BULLYING VICTIMIZATION AND MENTAL HEALTH AMONG LGBTQ+ YOUTH DURING COVID-19

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Abstract

Bullying is a widespread public health issue that disproportionately impacts LGBTQ+ youth and is linked to a host of adverse outcomes. Although LGBTQ+ youth are more likely to be bullied and experience poorer mental health outcomes than heterosexual youth, few studies have examined these associations using population-based samples. Moreover, no published study has included an investigation of these associations during the COVID-19 pandemic. To address this knowledge gap, the links between bullying victimization and mental health among LGBTQ+ and heterosexual youth were examined in a population-based sample of 2231 Canadian students (50.2% boys, 45.2% girls, 4.6% gender diverse) in Grades 7 to 12 (ages 12 – 19). Results indicated that bullying victimization prevalence rates were higher among LGBTQ+ middle (Grades 7 – 8) and high school students (Grades 9 – 12) than among heterosexual students during the pandemic. LGBTQ+ high school students were at particular risk for being bullied during the pandemic compared to their heterosexual classmates. Bullied LGBTQ+ high school students also reported more mental health problems during the pandemic compared to heterosexual students who were bullied. These associations also varied by gender. Gender diverse students in both middle and high school experienced the highest rates of bullying victimization and reported more mental health problems because they were bullied compared to cisgender girls and boys. Girls also reported more mental health problems because they were bullied than boys. These findings are consistent with existing evidence which indicates that LGBTQ+ and gender diverse students are at elevated risk for being bullied at school and are more likely to experience mental health problems in relation to being bullied. Findings from my thesis highlight the urgent need for schools to invest in LGBTQ+ and gender diverse-specific anti-bullying intervention and prevention initiatives to buffer against adverse mental health outcomes. Implementing anti-bullying programs in schools will help mitigate risk and promote a safe and inclusive social learning environment for gender and sexual minority youth during and following the pandemic.

Keywords: Bullying; Mental Health; COVID-19; Pandemic; LGBTQ+; Students

Bullying Victimization and Mental Health Among LGBTQ+ Youth During COVID-19

Introduction

Bullying victimization is a serious public health threat affecting a growing number of school-aged children and youth worldwide. Collective efforts have been made by researchers, clinicians, educators, and policymakers to mitigate risk and protect youth from the host of adverse consequences associated with being bullied. To better understand why some children and youth are more vulnerable to being bullied than others, researchers have directed their attention toward examining the various risk factors that increase adolescents' risk of being bullied by their peers. One of the most prominent risk factors for being bullied is an adolescent's gender identity and sexual orientation (Elipe et al., 2018; Reisner et al., 2015a).

Students who identify as gender diverse or LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning) experience all forms of bullying at a disproportionately higher rate compared to their cisgender and heterosexual classmates (Kahle, 2020; Schneider et al., 2015; Toomey & Russell, 2016). LGBTQ+ youth are frequently harassed by their peers because of their sexual orientation and gender expression (Newman & Fantus, 2015). LGBTQ+ students are not only abused by their peers, but many are also bullied by teachers and other staff members at school (Gutierrez, 2004; Sausa, 2005; Peter et al., 2021). One form of bullying that LGBTQ+ students often experience is bias-based bullying, also known as stigma-based bullying, identity-based bullying, or prejudice-based harassment. Bias-based bullying occurs when a person is bullied because of their marginalized social identities or personal characteristics, such as their race or ethnicity, gender identity and sexual orientation, weight and physical appearance, disability, or religion (Bucchianeri et al., 2016; et al. Mulvey, 2018). LGBTQ+ students are also more likely to experience multiple forms of bias-based bullying if they have more than one stigmatized social identity. For example, several researchers have found that LGBTQ+ youth experience more racism, ableism, and weight-based teasing compared to their cisgender and heterosexual peers (Mulvey et al., 2018; Shramko et al., 2019). These high rates of bias-based bullying are concerning as bias-based bullying, including LGBTQ+ and homophobic bullying, is more strongly associated with negative health outcomes compared to general forms of bullying (Lessard et al., 2020; Poteat & Espelage, 2007). Youth who experience multiple forms of bias-based bullying victimization report more negative physical, psychological, and academic outcomes, and more school avoidance and fear than students who experience one form of bias-

based bullying or no bias-based bullying (Mulvey et al., 2018). Students who report more intersectional discrimination (i.e., racial, sexual orientation, and weight-based discrimination) are also more likely to experience suicidal ideation and engage in deliberate self-harm than students who report low levels of discrimination or one form of discrimination (Garnett et al., 2014). A recent study by Marx et al. (2021) also showed that higher levels of bias-based bullying victimization also predicted increased sexual victimization among LGBTQ+ adolescents, especially transgender and gender non-conforming (TGNC) adolescents. TGNC youth were approximately 1.4 times more likely to experience sexual victimization than their classmates who did not experience bias-based bullying victimization. Bias-based bullying victimization was also found to be a strong predictor of suicidal ideation among TGNC students (Marx et al., 2021). Given the serious negative effects being bullied has on LGBTQ+ youth's mental health, especially youth with multiple marginalized identities, there is an urgent need for LGBTQ+-specific anti-bullying intervention and prevention programs to be implemented in schools. Creating these population-specific interventions is critical to address the unique experiences LGBTQ+ youth face both within and outside school settings.

To better understand the impact being bullied has on children's and youth's mental health to inform targeted interventions, it is ideal that population-based studies using probability-based sampling methods (i.e., random selection) are used (Vaillancourt et al., 2021a). Population-based studies are needed to accurately understand how bullying affects all children and youth and to identify the conditions that leave specific groups of children and youth more vulnerable to mental health problems than others (Vaillancourt et al., 2021a). Unfortunately, most studies on LGBTQ+ people have used convenience samples rather than population-based samples (Salway et al., 2019). There is also a lack of representative population-based studies on LGBTQ+ mental health and most of the existing studies to date have small sample sizes (e.g., Colledge et al., 2015; Hickson et al., 2017). Moreover, fewer studies have focused on children and youth compared to adults. This is a concern because findings from these studies cannot be generalized to the larger LGBTQ+ population. This also applies to the development of anti-bullying intervention programs in schools. Although developing anti-bullying programs in diverse school settings can be challenging, anti-bullying programs are much less effective if they do not consider the unique experiences of children and youth across diverse populations (Evans et al.,

2014). Using a one-size-fits-all approach is detrimental to ensuring the safety and well-being of students who are most vulnerable and at-risk for adverse outcomes, like LGBTQ+ students.

Over the past decade, several researchers have investigated the impact of bullying on LGBTQ+ youth's mental health (e.g., De Luca et al., 2021; Mustanski et al., 2016; Roberts et al., 2013; Robinson et al., 2013). However, no published study to date has examined the links between bullying victimization and mental health among LGBTQ+ youth in Canada using a population-based approach. These associations have also yet to be examined during the COVID-19 pandemic. Investigating these links during the pandemic is important for many reasons. First, as we continue to respond to the ongoing mental health crisis facing children and adolescents fueled by the pandemic, researchers must include LGBTQ+ youth in their studies to address their unique mental health needs during this unprecedented time. Because LGBTQ+ people are disproportionately affected by mental health problems compared to heterosexual people, researchers have advocated for more studies to specifically examine mental health in LGBTQ+ populations during the pandemic to inform targeted intervention efforts (Gorczynski & Fasoli, 2020; Kidd et al., 2021). Second, much of the existing research on LGBTQ+ mental health during the pandemic has focused almost exclusively on adults. Although a growing number of studies worldwide have shown that LGBTQ+ people have experienced a deterioration in their mental health because of the pandemic (e.g., Gato et al., 2021; Gonzales et al., 2020; Goodyear et al., 2021; Moore et al., 2021), comparatively less is known about how LGBTQ+ children and youth are faring during this time. Studies that identify the processes and mechanisms that impact children and youth's mental health during the pandemic are also greatly needed (Vaillancourt et al., 2021a; Wade et al., 2020). Thus, researchers must examine potential mediators and moderators to determine the impact of these factors on changes in child and youth mental health during COVID-19 (Vaillancourt et al., 2021a). Following recommendations by Vaillancourt et al. (2021a), in the current study, I addressed a critical gap in the literature and examined the links between bullying victimization and mental health among LGBTQ+ youth during the COVID-19 pandemic. To the best of my knowledge, this study is the first of its kind to examine these associations, which can enhance researchers', clinicians', and educators' abilities to make informed evidence-based decisions regarding the mental health services and supports LGBTQ+ students require in schools during and following the pandemic. This research is particularly important in the context of the pandemic, as students have been constantly shifting between in-

person and online learning which can impact their learning, socioemotional development, and mental health (Vaillancourt et al., 2021c, 2021d).

