

THE EXPLORATION OF HOMOPHOBIA WITHIN INSTITUTIONAL SETTINGS:
EXPLORATION OF HOMOPHOBIA IN SCHOOLS

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ABSTRACT

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This researcher examines the effects of homophobia in the school setting on self-identified LGBTQ high school students. Current research argues that LGBTQ students are particularly vulnerable to harassment and oppression within school systems but are unclear as to the ultimate consequences for these students. To explore the effects of homophobia, this dissertation analyzed data collected from surveys completed anonymously by voluntary student participants. Data collected includes participants' perceptions of oppression as well as participants' perceived views on high school experiences such as social, academic, and at-risk functioning. Anonymous surveys were collected and resulted in a final sample size of 67. A factor analysis was applied to determine correlations between identified experiences of oppression and behaviors, attitudes, and emotional regulation. Results indicated a correlation between perceptions by participants that school staff are not responsive to oppressive behaviors and higher instances of substance use and higher instances of risk taking behaviors. Further results indicated that participants that reported higher levels of substance use also reported perceptions of physical or verbal harassment.

Keywords: LGBTQ youth, institutional homophobia, bullying, at-risk teens

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Introduction to the Problem

The lesbian, gay, bisexual, transgender and questioning (LGBTQ) community has been fighting for equality for decades. More recently, there has been some movement in civil rights, with huge gains in marriage equality, and more mainstream acceptance. Social media and entertainment shows such as *Queer Eye for the Straight Guy* paved the way for more acceptance and visibility. Despite this long sought social visibility, studies have demonstrated that this conspicuousness does improve attitudes about members of the LGBTQ community by general society (Adelman, Segal, & Kilty, 2006). Adelman, et al. (2006) give further insight into these advancements in their writing, “signs of social change by and for LGBTQ people have been emerging across the country as well, at least on paper...anti-sodomy laws were struck down by the U.S. Supreme Court, and gay couples are now able to legally marry...” (p. 2). Originally same-sex marriage was limited to state by state decisions, but the most recent U.S. Supreme Court decision of *Obergefell versus Hodges* resulted in the legalization of same-sex marriage throughout the nation (Neal, 2016) marking a significant movement in civil rights.

Part of this acknowledgment within the mainstream, has also allowed open identification and discussions of discrimination and ramifications within this community. In prior research, concentration was focused on the individual who deviated from the mainstream. This idea is most obviously apparent within the Diagnostic Statistical Manual (DSM) having maintained homosexuality as a disorder until 1973 (Drescher, 2010). At least in part this way of thinking stems the early writers one of the founders of psychoanalysis, Sigmund Freud¹. As discussed by Drescher, “Freud saw expressions of adult homosexual behavior as caused by ‘arrested’ psychosexual development” (2010, p. 433). This perspective pathologizes the individual, and

¹ Freud’s early writings on sexuality are often referenced; however, it is noteworthy to acknowledge that Freud had a complicated and evolving understanding of sexuality that is reflected in his writings (Strachey, 1975).

places emphasis on what went wrong. Advances in societal beliefs also impact research. This concept is discussed by Kelleher (2009), “historically, the pathologization of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) orientations shaped research and professional practice, while the impact of stigma was not considered” (p. 373). Exploring stigma and how it impacts the LGBTQ people is the focus of this study.

Stigma is defined by *The Social Work Dictionary* (2003) as “the characteristics of an individual that is deemed by others as negative” (p. 418). This definition seems very clear, but the question then becomes how do social mores shape stigma and, its impact on the individual? Goffman (1986) discusses the impact of the individual’s experience with stigma as involving negative emotions. “Shame becomes a central possibility, arising from the individuals own attributes as being a defiling thing to possess, and one that he can readily see himself as not possessing” (Goffman, 1986, p. 7). Shame then becomes a factor in how those who have this emotional experience behave. This exquisitely painful emotion creates a feeling of ostracization and alienation because the experience of shame is a result of a strong desire to belong. “...As the tendency to feel shame is associated with the need to feel approval and acceptance.” (Mazzone, Camodeca, & Salmivalli, 2016, p. 9).

The outcomes of shame are unknown. This is a powerful emotional response, and impacts portions of functioning and self-esteem. As is discussed by McDermott, Roen and Scourfield in discussion on their 2008 study pertaining to shame and homophobic stigma “Our participants' accounts suggest they used various strategies, tactics and maneuvers when negotiating homophobia.”(p.821) McDermott et al.(2008) state that these “strategies” were dependent upon the participants individual attributes, but varied from small efforts such as avoiding eye contact to starting fights in public (p.821). The study also suggests that there may

be further self-destructive manners of coping with shame associated with stigma of being identified within the LGBTQ community (McDermott et al., 2008).

In order to understand specific forms of oppression experienced by individuals in the LGBTQ community, it is important to understand homophobia. *The Social Work Dictionary* (2003) defines homophobia as “the irrational fear or hatred of people oriented toward homosexuality...” (p. 200). There are three forms of homophobia: internalized homophobia which is the self-loathing experienced within a person due to that person’s identification within the Queer² community; individual homophobia which is directed toward an individual by an individual or group of people; and lastly institutional homophobia which is defined as the oppression which is inflicted upon individuals from and within institutional settings (*The Social Work Dictionary*, 2003). These three variations of oppression work to create interlocking problematic and traumatizing experiences for individuals within this community. Specifically, problematic is institutionalized oppression for identified or perceived members of the LGBTQ community. While all forms of homophobia can have devastating effects on those experiencing the oppression, this discussion will focus on institutional homophobia experienced by identified or perceived LGBTQ individuals, specifically at the time of adolescence.

The ramifications associated with oppression can be negative in a variety of ways. Studies are providing more evidence that the damage associated can be both physical and psychological in nature. As discussed by Kelleher (2009), there is a significant negative impact:

International research demonstrates that experiences of stigma-related prejudice, discrimination and victimization frequently characterize the lives of lesbian, gay,

²Queer for the purposes of this paper will be defined as any individual within the LGBTQ community that does not fit within heterosexual or gender normatives.

bisexual, and transgender (LGBT) individuals. Such experiences have been linked to a range of negative outcomes including psychological distress. (p. 373)

For those individuals who find themselves in environments that are dominated with heterosexist rhetoric, this can be particularly problematic. As discussed by Adelman and Woods (2006), schools can be responsible for institutional oppression: “K-12 schools in the United States constitute sites of oppression and resistance for lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals and their allies” (p. 6).

Despite advancements that have occurred over the past twenty years, there are still rampant examples of oppression. Further, with more visibility and gains in civil rights, it can create a falsehood, “...that the LGBTQ struggle for equality has been won...” (Adelman et al., 2006, p. 1). Adelman and Woods (2006) give credence to the on-going struggle in their writing by providing concrete examples:

Reflecting the combined negative synergy of individual and institutional heterosexism and homophobia, locally, during the period of time we composed this article, a high school student reported that a teacher stated in class that homosexuals should be kicked out of the country, and another student, outed to her parents without her permission by a school staff member, attempted suicide. In two other local schools, principals denied students the right to organize Gay-Straight Alliance (GSA) school clubs. (p. 6).

Further exploration is necessary to determine the impact of homophobia on Queer adolescents. Research studies provide information regarding institutions such as schools, and this impetus has initiated some insight into this issue (See Bearss, 2013, Fisher & Matarese, 2006, Harris & Dyson, 2004). The problem lies in that LGBTQ teens are forced to be in institutional

settings in which they may not be kept safe or be treated with respect and dignity. In 2006, a special forum was held by Georgetown University Training Institute in which statistical information regarding the experiences of identified or perceived LGBTQ individuals in schools was disseminated (Fisher & Matarese, 2006). According to a school climate survey 97% of students identified hearing anti-gay statements on a daily basis, and of that percentage, 83% of students reported that school staff did not intervene when hearing derogatory statements (Fisher & Matarese, 2006).

Further research provided in a 2013 Gay, Lesbian, Straight Education Network (GLSEN) study regarding queer adolescents' experiences within school settings that was published in Nancy Bearss' (2013) seminal article "Working with Lesbian, Gay, Bisexual and Transgendered Youth in Schools". Bearss (2013) provided statistics indicating that homophobia continues to be a viable threat for students who are identified or perceived to be within the Queer community. According to the data, 84.6% of Queer youth reported being verbally harassed, 40.1% of Queer youth identified being physically harassed and 18.8% of students identified being physically assaulted due to their perceived or identified sexual orientation. In addition, for those teens that identified experiencing harassment, there were significant academic differences compared to those students who did not experience harassment. Those students who identified as having experienced more harassment had an average GPA of 2.7, compared to 3.1 of those students who reported less harassment (Bearss, 2013, p. 89).

Further information provided by Bearss (2013) indicated that Queer identified or perceived adolescents continue to have suicide rates as high as two times that of heterosexual counterparts. In addition, Queer identified adolescents were more likely to be engaged in high risk behaviors including practicing unsafe sex. In regard to substance abuse, according to the

data, those students that identified as bisexual had higher reported rates of substance use, and abuse (Bearss, 2013). Table 1 (reprinted from Bagley and Tremblay, 2000) addresses the specific concerns of the higher suicide rate within the Queer community. As is depicted in the Table, 1 there are significantly higher rates of suicide attempts for all gay, bisexual and lesbian youth versus the heterosexual counterparts.

Table 1 The American "Youth Risk Behavior Surveys" of Students Aged 14-18			
State and year	"Suicide attempt" in gay, bisexual & lesbian youth	"Suicide attempt" in apparently heterosexual youth	Ratio of "heterosexual" rate to GLBY rate
<i>Minnesota (1997):</i> Males, any attempt:	28.1% of 178	4.2% of 168 age, SES & race matched controls	1:6.7***
Females, any attempt:	20.5% of 166	14.5% of 145 matched controls	1:1.41
<i>Massachusetts (1993) – m & f "sexually active":</i> Any attempt	27.5% of 105	13.4% of 1563	1:2.0***
Attempt 4+ times	16.1 of 105	2.0% of 1563	1:8.0***
Attempt needed medical care	20.0% of 105	4.7% of 1563	1:4.2***
<i>Massachusetts (1995):</i> m & f "suicide attempt in past year"	38.3% of 128	11.3% of 3237	1:3.4***
Attempt needed medical care	19.0% of 128	19.0% of 128	3.0% of 3237
Any attempt, males only	42.0% of 88	15.5% of 1543	1:6.5***
<i>Seattle (1995) m & f (20):</i> Any attempt	20.6% of 331	6.7% of 7145	1:3.1***
Attempt needed medical care	9.4% of 331	2.2% of 7145	1:4.3***
Note: *** indicates difference between GLBY and apparently heterosexual group significant at the 1% level or beyond. For all comparisons, GLBY and heterosexual contrast group did not differ significantly on demographic profiles.			

Continued research needs to be conducted in order to clarify the extent to which institutional homophobia impacts those individuals who experience this oppression. Given my clinical interest and experience in working within the Queer community, and also with at risk youth in schools, and a review of the literature, the following study question emerged:

To what extent do the perceived experiences of institutional homophobia within schools explain the degree of social adjustment, engagement in at-

risk behaviors, and academic achievement among identified or perceived LGBTQ adolescents?

Literature Review

Institutional Homophobia

Institutional Homophobia is an oppressive system that creates obstacles for individuals who are identified within this segment of society. The issue is not simply the personal exchange from one individual against an oppressed person. This would have effects for the oppressed individual in simply a personal manner, but the issue goes deeper. Oppression is more complicated than this personal exchange. Marilyn Frye (2007) describes the issues with oppression as an interlocking system that creates a “cage” for those individuals who are experiencing this discrimination. From an onlooker’s perspective, one may not be able to understand how one oppressive incident or experience or one “bar” could create an oppressive force; however, when one steps back, and looks at a greater system, it is apparent how each bar connects with another creating an interlocking system. Frye (2007) continues with, “...one of the reasons why oppression can be hard to see and recognize: one can study the elements of an oppressive structure with great care and some good will without seeing the structure as a whole...” (p.157).

When discussing institutional homophobia, adolescents within school systems face unique challenges. Pharr (2007) indicates that children often utilize homophobic language in order to harass each other at an early age. This verbal abuse has more devastating effects as

children enter into puberty. During this time, homophobia becomes a weapon for the “outsider”.

Pharr (2007) expands on this topic:

...it is at puberty that the full force of society's pressure to conform to heterosexuality...Children know what we have taught them, and we have given clear messages about those who deviate from standard expectations...Those who are different must be made to suffer loss. (p. 172).

The issue for LGBTQ adolescents is that the oppression experienced within school settings negatively impacts their educational experience. “This reality is due in part to the fact that the treatment of LGBT students ultimately interferes with their ability to learn in the same quality of environment as heterosexual students in the same setting,” (Harris & Dyson, 2004, p. 185). In comparison, heterosexual students do not have to contend with intolerant environments that create these safety issues based on their identified or perceived sexuality and or gender. LGBTQ students are often in fear of being bullied and ultimately this creates a hostile environment for the students who want to participate. “These concerns are only further underscored by the apparent fear LGBT students experience attending a school that compromises their mental and physical well-being when they are subjected to outright violence and hostility” (Harris & Dyson, 2004, p. 185).

