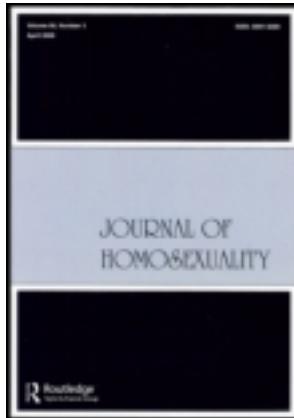


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## Sexual Minority Youth Victimization and Social Support: The Intersection of Sexuality, Gender, Race, and Victimization

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## **Sexual Minority Youth Victimization and Social Support: The Intersection of Sexuality, Gender, Race, and Victimization**

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*In comparison to heterosexual youth, sexual minority youth are more likely to experience victimization. Multiple studies have connected anti-gay prejudice and anti-gay victimization to negative outcomes. Research shows that social support may protect sexual minorities from the harmful effects of anti-gay victimization. However, rates of victimization and the negative outcomes linked to sexual identity within the sexual minority community have been relatively unexplored. Using data from three years of statewide data from heterosexual and sexual minority adolescents in grades 9–12, this study examines victimization, substance use, suicidality, and access to social support by sexuality. Results indicate that sexual minority youth are at increased risk for victimization, substance use, suicidality, and social isolation compared to their heterosexual counterparts. Results also indicate that there is very little bivariate difference within the sexual minority community. Multivariate results indicate differences among sexual minorities' experiences with victimization and substance use.*

**KEYWORDS** violence against sexual minorities, sexual minority youth, social support, victimization, gay, lesbian, questioning

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Research shows that sexual minority youth are more likely to experience various forms of victimization than their heterosexual peers. Recent studies have linked minority sexual orientation to stranger violence, school violence, family violence, and dating violence (Cniro et al., 2005; D'Augelli, Grossman, & Starks, 2006; Moon, Fornili, O'Briant, 2007; Teasdale & Bradley-Engen, 2010; *Wisconsin Youth Risk Behavior Survey* [YRBS], 2007). Scholars connect higher rates of negative outcomes among sexual minorities who experience anti-gay victimization. For example, youth who have been subjected to anti-gay victimization, either psychologically, physically, or sexually, are more likely to suffer depression and anxiety, have symptoms of posttraumatic stress disorder, consider, plan, and attempt suicide, engage in substance use, and experience social isolation (Cniro et al., 2005; Koh & Ross, 2006; Moon et al., 2007; Teasdale & Bradley-Engen, 2010; Williams, Connolly, Pepler, & Craig, 2005; Wright & Perry, 2006).

While several scholars note the occurrence and consequences of victimization of sexual minority youth, few have examined the variation of victimization among sexual minority youth by race, class, and gender. This may falsely imply that all sexual minority youth are equally likely to experience victimization, and it "misrepresents the distribution of power within and outside of gay, lesbian, bisexual, and transgendered communities" (Cohen, 1997, p. 441). Without an accurate understanding of the victimization that different sexual minorities face, it is much more difficult to initiate appropriate and effective prevention and intervention mechanisms (Crenshaw, 1991; McClennen, 2005).

The purpose of this study is threefold. The first objective is to determine differences between heterosexual youth and sexual minority youth in victimization, substance use, suicidality (considering, planning, and attempting suicide), and access to social support. Additionally, we seek to determine if these differences are statistically significant when controlling for other relevant variables (age, gender, race). The second objective is to explore the variation within sexual minority youth in victimization, substance use, suicide, and access to social support. Exploring within-group differences stems from an intersectionalist perspective (Collins, 2000). According to the intersectionalist perspective, one's social location, as it relates to race, class, gender, and sexuality, leads to a myriad of different experiences (Burgess-Proctor, 2006). Hence, it is necessary to simultaneously look at race, class, and gender when examining violence against sexual minorities. In other words, our goal is to explore how sexuality interacts with other potentially important explanatory variables (e.g., race and gender).

The third objective is to examine the correlates of social support. Research shows that gay and lesbian youth with access to social support (i.e., family, friends, organizations advocating for sexual minorities) report less negative physical, mental, and behavioral consequences than gay and lesbian youth who do not have access to similar forms of social support.

(Goodenow, Szalacha, Westheimer, 2006; Teasdale & Bradley-Engen, 2010). Some research also suggests that sexual minority youth who have such resources may be at less risk for victimization (Williams et al., 2005). We attempt to dually determine if access to social support is affected by sexual orientation and if social support differently influences the rates of victimization, substance use, and suicidality by sexual identity.

The organization of this article is as follows. First, the literature review encompasses three related topics: 1) studies detailing victimization rates for sexual minorities, 2) research on the consequences of anti-gay victimization, and 3) the mediating effects of social support. Next, the theoretical framework merges queer theory, the intersectionality paradigm, concepts of hegemonic masculinity, and research from African-American studies to argue that sexual minorities situated in different social locations may be likely to experience anti-gay victimization and the support to deal with it in different manners. Third, the sample, measures, and statistical analyses are outlined. Fourth, using a statewide random sample of public high school students, the results are summarized. Finally, implications of the findings are discussed.

## LITERATURE REVIEW

### Sexual Minority Victimization

Research consistently documents sexual minorities' risk of victimization (Cniro et al., 2005; D'Augelli, Grossman, et al., 2006; Faulkner & Cranston, 1998; Freedner, Freed, Yang, & Austin, 2002; Hammelman, 1993; Hunter, 1990; Lock, 2002; Martin & Hetrick, 1988; McFarland & Dupuis, 2001; Moon et al., 2007; Teasdale & Bradley-Engen, 2010). Reports suggest that between 57 and 92% of youth who are lesbian, gay, bisexual, sexually uncertain, or attracted to the same-sex have either been verbally, physically, or sexually victimized (Cowan, Heiple, Marquez, Khatchadourian, & McNevin, 2005; Silverschanz, Cortina, Konik, & Magley, 2005; Teasdale & Bradley-Engen, 2010). D'Augelli, Pilkington, and Hershberger (2002) found that one in two sexual minority youth report verbal harassment. Hunter (1990) found that two out of five lesbian and gay youth experienced physical victimization by family members, peers, or strangers. Nearly half of the 500 sexual minority youth in her study reported the victimization that they had experienced was gay related. Recent findings are similar. Sexual minority adolescents who experience verbal and physical victimization are most often targeted because of their sexual orientation (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010).

Specific to anti-gay victimization, research suggests that 34% of sexual minority youth report experiencing homophobic discrimination compared to 4% of heterosexual youth (Almeida, Johnson, Corliss, Molnar, & Azrael,

2009). Homosexual, bisexual, and youth questioning their sexual identity are significantly more likely to experience both homophobic teasing and physical and verbal peer victimization compared to heterosexual adolescents (Birkett, Espelage, & Koenig, 2009).

