



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

International Journal of Current Research
Vol. 11, Issue, 09, pp.7015-7022, September, 2019

DOI: <https://doi.org/10.24941/ijcr.36241.09.2019>

RESEARCH ARTICLE

A STUDY OF BULLYING, SOCIAL ACCEPTANCE, AND SOCIAL ADJUSTMENT AMONG SELECTED LGBTQIA ADOLESCENTS

*Charletta H. Barringer-Brown, Ph.D., Ed.D.

Department of Political Science and Public Administration, Virginia State University, Petersburg, Virginia
23806, Phone: 804-524-5038

ARTICLE INFO

Article History:

Received 19th June, 2019
Received in revised form
20th July, 2019
Accepted 24th August, 2019
Published online 30th September, 2019

Key Words:

Social Adjustments,
Adolescents,
Sexual Orientation,
Social Acceptance.

ABSTRACT

The current study assessed the connection that existed between the social acceptance and peer bullying of 76 high school students that identified as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA). The study was conducted within ten separate high schools in Southeastern North Carolina. The study considered all the experiences of peer bullying and social acceptance within the context of both family and peer groups. There was an identification of 76 adolescents in the study survey that was conducted in the ten high schools. The LGBTQ adolescents were then matched to a sample comparison of their heterosexual peers within the same locations. The LGBTQ adolescents expressed a higher rate of depression symptoms and behaviors compared to those of their heterosexual peers within the same age group. They also reported a greater number of incidents of sexual harassment, not having a close relationship with their parents, having fewer personal relationships with friends, and more bullying in comparison with their heterosexual peers. The study noted that there was an insignificant difference between the LGBTQ adolescents. Generally, both bullying and social acceptance mediated the connection existing between psychosocial symptoms and sexual orientation. Among the LGBTQ adolescents', the connection that existed between externalizing and social acceptance was arbitrated by the experiences of peer bullying. The findings demonstrate and emphasize the factors of protection and the contextual risks that related to the sexual orientation of the non-heterosexuals in accordance with both behavioral and emotional problems within the population.

*Corresponding author:

Copyright © 2019, Charletta H. Barringer-Brown. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Charletta H. Barringer-Brown, Ph.D., Ed.D. 2019. "A Study of Bullying, Social Acceptance, and Social Adjustment Among Selected LGBTQIA Adolescents", *International Journal of Current Research*, 11, (07), 7015-7022.

INTRODUCTION

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA). LGBTQIA is an evolving abbreviation, a process that, in and of itself, is not remarkable. Language morphs over time but what is changing are the issues that pertain to sexuality, identity, gender and freedom of expression. The stigma from society that relates to the adoption of an orientation of non-heterosexual often complicates the LGBTQIA adjustments in adolescents. LGBTQIA adolescents, on the other hand, have often been found to have reported more behavioral and emotional difficulties adjustments that the youths who are heterosexual. The LGBTQIA are also more likely to experience both verbal and physical harassments and embarrassment compared to the heterosexual adolescents.

They have often reported minimally accessed to the relationships of friend and family support. As discussed in U.S. Department of Health and Human Services' LGBT Youth and Gay, Lesbian, and Bisexual Teens: Facts for Teens and their Parents (2018) among adolescents ages 18-19, just under eight percent of females and just under three percent of males identify as homosexual or bisexual. Many lesbian, gay, bisexual, and transgender (LGBT) adolescents are happy and thrive during their teenage years. According to Hadland, Yehia, and Makadon (2016) however, as a group they are more likely than their heterosexual peers to experience difficulties: LGBT adolescents are at increased risk for suicide attempts, homelessness, alcohol use, and risky sex. The way parents respond to their LGBT adolescents can have a tremendous impact on their children's current and future mental and physical health. Supportive reactions can help adolescents cope and thrive. The present study has also considered the functions played by bullying and social acceptance in the LGBTQIA adolescents' and teens' psychosocial adjustments. The teens that have experienced sexual attraction uncertainty just as LGBTQIA were also included in the study to assist in

*Corresponding author: Charletta H. Barringer-Brown, Ph.D., Ed.D.
Department of Political Science and Public Administration, Virginia State University, Petersburg, Virginia 23806. Phone: 804-524-5038

providing a wider view of adolescents' sexual minority experience. Teenage adolescence is a stage of development where there is an occurrence of questioning the position of someone along the spectrum of sexuality. As the aspects of sexuality of one emerge and become exceedingly centered to identity, the non-heterosexual questions may then come up and become a focus of predominance for the same adolescents who often questions their personal or individual sexuality. Such occurrences happen in a context that has a widespread of discrimination and prejudice. Adolescents questioning their sexual orientation, character, or those who have already identified themselves as LGBTQIA in a predominant context of heterosexual may sometimes be seen very different. This facilitates the basis of bullying harassment within the groups of the peers. Also, the stigma connected with non-heterosexuality can help in lessening the social ties to the family and friends, which then results in a reduced social support. Lowering the social support and increasing bullying are some of the experiences that are negative and form the basis of factors of risks for both behavioral adjustments and poor emotional support for the LGBTQIA adolescents.

