSEN, “Gay-Straight Alliances (GSAs) are student clubs that work to improve school climate for all students, regardless of sexual orientation or gender identity/expression” These clubs have been around since 1988 and the amount registered with GLSEN passed 4,000 in 2008 (“Background and Information About Gay-Straight Alliances”, 2012). Through their survey, they determined that schools with the “Presence of Gay-Straight Alliances” had fewer students reporting “Higher severities of victimization” (Kosciw, et al., 2011).

Research has also concluded that the level of support from parents can impact a person’s level of depression (Williams, et al., 2005; Rothman, Sullivan, Keyes, & Boehmer, 2012; Needham & Austin, 2010; Ryan, Russel, Huebner, Diaz, & Sanchez, 2010) as well as their level of suicidal ideation (Needham & Austin, 2010; Ryan, et al., 2010). While the previously discussed Williams (2005) study examines support from both parents and friends, a study by Needham & Austin (2010) looked at the importance of having parental support on its own.

The 2010 study of 11,153 unmarried “young adults (ages 18-26)” examined the factor through information regarding “sexual orientation”, “symptoms of depression” and “parental support” gathered via an interview. Both men and women identifying as LGBTQ showed lower levels of depression if they had the support of their parents. The study used young adults to increase the likelihood that they could get a representative sample of participants who were open about their sexual orientation to their parents (Needham & Austin, 2010).

Needham and Austin also found similar connections between suicidal ideation and identification as LGBT when parental support was introduced into the relationship. “Regarding suicidal thoughts, lesbian and bisexual women have over twice the odds of reporting suicidal thoughts compared to heterosexual women; this association is partially mediated by parental support” (Needham & Austin, 2010, p. 1194).

Another study examined similar relationships with a sample of 245 participants, ages 21-25, who identified exclusively as LGBT. Family acceptance, which measured “the presence and frequency of each accepting parental or caregiver reaction to participants’ sexual orientation or gender identity when they were teenagers,” and depression were both measured via Likert-type scales on questionnaires (Ryan, et al., 2010, p. 207). The presence of suicidal ideation and suicide attempts was measured by two yes or no questions. There was a statistically significant relationship between level of depression and level of family acceptance. As family acceptance increased, level of depression decreased. The percentage of participants claiming to experience suicidal ideation and the percentage of participants claiming to have had a “suicide attempt” both shared negative correlations with level of family acceptance (Ryan, et al., 2010).

LGBT individuals make up a significant portion of the population. According to a Gallup poll of 121,290 participants via phone interviews, the percentage of the general population of adults identifying as a member of this community is 3.4%. There is a negative correlation between the age of the population and the percentage of people openly identifying as LGBT within that population. 6.4% adults between the ages of 18 and 29 identify as LGBT but this number drops to 1.9% for adults 65 and older. The authors of the study make it clear, however, that the percentage of LGBT identifying adults in this sample only includes those who were open about their sexual orientation. It is possible that participants who identify as LGBT, but are not ready to discuss it, answered in a way that put them in the “No” or “Don’t Know/Refused” category, which made up 92.2% and 4.4% of the total sample, respectively. Since those who were questioning their sexuality were put in the same category as those who did not answer the question, there also exists a possibility they may belong to the LGBT category (Gates & Newport, 2012).

In the search for a possible explanation for the difference associated with age, Gates and Newport (2012) cite another Gallup poll of 1,024 participants over the age of 18, which found a negative correlation between age and acceptance of people who identify as gay or lesbian. For example, only 46% of adults over the age of 55 found “Gay/lesbian relations morally acceptable.” This number, however, increases to 65% for adults ages 18-34 (Saad, 2012). Based on this data, Gates and Newport state, “It is possible that some of these age differences are due to a greater reluctance on the part of older Americans who may be LGBT to identify as such” (Gates & Newport, 2012).

Chapter 3

Methodology

Participants

159 adults over the age of 18 who identify as LGBT (Lesbian, Gay, Bisexual, and Transgender) were given the opportunity to participate via LGBT advocacy groups, email, and Facebook.

Materials

Data is collected via a survey consisting of 15 to 19 questions. The first four questions ask for demographic information as well as sexual orientation and gender identity. The option is given for the participant to identify as straight, taking into account the fact that identification as transgender is independent from sexual orientation. The remaining questions are used to collect the data on the hypothesis variables. The way a participant responds to the initial questions on a particular topic will determine the way additional questions are phrased. For example, questions about parental support will be phrased differently depending on how many parents a participant lived with during their senior year of high school. The questions are tailored to the participant's own circumstances in order to make them as clear as possible. Appendix A includes a demonstration from the survey as it appeared when distributed to participants. Appendix B includes an outline of the survey with all potential questions.

