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## Homophobic Name-Calling Among Secondary School Students and Its Implications for Mental Health

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### Abstract

Although homophobic verbal victimization has been associated with negative mental health outcomes, little actually is known about its general prevalence and relationship to mental health among adolescents. In addition, the relationship of homophobic name-calling to mental health in gender non-conforming adolescents is not well understood. This study examined the relationship between homophobic verbal victimization and mental health in adolescents, accounting for their sexual orientation and level of gender non-conformity. Survey data was collected from 513 adolescents (ages 11–17) who attended eight schools in and around Amsterdam, the Netherlands; 56.7 % of the participating adolescents were female and 11.1 % reported same-sex attractions. As hypothesized, male adolescents and those with same-sex attractions were more likely to report victimization from homophobic name-calling than were their female and non-same-sex attracted peers. Contrary to expectations, homophobic name-calling was not independently associated with psychological distress after controlling for gender, sexual attractions, gender non-conformity, and other negative treatment by peers. The hypothesis that homophobic name-calling would be more strongly associated with psychological distress in male, same-sex attracted, and gender non-conforming adolescents was also not supported. The results suggest that same-sex attracted and gender non-conforming youth are particularly vulnerable to homophobic name-calling, in the Netherlands as in other contexts, but also that other forms of peer victimization may be more strongly related to mental health.

### Keywords

Adolescents; Mental health; Sexual orientation; Gender non-conformity; Peer victimization

## Introduction

Peer victimization, as a common and modifiable source of emotional distress among adolescents, is a significant public health concern. Peer victimization or bullying has been linked with outcomes such as depression, loneliness, social anxiety, and low self-esteem (Hawker and Boulton 2000) and research has shown that the association between peer victimization and poorer emotional adjustment is consistent across national contexts (Nansel et al. 2004). In this study, we focus on a particular type of peer victimization—homophobic name-calling—and its relationship to mental health in a sample of adolescents surveyed in the Netherlands. We also examine the role of gender, gender expression, and sexual orientation in homophobic peer victimization. In so doing, we learn more about which adolescents are vulnerable to homophobic peer victimization and its associated health outcomes.

### Homophobic Verbal Victimization Among Adolescents

Adolescents' use of language that stigmatizes sexual and gender minorities appears to be commonplace in some settings and to serve several social functions. Research findings from primarily US-based studies suggest that a sizeable minority of adolescents experience victimization based on actual or perceived LGB orientation in their secondary schools (Felix et al. 2009; Kerr et al. 2011; Russell et al. 2012; Sinclair et al. 2012). The verbally victimizing behaviors used by children and adolescents, such as teasing and name-calling, serve to “underscore status differences...[and] reaffirm existing hierarchies among different social categories” (Aboud and Joong 2010, p. 249). Theoretical work on anti-gay aggression in general (i.e., physically or verbally victimizing behaviors) suggests that the use of homophobic insults could be driven by multiple factors, including peer group dynamics, sexual prejudice, traditional gender role beliefs, and situational factors such as exposure to gender role violations (e.g., seeing two men kiss; Parrott 2008). Expressions of anti-gay prejudice may serve multiple functions, as defined by Herek (1990): *value-expressive* (communicating personal values), *social-expressive* (to promote peer group cohesion or win respect from peers), and *defensive* (deflecting questions about the perpetrator's sexuality). Empirical support for the social-expressive function of homophobic language among adolescents is suggested by studies that have found homophobic attitudes and behaviors are similar among members of adolescent friendship groups, and will become even more similar when observed over time (Poteat 2007, 2008). Adolescents' use of homophobic epithets (e.g., “fag,” “dyke”) also has been associated with other bullying behaviors; those who use this language are more likely to be bullies (teasing or upsetting other students) or to reinforce others' bullying behavior (Poteat and Rivers 2010).

Homophobic peer victimization may have a broad reach, and is not directed only at adolescents who are suspected of being lesbian, gay, or bisexual (LGB) or are open about their LGB identities. In school settings, homophobic insults may be used against those who are perceived as gay, but also against those perceived to be “different,” such as boys who are studious or slower to mature physically (Chambers et al. 2004; Plummer 2001). Adolescents also use homophobic epithets to label non-conforming gender expressions, for example, in a boy who is “acting like a girl” (Plummer 2001). Drawing on ethnographic research at a US high school, Pascoe (2007) concluded that boys' use of the word “fag” as an insult “has as much to do with [the target's] failing at the masculine tasks of competence, heterosexual prowess, and strength or in any way revealing weakness or femininity as it does with a sexual identity” (p. 54). However, there is little clear empirical data on this issue from the perspective of either the perpetrators or those targeted. Gender non-conformity (i.e., non-conformity with appearance, mannerism, and activity norms for one's sex) is often interpreted (whether correctly or not) as evidence of minority sexual orientation (Rieger et al. 2010). Transgender or gender non-conforming youth participants in qualitative studies

have reported being called names like “faggot” or “dyke” at school (Grossman and D’Augelli 2006; McGuire et al. 2010); whether the perpetrators meant to address their gender non-conformity or perceived minority sexual orientation, or both, is unclear.