In recent years mainstream media has placed more attention on both homophobia and bullying. “In 2010, media coverage on the bullying of queer youth increased dramatically,” (Mckinnon, Gorman-Murray, & Dominey-Howes, 2017, p. 1). This media coverage may create the illusion that homophobic bullying is no longer as prevalent an issue; however, recent studies suggest the opposite. McCabe (2014) compared statistics from 2001 and 2011 and found that institutional homophobia remains problematic. Although the data demonstrated minor

improvements, McCabe (2014) emphasizes the slow progress and a concerning level of students that are still experiencing intolerance. McCabe (2014) continues:

In 2011, the majority of LGBTQ students still reported hearing frequent homophobic and related negative remarks from other students and school personnel on a frequent basis. Most of these students felt unsafe in their schools because of their sexual orientation, and most continued to be verbally harassed if not physically harassed or assaulted. Educators have reported similar prevalence rates, with 90% reporting overhearing homophobic language and harassment between students, and almost half overhearing this language from other school staff. (p. 2).

McCabe (2014) further argues that not only are the statistics still concerning in many arenas regarding homophobic intolerance experienced by LGBTQ adolescents, for those students reporting physical abuse the statistics increased 4% from 8% to 12%.

Transgendered youth may be at a particularly high risk due to extended exposure to negative attitudes or bullying. Sexuality intolerance becomes more prevalent during adolescence whereas gender differences become salient much sooner (Fisher, 2008). Fisher (2008) discusses this point addressing the distinctions of the transgendered youth experience, "...students who identify as transgendered follow a different developmental trajectory than students who identify as lesbian, gay, or bisexual, as the former group is managing issues related to gender identity while the latter group is defining their sexual orientations..." (p. 80). The consequences of this extended time of potential oppression is unclear; however, more studies focusing on the experience of transgendered people is starting to highlight areas of concerns. According to a study focused only on individuals that identify as transgendered, Clements-Nolle, Marx, & Katz

(2006) report the struggles the transgendered community has with suicide. The Clements-Nolle, et al. (2006) study expands on “the fact that nearly half of the youth in our sample had attempted suicide is particularly troubling...” (p.63).

Within the past 20 years, reports of individual experiences of LGBTQ identified or perceived adolescents are becoming more public. Mabry (1997) discusses her personal experiences within her high school as an individual who was identified as a lesbian. Mabry (1997) explains that she was often the brunt of jokes, called homophobic slurs such as “dyke”, and was openly sexually harassed by adolescent boys who would grab their crotches, and tell her that “they knew what she needed” (Mabry, 1997, p. 136). Mabry’s (1997) experiences are not isolated. Peet (2007) profiles a lawsuit in which a student, Nancy Wadington, shared her experiences with intolerance within the New Jersey school system. As is discussed in the lawsuit, the student experienced physical and verbal abuse that ultimately escalated in the student being thrown down a flight of stairs (Peet, 2007). Peet (2007) goes on to describe incidents in which the student’s personal property had been stolen and destroyed. The property stolen included her backpack that was later found in the boy’s restroom filled with urine. In her junior year, Wadington’s instruction was interrupted, and due to the harassment she experienced, she was placed on home schooling. During her senior year, Wadington was deemed to have emotional disturbance, and was transferred to a school for special education (Peet, 2007).

Perhaps one of the most disturbing accounts of student related violence involved Lawrence King. In Oxnard, CA, Lawrence King was murdered on his junior high school campus by the boy who had been his classroom bully, Brandon McInerney. Lawrence was 15 years old at the time of his death, and his assailant was 14 years old at the time of his arrest. Lawrence had begun to identify as a homosexual and also gender bending in the form of his dress. Lawrence

began to wear feminine clothes and makeup to school. McInerney had a history of harassing Lawrence, due to his gender expression and sexuality, and on February 12, 2008, McInerney shot Lawrence in the head, which resulted in his death (Fisher, 2008).

Unfortunately, these students' accounts of their experiences with harassment are not unique. According to data reported by Bearss (2013), 89% of adolescents surveyed reported hearing negative associations with being "gay". For students who were identified or perceived to be within the LGBTQ community, 61.1% expressed that they felt "unsafe" in school and were the victim of physical and or verbal abuse as a result of the student's sexual or gender identification or perception (Bearss, 2013). Similar findings were reported by Fisher & Malterese (2006). According to their data, 70% of students who identified or perceived to be within the LGBTQ community expressed feeling unsafe; 55% of identified being physically harassed, and 84% reported being verbally harassed (Fisher & Malterese, 2006).

Although the research does support the premise that experiences of Queer youth have a negative impact on their overall functioning and mental health, entities such as the CDC do not have specific information on national averages of suicide rates. This situation is noteworthy as an indication that this population still needs further research. Although more research is necessary, government entities becoming more involved in studying this population has resulted in a meta-analysis. This meta-analysis reported by Marshal in 2011 reported that LGBTQ youth have higher rates of suicidality and depression. In the author's own words:

In summary, our results showed that SMY (Sexual Minority Youth) are at increased risk for suicidality and depression, and that these disparities are strong and pervasive, remaining significant in multiple subpopulations after taking into account other risk and protective factors. (p. 122).

School reactions to claims of harassment are not always seen as sufficient. According to Wadington and her mother the school district did not appropriately respond to the harassment that Wadington experienced within the school. Wadington's mother claims that the school explained that there was "nothing could be done" (Peet, 2007, p. 318). In fact, the school charged Wadington for the school books that were destroyed by the other students when her locker had been broken into (Peet, 2007). In addition to being insufficient, accusations for inappropriate school interactions regarding the LGBTQ community are beginning to shed light on school employee attitudes. According to the Associated Press, in Lafayette, Louisiana, a student was forced to repeatedly write "I will never use the word gay in school", due to the child explaining that he had two mothers. When the child's mother was contacted by the assistant principal to explain the child was being reprimanded, the school official did not even feel comfortable saying the word "gay" over the phone (The Associated Press, 2006).

Research studies also support that school staff are failing when creating safe learning environments for students who are identified or perceived to be within the LGBTQ community. According to findings reported by Fisher & Malterese (2006), in addition to students reporting that they heard homophobic slurs on a daily basis, 19% reported hearing school staff making homophobic comments. According to data collected and reported by Bearss (2013), 33.8 % students who identified feeling intolerance or targeting behavior toward them stated that they conveyed these experiences to school officials, and nothing occurred after these reports were made.

Those professionals who have been working with students within school systems for the span of their careers and maintaining negative or indifferent attitudes creates oppressive systems for LGBTQ adolescents; however, studies also suggest that incoming professionals also have

negative perspectives. As reported by Harris and Dyson (2004), “53% of students report hearing anti-gay remarks made by school staff; 67% of guidance counselors harbor negative feelings towards gay students; and 80% of prospective teachers report negative attitudes toward sexual minority youth” (p. 188). In addition to contributing to homophobic intolerant environments, reports of teachers refusing to incorporate LGBTQ themes or discussion into the educational experience are reported, “77% of prospective teachers would not encourage a class discussion on homosexuality; and 85% [of teachers] oppose integrating gay/lesbian themes into curricula” (Harris & Dyson, 2004p. 188).

School based mental health professionals are also subject to the same sort of biases that can negatively impact adolescents within the LGBTQ community. Ambriz (2015) discusses this scenario in her article and explains that there is a level of embarrassment associated with any discussion pertaining to sexuality, but when this is mixed with ignorance or negative perceptions, this can create devastation. Ambriz (2015) expands with, “these risk factors, due to ignorance and discrimination, may have negative effects...LGBT youth to experience self-harm, depression, sexual compulsivity, isolation, harassment, violence, suicide attempts, substance use, and drug abuse,” (p. 180). This shows the significance of both the damage that can be done by careless mental health professionals within school systems, and that those individuals within these roles are not without oppressive beliefs.

In 2004, the Harvey Milk High School (HMHS) in New York City opened allowing 110 students to complete their education in a homophobic free environment. The school is in part funded by public funds, thus the necessity of the institution falls into scrutiny; however, those students who attend HMHS are individuals that have not felt safe in their original schools, and this continues to raise the question of institutions such as mainstream public school’s ability to

handle issues around homophobic intolerance (Harris & Dyson, 2004). “Separate institutions for LGBT teenagers may call into question the efficacy of conventional schools and our legal framework to ensure a safe, reaffirming atmosphere for such students,” (Harris & Dyson, 2004, p. 184). Research continues to indicate that the consequences for identified or perceived Queer adolescents experiencing homophobic oppression within school systems are dire, “Consequently, these high schoolers are at disproportionate risk for self-destructive behaviors such as declining grades, cutting classes, skipping school, dropping out, unsafe sex, drug and alcohol abuse, depression and suicide,” (Wyss, 2004, p. 710).

Gay/Straight Alliances (GSA) have become a manner in which students are creating their own support systems. Initial research indicated that compared to those schools that do not have a GSA, LGBTQ students do report healthier outlets, and are less likely to engage in high risk behaviors, “these simple main effects indicated a pattern in which LGBTQ and heterosexual youth in schools with GSAs reported lower truancy, smoking, drinking, suicide attempts, and sexual behavior with casual partners than youth in schools without GSAs...” (Poteat, et al., 2013, p. 325). Unfortunately, GSA’s are not always permitted depending on the rules within the school districts. In addition, Poteat, DiGiovanni, Sinclair, Koenig & Russell (2013) discuss that preliminary studies indicate that many students continue to experience homophobic intolerance in the form of verbal and physical abuse within school parameters.

At Risk Behaviors

The ramifications of institutional homophobia are still unclear; however, according to the research, students who identify experiencing intolerance or harassment are more likely to participate in at risk behaviors. Fisher & Malterese (2006) echo earlier data regarding at-risk behaviors for those adolescents within the LGBTQ community. Their data states that these

harassed youth are "...more likely than non-harassed youth to abuse substances"(p. 4). More than two-thirds (68%) of gay male teens and 83% of lesbian teens reported using alcohol; 46% of gay male teens and 56% of lesbian teens reported using drugs..."(Fisher & Materese, p. 4, 2006).

Fisher and Materese (2006) explain that LGBTQ adolescents are at higher risk for becoming homeless due to the intolerance they experienced within their households. This can have devastating effects on the adolescents within this community and create great vulnerability for these teens to involve themselves in dangerous behaviors. The actual statistics of homeless youth that are identified within the LGBTQ community can vary greatly with some estimates as low as 20% and some as high as 40%; however, it is commonly agreed upon that these youth are particularly vulnerable to participating in at risk behaviors (Fisher & Materese, 2006). These adolescents can fall prey to sexual acting out, and even prostitution as a means of survival on the streets in addition to substance abuse, alcohol consumption, and unsafe sexual behaviors. These youth have higher incidents of sexually transmitted infections and diseases, including HIV (Fisher & Materese, 2006).

Academic Performance

Students that are experiencing intolerance within school settings report having lower academic performances and attendance. As was earlier discussed by Bearss (2013), students that have reported experiencing homophobia had on average lower grade point averages. Fisher and Materese (2006) reported similar results regarding issues with LGBTQ students being unable to focus on school work. According to their data, over "...30% of GLBTQ youth skip school because they are afraid they will be beaten up or hurt at school, over four times as many as non-GLBTQ youth" (Fisher & Materese, 2006). Students who experience harassment in schools associated with their gender/sexuality identifications are less likely to complete their education

than those students who identify within the mainstream. Data reported indicates that "...28% have dropped out of school because they have been harassed by their peers or out of fear, which is three times greater than the national average drop-out rate for non-gay/ transgender youth..." (Fisher & Materese, 2006, p. 3). Further, LGBTQ students reported feeling less likely to pursue higher education after high school if they did finish high school (Bearss, 2013).

In addition to having difficulty with student harassment, school districts are not always properly prepared to handle situations with adolescents starting to deal with LGBTQ identifications. According to developmental psychologist Ritch Savin-Williams, the average age for people to begin to identify within the LGBTQ community or "come out" has drastically dropped (Copeland, 2007). From 1979 to 1998, the average age for study participants to identify same-sex attractions has gone from 20 years old to 13 years old (Copeland, 2007). This creates unique challenges for students who are dealing with "coming out" issues. Copeland (2007) profiles a case study of Dave Grossman, an adolescent who began to identify as gay in junior high school. In addition to concerns of social stigma that were difficult to overcome, Grossman's educational experience was interrupted. Similar to the school response for Lisa Wadington, Grossman was transferred to a private school as the school district debated how to handle students who were "coming out", and further to determine if schools should provide supports for these adolescents (Copeland, 2007).

Social and Emotional Development

Socialization for students that identify within the LGBTQ community can be greatly negatively impacted from healthy development. As has been earlier described, LGBTQ teens report experiencing a high level of verbal and physical harassment. These experiences can negatively impact emotional growth for these students. LGBTQ adolescents have higher rates of

depression and isolation. As is discussed in the work done by Duarte-Velez, Bernal, and Bonilla (2010), adolescents within the LGBTQ community have unique challenges. Duarte-Velez, et al., (2010) elaborate on the LGBTQ teen emotional growth:

...the developmental milestone of integrating a healthy identity is usually complex and difficult because of the challenge of defining oneself positively within a homophobic society... sexual minority youth are at higher risk of developing psychological symptoms, disorders, and suicidality. (p. 897).