Asking the participants to recall the memories from their senior year provided data regarding parental support, peer support, and the presence of an

LGBT student group. The questions regarding support are straightforward and asked about specific life experiences and perceptions.

The survey includes two questions regarding bullying. These questions are similar to the GLSEN study in that they separate “verbal” and “physical” bullying. The questions also give examples of each type of bullying to the participant. Much like the GLSEN study, the participants are simply asked if they had an experience of bullying victimization and how frequently it occurred (Kosciw, 2009).

The questions regarding depression are modeled after the DSM-IV-TR criteria for “Major Depressive Episode” (American Psychological Association). There are four questions regarding depression, including one regarding suicidal ideation. Each uses material quoted or paraphrased from the DSM-IV-TR to explain a specific symptom and ask if the participant experienced it “never”, “once”, or “more than once.” This method was modeled after the Saluja, et al. (2004) study, which also asked questions regarding depression based off the DSM.

Design

The correlational study has six variables. The first two variables include level of parental support and peer support, each with three levels (no support, some support, much support). For the purposes of this study, a supportive parent has to meet three criteria. They must have lived with the participant during their senior year of high school, they must have been aware of the participant’s sexual orientation or gender identity, and they must have acted in a way that the participant felt was supportive at the time. Depending on whether or not the participant has one or two parents meeting these criteria, they may be classified as

having either some or much parental support. Peer support is defined in a similar manner where a friend must be both aware and supportive in the opinion of the participant. Some support and much support are defined as either “one supportive friend” or “two or more supportive friends”, respectively.

The third variable is presence of school support groups such as Gay-Straight Alliance (GSA). It has three levels (no group, group present, group present and participant was a member). The fourth, fifth, and sixth variables include level of bullying victimization, feelings of depression or sadness, and suicidal ideation. The frequency of occurrence is measured by asking participants how often they experienced the variable in question. These three variables also have three levels (never, sometimes, and often), which correspond to three numbers (0, 1, and 2, respectively). A total depression score and a total bullying score are established by combining all questions regarding depressive symptoms together and all questions regarding bullying victimization together. The result is a final depression score ranging from 0 – 8 and a final bullying score ranging from 0 – 4.

Procedure

The participants were contacted via Facebook or email via LGBT advocates or advocacy groups and given the opportunity to participate in the online survey. They were provided with a link to [surveymonkey.com](https://www.surveymonkey.com) where they could consent to and complete the survey anonymously and confidentially. Before answering any questions, the participants were required to provide their age. Those claiming to be less than 18 years old were redirected to a disqualification page. This page informed them that they were too young to participate. It also provided them with a link to

The Trevor Project, a non-profit group that specializes in helping LGBT youth. Due to the potentially upsetting nature of some of the questions, a debriefing form was also displayed upon completion of the survey. Both of these forms are in Appendix B.

The data was analyzed using a bivariate correlation test. This process determines the relationships between level of peer support and level of depressive symptoms, level of parental support and level of depressive symptoms, and level of exposure to a student run LGBT group and level of bullying victimization.

Characteristics of the Sample

Table 1 includes frequencies (%) reported for categorical variables.

Depression and bullying victimization scores are reported as means (SD).

Table 1. Characteristics of the Sample

Variable	Descriptive Statistic
Age	
18-25	70 (44%)
26-33	18 (11.3%)
34-41	14 (8.8%)
42-49	32 (20.1%)
50-57	18 (11.3%)
58+	7 (4.4%)
Gender	
Male	105 (66%)
Female	48 (30.2%)
Other	5 (3.1%)
Sexual Orientation	
Gay/Lesbian	124 (78%)
Bisexual	32 (20.1%)
Straight	1 (.6%)
Transgender	
Yes	7 (4.4%)
No	150 (94.3%)
Region	
West	13 (8.2%)
Midwest	20 (12.6%)
Northeast	98 (61.6%)
Southwest	8 (5%)
Southeast	20 (12.6%)
Depression	3.89 (3.051)
Bullying Victimization	.81 (1.048)

Chapter 4

Results

The study examined the correlation between peer support and level of depressive symptoms, parental support and level of depressive symptoms, and presence of a school-based LGBT support group and bullying victimization. These relationships were examined among adults who were reporting on experiences in high school during their senior year.