It is also important to consider that the COVID-19 pandemic has resulted in a series of unprecedented effects, including changes in bullying rates (Vaillancourt et al., 2021b). To better understand how bullying rates have changed during this time, I examined bullying victimization prevalence rates in Canadian schools during the pandemic. Bullying rates during the pandemic were examined because research has shown that in Canada, students experienced all forms of bullying (physical, verbal, social) at a much higher rate before the pandemic than during the pandemic (Vaillancourt et al., 2021b). This includes cyberbullying, albeit these differences were less pronounced. Even though bullying rates decreased during the 2020-2021 school year, Vaillancourt et al. (2021b) found that LGBTQ+ students were still bullied more than their heterosexual classmates. Four out of every five LGBTQ+ students were bullied before the pandemic, and three out of every five were bullied during the pandemic (Vaillancourt et al., 2021b). These findings are not surprising given that LGBTQ+ students are some of the most bullied students at school (Kahle, 2020; Toomey & Russell, 2016). It is especially important to examine the impact of bullying on LGBTQ youth's mental health during the pandemic because evidence has shown that youth who were bullied more during the 2020-2021 school year reported more severe internalizing symptoms than youth who were bullied less (Schacter et al., 2022). Higher levels of bullying victimization also predicted more internalizing symptoms in adolescents regardless of if they attended school in-person or online. However, Schacter et al. (2022) showed that higher levels of bullying victimization only predicted elevated anxiety symptoms during months when youth attended school in-person versus online.

The pandemic has also taken a significant toll on children's and youth's mental health. Even before the pandemic began, mental disorders were the leading cause of disability in children and youth worldwide (Erskine et al., 2015). Approximately one out of every five children and youth in Canada have a mental disorder (Georgiades et al., 2019). Although child and youth mental health was already in crisis before COVID-19, since the pandemic began, the mental health of children and adolescents worldwide has worsened. In a meta-analysis of 29 studies of over 80,000 youth from around the world, Racine et al. (2021) found that the prevalence of anxiety and depression symptoms doubled during the pandemic compared to before the pandemic started. Anxiety and depressive symptoms were higher later in the pandemic

and were more prevalent in older adolescents and girls. In one Canadian study, over 70% of children reported a decline in their mental health during the first wave of the pandemic (Cost et al., 2021). Jones et al. (2022) found that 37.1% of U.S. high school students experienced a decline in their mental health during the pandemic. Specifically, 44.2% of youth experienced persistent feelings of sadness or hopelessness during the pandemic, roughly 20% seriously considered attempting suicide, and 9% attempted suicide in the past year (Jones et al., 2022). Elmer et al. (2020) found that students' levels of anxiety, stress, loneliness, and depressive symptoms worsened during the pandemic compared to before the pandemic. The authors also found that COVID-19 specific worries (i.e., worries about the health of friends and family, worries about the future), physical and social isolation, and lower levels of social interaction and emotional support were all associated with adverse mental health outcomes. Although child and youth mental health has generally worsened during the pandemic (Vaillancourt & Szatmari, 2022), youth without pre-existing mental health concerns have experienced more psychological distress during the pandemic, which has been linked to increased social isolation, and youth with pre-existing mental health problems have fared better during the pandemic (Hamza et al., 2021). Keeping these findings in mind, as well as that LGBTQ+ youth are more vulnerable to mental health problems than heterosexual youth (Marshal et al., 2011, Robinson & Espelage, 2012), my goal of the present study was to examine the impact of bullying victimization on LGBTQ+ youth's mental health in the context of the pandemic.

Literature Review

Bullying Victimization

Bullying is defined as aggressive behaviour that is intentional and repetitive in nature and involves an imbalance of power between the perpetrator and the target where the perpetrator holds more physical or psychological power than the target (Olweus, 1994). Bullying takes many forms, including physical (e.g., hitting, shoving), verbal (e.g., name-calling, teasing), and relational bullying, also known as social or indirect bullying (e.g., gossiping, peer exclusion). With advancements in technology and the widespread use of computers, cell phones, and other electronic communication mediums, researchers have identified another form of bullying known as cyberbullying. Cyberbullying involves the use of electronic platforms to deliberately embarrass, harass, or exclude others (Li et al., 2006; Vaillancourt et al., 2017). Bullying peaks in adolescence during the middle and early high school years and gradually declines over time

(Eisenberg & Aalsma, 2005; Hymel & Swearer, 2015; Nansel et al., 2001). Physical bullying occurs less frequently with age, as youth typically shift from using physical and direct forms of bullying to indirect bullying (Scheithauer et al., 2006; Williams & Guerra, 2007). Although physical bullying declines with age, indirect bullying rates remain relatively high in adolescence compared to other forms of bullying (Malhi et al., 2015; Smith et al., 1999). This is because younger children are more likely to engage in physical aggression because they lack the advanced language and social cognitive skills to use indirect aggression, which develop as children get older (Miller et al., 2009). Children also learn how to better control their emotions and behaviour as they grow older and become more cognizant of social norms, leading them to exhibit less physical aggression in adolescence (Côté et al., 2006).

The extent to which boys and girls are involved in bullying notably varies. Regardless of bullying type (i.e., physical, verbal, relational, cyber), boys are more likely to bully others and be bullied than girls (Craig et al., 2009; Scheithauer et al., 2006; Smith et al., 2019; Volk et al., 2006; see meta-analysis by Cook et al., 2010). Boys also tend to engage in more direct bullying such as physical or verbal bullying than girls, whereas girls are more involved in indirect or relational bullying than boys (Vaillancourt et al., 2010; Wang et al., 2009). Students can be directly involved in bullying at school in a variety of roles. First, there are perpetrators of bullying. Perpetrators represent up to 17% of students involved in school bullying (Jansen et al., 2012). There are also students who are targets of bullying who make up roughly 25% of youth, and up to 25% of students are both perpetrators and targets of bullying (Jansen et al., 2012; Mishna et al., 2012; Vaillancourt et al., 2010). Collectively, over 30% of youth are involved in bullying at school as perpetrators, targets, or as both perpetrators and targets (Espelage & Holt, 2007; Mishna et al., 2012; Veenstra et al., 2005). Students may also be directly or indirectly involved as a defender, enabler, assistant, witness, or bystander (Kubiszewski et al., 2019; Pozzoli & Gini, 2010; Simon & Nail, 2013).

Bullying occurs in several locations at school, such as the playground (76%), the classroom (40%), the hallway (24%), the gym (19%), the cafeteria (8%), and the washroom (4%) (Fekkes et al., 2005). Bullying also occurs to and from school and outside the school (Perkins et al., 2014; Vaillancourt et al., 2010). Vaillancourt et al. (2010) showed that, in high schools, bullying occurs most frequently in the hallway (67.9%), the gymnasium (32.8%), the cafeteria (48.5%), during class (47.0%), at the front of the school (42.5%), in the change room (41.0%), at

the back of the school (38.8%), in the parking lot (33.6%), and at the bus loading area (21.6%). In other words, in areas with low supervision. Similar findings have been observed across all three involved groups. Regardless of their role, youth who are involved in bullying feel less safe at school compared to uninvolved students (Bradshaw et al., 2008; Glew et al., 2008).

Prevalence rates for bullying vary across studies. Reasons for these variations depend on the type of bullying behaviour that is being measured, the definition of bullying that is used (or not used) by researchers, and other individual (e.g., sex, gender, age), contextual, and cultural factors (Hymel & Swearer, 2015; Vaillancourt et al., 2008, 2010). Approximately one-third of youth worldwide are bullied by their peers in their lifetime (Biswas et al., 2020). Canada's bullying rates are equal to the global prevalence rates reported by Biswas et al. (2020). One out of every three Canadian students are bullied by their peers and 10% are bullied every day (Molcho et al., 2009; Vaillancourt et al., 2010). In Canada, bullying rates are higher in rural communities compared to large urban areas (Leadbeater et al., 2013). According to the UNICEF Report Card (2017), which provides worldwide prevalence estimates for chronic bullying (i.e., bullying that has occurred two or more times within the previous month) among children and youth, Canada falls within the top five of thirty-one high-income countries for bullying victimization. Although many rich countries like Germany, Italy, and Greece report an overall decrease in bullying from 2006 to 2014 (UNICEF, 2017), Canada's bullying rates have steadily increased over time. These rising rates are worrisome as children who are bullied often experience a host of immediate (Messias et al., 2014; Stapinski et al., 2015) and long-term mental health consequences (Copeland et al., 2013; Lereya et al., 2015; McDougall & Vaillancourt, 2015; Stapinski et al., 2014).

Bullying Victimization and Mental Health

According to the World Health Organization (2014), mental health is not simply the absence of a diagnosable mental health condition or psychiatric disorder. Mental health is a state of well-being in which a person can recognize their abilities, successfully cope with normal life stressors, work productively, and make meaningful contributions to their community (World Health Organization, 2014). In a positive light, mental health can provide people with a strong foundation to feel good about themselves, form healthy peer relationships, and thrive in their everyday lives. Regrettably, it is common for people to struggle with their mental health. Although poor mental health does not necessarily mean that a person has a diagnosed mental

illness, poor mental health can lead to mental illness. For this reason, researchers often examine mental health in a way that reflects mental health concerns and emotional distress, rather than the presence of a clinical mental disorder (e.g., Coggan et al., 2003; Kim et al., 2022; Liang et al., 2020). Evidence also shows that most mental health problems first appear in adolescence (Jones, 2013; Kessler et al., 2007). Approximately 20% of individuals will receive a clinical mental health diagnosis, and 50% to 70% of mental disorders are diagnosed before age 15 (Kessler et al., 2005, 2007). In Canada, approximately one out of every five children and adolescents meet diagnostic criteria for a mental disorder (Georgiades et al., 2019).