Literature Review: According to the Centers for Disease Control (2018) the Youth Risk Behavior Survey reported that most studies conducted in high schools have indicated that approximately 6% of adolescents identify themselves as LGBTQIA. When these adolescents were asked sexual orientation questions, 11% said they were not sure of their sexual orientation. The accounts of a retrospective of self-identified LGBTQ adults suggested the uncertainty existing in similar gender attraction and sexual orientation within the adolescents pave a way for bi-sexual, heterosexual, and even homosexuality. According Bill (2013) these members of a sexual minority are identified with their increased sexual experience and passage of time. The study conducted in the four schools also revealed that 6% of the adolescents showed some attraction of same-sex romance whereas only 2% showed an exclusive attraction of same sex. The study also noted that sexual orientation development approach does recognize the sexual orientation fluidity and its formation identity during the adolescence period. This clearly indicates the main reasons why most adolescents do not admit to identifying as to being LGBTQIA during this period. Despite the presence of the sexual orientation adolescence fluidity, there have been an insignificant level of effort directed to help in describing the experiences of teens in high school and this has put them in some uncertain position about their sexual orientation. As Bill (2013) asserted teens have questioned their sexual orientations making them more vulnerable to lowered social acceptance and bullying.

Previous studies have explained to us that the difficulties of psychosocial within the LGBTQIA adolescents. Generally, these studies also revealed that Lesbians, Bi-Sexual, Gay, Transgender, and Queer adolescents have more internalizing and externalizing issues compared to the heterosexual youths. To be specific, the LGBTQIA adolescents were found to have numerous difficulties in school such as carrying weapons and being involved in altercations. The same LGBTQIA adolescents also reported more clashes with the school laws and the community laws compared to the heterosexual adolescents, as discussed by Hatzenbuehler, and Pachankis. (2016). This was because they were involved more in abusing a substance, prostitution, running away, and school truancy.

Also, there were cases of depression among the LGBTQIA adolescents, which brought attention to suicide that was noted to have risen as one of the leading death causes among the LGBTQIA adolescents. As Walton (2012) suggested the adolescents also had greater hopeless feelings, worthlessness, helplessness, loneliness, and alienation as compared to their heterosexual counterparts. As reported by Walls, Atteberry-Ash, Kattari, Peitzmeier, Kattari, and Langenderfer-Magruder (2019) the behavioral and emotional problems among the LGBTQIA in the past were straight consequences of sexual orientation deviant. The current perspectives have put their focus on the risk factors presence and the lack of the processes that can help in protecting adolescents and teens. Such factors and processes are in the environments of homophobic and act as the primary providers of the behavioral and emotional problems. As Walls et. al (2019) asserted putting the focus on the LGBTQIA adolescents during the programs after school time, it was reported that insufficient social acceptance and peer bullying do play a huge role in the prediction of difficulties of psychosocial. As reported by Bill (2013) the shift in the concept of deviance focus to environmental focus has happened with the fact that LGBTQIA adolescents are different in psychosocial degree difficulties and there are various well-adjusted and healthy LGBTQIA adolescents. As Walton (2012) discussed in the same way the contexts of peers may influence the adjustments of adolescents negatively, the contexts of support also affect the adjustments positively.

Coherent with the view, many LGBTQIA adolescents have reported that having close friends is consequential for them especially since the friends enhance their sense of trust. Carroll, Gilroy, Ryan, Chen-Hayes; Grossman, D'Augelli, Salter; Lombardi and Wyss (2015) suggested that they have also reported that they really feel very insecure in those friendships. Also, a quarter of the participants that were recruited from the metropolitan gay community centers had a huge fear of losing their friends since a half of them had already lost their friends. The LGBTQ adolescents who went for counseling in agencies of social services also provided the most difficulties they experience and deal with in their daily lives and among them were the insufficient support from friend and social isolation. Over 96% LGBTQIA adolescents said that they always felt alienated from their peers since they had different feelings from them. Carroll et. al. (2015) reported that the perception of the friendship network support and closeness is, therefore, a very important aspect to consider when addressing the context factors of adjustments and peers.

During the stage of adolescence, mother-adolescent or other guardian-adolescent relationship trust and emotional closeness can often act as a barrier problem, which occur in peer or context of school. The companionship of the mother can provide emotional guidance and support. The mothers of these adolescents may sometimes assume that their kids are heterosexual thus limiting the closeness and support perception. The closeness and support perception is, therefore, a very crucial factor that must be considered when talking about factors of contextual and adjustments. Peers do represent a striking support source but the context of peers can sometimes act as LGBTQIA adolescent bullying milieu (Bill, 2013). Few studies of LGBTQIA adolescents have an indication that there is a likelihood of them being to be threatened and bullied than their heterosexual peers within the community. For instance, in a large sample high school-based teen representation, LGBTQIA adolescents' had the likelihood

of being threatened, injured, fearful of even going to school, having their belongings stolen from them and even being damaged intentionally by their peers compared to their heterosexual peers. Another noteworthy problem to the LGBTQIA adolescents is sexual harassment. Among the LGBTQIA adolescents that are recruited from the lesbian youth and gay serving centers, 72% had sexual harassment. As Burdge, Meyer, and Northridge (2011) asserted the teens were being subjected to discrimination, inappropriate comments, profanities written at their sitting places, and various threats from the parents of the students.