Gender non-conformity is known to be a risk factor for peer victimization. Certain studies have assessed gender non-conformity as a risk factor for general types of peer victimization (e.g., being called names, being bullied or picked on, being excluded) in children and adolescents whose actual sexual orientation was not assessed. In such studies, gender non-conformity has been associated with greater exposure to victimization in boys (Ewing Lee and Troop-Gordon 2011; Young and Sweeting 2004) and in both boys and girls (Aspenlieder et al. 2009). In LGB youth, greater gender non-conformity has been associated with increased frequency of verbal victimization due to their sexual minority status (asked as, “because you’re lesbian/gay/bisexual”; D’Augelli et al. 2006). Further insight into this issue is offered by one study that found that gender non-conformity in LGB adolescents and young adults was related to being perceived as openly LGB, which was in turn related to their greater victimization (Waldo et al. 1998). LGB and sexually questioning youth were also more likely than heterosexual youth to report being harassed at school for not being “as masculine as other guys” or as “feminine as other girls” (Toomey et al. 2012). Adolescents who are visibly gender non-conforming are thus at risk for victimization by their peers; the verbal content of such victimization may include homophobic language if their gender expression is thought to suggest an LGB identity.

The social cost of gender non-conformity may be especially high for adolescent boys (Diamond and Savin-Williams 2003). This is borne out in the data with regard to who uses and who is targeted by homophobic verbal victimization. Studies of homophobic name-calling among adolescents have found that boys perpetrate and are targeted in this manner more frequently than girls (Burn 2000; Gruber and Fineran 2008; Poteat and Espelage 2005, 2007; Poteat and Rivers 2010). Adolescent males report that homophobic insults are among the most serious and provocative ones they can use against others (Pascoe 2007; Plummer 2001). Male adolescents also seem to consider homophobic pejoratives to be more insulting or upsetting than do their female peers (Gruber and Fineran 2008; Thurlow 2001). These findings align with studies of sexual prejudice in adolescents that have consistently documented higher levels in boys as compared to girls (Baker and Fishbein 1998; Hooghe 2011; Hoover and Fishbein 1999; Horn 2006; Poteat et al. 2009; Van de Ven 1994), including studies conducted among adolescents in the Netherlands (Collier et al. 2012a, b).

Responses to homophobic name-calling are likely related to perceptions of the perpetrator’s intentions and feelings about one’s own identity (including sexual orientation and gender expression). The intention behind adolescents’ use of homophobic epithets varies from person to person and situation to situation. The use of what we refer to here as “homophobic” language does not always stem from sexual prejudice or even from the desire to do real harm; heterosexual adolescents and young adults have reported using words like “faggot” and “queer” as joking insults among heterosexual peers and do not necessarily consider this a form of gay-bashing or related at all to the sexual orientation of the person targeted (Burn 2000; Pascoe 2007). Following from their own observations of this phenomenon among university athletes, McCormack and Anderson (2010) have distinguished *gay discourse* from *homophobic discourse*; the former refers to “homosexually-themed language without intent to stigmatise” (p. 920), whereas in *homophobic discourse*, “what counts is that there is a desire to subordinate another person with its usage” (p. 922). How those targeted with homophobic epithets interpret the user’s intentions—whether they feel they are being stigmatized—will factor into their responses. The social interactionist model of teasing advanced by Kowalski (2004) suggests that “individual characteristics of the teaser and the target, as well as the social context in which

teasing occurs” (e.g., in front of an audience of peers) together determine how those targeted react and are affected by teasing (p. 334). Responses to teasing (e.g., negative affect, retaliation) are determined by the level of identity confrontation or threat involved, which in turn “depends on the salience to one’s identity of the object of the tease and one’s desired identity” (Kowalski 2004). This conceptualization suggests that the level of identity threat posed by homophobic verbal victimization might vary according to the target’s actual sexual orientation and gender expression. This is relevant to the study of health outcomes associated with homophobic verbal victimization that will be addressed in greater detail below.

### **Mental Health Outcomes Associated with Homophobic Peer Victimization**

LGB populations bear a disproportionate burden of mental health problems (King 2008), and factors that might explain this disparity, such as discrimination and victimization, have received considerable research attention. Peer victimization has been studied as it relates to various health outcomes in LGB youth. However, approaches to ascertaining the sexual orientation of adolescent study participants and measuring their experiences of homophobic peer victimization have left some research questions insufficiently addressed. For example, some studies showing that peer victimization based on actual or perceived LGB orientation is associated with poorer mental health, increased substance use, lower sense of school belonging (Russell et al. 2012), and lower life satisfaction (Kerr et al. 2011) have not collected information on sexual orientation from participants. These findings suggest that homophobic victimization may be damaging to adolescents in general, but do not offer insight into whether sexual minority or gender non-conforming youth might be particularly affected. These studies have, however, more clearly indicated that gender may factor into the relationship between homophobic peer victimization and health outcomes, as outcomes have been shown to differ between boys and girls. Kerr et al. (2011) found that being harassed or bullied “because someone thought you were gay or lesbian” was associated with lower life satisfaction in boys, but not girls (p. 131). Poteat and Espelage (2007) explored the relationship between homophobic victimization and four psychosocial outcomes—depression and anxiety, personal distress, sense of school belonging, and withdrawal—in a longitudinal study of middle school students. They found, when controlling for previously reported levels of each psychosocial outcome variable, that homophobic victimization predicted anxiety and depression, personal distress, and (lowered) sense of school belonging in boys, and withdrawal in girls. These findings offer strong evidence that homophobic victimization negatively affects adolescent health but do not address possible differences across sexual orientation.