Whether youth are bullied physically, verbally, or indirectly by their peers, bullying will harm their mental health and well-being (Moore et al., 2017). Cross-sectional research has shown that, among youth, frequent bullying victimization is linked to more mental health problems. For example, Annerbäck et al. (2014) found that, among youth in Grades 7 to 9, frequent bullying victimization was associated with poorer mental health, particularly self-injurious behaviour. Self-injurious behaviour was up to five times more common in bullied youth than non-bullied youth (Annerbäck et al., 2014). Another cross-sectional study by Bjereld et al. (2015) showed that internalizing mental health problems were most prevalent in children who were parent-reported as bullied. Internalizing problems were more common in girls than boys, as bullied and non-bullied girls scored significantly higher in internalizing problems than bullied and non-bullied boys (Bjereld et al., 2015). Moreover, Kaminski and Fang (2009) found that youth who reported higher levels of bullying reported higher rates of suicidal ideation and suicidal behaviour. Girls were 1.5 to 1.7 times more likely to experience suicidal ideation and were 1.5 to 3 times more likely to engage in suicidal behaviour than boys (Kaminski & Fang, 2009).

Longitudinal studies have shown similar results. Ttofi et al. (2011) found that bullied children had significantly higher rates of depression than non-bullied children up to 36 years later. Findings from Takizawa et al. (2014) showed that adults who were frequently bullied in childhood had higher levels of psychological distress in both midlife (age 23 years) and later adulthood (age 50 years), nearly four decades after first being bullied. Bullied children were more anxious, depressed, and suicidal than non-bullied children and being bullied was associated with lower perceived quality of life, economic hardship, and fewer social relationships at age 50 (Takizawa et al., 2014). Being bullied has also been linked to several other mental health concerns for children and youth, such as low self-esteem (Overbeek et al., 2010; Saint-Georges

& Vaillancourt, 2019), substance use (Radliff et al., 2012), disordered eating (Lee & Vaillancourt, 2018), and post-traumatic stress (Ossa et al., 2019), to name a few. Being bullied in childhood has also been linked to the development of psychotic symptoms in later adolescence (Campbell & Morrison, 2007). Together, these findings indicate that being bullied in childhood is a serious risk factor for mental health difficulties in adolescence and later life. Despite the high rates of mental health problems affecting a growing number of bullying targets worldwide, some youth are at higher risk for poor mental health than others. One of the most at-risk groups for mental health problems is LGBTQ+ youth (Marshal et al., 2011, Robinson & Espelage, 2012).

Bullying Victimization Among LGBTQ+ Youth

In a 2011 report by the United Nations Office of the High Commissioner for Human Rights, violence and discrimination against LGBTQ+ people were officially recognized as a global crisis (OHCHR, 2011). In Canada, approximately four percent of the population identifies as lesbian, gay, or bisexual, and youth ages 15 to 24 make up nearly 18% of this population (Statistics Canada, 2021). Worldwide, LGBTQ+ people are more likely to be targets of violence and discrimination across multiple contexts (Herek, 2009; Lauster & Easterbrook, 2011; Olsen et al., 2014; Walters et al., 2013). Violent victimization is more common among LGBTQ+ men and women than heterosexual men and women (Bender & Lauritsen, 2021; Flores et al., 2020). Flores et al. (2020) reported that LGBTQ+ people experience several forms of violent victimization such as rape, sexual assault, assault with a weapon, and robbery, as much as four times that of heterosexual people. LGBTQ+ people are also at higher risk for intimate partner violence, including verbal, controlling, physical, and sexual abuse by a romantic partner (Messinger, 2011). Another form of victimization that LGBTQ+ people, especially children and youth, frequently experience is bullying. Although no child or adolescent is exempt from being the target of bullying, researchers have identified several factors that place youth at higher risk for being bullied, such as their gender identity and sexual orientation (Elipe et al., 2018; Reisner et al., 2015a). For LGBTQ+ youth, being bullied are all too common and adds to the increased challenges they routinely face.

Children and youth encounter many new and unique challenges during their teenage years, including navigating their school environment. For LGBTQ+ students, schools can be particularly hostile and unsafe places. Several studies have demonstrated that LGBTQ+ students experience multiple forms of school-based violence, such as bullying, at a significantly higher

rate than heterosexual students (Kosciw et al., 2020; Toomey & Russell., 2016). Indeed, LGBTQ+ youth are disproportionately affected by bias-based bullying because of their marginalized gender identity and sexual orientation (Bucchianeri et al., 2016). Specifically, homophobic bullying is a type of bias-based bullying that occurs when a person is bullied because of their gender expression and sexual orientation and is a major problem among LGBTQ+ youth. (Rivers, 2011). Prevalence rates for homophobic bullying range from 10% to 87% (Abreu & Kenny, 2018; Rodriguez-Hidalgo & Hurtado-Mellado, 2019). Like general bullying, bullying that targets a person's gender identity and sexual orientation peaks in adolescence and decreases over time (Espelage et al., 2018; Lessard et al., 2020). LGBTQ+ youth and heterosexual youth experience equal levels of bullying victimization at five years old, but bullying rates became much higher for LGBTQ+ youth at ages nine and 15 (Mittleman, 2019). Thus, although LGBTQ+ children seem to be bullied at a similar rate as their heterosexual peers in early childhood, their likelihood of being bullied increases with age.

According to the United States (U.S.) National School Climate Survey Report (2019), an overwhelming 86% of LGBTQ+ students reported being bullied at school within the past year. Sixty-eight percent of LGBTQ+ youth were verbally bullied, 25% were physically harassed (e.g., shoved or pushed), and 11% were physically assaulted (e.g., kicked, punched, injured with a weapon) by their peers at school (Kosciw et al., 2020). Findings from the report further showed that 45% of LGBTQ+ students were cyberbullied within the past year and 58% were sexually harassed at school. Similarly, results from the 2017 CDC Youth Risk Behavior Surveillance System (YRBSS) showed that LGBTQ+ students experience higher rates of cyberbullying than heterosexual students. Twenty-seven percent of LGBTQ+ youth were cyberbullied compared to 13% of heterosexual youth (Kann et al., 2018). Prevalence rates for being bullied on school property were also much higher for LGBTQ+ students. LGBTQ+ students were nearly twice as likely to be bullied school property (33%) than their heterosexual classmates (17%; Kann et al., 2018). In a 2015 report by the Gay, Lesbian, and Straight Education Network (GLSEN), 98% of LGBTQ+ youth in U.S. middle and high schools reported frequently hearing homophobic slurs at school, and roughly 96% heard negative remarks about gender nonconformity, like being told that they were "not acting masculine or feminine enough" (Kosciw et al., 2016, p. 5). In Canada, a recent report revealed that nearly two-thirds (64%) of students heard at least one homophobic insult per day at school (Peter et al., 2021). The report further showed that the frequency which

students heard these remarks decreased with age. However, because over 50% of Grade 12 students reported hearing homophobic remarks on a weekly basis, it is likely that most LGBTQ+ students have directly heard or overheard insults about their sexual orientation and gender expression throughout their school years (Peter et al., 2021).

Although many LGBTQ+ youth are bullied at school because of their gender identity and sexual orientation, LGBTQ+ students are bullied for several other reasons besides their gender and sexuality. Lessard et al. (2020) found that nearly three-quarters (73%) of LGBTQ+ youth have been bullied for another social identity or personal characteristic unrelated to their gender or sexuality, such as their race or ethnicity, weight, religion, and disability status. Puhl et al. (2019) found that roughly one-third of LGBTQ+ youth reported being teased about their weight by their family members and peers. Several studies have replicated these findings, demonstrating that youth with multiple minority identities, such as youth who identify as both a sexual and racial minority, are particularly vulnerable to being bullied and harassed by others (Jackman et al., 2020; Pollitt et al., 2018). Unfortunately, most LGBTQ+ students do not report bullying incidents to school officials out of fear for making the situation worse (Kosciw et al., 2020). Of greater disappointment is that 60% of students who reported a bullying incident to a school staff member said that school staff did nothing to solve the problem or told them to ignore their peers, instead of addressing the bullying that took place at school (Kosciw et al., 2020).

Given the unsupportive and unsafe conditions that LGBTQ+ students face at school, it is not surprising that some students do not feel safe and comfortable on school grounds. In a 2019 report that examined the school experiences of LGBTQ+ students, it was found that most students actively avoided attending school functions or participating in extracurricular events because they felt uncomfortable (Kosciw et al., 2020). Over 25% of students avoided school events on a regular basis. In 2009, 70% of transgender youth attending U.S. schools felt unsafe at school because of their gender expression and sexual orientation (Greytak et al., 2009). Similarly, Klemmer et al. (2021) showed that gender non-conforming students reported missing school because of personal safety concerns at a rate that was nearly double that of their gender-conforming peers (10.7% vs 4.7%). Despite attending the same school and experiencing similar rates of bullying, Robinson and Espelage (2012) showed that LGBTQ+ students were more likely (1.4 times) to skip school than heterosexual students, particularly bisexual students. Homophobic bullying has also been shown to undermine students' commitment toward school

and compromise their long-term educational goals (Alexander et al., 2011; Aragon et al., 2014). As a result of experiencing multiple forms of harassment and violence on a regular basis, such as bullying, many LGBTQ+ youth experience a decline in their mental health.

