

HHS Public Access

Author manuscript

J Am Acad Child Adolesc Psychiatry. Author manuscript; available in PMC 2023 July 27.

Published in final edited form as:

J Am Acad Child Adolesc Psychiatry. 2020 February ; 59(2): 205–208.e1. doi:10.1016/j.jaac.2019.08.473.

Homophobic Bullying and Suicidal Behavior Among US Heterosexual Youth

Mike C. Parent, PhD,

University of Texas at Austin

Karen E. Johnson, PhD, RN,

School of Nursing, the University of Texas at Austin

Stephen Russell, PhD,

University of Texas at Austin

Teresa Gobble, BA

University of Texas at Austin

To the Editor:

Homophobic bullying is pervasive in schools, and has been linked with suicidality among sexual minority youth. In prior studies, heterosexual adolescents have typically served as the reference group to understand disparities facing sexual minority youth. Yet, heterosexual adolescents may also face homophobic bullying. We assessed the associations between homophobic bullying and risk factors for suicide (sadness/hopelessness, considering suicide, planning suicide, and attempting suicide) among youth who identify as heterosexual.

Secondary analysis of a cross-sectional high-response survey was used. A sample of 15,234 US high school students who provided complete data on the variables were included in the analyses. Measures used in analyses included self-report of sadness/hopelessness, considering suicide, planning suicide, and attempting suicide.

After accounting for the effects of general bullying and gender, heterosexual youth reporting homophobic bullying described higher self-reported sadness/hopelessness, considering suicide, planning suicide, and attempting suicide than non—homophobically bullied peers. There was no gender difference in the associations between homophobic bullying and suicidality.

The present findings describe the negative influence of homophobic bullying on the mental health of heterosexual adolescents, and suggest that anti-homophobic bullying campaigns should extend beyond sexual minority students as victims.

Bullying of lesbian, gay, and bisexual (LGB) adolescents has received increased attention as a public health concern. LGB youth face higher rates of bullying than heterosexual

youth, and these elevated rates of bullying are associated with elevations in depression and suicidality.² Bullying research tends to focus on LGB adolescents as victims, with heterosexual youth primarily serving as a reference group.³ Such practices suggest that homophobic bullying is endemic to LGB adolescents; however, homophobic attitudes are prevalent within schools and society in general, and have an impact on LGB and heterosexual individuals.^{4,5} There is a lack of understanding of how homophobic bullying affects heterosexual adolescents' risk for suicidality.⁶ The purpose of this study is to address the gap in knowledge on the associations between homophobic bullying and suicidality among heterosexual adolescents.

METHOD

Data

We used data from participants in the 2017 Youth Risk Behavior Survey (YRBS) from the 7 states that included the homophobic bullying item and other items involved in the present analysis (Colorado, North Carolina, Rhode Island, Arkansas, Florida, Illinois, and North Dakota). The total sample size for these seven states was 21,871. The analytic sample for logistic regressions was limited to participants who provided data on all items and identified as heterosexual (n = 15,234); some descriptive data from the LGB-identified students are presented for comparison. The survey data were weighted to account for the complex survey design. Participation by students is confidential and voluntary; the data collection protocol is approved by the Centers for Disease Control and Prevention (CDC); and parental consent for participation is obtained (procedures vary by state). Additional details are presented in Supplement 1, available online.

Measures

Sexual orientation was assessed using the question: "Which of the following best describes you?" Response options were *heterosexual (straight), gay or lesbian, bisexual*, and *not sure*.

The general bullying item was "During the past 12 months, have you ever been bullied on school property?" The homophobic bullying item was "During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?" Response options were dichotomous, and recoded for analyses as no (0) or yes (1).

Suicide-related variables were assessed using 4 items. These items were as follows: "During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?"; "During the past 12 months, did you ever seriously consider attempting suicide?"; "During the past 12 months, did you make a plan about how you would attempt suicide?"; and "During the past 12 months, how many times did you actually attempt suicide?" Responses were dichotomous for the sadness, considering suicide, and planning suicide items, and recoded for analysis as no (0) or yes (1). Responses to the suicide attempt item were recoded as no attempts (0) and any number of attempts (1).

Statistical Analyses

Because the YRBS collects data using complex survey methods, analyses were conducted using logistic regressions in SPSS Complex Samples, and appropriate variables were designated as weights, clusters, and strata to account for the complex survey design. We also included in the regression participant sex and the interaction between sex and homophobic bullying, and age in years and race/ethnicity as covariates. For independent variables and covariates, reference groups were coded as not reporting bullying (either in general or specifically for being labeled LGB), being male, and being of white ethnicity. Weighted percentages for demographic variables are presented in Table 1.

RESULTS

Among heterosexual students, experiencing general bullying was reported by 16.4% of the sample, and experiencing homophobic bullying was reported by 7.1% of the sample. In contrast, among the participants who did not identify as heterosexual, both general bullying (24.4%) and homophobic bullying (22.9%) were more prevalent.