Present Study: Social acceptance and bullying may both be highly connected with the adjustments of psychosocial LGBTQIA adolescents since they have a representation of protective factors and salient risk development. From the perspective of development context, the sexuality of adolescents and teens must just be seen within the peers' contexts and the values and expectations of the family. In using this kind of model, the article proposes that the difficulties involved in psychosocial adjustments within the LGBTQIA adolescents are often linked to the risk contexts of bullying and lack of social acceptance experienced by the adolescents and majorly to the sexual orientation process alone. The article specifically predicts the link existing between psychosocial difficulties and the orientation of the non-heterosexual will be mediated by having low social acceptance and more bullying experiences.

Moreover, the study suggests that bullying may be very harmful to the LGBTQIA adolescent adjustments. It also suggests that bullying experiences have a representation of conditions of adversity for the adolescents, which then constitutes significant risks. LGBTQIA adolescents can be sensitive to bullying and harassment experiences since they may sometimes have the attitudes of heterosexual, as also reported by Zych, Farrington, and Ttofi (2019). The experiences of negative homophobic can be very threatening to the wellbeing and sense of self in the adolescents. Even though social acceptance from both peers and parents may sometimes be available, LGBTQIA adolescents who are bullied may fail to get the acceptance for fearing of being bullied again. Consequently, bullying will have a huge influence on the psychosocial adjustments apart from social acceptance. Thus, the article proposes that bullying experiences mediate the link existing between social acceptance and adjustments problems among the LGBTQIA adolescents (Burdge et. al., 2011).

The study offers two innovations to the research extant on the LGBTQ adolescents. The first innovation is that the sample of LGBTQIA adolescents was received from the high school rather than from a community or clinical settings as most studies do. The second innovation is that the study included sexual orientation questioning by the adolescents themselves as well as the ones who identified themselves as lesbians, gay or bisexual. The past researches have mostly been focused on the predefined status of LGBTQIA while ignoring the very many adolescents that often questions their orientation of sex. LGBTQIA is used to describe all the adolescents who identify themselves as Lesbians, Bi-sexual, Gay, Transgender and Queer and LGBTQIA adolescents who question their sexual orientation. The study believes that adolescents and teens who identify themselves as non-heterosexual may sometimes face the same adjustments difficulties and contextual experiences (Burdge et. al., 2011).

Hypotheses: The study assesses the links existing between psychosocial adjustments, sexual orientation, bullying, and social acceptance. Following a contextual developmental model, the study develops hypothesis that the connection existing between the psychosocial adjustments and the sexual orientation of the non-heterosexual status is mediated by the bullying experiences and lack of social acceptance. In addition, the article hypothesized that bullying experiences is involved in mediating the link existing between social acceptance and psychosocial adjustments among the LGBTQIA adolescents, as suggested by Zych, Farrington, and Ttofi (2019).

The specific hypotheses are:

- LGBTQIA teens experience more difficulties of adjustments, bullying experiences and less social acceptance resources compared to the heterosexual adolescents.
- Adolescents who question their sexual experiences have the same psychosocial experiences, bullying and social acceptance difficulties just as LGBTQIA adolescents.
- Bullying and social acceptance mediate the link existing between the LGBTQIA orientation and psychosocial difficulties.
- Bullying mediates the connection existing between social acceptance and psychosocial adjustments among the LGBTQIA adolescents.

METHODS

Participants: The study participants were taken from a larger project, which had 1472 adolescents from the four high schools in Southeastern North Carolina. As part of the study research, the teens were all asked to explain about their orientation of sex whether they are bisexual, lesbians, gay, or even whether they are questioning their sexual orientation. A total of 76 participants were used, 36 males and 40 females explained that they identified as LGBTQIA. This constituted around 11% of all the teens who participated in the project. Six adolescents, 4 males, and 2 females said they were gay or lesbian, 31 teens 11 males and 20 females said they were bisexual, 39 adolescents, 20 males and 19 females said that they were not sure of their sexual orientation. This category was falling under the questioning, or queer category. The analyses of Chi-square revealed that the teens' percentage of the non-heterosexual did not differ much across the four schools. The heterosexual individuals who participated in the study were stratified according to the school, gender, and grade. Then, 76 adolescents were selected randomly to help in creating a sample of matched comparison. To confirm that 76 LGBTQIA individuals or questioning individuals did not really differ from the ones of heterosexual individuals on the match variables. There was conduction on MANOVA and its results indicated that 2 groups were not really different from the gender, grade, or school (Wilks' $\lambda = 0.99$, $F(2, 020) = 0.06$, *ns*) (Caroll et. al., 2015). The Chi-square's follow-up analysis did indicate that LGBTQ and participants questioning didn't really differ from the heterosexual individuals comparison on the demographic non-matched variables that includes race ($\chi^2(2084) = 3.51$, *ns*), composition of the family ($\chi^2(1278) = 1.50$, *ns*), and the mothers' education level ($\chi^2(4048) = 4.13$, *ns*) (carol et. al., 2011).

123 adolescents ranged from 14 to 18 years with a mean of 15.52. Of the participants 17% were in grade 9, 24% were in grade 10, 21% were in grade 11 and the remaining 38 were in grade 12. All the students were from Southeastern North Carolina. Most of the teens did come from households of two parents (58%), 27% from households of single parents, 7% were from 1 stepparent and 1 biological parent. The remaining 8% lived with in joint custody with both parents. Of all the individuals who participated 76% were of the fathers and the remaining 24% were from the mothers. The 123 adolescents that were selected in the study did not differ from the sample of age, gender, grade, or the demographic variable.