LGBTQ+ Bullying and Mental Health

Fifty years ago, homosexuality was listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-I and II) as a "sociopathic personality disturbance" (American Psychiatric Association [APA], 1980). In 1973, after decades of debate, the APA removed homosexuality from the DSM and no longer classified it as a mental disorder (Bayer, 1987). Since the 1970's, there has been a dramatic shift in public awareness toward LGBTQ+ lives and the systemic issues they experience (Russell & Fish, 2016). Similar shifts have been observed in the literature. In recent years, a growing number of researchers have directed their focus toward examining mental health in LGBTQ+ populations, including children and youth. Most of these studies have shown that LGBTQ+ youth are disproportionately affected by mental health problems than heterosexual youth (e.g., Fish & Baams, 2018; Liu et al., 2020). In a meta-analysis that examined differences in depressive symptoms and disorders in LGBTQ+ and heterosexual youth, Lucassen et al. (2017) found that depressive symptoms and disorders were up to three times more common in LGBTQ+ youth than in heterosexual youth. Young LGBTQ+ women were at particular risk for depression, as sexual minority women reported more depressive symptoms than sexual minority men. Another meta-analysis by Marshal et al. (2011) found that LGBTQ+ youth reported more suicidality and depressive symptoms than heterosexual youth. Suicidality rates were over two times higher in LGBTQ+ youth. Twenty-eight percent of LGBTQ+ youth reported a history of suicidal behaviour compared to 12% of heterosexual youth.

Indeed, bullying is a significant driver of mental health disparities for gender diverse and sexual minority youth. Robinson and Espelage (2012) showed that bullied LGBTQ+ students were approximately three times more likely to contemplate suicide and attempt suicide compared to heterosexual youth, even when these students attended the same school and reported equal levels of bullying victimization. Findings from a systematic review showed that being cyberbullied increases adolescents' risk for depression, low self-esteem, suicidal ideation and suicide attempts, poor body image, and social isolation (Abreu & Kenny, 2018). Hatchel et al. (2019a) also found that bullying was associated with higher levels of suicidal ideation and more suicide attempts for LGBTQ+ youth. Frequent bullying predicted lower levels of school

belonging, which was associated with higher levels of suicidality. Bullied LGBTQ+ youth also reported lower levels of self-compassion, which predicted suicidal ideation and suicide attempts.

Several longitudinal studies have demonstrated the long-term negative impacts of bullying on LGBTQ+ mental health. For example, Wang et al. (2018) found that men who experienced both traditional and cyber homophobic bullying victimization in adolescence reported more depression, anxiety, and pain symptoms in emerging adulthood than men who were not bullied in adolescence. Men who experienced traditional and cyber homophobic bullying in adolescence had more anxiety in adulthood than men who experienced only one form of bullying. Family support in childhood moderated the relation between bullying and anxiety in adulthood, demonstrating the buffering effect of social support on LGBTQ+ youth mental health, specifically for boys and young men (Wang et al., 2018). Birkett et al. (2015) showed that psychological distress in LGBTQ+ adolescents was positively associated with being bullied in childhood. Bullying and psychological distress rates decreased across development, suggesting that psychological well-being may improve over time as LGBTQ+ youth encounter less bullying. Retrospective evidence has also shown that gay, lesbian, and bisexual men and women who were chronically bullied as youth because of their actual or perceived sexual orientation experienced post-traumatic stress (Rivers, 2004). Over 25% of LGBTQ+ adults reported frequent psychological distress when reflecting on their school experiences, and 10% reported experiencing frequent flashbacks of being bullied.

LGBTQ+ students are not the only students who are bullied because of their gender identity and sexual orientation. Heterosexual students are also targets of homophobic bullying and many report poorer mental health because of being bullied (Parent et al., 2019; Poteat et al., 2014; Tucker et al., 2016). Poteat et al. (2014) found that heterosexual boys, but not girls, who experienced homophobic bullying at the beginning of the school year had more anxiety and depressive symptoms at the end of the school year. Boys who reported higher levels of homophobic bullying at the beginning of the school year also reported higher levels of homophobic bullying at the end of the school year. Slaaten et al. (2015) found that being called gay-related names strongly predicted depressive symptoms in heterosexual youth, particularly if they were name-called by a stranger or someone they did not like, compared to one of their friends. Boys reported more depressive symptoms because of being called gay-related names than girls, and depressive symptoms were even higher in boys who were bullied and called gay-

related names by their peers. Although heterosexual youth are not the primary targets of homophobic bullying, roughly seven percent have experienced homophobic bullying at school (Parent et al., 2019). Heterosexual youth who were targets of homophobic bullying were 3.4 times more likely to consider suicide, 3 times more likely to plan suicide, and 3.1 times more likely to attempt suicide than non-bullied youth. Even for youth who do not identify as LGBTQ+, homophobic bullying negatively impacts their mental health in adolescence and later life.

Although both general (Eisenberg & Aalsma, 2005; Hymel & Swearer, 2015; Nansel et al., 2001) and LGBTQ+ bullying become less common after adolescence (Espelage et al., 2018; Lessard et al., 2020), some evidence suggests that LGBTQ+ bullying does not always follow this decreasing trend (Robinson et al., 2013). A 2013 study by Robinson et al. showed that bullying rates among LGBTQ+ youth increased over time, specifically in boys. Thus, LGBTQ+ individuals may be bullied for longer periods of time and experience more adverse mental health consequences as a result of being bullied than the general population. Moreover, many studies on LGBTQ+ bullying emphasize that LGBTQ+ youth are a highly vulnerable population. Even though LGBTQ+ youth are at increased risk for being bullied and experiencing mental health problems than heterosexual people, more research is needed to provide insight into the protective factors that can mitigate risk and foster resilience among LGBTQ+ students to reduce these mental health disparities (Kwon, 2013; Russell, 2005).

Homophobia, Heteronormativity, and School Bullying

Bullying is more than a problem that occurs between a perpetrator and a target (Vaillancourt et al., 2010). Bullying is a group process that involves multiple people (Rambaran et al., 2020; Salmivalli, 2010). This is true even if a student does not play a direct role in the bullying behaviour themselves (Salmivalli et al., 1996). For example, a student may not actively bully others, but they may behave in a way that reinforces the bullying behaviour and allows for its continuation. Bullying is also strongly influenced by the attitudes, beliefs, and values that people hold. Based on these attitudes, beliefs, and values, the bullying of certain students may be encouraged, tolerated, or legitimized by their peers (Prati, 2012; Salmivalli & Voeten, 2004) and even teachers and school administrators (Nappa et al., 2018; Zotti et al., 2019). Given this, it is critical that researchers carefully examine how attitudes, beliefs, and values surrounding gender

and sexuality influence school bullying dynamics and put certain youth, like LGBTQ+ youth, at elevated risk for being bullied.

Although schools should be safe, inclusive, and accepting institutions that provide students with opportunities for success and achievement, schools can be extremely unsafe and unwelcoming for LGBTQ+ students because of homophobia and heteronormativity. Homophobia refers to behaviour, feelings, and negative attitudes toward people who identify or are perceived as LGBTQ+ (Wright et al., 1999). Homophobia is rooted in heteronormativity, which recognizes heterosexuality as the norm and homosexuality as abnormal (Ventriglio et al., 2021). Broadly, heteronormativity is defined as the set of cultural beliefs, rules, rewards, and privileges that favour individuals who conform to heterosexuality and gender binary constructs and marginalize those who do not (Oswald et al., 2005, p. 2). In a school context, heteronormativity refers to the "organizational structures in schools that support heterosexuality as normal and anything else as deviant" (Donelson & Rogers, 2004, p. 128). Homophobia and heteronormativity can be perpetuated in a variety of ways in schools, such as in school policies and curricula (Bhana, 2012; McNeill, 2013), uniforms and dress codes (Brown & Diale, 2017; DePalma & Atkinson, 2010), organized sports (Maurer-Starks et al., 2008; Osborne & Wagner, 2007), and during peer (Carrera-Fernández et al., 2018; Poteat, 2008) and teacher-student interactions (Abbott et al., 2015; Garcia, 2009). A homophobic and heteronormative school climate can create a stigmatizing and unsafe environment for LGBTQ+ youth and prevent them from reaching their full potential. This is especially true if a student is bullied by their classmates because of their gender identity or sexual orientation (Kosciw et al., 2020). Homophobia and heteronormativity in schools allow acts of discrimination and harassment toward LGBTQ+ students, like bullying, to occur and persist over time. For example, Rosen and Nofziger (2019) found that adolescent boys who did not conform to heteronormative gender and sexuality expectations were often called homophobic slurs, threatened, or physically hurt by their classmates because of their actual or perceived sexual orientation and gender identity. Similar findings by Pascoe (2005) showed that boys will use homophobic insults to insult another boy's masculinity and when joking with their peers at school.

Adolescence is also a time when heteronormative and homophobic attitudes become more socialized in peer groups (Birkett & Espelage, 2015; Poteat, 2007). Poteat (2007) showed that adolescents' homophobic attitudes and behaviour were more likely to resemble the attitudes

and behaviour of their peers eight months later, even after accounting for past attitudes and behaviour. Another study by Birkett and Espelage (2015) found that adolescent peer group levels of homophobic bullying perpetration predicted individual levels of homophobic name-calling over time after controlling for initial levels of homophobic name-calling. Youth who were called homophobic names were also more likely to call others homophobic names, and perpetrators of homophobic name-calling were often targets of homophobic bullying themselves. These findings demonstrate that peer groups provide an important social context for homophobic attitudes and behaviour in adolescence, which affects how LGBTQ+ youth are treated inside and outside the school environment.