When reflecting upon the emotional well-being of individuals that experience institutional homophobia, it is important to understand the aspect of trauma. According to Courtois and Ford (2013) two of the four forms of complex trauma involve identity and community membership, and thus trauma of this type can create difficulty, "...Type III having to do with one's identity, and Type IV having to do with community membership...complex traumas need not be of the catastrophic sort, rather they may occur in the forms of daily microaggressions that gradually break down an individual's (and a community's) spirit..." (p. 22). This suggests that complex trauma that may have previously been minimized is being recognized as problematic for adolescents experiencing harassment. Courtois and Ford (2013) expand on child and adolescent trauma, "These include all of the forms of childhood maltreatment and abuse...as well as exposure to and experiencing of ongoing violence or bullying due to group membership..." (p. 23). Microaggressions, as termed by Sue can be common, intentional or unintentional, but are interactions that are negative and impactful. In the author's own words, "...sexual-orientation microaggressions can span the continuum from being conscious and deliberate to unconscious and unintentional. Further, they can be delivered as micro-assaults, micro-insults, or micro-invalidations" (p.191).

In addition, studies indicate that LGBTQ students experience higher rates of suicidal ideations and attempts than their heterosexual counterparts. One third of LGBTQ students have made suicide attempts versus only 8% of students that identify as being heterosexual (Fisher & Materese, 2006). These attempts are more often in need of medical attention as compared to their heterosexual counterparts, 16% versus 3% (Fisher & Materese, 2006). LGBTQ students also express feeling inhibited to create support networks with other classmates. LGBTQ students express feeling fearful of being honest with peers about their gender or sexual identity, or “trusting the wrong person” who may lead the student to be judged, harassed, or ostracized (Fisher & Materese, 2006). Hatzenbuehler (2011) also reported similar statistics indicating disproportionately high suicidal ideations for adolescents within the queer community particularly in regard to the environment. In the author’s own words:

Lesbian, gay, and bisexual youth were significantly more likely to attempt suicide in the previous 12 months, compared with heterosexuals (21.5% vs 4.2%).

Among lesbian, gay, and bisexual youth, the risk of attempting suicide was 20% greater in unsupportive environments compared to supportive environments. (p. 896).

Almeida, Johnson, Corliss, Molnar, and Azrael (2009) also provide similar statistics indicating higher likelihood of emotional issues as a result of homophobic intolerance. “Data from the 2007 Washington, DC, Youth Risk Behavior Surveillance (YRBS) system demonstrated that 40% of youth who reported a minority sexual orientation indicated feeling sad or hopeless in the past two weeks, compared to 26% of heterosexual youth (District of Columbia Public Schools 2007).”, (2009, p.1001). The study results further indicate that feelings of emotional stress can contribute suicidal suicidal ideation. Almeida et al. (2009) report, “Those

data also showed that lesbian, gay, and bisexual youth were more than twice as likely as heterosexual youth to have considered attempting suicide in the past year (31% vs. 14%). This body of research demonstrates that lesbian, gay, and bisexual youth have high levels of emotional distress,” (p. 1001). This emotional distress without proper intervention can be indicated when understanding suicidal risks for this at-risk population.

In general, despite the presence of suicidality, the study results conducted by Almeida et al. (2009) indicate that those students who deviate from mainstream presentations of sexuality or gender experience more negative stressors. The authors elaborate, “Our study suggests that LGBT youth have significantly higher levels of emotional distress than heterosexual, nontransgendered youth, and that the perception of being discriminated against based on sexual orientation is a likely contributor to that distress, particularly for males,” (Almeida et al., 2009, p. 1011). In order to understand the longer lasting effects of this emotional distress, it is important to expand our knowledge base around the identified or perceived LGBTQ youth experiences with oppression, particularly in environments where they are forced to attend.

Theoretical Perspective

The focus of this quantitative research study is to gain insight into the experiences of LGBTQ adolescents within settings in which they must attend, such as public schools, from the perspectives of the students. In order to have better insight, it is important to understand not only the extent to which institutional homophobia is still occurring, but also it impacts students who are experiencing homophobia. Queer Theory will be employed as the conceptual framework for this study. Queer theory identifies the binary in which our society approaches gender and sexuality (male/female, heterosexual/homosexual) and explores the concepts of what has been designated “normal” (Dilley, 2010). In this discussion, this researcher will be examining the

experiences of those who do not fit within the “norm” in environments where they are required to be present.

In order to better understand this theoretical perspective, it is first important to review the evolution for the word “queer”. The origination of the word queer had nothing to do with sexuality. As is discussed by Brontsema “Queer’s original significations did not denote non-normative sexualities, but rather a general non-normativity separable from sexuality” (2004, p. 2) The Oxford Dictionary as reported by the online version, defines the word “queer” as an adjective with a primary meaning “Strange; odd” and a secondary meaning as, “British informal, dated predicative- Slightly ill.” Brontsema (2004) goes on to discuss that the connotation for the word “queer” to have an association to sexuality does not take hold until the early 1900’s. It is only at that time does the word start to take on a more pejorative connotation.

Brontsema goes on to explain that the word evolved in the 1910’s to 1920’s within the LGBT community as a way in which to differentiate gay men who are less versus more effeminate (2004). “Queers, in contrast, were more masculine men who were sexually involved with other men and who generally shunned, even detested, the woman-like behavior of fairies” (Brontsema, 2004, p. 3). The word “queer” at that time, was the equivalent of the modern use of the word “gay”. It should be noted that in a heteronormative society any reference to sexuality outside of heterosexuality could be seen as negative or provocative.

During the early 1990’s a new movement began to develop. Brontsema (2004) discusses the desire within the LGBTQ community to high light the variety of sexuality and gender that encompasses this community. “Although gay did overtake queer as the primary label of self-identification among (mainly male) homosexuals, queer experienced a rebirth in the early 1990s due to several factors: the limitations of gay and lesbian as universal categories and

homosexuality itself as their foundation...” (Brontsema, 2004, p. 4) Organizations began to utilize the word “queer” as a point of self-reference as an open approach to reclamation of the word. “The first instance of queer’s public reclamation came from Queer Nation, an offspring of the AIDS activist group AIDS Coalition to Unleash Power (ACT-UP)” (Brontsema, 2004, p. 5). The word was deliberately used to assert in a way that the words gay and lesbian would not. “Queer” became a proclamation to confront intolerance.

This process of reclamation has not gone without controversy. Since the word “queer” was being used as a political stance, those facets of the LGBTQ population that were seeking more acceptance versus an effort to be provocative were at odds within the community. “Queers associated gay and lesbian with an unquestioning acceptance of the status quo and an essentializing understanding of sexuality and gender” (Brontsema, 2004, p. 4). This debate within the community ultimately created disagreement of the utilization of the word “queer” as a reclamation political stance. Judith Butler discusses the issues associated with utilizing the word “queer”, and the inclusion it claims is not consistent across all facets of the LGBTQ community. In her own words(1993):

As expansive as the term “queer” is meant to be, it is used in ways that enforce a set of overlapping divisions: in some contexts, the term appeals to a younger generation who want to resist the more institutionalized and reformist politics some- times signified by “lesbian and gay”; in some contexts, sometimes the same, it has marked a predominantly white movement that has not fully addressed the way in which “queer” plays-or fails to play-within non-white communities...

The word has become more commonly used over the past two decades, however, it still is considered to be controversial in certain circles. Due to the word's history, having mainstream acceptance has been challenging for those who have utilized this reclamation as a banner of a political stance. More mainstream television programs such as *Queer Eye for the Straight Guy* or *Queer as Folk*, has not been seen as a positive turn of events for some. Instead, it has been interpreted as a watering down of the original intentions of the movement of the 1990's.

Brontsema (2004) goes on to say:

Although popular television has certainly made queer more acceptable, it has done so in ways that have betrayed its usage by self-identified queers, queer theorists, and gays and lesbians. Because it is used as a hip synonym of gay, it loses the radicalism with which self-identified queers and queer theorists use the term—they never intended it as a simple replacement for an out-dated term. (p. 13)

Understanding that the word “queer” has a history within political reclamation gives us an initial insight into the intentions within the theoretical lens of Queer theory. Halperin (2003) explains the unusual and complicated history is fitting for the theoretical lens that eventually became named as “queer”. In the author's words, “A word that was once commonly understood to mean “strange,” “odd,” “unusual,” “abnormal,” or “sick,” and was routinely applied to lesbians and gay men as a term of abuse, now intimates possibilities so complex and rarified that entire volumes are devoted to spelling them out” (2003, p. 2). The theory's development has been attributed to a variety of theorists as a step beyond gay and lesbian, gender, and feminist theory, but it was Teresa de Lauretis, that has been credited for coining the term (Halperin, 2003).

When looking at the development of Queer theory, it is useful to recognize the manner in which concepts of sexuality and gender are expanded. As is discussed by Namaste (1994), “Queer theory recognizes the impossibility of moving outside current conceptions of sexuality. We cannot assert ourselves to be entirely outside heterosexuality, nor entirely inside, because each of these terms achieves its meaning in relation to the other” (p. 224). This Poststructuralism perspective of the intersections of sexuality and gender offers a unique understanding of traditional notions of the binaries like male and female and/or straight and gay. Queer theory can be seen within this framework of understanding of Poststructuralist thought. Queer theory would encourage the individual to recognize the manner in which society impacts understanding of self, and as a result the notions of binaries can be de-constructed (Namaste, 1994). In the author’s own words, “Poststructuralism contends that a focus on the individual as an autonomous agent needs to be “deconstructed,” contested, and trouble.” (Namaste, 1994, p. 221). Thus, queer theory esquires from Poststructuralism in the idea that assumptions of the hierarchical societal norms should not be accepted as true, but rather these notions should be deconstructed.

The Queer theoretical perspective has originated as a thought process around an individual. Early recognition of the queer identified individual had much to do with pathologizing this individual. As this idea of the individual grew into a broader concept of a community, the ideas of what “Queer” means were expanded. As is discussed by Stein and Plummer (1997), “much of the earliest work was focused on “the homosexual” as an object of sociological survey, but increasingly, from the 1960s onwards, it has turned to the investigation of every nook and cranny of lesbian and gay life: bars, communities, identities, tearooms, and the like” (p. 179).

Queer theory evolved from a concept around an individual and how the individual is within the context of a culture. Further Queer theory began to address ideas of how culture creates concepts or constructs ideas. Queer theory then began to address how society needs to deconstruct concepts around sexuality and gender, and more importantly what determines thoughts and beliefs around these concepts (Stein & Plummer, 1997). In addition, feminist theory has been influential, “the sociology of homosexuality has also been influenced by feminism, which has conceptualized sexuality as a terrain of power. Lesbian feminists provided a powerful critique of compulsory homosexuality...” (Stein & Plummer, 1997, p. 180). When thinking within this frame, compulsory heterosexuality has been renegaded against by lesbian feminists as a norm that is emblematic of constructed notions of gender roles and sexuality. Feminist theory is about resistance and choice, and as such notions of compulsory homosexuality are also problematic.

As is discussed by Adrienne Rich (1982):

There is nothing about such a critique that requires us to think of ourselves as victims, as having been brainwashed or totally powerless. Coercion and compulsion are among the conditions in which women have learned to recognize our strength. Resistance is a major theme in this essay and in the study of women’s lives, if we know what we are looking for. (p. 200).

Queer theory has expanded and built upon notions and concepts of constructivist and feminist theory. Particularly, within feminist theory, gender and sexuality have at times been paired together, whereas Queer theory would argue that this approach is problematic, and is perpetuating socially constructed ideas of both concepts (Stein & Plummer, 1997). Queer theory then evolved from academic understanding to better advance study and perceptions of gay and

lesbian experiences to be inclusive to those individuals who also fall outside traditional standards of gender roles. This examination of sex, sexuality, and gender and how these ideas are socially constructed works well in this research endeavor when exploring areas associated with oppression of individuals who fall within these parameters.

For constructivist theory, it is not about the concrete facilities associated with gender, but how gender is represented and understood through language. “From a constructivist standpoint, the “real” nature of male and female cannot be determined. Constructivism focuses our attention on representations of gender, rather than on gender itself.” (Hare-Mustin & Marecek, 1988, p.455) It then seems relevant to recognize that questioning how norms are created is only part of what is significant. Where constructivism is associated with Queer theory, deconstructivism also is important. Deconstructing gender is associated the use of language and how one term is relied upon the other, and these pairings are at times lacking in a completeness in understanding complex ideas. “Deconstructive readings thus rely on gaps, inconsistencies, and contradictions in the text, and even on metaphorical associations, to reveal meanings present in the text but outside our everyday level of awareness.” (Hare-Mustin & Marecek, 1988, p. 460) These inconsistencies in gender and sexuality is where Queer theory creates meaning.