Hypothesis One

Hypothesis one stated: participants who recall higher levels of peer support in high school will have had fewer occurrences of depressive symptoms than those who recall little or no peer support.

There was no significant correlation between level of peer support and level of depressive symptoms. Hypothesis one was not supported.

Hypothesis Two

Hypothesis two stated: participants who recall higher levels of parental support in high school will have had fewer occurrences of depressive symptoms than those who recall little or no parental support.

Hypothesis Two was supported with a significant negative correlation between depression and parental support ($p = .014$, $r = -.197$). Those who had higher levels of parental support had lower levels of depressive symptoms.

Figure one shows the relationship between depressive symptoms and parental support among the sample. The y-axis indicates the mean level of depressive symptoms based on the combined responses to the four relevant

questions. The x-axis indicates the level of parental support based on the number of supportive parents reported.

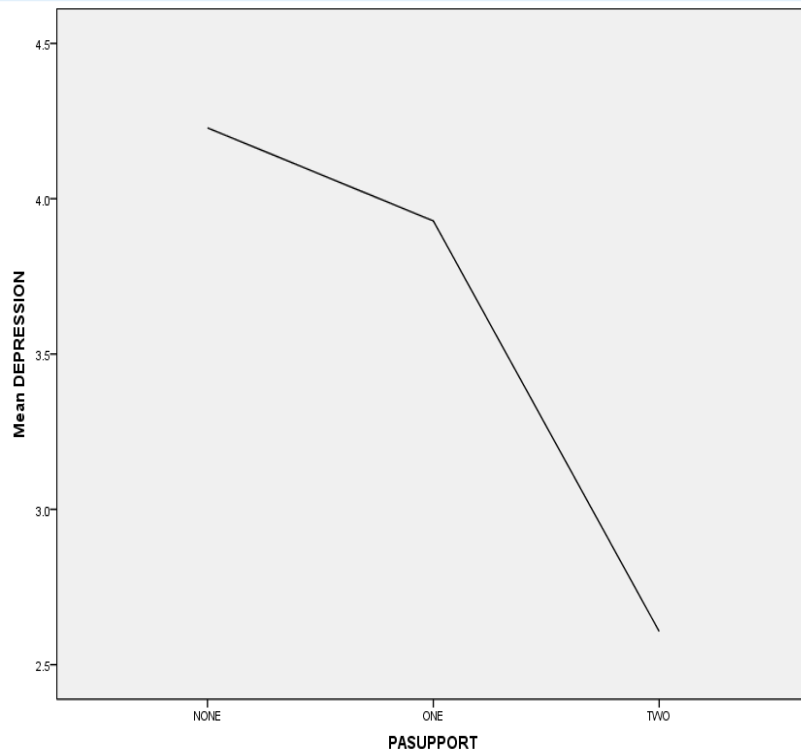


Figure 1. Mean Depression and Level of Parental Support

Hypothesis Three

Hypothesis three stated: students who attended a high school with an LGBT student support and/or advocacy group (such as a gay-straight alliance) will report lower levels of bullying victimization than students who did not attend a high school with such a group.

Hypothesis three was supported with a significant negative correlation between the presence of a student support group and bullying victimization

($p=.008$, $r = -.213$). Students who attended schools with such a group present reported lower levels of bullying victimization.

Figure 2 shows the relationship between bullying victimization and presence of a LGBT support group (such as a GSA). The y-axis indicates the mean level of bullying victimization based on the combined responses of the two relevant questions. The x-axis indicates the presence of and membership in a support group. NOTMEMBER indicates the presence of a group but no membership on behalf of the participant responding. MEMBER indicates presence of a group with membership.