Faulkner and Cranston (1998) found that, in a statewide random sample of Massachusetts high schools, students who identified as gay, lesbian, bisexual, or transgendered were significantly more likely to report being victimized compared to students who identified as heterosexual. In particular, sexual minority students were more than twice as likely to have been threatened or injured with a weapon. Sexual minority students in this study were also more likely to have suffered property damage at school and were much more likely to report frequent physical violence. These students were more than three times as likely as their heterosexual counterparts to report missing school because of feeling unsafe. Using the same survey, more recent data from Wisconsin suggest similar findings. Compared to heterosexual youth, sexual minority youth were more likely to be threatened with a weapon, be physically hurt while at school, report physical violence within the past year, and miss school due to feeling unsafe (YRBS, 2007).

Further, these results are consistent with national data (Teasdale & Bradley-Engen, 2010). Data from the National Longitudinal Study of Adolescent Health indicate that sexual minority adolescents are significantly more likely to be physically victimized by either being shot, stabbed, or hospitalized due to a fight compared to straight youth. The sexual minority youth in this sample were also significantly more likely than heterosexual youth to report forced sex (Teasdale & Bradley-Engen, 2010). Comparing national data from sexual minority youth to a general population based sample, Koswic et al. (2010) found that sexual minority adolescents are more likely to experience verbal harassment because of a personal characteristic (e.g., sexual orientation), be sexually harassed, have property damaged or stolen, and be the target of mean rumors and lies.

### Consequences of Anti-Gay Victimization

According to early researchers Martin and Hetrick (1988), "homosexually oriented youth are victims of a societal process of stigmatization that has negative social, economic, and emotional effects" (p. 163). The widespread stigma, prejudice, and discrimination that sexual minority youth face results in a myriad of negative consequences (Silverschanz et al., 2008). Researchers argue that anti-gay victimization results in an internalized homophobia, which may lead to feelings of guilt, shame, and self-loathing, poor psychosocial development, and poor self-esteem (Wright & Perry, 2006). Internalized homophobia, or, more generally, intense negative feelings about one's sexuality, has been indirectly linked to additional negative consequences for

sexual minorities (Wright & Perry, 2006), such as greater risk for substance use, suicidality, and other health problems (Cniro et al., 2005).

Research suggests sexual minorities engage in externalizing behaviors, like substance use, because of their experiences with anti-gay prejudice and victimization (Williams et al., 2005). The likelihood of daily alcohol use is nine times higher among sexual minority students, with gay, lesbian, bisexual, and transgendered students engaging in binge drinking nearly four times as frequently as straight students (Faulkner & Cranston, 1998; see also Rotosky, Owens, Zimmerman, & Riggle, 2003). As well, research suggests higher illicit drug use among young sexual minorities (Faulkner & Cranston, 1998). Williams and coauthors (2005) conclude that the externalizing behaviors, such as alcohol and drug use, that sexual minorities manifest are fundamentally connected to anti-gay prejudice and victimization experiences rather than sexual orientation on its own. Indeed, supported by research from Espelie, Aragon, and Birket (2008), data show that not only are sexual minority adolescents in grades 9–12 more likely to use alcohol and marijuana than heterosexual youth because of anti-gay harassment, but the relationship between homophobic teasing and substance use has a greater effect for sexual minority youth than heterosexual youth.

In regard to suicide, data from a citywide survey show that sexual minority youth in grades 9–12 are more likely to have suicidal ideation in the past year compared to heterosexual high school students, and nearly one in three sexual minority students compared to less than one in ten straight students considered attempting suicide in the past year (Almeida et al., 2009). Similarly, seventh and eighth grade students questioning their sexuality are also more likely to report more suicidal feelings than their straight peers (Birkett et al., 2009). Supporting these studies, national data from students in grades 7–12 show more suicidal thoughts and attempts among sexual minority students than heterosexual students (Teasdale & Bradley-Engen, 2010). Compared to heterosexual students, sexual minority students who report same-sex contact are twice as likely to attempt suicide at least once in the past year, and are four times more likely to have required medical attention because of suicide attempts (Faulkner & Cranston, 1998). In addition to considering, planning, and attempting suicide, some sexual minority youth are two to three more times likely to actually commit suicide. In fact, suicide is the leading cause of death for sexual minority youth, and up to one third of youth suicide deaths are by lesbian, gay, bisexual, and transgendered youth (Feinleib, 1989).

Research shows that as many as three out of four sexual minority youth attempt suicide because of experiences related to their sexual orientation (Hammelman, 1993). Hunter (1990) found that 34% of gay males and 41% of lesbians that were surveyed attempted suicide because of the anti-gay violence they experienced. Abelson, Lambeski, Crawford, Bartos, and Kippax (2006) argue that higher rates of suicidality among sexual minorities cannot

be explained by individual pathologies such as depression or illicit drug use. Rather, it is the widespread anti-gay prejudice that leads sexual minorities to experience conflict over nonconformist sexual and gender identities. This conflict may be internalized, resulting in unbearable and harmful emotional consequences. All victims of homophobic teasing, both straight and gay, are more likely to experience anxiety, depression, and personal distress (Poteat & Espelage, 2007). However, empirical findings suggest that homophobic teasing has a greater effect on rates of depression and suicide for sexual minority youth compared to straight youth (Espelege et al., 2008).

### Mediating Effects of Social Support

As the above literature suggests, individuals who internalize anti-gay prejudice are more likely to experience and engage in negative outcomes. Sexual minorities that have positive identities and strong support networks are, in part, buffered from the anti-gay victimization and its associated effects. First, research suggests that sexual minority youth who have access to various sources of social support are less likely to experience victimization (Goodenow et al., 2006). Second, evidence indicates that social support reduces the likelihood of negative outcomes, like substance use and suicidality, among sexual minority youth.

Regarding substance use, Espelege et al. (2008) looked at the buffering effects of positive parental relations on the relationship between homophobic teasing and outcomes for sexual minority and heterosexual high school youth. Using data from a countywide survey of 2,000 youth in grades 9–12, these authors found that parental support moderated the link between homophobic teasing and alcohol and marijuana use. Students who reported high levels of teasing with low levels of parental support had the highest reported levels of alcohol and marijuana use. Those who experienced moderate levels of teasing but had high to moderate levels of parental support were least likely to use alcohol and marijuana.

Grossman and Kerner (1998) also report relevant findings pertaining to the influence of friends. Using survey data from 90 self-identified gay and lesbian youth aged 14–21, these authors found that sexual minority youth who did not feel as if they had enough friends had higher frequencies of drug use compared to those who felt they had enough friends. Somewhat contrary to these findings, however, are results that suggest the size of support networks for lesbian, gay, and bisexual youth is unrelated to alcohol and other drug use (Wright & Perry, 2006).