Specifically, Queer theory speaks to the experiences of adolescents within school systems through the very notion of the cultural norms propagated within these institutions. This suggests that school systems are a source of monitoring and shaping behaviors. As is discussed by Foucault and reported by Meyer (2007):

These acts of surveillance are rooted in Foucault's (1975) concept of the Panopticon—an all-seeing, yet completely invisible source of power and control. This type of

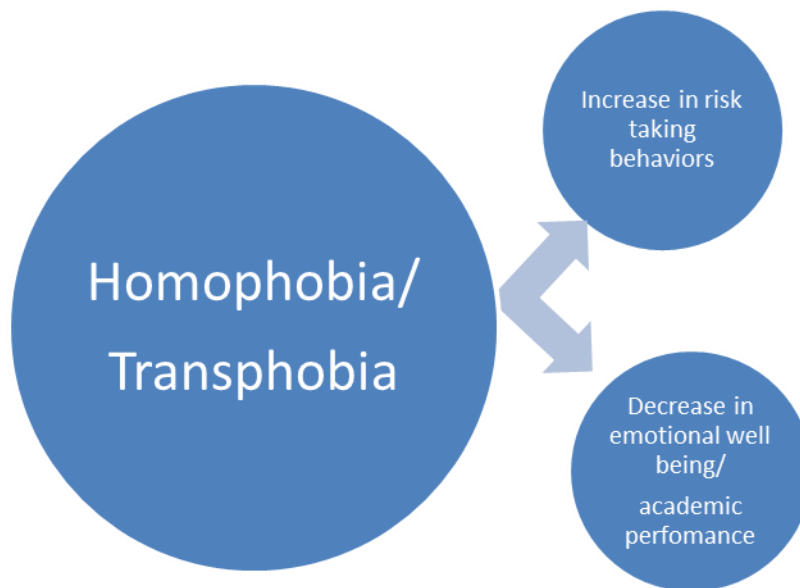
surveillance and control is particularly effective because we all unknowingly contribute to it unless we actively work to make it visible by questioning and challenging it. (p. 22).

This understanding of how social mores and norms are created within school systems aligns well with the concepts within Queer theory. Queer theory brings the notion of creating a conflicting political perspective. Queer theory has a history of creating an alternative confronting perspective that challenges the status quo, and narratives that have been propagated about sexuality and gender.

Hypothesis

The literature regarding the experiences for adolescents who identify or are perceived within the LGBTQ community indicates that institutionalized homophobia impacts students in several ways. In addition to students identifying experiences of feeling unsafe in schools due to apathetic or ill equipped school systems to offer appropriate learning environments, the overwhelming sentiment is that heterosexual peers can create openly hostile environments. The research does show that there are higher levels of at risk behaviors including substance abuse, unsafe sex practices, and alcohol consumption; lower academic performances; and also lower levels of emotional functioning and socialization. This writer hypothesizes that this study will find that the greater the degree of perceived experiences of institutional homophobia, the less likely the students will perform academically, have less social adjustment, and will have higher risk behaviors.

Figure 1 Student Perceptions & Results of Oppression



Methods

Design

Employing a cross-sectional correlational design, the current study will characterize perceptions, attitudes and behaviors measured by the GLSEN Local School Climate survey, the YRBS, and also the Multidimensional Peer Victimization Rating Scale. For these purposes, the study assessed the relationship between institutionalized homophobia, and variables of socialization and emotional well-being, academic performance, attendance, and academic planning, and at-risk behaviors. For this study at-risk behaviors include alcohol consumption, substance use, and unsafe sexual practices. An exploratory factor analysis with Varimax rotation was utilized to reduce the 50 attitude factors of the GLSEN survey to a smaller sub set of attitudes. The same process was utilized for the remaining 68 behavioral factors of the YRBSS

and Multi-dimensional Peer Victimization Scale to reduce the factors into a smaller subset of behavioral factors. This allowed the researcher to correlate manageable subsets of information to make relevant determinations from the raw data. The rationale for utilizing a factor analysis was to reduce the number of individual items into a smaller set of items that tapped into similar dimensions. The main purpose of factor analysis in this study is that several observed variables can have similar patterns of responses because they are all associated. This is important when attempting to hone in on several themes to make comparisons.

The researcher was granted the University of Pennsylvania's Institutional Review Board (IRB) approval of the project on October 31, 2017. Due to the nature of the study, assent was sufficiently obtained via the informed consent statement at the beginning of the survey. The IRB deemed this study was no more than minimal risk comparable to a telephone survey. The researcher launched the anonymous survey via Qualtrics on November 30, 2016, and collected data until February 28, 2017. The survey was distributed to LGBTQ teen centers and Queer friendly mental health professionals. The survey was emailed to centers and professionals via email with the link attached. The link is presented here, but is no longer in use due to the survey being closed: https://upenn.col.qualtrics.com/SE/?SID=SV_8bS7bm970MuFg0J.

Setting

The setting for this research study was conducted strictly on-line. The researcher created and distributed an anonymous survey through Qualtrics software to incorporate three measurement tools the GLSEN School Climate Survey, The Youth Risk Behavioral Surveillance System, and the Multi-Dimensional Peer Victimization Survey. This survey link was sent to LGBTQ Teen Centers and Queer friendly professionals who have contact with youth that identify within the LGBTQ community for distribution. The LGBTQ teen centers and queer

friendly professionals determined their own internal mechanisms for distribution. The researcher chose an on-line setting due to issues with recruitment, and a desire to maintain anonymity for the participants.

Sample

The sample included 67 subjects who accessed the survey, with 61 agreeing to participate via the informed consent, and six surveys that were accessed, but left completely blank. Of the 61 surveys, 60 surveys were completed and one participant who did not complete the survey, but completed approximately half of the survey questions. All of the participants identified that they were in high school, and also within the LGBTQ community. The participants' ages ranged from 2 participants that identified as 13 to 4 participants being 19 or older. The median age was 17 (22 participants). In order to preserve anonymity, questions pertaining to race identification and school location were omitted; however, the participants were asked if they identify other forms of oppression beyond homophobia or transphobia, including race and ethnicity (2 participants); religion (1 participant); socioeconomic status (5 participants); body size (11 participants); citizen status (1 participant); and other (1 participant). The participants identified sexuality and genders were as follows: 40 participants identified as gay or lesbian, and 20 participants identified as queer, bisexual, or questioning, and 1 participant identified as heterosexual (sexuality and gender are exclusive); 39 participants identified as male, 16 female, and 14 participants identified as gender queer, transgendered, or other gendered

The original sample size goal was 150 voluntary and anonymous participants who are adolescents who are currently enrolled in high school (9th-12th grade), and who also identify as a member of the LGBTQ community. To detect a moderate effect size for a correlation analysis, with $\alpha = 0.01$ and desired power = 90 for a 2 sided test, the required sample size is $N=127$

subjects (nQuery software version 7.0 was utilized to determine this sample size). To account for possible attrition (subjects not completing the questionnaire for example) the target enrollment is set to N=150 subjects. When identifying inclusion criteria, all willing participants who identify within the LGBTQ community and currently enrolled in high school grades 9th-12th were accepted until the survey was closed on February 28, 2017 due to a lack of participation. When identifying exclusionary criteria, all participants who fit the criteria of identification within the LGBTQ community, however are not currently in high school, grades 9th-12th, due to the completion of a high school education or high school students who do not identify within the LGBTQ community. Due to the sample size only consisting of 67 surveys accessed, generalizability of findings will be impacted.

Retention, Subject Payments, and Tracking Procedures

Due to the nature of this research project being a one time, anonymous survey, subject retention and tracking procedures were not necessary. The subjects were not paid.

Data On Refusers and Dropouts

Participants who accessed the survey, but did not complete the survey was counted manually from information gathered from the Qualtrics Software. There was one participant who did not fully complete the survey and 6 participants who accessed the survey link, but did not complete any information.

Variables-Operationalization of Concepts and Measures

The procedure for the implementation of this research study began with an informed consent statement. The researcher combined the three measurement tools, the GLSEN School Climate Survey, The Youth Risk Surveillance Survey, and the Multi-dimensional Peer Victimization Scale onto the Qualtrics program into one distributable survey link. All three

measurement tools were accessed through a special compendium on bullying provided by the CDC. Additional permission for use of the GLSEN local school climate survey was obtained by the researcher prior to distribution. All duplicate questions, identifying information, and questions pertaining to information not being tracked by this study were removed. In addition, no compensation was provided with the survey link. This survey link was sent to Queer friendly professionals and LGBTQ teen centers for distribution. The LGBTQ teen centers and professionals determined their decision to distribute the information to center participants. Participants, due to the accessibility of sharing the link, also had the capacity to share the link with other adolescents within the inclusion criteria. Data was collected for three months. Due to the nature of the study, no agreement letter was necessary.

Variable Domains and Categories

1. Institutional homophobia- For this study, the measurements that was used to assess for institutional homophobia within public high school settings was the GLSEN National School Climate Survey developed by Kosciw and Diaz (2006) and Hamberger, et al., (2011). This is an anonymous and voluntary questionnaire. This instrument has a “Cronbach’s alpha: 0.70 to 0.90 and evidence of criterion validity” (p. 68) as was reported by the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention (CDC) (Hamberger, et al., 2011). This tool was used to determine the experiences within school settings for the identified LGBTQ students’ and further the participants’ perception of adult intervention or prevention of possible harassment. This measurement tool is a 68 question survey with separate sections focusing on different student experiences and a collection of demographic information. Demographic information that was obtained included the participant’s age, gender identification, and self-identified sexual orientation.

2. Academic achievement-This was determined through the participant's self-identification of academic achievement and also plans for academic futures. This information was ascertained through section H of the GLSEN survey, which asks participants to identify their own average grades, "mostly A's", "mostly B's", etc. (Hamberger, et al., 2011).

3. Social adjustment-This was assessed by utilizing an anonymous and voluntary 16 question measurement called the Multidimensional Peer-Victimization Scale developed by Mynard & Joseph (2000) and Hamberger, et al. (2011). Each question response has a 3 field scale ranging from not at all, once, to more than once. This measurement has 4 subscales that focus on a variety of topics including physical and verbal victimization, social manipulation, and property damage. Internal consistency: Physical victimization =0.85, Verbal victimization=0.75, Social manipulation= 0.77, and property attacks=0.73 (Hamberger, et al.).

4. At-risk behavior-This was assessed anonymously and voluntarily through the use of the Youth Risk Behavior Surveillance System (YRBSS) which was originally developed by the CDC in 1990. For the purposes of this study, "at risk behavior" will be evaluated through the use of the YRBSS which asks the participant for self-disclosure on the following topics: substance use, sexual engagement, dangerous or violent behaviors that could lead to injury, eating habits, and also physical activity (CDC, 2013). With regards to reliability and validity, the CDC (2013) reported that a test-retest reliability study was performed in 1991, at which time, "...three fourths of the questions were rated as having a substantial or higher reliability (kappa = 61%–100%), and no statistically significant differences were observed between the prevalence estimates for the first and second times that the questionnaire was administered..." (CDC, 2013).

Key concepts and demographic information

1. Age - This will be self-reported by participants on the GLSEN School Climate Survey, in the demographic section, by asking the student to disclose their age.

2. Race - This was not self-reported by participants, but the participants reported the experiences of oppression experienced associated with race.

3. Sexual orientation - This was self-reported by participants on the GLSEN School Climate Survey through a series of check boxes that indicate the following categories: Gay, Lesbian, Bisexual, Straight, Questioning. In addition, the participants' "out" status will also be self-reported.

4. Gender - This was self-reported by participants on the GLSEN School Climate Survey. The participants will identify as male, female or transgendered.

5. School location - The participants did not identify the location of the school they attend in order to respect anonymity.

Training of Data Collectors

No training of data collectors was necessary.

Statistical Analysis

Statistical analysis for this research was utilized to characterize this population's assessments of their perceived experiences with homo/transphobia within the school setting, as well as their self-reported emotional experiences, academic performance, and high-risk behaviors. In addition, the current study investigated the correlational relationship between variables measuring institutional homophobia and variables of academic performance, at risk behaviors, and social adjustment. Measurement for institutional homophobia was determined by the results of the GLSEN survey. Results were determined by utilizing counts and percentages.

These results indicated levels of the participants' experience with observing or experiencing intolerant and homophobic incidents within the school setting by students and or school employees. Further, participants indicated school employee response to observed or experienced incidents with homophobia. These results were compared to those results of the variables measuring each of these dimensions were correlated to determine the nature and degree of any relationship. The other measured variables of academic performance and social adjustment scores were compared to scores on the GLSEN survey. Higher scores on the GLSEN survey indicated higher perceived homophobia, and higher scores on the YRBS indicated higher risk behaviors. Higher scores on the Multidimensional Peer Victimization scale indicated more negative perceptions of social adjustment and emotional regulation.

A factor analysis was performed to reduce the 48 attitude items on the GLSEN to a subset of derived attitude factors. A factor analysis was also performed for the 60 behavior items on the YRBS scale, to obtain a subset of derived behavior factors. For each factor score, a summary count of the number of items that met the criteria for a given factor was computed to generate a summary score for each factor (see Appendix B for the criteria for each survey item). Finally, a series of Spearman correlations was performed to assess the relationship among derived factors for the social attitudes and the derived factors scores for high risk behaviors.