Other research, however, suggests that homophobic peer victimization is more strongly associated with negative mental health outcomes in sexual minority youth as compared to their heterosexual peers. Three studies compared mental health outcomes associated with homophobic victimization in LGB versus non-LGB-identified youth; all were based on data from the Dane County (Wisconsin, U.S.) Youth Assessment, administered in 2005 (Birkett et al. 2009; Espelage et al. 2008) and 2009 (Poteat et al. 2011). Espelage et al. (2008) and Birkett et al. (2009) assessed outcomes associated with homophobic teasing, threats, or harassment in LGB-identified, sexually questioning, and heterosexual high school and middle school students, respectively. In the study of high school students, levels of homophobic teasing were significantly different across groups, with questioning adolescents reporting the most frequent teasing and heterosexual adolescents reporting the least (Espelage et al. 2008). There were also significant interactions between sexual orientation status and victimization in relation to depressive/suicidal feelings, alcohol and marijuana use, and perceptions of school climate (Espelage et al. 2008). Compared to heterosexual students who experienced similarly high levels of homophobic teasing, LGB and

questioning adolescents reported more depressive and suicidal feelings and more alcohol and marijuana use. Questioning students reported significantly more negative perceptions of school climate in comparison to LGB and heterosexual peers who were teased just as frequently. In the study of middle school students, a pattern of exposure to homophobic teasing was found that was similar to that found among high school students: questioning students reported significantly more teasing than LGB students, who in turn reported significantly more teasing than heterosexual students (Birkett et al. 2009). Compared to heterosexual peers who reported similarly high levels of homophobic teasing, LGB and questioning adolescents reported more depressive and suicidal feelings, more alcohol and marijuana use, and more school truancy (Birkett et al. 2009). In their analysis of more recent data from both middle and high school students, Poteat et al. (2011) found that homophobic victimization was associated with a lower sense of school belonging in four groups that were studied: white and racial/ethnic minority heterosexual students, and white and minority LGBTQ students. This relationship was strongest among the LGBTQ students. Homophobic victimization was also related to higher suicidality in white and minority LGBTQ students and white heterosexual students, but not minority heterosexual students (Poteat et al. 2011). Together, the findings of these three studies suggest that homophobic victimization generally is associated more strongly with negative health outcomes in LGBTQ as opposed to heterosexual adolescents.

Others have explored whether differences in health outcomes between LGBT and heterosexual youth can be explained by peer victimization. Busseri et al. (2008) refer to the conceptualization of an indirect link between sexual orientation and health as the *mediator hypothesis*. Studies that have tested mediation models have found that sexual minority youths' greater exposure to peer victimization partially explains their higher levels of depressive symptoms and lower sense of belonging at school and self-esteem (Bos et al. 2008); greater involvement in risk behaviors such as alcohol and drug use (Busseri et al. 2008); and higher levels of externalizing symptoms (i.e., aggressive and disruptive behaviors; Williams et al. 2005). However, either general measures of peer victimization that did not account for homophobic victimization in particular were used (Bos et al. 2008; Busseri et al. 2008), or findings were not presented in such a way that the outcomes associated with general and homophobic victimization could be differentiated (Williams et al. 2005). Questions therefore remain about the role of homophobic victimization specifically in explaining disparities between sexual minority and heterosexual youth.

Exposure to homophobic victimization among adolescents has been measured in various ways. To date, studies have assessed whether both heterosexual and sexual minority youth experienced peer victimization "because of your sexual orientation" (Aerts et al. 2012), about "being gay, lesbian, or bisexual" (Birkett et al. 2009; Espelage et al. 2008), or about "being perceived as gay, lesbian, or bisexual" (Poteat et al. 2011). It is possible that heterosexual and LGB adolescents could interpret such questions differently, though we have not seen much discussion of this issue in the literature. Others have surveyed adolescent participants about being called "fag, dyke, lezzie, or queer," but because this was only one item in a larger sexual harassment scale, outcomes associated with this specific type of victimization in the heterosexual and sexual minority youth in their samples were not assessed (Gruber and Fineran 2008; Williams et al. 2005). In the present study, we used a more sensitive measure of victimization from homophobic name-calling in conjunction with measures of participant sexual orientation and gender non-conformity in order to provide new insight regarding the use and potential impact of such language in the school environment.

## Homophobic Peer Victimization in the Netherlands

Although much of the research on homophobic victimization among adolescents has been conducted with U.S. samples, this topic is beginning to be explored in continental Europe as well (Aerts et al. 2012; Hegna and Wichstrøm 2007; Plöderl et al. 2010). In a survey of adult gay and bisexual men in Austria, for example, 31 % reported having ever experienced homophobic verbal abuse from peers while in school, and 23 % reported being sometimes or often verbally harassed due to their gender non-conformity while in school (Plöderl et al. 2010). In the Netherlands specifically, research has been limited. In a sample of 13- to 15-year-olds, Bos et al. (2008) found that those who had same-sex attractions were more likely to report negative treatment by peers than were their peers without same-sex attractions, but the extent to which negative treatment involved the use of homophobic language was not assessed. Given these findings and those suggesting that other elements of school climate are related to mental health for same-sex attracted youth in the Netherlands (Sandfort et al. 2010), homophobic peer victimization in Dutch schools warrants further study.