While evidence is limited on the relationship between support from teachers and substance use outcomes, some studies suggest that general school support is beneficial. For example, Rotosky and coauthors (2003) found that students who reported weak feelings of school belonging were

more likely to engage in alcohol and marijuana use and that sexual minority youth were more likely to report weak feelings of school belonging. Similarly, Espelege et al. (2008) report the importance of school climate on likelihood of substance use. Students who experienced high levels of homophobic teasing and who perceived a negative school climate also reported the highest levels of alcohol and marijuana use. Also indicative of the importance of school support is that when asked how to improve school experiences, sexual minority youth often suggest that teachers intervene when they witness anti-gay harassment and facilitate discussion of sexual minority issues in classrooms (Hansen, 2007).

For mental health outcomes, the benefits of social support also appear to be consistent. Williams et al. (2005) contend that social support mediates the link between victimization and psychosocial symptoms. When analyses include sources of social support, the link between sexual orientation and negative outcomes is nonsignificant (see also Teasdale & Bradley-Engen, 2010). Research suggests that support from friends is particularly beneficial. Indeed, supportive friendships increase self-esteem and self-acceptance (Galup & St. John, 2001) and decrease the risk of depressed mood (Teasdale & Bradley-Engen, 2010) for sexual minority youth. As well, sexual minority youth often view support from friends as more helpful than support from parents (Friedman & Morgan, 2009). However, there is research to suggest the importance of parental support. For example, Sheets and Moher (2009) found that general parental support accounted for variability in depression and life satisfaction in a sample of young adults who identify as bisexual and Teasdale and Bradley-Engens (2010) reported that sexual minority youth who perceive their parents care are significantly less likely to report depressed mood and suicidal tendencies. Regarding school support, evidence suggests that sexual minority youth who have a school staff member to talk to are less likely than those without a staff member to have multiple past year suicide attempts (Goodenow et al., 2006) and findings indicate that sexual minority youth who perceive their teachers care are significantly less likely to report depressed mood and suicidal tendencies (Teasdale & Bradley-Engen, 2010).

## THEORETICAL FRAMEWORK

### Queer Theory: Examining Differences Between Heterosexual and Sexual Minority Youth

In contrast to earlier conceptions of sexuality as biological and natural, sexuality is now viewed as a socially constructed source of social power and believed to be maintained through social interaction (Connell, 1995). Historical conceptions of sexuality from the early 1900s linked sex, gender,

and sexuality together in a natural manner and maintained that heterosexual practices were innate and normal. This normalized hetero-erotic desire and institutionalized heterosexuality (Seidman, 1994). With the development of heterosexuality came the conception of homosexuality (Seidman, 2009). These sexual identities were constructed in a normative/deviant opposing binary. Heterosexuality has historically been constructed as appropriate and normative whereas non-heterosexuality has historically been deemed deviant, immoral, and unnatural (Seidman, 1994, 2009).

According to queer theory, constructing heterosexuality as normal and non-heterosexuality as deviant allows heterosexuality a privileged status (Andersen, 2005; Seidman, 1994; Simoni & Walters, 2001). For example, heterosexuality includes the right to marry and the eligibility for tax benefits and legal rights provided by the institution of marriage (Simoni & Walters, 2001). Heterosexual families are viewed as legitimate, and heterosexuals do not have their right to parent called into question (Stacy & Biblarz, 2001). They are protected from discrimination in housing and employment. Heterosexuals also gain benefits and protection in terms of military service, hospital visitation rights, pensions and inheritance, and immigration (Simoni & Walters, 2001). They have the advantage of majority status, social acceptance, and positive individual and group identity (Simoni & Walters, 2001). As well, heterosexuals have benefitted from an intellectual history that accounts for and focuses on their experiences (Stacy & Biblarz, 2001; Stein & Plummer, 1994). Importantly, they are protected by law from victimization; they are uninhibited by violence and crime motivated by anti-gay prejudice. Put simply, individuals who identify as a sexual minority are often stigmatized and excluded from the dominant group and the privileges afforded therein (Koh & Ross, 2006). They are barred from equal access to resources, rights, and protection because of their devalued social identity and status.

To maintain normative (hetero)sexuality and the power gained therein, individuals engage in interactive social mechanisms that work to exclude and prevent any other form of (non-hetero) sexuality (Stein & Plummer, 1994). One specific mechanism used is violence. Violence against sexual minorities occurs through heterosexism and homophobia. Heterosexism is the “institutionalized oppression resulting from societal endorsement of heterosexuality as normative and superior to other sexual orientations” (Simoni & Walters, 2001, p. 160). It is the “ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community” (Herek, 1990, p. 316). Homophobia is generally seen as the “fear, hatred, and prejudice individuals directed toward non-heterosexuals” (Simoni & Walters, 2001, p. 160). Heterosexism and homophobia work to preserve the inclusivity of heterosexuality while concurrently sustaining the marginalization of non-heterosexuality.

Violence against sexual minorities is used to “send psychologically intimidating messages to the individuals attacked as well as to other

members of their identity groups and communities" (Willis, 2004, p. 118). Anti-gay victimization is employed to evoke fear, damage morale, challenge a sense of security, and resist day-to-day behaviors of non-heterosexuals (Willis, 2004). In other words, *violence is used to control, regulate, and maintain the social structure of (hetero)sexuality and the hierachal power statuses within*. It reinforces normative definitions as well as power hierachal rankings of (hetero)sexuality (McFarland & Martin, 2001; Simoni & Walters, 2001; Walton, 2007). From subtle exclusion to physical assault and murder, sexual minority individuals are especially vulnerable to victimization and violence (Cniro et al., 2005; D'Augelli et al., 2006; Faulkner & Cranston, 1998; Freedner et al., 2002; Hammelman, 1993; Hunter, 1990; Lock, 2002; Jones, 2005; Martin & Hetrick, 1988; McFarland & Dupuis, 2001). Based on this, we expect heterosexual youth to fare better in terms of victimization, substance use, suicidality, and access to social support.

### The Intersectionality Perspective: Differences Among Sexual Minority Youth

The intersectionality paradigm posits that sexuality, like race, class, and gender, is an axis of social power and oppression (Collins, 2000). Minimizing or failing to address any one form of oppression results in the continued subordination of individuals who have multiple marginalized identities (Collins, 2000). By looking at how race, gender, and sexuality converge we are better able to understand how victimization affects differing groups of sexual minorities. While intersectional theorists equally highlight the importance of race, class, and gender, this study focuses on the intersection of sexuality with gender and race.