Measures

Psychosocial Adjustment

Beck Inventory Depression: The Beck Inventory Depression was used to assess the depression symptoms. The responses if the were then combined to help in creating a total score of depression symptoms. The Becks' score of depression internal consistency was 0.91.

Youth self Report: The self-report of the adolescents was used and completed by the people who participated in the study. All the internalizing items were then combined to help in obtaining an externalization symptoms index. The score's internal consistency was 0.89 (Donn, 2011).

Bullying: The people who participated in the study were asked about how they had been bullied by other people especially their peers in the past one and half months. The definition of bullying was stated as the when someone else says mean and nasty things about her/him or even mean teasing on them. The study also managed to collect a participants' size measure of the network friendship. Bullying also referred to the kicking, threatening, hitting, and even scaring them. Rating of these responses ranged from scale of 0 to 5. Where 0 meant never and 5 meant it was several times (Galan, 2009).

Sexual harassment: There was an adaptation of around four items from the Association of Women American sexual harassment of the females. The function of the adaptation was to form a scale of sexual harassment. The questions asked included; how often has other peers made comments on sexual issues, movements and jokes about you? How often has someone brushed up against you in some sexual way? How often has someone spread rumors of sexual activities about you? How many times has someone called you a faggot? Queer? Tranny? or a Dyke? The people who participated were all told to indicate how frequent the above-mentioned experiences were executed on them within the last 5 months. The responses were then rated in a scale of Likert-type of 0 to 5. Where 0 meant never and 5 meant daily. The adolescents gave out their experiences on both opposite and same sexual harassment. The responses the same and opposite sexual harassments were all combined to help in creating a total score of sexual harassment of peers. The consistency of the internal score was found to be 0.81 (Garofalo et. al., 2012).

Physical Abuse: The physical bullying experiences were evaluated using various responses to four items that were adapted the scale of conflict tactics like slapping, kicking, punching, beating or hitting them with something. The people who participated in the study were asked how the experiences

had affected them within the last five months. The responses were then rated in a scale of Likert-type of 0 to 5. Where 0 meant never and 5 meant always. The adolescents gave out their experiences with both the opposite and same sex. The responses about bullying were then combined to help in creating an overall score of physical bullying. The consistency of the internal for the score was found to be 0.82 when measured with alpha Cronbach (Geral, 2013).

Social acceptance: To access social acceptance, the study collected some measures of companionship, closeness, and trust that help in the description of the relationship quality among the participants with both their friends and mothers. The study also collected the size of the friendships' network measure. With the provision of various constellations of the family and the inability of all the young people to report about their relations existing with the two parents, the study chose to just focus on the relationship of the participants with their mothers only. In most cases, mothers are the ones who play the significant role in a household with two parents and even in households with one parent. Also, the sample majority was residing in with the biological mothers and minority of the participants resided with biological fathers (Grossman, 2009).

The Quality of the relationship existing with best friends and mothers: The attachment of both peers and parent inventory was applied to help in the assessment of the quality of the relations of the adolescents with their best friends and parents, specifically the mothers. Considering the main purpose of the study, it was good if the whole process focused on the alienation scales and trust. The items were then rated in a scale of Likert-type of 0 to 5. Where 0 meant that it was almost never or never true at all while 5 indicated that it was always true. There was a separate calculation of the mean score for the ratings of the participants for both mothers and best friends. The subscale alienation was also reversed coded to help in providing a scale of relationship closeness index. The consistency internal for the scale relationship closeness to both the mothers and best friends was measured by alpha Cronbach and were found to be 0.73 and 0.76 respectively. On the other hand, the trust internal consistency for the mothers and the best friends when measured by Cronbach's alpha indicated 0.81 and 0.79 respectively (Helen et. al., 2014). To get the companionship measure for both mothers and best friends, the subscale for companionship for the Inventory Network Relationship was done. The scale was comprised of 4 items (how much time do you often spend with your best friends and mother? How often doo you always have great fun with your best friends? How often do you attend various events with your friend and mothers?) This was then rated using scale of Likert-type of 0 to 5 where 0 meant no or little time while 5 meant most of the times. The calculations of the mean score were also done on the responses of the participants to all the above-listed items. The internal consistency was found to be 0.91 and 0.87 respectively for best friend and companionship of the mother.

Network of the Friendship: To assess the network of the friendship, the participants finished the questionnaire of the peer Relationship where they were asked to classify about 8 teenage peers whom they really think fall in the category of social network (people the participants spend time with and the people they like or are close to). Using the responses of the adolescents to the provided questionnaires, there wan an indexation of the total number of the friends within the network participants (Zych, Farrington, and Ttofi, 2019).

RESULTS

Externalizing symptoms and depression: The behavioral and emotional adjustment differences between the LGBTQIA and the heterosexual adolescents were analyzed using; two-sexual orientation by two-gender (2×2) MANOVA. Even though the study did not really engage in generating any exact hypotheses on the sexual orientation and gender, the analysis however included gender to help in the provision of some explanations on the effects of possible moderation. Using the score of the Depression symptoms BDI and the externalizing score of YSR as the variables that are dependent helped the analysis to yield some important effects of multivariate sexual orientation where Wilks's $\lambda = 0.94$, $F(1091) = 5.41$, $p < 0.01$; gender, Wilks's $\lambda = 0.95$, $F(1091) = 3.55$, $p < 0.05$. Even though there was a report of symptoms of externalization from the males, females on the other hand reported more depression symptoms. There wasn't really any big effect or influence for the interaction existing between the sexual orientation and gender. The between the subjects test of various variables showed that there was a considerable influence of the orientation of sex on the score of BDI $F(1091) = 5.41$, $p < 0.01$; and the externalizing score, $F(1091) = 3.55$, $p < 0.05$. The LGBTQIA adolescents were having higher externalizing score and depression as compared to the heterosexual adolescents (James, 2011).