That homophobic epithets may carry different meanings, and thus may be perceived differently across cultural contexts, is of course highly relevant to the interpretation of the present study's findings. McCormack (2012) has suggested that the intent behind the use of homophobic language and its social effect on the person targeted varies according to the level of "homophobia" ("the cultural fear of being homosexualized") present in the broader cultural context (p. 72). Attitudes toward homosexuality in the Netherlands, when measured at the country level, are relatively accepting compared to those in the U.S. and some other European countries; legal protections for gay and lesbian people are also more uniformly in place at a national level (Widmer et al. 1998). Furthermore, the Netherlands has been classified by Hofstede (1998) as among those countries in which social expectations of men and women are more similar than different. Outcomes associated with homophobic verbal victimization thus may differ in settings such as the Netherlands where homosexuality is less stigmatized and gender roles are less strictly dichotomized.

## Study Purpose and Hypotheses

This study aimed to describe the prevalence of homophobic name-calling in a sample of Dutch adolescents. We also examined how the experience of being targeted by homophobic name-calling related to psychological distress, extending the existing literature by assessing peer victimization experiences, sexual orientation (as sexual attractions), gender non-conformity, and psychological distress concurrently among adolescents.

Our first hypothesis was that victimization from homophobic name-calling would be more prevalent among male adolescents and those with same-sex attractions, as opposed to females and those without same-sex attractions, respectively. Our second hypothesis was that homophobic name-calling would be associated with psychological distress among all the adolescents in our sample, even when controlling for their sexual attractions and gender non-conformity. To isolate the role of homophobic name-calling in psychological distress, we also controlled for other forms of peer victimization. Our third hypothesis was that the association of homophobic name-calling with psychological distress would be stronger in males and in same-sex attracted and highly gender non-conforming youth, with these youth reporting higher levels of psychological distress than their female, non-same-sex attracted, and less gender non-conforming peers who experienced homophobic name-calling at similar levels.

## Method

### Participants and Procedure

Data for this study come from a research project about school climate issues for adolescents in the Netherlands. Schools were approached about participation through the VIOS (*Veiligheid In en Om School*, or Safety In and Around School) Initiative, a network of 72 secondary schools in and around Amsterdam, and eight schools agreed to participate in the study. Although reasons for non-participation were not systematically collected, the low response rate was likely because many schools were unable to devote class time to the survey. All participating schools were public and urban-based but varied in size (the smallest serving 250 students and the largest serving more than 1,500).

Students in years 1, 2, and 3 were eligible to participate in the study. The board of each participating school notified the students' parents about the study in writing, explaining that student participation was voluntary, and allowing the parents to opt their child out of the survey. Seven parents refused to allow their children to participate. The class instructor also had to grant permission for the survey to be administered during his or her class. Students completed the study questionnaire during regular class times after assenting to participation. Depending on the school, the questionnaire was administered on paper or via computer. The students completed the questionnaire in the presence of their instructor and a research assistant from the University of Amsterdam. Seating was arranged to create privacy for the students as they completed their questionnaires, and they were assured of the confidentiality of their responses.

In the Netherlands, secondary education is offered at three levels and schools may offer curricula at multiple levels. Pre-vocational, general secondary, and pre-university curricula are 4, 5, and 6 years, respectively. Students in this sample were in the following programs: pre-vocational, 37.6 %; general secondary, 8.0 %; and pre-university, 54.4 %. A total of 518 students participated; data from five participants who did not report on sexual attractions were excluded from further analyses, leaving a final sample of 513. The sample was 56.7 % female and 43.3 % male. Participants ranged in age from 11 to 17, with a mean age of 14.02 ( $SD = 1.07$ ). The majority of participants (55.7 %) were of Dutch or other Western ethnicity; 44.3 % were of non-Western ethnicity. The most common non-Western ethnicities reported were Surinamese, Moroccan, Turkish, and Antillean.

### Measures

**Homophobic name-calling**—A modified version of Poteat and Espelage's (2005) Homophobic Content Target Subscale was used to assess each participant's experience being called homophobic names. The Target sub-scale was developed to assess the frequency with which respondents are targeted by homophobic verbal content from other students in school settings (Poteat and Espelage 2005). In translating and adapting this scale from its original English-language version, we changed the reference period from 1 week to 1 month and altered some of sources of name-calling about which participants were asked. The reference period was broadened given that this measure had not been previously used in the Netherlands; with uncertainty about the frequency of these behaviors, we wanted to be sure to capture some name-calling. Participants were presented with the following prompt: "Some kids call each other names such as fag, gay, lesbo, and dyke. How many times in the last month did the following people call you these names?" Using a 5-point response scale (1 = *never*, 2 = *1 or 2 times*, 3 = *3 or 4 times*, 4 = *5 or 6 times*, 5 = *7 or more times*), participants indicated if they had been called names by (a) a friend, (b) a classmate, (c) a schoolmate who is not in the same class, (d) a schoolmate that he/she does not know, and (e) someone he/she does not like. We computed a mean score for the five items, with higher

scores indicating more frequent experiences as the target of homophobic name-calling. The Cronbach's alpha value for the scale in this sample was .87.

**Negative treatment by peers**—To measure more general experiences of negative treatment by peers, we used four items from Fenzel's (1989) Early Adolescent Role Strain Inventory. These items have been successfully used in studies with adolescents in the Netherlands (Bos et al. 2008; de Bruyn 2005). Using a 5-point response scale (1 = *never*, 5 = *very often*), participants indicated how frequently other students (1) make fun when they do well, (2) are mean to them, (3) push or hit them, and (4) make fun of them. The internal consistency of this scale (Cronbach's alpha) was .82.