Limitations

This research study presents several limitations. The current cross sectional study is investigating the correlation among students' experiences of social LGBTQ bias and self-reported high risk behaviors, and was not designed to identify whether social attitudes predispose LGBTQ adolescents toward high risk behaviors. In addition, this study will only be collecting

data by accessing centers and professionals that are specifically geared toward working with LGBTQ adolescents due to the difficulties with acquiring adequate sample size, and this may have created bias in the results. This will limit the generalizability of the findings. Further, the study is utilizing three surveys as a measurement to gather complicated information of real life experiences for LGBTQ adolescents. It could be debated that by including more measurement tools would create a clearer understanding but the cost is a potentially underpowered study. This researcher has balanced the realities of gathering information from adolescents, and the time each survey will take to complete to find the most feasible, efficient, and effective tools available.

Additional study limitations include the difficulty with collecting a sample size that was originally targeted. The sample size determined to be statistically relevant was 140 participants with a 10 participant addition to allow for participant attrition. The actual collection size was 67 participants, with 60 fully completed surveys, 1 partially completed survey, and 6 surveys that were completely blank. Factor analysis is traditionally for a larger sample size, and this also impacts generalizability. In addition, demographic information was limited to age, identified gender, and identified sexuality in order to adhere to the study's focus on sexuality/gender oppression, and also to ensure confidentiality. Limiting the collection of demographic information also impacts generalizability. .

Administrative Arrangements

As was previously discussed, implementation of this research study was dependent upon the cooperation of LGBTQ teen centers or identified queer friendly professionals to distribute

the link to their attendees or participants. This researcher emailed the survey link to over 50 LGBTQ teen centers and queer friendly mental health professionals, and it was the choice of these professionals and centers to participate or to not participate.

Human Subjects Protection

The procedures for this research study involved three surveys that asked the participant to rate their experiences and their observations with homophobia, and in addition their participation in at risk behaviors, academic performance and their social adjustment. No probing or detailing questions were asked. There was no interviewer, and the survey was conducted anonymously on line through the use of Qualtrics Software.

In order to ensure confidentiality, the researcher utilized an on line distribution of the survey that did not require any names. Since the surveys were conducted anonymously, and there was no necessity for follow up, the informed consent statement was the first question on the survey. No direct contact occurred between the researcher and the participants.

This research study provided benefit for the LGBTQ community. As has been discussed throughout the literature review, research indicates that LGBTQ adolescents are a vulnerable population. Further research to determine better understanding of these youth's experiences provides voice for these oppressed populations. It is also important to determine what factors are relevant to these experiences. Further, in order to best determine how to provide appropriate interventions to an issue, social workers need to have better understanding through research.

Although there was no probing interview or processing of trauma during this survey, all considerations for the protection of the participants of this study were paramount. The selection of the study setting being on-line and distributed through LGBTQ teen centers or queer friendly professionals was chosen in consideration of the participants feeling safe and comfortable in

order to share their experiences with homo/transphobia in a setting where there would not be shame or scrutiny. In addition, this writer provided national contact information on the informed consent statement to offer resources or support for any participant that may need this information.

Results

The primary aim of the present study was to assess subjects' perceptions of the social milieu of their school (assessed by subjects' ratings of the attitudes and behaviors of their peers and teachers), and whether this measured social context was correlated with students' risk-taking behaviors. To that end, a factor analysis was performed to measure which attitude and behavior items clustered into a set of attitude factors (using the 48 items on the GLSEN questionnaire). A similar analysis was performed for the 60 items on the YRBS questionnaire for a set of derived behavior factors. After obtaining set of clustered items from the factor analysis, a subset of derived attitude factors was computed, and a similar set of behavior factor scores were computed. Next, the correlations among the attitude factors and the behavior factors were assessed by Spearman correlation coefficients. Finally, the correlations among key attitude items on the GLSEN were correlated with key items on the YRBS and Multidimensional Peer Victimization Scale items. All significant p values are presented as $p < .05$. Convention indicates that p values are represented in this manner.

From the factor analysis of the GLSEN behaviors survey items, a subset of four factors were identified. The four attitude factors are presented in Table 2. The identified attitude factors were: (1) verbal stereotyping, (2) harassment at school, (3) staff intervention, and (4) physical harassment. In order to compute each factor score, the individual items were coded with a score of '1' if the criteria for negative attitude was met, and a score of '0' if the criteria was not met

(Appendix B). For example, for ordinal items such as the attitude question “During the past month of school, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?”, a response of “0 days” was coded with a score of “0”, and a response of “1 day”, “2 or 3 days”, “4 or 5 days”, or “6 or more days” was coded with a score of “1”. Thus, a higher number represented a more negative attitude. Next, for each attitude factor score, the sum of all of the items that loaded on a specific factor was computed to yield an overall summed score for each factor.

Table 2. GLSEN Attitude Factors		
Attitude Factor #1: Verbal stereotyping		Factor Codings
Q26	How often do you hear the word "gay" used in a negative way (such as "that's so gay" or "you're so gay") in school?	0.92192
Q42	Are you able to use school computers to access websites about lesbian, gay, bisexual and transgender people, history or events?	0.90737
Q28	How have you heard other homophobic remarks used in school (such as "faggot", "dyke", or "queer" used in a negative manner)?	0.87389
q5	Q5: Sum Avoid Spaces School	0.85218
Q29	Would you say that homophobic remarks are made by:	0.83178
Q30	How often do you hear homophobic remarks from teachers or school staff?	0.77071
Q40	Would you say that these remarks are made by:	0.76537
Q34	How often have you heard comments about students not acting "feminine" enough?	0.76064
Q27	How often do you hear the phrase "no homo" used in school?	0.74909
Q39	How often have you heard negative remarks about transgender people (such as "tranny" and "he/she") used in your school?	0.72581
Q7	In the past year, how often have you been verbally harassed (name-calling, threats, etc. directed at you) at school because of how you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)	0.71744

Q44	In this past school year, were you taught positive things about lesbian, gay, bisexual, or transgender (LGBT) people, history or events in any of your classes?	0.69400
Q21	How often have you heard sexist remarks used in school (such as someone being called a bitch or ho in a negative way or comments about girls' bodies or talk of girls being inferior to boys)?	0.64186
Q41	Does your school have a Gay/Straight Alliance (GSA) or another type of club that addresses lesbian, gay, bisexual and transgender student issues?	0.62115
Q31	When homophobic remarks are made and a teacher or other school staff person is present, how often does the teacher or staff person intervene or do something about it?	-0.67110
Q45	In this past year, were you taught negative things about LGBT people, history, or events in any of your classes?	-0.69206
Q46	How many teachers or other school staff persons are supportive of LGBT students at your school?	-0.76873
Q32	When you hear homophobic remarks, how often does another student intervene or do something about it?	-0.78027
Q37	When these remarks are made and a teacher or other school staff person is present, how often does the teacher or staff person intervene or do something about it?	-0.83128
Q47	In general, how accepting do you think students at your school are of LGBT people?	-0.86285

Attitude Factor #2: Harassment at School		Factor Codings
Q22	How often do you hear sexist remarks from teachers or school staff?	0.84234
Q6	In the past year, how often have you been verbally harassed (name-calling, threats, etc. directed at you) at school because of your gender?	0.79076
Q25	When you hear sexist remarks, how often does another student intervene or do something about it?	0.69456
q3	Q3: Sum Feel Unsafe	0.65501
Q33	How often have you heard comments about students not acting "masculine" enough?	0.58464
Q35	Would you say that these remarks are made by:	0.53920
Q38	When you hear these remarks, how often does another student intervene or do something about it?	0.50497
Q17	In the past year, how often have you been harassed or threatened by students at your school using phone or internet communications (for example, text messages, emails, instant messages (IM), or posting on Twitter, Tumblr, or Facebook)?	-0.59685
q18	Q18: Sum bullied	-0.40911
Attitude Factor #3: Staff intervention		Factor Codings
Q23	Would you say sexist remarks are made by:	0.71629
Q14	In the past year, how often have you had mean rumors or lies spread about you by students in your school?	0.69830
Q13	In the past year, how often have you been sexually harassed at your school, such as sexual remarks made toward you or someone touching your body improperly?	0.56921
Q20	Overall, how effective was the staff response in addressing the problem the last time you reported	-0.53382
Q19	How often did you report when you were harassed or assaulted in school to a teacher, the principal or other school staff person?	-0.57158
Q16	In the past year, how often have you had your property stolen or deliberately damaged such as your car, clothing or books in school?	0.37955
Attitude Factor #4: Physical Harassment		Factor Codings

Q9	Q9; In the past year, how often have you been physically harassed (name-calling, threats, etc. directed at you) at school because of how you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)	0.80688
Q8	In the past year, how often have you been physically harassed (shoved, pushed, etc.) at your school because of your gender.	0.80688
Q15	In the past year how often have you felt excluded or left out on purpose by students at your school?	-0.65950

The identified student behavior factors are present in Table 3. The three identified risk behavior factors were (1) substance abuse, (2) life risking behaviors, and (3) at risk sexual behaviors. In order to compute each factor score, the individual behavior items were coded with a score of '1' if the criteria for negative behavior were met, and a score of '0' if the criteria was not met. For example, for ordinal items such as the question "During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?", a response of "0 times" was coded with a score of "0", and a response of "1 time", "2 or 3 times", "4 or 5 times", or "6 or more times" was coded with a score of "1". Thus, a higher number represented a more negative behavior. Next, for each behavior factor score, the sum of all of the items that loaded on a specific factor was computed to yield an overall summed score for each factor.

The coding of each attitude and behavior items is presented in Appendix B.

Table 3. Behavior Factors		
Behavior Factor #1: Substance abuse		Factor Codings
Q86	During your life, how many times have you used marijuana?	0.85961
Q88	During the past 30 days, how many times did you use marijuana?	0.81584
Q101	During your life, with how many people have you had sexual intercourse?	0.78325
Q73	During the past 30 days, on how many days did you smoke cigarettes?	0.77596
Q102	During the past 3 months, with how many people did you have sexual intercourse?	0.76883
Q81	During your life, on how many days have you had at least one drink of alcohol?	0.75899
Q74	During the past 30 days, for the days you smoked, how many cigarettes did you smoke per day?	0.75842
Q72	How old were you when you first tried cigarette smoking, even one or two puffs?	0.71712
Q100	How old were you when you had sexual intercourse for the first time?	0.69784
Q87	How old were you when you tried marijuana for the first time?	0.65403
Q105	The last time you had sexual intercourse, if it could result in pregnancy, what one method did you or your partner use to prevent pregnancy? (Select only one response.)	0.64951
Q83	During the past 30 days, on how many days did you have at least one drink of alcohol?	0.63725
Q79	During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?	0.58468
Q85	During the past 30 days, what is the largest number of alcoholic drinks you had in a row?	0.55049
Q82	How old were you when you had your first drink of alcohol other than a few sips?	0.49946
Q84	During the past 30 days, how did you usually get the alcohol you drank?	0.48790
Q62	Have you ever been physically forced to have sexual intercourse when you did not want to?	-0.58584

Table 3. Behavior Factors		
Q99	Have you ever had sexual intercourse?	-0.74126
Q71	Have you ever tried cigarette smoking, even one or two puffs?	-0.79258
Behavior Factor #2: Life risking behaviors		Factor Codings
Q69	During the past 12 months, how many times did you actually attempt suicide?	0.83987
Q90	During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	0.78982
Q94	During your life, how many times have you used synthetic marijuana (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?	0.78944
Q97	During your life, how many times have you used a needle to inject any illegal drug into your body?	0.78944
Q108	108: During the past 12 months, how would you describe your grades in school?	0.53228
Q96	During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)	0.43788
Q52	How often do you wear a seat belt when riding in a car driven by someone else?	-0.67557
Behavior Factor #3: Physical abuse		Factor Codings
Q65	During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)	-0.60257
Q64	During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)	-0.72830
Q95	During your life, how many times have you taken steroid pills or shots without a doctor's prescription?	-0.73966

Table 3. Behavior Factors		
Q63	During the past 12 months, how many times did anyone force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)	-0.78363

Table 4 presents the results of the correlation analysis among the derived four attitude factors and the three derived behavior factors.

Table 4. Correlation Among Derived Attitude and Behavior Factors				
	Attitude #1: Verbal Stereotyping	Attitude #2: Harassment at School	Attitude #3: Staff Intervention	Attitude #4: Physical Harassment
	r p-value	r p-value	r p-value	r p-value
Behavior Factor #1: Substance Abuse Behaviors	0.11 0.440	0.25 0.053*	0.24 0.068	0.34 0.008*
Behavior Factor #2: Life Risking Behaviors	0.24 0.070	0.32 0.013*	0.46 0.0002*	0.33 0.011*
Behavior Factor #3: Physical/Sexual Abuse	0.088 0.505	0.087 0.507	0.22 0.092	-0.04 0.791

Substance Abuse

Results showed that the attitude factors that were significantly associated with higher rates of students' self-reported substance behaviors were: higher summary scores for physical harassment ($r = .34, p < 0.05$); and higher scores for harassment at school ($r = .25, p = 0.053$). Thus, students who reported more high-risk behaviors also reported more negative assessments

of their school social environment with regard to LGBTQ attitudes. Students' perceptions of staff intervention and verbal abuse were not significantly correlated with reported substance abuse.