### The Intersection of Gender, Sexuality, and Victimization

Normative definitions of masculinity and femininity are situated in binary and dualistic male-female sexual relationships. Hegemonic definitions of masculinity are founded on the expectation that men desire heterosexual sexual activity, are active, macho, confrontational, and consistently reinforce their dominance over women and women's bodies (Connell & Messerschmidt, 2005; Pascoe, 2007; Willis, 2004). Men who most closely embody hegemonic masculinity are perceived as being on top of the power hierarchy of sexuality and gender (Pascoe, 2007). Heterosexual males that enact hegemonic masculinity gain protection while "gay males are stigmatized for their sexual behavior and gender norm violation" (Willis, 2004, p. 125).

Research shows that those who deviate most from normative definitions of gender and sexuality have a greater risk for harassment and victimization

(Lock, 2002). For example, effeminate gay males and masculine lesbians elicit more negative attitudes than gay males and lesbians who enact gender in more normative ways (Geiger, Harwood, & Hummert, 2006; Lock, 2002; Taywaditep, 2001). Gay males may be more vulnerable to victimization because they challenge the normative definitions of gender and sexuality (Connell, 1995; Willis, 2004). Because women are defined in opposition to men, female gender atypicality does not directly challenge the gender hierarchy. Based on this, we predict that sexual minority men compared to their female counterparts face increased risk for victimization.

### The Intersection of Race, Sexuality, and Victimization

Historically, Black sexuality has been constructed as deviant (Collins, 2004). Black men have stereotypically been constructed as sexually dangerous and Black women have been labeled as overtly promiscuous and hyper-fertile (Collins, 2004). In contrast, White sexuality was construed as normative and was the platform in which all other sexualities were compared (Cohen, 1997; Ferguson, 2000). White sexuality is privileged because it is normative and White non-heterosexuality has been stigmatized because it challenges normative definitions (Burn, 2000; Cohen, 1997). To maintain the current hierarchy of social power and privilege, White (hetero)sexuality must be preserved and maintained. Accordingly, we predict that White sexual minorities are at increased risk for victimization because they are perceived as threatening systems of White supremacy (Cohen, 1997). As well, because Black sexual minorities may help reinforce ideas of Black sexual deviance, Black homosexuality may be relatively unchallenged by the dominant racial group (see Pascoe, 2007, for a discussion of Black adolescent sexuality in schools).

### The Intersection of Sexuality, Gender, Race, and Social Support

By comparing sexual minorities with access to social support to sexual minorities without social support, researchers implicitly suggest that access to social support is not equally distributed (see, e.g., Almazan 2007; Goodenow et al., 2006; Williams et al., 2005). While there is limited empirical evidence to inform us of who is at greater risk for social isolation among sexual minority youth, we can rely on past empirical research and theoretical perspectives to help shed light on the variation among sexual minorities' utilization of social support services. It has been suggested that some sexual minority youth may fail to access support because they fear further victimization (Hansen, 2007). For example, Williams et al. (2005) found that sexual minorities who have been victimized are less likely to access supportive resources. Hence, we argue that gay men are less likely to access social support because they are, theoretically, most at risk for victimization

because they directly challenge the normative definitions of gender and sexuality (Connell, 1995; Willis, 2004).

In regards to race, the historical construction of deviant Black sexuality has resulted in many contemporary Black communities attempting to silence sexuality (Arend, 2005; Cohen, 1999). Consequently, non-heterosexuality in the Black community remains largely unrecognized (Arend, 2005; Cohen, 1999). Because individual (non-hetero)sexuality is stigmatized in many Black communities (Cohen, 2004), Black people who identify as a sexual minority may be less likely to reveal their sexual identity. Research suggests that sexual minorities who disclose their sexual identity are more likely to receive social support (Wright & Perry, 2006). The widespread silence surrounding sexuality may isolate Black sexual minorities from one another and social institutions. Based on this, we predict that Black sexual minorities, compared to White sexual minorities, have less access to supportive resources and are subsequently less likely to receive the benefits of social support.

## THE PRESENT STUDY

In summary, we propose that, compared to heterosexual youth, sexual minority youth have higher rates of victimization, substance use, suicidality, and social isolation. We expect the effects of sexual minority identity on victimization, substance use, and suicide to be significant after controlling for gender, race, and age. We also expect that among sexual minority youth, victimization will vary by sexual minority identity, gender, and race. We further predict that, among sexual minority youth, substance use, suicidality, and access to social support will vary by sexual minority identity, gender, and race. Finally, we expect that access to social support will reduce victimization, substance use, and suicidality in both the entire sample and sexual minority sample.

## METHODS

### Sample

Data come from three years of the Delaware High School Youth Risk Behavior Survey (YRBS-HS). The YRBS-HS is distributed to all public high schools in the state of Delaware on a biannual basis. The YRBS-HS includes questions developed by the Center for Disease Control and Prevention and the Center for Drug and Alcohol Studies. Topics include personal safety, violence related behaviors, dating relationships, mental health, alcohol, drug, and substance use, access to social support, and sexual health behaviors. A random sample of Delaware ninth, tenth, eleventh, and twelfth grade

classrooms were selected for survey administration between January and May of the survey years (2003, 2005, and 2007). On average, less than 2% of students present on the day of survey administration declined to participate or had parents who refused student participation via passive consent forms.

The original sample included 8,407 students. Students who did not identify as heterosexual, homosexual, bisexual, or not sure were excluded from the present study, as were students who did not self-identify as Black or White. Students who reported a race or ethnicity other than Black or White were excluded because of low cell counts. An "other" race category was not created because the various racial/ethnic groups that would have comprised the category (Hispanic, Native American, Asian, Native Hawaiian, and Other Pacific Islanders) have very different cultures, life experiences, and culturally based value systems.

The resulting sample included 6,636 students. As displayed in Table 1, 1 out of 20 students reported being either homosexual, bisexual, or questioning their sexuality. About half of respondents were female (50.7%). Participants' ages ranged from 11 to 18 and most respondents were between 15 and 16 years (51.1%). The majority of the sample self-identified as White (69.8%). One third of students (32.6%) have been victimized, half (51.8%) report using either alcohol or marijuana in the last 30 days, and one in six students have either considered suicide, planned suicide, or attempted suicide. The overwhelming majority (92.1%) of students report having access to some form of social support, with most reporting support and encouragement from parents or friends (55.0% and 56.8%, respectively). Only 6% of students report social isolation. See Table 1.

## Measures

### DEPENDENT VARIABLES

*Victimization scale.* To measure victimization, five items were scaled. The five items asked respondents to indicate the number of times (ranging from 0 to 6 or 7 times) they had ever 1) missed school during the past month because they felt unsafe, 2) been threatened with a weapon at school during the past year, 3) had property stolen or damaged during the past year, 4) been injured in a physical fight which had to be treated by a nurse or doctor during the past year, 5) been in a physical fight at school during the past year. The victimization scale ranged from 5 to 34, and a reliability analysis revealed a Cronbach's alpha of .763.