**Same-sex attractions**—Sexual attraction was assessed with the question, "Do you feel sexually attracted to someone of your own sex?" (1 = *very often*, 5 = *never*). This question has been successfully used in previous research with adolescents in the Netherlands (e.g., Bos et al. 2008). Participants who reported that they *very often*, *often*, *frequently*, or *sometimes* felt attracted to someone of the same sex were categorized as same-sex attracted. Participants who reported that they were *never* attracted to people of the same sex were categorized as not same-sex attracted.

**Gender non-conformity**—Gender non-conformity was assessed with the Childhood Gender Nonconformity Scale, adapted from the version published by Rieger et al. (2008). This scale was designed to query adults about childhood experiences and was adapted for administration to adolescents. It was also translated from English to Dutch. The scale contains seven items and separate, complementary versions were administered to male and female participants. Sample items (for boys) include: "I am a feminine boy" and "I often feel I have more in common with girls than boys." Participants responded to the items using a 7-point scale (1 = *Does not at all describe me*, 7 = *Describes me completely*), and we computed a mean score across the seven items, with higher mean scores indicating greater gender non-conformity. The scale demonstrated good internal consistency reliability; for male adolescents:  $\alpha = .81$ , for female adolescents:  $\alpha = .79$ .

**Psychological distress**—Psychological distress was assessed with a shortened version of the Brief Symptom Inventory (Derogatis 1993). Participants indicated to what extent they had experienced 24 symptoms (i.e., depressive and anxious symptoms, somatic complaints) over the past week, using a 5-point scale (1 = *not at all*, 5 = *very much*). Mean scores were used as an overall indicator of psychological distress, with higher scores indicating greater distress. The internal consistency reliability of the scale in this sample was high,  $\alpha = .93$ .

## Analyses

Because the data for this study were collected from students in eight different schools, we first determined whether multilevel analysis would be more appropriate than standard OLS regression, following steps outlined by Peugh (2010). Partitioning the variance indicated that there was not significant variation in psychological distress scores across schools ( $T_{00} = .004$ ,  $p = .488$ ). The intraclass correlation coefficient indicated that approximately 1 % of the variation in psychological distress scores was due to between-school differences and the design effect was equal to 1.57; based on these outcomes, we decided to pursue OLS multiple regression.

To first assess whether male and same-sex attracted adolescents were more likely to experience homophobic name-calling, we conducted logistic regression categorizing participants as having or having not experienced homophobic name-calling. Then, following bivariate analyses, we conducted hierarchical multiple regression to assess the independent



association of homophobic name-calling with psychological distress. So that we could also account for the role of more general negative treatment by peers, this variable was entered into the model first as a controlling variable, along with gender. We assessed the independent association of homophobic name-calling with psychological distress by adding it in Step 2. To assess whether the association of homophobic name-calling with psychological distress would change once we controlled for same-sex attraction and gender non-conformity, these variables were added in Step 3. Finally, in Step 4, we tested whether homophobic name-calling had amplified effects for male, same-sex attracted, or gender non-conforming adolescents in relation to psychological distress.

## Results

### Descriptive Findings and Prevalence of Homophobic Name-Calling

In the overall sample, 11.1 % of participants reported same-sex attractions [11.3 % of females and 10.8 % of males;  $\chi^2(1, n = 513) = .002, p = .962$ ]. To compare male and female participants, and same-sex attracted and non-same-sex attracted participants, independent samples *t* tests were conducted on age, gender non-conformity, homophobic name-calling, negative treatment by peers, and psychological distress. These analyses are presented in Table 1, along with the mean scores and standard deviations for each variable. There were significant differences between males and females on homophobic name-calling and negative treatment by peers (with males reporting greater exposure), as well as gender non-conformity (with females reporting greater gender non-conformity, though the effect size was modest). Differences between participants with and without same-sex attractions were significant for age, homophobic name-calling, and psychological distress. The same-sex attracted participants were slightly older on average, experienced significantly more homophobic name-calling, and reported more psychological distress. Effect size calculations indicate that these differences were modest (Cohen 1988). Differences between adolescents with and without same-sex attractions on gender non-conformity and negative treatment by peers were not statistically significant.

Based on participant responses to the five items about homophobic name-calling, we found that 47.2 % of participants had been called homophobic names by at least one source (friend, classmate, etc.) over the past month. Male adolescents were 3.82 times more likely than female adolescents to report victimization from homophobic name-calling (95 % CI: 2.62–5.55), and same-sex attracted adolescents were 2.34 times more likely than those without same-sex attractions to report such victimization (95 % CI: 1.26–4.36). These findings confirm our hypotheses that male adolescents and those with same-sex attractions would be more likely to report victimization from homophobic name-calling. As a group, same-sex attracted male adolescents reported the most homophobic name-calling (83.3 %), followed by males without same-sex attractions (62.6 %), then same-sex attracted females (48.3 %), and finally, females without same-sex attractions (31.2 %). The interaction between gender and same-sex attractions, however, was not significantly related to the outcome of homophobic name-calling.

Intercorrelations between the variables age, gender non-conformity, homophobic name-calling, negative treatment by peers, and psychological distress are presented in Table 2. Gender non-conformity was positively correlated with homophobic name-calling ( $r = .22, p < .01$ ), psychological distress ( $r = .34, p < .01$ ), and negative treatment by peers ( $r = .25, p < .01$ ). Homophobic name-calling was associated with psychological distress ( $r = .24, p < .01$ ) and negative treatment by peers ( $r = .38, p < .01$ ). Negative treatment by peers was also associated with psychological distress ( $r = .33, p < .01$ ).