Youth who conform to heteronormative gender and sexuality expectations also fare better socially at school (Duncan & Owens, 2011; Payne & Smith, 2013). These students hold a higher social status at school and are perceived as more popular among their peers (Duncan & Owens, 2011; Robinson, 2005). Whereas students who deviate from heteronormative gender and sexuality standards, such as LGBTQ+ students, are frequently targeted, harassed, and bullied by their classmates (Carrera-Fernández et al., 2018; Martino, 2000; Young & Sweeting, 2004). Among high school girls, Payne (2007) found that popularity was associated with being attractive and heterosexual. These words were also sometimes used interchangeably with one another. Girls who were less concerned with their physical appearance or boys were less popular at school. In 15-year-old girls, Duncan (2004) found that being a lesbian was one of the least likely traits in popular girls and that popularity was strongly associated with being heterosexually attractive and having more experience with boys. It is also worth mentioning that perpetrators of bullying will strategically choose targets who are less likely to be defended by their peers (Veenstra et al., 2010). By targeting students who are less likely to be defended by others, like LGBTQ+ students, bullies are less likely to lose affection from others and can maintain their social status (Salmivalli, 2010). Thus, it is not surprising that LGBTQ+ youth are more likely to be bullied than their heterosexual peers (Gordon et al., 2018; Klemmer et al., 2021).

LGBTQ+ Students during COVID-19

Schools play a vital role in ensuring the safety and well-being of children and youth. Schools also play a vital role in the intervention and prevention of bullying. However, schools do not equally protect students from the adverse consequences of being bullied or make them feel physically, socially, and emotionally safe. This is particularly true for students who are most

vulnerable and at-risk for adverse outcomes, like LGBTQ+ students. Schools are unsafe for LGBTQ+ students because they often experience negative and hostile school environments where they are subjected to frequent discrimination and harassment because of their gender identity and sexual orientation (Kosciw et al., 2020; Russell et al., 2021). Despite the high rates of bullying victimization LGBTQ+ youth experience at school, schools also provide LGBTQ+ students with supports that mitigate risk and promote wellness, like gay-straight alliances (GSA's; Baams & Russell, 2021; Heck et al., 2011; Poteat et al., 2015). In addition to improved mental health outcomes, GSAs are associated with less bullying and higher levels of perceived school safety and social support for LGBTQ+ students (Day et al., 2020; Lessard et al., 2020; Marx & Kettrey, 2016). Unfortunately, because of the pandemic, many of these school-based protective factors for youth mental health have been disrupted. Changes associated with the pandemic, including physical distancing, social isolation, school closures, and access to school-based supports can significantly impact children's and youth's well-being (Vaillancourt et al., 2021d). The absence of these protective factors may be especially harmful to the mental health of LGBTQ+ youth, as LGBTQ+ youth have been a particularly vulnerable group throughout the pandemic and were already a vulnerable group before the pandemic began (Green et al., 2020; Silliman Cohen & Bosk, 2020). Given the impact of COVID-19 on LGBTQ+ students' well-being, it is important to examine how the pandemic impacted bullying and mental health outcomes among LGBTQ+ youth to inform school-based treatment.

Present Study

Research Objectives

Several studies have examined the concurrent and longitudinal links between bullying victimization and mental health problems in LGBTQ+ adolescents (Burton et al., 2013; Collier et al., 2013; Reisner et al., 2015a; Robinson & Espelage, 2012). However, these associations have yet to be investigated in the context of the COVID-19 pandemic. Examining these associations during the pandemic is particularly important because LGBTQ+ youth were already a vulnerable population before the pandemic, but COVID-19 has likely exacerbated these risks and increased their vulnerability (Green et al., 2020; Silliman Cohen & Bosk, 2020). Given the lack of research in this area, I investigated the links between bullying and mental health in Canadian LGBTQ+ youth during the pandemic using a large population-based adolescent sample (Grades 7 – 12; ages 12 – 19). I also examined the moderating role of gender.

Research Questions

My thesis addressed the following research questions:

1. What are the prevalence rates for bullying victimization (general, physical, verbal, social, cyber) among Canadian LGBTQ+ youth during the COVID-19 pandemic compared to heterosexual youth?
2. What effect does being bullied have on LGBTQ+ students' mental health during the pandemic? Is this effect greater (more negative) for LGBTQ+ students than heterosexual students?
3. Does this effect vary based on gender (i.e., Boy vs. Girl vs. Gender Diverse)?

Hypotheses

Consistent with past evidence which shows that LGBTQ+ students are bullied at a higher rate than their heterosexual peers (Kahle, 2020; Schneider et al., 2015; Konishi & Saewyc, 2014; Toomey & Russell, 2016), it was predicted that LGBTQ+ students would be bullied more than heterosexual students during the pandemic. These predictions were expected to be consistent across all bullying types (i.e., general, physical, verbal, social, cyber). Because boys are more likely to be bullied than girls (Craig et al., 2009; Scheithauer et al., 2006; Smith et al., 2019; Volk et al., 2006; see meta-analysis by Cook et al., 2010), it was expected that boys would report higher levels of bullying victimization than girls, except for relational and cyberbullying. It was expected that girls would be more likely to engage in relational (Vaillancourt et al., 2010; Wang et al., 2009) and cyberbullying than boys (Connell et al., 2014; Schneider et al., 2012). Because evidence shows that gender diverse youth are bullied more than cisgender boys and girls (Garthe et al., 2021; Johns et al., 2019), it was predicted that gender diverse youth would be bullied at a higher rate than cisgender youth during the pandemic. Finally, it was predicted that LGBTQ+ and gender diverse youth would report poorer mental health outcomes as a result of being bullied, compared to cisgender and heterosexual youth.

Method

Procedure

The current study used data from a Safe Schools Survey. The Safe Schools survey asks a series of questions on safety, bullying, relationships, and mattering (i.e., how much a student feels they matter to others). The survey was distributed to students in Grades 4 to 12 across the Hamilton-Wentworth District School Board (HWDSB) from September 2019 until November

2020. As part of the Safe Schools Survey protocol, two separate surveys were distributed. Students were asked questions about their experiences from September 2020 to November 2020.

Participants

My thesis used data from students in Grades 7 to 12 between the ages of 12 and 19. Given the age and gender identity/sexual orientation criteria for this study, 2231 participants (51.1% boys, 45.9% girls, 3.0% gender diverse) were included in this sample. Most (73.3%) students self-identified as heterosexual and 19.2% identified as non-heterosexual. Moreover, 60.0% of students identified as White, and 40.0% of participants belonged to an underrepresented racial or ethnic group. Most (91.9%) students attended school in-person during the pandemic, starting in September 2020. Parental consent and student assent were required to participate in the current study. Most students provided assent to participate in the current condition (99.9%). This study received ethics approval from the University of Ottawa's Research Ethics Board (REB) and the Hamilton-Wentworth District School Board's REB.

Measures

Bullying victimization. Bullying was measured using five self-report items from an adapted version of the Olweus Bully/Victim Questionnaire (Olweus, 1994; Vaillancourt et al., 2010). The Olweus Bully/Victim Questionnaire has demonstrated strong reliability in previous studies (Vaillancourt et al., 2021b). Students were asked about their general experiences with bullying ("*How often were you bullied by another student(s)?*") along with a set of questions that asked about their experiences with different types of bullying victimization (general, physical, verbal, social, and cyber). A 5-point frequency scale was used to assess each question from 0 (*Not at all*) to 4 (*Many times a week*). Following procedures used in the Health Behaviour in School-Aged Children (HBSC) surveys and recommendations by Vaillancourt et al. (2008), participants were asked to read the definition below which differentiates bullying from fighting, aggression, and teasing to provide an accurate measure of bullying.

> *There are a lot of different ways students get bullied. Bullying can be physical, verbal, social, or online. A student who bullies wants to hurt the other person (it's not an accident), and they do it more than once and in an unfair way (the person bullying has some advantage over the person they are bullying). Sometimes a group of students will bully another student. It is not bullying when two students of about the same strength or popularity have an argument or disagreement.*

Bullying victimization (prevalence) was calculated using the cut-off point shown by Vaillancourt et al. (2010, 2021b), which have the best specificity and sensitivity (no involvement vs. any involvement). This dichotomous cut-off has been used in other population-based studies examining bullying involvement prevalence (e.g., Craig et al., 2020; Kim et al., 2022; Turner et al., 2018). In the current study, students who reported never being generally, verbally, physically, relationally, and cyber bullied were coded as "0," (*non-involved*), and students who reported some level of bullying victimization, ranging from only a few times to every week were coded as "1," (*involved*).

Mental health. A mental health measure that assessed the degree to which students experienced changes in their mental health because they were bullied was created. The mental health measure consisted of four items (e.g., "*Because I was bullied, I have been sad", "I have been scared", "I have felt hopeless", "I have felt more powerless*") that were rated on a 5-point Likert scale ranging from 1 (*Not at all*) to 5 (*Many times a week*). Students were asked to answer questions about how their school experiences impacted their mental health if they reported being bullied. The internal consistency of the combined scale items was good, Cronbach's $\alpha = .91$, indicating that these scale items were a reliable measure of mental health in the present study.

Analysis

Analytic Plan

A series of chi-square tests were used to examine differences in bullying victimization prevalence rates for each bullying type (i.e., general, physical, verbal, relational, cyber) by sexual orientation (i.e., LGBTQ+ and heterosexual) and gender (i.e., Boys vs. Girls vs. Gender Diverse) among students in Grades 7-12. Standardized residuals of the chi-square tests were computed to identify statistically significant differences between the observed and expected values of the cells within each student sample. A standardized residual exceeding +/- 1.96 indicates a statistically significant difference at the 95% confidence interval. The Phi coefficient was used as a measure of effect size of the association between variables in the chi-square tests because it is the most appropriate measure of effect size for a 2 x 2 contingency table (Akoglu, 2018).