Life Risking Behaviors

Table 3 also showed that there was a statistically significant positive correlation between student's life risking behaviors and: lower levels of school staff intervention on the behalf of LGBTQ students ($r = .46, p < 0.05$); more perceived physical harassment ($r = .33, p < 0.05$); and more perceived harassment at school ($r = .32, p < 0.05$). The correlation between life-risking behaviors and perceived verbal stereotyping was not statistically significant.

Physical/Sexual Abuse

There were no statistically significant correlations for any of the 4 attitude factor summary scores for the factors of physical/sexual harassment (see Table 3).

Conclusions for Identified Factors

Emotional Regulations

Specific correlations were indicated with emotional dysregulation and self-identified social isolation experiences of having peers "trying to get me in trouble" or "made other people not talk to me" (-0.35 and -0.34). Further correlations included feelings of suicidality and "tried to get my friends against me" (-0.37) and "called me names" (0.35) were relevant in the data. Raw data pertaining to suicidality indicated that over the last 12 months of the 60 participants that responded to this question, 25 participants had contemplated suicide. Of those, 22 participants had made some plan during the past 12 months.

Substance Use

Specific correlations were indicated with the frequency over the past 30 days of smoking marijuana and "tried to make my friends turn against me" (0.31); "refused to talk to me"

(0.30); “made other people not talk to me” (0.34). In addition, a correlation was determined between smoking cigarillos and these same factors were relevant (0.31, 0.33, 0.42 respectively). Although no correlations were relevant to alcohol specifically, it is noteworthy pertaining to the raw data to acknowledge that only 22 participants stated they had drank alcohol zero days, with 2 participants having consumed alcohol 100 days or more. When asked the age of first consuming alcohol 8 participants identified their first drink from the ages of 8-12 years old and 14 participants first drinking alcohol from the age of 13-14 years of age.

At-risk Sexual Behaviors

There was a correlation between “made other people not talk to me” and having sexual intercourse (-0.32); the age of having sexual intercourse (0.34); the amount of people the participant had sex with in their life (0.38); the number of partners within the past three months (0.34); whether alcohol was involved in sexual interactions (-0.43); the use of protection during the last time the participant had sex (-0.46). Having protected sex also had a correlation with “tried to make my friends turn against me” (-0.38).

Academic Performance

No relevant correlations were determined by academic performance and the participants identifying of their experience with homo/transphobia. Of the 60 participants that responded to this question, 32 participants identified having mostly A’s; 20 participants having mostly B’s; 4 mostly C’s; 2 participants mostly D’s; and 2 mostly F’s.

Discussion

In sum, students who reported higher summary scores for substance abuse were also more likely to have higher scores for the attitude factor that measured higher levels of physical

harassment in general, and the attitude factors that tapped into perceptions of physical abuse that might occur in the school setting in particular. In addition, students who reported more actual life risking behaviors were also more likely to report experiencing more negative social attitudes on lack of school staff intervention on the behalf of LGBTQ students, and also more negative perceptions regarding the tolerance of physical harassment of LGBTQ students, and more instances of other students voicing negative attitudes towards the acceptance of both physical harassment and social ostracizing of fellow students. It appears that students who perceive that their school and social environment is stereotypically biased against the LGBTQ community are more likely to be indulging in substance abuse and life-risking behaviors.

Implications for Social Work Treatment-Clinical Practice

The results of the study have revealed several distressing implications. The participants' responses indicated a correlation between a perception of harassment and physical conflict with substance use. Further the raw data indicated that over 10% of the participants identified having consumed alcohol at early ages (8-12 years old). Early ages of substance use have been linked to addiction issues in later adulthood. As has been discussed by Jordan (2000), there are a multitude of reasons that LGBTGQ adolescents may engage in substance use, and this includes a desire to be accepted, difficulty coping with same-sex attractions, or difficulty with gender identities. Jordan (2000) goes on to discuss that manners to better support this population should include having sensitivity to the unique experiences for queer youth. Further availability of other means to finding acceptance will be beneficial to prevent from this group to seek out manners to dull painful experiences and finding peer groups who are involved in high risk behaviors (Jordan, 2000). In addition, if there is a link between negative experiences with bullying/harassment, then

school employees and social workers with access to this population must be vigilant and diligent in monitoring for these experiences, and addressing bullying instances as they arise.

It also seems relevant to acknowledge that substance use may be a maladaptive coping skill that adolescents within the Queer community may be utilizing in certain scenarios. If that is a potential, more supports regarding healthier manners of receiving acceptance. This may mean creating safe spaces for LGBTQ adolescents in the form of QSA's or other social groups/teen centers that would be able to encourage comradery in a space where there would also be mentoring and guidance. Further, having these kinds of organizations also communicate support. As was indicated in this study's results, there are perceptions of some of the participants that school staff do not adequately respond to experiences of harassment and bullying, and the higher the levels of the participants perceptions of this, the higher indications of higher risk behaviors.

Other relevant results included high rates of suicidal ideation identified by participants in the raw data (25 participants out of 60 participants that responded to this question), Generalizability for these numbers are limited due to the small sample size, however, national suicide statistics for adolescents indicate significantly higher rates for individuals that identify within the LGBTQ community than those who identify as cisgender and heteronormative. The research results would suggest a need for social work clinicians to be aware of particular vulnerabilities within this population. On the micro level of practice, social workers must be able to recognize that harassment and bullying may have complicated outcomes. Safety is paramount, clinicians should be regularly checking in with those adolescents who are being identified and or perceived to be within this population, and assessing for suicidal ideations. As is commonly known, asking questions of an individual if they are experiencing suicidal ideations will not

cause a client to become suicidal, instead, it shows care and concern, and could be an important dialogue that could lead to a safe outcome.

When looking at the implications of social work clinical practice and the results of this study, it is important to recognize the role that shame may play in the experiences of queer youth. For queer youth, what is the experience like being bullied? The experience can be devastating alone, but acknowledging the experience by sharing the trauma with an authority figure to get the support needed, may also be difficult. For our clients, is it additionally humiliating to be the “victim” of oppression, and could the effects of this humiliation could lead to a place of secrecy. This fear of being a social outcast can result in hiding, and prevent queer youth from accessing supports. As is discussed by Bybee, Sullivan, Zielonka, & Moes (2009), “Gay youth may realistically fear the consequences of disclosing their sexual identity to others. Those who fear to do so, however, may deprive themselves of potential sources of support...” (p. 144). This can also lead to additional mental health concerns because the stress of concealing ones’ identity can also be a distressing state. As we work with youth, social workers need to be particularly aware of how heteronormative assumptions can be devastating for an individual who may be struggling with identity issues. Clinically, it becomes particularly salient to be open in our approach to create dialogues that would feel non-judgmental and inclusive to set the stage for youth who may need to “come out”.

Beyond the individual concerns raised within the study results, the most relevant recommendation comes in the manner of an overall understanding. Perhaps a more precise description is a lack of understanding of the experiences for this population. More diversity sensitivity that would incorporate dialogues pertaining to the experiences of LGBTQ adolescents, and also prevalent research which high lights potential areas of concern including

lack of supports, suicidal ideations, substance use, and bullying concerns is necessary to better support individuals within this community. Most importantly, clinicians and social workers truly need to approach the clients with an understanding of what the individual adolescents' experiences could be, but taking a not knowing stance in allowing each person to share their own experience, and truly meet that person where they are.

Implications for Social Work Treatment-Queer Theory and Political Advocacy

The results of this study indicate that there are issues being experienced by adolescents who identify within the LGBTQ community while in school systems. The participants of the study identified a perception of a more negative social context specifically directed toward members of the LGBTQ community, and certain participants also reported a greater proportion of high risk behaviors as a result of perceptions of lack of interventions from school staff, harassment, and physical harassment. If there are mentalities within school systems that are contributing to oppressive forces, as a profession, social workers need to respond. This creates an opportunity for social work to participate in advocacy work on behalf of this oppressed people. This notion of advocacy seems particularly pertinent in this time and culture, and unlike other professions, social workers are held to a standards and ethics that require for us to become involved. According to the NASW Code of Ethics:

Social workers are sensitive to cultural and ethnic diversity and strive to end discrimination, oppression, poverty, and other forms of social injustice. These activities may be in the form of direct practice, community organizing, supervision, consultation administration, advocacy, social and political action, policy development and implementation, education, and research and evaluation. Social workers seek to enhance the capacity of people to address their own needs.

Social workers also seek to promote the responsiveness of organizations, communities, and other social institutions to individuals' needs and social problems. (p. 1)

There is an intersection where Queer theory and social work practice share, and it is a history of social advocacy. As has been previously discussed, Queer theory has its origins within social and political advocacy. Queer theory has its origination in efforts in making strives for civil rights. Social work practice also has this obligation. Queer theory initially became relevant during a time of the AIDS crisis, and was of movement of reclamation and political awareness, and there appears to be symmetry to this, and work that can be done on behalf of this oppressed group. (Steiner & Plummer, 1994).

This notion of advocacy seems particularly pertinent in this time and culture. Recent political shifts have made the information gained throughout this research project more salient. Since the time of the 2016 presidential elections, there has been renewed and growing concern over the civil rights gains and apparent social successes within the United States. Transgender rights have been a hotly contested and debated center of the civil rights fight. North Carolina's House Bill 2 (HB2) and other laws known as the "bathroom bills" expend energy to prevent individuals that identify as transgendered to only use the bathroom that corresponds with the sex assigned at birth on the person's birth certificate. Queer theory would argue that the source of this oppressive legislature is a societal expectation that looks at society in a binary: men and women, straight and gay, masculine and feminine. Queer theory would argue that this binary is a social construct without real relevance beyond the meaning we attach to these concepts (Diley, 1999).

This debate has also translated to the school settings, and across the country what bathroom teens that identify as transgendered use has become a political talking point. Under President Obama, there were protections for transgendered students, but in the wake of the Trump presidency, these protections have been repealed. In addition, federal contracting laws have been altered to not include discrimination of employees that are within the LGBTQ community.

Indications of a political climate being against the advancement of LGBTQ civil liberties can be gleaned from the president's choice of Mike Pence as his vice president. While governor, Mike Pence introduced a bill protecting individuals or businesses to refuse services or goods to LGBTQ people if it is considered an issue based upon the religious beliefs of the proprietor (Girard, 2017). To expand in the author's own words, "...Trump's Vice-President, Mike Pence, has an unequivocal public record of draconian anti-choice and anti-lesbian, gay, bisexual, trans and queer (LGBTQ) actions and positions as US Congressman and Governor of Indiana" (2017, p.1). In addition, the Republican party platform has been identified as the most anti-gay platform in modern history, and Trump has filled his cabinet with individuals who oppose the advancement of LGBTQ civil rights. (Girard, 2017).

How does this political climate impact the day to day lives for the LGBTQ community specifically adolescents within this community? Gavin Grimm is a concrete example of the political ramifications. During the Obama presidency, it was determined that protections for gender oppression would be extended to students within the transgender community under Title IX. These protections allowed for Gavin Grimm to utilize the bathroom of the gender he identifies with, not the bathroom of his assigned birth sex. As is discussed by Quintanilla (2015):

...in a recent case at Gloucester High School in Gloucester, Virginia where 10th grade transgender boy, Gavin Grimm...was granted permission by the school principle to utilize the boys' bathroom and locker room only to have the school board deny access to these facilities just a few months later... Title IX of the Education Amendments prohibits sexual discrimination or exclusion from participation in education programs or activities that receive Federal funding. The Office for Civil Rights in Education enforces schools' compliance of Title IX and ensures equal and fair treatment of students regardless of sex, including cross gender identifying individuals. (p. 2.)

These protections have already been reversed within the first 100 days of the Trump presidency. Civil rights cases like Gavin Grimm's will eventually land in front of the Supreme Court, and as Neil Gorsuch takes the bench, it is still to be determined on the outcome of continued civil rights battles.

This study's results mirror previous studies' implications associating experiences of oppression to difficulty with emotional regulation, and also high-risk behavior; however, it is pertinent to reference the correlation between perceptions by participants of a lack of staff intervention, and risk-taking behaviors. What are the implications of this outcome? Perhaps social workers need to see this as a rallying cry. What is the messaging of advocacy for this vulnerable population, and how could this be a benefit? It seems reasonable to assert that standing up for the oppressed shows our care and concern, but beyond the individual clients we have further opportunities. As social workers, we have an opportunity to offer support and care not only within our individual client work, but also as part of a collective voice that can impact change. We can embrace the spirit of Queer theory and take action. As is discussed by Hill

(2004), we can challenge traditional norms that can have negative implications for those deemed on the outside of the mainstream:

Embracing queer ideas has taken me more deeply into popular education and LGBTQ community development, not as theoretical approaches but as ways to do four things: subvert dominant notions; trouble assumptions; bring rigorous skepticism to so-called regimes of truth; and contest the tendency to domesticate, colonize, and sanitize difference. (p. 86)

Due to the current uncertainty as a result of the political shift in our country, and the implications of mental health concerns raised within this study, it is imperative that continued focus and attention on oppressed communities take a new, escalated importance. Dialogue, discussion, and supportive studies to better understand the ramifications of oppression particularly in the context of institutions for which students have no choice to attend have particular relevance in this context. As has been previously discussed, the outcomes associated with homo/transphobic harassment can be a detriment to the development and academic success for the students in this community. Moving forward, knowledge is the only manner to battle ignorance, and can only fuel the advancement of civil rights, and respect and dignity for adolescents that identify as LGBTQ.