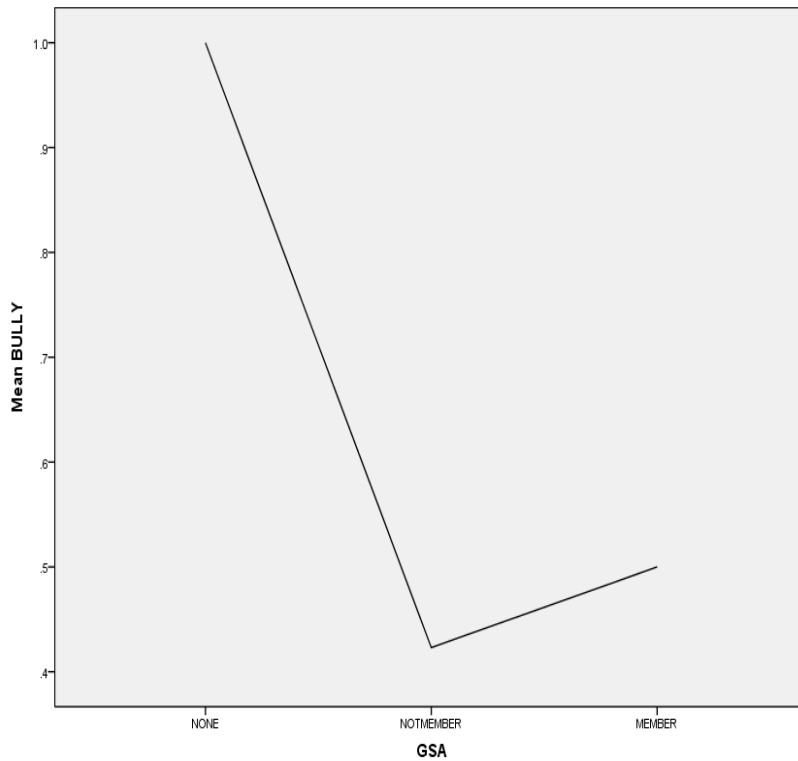


Figure 2. Mean Bullying Victimization and Presence of Support Group

Additional Descriptive Statistics

Among the participants who reported no parental support (73% of the entire sample), the majority did so because their parents were simply unaware of their sexual orientation or gender identity. A small number of participants, however, reported little or no parental support because at least one parent was aware but acted in a way that the participant felt was unsupportive. There were 16 such participants in this scenario, which accounted for approximately 10% of the entire sample. Among these students, 62.5% experienced suicidal ideation, compared to 33.9% for the entire sample. Furthermore, there was a statistically significant positive correlation between the frequency of suicidal ideation and the presence of an aware but unsupportive parent ($p = .012$, $r = .201$). On the following page, figure 3 shows the relationship between the presence of an aware but unsupportive parent (on the x-axis) and the mean level of suicidal ideation as reported by the participant (on the y-axis). Those who had an aware but unsupportive parent were coded as "YES" for the variable, "PAAWARENOTSUP" while those who did not were coded as "NO." There was also a significant positive correlation between the presence of an aware but unsupportive peer and level of reported suicidal ideation ($p = .001$, $r = .257$).