## Homophobic Name-Calling, Same-Sex Attractions, Gender Non-Conformity, and Psychological Distress

Results of the regression analyses are presented in Table 3. The control variables entered in Step 1, negative treatment by peers and gender, both were independently associated with psychological distress and together explained 11 % of the variance. Addition of homophobic name-calling in Step 2 showed that this variable was also significantly associated with psychological distress ( $\beta = .17, p = .001$ ); the total variance in psychological distress explained increased to 13 %. When same-sex attraction and gender non-conformity were added to the model in Step 3, however, the contribution of homophobic name-calling was no longer statistically significant. Same-sex attraction ( $\beta = .10, p = .027$ ) and gender non-conformity ( $\beta = .26, p < .001$ ) both made significant independent contributions to psychological distress, and the total variance explained by this model was 20 %. The addition of the interactions of gender, same-sex attraction, and gender non-conformity with homophobic name-calling in Step 4 did not significantly change the coefficient of determination, and none of the interactions were significant.

The best-fitting model, then, was the Step 3 model in which homophobic name-calling, same-sex attractions, and gender non-conformity were entered together as predictors of psychological distress, after controlling for negative treatment by peers and gender. Same-sex attraction, gender non-conformity, and negative treatment by peers were independently associated with psychological distress in this model. These findings were not consistent with our hypotheses: homophobic name-calling was not associated with psychological distress once same-sex attraction and gender non-conformity were included in the model, nor did we find the association between homophobic name-calling and psychological distress to be stronger in males, those with same-sex attractions, or more gender non-conforming adolescents.

## Discussion

While research from other settings has shown homophobic peer victimization to be common and related to several negative health outcomes among adolescents, information with regard to the prevalence of such victimization and its relationship to mental health among youth in the Netherlands was until now missing from the literature. In addition, relationships between gender expression, homophobic peer victimization, and mental health were in need of further clarification. In the present study, we examined whether the relationship between homophobic peer victimization and psychological distress was variable across gender, gender expression, and sexual orientation. We focused on homophobic name-calling specifically, using a measure that was behaviorally focused, in an effort to obtain the best estimate of the prevalence of this behavior in our sample of Dutch adolescents.

Our results supported some of our hypotheses, but not others. Our hypotheses with regard to who would be most likely to experience homophobic name-calling—male adolescents and adolescents with same-sex attractions—were supported. We found that about half of the participating adolescents had been targeted by homophobic name-calling over the previous month. Male adolescents were almost four times more likely to be the target of this behavior than were their female peers, a finding consistent with those of studies of homophobic name-calling conducted outside the Netherlands (Poteat and Espelage 2005, 2007). Although they were by no means the only ones reporting victimization from homophobic name-calling, same-sex attracted adolescents, who accounted for 11.1 % of our sample, were more than twice as likely to report being called homophobic names than were their peers who did not have same-sex attractions. This finding is also consistent with studies of homophobic peer victimization conducted in the U.S. (Birkett et al. 2009; Espelage et al. 2008; Poteat et al. 2011) and elsewhere in Europe (Aerts et al. 2012). Same-sex attracted

male adolescents appeared to be particularly vulnerable: although we had only 24 same-sex attracted males in our sample, 20 of them (83.3 %) reported having been the target of homophobic name-calling. We did not assess participants' sexual orientation identity or whether they had disclosed their same-sex attractions to classmates, and so we are unable to say whether the same-sex attracted adolescents who were targeted were openly lesbian, gay, or bisexual, or whether this may have factored into their victimization experiences. However, gender non-conformity correlated with homophobic name-calling in our bivariate analyses and likely played a role, even though the difference between adolescents with and without same-sex attractions on gender non-conformity did not achieve statistical significance. The same-sex attracted youth in our sample were, on average, more gender non-conforming than those without same-sex attractions, and the fact that this difference did not achieve statistical significance is likely due to gender non-conformity being more evenly distributed among the girls with and without same-sex attractions than it was among the boys. This is a further indication of the vulnerability of same-sex attracted boys, who are especially visible by their gender non-conformity.

Our second hypothesis was that homophobic name-calling would be independently associated with psychological distress. We found this to be the case when we controlled only for gender and other negative treatment by peers: homophobic name-calling was associated with psychological distress, over and above these other factors. However, ultimately this hypothesis was not supported; once we included same-sex attraction and gender non-conformity as additional control variables, neither homophobic name-calling nor gender made a significant contribution to the model. We also found no support for our final hypothesis, that homophobic name-calling would be more strongly related to psychological distress in males, those who were same-sex attracted, and those who were more gender non-conforming. What these findings suggest is that, in this sample, experiences of homophobic name-calling as captured by our particular measure had little explanatory power in relation to psychological distress over and above same-sex attractions, gender non-conformity, and other experiences of negative treatment by peers.

The inconsistency of our findings with some past U.S.-based research might be explained by several factors. Our study differs in several ways from those showing that homophobic peer victimization interacts with sexual orientation in relation to mental health outcomes (Birkett et al. 2009; Espelage et al. 2008). We used a more global measure of psychological distress; compared adolescents with and without same-sex attractions, as opposed to those identifying as LGBQ or heterosexual; and focused on verbal victimization only, as opposed to both verbal and physical peer victimization. And while other US studies have found homophobic victimization linked to certain negative outcomes in male, but not female, adolescents (Kerr et al. 2011; Poteat and Espelage 2007)—which is why we expected to see an interaction between gender and homophobic name-calling on psychological distress, these studies did not include an assessment of participants' sexual orientation, as ours did, nor did they control for other, non-bias-related experiences of peer victimization. It is possible that the findings of other studies in fact reflected sexual minority boys' particular vulnerability to homophobic name-calling.