Bullying experience: In examining the differences existing between two groups within peer bullying two-sexual orientation by two-gender (2×2) MANOVA was used with physical bullying, harassments, especially the sexual one were used as the dependent variables. The examination produced an important effect of sexual orientation multivariate Wilks's $\lambda = 0.74$, $F(1091) = 4.41$, $p < 0.05$; and effects that were not that crucial for the gender plus sexual orientation interaction with the gender itself. The between the subject test variables showed that orientation of sex on bullying $F(1091) = 3.55$, $p < 0.05$ and the sexual harassment on peers, $F(1091) = 4.41$, $p < 0.05$. This means that the LBGTQ had higher sexual harassment and bullying rates compared to the heterosexual adolescents (James, 2013).

Social acceptance: A MANOVA of 2×2 sexual orientation and gender was calculated for the factors of social acceptance that was inclusive of separate closeness measures, mother and best friend companionship and trust. It also included the total friends' number to the participants. The outcome had an indication of various sexual orientation effects. Wilks's $\lambda = 0.74$, $F(1091) = 4.41$, $p < 0.05$; and huge gender effects, Wilks's $\lambda = 0.85$, $F(1091) = 3.55$, $p < 0.005$. Though there wasn't any orientation of sex by the interaction of gender. The between tests did reveal a huge influence on the closeness sexual orientation with the mother and it was $F(1091) = 5.41$, $p < 0.01$ and best friend companionship of $F(1091) = 4.41$, $p < 0.01$. As Kosciw (2009) discussed the LGBTQIA adolescents had a lower mother closeness and lower best friendship companionship compared to their heterosexual partners.

Bullying and social acceptance as mediators of psychosocial adjustment and sexual orientation: In other analysis, the study tested on hypothesis that social acceptance and bullying experiences act as mediators of the link existing between externalizing, sexual orientation and the symptoms of depression. The study managed to employ the James' (2013) strategy to help in the assessment of the effects of mediation

through the analysis of various regressions where the variables that are dependent, which in this scenario are the symptoms of depression and externalizing are predicted from the variables that are independent like the sexual orientation. An initial analysis of regression was also conducted where symptoms or depression and externalizing were predicted separate from sexual orientation. This was then followed by a second where the variable of mediation on social acceptance and bullying experiences were then added. Mediation influences may often be deduced during the mediator presence that will then reduce the independent variable predictive value (Mallon and DeCrecenzo, 2011). The analysis was then conducted in a separate manner for symptoms of depression and externalizing factors. It was also conducted in a manner of ensuring that the mediational social acceptance and bullying were all evaluated for every result with the use of the Mediation Sobel Test. For the sake of the analysis, companionship, trust, closeness scores of the participants' best friends and mothers were all combined to help in the creation of the score of the social acceptance, physical bullying, and sexual harassment scores of the participants. With the availability of the participants' small number, the study saw it better to help in addressing the power issues using the power analysis basis. (α level = 0.04, power = 0.70, and an effect size medium). As suggested by Hadland, Yehia, and Makadon (2016) the study then managed to determine that the sample minimal size was around 61 and it was just enough to help in testing the hypotheses.

Social acceptance: The obtained results showed that the effect of social acceptance for both the symptoms of depression and externalizing were (Sobel test = 2.10, $p < 0.04$) and (Sobel test = 2.60, $p < 0.04$) respectively. This therefore means that orientation of sex is important for both symptoms of depression and externalizing. When the total social acceptance is also added to the analysis then the connection between the two results and the sexual orientation are then not notable (Hadland, Yehia, and Makadon, 2016).

Bullying: The results gotten supported the influence of meditation on the bullying experiences and support for the symptoms of externalizing (Sobel test = 2.11, $p < 0.04$). At the approaching memorable level, symptoms of depression was Sobel test = 2.70, $p < 0.04$. This therefore meant that the bullying experiences are inclusive and the sexual orientation effect is mediated by bullying experiences (Walton, 2015).

Bullying as a social acceptance mediator and psychosocial adjustment among the LGBTQIA adolescents: In the analysis of the fourth objective of the research, the study managed to test the hypothesis that experiences of bullying are connected to the symptoms of depression and externalizing and they help in mediating the connection between social acceptance and adjustment within the LGBTQ adolescents. Also, the study employed the strategy of Grossman, D'augelli & Salter (2014) to help in assessing the effects of mediation through various analyses of regression where the variables that dependent which in this case are symptoms of depression and externalizing have their prediction from the variables that are independent which in this case is the bullying experience. The study also conducted the original regression analysis where there was a separate prediction of symptoms of depression and externalizing from the social acceptance and the bullying experience (Poon & Saewyc, 2009).