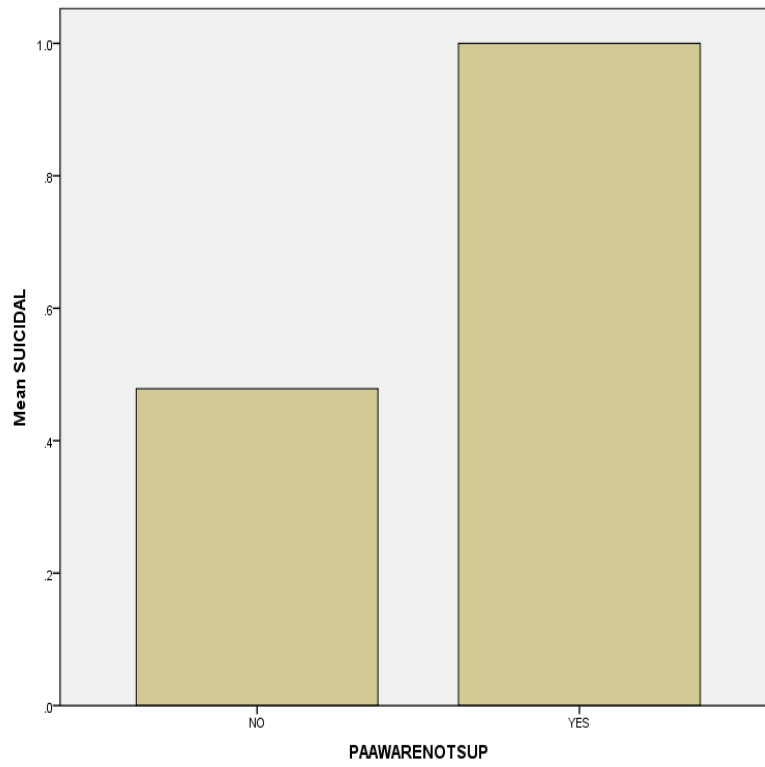


Figure 3. Mean Suicidal Ideation and Level of Parental Support

Chapter 5

Discussion and Conclusion

Overview of Study

The general purpose of the study was to discover factors that may be related to more positive experiences for LGBT youth, particularly in a school setting. More specifically, the study sought to resolve the question of whether or not students who have higher levels of support will experience lower levels of negative experiences such as depression, suicidal thoughts, and bullying victimization. This was accomplished by the use of a survey through which adults identifying as LGBT reported on their experiences during their senior year of high school. After being contacted through Facebook and email via LGBT advocacy groups, 159 participants filled out this survey through the website, SurveyMonkey. These results were imported into software, which was used to determine if any significant relationships existed between the factors discussed in the survey.

Summary of Findings

Hypothesis one stated that participants who recall higher levels of peer support in high school would have had fewer occurrences of depressive symptoms than those who recall little or no peer support. This hypothesis was not supported by the data collected.

Hypothesis two stated that participants who recall higher levels of parental support in high school will have had fewer occurrences of depressive symptoms than those who recall little or no parental support. This hypothesis was supported. Adults who

recalled higher levels of parental support in high school also had a tendency to recall lower levels of depressive symptoms.

Hypothesis three stated that students who attended a high school with an LGBT student support and/or advocacy group (such as a gay-straight alliance) will report lower levels of bullying victimization than students who did not attend a high school with such a group. This hypothesis was supported. Adults who recalled a gay-straight alliance (or similar organization) in their school tended to recall lower levels of bullying victimization.

Integration of Literature and Implications of Findings

Two out of the three hypotheses proposed were supported. The first hypothesis, which examined the relationship between peer support and depressive symptoms, did not result in a significant relationship in either direction. This relationship may have been observed in a larger sample. It is also possible the survey question regarding peer support did not go into enough detail. Perhaps a relationship would have been discovered had the survey used multiple questions regarding peer support. The study conducted by Williams, et al., (2005) found that “total social support” was related to a decrease in depression. This study differed from the present study in that it combined both parental and peer support and used students who were currently attending high school. The results for hypothesis one, however, should not be interpreted to mean that peer support does not play an important role in the life of an LGBT student. As demonstrated by the support for hypothesis three, peer and faculty support groups present in the school system are related to lower levels of bullying victimization. Furthermore, there is a relationship

between the presence of aware but unsupportive peers and suicidal ideation. Students who interact with peers who are aware of their sexual orientation or gender identity but act in an unsupportive manner were more likely to experience thoughts of suicide than the rest of the students in the sample.

The data supporting hypothesis two is corroborated by the literature (Williams, et al., 2005; Rothman, Sullivan, Keyes, & Boehmer, 2012; Needham & Austin, 2010; Ryan, Russel, Huebner, Diaz, & Sanchez, 2010). This relationship implies that parents may play a vital role in the well-being of children who happen to identify as LGBT. While support for LGBT relationships is growing, 42% of the country still feels it is not “morally acceptable” (Saad, 2012). People give a variety of reasons for expressing disapproval for LGBT people. Among the Americans who feel same sex marriage should be illegal, for example, 47% report that it is due to their religious convictions while 16% claim it simply does not coincide with their personal traditions (Newport, 2012).

The present study is important in that it seeks to find variables that will transcend this type of reasoning. If the beliefs outlined above lead to a lack of support (or a perceived lack of support) for children, it may be necessary to present justification for supporting a child’s sexuality or gender identity. Hopefully the links to depression and suicidal ideation indicated in this study can play a part in this justification.

The data supporting hypothesis three is corroborated by the Gay, Lesbian, and Straight Education Network study that examined the impact of Gay-Straight Alliances (Kosciw, et al., 2011). Given that peer support is one of the missions of a Gay-

Straight Alliance (“What we do,” 2009), the data is also corroborated by research supporting the negative correlation between peer support and bullying victimization (Kosciw, et al., 2011; Poteat, 2008). The implications of hypothesis three may serve as justification for school officials hesitant to condone the creation of a student group that some may find offensive or controversial. Public secondary schools in the United States have a legal obligation to allow the formation of a Gay-Straight Alliance if they already have other extra-curricular activities (Esseks, 2011). For those who attend private schools or are simply hesitant to threaten litigation, the information in this study may help convince administrators who wish to foster a more positive environment for their students.