*Substance use scale.* To measure substance use, three items were scaled. Respondents were asked to indicate the amount of times during the past month, ranging from 0 days to all 30 days, they had used alcohol, had five drinks or more at one time, or used marijuana. The substance use scale ranged from 3 to 20 and had a Cronbach's alpha value of .818.

**TABLE 1** Descriptive Statistics

| Variable ( <i>N</i> = 6636)                                | n    | %    |
|--|------|------|
| Sexual Identity  |      |      |
| Heterosexual   | 6283 | 94.7 |
| Homosexual   | 73   | 1.1  |
| Bisexual   | 209  | 3.1  |
| Questioning  | 71   | 1.1  |
| Gender   |      |      |
| Female   | 3302 | 50.7 |
| Male   | 3499 | 49.3 |
| Race   |      |      |
| Black  | 2005 | 30.2 |
| White  | 4631 | 69.8 |
| Age  |      |      |
| 14 or less   | 783  | 11.8 |
| 15 or 16   | 3388 | 51.1 |
| 17 or more   | 2459 | 37.1 |
| Victimization  | 2141 | 32.6 |
| Did not go to school during past month because felt unsafe | 275  | 4.1  |
| Been threatened with weapon at school during past year     | 397  | 6.0  |
| Had property stolen or damaged at school during past year  | 1438 | 21.7 |
| Injured in physical fight in which had to be treated       | 251  | 3.8  |
| In physical fight at school                                | 699  | 10.6 |
| Substance use  | 3388 | 51.8 |
| Had at least one drink of alcohol in past month            | 3077 | 46.8 |
| Had five or more drinks of alcohol in past month           | 1837 | 27.9 |
| Used marijuana in past month                               | 1705 | 25.8 |
| Suicidality  | 1041 | 15.7 |
| Consider suicide   | 878  | 13.4 |
| Plan suicide   | 689  | 10.4 |
| Attempt suicide  | 434  | 6.5  |
| Social support ( <i>n</i> = 4144)                          | 3823 | 92.3 |
| No one   | 378  | 5.7  |
| Parents  | 3652 | 55.0 |
| Teachers   | 1034 | 15.6 |
| Other adults in neighborhood                               | 410  | 6.2  |
| Other adults in school                                     | 768  | 11.6 |
| Friends ( <i>n</i> = 4144)                                 | 2353 | 56.8 |

*Suicidality scale.* Suicidality indicates the degree to which individuals have thought about and/or acted on thoughts of suicide. To conceptualize suicidality, three items were scaled. Respondents were asked if they had ever considered suicide and/or planned suicide, and the number of attempts made. The suicidality scale ranged from 0 to 6 with higher numbers indicating more suicidality. A reliability analysis revealed a Cronbach's alpha value of .811.

*Social support scale.* The social support scale indicates the amount of access respondents have to various sources of social support. Five items were scaled. Respondents were asked if they went to the following people for support and encouragement a) parents, b) teachers, c) other adults in

school, d) other adults in the neighborhood, e) friends. Social support scale values ranged from 0 to 5, with higher values indicating more access to various sources of social support. A reliability analysis was not conducted on this variable because it is not measuring an underlying construct. Rather, it quantifies the amount of social support that respondents have access to.

#### INDEPENDENT VARIABLES

Sexual minority identity refers to non-heterosexuality. Respondents were asked to indicate if they were either heterosexual, homosexual, bisexual, or questioning. If respondents indicated that they were homosexual, bisexual, or unsure they were designated as sexual minority identity. Respondents were also asked to indicate their *gender*, *race*, and their current *age* status. Table 2 displays information on the variables included in this study.

**TABLE 2** Description of Variables

| Variable        | Items  | Range | Cronbach's alpha |
|-----------------|--|-------|------------------|
| Sexual identity | Heterosexual sexual minority   | 1,2   |                  |
| Gender          | Female<br>Male   | 1,2   |                  |
| Race            | White<br>Black   | 0,1   |                  |
| Age             | How old are you today?   | 12–18 |                  |
| Victimization   | How many times . . .?<br>-did you not go to school because you felt unsafe (past month)<br>-have you been threatened with weapon (past year)<br>-had property stolen/damaged at school (past year)<br>-have you been injured in physical fight that needed to be treated (past year)<br>-have you been in physical fight at school (past year) | 5–34  | .763             |
| Substance use   | How many times in the past month have you . . .?<br>-had at least one drink of alcohol<br>-had five or more drinks in a row<br>-used marijuana   | 3–20  | .811             |
| Suicidality     | In the past year did you . . .?<br>-ever seriously consider suicide<br>-make a plan about how you would commit suicide<br>How many times in the past year did you actually attempt suicide?  | 0–6   | .818             |
| Social support  | Which of the following people would you say give you a lot of support and encouragement?<br>No one, parents, teachers, other adults in neighborhood, other adults in school, friends   | 0–5   |                  |

## Analyses

To determine differences between heterosexual youth and sexual minority youth in rates of victimization, substance use, suicidality, and social isolation, a series of bivariate tests using the chi-square statistic were conducted. Multiple regression models were also conducted to determine if the effect of sexual minority status on victimization, substance use, suicidality, and access to social support remained significant when controlling for the effects of gender, race, and age.

An additional series of chi-square analyses were conducted to determine if rates of victimization, substance use, suicidality, and access to social support varied by homosexual, bisexual, or questioning sexuality status. A multiple regression model for victimization was conducted to determine the effects of sexual minority identity, gender, race, age, and social support among sexual minority youth. Additional models were conducted to determine the effect of sexual minority identity, gender, race, age, social support, and victimization on substance use and suicidality among sexual minority youth. Lastly, one additional multiple regression model was conducted to determine if, among sexual minority, sexual orientation, gender, race, age, and victimization had an impact on access to social support.

## RESULTS

### Heterosexual and Sexual Minority Youth

#### BIVARIATE FINDINGS

The results of the chi-square analyses are shown in Table 3. Compared to heterosexual students, those who self-identify as homosexual, bisexual, or questioning are significantly more likely to experience victimization. Sexual minority students are about four times as likely to miss school because of feeling unsafe and over three times as likely to be threatened with a weapon. They are more likely to report stolen or damage property. Sexual minority students are more than twice as likely to be in a physical fight at school and to need medical attention as a result of physical assault. Sexual minority students are also significantly more likely to report substance use. They have significantly higher rates of alcohol use, binge drinking, and marijuana use than heterosexual students. There is a similar trend for suicidality. Sexual minority students are about four times as likely to consider suicide and plan suicide, and almost five times as likely to attempt suicide compared to their heterosexual counterparts. In regards to access to social support, sexual minorities have less access to support as they are more than twice as likely to as heterosexual students to report social isolation. As well, sexual minority