Because types of bullying were correlated ($r = .227$ - $.711$), a 2 x 3 multivariate analysis of variance (MANOVA) was conducted to examine the effects of sexual orientation and gender on bullying victimization across each of the different bullying types. Analyses were conducted separately by grade level (i.e., middle school vs. high school students) because evidence suggests

that LGBTQ+ youth typically do not self-identify as LGBTQ+ or disclose their sexual orientation to others until they are in high school (Floyd & Stein, 2002; Martos et al., 2015). Sexual orientation (LGBTQ+ vs. Heterosexual) and gender (Boys vs. Girls vs. Gender Diverse) were the independent variables, and each of the bullying types were dependent variables (continuous score).

Finally, a 2 x 3 factorial ANOVA with sexual orientation (LGBTQ+ vs. Heterosexual) by gender (Boys vs. Girls vs. Gender Diverse) was conducted to examine the effects of sexual orientation and gender on mental health. Main effects were included in the model, with mental health as the dependent variable. These analyses were conducted separately by grade level and only involved students who reported being bullied. Significant effects were explored using univariate and/or post-hoc tests. Post-hoc tests were performed using Tukey's Honestly Significant Difference (HSD), which allows for the level of Type I error to be equal to our chosen alpha level ($\alpha = .05$; Abdi & Williams, 2010). The Benjamini-Hochberg (B-H) correction (Benjamini & Hochberg, 1995) was applied to control for multiple testing and potential false discovery rates, given the number of analyses that were performed. All analyses were performed using SPSS version 28.

Results

Descriptive Statistics

The Point Biserial and Bivariate correlations between all bullying victimization types are presented in Table 1. The means and standard deviations for bullying victimization, mental health, sexual orientation, and gender, as well as the sample size are also reported in Table 1. Point Biserial (dichotomized scores) and Bivariate correlations (continuous scores) revealed that all bullying types were correlated with one another. After applying the B-H correction, all correlations were positive and statistically significant at $p < .01$. Most correlations ranged from moderate ($r > .30$) to large ($r > .50$; Cohen, 1992). Verbal and general bullying victimization showed the strongest association (Point Biserial $r = .606$, Bivariate $r = .711$), and the weakest correlation was between cyber bullying and physical bullying (Point Biserial $r = .227$, Bivariate $r = .236$).

Table 1
Descriptive Statistics and Correlations Among Bullying Victimization Types

	General BVIC	Physical BVIC	Verbal BVIC	Relational BVIC	Cyber BVIC	Proportions	Means and Standard Deviations	*n* within total sample
General BVIC	**1**	**.448**	**.606**	**.492**	**.345**	15.0%	1.21 | .60	2175
Physical BVIC	**.459**	**1**	**.389**	**.285**	**.227**	8.8%	1.11 | .43	2193
Verbal BVIC	**.711**	**.442**	**1**	**.495**	**.394**	23.4%	1.34 | .77	2185
Relational BVIC	**.596**	**.324**	**.623**	**1**	**.370**	24.0%	1.36 | .78	2174
Cyber BVIC	**.343**	**.236**	**.428**	**.434**	**1**	11.6%	1.16 | .51	2182
						73.3% Heterosexual		1177 Heterosexual
Sexual Orientation						26.7% LGBTQ+		428 LGBTQ+
						45.9% Girl		1000 Girl
						51.1% Boy		1114 Boy
Gender						3.0% Gender Diverse		65 Gender Diverse
Mental Health							.61 | .96	787

Note: BVIC= Bullying Victimization. Correlations in bold are statistically significant at $p < .01$ after applying the B-H correction. Correlations on the top of the correlation matrix are the Point Biserial correlations. Correlations on the bottom of the matrix are the Bivariate correlations.

Prevalence Rates for Bullying Victimization by Sexual Orientation

Middle School Students

Chi-square analyses were conducted to examine differences in bullying victimization prevalence rates between LGBTQ+ and heterosexual middle school students (i.e., Grades 7 and 8) across each of the five bullying types (general, physical, verbal, relational, cyber). The observed and expected frequencies, proportions within each student sample (LGBTQ+ vs.

heterosexual), standardized residuals, and chi-square statistics for bullying victimization prevalence rates by sexual orientation are presented in Table 2. Chi-square tests revealed statistically significant results for general, verbal, and relational bullying victimization. The standardized residuals for the chi-square tests showed that the proportion of LGBTQ+ students who were verbally and relationally bullied was significantly higher than expected within the total LGBTQ+ youth sample, whereas the proportion of heterosexual students who were bullied did not differ from what was expected. Almost half (47.6%) of LGBTQ+ middle school students reported being verbally bullied during the pandemic, compared to 33% of heterosexual students. Moreover, 39.6% of LGBTQ+ students reported being relationally bullied, compared to 27% of heterosexual students. Although the chi-square test was statistically significant, the standardized residuals showed that the proportion of LGBTQ+ and heterosexual students who were generally bullied during the pandemic did not significantly differ from what was expected within each sample. Over one-quarter (27.8%) of LGBTQ+ students reported being generally bullied, compared to 19.7% of heterosexual students. The chi-square tests and standardized residuals also showed no statistically significant differences in prevalence rates for physical and cyber bullying victimization between LGBTQ+ and heterosexual students, as the proportion of LGBTQ+ and heterosexual students who were physically and cyber bullied did not significantly differ from what was expected within each student sample. Just over one-quarter (28.8%) of LGBTQ+ students reported being a target of physical bullying, compared to 16.8% of heterosexual students. Finally, 17.7% percent of LGBTQ+ students were cyberbullied, compared to 12.0% of heterosexual students.

Table 2

Observed and Expected Frequencies, Proportions, Standardized Residuals, and Chi-square Statistics of Bullying Victimization Prevalence Rates by Sexual Orientation (Heterosexual vs. LGBTQ+) in Students Grades 7-8.

Bullying Type	Heterosexual Observed and Expected Frequencies	Proportion within the Heterosexual student sample	Heterosexual Standardized Residuals	LGBTQ+ Observed and Expected Frequencies	Proportion within the LGBTQ+ student sample	LGBTQ+ Standardized Residuals	X^2 (df = 1)	sig.	phi
General	79 | 88.3	19.7%	-1.0	44 | 34.7	27.8%	1.6	4.45	.035	.089
Physical	68 | 74	16.8%	-0.7	36 | 30	22.0%	1.1	2.08	.149	.060

Verbal	134 | 151	33.0%	-1.4	78 | 61	47.6%	2.2	10.60	.001	.136
Relational	109 | 123.9	27.0%	-1.3	65 | 50.1	39.9%	2.1	8.97	.003	.126
Cyber	48 | 54.5	12.0%	-0.9	28 | 21.5	17.7%	1.4	3.19	.074	.076

Note: A standardized residual of +/- 1.96 indicate a greater or lower proportion than expected.

Note: Phi > 0.25 indicates a very strong effect, > 0.15 indicates a strong effect, > .010 indicates a moderate effect, > 0.05 indicates a weak effect, > 0 indicates no effect or a very weak effect (Akoglu, 2018).

High School Students

Again, chi-square tests were used to examine bullying victimization prevalence rates among LGBTQ+ and heterosexual high school students (i.e., Grades 9 – 12) for each of the different bullying types (general, physical, verbal, relational, cyber). Chi-square tests revealed statistically significant results for general, verbal, relational, and cyber bullying victimization. The standardized residuals related to the chi-square of bullying victimization by sexual orientation showed that the proportion of LGBTQ+ high school students who were targets of general, verbal, relational, and cyber bullying during the pandemic was significantly higher than expected. Whereas the proportion of heterosexual students who were generally, verbally, and relationally bullied during the pandemic was significantly lower than expected. One out of every five (20.5%) LGBTQ+ students reported being a target of general bullying, compared to 10.3% of heterosexual students. Moreover, 30.1% of students were verbally bullied during the pandemic, compared to 15.1% of heterosexual students. Thirty-two percent of LGBTQ+ students were relationally bullied, compared to 17.9% of heterosexual students, and 19.4% of LGBTQ+ students were cyberbullied, compared to 10.1% of heterosexual students. Although the chi-square test for cyber bullying was statistically significant, the standardized residuals showed that the proportion of heterosexual students who were cyber bullied during the pandemic did not significantly differ from what was expected within the total heterosexual student sample. The chi-square tests and standardized residuals revealed no statistically significant differences in prevalence rates for physical bullying between LGBTQ+ and heterosexual students, as the proportion of LGBTQ+ and heterosexual students who were physically bullied did not differ from what was expected within each student sample. Just over five percent (5.5%) of LGBTQ+ students, and 3.8% of heterosexual students were physically bullied during the pandemic. Table

3 reports all observed and expected frequencies, proportions within each student sample, standardized residuals, and chi-square statistics for bullying victimization by sexual orientation.