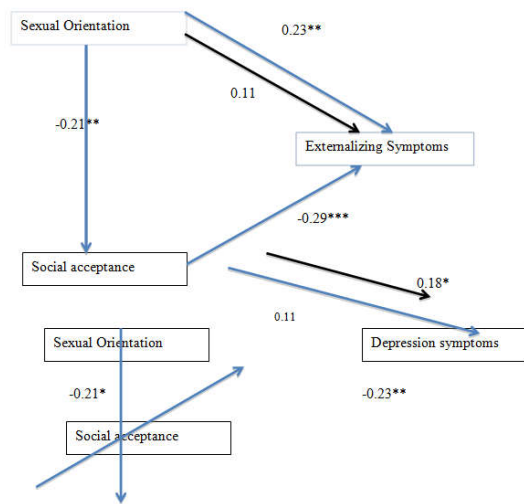


Figure 1. The regression of mediation analysis of the orientation of sex and social acceptance on both symptoms of and externalizing. N=123* p < 0.04; ** p < 0.01; * p < 0.001. The blue lines represent the path between two different variables while the black lines represent social acceptance, which also acts as a mediator and denoting the Beta standardized weights.**

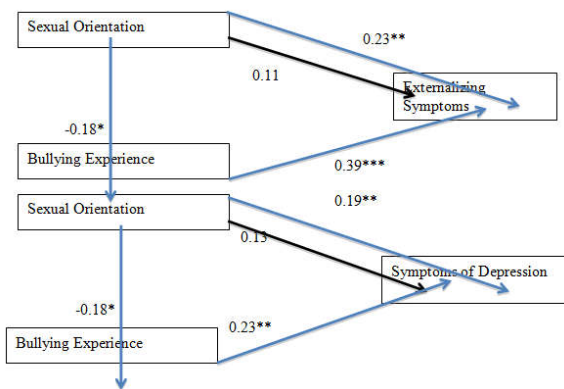


Figure 2. The regression of mediation analysis of the orientation of sex and bullying experiences on both symptoms of depression and externalizing. N=123 * p < 0.04; ** p < 0.01; * p < 0.001. The blue lines represent the path between two different variables while the black lines represent social acceptance, which also acts as a mediator and denoting the Beta standardized weights.**

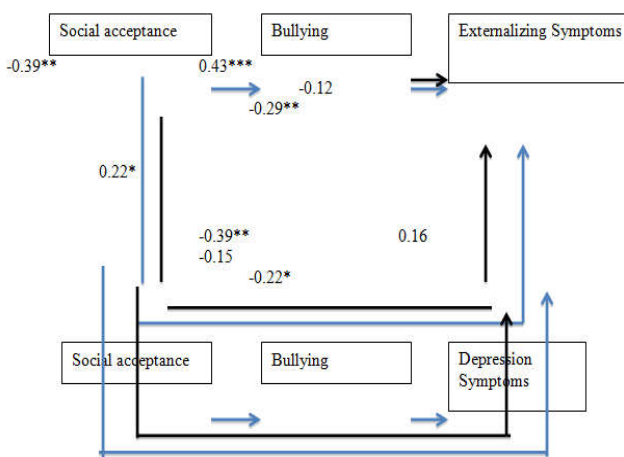


Figure 3. Regression of mediation analysis of both social acceptance and bullying experiences on the symptoms of depression and externalizing among the LBGTO adolescents. N=123 *p < 0.04; **p < 0.01; *p < 0.001. The blue line denotes the paths that exist between two variables while the black lines denote the path of the social acceptance, which is included as a mediator. The values denote the Beta standardized weights**

Externalizing symptoms: The outcome results did support the effect of mediation of bullying experience for the symptoms of externalizing (Sobel test = -2.31, $p < 0.04$). As shown in the fig (3), social acceptance is an important symptom of externalizing negative predictor (Rothing et. al., 2010). When the analysis included bullying experiences the connection between social acceptance and symptoms of externalizing in not important.

Symptoms of depression: On the other hand, the results obtained from the study did not really engage in supporting the effect of mediation on the bullying experiences for the symptoms of depression (Sobel test = -1.29, ns). As shown in the fig (3), symptoms of depression, bullying managed to reduce the value of prediction social acceptance but then the value prediction for bullying also reduced. When both bullying and social acceptance were added to help in the prediction of depression symptoms, the beta standardizes weights and the power of prediction of the symptoms of depression were not really of any importance (Reygan and Finn, 2009).

DISCUSSION

The study analyzed the psychosocial adjustment in the ten high schools that are based in Southeastern North Carolina where samples of LGBTQIA adolescents were taken. According to The factors of contexts of bullying experiences, peer social acceptance, and family support were all considered to help in the evaluation of the roles of mediation within the relationship existing between the psychosocial adjustment and sexual orientation. Generally, the results suggested that the externalizing and depression symptoms provided by the LGBTQIA adolescents often collect hugely due to the bullying experiences and insufficient support rather than the orientation of sex by itself. The findings of the study indicated that the LGBTQIA adolescents within the society of study have more behavioral and emotional difficulties compared to the heterosexual teens' peers. In the Southeastern North Carolina samples, LGBTQIA adolescents have a consequential depressions symptoms and behaviors of externalizing compared to the heterosexual adolescents. LGBTQIA adolescents also reported more depression feelings since all of them are either questioning their sexuality or has already identified that they are LGBTQIA individuals. They are also aware of the heterosexual within the society.