**TABLE 3** Chi-Square Analyses for Heterosexual and Sexual Minority Youth

|                              | Heterosexual |      | Sexual minority |      | $\chi^2$ |
|------------------------------|--------------|------|-----------------|------|----------|
|                              | n            | %    | n               | %    |          |
| Victimization*               | 1961         | 31.6 | 180             | 51.4 | 61.40    |
| Did not go/felt unsafe*      | 230          | 3.7  | 45              | 12.7 | 63.69    |
| Threatened with weapon*      | 340          | 5.4  | 57              | 16.1 | 80.84    |
| Property stolen/damaged*     | 1321         | 21.1 | 117             | 33.2 | 34.19    |
| Injury needed treatment*     | 219          | 3.5  | 32              | 9.1  | 44.45    |
| Physical fight at school*    | 618          | 9.9  | 81              | 23.1 | 64.09    |
| Substance use*               | 3173         | 51.2 | 215             | 62.7 | 24.19    |
| Alcohol use*                 | 2882         | 46.3 | 195             | 56.7 | 21.27    |
| Five+ drinks of alcohol*     | 1698         | 27.2 | 139             | 40.2 | 40.80    |
| Marijuana use*               | 1561         | 25.0 | 144             | 41.4 | 57.56    |
| Suicidality*                 | 861          | 13.9 | 180             | 52.8 | 421.80   |
| Consider suicide*            | 718          | 11.5 | 160             | 46.5 | 380.06   |
| Plan suicide*                | 556          | 8.9  | 133             | 37.8 | 345.45   |
| Attempt suicide*             | 342          | 5.5  | 92              | 26.2 | 289.07   |
| Social support (n = 4144)*   | 3633         | 92.6 | 190             | 86.0 | .956     |
| No one*                      | 335          | 5.3  | 43              | 12.2 | 24.65    |
| Parents*                     | 3514         | 55.9 | 138             | 39.1 | 43.08    |
| Teachers                     | 988          | 15.7 | 46              | 13.0 | .46      |
| Other adults in neighborhood | 388          | 6.2  | 22              | 6.2  | .03      |
| Other adults in school       | 720          | 11.5 | 48              | 13.6 | 2.22     |
| Friends (n = 4144)           | 2216         | 56.5 | 137             | 62.0 | 4.39     |

\* $P \leq .01$ .

students, compared to heterosexual students, report significantly less social support from parents.

#### MULTIVARIATE FINDINGS

The results of the multiple regression models predicting the effect of sexual minority status on victimization, substance use, and suicidality are presented in Table 4. As predicted, sexual minorities are more likely to be victimized. This finding is independent of gender, race, age, or access to social support. Social support is significantly related to the likelihood of victimization. After controlling for gender, age, race, and access to social support, sexual minorities are more likely to use substances. Access to social support is associated with reduced risk of substance use. Sexual minority status remains significantly related to suicidality, regardless of age, race, or gender. Sexual minority status is directly associated with the likelihood of considering, planning, and/or attempting suicide. Social support also has an independent and significant effect. The more social support an individual has, the less likely he or she is to consider, plan, and/or attempt to commit suicide. As anticipated, sexual minorities are less likely to have access to social support. This is true regardless of gender, race, or age.

**TABLE 4** Multiple Regressions for Heterosexual and Sexual Minority Youth

|                             | <i>b</i> | Std. error | <i>B</i> | <i>t</i> | Sig. |
|-----------------------------|----------|------------|----------|----------|------|
| Victimization <sup>a</sup>  |          |            |          |          |      |
| Sexual minority             | 1.281    | .150       | .134     | 8.531    | .000 |
| Male                        | .442     | .067       | .103     | 6.563    | .000 |
| Black                       | .090     | .073       | .019     | 1.239    | .216 |
| Age                         | -.022    | .028       | -.012    | -.785    | .433 |
| Social support              | -.134    | .028       | .076     | -4.835   | .000 |
| <i>R</i> <sup>2</sup>       | .033     |            |          |          |      |
| Substance use <sup>b</sup>  |          |            |          |          |      |
| Sexual minority             | 1.022    | .228       | .069     | 4.490    | .000 |
| Male                        | .493     | .102       | .075     | 4.855    | .000 |
| Black                       | -1.314   | .110       | -.184    | -11.974  | .000 |
| Age                         | .480     | .042       | .173     | 11.343   | .000 |
| Social Support              | -.254    | .042       | -.094    | -6.063   | .000 |
| <i>R</i> <sup>2</sup>       | .080     | .          |          |          |      |
| Suicidality <sup>c</sup>    |          |            |          |          |      |
| Sexual minority             | .762     | .051       | .231     | 14.930   | .000 |
| Male                        | -.103    | .023       | -.071    | -4.565   | .000 |
| Black                       | -.076    | .024       | -.048    | -3.102   | .002 |
| Age                         | -.016    | .009       | -.027    | -1.754   | .080 |
| Social support              | -.037    | .009       | -.062    | -3.986   | .000 |
| <i>R</i> <sup>2</sup>       | .068     |            |          |          |      |
| Social support <sup>d</sup> |          |            |          |          |      |
| Sexual minority             | -.203    | .086       | -.037    | -2.364   | .018 |
| Male                        | -.147    | .038       | -.060    | -3.840   | .000 |
| Black                       | -.287    | .041       | -.109    | -6.979   | .000 |
| Age                         | .019     | .016       | .019     | 1.211    | .226 |
| <i>R</i> <sup>2</sup>       | .016     |            |          |          |      |

<sup>a</sup> $F = 27.524, p = .000.$ <sup>b</sup> $F = 69.155, p = .000.$ <sup>c</sup> $F = 57.925, p = .000.$ <sup>d</sup> $F = 16.313; p = .000.$ 

## Sexual Minority Youth

### BIVARIATE FINDINGS

According to the results displayed in Table 5, there are no significant differences in rates of victimization among sexual minority students. Sexual minorities, whether homosexual, bisexual, or questioning, are equally likely to report missing school due to feeling unsafe being threatened with a weapon, having property stolen or damaged, being in a fight at school, and/or needing treatment after being physically assaulted. There are significant differences in substance use rates for sexual minorities. Bisexual students are most likely to report alcohol and marijuana use, followed by homosexual youth, and then finally those who are unsure of their sexuality. There are significant differences among sexual minority groups for past month use of alcohol and marijuana, but not for binge drinking. For