Table 3

Observed and Expected Frequencies, Proportions, Standardized Residuals, and Chi-square Statistics of Bullying Victimization Prevalence Rates by Sexual Orientation (Heterosexual vs. LGBTQ+) in Students Grades 9-12

Bullying Type	Heterosexual Observed and Expected Frequencies	Proportion within the Heterosexual student sample	Heterosexual Standardized Residuals	LGBTQ+ Observed and Expected Frequencies	Proportion within the LGBTQ+ student sample	LGBTQ+ Standardized Residuals	X^2 (df = 1)	sig.	phi
General	78 | 97.3	10.3%	-2.0	52 | 32.7	20.5%	3.4	17.48	<.001	.132
Physical	29 | 32.2	3.8%	-0.6	14 | 10.8	5.5%	1.0	1.30	.254	.036
Verbal	114 | 142.7	15.1%	-2.4	77| 48.3	30.1%	4.1	28.10	<.001	.167
Relational	135 | 162.1	17.9%	-2.1	82 | 54.9	32.0%	3.7	22.81	<.001	.150
Cyber	77 | 94.9	10.1%	-1.8	50 | 32.1	19.4%	3.2	15.21	<.001	.122

Note: A standardized residual of +/- 1.96 indicate a greater or lower proportion than expected.

Note: Phi > 0.25 indicates a very strong effect, > 0.15 indicates a strong effect, > .010 indicates a moderate effect, > 0.05 indicates a weak effect, > 0 indicates no effect or a very weak effect (Akoglu, 2018).

Prevalence Rates for Bullying Victimization by Gender

Middle School Students

Chi-square analyses were used to examine bullying victimization prevalence rates by gender (i.e., boy, girl, gender diverse) among middle school students (i.e., Grades 7 and 8). Analyses were conducted for each of the five bullying types (general, physical, verbal, relational, cyber). Tables 4a and 4b report the observed and expected frequencies, proportions within each student sample, standardized residuals, and chi-square statistics for bullying victimization prevalence rates by gender. The results of the chi-square tests were statistically significant for all five bullying victimization types. For general bullying, the standardized residuals of the chi-square tests showed that the proportion of gender diverse students who were generally bullied during the pandemic was significantly higher than expected, whereas the proportion of cisgender girls and boys who were generally bullied did not significantly differ from what was expected

within each student sample. Results showed that 52.2% of gender diverse students reported being generally bullied, compared to 18.8% of cisgender girls and 17.4% of boys. The proportion of gender diverse students who were physically bullied during the pandemic was also significantly higher than expected, but the proportion of cisgender girls and boys who were physically bullied did not significantly differ from what was expected. Close to half (47.8%) of gender diverse students were physically bullied, compared to 16.8% of cisgender boys and 11.5% of girls. The proportion of gender diverse students who reported being verbally bullied during the pandemic was also significantly higher than expected, but the proportion of girls and boys who were verbally bullied did not significantly differ from what was expected, as 65.2% of gender diverse students were verbally bullied, compared to 34.5% of girls and 27% of boys. For relational bullying, the proportion of gender diverse students and girls who were relationally bullied during the pandemic was significantly higher than expected, but the proportion of boys who were relationally bullied was significantly lower than expected. Within each student sample, 63.6% of gender diverse students reported being relationally bullied, compared to 35.9% of girls and 20.5% of boys. Finally, the standardized residuals showed that the proportion of gender diverse students who were cyber bullied during the pandemic was significantly higher than expected, whereas the proportion of boys who were cyber bullied was significantly lower than expected within each student sample. The proportion of girls who were cyber bullied did not significantly differ from what was expected within the total sample of girls. 33.3% of gender diverse students reported being cyberbullied during the pandemic, compared to 13.4% of girls and 7% of boys.

Table 4a

Observed and Expected Frequencies, Proportions, Standardized Residuals, and Chi-square Statistics of Bullying Victimization Prevalence Rates by Gender (Girl, Boy, Gender Diverse) in Students Grades 7-8.

Bullying Type	Girl Observed and Expected Frequencies	Proportion within the Girl sample	Girl Standardized Residuals	Boy Observed and Expected Frequencies	Proportion within the Boy sample	Boy Standardized Residuals
General	69 | 69.6	18.8%	-0.1	80 | 87	17.4%	-0.8
Physical	43 | 57.5	11.5%	-1.9	77 | 70	16.8%	0.8
Verbal	129 | 117.1	34.5%	1.1	124| 143.7	27.0%	-1.6

Relational	133 | 105	35.9%	2.7	93 | 128.8	20.5%	-3.2
Cyber	49 | 38.1	13.4%	1.8	32 | 47.7	7.0%	-2.3

Note: A standardized residual of +/- 1.96 indicate a greater or lower proportion than expected.

Note: Phi > 0.25 indicates a very strong effect, > 0.15 indicates a strong effect, > .010 indicates a moderate effect, > 0.05 indicates a weak effect, > 0 indicates no effect or a very weak effect (Akoglu, 2018).

Table 4b

Observed and Expected Frequencies, Proportions, Standardized Residuals, and Chi-square Statistics of Bullying Victimization Prevalence Rates by Gender (Girl, Boy, Gender Diverse) in Students Grades 7-8.

Bullying Type	Gender Diverse Observed and Expected Frequencies	Proportion within the Gender Diverse sample	Gender Diverse Standardized Residuals	X^2 (df = 2)	sig.	phi
General	12 | 4.4	52.2%	3.7	17.22	<.001	.142
Physical	11 | 3.5	47.8%	4.0	23.85	<.001	.167
Verbal	15| 7.2	65.2%	2.9	17.99	<.001	.145
Relational	14 | 6.2	63.6%	3.1	37.81	<.001	.211
Cyber	7 | 2.2	33.3%	3.2	20.94	<.001	.158

Note: A standardized residual of +/- 1.96 indicate a greater or lower proportion than expected.

Note: Phi > 0.25 indicates a very strong effect, > 0.15 indicates a strong effect, > .010 indicates a moderate effect, > 0.05 indicates a weak effect, > 0 indicates no effect or a very weak effect (Akoglu, 2018).

High School Students

Again, chi-square tests were used to examine differences in bullying prevalence rates by gender (boy, girl, gender diverse) among high school students (i.e., Grades 9 – 12) for each of the five different bullying types (general, physical, verbal, relational, cyber). Chi-square tests revealed statistically significant results for general, verbal, relational, and cyber bullying victimization. For cyber bullying, the standardized residuals of the chi-square tests showed that the proportion of gender diverse students who were cyber bullied during the pandemic was significantly higher than expected but was significantly lower than expected for cisgender boys.

The proportion of cisgender girls who were cyberbullied during the pandemic did not significantly differ from what was expected within the sample. Almost one-quarter (23.8%) of gender diverse students were cyber bullied during the pandemic, compared to 14% of girls and 9% of boys. The standardized residuals of the chi-square tests also revealed that the proportion of gender diverse students who were verbally bullied during the pandemic was significantly higher than expected. However, the proportion of cisgender girls and boys who were verbally bullied did not significantly differ from what was expected. Just over one-third (36.6%) of gender diverse high school students reported being verbally bullied, compared to 18.1% of girls and 15.7% of boys. For relational bullying, the standardized residuals revealed that the proportion of girls who were relationally bullied during the pandemic was significantly higher than expected, but significantly lower than expected for boys. Although the proportion of gender diverse students who were relationally bullied was greater than the proportion of cisgender girls and boys who were bullied, the proportion of gender diverse students who were relationally bullied did not significantly differ from what was expected. Close to one-third (31.7%) of gender diverse students, 27.6% of girls, and 13.9% of boys were relationally bullied during the pandemic. Despite the statistically significant chi-square test result, the standardized residuals showed that the proportion of gender diverse students, and cisgender girls and boys who reported being generally bullied did not significantly differ from what was expected. Just over 20 percent (20.5%) of gender diverse students, 13.3% of girls, and 9.9% of boys reported being a target of general bullying. Finally, the chi-square tests and standardized residuals revealed no statistically significant differences for physical bullying, as the proportion of gender diverse students, girls, and boys who were physically bullied during the pandemic did not significantly differ from what was expected. Approximately two percent (2.4%) of gender diverse high school students, 3.1% of girls, and 5.2% of boys reported being a target of physical bullying. Tables 5a and 5b report the observed and expected frequencies, proportions within each student sample, standardized residuals, and chi-square statistics for bullying victimization prevalence rates by gender.

Table 5a

Observed and Expected Frequencies, Proportions, Standardized Residuals, and Chi-square Statistics of Bullying Victimization Prevalence Rates by Gender (Girl, Boy, Gender Diverse) in Students Grades 9-12.

Bullying Type	Girl Observed and Expected Frequencies	Proportion within the Girl sample	Girl Standardized Residuals	Boy Observed and Expected Frequencies	Proportion within the Boy sample	Boy Standardized Residuals
General	80 | 71.1	13.3%	1.1	63 | 75.3	9.9%	-1.4
Physical	19 | 25	3.1%	-1.2	33 | 26.3	5.2%	1.3
Verbal	109 | 105.3	18.1%	0.4	100 | 111.6	15.7%	-1.1
Relational	166 | 125.8	27.6%	3.6	89 | 133.6	13.9%	-3.9
Cyber	85 | 72	14%	1.5	58 | 37.9	9.0%	-2.1

Note: A standardized residual of +/- 1.96 indicate a greater or lower proportion than expected.

Note: Phi > 0.25 indicates a very strong effect, > 0.15 indicates a strong effect, > .010 indicates a moderate effect, > 0.05 indicates a weak effect, > 0 indicates no effect or a very weak effect (Akoglu, 2018).

Table 5b

Observed and Expected Frequencies, Proportions, Standardized Residuals, and Chi-square Statistics of Bullying Victimization Prevalence Rates by Gender (Girl, Boy, Gender Diverse) in Students Grades 9-12.