Limitations & Future Research

The present study uses the perspective of adults for every variable. Although this sets it apart from some other studies, it may be considered a limitation in that participants were required to rely on memory. Another limitation is the over-representation of participants in the 18 – 25 age range as well as participants who attended high school in the northeastern region of the United States. There was also an under-representation of participants who identify as transgender.

Future research should attempt to acquire a more balanced sample including a higher percentage of older adults. It may also be useful to reach out to the transgender population in an entirely separate study. Surveys in future research may benefit from being more specific. For example, researchers could attempt to collect more qualitative data on parental and peer support.

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Appendix A

Parental and Peer Support in the LGBT Community Survey

Attached is a sample of the survey distributed to participants via SurveyMonkey. Although some questions may be phrased differently (or skipped) based on how a participant answers, this layout demonstrates all possible question types.

Parental and Peer Support in the LGBT Community Exit Survey



Statement of Consent

This study is being conducted by Andrew Midgley for his Master's Thesis in the School Psychology Program at Rowan University. Your answers will remain anonymous and confidential, participation is voluntary and you are free to withdraw your participation at any time without penalty. The participation of students in this study has no effect on their class standing. You are not obligated to answer all the questions.

For this study you will be asked to complete a set of questions regarding your experiences in high school as a member of the lesbian, gay, bisexual, and transgender (LGBT) community. While this study has the potential to bring up some unpleasant memories, the benefits include a greater understanding of how the presence of peer and family support can affect LGBT youth. The survey should not take more than 20 minutes to complete. This survey is intended for adults, ages 18 and over only. If you are younger than 18 years of age, please stop here and do not begin the survey.

If you have any questions or problems concerning your participation in this study, please contact Andrew Midgley at (856) 816-1546 or midgle16@students.rowan.edu, or his faculty advisor, Dr. Roberta Dihoff at (856) 256 4500 x3783 or dihoff@rowan.edu.

If you have any questions about your rights as a research subject, you may contact the Associate Provost for Research at:

Rowan University Institutional Review Board for the Protection of Human Subjects
Office of Research
201 Mullica Hill Road Glassboro, NJ 08028-1701 Tel: 856-256-5150

If you consent to participate, please continue to the next page and complete the questions. If you do not, please stop here. Thank you very much for your time and attention.

Next

Powered by **SurveyMonkey**
Check out our [sample surveys](#) and create your own now!

Parental and Peer Support in the LGBT Community

Exit Survey

7%

* 1. Age:

Prev

Next

Parental and Peer Support in the LGBT Community

Exit Survey

11%

2. Gender:

3. Year of High School Graduation:

4. Where did you attend high school during your senior year?

Other (please specify)

Prev

Next

Parental and Peer Support in the LGBT Community

Exit Survey

14%

5. Please select one of the following. I identify as:

Gay

Lesbian

Bisexual

Heterosexual

6. Do you identify as transgender?

Yes

No

Prev

Next

Parental and Peer Support in the LGBT Community

Exit Survey



7. During your senior year of high school, how many parents did you live with?

- None
- One
- Two

Prev Next

Parental and Peer Support in the LGBT Community

Exit Survey



8. During your senior year of high school, were your parents aware of your sexual orientation?

- Neither was
- One was
- Both were

Prev Next

Parental and Peer Support in the LGBT Community

Exit Survey



9. Do you feel that your parents were supportive at the time?

- Neither was
- One was
- Both were

Prev Next

Parental and Peer Support in the LGBT Community

Exit Survey



10. During your senior year of high school, how many of your friends were aware of your sexual orientation?

- None
- One
- Two or more

Prev Next

Parental and Peer Support in the LGBT Community

Exit Survey



11. Do you feel that these friends were supportive at the time?

- No, none were
- One was
- Two or more were

Prev Next

Parental and Peer Support in the LGBT Community

Exit Survey



12. During your senior year, did your high school have a student club or organization supporting the LGBT community (such as Gay-Straight Alliance)?

- Yes
- No
- I Don't Know

Prev Next

Parental and Peer Support in the LGBT Community

Exit Survey



13. During your senior year of high school, were you a member of this club or organization?

- Yes
- No

Prev Next

89%

14. During your senior year of high school, were you ever bullied verbally (name calling, threats, etc.) because of your known or perceived sexual orientation?