To deal with the experience of identifying of LGBTQIA within the society may result into some attempts of behavior, which masks the status via behavior actions to help in distracting or mitigating the questioning process stress. Saewyc, Homma, Skay, Bearinger, Resnick, and Reis (2010) asserted that the problems of externalizing behavior can be against the peers, society, and parents for having rejected them or sometimes to defend themselves against bullying and sexual harassments. Acquiescent with the behavioral and emotional problems, LGBTQIA adolescents did also report peer environment bullying that is more hostile compared to that of the heterosexual. The results were also coherent with the increased peer environment problematic risks that were reported by the LGBTQIA adolescents in the researches done before. LGBTQIA adolescents in the sample from the study had higher rates of sexual harassments and bullying from the peers as compared with their heterosexual partners or peers. The results suggest that LGBTQIA adolescents have a higher risk

for stigmatization that is negative and even more harassment in the contexts of their peers. The same peers can sometimes feel that they are threatened psychologically by other classmates or peers whom also say they are non-heterosexual and this in turn will obviously invoke their behaviors of harassments. Therefore, as stated by Minton, Dahl, Moore, and Tuck. (2012) means that group of peers is a pronounced context that must be analyzed during the consideration of the intervention and prevention efforts. In addition to the peer environment that is more hostile, the LGBTQIA adolescents had lower social acceptance than their heterosexual partners or peers in both the contexts of the family and peers. The LGBTQIA adolescents also indicated that they often felt less close to their mothers and lower companionship with their best friends as compared with the heterosexual adolescents (Wyss, 2004). Fear also contributed to the frustrations of the LGBTQ adolescents where they could leave talking or associating themselves with their mothers or their best friends due to the fear of engaging in a discussion about their sexual orientation concerns. It may also be since the LGBTQIA adolescents do not really want to invoke their parents' rejection or they do not want to hurt those people they love.

The study substantially adds to field of research related to the LGBTQIA community and sexual orientation because it includes adolescents' and teens who question their sexual orientation. Such a grouping of adolescents and teens has been completely neglected for a significant amount of time in the literature although they do represent around 3% of the whole sample thus it is consistent with the study. Adolescents and teens who questions their sexual orientation had the same difficulties of sexual harassments, bullying and they often saw social acceptance as something for supporting the adolescents who already identified themselves in the groups of LGBTQIA adolescents (Wyss, 2004). To recognize the most common social environments and difficulties shared by most adolescents who are non-heterosexual, it is important that teens who are questioning their sexual orientation are included in both clinical initiatives and researches that target the LGBTQIA individuals. Focusing on the LGBTQIA adolescents during the programs after the school time, it was reported that insufficient social acceptance and peer bullying do play a significant role in the prediction of difficulties of psychosocial. The shift in the concept from deviance focus to environmental focus has happened with the fact that LGBTQIA adolescents are different in psychosocial degree difficulties and there are various well-adjusted and healthy LGBTQIA adolescents. In the same contexts that peers may influence the adjustments of adolescents negatively, the contexts of support also affects the adjustments positively (Walton, 2012). In consideration of the findings of the study, which act to assist in highlighting the need of targeting the prevention and intervention services that can address the protective factors and contribution risks appropriately within the area of study, be it the school, family or even the context of the community. Teachers, school counselors, and clinicians should provide various counseling to support the individuals falling under the category of LGBTQIA adolescents who find it difficult to fit within the community. Additionally, friends and family must receive assist to ensure they take care of the members of the family with such conditions. The results of this research when combined do assist in supporting the model of context development of adjustment within the LGBTQIA adolescents.

REFERENCES

- Adams, T., Cox, T., & Dunstan, L. 2012. "I am the hate that dare not speak its name": Dealing with homophobia in secondary schools. *Educational Psychology in Practice*, 20(3):259–269, September 2012.
- Adelson, S.L., Stroeh, O.M., & Ng, Y.K.W. (2016). "Development and Mental Health of Lesbian, Gay, Bisexual, or Transgender Youth in Pediatric Practice." *The Pediatric Clinics of North America* 63.6: 971-83. Web.
- Bill, R. 2013. Invisible difference in space: The role of different spaces in homophobic bullying in schools. *Journal of LGBT Youth*, 5(3):11–33, July 2013.
- Birkett, M., Espelage, D.L. & Koenig, B. 2012. LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence*, 38(7):989–1000, August 2012.
- Burdge, D., Meyer, I. H., & Northridge, M. E. (Eds.). 2011. The health of sexual minorities: Public health perspectives on lesbian, gay, bisexual, and transgender.
- Davis, C. 2016. School's out for bullying. *Nursing standard (Royal College of Nursing (Great Britain))*: 1987), 20(21):24–25, 2016.
- Galan, J. I., Puras, P., Molinuevo, B. & Riley, R.L. 2009. Achieving Real Equality: A Work in Progress for LGBT Youth in Spain *Journal of LGBT Youth*, v6 n2-3 p272-287 2009.
- Garofalo, R., Deleon, J., Osmer, E., Doll, M. & Harper, G. W. 2012. Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *The Journal of Adolescent Health : Official Publication of the Society for Adolescent Medicine*, 38(3), 230-236.
- Grossman, A.H. D'augelli, A.R. & Salter, N.P. 2014. Male-to-female transgender youth: Gender expression milestones, gender atypicality, victimization and parents' responses. *Journal of GLBT Family Studies*, 2(1), 71-92.
- Hadland, S.E., Yehia, B.R. & Makadon, H.J. 2016. "Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Inclusive and Affirmative Environments." *The Pediatric Clinics of North America* 63.6 (2016): 955-69. Web.
- Hatzenbuehler, M.L. and Pachankis, J.E. 2016. "Stigma and Minority Stress as Social Determinants of Health Among Lesbian, Gay, Bisexual, and Transgender Youth: Research Evidence and Clinical Implications: Research Evidence and Clinical Implications." *The Pediatric Clinics of North America* 63.6 (2016): 985-97. Web.
- Jones, T. 2012. *Homophobic Bullying: Problems, policies, strategies*. Paper presented at the WA Challenging Sexuality and Gender-based Bullying in Schools Event at the Atrium Theatre, Perth, hosted by the Equal Opportunity Commission WA Education Policy Steering Committee, Friday 16 March.
- Kennedy, N. 2012. Transgendered children in schools: A critical review of "homophobic bullying: Safe to Learn–Embedding Anti-Bullying work in schools". *FORUM: for promoting 3-19 comprehensive education*, 50(3):383–396, 2012
- Kosciw, J.G., Greytak, E.A. & Diaz, E.M. 2009. Who, What, Where, When, and Why: Demographic and Ecological Factors Contributing to Hostile School Climate for