Our findings reinforce the importance of assessing sexual orientation alongside adolescents' experiences with homophobic peer victimization, which gave visibility to same-sex attracted adolescents' particular vulnerability to this form of victimization. We also saw that gender non-conformity was related to both homophobic name-calling and psychological distress. Studies of bias-based victimization that do not assess gender expression are thus likely to be missing an important part of the equation. Another important finding is that the particular form of peer victimization that we assessed, homophobic name-calling, was not related to psychological distress when controlling for other factors. This result reflects the likelihood

that, as has been found in other studies, the adolescents we surveyed use homophobic epithets in differing ways, whether to jokingly tease heterosexual friends or to let others know that their appearance or behavior is in some way unacceptable (Burn 2000; Pascoe 2007; Plummer 2001). Our measure of homophobic name-calling may have captured such varied uses of this language, some of which we would not expect to be strongly related to mental health. It is also possible that the social climate in the Netherlands, which is relatively accepting of sexual and gender minorities by international standards, further neutralizes the impact of homophobic epithets. Questions about homophobic peer victimization that more clearly captured the perpetrator's intent, accounted for problems occurring repeatedly over time (suggesting a pattern of bullying), and that addressed escalating levels of verbal and physical victimization, might have more clearly distinguished the experiences of sexual minority and gender non-conforming youth in the sample and shown a stronger association with psychological distress. The fact that other negative treatment by peers was associated with psychological distress even when controlling for gender, same-sex attractions, and gender non-conformity indicates that peer victimization plays an important role in adolescents' mental health, as has been well documented (e.g., Arseneault 2010; Bond et al. 2001; Hawker and Boulton 2000).

The factors that were correlated with psychological distress were same-sex attractions, gender non-conformity, and negative treatment by peers, which we had included as a control variable; together these factors accounted for 20 % of the variance in psychological distress. Although same-sex attractions and gender non-conformity explained variance in psychological distress over and above the contribution of general types of peer victimization, we should stress that these findings do not suggest that same-sex attraction or gender non-conformity *produce* poorer mental health. Rather, same-sex-attracted and gender non-conforming youth are likely to be uniquely and/or disproportionately affected by stressors other than homophobic name-calling that impact their mental health and that were not included in this study (e.g., negative treatment by family members), and familial factors may also play a role (Frisell et al. 2010; Meyer 2003).

This study's findings must be interpreted in light of its strengths and limitations. The design of this cross-sectional study does not support causal conclusions, and its focus on homophobic name-calling left unexamined other factors that could have explained the psychological distress observed in this sample of adolescents. We concentrated on one specific form of victimization, homophobic name-calling, in relation to one outcome, psychological distress. While the overall sample size was large, much smaller numbers of adolescents in our sample reported same-sex attractions, high levels of gender non-conformity, and high levels of victimization from homophobic name-calling; this may have limited our ability to detect interaction effects. The study's setting and recruitment methods also limit the generalizability of the findings. The schools that participated in this study are not representative of Dutch secondary schools in general; furthermore, because they were involved in a school safety initiative, it is possible that the data collected on victimization behaviors underestimates the true prevalence of homophobic name-calling in Dutch schools. We relied on participant self-report of sensitive information; same-sex attractions, gender non-conformity, and peer victimization may have been underreported. It is also possible that some of the youngest adolescents in our sample were not yet experiencing any sexual attractions. Overall, these limitations are likely to have reduced our chances of finding significant results.

This study also has several strengths. We expand the existing literature on peer victimization among sexual minority adolescents by reporting on findings from a European setting and by comparing adolescents with and without same-sex attractions, as opposed to adolescents who do and do not identify as LGBTQ. A particular strength of this study is its attention to the

role of gender non-conformity. Our assessment of gender non-conformity with a multi-item scale and in a sample of current adolescents, as opposed to using retrospective reports from adults, distinguishes this study from its predecessors. Another strength was our use of both a general measure of negative treatment by peers and a more specific measure of homophobic verbal victimization; controlling for the former allowed us to determine the independent relationship of the latter with psychological distress. These strengths position the study to make a contribution to the larger literature on sexual orientation and mental health.

This study's findings have several implications for future research and practice. With regard to research specifically, we believe our findings highlight the importance of accounting for gender non-conformity when studying victimization or mental health among adolescents. The role of gender non-conformity in peer victimization has received insufficient research attention even in the literature on sexual minority youth. Longitudinal studies are needed to clarify the role that peer victimization plays concurrently with the processes of sexual and gender identity development. As one such example, Ewing Lee and Troop-Gordon (2011) found in their longitudinal study of young adolescents that some forms of peer rejection led to increases in gender non-conforming behaviors over time. Yet, cross-sectional studies of LGB adolescents and young adults also have documented decreases in gender non-conforming behavior in response to victimization (Pilkington and D'Augelli 1995; Wyss 2004). How adolescents' experiences of being victimized come into play as they recognize their same-sex attractions, adopt a sexual minority identity, and decide whether to disclose that identity to others still needs further exploration, and we hope that our findings might inform future studies in this regard. Furthermore, we must acknowledge that the preponderance of research on homophobic victimization has focused on those affected, rather than those who perpetrate such behaviors. Further study of such behaviors, and their linkage to attitudes, beliefs, and contextual influences, will enhance our ability to create supportive environments for sexual and gender minority adolescents.