Table 2 shows the results of the logistic regressions with the four suicide-related variables among only heterosexual-identified students. Across the 4 suicide risk variables, female participants had higher risk for suicidality than male participants; female participants had 2.5 times increased odds of feeling sad, 1.9 times increased odds of considering suicide, 1.6 times increased odds of planning suicide, and 1.4 times increased odds of attempting suicide, compared to male participants. Experiencing general bullying was associated with increased suicide risk across all four variables. Adolescents who reported general bullying had 2.9 times increased odds of feeling sad, 3.5 times increased odds of considering suicide, 3.0 times increased odds of making a suicide plan, and 2.6 times increased odds of attempting suicide, compared to adolescents who reported not experiencing bullying. After controlling for the effect of general bullying, experiencing homophobic bullying was associated with suicide risk across all four variables. Heterosexual adolescents who reported homophobic bullying had 3.0 times increased odds of feeling sad, 3.4 times increased odds of considering suicide, 3.0 times increased odds of planning suicide, and 3.1 times increased odds of attempting suicide, compared to adolescents who did not report homophobic bullying. Results of a moderation analysis indicated that participant self-reported sex did not moderate the effects.

DISCUSSION

The study results indicate that, among heterosexual adolescents, homophobic bullying was associated with greater likelihood of feeling sad, and considering, planning, and attempting suicide. Thus, even for adolescents who did not identify as LGB, homophobic bullying was associated with suicide risk across multiple indicators, and this risk was present after accounting for the effects of general bullying. The present study suggests that the detrimental effects of such bullying extend beyond LGB populations. Adolescence is a time of identity formation, and to an extent, adolescents define their identity by identifying what they are not.⁷ In particular, homophobic attitudes have been identified as an aspect of gender role socialization, particularly for boys and men.^{8,9}

The present research must be interpreted in light of its limitations. We relied on questions already in the YRBS, and so were unable to assess specific aspects of LGB-related bullying. We used cross-sectional data, and causality cannot be inferred from the results. We relied on self-report data, which may be susceptible to intentionally incorrect responding, as the material on the items in the analysis dealt with potentially sensitive material (ie, sexual orientation and sexual partners, suicidal behaviors). Not all sampling sites administer all YRBS items in the present analyses, and as such the results are not generalizable across the United States. The states used in the present analysis all used weighted data, but combining these states still does not allow for generalization to the US population as a whole.

Given the increased risk for suicide associated with homophobic bullying for heterosexual students, our results emphasize the importance of bullying prevention efforts with regard to homophobic bullying. Although LGB adolescents have a higher prevalence of bullying than heterosexual adolescents, both LGB and heterosexual adolescents are affected by homophobic bullying. In the present study, LGB adolescents made up approximately 16% of the sample and heterosexuals approximately 84%. LGB adolescents reported a rate of homophobic bullying of 22.9%, whereas heterosexuals reported a rate of 7.1%. For every 1 million students, homophobic bullying would have a *higher* occurrence among heterosexual students, with approximately 36,640 LGB and 59,640 heterosexual adolescents in 1 million adolescents experiencing homophobic bullying. Anti-bullying programs often focus on protecting LGB-identified youth, 10 but such efforts may not be effective for heterosexual-identified students who are victims of homophobic bullying. Bullying prevention efforts may be more effective if they address widespread anti-LGB climates within schools.

The present study adds to our understanding of homophobic bullying by focusing on the experiences of heterosexual adolescents. We demonstrated that heterosexual adolescents experience homophobic bullying, and such bullying is associated with elevated suicide risk. Future work should examine in more detail the manifestations and effect of such bullying on heterosexual adolescents, along with effective messaging to enhance bullying prevention efforts that focus on anti-LGB climates and include heterosexual adolescents.

Supplementary Material

Refer to Web version on PubMed Central for supplementary material.

Disclosure

Dr. Parent has received research funding from the GLMA: Health Professionals Advancing LGBTQ Equality Lesbian Health Fund. Dr. Johnson has received funding from the National Institutes of Health (NIH)/the National Institute on Drug Abuse (NIDA), NIH/the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), and the University of Texas at Austin. Dr. Russel has received funding from the NIH/NICHD, the William T. Grant Foundation, and the Population Research Center at the University of Texas at Austin. Ms. Gobble has reported no biomedical financial interests or potential conflicts of interest.

The authors have reported no funding for this work.