- Never
 Sometimes
 Often

15. During your senior year of high school, were you ever bullied physically (pushing, shoving, hitting, kicking, etc.) because of your known or perceived sexual orientation?

- Never
 Sometimes
 Often

Prev

Next

96%

16. During your senior year of high school, did you ever experience feelings of depression ("depressed mood, feeling sad or empty") for a period of two weeks or more?

- Never
 Once
 More than once

17. During your senior year of high school did you ever experience "feelings of worthlessness or excessive or inappropriate guilt" for a period of two weeks or more?

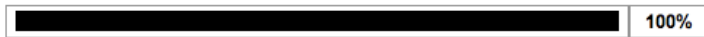
- Never
 Once
 More than once

18. During your senior year of high school did you ever experience "diminished interest or pleasure in all, or almost all, activities" for a period of two weeks or more?

- Never
 Once
 More than once

Prev

Next



19. During your senior year of high school, did you ever seriously consider committing suicide?

- Never
- Once
- More than once

Prev

Done

Appendix B

Comprehensive Outline of Survey

Age: (Drop Down Menu)

Gender _____

Year of High School Graduation _____

Where did you attend high school during your senior year (drop down menu with states, text field for "other")

1. Please select one of the following. I identify as:

(Gay) (Lesbian) (Bisexual) (Heterosexual)

2. Do you identify as transgender?

(Yes) (No) *If yes, all instances of "sexual orientation" are replaced with "gender identity"

3. During your senior year of high school, how many parents did you live with?

(None) (One) (Two)

4. Was the parent with whom you lived with aware of your sexual orientation?

*Only asked if answer to question 3 is "one"

(Yes) (No)

5. Do you feel that this parent was supportive at the time? *Only asked if answer to question 4 is "yes" or answer to question 6 is "One Was"

(Yes) (No)

6. Were your parents aware of your sexual orientation? *Only asked if answer to question 3 is "two"

(Neither was) (One was) (Both Were)

7. Do you feel that your parents were supportive at the time? *Only asked if answer to question 6 is "both were"

(Neither was) (One was) (Both were)

8. During your senior year of high school, how many of your friends were aware of your sexual orientation?

(None) (One) (Two or more)

9. Do you feel that this friend was supportive at the time? *This question is only asked if answer to 8 is "one"*

(Yes) (No)

10. Do you feel that these friends were supportive at the time? * This question is only asked if answer to 8 is "two or more"

(No, none were) (One was) (Two or more were)

11. During your senior year, did your high school have a student club or organization supporting the LGBT community (such as Gay-Straight Alliance)?

(Yes) (No) (Don't Know)

12. During your senior year of high school, were you a member of this club or organization? *Only asked if answer to question 11 is "yes"

(Yes) (No)

13. During your senior year of high school, were you ever bullied verbally (name calling, threats, etc.) because of your known or perceived sexual orientation?

(Never) (Sometimes) (Often)

14. During your senior year of high school, were you ever bullied physically (pushing, shoving, hitting, kicking, etc.) because of your known or perceived sexual orientation?

(Never) (Sometimes) (Often)

*Questions 15 through 17 are based off of the diagnostic criteria for “Major Depressive Episode” from the DSM-IV-TR

15. During your senior year of high school, did you ever experience feelings of depression (“depressed mood, feeling sad or empty”) for a period of two weeks or more?

(Never) (Once) (More than once)

16. During your senior year of high school did you ever experience “feelings of worthlessness or excessive or inappropriate guilt” for a period of two weeks or more?

(Never) (Once) (More than once)

17. During your senior year of high school did you ever experience “diminished interest or pleasure in all, or almost all, activities” for a period of two weeks or more?

(Never) (Once) (More than once)

18. During your senior year of high school, did you ever seriously consider committing suicide?

(Never) (Once) (More than once)

The following statement will appear upon completion of the survey:

“Thank you for your participation. The survey is now complete.

If you need help, or would like someone to talk to, you can contact the National Suicide Prevention Lifeline at 1-800-273-8255. You can also visit their website at <http://www.suicidepreventionlifeline.org/>”

If the respondent indicates that they are younger than 18, the survey ends without asking any additional questions and the following statement appears:

Thank you for interest in the survey, but it is only intended for adults, ages 18 and older.

If you need help, or just want someone to talk to, you can contact The Trevor Project at 1-866-488-7386. You can also visit their website at <http://www.thetrevorproject.org/>.