Our findings also signal the need for vigilance in school settings with regard to the use of homophobic language. This language is common, particularly among boys, and even in a setting such as Amsterdam, which is a relatively supportive environment for sexual and gender minorities. Although homophobic epithets may sometimes be used casually and without malicious intent (although this does not excuse the behavior), they are also directed with some "accuracy" at those youth who indeed have same-sex attractions. Adults have a responsibility to address this behavior, and should be attentive to the possibility that this language can be used in hurtful ways. As has been suggested by other research with adolescents in the Netherlands, school settings in which the students feel that teachers and staff clearly communicate about rules and expectations, and follow through when rules are broken or expectations not met, may be protective for sexual minority youth with respect to mental health (Sandfort et al. 2010). Adults who see adolescents being persistently targeted with homophobic epithets should also ensure that these youth receive supportive services that may be indicated.

In summary, this study has shown that male and same-sex attracted adolescents in the Netherlands are particularly affected by homophobic name-calling, which fits patterns observed in other national contexts. Same-sex attractions and gender non-conformity were correlated with psychological distress. Homophobic name-calling was not, however, independently associated with psychological distress when controlling for same-sex attractions, gender non-conformity, gender, and other negative treatment by peers. In order to best address the mental health outcomes associated with homophobic peer victimization among adolescents, future studies would benefit from assessments of the participants' sexual orientation and gender expression as well as comprehensive measurement of victimization experiences related to those characteristics.

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Table 1

Means and standard deviations for age, gender non-conformity, homophobic name-calling, negative treatment by peers, and psychological distress by participant gender and sexual attraction

	Overall	Females <i>n</i> = 291	Males <i>n</i> = 222	<i>t</i>	<i>df</i>	<i>p</i>	$\eta^2$	Same-sex attracted <i>n</i> = 57	Not same-sex attracted <i>n</i> = 456	<i>t</i>	<i>df</i>	<i>p</i>	$\eta^2$
Age in years	14.02 (1.07)	14.01 (1.04)	14.02 (1.11)	0.04	486	.968		14.36 (0.99)	13.97 (1.07)	2.57	486	.010	.01
Gender non-conformity	1.89 (0.94)	2.02 (0.93)	1.72 (0.92)	-3.61	511	<.001	.03	2.18 (1.31)	1.86 (0.88)	1.81	62.44	.075	
Homophobic name-calling	1.46 (0.78)	1.28 (0.63)	1.68 (0.89)	5.76	384.69	<.001	.06	1.90 (1.16)	1.40 (0.71)	3.02	56.66	.004	.02
Negative treatment by peers	1.63 (0.73)	1.53 (0.61)	1.76 (0.84)	3.45	386.78	.001	.02	1.89 (1.05)	1.60 (0.68)	2.04	61.96	.046	
Psychological distress	1.73 (0.69)	1.77 (0.68)	1.69 (0.71)	-1.24	472	.215		2.12 (0.98)	1.68 (0.63)	3.23	60.03	.002	.02

**Table 2**

Intercorrelations among age, gender non-conformity, homophobic name-calling, negative treatment by peers, and psychological distress

	Intercorrelations			
	1.	2.	3.	4.
1. Age in years				
2. Gender non-conformity	.01			
3. Homophobic name-calling	.01	.22*		
4. Negative treatment by peers	-.01	.25*	.38*	
5. Psychological distress	.07	.34*	.24*	.33*

\*  $p < .01$

**Table 3**

Hierarchical regression analyses of homophobic name-calling on psychological distress

	<b>b (SE)</b>	<b><math>\beta</math></b>	<b><i>P</i></b>
Step 1			
Negative peer treatment	.31 (.04)	.33	<.001
Gender <sup>a</sup>	.12 (.06)	.09	.042
R <sup>2</sup>		.11	<.001
Step 2			
Negative peer treatment	.25 (.04)	.27	<.001
Gender <sup>a</sup>	.17 (.06)	.13	.005
Homophobic name-calling	.14 (.04)	.17	.001
R <sup>2</sup>		.13	<.001
$\Delta R^2$		.02	.001
Step 3			
Negative peer treatment	.19 (.04)	.21	<.001
Gender <sup>a</sup>	.07 (.06)	.05	.259
Homophobic name-calling	.08 (.04)	.09	.070
Same-sex attraction <sup>b</sup>	.21 (.09)	.10	.027
Gender non-conformity	.18 (.03)	.26	<.001
R <sup>2</sup>		.20	<.001
$\Delta R^2$		.07	<.001
Step 4			
Negative peer treatment	.20 (.04)	.21	<.001
Gender <sup>a</sup>	.08 (.06)	.06	.182
Homophobic name-calling	.03 (.06)	.04	.623
Same-sex attraction <sup>b</sup>	.18 (.10)	.08	.069
Gender non-conformity	.15 (.04)	.22	<.001
Gender $\times$ homophobic name-calling	.01 (.09)	.00	.939
Same-sex attraction $\times$ homophobic name-calling	.09 (.09)	.06	.294
Gender non-conformity $\times$ homophobic name-calling	.03 (.02)	.08	.115
R <sup>2</sup>		.20	<.001
$\Delta R^2$		.01	.226

<sup>a</sup>Male adolescents = 0, Female adolescents = 1<sup>b</sup>Not same-sex attracted = 0, Same-sex attracted = 1