**TABLE 5** Chi-Square Analyses for Sexual Minority Youth

|                              | Homosexual |      | Bisexual |      | Questioning |      | $\chi^2$ |
|------------------------------|------------|------|----------|------|-------------|------|----------|
|                              | n          | %    | n        | %    | n           | %    |          |
| Victimization                | 35         | 48.6 | 101      | 48.8 | 44          | 62.0 | 3.96     |
| Did not go/felt unsafe       | 11         | 15.1 | 22       | 10.5 | 12          | 16.9 | 2.38     |
| Threatened with weapon       | 13         | 17.8 | 30       | 14.4 | 14          | 19.7 | 1.31     |
| Property stolen/damaged      | 29         | 39.7 | 65       | 31.3 | 23          | 32.4 | 1.78     |
| Injury needed treatment      | 7          | 9.7  | 15       | 7.2  | 10          | 14.1 | 3.06     |
| Physical fight at school     | 14         | 19.4 | 46       | 22.1 | 21          | 29.6 | .23      |
| Substance use*               | 42         | 61.8 | 144      | 69.9 | 29          | 42.0 | 17.20    |
| Alcohol use*                 | 36         | 52.9 | 132      | 63.8 | 27          | 39.1 | 13.28    |
| Five+ drinks of alcohol      | 28         | 40.6 | 89       | 43.0 | 22          | 31.4 | 2.918    |
| Marijuana use*               | 22         | 32.4 | 99       | 47.4 | 23          | 32.4 | 7.74     |
| Suicidality                  | 30         | 44.1 | 115      | 56.7 | 35          | 50.0 | 3.48     |
| Consider suicide**           | 23         | 33.3 | 102      | 49.8 | 35          | 50.0 | 6.03     |
| Plan suicide                 | 24         | 33.3 | 82       | 39.2 | 27          | 38.0 | .80      |
| Attempt suicide              | 18         | 24.7 | 55       | 26.6 | 19          | 26.8 | .12      |
| Social support (n = 4144)    | 31         | 79.5 | 119      | 88.8 | 40          | 83.3 | 2.53     |
| No one                       | 12         | 16.4 | 19       | 9.1  | 12          | 16.9 | 4.58     |
| Parents                      | 24         | 32.9 | 84       | 40.2 | 30          | 42.3 | 1.58     |
| Teachers                     | 8          | 11.0 | 29       | 13.9 | 9           | 12.7 | .42      |
| Other adults in neighborhood | 3          | 4.1  | 11       | 5.3  | 8           | 11.3 | 3.98     |
| Other adults in school       | 9          | 12.3 | 33       | 15.8 | 6           | 8.5  | 2.56     |
| Friends (n = 4144)           | 23         | 59.0 | 90       | 67.2 | 24          | 50.0 | 4.60     |

\* $p \leq .01$ .\*\* $p \leq .05$ .

suicidality, sexual minority students have statistically similar rates of suicidality. There is some variation among sexual minorities to consider suicide. Bisexual students are significantly more likely than homosexual and questioning participants to consider suicide; however, they are as equally likely to plan and/or attempt suicide as homosexual and questioning youth. Sexual minority youth also have statistically similar rates of access to social support. There are no group differences in access to support from parents, teachers, adults in school, adults in the neighborhood, and friends. See Table 5.

#### MULTIVARIATE FINDINGS

The results of the multiple regression models predicting victimization, substance use, and suicidality among sexual minorities are presented in Table 6. As suggested in the bivariate analyses, homosexual youth are no more likely to be victimized than bisexual youth. However, youth who are unsure of their sexuality are significantly more likely to be victimized, compared to bisexual youth, regardless of gender, race, age, or access to social support. There is no variation in victimization among sexual minorities by gender, race, or age. Social support is significantly associated with a reduced risk of victimization for sexual minority youth. Homosexual and questioning youth

**TABLE 6** Multiple Regressions for Sexual Minority Youth

|                            | <i>b</i> | Std. error | <i>B</i> | <i>t</i> | Sig. |
|----------------------------|----------|------------|----------|----------|------|
| Victimization <sup>a</sup> |          |            |          |          |      |
| Homosexual                 | .072     | .845       | .006     | .085     | .932 |
| Questioning                | 1.784    | .765       | .163     | 2.285    | .023 |
| Male                       | .987     | .683       | .100     | 1.444    | .150 |
| Black                      | -.493    | .688       | -.050    | -.717    | .474 |
| Age                        | -.096    | .251       | -.027    | -.382    | .703 |
| Social support             | -.586    | .246       | -.164    | -2.386   | .018 |
| <i>R</i> <sup>2</sup>      | .081     |            |          |          |      |
| Substance use <sup>b</sup> |          |            |          |          |      |
| Homosexual                 | -.614    | .761       | -.060    | -.806    | .421 |
| Questioning                | -1.186   | .692       | -.124    | -1.713   | .088 |
| Male                       | .430     | .616       | .049     | .698     | .486 |
| Black                      | -1.548   | .623       | -.178    | -2.487   | .014 |
| Age                        | .019     | .223       | .006     | .805     | .932 |
| Social support             | -.441    | .222       | -.139    | -1.983   | .049 |
| <i>R</i> <sup>2</sup>      | .067     |            |          |          |      |

<sup>a</sup>*F* = 2.981, *p* = .008.

<sup>b</sup>*F* = 2.403, *p* = .029.

are as likely as bisexual youth to use substances. This finding is true regardless of other factors. Sexual minorities who self-identify as Black are less likely than sexual minorities who self-identify as White to use substances. Among sexual minorities, social support is significantly associated with a reduced risk of substance use. The variables included in the models—sexual identity, gender, race, age, and social support—do not significantly predict suicidality or access to social support among sexual minorities (results not shown).

## DISCUSSION

The purpose of this study was threefold. The first objective was to determine differences between heterosexual youth and sexual minority youth in victimization, substance use, suicidality, and access to social support. The second objective was to explore variation within the sexual minority youth sample for victimization, substance use, suicidality, and access to social support. The third objective was to examine the correlates of social support.

Regarding the first goal, we find that rates of victimization, substance use, suicidality, and social isolation are significantly higher for sexual minority youth compared to heterosexual youth. Our study finds that these effects are constant even when controlling for other potentially relevant variables such as gender, race, and age. This is consistent with prior research as previous studies have found that sexual minority youth are at greater risk for victimization (Cniro et al., 2005; D'Augelli et al., 2006; Moon et al., 2007;

Teasdale & Bradley-Engen, 2010), substance use (Faulkner & Cranston, 1998; Williams et al., 2005; YRBS, 2007) and suicidality (Almedia et al., 2009; Espelege et al., 2008; Poteat & Espelege, 2007; Teasdale & Bradly-Engen, 2010; Williams et al., 2005). As stated in the introduction, it is important to look at substance use and suicidality as coping mechanisms employed in the face of anti-gay prejudice (Abelson, 2006). Just as sexual minority victimization is seen as a consequence of anti-gay prejudice, so too should the increased risk of substance use and suicidality among sexual minority youth.