REFERENCES

 Zaza S, Kann L, Barrios LC. Lesbian, gay, and bisexual adolescents: population estimate and prevalence of health behaviors. JAMA. 2016;316:2355–2356. [PubMed: 27532437]

2. Mueller AS, James W, Abrutyn S, Levin ML. Suicide ideation and bullying among US adolescents: examining the intersections of sexual orientation, gender, and race/ethnicity. Am J Public Health. 2015;105:980–985. [PubMed: 25790421]

- 3. Meyer IH, Bayer R. School-based gay-affirmative interventions: First Amendment and ethical concerns. Am J Public Health. 2013;103:1764–1771. [PubMed: 23948002]
- 4. Davies C, McInnes D. Speaking violence: homophobia and the production of injurious speech in schooling cultures. In: Saltmarsh S, Robinson KH, Davies C, eds. Rethinking School Violence. New York: Palgrave Macmillan; 2012:131–148.
- Poteat VP, Rivers I. The use of homophobic language across bullying roles during adolescence. J Appl Dev Psychol. 2010;31:166–172.
- 6. Birkett M, Espelage DL. Homophobic name-calling, peer-groups, and masculinity: the socialization of homophobic behavior in adolescents. Soc Dev. 2015;24:184–205.
- 7. Luyckx K, Goossens L, Soenens B, Beyers W. Unpacking commitment and exploration: preliminary validation of an integrative model of late adolescent identity formation. J Adolesc. 2006;29:361–378. [PubMed: 15878619]
- Parent MC, Moradi B. Confirmatory factor analysis of the Conformity to Masculine Norms Inventory and development of the Conformity to Masculine Norms Inventory—46. Psychol Men Masculinity. 2009;10:175–189.
- Levant RF, Smalley KB, Aupont M, House AT, Richmond K, Noronha D. Initial validation of the Male Role Norms Inventory—Revised (MRNI-R). J Mens Stud. 2007;15:83–100.
- DePaul J, Walsh M, Dam U. The role of school counselors in addressing sexual orientation in schools. Prof Sch Couns. 2009;12:300–308.

Parent et al.

TABLE 1

Demographic Characteristics of Self-Identified Heterosexual Participants

Page 6

Variable	Weighted percentage (95% CI)
Sex	
Male	53.2% (51.4%–54.9%)
Female	46.8% (45.1%–48.6%)
General bullying	16.4% (15.4%–17.5%)
LGB bullying	7.1% (6.6%–7.7%)
Age (y)	
12	0.2% (0.1%-0.3%)
13	0.2% (0.1%-0.8%)
14	10.5% (9.3%–12.0%)
15	24.3% (22.5%–26.3%)
16	25.2% (23.5%–27.1%)
17	24.0% (22.3%–25.8%)
18	15.4% (13.4%–17.6%)
Race/ethnicity	
American Indian/Alaska Native	0.6% (0.5%-0.7%)
Asian	2.7% (2.1%–3.4%)
Black/African American	21.1% (18.4%–24.1%)
Hispanic/Latino	18.3% (16.6%–20.2%)
Native American/other Pacific Islander	04% (0.3%-0.6%)
White	53.7% (50.1%–57.2%)
Multiple	3.1% (2.8%–3.5%)
Sad	25.2% (24.1%–26.4%)
Consider suicide	11.9% (11.1%–12.6%)
Plan suicide	10.2% (9.5%–11.0%)
Attempted suicide	5.6% (5.1%-6.1%)

Note: Data presented are for heterosexual-identified participants in the sample only.

LGB = lesbian, gay, bisexual.

Author Manuscript

Author Manuscript

TABLE 2

Logistic Regression Models of Factors Associated With Suicidality Among Self-Identified Heterosexual Participants

	Fooling Cod /Honologe	Conciden Cuicide	Dlen Cuicide	Attomoted Cuicide
	reening Sau/Hoperess Consider Suicide	Consider Suicide	rian Suicine	Fian Suicide Attempted Suicide
Sex	$0.40 \ (0.36 - 0.46)^* \ 0.54 \ (0.46 - 0.62)^* \ 0.61 \ (0.54 - 0.70)^* \ 0.73 \ (0.60 - 0.88)^*$	$0.54 (0.46 - 0.62)^*$	$0.61 (0.54-0.70)^*$	$0.73 (0.60-0.88)^*$
General bullying	2.88 (2.55–3.25)*	3.52 (2.89–4.04)*	$3.52 (2.89-4.04)^* 3.02 (2.61-3.49)^* 2.62 (2.08-3.30)^*$	$2.62 (2.08-3.30)^*$
LGB bullying	2.99 (2.43–3.69)*	3.34 (2.76-4.04)*	3.34 (2.76-4.04) * 2.98 (2.33-3.82) * 3.11 (2.33-4.16)	3.11 (2.33–4.16)*

Note: Values represent odds ratios and 95% CIs in parentheses. Age and race were controlled for in the analysis. Sex is coded as 1 = female participants, 2 = male participants. Both bullying variables are coded as 1 = no bullying reported, 2 = bullying reported.

LGB = lesbian, gay, bisexual.

* p < .01.