Future Implications for Research

This research study has several implications for future research. As was previously discussed the focus of the study limited demographic information collected, however, it is noteworthy that over one third of the participants reported experiencing harassment due to factors other than sexuality. How might multiple layers of oppression intercept? Are there distinctions between expectations of gender and experiences of oppression? As is discussed by

Kindlon and Thompson, in their 2000 book, *Raising Cain: Protecting the Emotional Life of Boys*, there is a significant role between notions of masculinity and male adolescents' experiences with bullying. There is a connection and an acceptance of having an aggressive environment amongst male peers being a rite of passage, but the outcomes of this culture is unknown. In the author's own words, "...the adolescent culture of cruelty that preys on unpopular or nonconformist boys, and the high costs to all of us of the emotional illiteracy that is so common among boys and men." (p.vii) What are the long term outcomes for these attitudes in our culture? Phoenix, Frosh, and Pattman in their study (2003) look at these ideas of masculinity and bullying. The study indicates a fear of being seen as weak or too effeminate. This opens experiences of homophobic oppression beyond male adolescents that identify within this community to anyone who may be perceived to not have appropriate levels of masculinity. Future studies focusing on expectations associated with masculinity and femininity and resulting bullying would be beneficial.

The experiences with racial oppression and the queer identity would also benefit from future exploration. There is uniqueness to this oppressive intersection, and also how this plays out within an institutional setting, "As with other derogated forms of social and cultural difference in Western societies, schools have played a notable role in reproducing the marginality of black queerness" (Brockenbrough, 2012, p.741). Ed Brockenbrough conducted a qualitative study (2012) regarding the experiences of educators who identify as black and queer. An interesting notion that was uncovered through Brockenbrough's study includes understanding the level of homophobia that exists within our culture. Brockenbrough discusses the experiences of some participants pertaining to being closeted out of fear of repercussions. In the author's own words, "While participation in this study provided a unique opportunity for

respondents to reflect upon and speak about their experiences as black men in the teaching profession, it also produced unanticipated tensions around queer disclosures” (2012, p. 750).

This perhaps unanticipated study talking point sheds light on the prevalence of homophobia and education and further raises questions of how students may weather complicated layered experiences of oppression. If this issue is difficult for adult professionals to manage, how would this impact students? This finding begs further study.

This writer would advocate that better understanding pertaining to motivations and gains associated with the participants’ correlated behaviors associated with higher risk behaviors and substance use. The focus of future studies should take into account what the participants believe to be the benefit. Is the behavior associated with social acceptance and status or is this motivated by escapism? Perhaps there is a combination of both influences. In addition, research pertaining to perceived lack of support should be compared with whether or not there are Gay Straight Alliances or Queer clubs available within the schools that students are expressing a lack of staff intervention on behalf of Queer students. This data could argue more benefit to these organizations being a healthy support and outlet for adolescents struggling with oppression. Lastly, this writer would recommend that studies should also include information addressing how empowering the experience of social advocacy and political involvement may be in combatting feelings of alienation and potential staff indifference. Investigating how feelings of empowerment arise through social advocacy would be relevant knowledge for social workers to encourage healthy outlets for Queer youth.

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Appendix A

Informed Consent:

Thank you for your willingness to participate in this anonymous survey. Please answer the questions to the best of your understanding and as honestly as possible. The survey is an attempt to understand experiences within school systems of oppressive behaviors, attitudes, and language regarding adolescents who identify within the LGBT community. These identified experiences will be compared and correlated with information collected pertaining to academic performance, substance use, emotional/social well-being, and sexual behaviors. Any information collected is an effort to better understand the experiences of adolescents within the LGBTQ community in an effort to enhance support.

All questions are multiple choice or rating questions. No in-depth or open-ended questions are being asked or requested of participants. Participation in this study is purely voluntary, and all participants have the option to withdraw without completing the survey without any consequence. The content of this survey has no intentionally distressing materials; however, if participants need support or resources, below are two national hotlines that can offer support and or resources for participants:

The Trevor Project, www.thetrevorproject.org 24/7 hotline, 1-866-488-7386

The GLBT Help Center, <http://www.glbthotline.org/>, GLBT National Youth Talkline at 1-800-246-7743

All survey information will be used solely for the purposes of this research study. No identifying information is being collected, and the survey is completely anonymous. Any results or publications pertaining to this study will have no identifying information of any individual participants.

if you have any questions or concerns please contact the study researchers:

Paul Heffner at 267-773-8205 or email at heffner@sp2.upenn.edu

Or

Andrea Doyle at 215-746-5486 or email at doylea@sp2.upenn.edu

Additionally, if you have any other concerns about being a participant in this study, please call or email:

Institutional Review Board
University of Pennsylvania Office of Regulatory Affairs
3624 Market Street, Suite 301 S., Philadelphia, PA 19104-6006
Phone: 215.573.2540 Fax 215-573-9438 or email hsera_help@lists.upenn.edu

By continuing with this survey, participants are acknowledging they have read, understand, and agree to participate in this anonymous survey.

- ☐ Yes
- ☐ No

Welcome to the LGBTQ Survey!

Thank you for participating in this survey about your school experiences. The survey contains questions about you, your school and your experiences in school, including your experiences with harassment and assault at school. We are conducting the survey so that we can assess the school climate—how comfortable students of different backgrounds are in school, how common offensive language is in the hallways, and how common other types of harassment are. The information from the survey will help inform on LGBTQ teens experiences.

You can choose to stop taking the survey at any time.

This survey is intended to be anonymous—please do not provide your name, email, or other contact information anywhere on the survey.

Because the survey is anonymous, we hope that you will be comfortable being completely honest when answering these questions.

Created through GLSEN's Local School Climate Survey Tool. This survey is not administered by GLSEN.

How Old are You?

- ☐ 12 or younger
- ☐ 13
- ☐ 14
- ☐ 15
- ☐ 16
- ☐ 17

- ☐ 18
- ☐ 19
- ☐ 20
- ☐ 21 or older

Do you feel unsafe at your school because of...(Please check all that apply to you)

- ☐ Your race or ethnicity or because people think you are of a certain race or ethnicity
- ☐ Your sexual orientation (for example being gay, lesbian, or bisexual) or what people think your sexual orientation is.
- ☐ Your gender
- ☐ How you express your gender (how traditionally masculine or feminine you are in your appearance or in how you act)
- ☐ Your disability or because people think you have a disability
- ☐ Your religion or because people think you are of a certain religion
- ☐ Your body type (size, weight, height, etc.)
- ☐ Your family's income or economic status
- ☐ Your academic ability or how well you do in school
- ☐ Your citizenship status
- ☐ Other reason
- ☐ None of the above. I do not feel unsafe at school

During the past month of school, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

Do you avoid these spaces at school because you feel uncomfortable or unsafe in the space?
(Please check all that apply to you)

- ☐ Bathrooms
- ☐ Cafeteria or lunch room
- ☐ Locker rooms
- ☐ Hallways-stairwells
- ☐ School athletic fields or facilities
- ☐ School buses
- ☐ Physical education(PE) or gym class
- ☐ School grounds, not including athletic fields (example: parking lots)
- ☐ School functions (Dances, assemblies, etc.)
- ☐ Extracurricular programs-facilities-activities at school
- ☐ Another space not listed above
- ☐ I don't avoid anywhere at school because of feeling uncomfortable or unsafe

In the past year, how often have you been verbally harassed (name-calling, threats, etc. directed at you) at school because of your gender?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been verbally harassed (name-calling, threats, etc. directed at you) at school because of how you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been physically harassed (shoved, pushed, etc.) at your school because of your gender.

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been physically harassed (name-calling, threats, etc. directed at you) at school because of how you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been physically assaulted (punched, kicked, injured with a weapon, etc.) at your school because of your sexual orientation (for example, being gay lesbian, or bisexual) or what people think your sexual orientation is

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been physically assaulted (punched, kicked, injured with a weapon, etc.) at your school because of Your gender

- ☐ Never
- ☐ Rarely

- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been physically assaulted (punched, kicked, injured with a weapon, etc.) at your school because of how you express your gender (how traditionally masculine or feminine you are in your appear or in how you act)

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been sexually harassed at your school, such as sexual remarks made toward you or someone touching your body improperly?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you had mean rumors or lies spread about you by students in your school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year how often have you felt excluded or left out on purpose by students at your school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you had your property stolen or deliberately damaged such as your car, clothing or books in school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, how often have you been harassed or threatened by students at your school using phone or internet communications (for example, text messages, emails, instant messages (IM), or posting on Twitter, Tumblr, or Facebook)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

In the past year, have you been bullied or harassed in the following places? (Please check all that apply)

- ☐ Bathrooms
- ☐ Cafeteria or lunch room
- ☐ Hallways-stairwells
- ☐ School athletic fields or facilities
- ☐ School buses
- ☐ Physical education (PE) or gym class

- ☐ School grounds not including athletic fields (example: parking lots)
- ☐ School functions (dances, assemblies, etc.)
- ☐ Extracurricular programs/facilities/activities at school

How often did you report when you were harassed or assaulted in school to a teacher, the principal or other school staff person?

- ☐ Always
- ☐ Most of the time
- ☐ Some of the time
- ☐ Never
- ☐ Doesn't apply-I have never been harassed or assaulted in school

Overall, how effective was the staff response in addressing the problem the last time you reported it?

- ☐ Very effective
- ☐ Somewhat effective
- ☐ Somewhat ineffective
- ☐ Not at all effective
- ☐ Doesn't apply-I have never been harassed/assaulted in school or I never reported it.

How often have you heard sexist remarks used in school (such as someone being called a bitch or ho in a negative way or comments about girls' bodies or talk of girls being inferior to boys)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

How often do you hear sexist remarks from teachers or school staff?

- ☐ Never

- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

Would you say sexist remarks are made by:

- ☐ None of the students
- ☐ A few of the students
- ☐ Some of the students
- ☐ Most of the students
- ☐ Female

When sexist remarks are made and a teacher or other school staff person is present, how often does the teacher or staff person intervene or do something about it?

- ☐ Never
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always
- ☐ Not applicable-I never hear these remarks.
- ☐ Not applicable-The teacher was never present.

When you hear sexist remarks, how often does another student intervene or do something about it?

- ☐ Never
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always
- ☐ Not applicable-I never hear these remarks
- ☐ Not applicable-Another student was never present.

How often do you hear the word "gay" used in a negative way (such as "that's so gay" or "you're so gay") in school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

How often do you hear the phrase "no homo" used in school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

How have you heard other homophobic remarks used in school (such as "faggot", "dyke", or "queer" used in a negative manner)?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

Would you say that homophobic remarks are made by:

- ☐ None of the students
- ☐ A few of the students
- ☐ Some of the students
- ☐ Most of the students

How often do you hear homophobic remarks from teachers or school staff?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

When homophobic remarks are made and a teacher or other school staff person is present, how often does the teacher or staff person intervene or do something about it?

- ☐ Never
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always
- ☐ Not applicable-I never hear these remarks
- ☐ Not applicable-The teacher was never present

When you hear homophobic remarks, how often does another student intervene or do something about it?

- ☐ Never
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always
- ☐ Not applicable-I never hear these remarks
- ☐ Not applicable-Another student was never present

How often have you heard comments about students not acting "masculine" enough?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

How often have you heard comments about students not acting "feminine" enough?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

Would you say that these remarks are made by:

- ☐ None of the students
- ☐ A few of the students
- ☐ Some of the students
- ☐ Most of the students

How often do you hear these remarks from teachers or school staff?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

When these remarks are made and a teacher or other school staff person is present, how often does the teacher or staff person intervene or do something about it?

- ☐ Never
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always
- ☐ Not applicable-I never hear these remarks
- ☐ Not applicable-The teacher was never present

When you hear these remarks, how often does another student intervene or do something about it?

- ☐ Never
- ☐ Some of the time
- ☐ Most of the time
- ☐ Always
- ☐ Not applicable-I never hear these remarks
- ☐ Not applicable-Another student was never present

How often have you heard negative remarks about transgender people (such as "tranny" and "he/she") used in your school?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Frequently

Would you say that these remarks are made by:

- ☐ None of the students
- ☐ A few of the students
- ☐ Some of the students
- ☐ Most of the students

Does your school have a Gay/Straight Alliance (GSA) or another type of club that addresses lesbian, gay, bisexual and transgender student issues?

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

Are you able to use school computers to access websites about lesbian, gay, bisexual and transgender people, history or events?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Don't have internet access at my school

How many books or other resources in your school library contain information about lesbian, gay, bisexual and transgender people, history or events?