Related to the first goal of determining differences between heterosexual and sexual minority youth, one contribution of this study is the finding that sexual minority youth are more socially isolated compared to their heterosexual counterparts. An implicit assumption of research on the benefits of social support for sexual minority youth has been that sexual minorities have access to social support. The results presented here suggest that this may not always be the case. By comparing heterosexual and sexual minority youth's access to social support, we find that sexual minorities are more likely to report social isolation and are less likely to receive support from parents. Research suggests that support from parents is a main system of support for youth and may be particularly important as parents are especially influential on both their children and the social world in which their children live (Almazan, 2007). Future researchers may consider the mediating role of social support in the relationship between victimization and negative outcomes for sexual minority youth.

These results are also supportive of queer theory. One of the fundamental premises of queer theory is that sexuality is a source of social power. Queer theory argues that because homosexual, bisexual, and individuals who are unsure of their orientation are marginalized and excluded from the dominant power status of heterosexuality, they will be more vulnerable to victimization. Our data reflect this premise. Queer theory also argues that sexual minorities are barred from certain social privileges and resources (Andersen, 2005; Seidman, 1994, 2009; Simoni & Walters, 2001). Again, our data reflects this: sexual minority students included in this sample were more likely to report social isolation.

Concerning the second goal, we find little variation among sexual minority youth. Rates of victimization do not significantly vary at the bivariate level. However, using multiple regression analysis, we see that youth who are unsure of their sexuality are more likely to be victimized compared to bisexual youth which may indicate some support for an intersectional approach. Research from Espelege et al. (2008) also indicates that questioning youth may be at increased risk. Additional empirical work is needed to understand the unique experiences of sexually uncertain youth.

Victimization among sexual minorities is also significantly predicted by social support. Sexual minorities who have access to some form of social support have a reduced risk of victimization. This is in line with previous

findings (Goodenow et al., 2006; Williams et al., 2005). Sexual minority youth often undergo intense feelings of guilt, shame, and self-loathing (Wright & Perry, 2006). Having access to support and understanding could potentially reduce the risk of victimization by allowing vulnerable youth to process negative events and emotions, as well as providing youth with access to someone who may be able to provide more effective coping mechanisms and protective measures (Almazan, 2007; Goodenow et al., 2006; Williams et al., 2005). Consequently, it is important to educate parents, teachers, and other adults within the community on the benefits of being supportive and non-judgmental. A first step is to teach tolerance among those who have anti-gay attitudes.

Rates of substance use do not vary by sexual orientation among sexual minority adolescents. However, there are racial differences in substance use among sexual minority youth. White sexual minorities are more likely to use alcohol and/or marijuana compared to their Black sexual minority counterparts. Stemming from theoretical work on hegemonic masculinity and African American studies, it was proposed that White sexual minorities are more likely to endure consequences of anti-gay victimization because they directly challenge hegemonic definitions of gender and sexuality. If one considers that substance use is a resulting coping mechanism of anti-gay prejudice (Williams et al., 2005), the data may be interpreted as such, and these results reinforce the utility queer theory and an intersectionalist perspective. However, this conclusion may be a bit premature as our data suggest that Black youth overall are less likely to use substances. The fact that sexual minority Black youth are less likely than White sexual minority youth may not be related to sexuality. A prospective avenue of research could focus on this area to help further understandings of youth substance use and its relationship to youth coping mechanisms by race and sexuality.

The multivariate regression model for victimization among sexual minority youth did not reveal significant differences by gender, race or age. Similarly, the substance use model did not show any differentiation by gender or age. At first glance, it appears as if the intersectionalist model may not be the most appropriate fit in determining within-group differences among sexual minorities. Intersectional theorists urge the utilization of various methodologies to explore race, class, gender, and sexuality differences (Andersen & Collins, 2006; Collins, 2000). The methodology used here was limited to a quantitative analysis. While no significant (quantitative) gender differences exist here, we cannot assume that qualitative differences do not exist between male and female sexual minority youth. Future research should continue this line of inquiry with the use of alternative research methods.

Only White and Black students were included in the analysis. Intersectionalists assert that race (class, gender, and/or sexuality) should not be dichotomized (Andersen & Collins, 2006; Collins, 2000). Perhaps the

inclusion of other racial categories would reveal different results. Similarly, age values only ranged from 11 to 18. When considering that anti-gay victimization occurs throughout the lifetime and can happen at any age, this is a very small sample from which to generalize. Researchers should continue to explore the differential experiences of sexual minority youth by race, age, and other relevant sociodemographic variables.

Results for the suicidality and social support models were not interpreted because the overall models were nonsignificant. This suggests that although these variables are useful in predicting suicidality and access to social support in the general population, they are not functional in predicting suicidality and access to social support in the sexual minority community. We believe this is due to the fact that additional, important variables need to be included. For example, additional analyses revealed that when victimization was included in the suicidality model and the access to social support model, the overall effects were significant.

The third objective of this study was to examine the correlates of social support. Our data show that sexual identity is related to social support and that social support significantly associated with reduced risk of victimization, substance use, and suicidality for students, regardless of sexual orientation. Furthermore, as already stated, access to social support is not equal among heterosexual and sexual minority youth. Our findings indicate that sexual minority youth are more likely to report not receiving support at all and are less likely to report social support from parents. These findings may indicate support for queer theory's preposition that sexual minority youth lack the access to social resources—in this case, social support. It may be too early to empirically validate this tenet of queer theory. While additional research must be done before claiming validity of queer theory, Almazan (2007) also found that sexual minority youth are less likely to receive social support from parents, which may indicate empirical support for queer theory. On a related note, our data dually show that for sexual minorities, social support is particularly important in preventing victimization and the use of alcohol and marijuana, yet sexual minority youth may face additional barriers in accessing social support. Based on this, we urge further research on social support to determine what impedes sexual minorities from accessing it.

Some of the limitations of this study have already been pointed out. First, the categorical values of race and age are truncated. Second, the overall effects for the suicidality and social support models for sexual minorities were nonsignificant. Based on these limitations, future research should consider looking into the qualitative differences in victimization for male and sexual minority individuals. As well, more inclusive models should be produced to help explain variation in suicidality and access to social support for sexual minority youth. Another potential avenue of research is to examine the barriers that sexual minorities have in accessing social support. Here, we

assume that internalized anti-gay prejudice prevents sexual minority youth from reaching out. Can this assumption be empirically validated?

This study offers several contributions. First, we have validated prior research by replicating previous findings. Sexual minority youth are at increased risk for victimization, substance use, suicidality, and social isolation compared to their heterosexual counterparts. Second, we have begun to build a theoretical framework using queer theory and intersectionality that addresses differences between heterosexual youth and sexual minority youth *and* differences among sexual minority youth. Third, we have pointed out several instances where our data may indicate some empirical support queer theory and intersectionality. However, these findings must be interpreted with caution and we urge further research to determine the validity of these theories in explaining differences between heterosexual and sexual minority youth and differences among sexual minority youth. Finally, we have furthered the literature on social support by determining that sexual minorities have increased risk for social isolation, particularly from parents.

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