- Lesbian, Gay, Bisexual, and Transgender Youth Journal of Youth and Adolescence, v38 n7 p976-988 Aug 2009.
- Lombardi, E. L., Wilchins, R. A., Priesing, D. & Malouf, D. 2011. Gender violence: Transgender experiences with violence and discrimination. *Journal of Homosexuality*, 42(1), 89-101.
- Mallon, G. P., & DeCrescenzo, T. 2011. Transgender children and youth: A child welfare practice perspective. *Child Welfare*, 85(2), 215-241.
- McNamee, H., Lloyd, K., & Schubotz, D. 2014. Same sex attraction, homophobic bullying and mental health of young people in northern Ireland. *Journal of Youth Studies*, 11(1):33-46, February 2014.
- Minton, S.J., Dahl T., O' Moore, A.M. & Tuck, D. 2012. An exploratory survey of the experiences of homophobic bullying among lesbian, gay, bisexual and transgendered young people in Ireland. *Irish Educational Studies*, 27(2):177-191, June 2008.
- O'Higgins-Norman J. 2011. Straight talking: Explorations on homosexuality and homophobia in secondary schools in Ireland. *Sex Education: Sexuality, Society and Learning*, 9(4):381-393, November 2009.
- O'Higgins-Norman, J. 2013. Equality in the provision of social, personal and health education in the Republic of Ireland: The case of homophobic bullying? *Pastoral Care in Education*, 26(2):69-81, June 2013.
- Poon, C. & Saewyc, E. 2009. 'Out' yonder: Sexual minority youth in rural and small town areas of British Columbia. *American Journal of Public Health*, 99 (1), 118-124.
- Reygan, F. 2009. The School-Based Lives of LGBT Youth in the Republic of Ireland. *Journal of LGBT Youth*, v6 n1 p80-89 Jan 2009
- Rothing, A., Svendsen, S. & Bang, H. 2010 Homotolerance and Heterosexuality as Norwegian Values, *Journal of LGBT Youth*, v7 n2 p147-166 2010
- Saewyc, E., Homma, Y., Skay, C., Bearinger, L., Resnick, M., & Reis, E. 2010. Protective factors in the lives of bisexual adolescents in North America. *American Journal of Public Health*, 99 (1), 110-117.
- Short D. 2011 Conversations in equity and social justice: Constructing safe schools for queer youth. *Journal for Critical Education Policy Studies*, 8(2):329-357, December 2011.
- Varjas, K., Dew, B., Marshall, M., Graybill, E. Singh, A. Meyers, J. & Birckbichler, L. 2011. Bullying in schools towards sexual minority youth. *Journal of School Violence*, 7(2):59-86.
- Walls, N. E., Atteberry-Ash, B., Kattari, S.K., Peitzmeier, S., Kattari, L., & Langenderfer-Magruder, L. 2019. "Gender Identity, Sexual Orientation, Mental Health, and Bullying as Predictors of Partner Violence in a Representative Sample of Youth." *Journal of Adolescent Health* 64.1: 86-92. Web.
- Walton, G. 2012. Bullying and Homophobia in Canadian Schools: The Politics of Policies, Programs and Educational Leadership. *Journal of Gay & Lesbian Issues in Education*.(1,4) 23-36.
- Walton, G. 2013. Bullying and homophobia in Canadian schools: The politics of policies, programs, and educational leadership. *Journal of Gay & Lesbian Issues in Education*, 1(4):23-36, 2013.
- Walton, G. 2015. LGBT Issues in Schools British Columbia. *Journal of Gay & Lesbian Issues in Education*, 3(4):97-100, 2015.
- Warwick, I., Aggleton, P. & Douglas, N. 2010. Playing it safe: Addressing the emotional and physical health of lesbian and gay pupils in the U.K. *Journal of Adolescence*, 24(1):129-40, 2010.
- Wyss, S. 2004. This was my hell: The violence experienced by gender non-conforming youth in US high schools. *International Journal of Qualitative Studies in Education*, 17(5), 709-730.
- Zych, I., Farrington, D.P. & Ttofi, M.T. 2019. "Bullying and Cyberbullying: Protective Factors and Effective Interventions." *Aggression and Violent Behavior* 45 (2019): 1-3. Web.