- ☐ None
- ☐ A few
- ☐ Many
- ☐ Don't know

In this past school year, were you taught positive things about lesbian, gay, bisexual, or transgender (LGBT) people, history or events in any of your classes?

- ☐ Yes
- ☐ No

In this past year, were you taught negative things about LGBT people, history, or events in any of your classes?

- ☐ Yes
- ☐ No

How many teachers or other school staff persons are supportive of LGBT students at your school?

- ☐ None
- ☐ one
- ☐ Between 2 and 5
- ☐ Between 6 and 10

- ☐ More than 10
- ☐ Don't know

In general, how accepting do you think students at your school are of LGBT people?

- ☐ Not at all accepting
- ☐ Not very accepting
- ☐ Neutral
- ☐ Somewhat accepting
- ☐ Very accepting
- ☐ Don't know

How accepting is your school administration (principal, vice-principal, etc.) of LGBT students?

- ☐ Very unsupportive
- ☐ Somewhat unsupportive
- ☐ Neutral
- ☐ Somewhat supportive
- ☐ Very supportive
- ☐ Don't know

What sex were you assigned at birth (what the doctor put on your birth certificate)?

- ☐ Male
- ☐ Female

Below is a list of terms that people often use to describe their gender. Please check all those terms that apply to you.

- ☐ Male
- ☐ Female
- ☐ Transgender/transgender Male-to-female/transgender Female-to-male
- ☐ Genderqueer
- ☐ Another gender identity not listed above

Below is a list terms that people often use to describe their sexuality or sexual orientation. Please check all those terms that apply to you.

- ☐ Gay
- ☐ Lesbian
- ☐ Bisexual
- ☐ Straight/heterosexual
- ☐ Questioning/not sure
- ☐ Queer
- ☐ Another sexual orientation not listed above

2017 State and Local Youth Risk Behavior Survey

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question.

How often do you wear a seat belt when **riding** in a car driven by someone else?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Most of the time
- ☐ Always

During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?

- ☐ I did not drive a car or other vehicle during the past 30 days
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?

- ☐ I did not a drive or other vehicle during the past 30 days
- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

During the past 30 days, on how many days did you carry **a weapon** such as a gun, knife, or club?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club **on school property**?

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

During the past 12 months, on how many days did you carry a **gun**? (Do **not** count the days when you carried a gun only for hunting or for a sport, such as target shooting.)

- ☐ 0 days
- ☐ 1 day
- ☐ 2 or 3 days
- ☐ 4 or 5 days
- ☐ 6 or more days

During the past 12 months, how many times has someone threatened or injured you with a **weapon** such as a gun, knife, or club **on school property**?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times

- ☐ 10 or 11 times
- ☐ 12 or more times

During the past 12 months, how many times were you in a **physical fight**?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10 or 11 times
- ☐ 12 or more times

During the past 12 months, how many times were you in a **physical fight on school property**?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or 7 times
- ☐ 8 or 9 times
- ☐ 10 or 11 times
- ☐ 12 or more times

Have you ever been physically forced to have sexual intercourse when you did not want to?

- ☐ Yes
- ☐ No

During the past 12 months, how many times did **anyone** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

During the past 12 months, how many times did **someone you were dating or going out with** force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

During the past 12 months, how many times did **someone you were dating or going out with** physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- ☐ I did not date or go out with anyone during the past 12 months
- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?

- ☐ Yes
- ☐ No

During the past 12 months, did you ever **seriously** consider attempting suicide?

- ☐ Yes
- ☐ No

During the past 12 months, did you make a plan about how you would attempt suicide?

- ☐ Yes
- ☐ No

During the past 12 months, how many times did you actually attempt suicide?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or 3 times
- ☐ 4 or 5 times
- ☐ 6 or more times

If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

- ☐ I did not attempt suicide during the past 12 months
- ☐ Yes
- ☐ No

Have you ever tried cigarette smoking, even one or two puffs?

- ☐ Yes
- ☐ No

How old were you when you first tried cigarette smoking, even one or two puffs?

- ☐ I have never tried cigarette smoking, not even one or two puffs
- ☐ 8 years old or younger
- ☐ 9 or 10 years old

- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old

During the past 30 days, on how many days did you smoke cigarettes?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ Less than 1 cigarette per day
- ☐ 1 cigarette per day
- ☐ 2 to 5 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ 11 to 20 cigarettes per day
- ☐ More than 20 cigarettes per day

Have you ever used an electronic vapor product (such as **blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo**. **Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens**)?

- ☐ Yes
- ☐ No

During the past 30 days, on how many days did you use an electronic vapor product?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

During the past 30 days, how did you **usually** get your own electronic vapor products?

- ☐ I did not use any electronic vapor products during the past 30 days
- ☐ I bought them in a store such as a convenience store, supermarket, discount store, gas station, or vape store
- ☐ I got them on the internet
- ☐ I gave someone else money to buy them for me
- ☐ I borrowed them from someone else
- ☐ A person 18 years old or older gave them to me
- ☐ I took them from a store or another person
- ☐ I got them some other way

During the past 30 days, on how many days did you use **chewing tobacco, snuff, dip, snus, or dissolvable tobacco products**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, Copenhagen, Camel Snus, Marlboro Snus, General Snus, Ariva, Stonewall, or Camel Orbs? (Do not count any electronic vapor products.)

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

During the past 12 months, did you ever try **to quit** using **all** tobacco products, including cigarettes, cigars, smokeless tobacco, shisha or hookah tobacco, and electronic vapor products?

- ☐ I did not use any tobacco products during the past 12 months
- ☐ Yes
- ☐ No

During your life, on how many days have you had at least one drink of alcohol?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 39 days
- ☐ 40 to 99 days
- ☐ 100 or more days

How old were you when you had your first drink of alcohol other than a few sips?

- ☐ I have never had a drink of alcohol other than a few sips
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old

- ☐ 15 or 16 years old
- ☐ 17 years old or older

During the past 30 days, on how many days did you have at least one drink of alcohol?

- ☐ 0 days
- ☐ 1 or 2 days
- ☐ 3 to 5 days
- ☐ 6 to 9 days
- ☐ 10 to 19 days
- ☐ 20 to 29 days
- ☐ All 30 days

During the past 30 days, how did you **usually** get the alcohol you drank?

- ☐ I did not drink alcohol during the past 30 days
- ☐ I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
- ☐ I bought it at a restaurant, bar, or club
- ☐ I bought it at a public event such as a concert or sporting event
- ☐ I gave someone else money to buy it for me
- ☐ Someone gave it to me
- ☐ I took it from a store or family member
- ☐ I got it some other way

During the past 30 days, what is the largest number of alcoholic drinks you had in a row?

- ☐ I did not drink alcohol during the past 30 days
- ☐ 1 or 2 drinks
- ☐ 3 drinks
- ☐ 4 drinks
- ☐ 5 drinks
- ☐ 6 or 7 drinks

- ☐ 8 or 9 drinks
- ☐ 10 or more drinks

During your life, how many times have you used marijuana?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 to 99 times
- ☐ 100 or more times

How old were you when you tried marijuana for the first time?

- ☐ I have never tried marijuana
- ☐ 8 years old or younger
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older

During the past 30 days, how many times did you use marijuana?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you used **heroin** (also called smack, junk, or China White)?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you used **methamphetamines** (also called speed, crystal, crank, or ice)?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times

- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you used **ecstasy** (also called MDMA)?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you used **synthetic marijuana** (also called K2, Spice, fake weed, King Kong, Yucatan Fire, Skunk, or Moon Rocks)?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you taken **prescription pain medicine** without a doctor's prescription or differently than how a doctor told you to use it? (Count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.)

- ☐ 0 times
- ☐ 1 or 2 times
- ☐ 3 to 9 times
- ☐ 10 to 19 times
- ☐ 20 to 39 times
- ☐ 40 or more times

During your life, how many times have you used a needle to inject any **illegal** drug into your body?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or more times

During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?

- ☐ Yes
- ☐ No

Have you ever had sexual intercourse?

- ☐ Yes
- ☐ No

How old were you when you had sexual intercourse for the first time?

- ☐ I have never had sexual intercourse
- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old

- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old or older

During your life, with how many people have you had sexual intercourse?

- ☐ I have never had sexual intercourse
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

During the past 3 months, with how many people did you have sexual intercourse?

- ☐ I have never had sexual intercourse
- ☐ I have had sexual intercourse, but not during the past 3 months
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?

- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No

The **last time** you had sexual intercourse, did you or your partner use a condom or other sexually transmitted infection preventative method such as a dental dam?

- ☐ I have never had sexual intercourse
- ☐ Yes
- ☐ No

The **last time** you had sexual intercourse, if it could result in pregnancy, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

- ☐ I have never had sexual intercourse
- ☐ No method was used to prevent pregnancy
- ☐ birth control pills
- ☐ condoms
- ☐ IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- ☐ A shot (such as Depo-Provera), patch (such as OrthoEvera), or birth control ring (such as NuvaRing)
- ☐ Withdrawal or some other method
- ☐ Not sure

Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)

- ☐ Yes
- ☐ No
- ☐ Not sure

On an average school night, how many hours of sleep do you get?

- ☐ 4 or less hours
- ☐ 5 hours
- ☐ 6 hours
- ☐ 7 hours
- ☐ 8 hours
- ☐ 9 hours
- ☐ 10 or more hours

During the past 12 months, how would you describe your grades in school?

- ☐ Mostly A's
- ☐ Mostly B's
- ☐ Mostly C's
- ☐ Mostly D's
- ☐ Mostly F's
- ☐ None of these grades
- ☐ Not sure

Multidimensional Peer Victimization Scale

For the next 10 questions, how often during the last school year has another student done these things to you..

Called me names

- ☐ Not at all
- ☐ Once
- ☐ More than once

...Tried to get me into trouble with my friends

- ☐ Not at all
- ☐ Once
- ☐ More than once

...Took something of mine without permission

- ☐ Not at all
- ☐ Once
- ☐ More than once

...Made fun of me because of my appearance

- ☐ Not at all
- ☐ Once
- ☐ More than once

...Made fun of me for some reason

- ☐ Not at all
- ☐ Once
- ☐ More than once

...beat me up

- ☐ Not at all
- ☐ Once
- ☐ More than once

...tried to make my friends turn against me

- ☐ Not at all
- ☐ Once
- ☐ More than once

...refused to talk to me

- ☐ Not at all
- ☐ Once
- ☐ More than once

...made other people not talk to me

- ☐ Not at all
- ☐ Once
- ☐ More than once

...Swore at me

- ☐ Not at all
- ☐ Once
- ☐ More than once

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Appendix B

Appendix B – Recoding of GLSEN & YRBS for Correlation or Factor Analysis		
	Correlation Recode	Factor Recode
GLSEN		
Q3, Q5	Add up all items where respondent feels unsafe (Score range 0 to 11)	0=0; >=1 = 1
Q4		0 DAYS=0; >=1 DAY = 1
Q6, Q7, Q8, Q9, Q10, Q11, Q12, Q13, Q14, Q15, Q16, Q17, Q21, Q22, Q26, Q27, Q28, Q30, Q33, Q34, Q36, Q39,		Never or Rarely= 1; Sometimes, Often, Frequently = 1
Q18	Add up all items where respondent feels unsafe (Score range 0 to 9)	0=0; >=1 = 1
Q19, Q24, Q25,		Always, Doesn't apply = 0; Most of the time, Some of the time, Never = 1
Q20		Very effective, Doesn't apply = 0; Somewhat effective, Somewhat ineffective, Not at all effective = 1
Q23, Q29, Q31, Q32, Q35, Q37, Q38, Q40,		None of the students=0; A few of the students, Some of the students, Most of the students=1
Q41, Q42, Q44, Q45,		Yes=0; No, Don't know/not sure=1
Q43		A few, Many=0; None, Don't know=1
Q46		One, Between 2 and 5, Between 6 and 10, More than 10 =0; None=1
Q47		Somewhat accepting, Very accepting=0; Not at all accepting, Not very accepting, Neutral=1
Q48		Somewhat supportive, Very supportive=0; Very unsupportive, Somewhat unsupportive, Neutral=1
YRBS		
Q52		Never or Rarely= 1; Sometimes, Often, Frequently = 1
Q53, Q54, Q55, Q56, Q57, Q58,		0 Times/Days=0; >=1 Time/Days

Q59, Q60, Q61, Q63, Q64, Q65, Q69, Q72, Q73, Q74, Q76, Q78, Q79, Q81, Q82, Q83, Q85, Q86, Q87, Q88, Q89, Q90, Q91, Q92, Q93, Q94, Q95, Q96, Q97,		= 1
Q62, Q66, Q67, Q68, Q70, Q71, Q75, Q80, Q98, Q99, Q103,		No=0; Yes=1
Q77, Q84, Q107, Q108		Not Recoded/ Not used in factor score
Q100, Q101, Q102		Never=0; Any=1
Q104		Never, Yes=0; No=1
Q105		Never, Any method=0; No method=1
Q106		No, Not sure=0; Yes=1
Multidimensional Youth Behavioral Scale		
Q109 to Q118		Not Recoded/ Not used in factor score