Bullying Type	Gender Diverse Observed and Expected Frequencies	Proportion within the Gender Diverse sample	Gender Diverse Standardized Residuals	X^2 (df = 2)	sig.	phi
General	8| 4.6	20.5%	1.6	6.38	.041	.071
Physical	1 | 1.7	2.4%	-0.5	3.59	.167	.053
Verbal	15| 7.2	36.6%	2.9	11.94	.003	.097
Relational	13 | 8.6	31.7%	1.5	37.91	<.001	.172
Cyber	10 | 5	23.8%	2.2	13.25	<.001	.101

Note: A standardized residual of +/- 1.96 indicate a greater or lower proportion than expected.

Note: Phi > 0.25 indicates a very strong effect, > 0.15 indicates a strong effect, > .010 indicates a moderate effect, > 0.05 indicates a weak effect, > 0 indicates no effect or a very weak effect (Akoglu, 2018).

Associations between Bullying, Sexual Orientation, and Gender

Middle School Students

Multivariate Main Effects

A 2 x 3 multivariate analysis of variance (MANOVA) was performed with the five bullying types as dependent variables (general, physical, verbal, relational, and cyber bullying), sexual orientation (LGBTQ+ vs. Heterosexual) and gender (Boy vs. Girl vs. Gender Diverse) as independent variables. Results yielded a significant multivariate main effect for gender, Wilks's $\lambda = .92$, $F(10, 1046) = 4.55$, $p = <.001$, partial $\eta^2 = .042$. No significant multivariate main effect was found for sexual orientation, Wilks's $\lambda = 1$, $F(5, 523) = .41$, $p = .84$, partial $\eta^2 = .004$. Given the significance of the multivariate test, the univariate main effect of gender was examined.

Univariate Main Effects

Gender. Univariate tests were performed to examine the significant multivariate main effect of gender (i.e., Boy vs. Girl vs. Gender Diverse) on the five bullying types (i.e., general, physical, verbal, relational, and cyber) in middle school students. Univariate main effects for

gender were significant for general ($F(2, 527) = 4.58$, $p = .011$, partial $\eta^2 = .017$), physical ($F(2, 527) = 7.10$, $p < .001$, partial $\eta^2 = .026$, verbal ($F(2, 527) = 5.55$, $p = .004$, partial $\eta^2 = .021$), relational ($F(2, 527) = 12.90$, $p < .001$, partial $\eta^2 = .047$), and cyber bullying ($F(2, 527) = 7.08$, $p < .001$, partial $\eta^2 = .026$) bullying victimization. Post hoc tests revealed that gender diverse middle school students experienced significantly higher rates of general bullying victimization, compared to both cisgender girls and boys. Similarly, gender diverse students significantly more likely to be physically bullied than girls and boys. Gender diverse youth also reported higher levels of verbal bullying victimization, compared to girls and boys. Gender diverse youth were significantly more likely to report being relationally bullied than cisgender girls and boys, and girls were significant more likely to be relationally bullied than boys. Finally, gender diverse students were significantly more likely to be report being cyber bullied than girls and boys. Table 6 reports the means, standard deviations, and significant group differences by gender.

Table 6

Bullying Victimization by Gender (Boy vs. Girl vs. Gender Diverse) in Students Grades 7-8 (means ± standard deviations)

Bullying Type	Boy (N = 274)	Girl (N = 238)	Gender Diverse (N = 19)	Sig.	Group Differences
General	1.27 ± .70	1.34 ± .78	1.89 ± 1.20	.011	Gender Diverse > Girls > Boys
Physical	1.27 ± .73	1.18 ± .49	1.74 ± .87	<.001	Gender Diverse > Boys > Girls
Verbal	1.47 ± .88	1.56 ± .91	2.26 ± 1.33	.004	Gender Diverse > Girls > Boys
Relational	1.28 ± .70	1.56 ± .92	2.32 ± 1.38	<.001	Gender Diverse > Girls > Boys
Cyber	1.08 ± .31	1.21 ± .59	1.47 ± .70	<.001	Gender Diverse > Girls > Boys

High School Students

Multivariate Main Effects

A 2x 3 MANOVA was performed on the five bullying types (i.e., general, physical, verbal, relational, and cyber) as dependent variables. Independent variables were sexual orientation (LGBTQ+ vs. Heterosexual) and gender (Boy vs. Girl vs. Gender Diverse). Results of the MANOVA yielded a significant multivariate effect for sexual orientation (LGBTQ+ vs. Heterosexual), Wilks's $\lambda = .98$, $F(5, 975) = 4.67$, $p = <.001$, partial $\eta^2 = .023$. A significant

multivariate effect was also found for gender, Wilks's $\lambda = .96$, $F(10, 1950) = 4.15$, $p = <.001$, partial $\eta^2 = .021$. Given the significance of the overall test, univariate effects were examined.

Univariate Main Effects

Sexual Orientation. Univariate tests were conducted to examine the main effect of sexual orientation (LGBTQ+ vs. heterosexual) on the five bullying victimization types (general, physical, verbal, relational, and cyber). Significant univariate effects were found for general ($F(1, 979) = 12.97$, $p = <.001$ partial $\eta^2 = .013$), verbal ($F(1, 979) = 20.58$, $p = <.001$, partial $\eta^2 = .021$), relational ($F(1, 979) = 16.34$, $p < .001$, partial $\eta^2 = .016$), and cyber bullying ($F(1, 979) = 11.04$, $p < .001$, partial $\eta^2 = .011$) bullying victimization. LGBTQ+ high school students experienced significantly higher rates of general, verbal, relational, and cyber bullying during the pandemic, compared to their heterosexual classmates. Table 7 reports the means, standard deviations, and significant group differences for bullying victimization by sexual orientation.

Table 7

Bullying Victimization by Sexual Orientation (Heterosexual vs. LGBTQ+) in Students Grades 9-12 (means ± standard deviations)

Bullying Type	Heterosexual (N = 742)	LGBTQ+ (N = 241)	Sig.	Group Differences
General	1.12 ± .42	1.28 ± .71	<.001	Sig.
Physical	1.05 ± .27	1.07 ± .34	.062	N.S.
Verbal	1.19 ± .53	1.46 ± .90	<.001	Sig.
Relational	1.22 ± .58	1.51 ± .97	<.001	Sig.
Cyber	1.12 ± .44	1.28 ± .74	<.001	Sig.

Gender. The univariate effect of gender (Boy vs. Girl vs. Gender Diverse) was examined for each of the five bullying types (general, physical, verbal, relational, and cyber) among high school students. Significant univariate effects were observed for verbal ($F(2, 979) = 3.01$, $p = .05$, partial $\eta^2 = .006$), and relational bullying victimization ($F(2, 979) = 5.59$, $p = .004$, partial $\eta^2 = .011$). Post hoc tests revealed that gender diverse students experienced significantly higher rates of verbal bullying, compared to both cisgender girls and boys. Gender diverse students also experienced significantly higher levels of relational bullying victimization than cisgender girls and boys, and girls were significantly more likely to report being relationally bullied than boys.

Table 7 displays the means, standard deviations, and significant group differences by gender.

Table 7
Bullying Victimization by Gender (Boy vs. Girl vs. Gender Diverse) in Students Grades 9-12 (means ± standard deviations)

Bullying Type	Boy (N = 477)	Girl (N = 468)	Gender Diverse (N = 38)	Sig.	Group Differences
General	1.13 ± .42	1.19 ± .57	1.29 ± .73	.595	Gender Diverse > Girls > Boys
Physical	1.07 ± .36	1.04 ± .19	1.02 ± .16	.062	Boys > Girls > Gender Diverse
Verbal	1.23 ± .60	1.25 ± .63	1.68 ± 1.19	.05	Gender Diverse > Girls > Boys
Relational	1.19 ± .57	1.36 ± .75	1.68 ± 1.25	.004	Gender Diverse > Girls > Boys
Cyber	1.12 ± .46	1.19 ± .58	1.32 ± .74	.391	Gender Diverse > Girls > Boys

Mental Health

Middle School Students

A 2 x 3 factorial ANOVA was conducted with mental health as the dependent variable. Sexual orientation (LGBTQ+ vs. Heterosexual) and gender (Boy vs. Girl vs. Gender Diverse) were the independent variables. Results of the ANOVA yielded a statistically significant main effect for gender, F (2, 266) = 18.31, p = <.001, partial η^2 = .121. No significant main effect was found for sexual orientation, F (1, 266) = .31, p = .574, partial η^2 = .001. The significant effect of gender was further explored using Tukey's post-hoc comparison tests. Post-hoc tests revealed that gender diverse middle school students (M = 2.03, SD = 1.61) reported significantly worse mental health outcomes because they were bullied, compared to cisgender girls (M = .70, SD = 1.00, p < .001) and boys (M = .34, SD = .69, p < .001). Girls also reported poorer mental health outcomes because they were bullied, compared to boys (p = .009).

High School Students

Again, a 2 x 3 factorial ANOVA was performed using mental health as the dependent variable. Independent variables were sexual orientation (LGBTQ+ vs. Heterosexual) and gender (Boy vs. Girl vs. Gender Diverse). Results yielded a significant main effect for sexual orientation, F (1, 302) = 16.04, p = <.001, partial η^2 = .050, and gender, F (2, 302) = 5.79, p = .003, partial η^2 = .037. Given the significance of the overall test, mean differences were examined. For sexual orientation, pairwise comparison tests indicated that LGBTQ+ high school

students (*M* = 1.13 *SD* = 1.27) reported significantly worse mental health outcomes because they were bullied during the pandemic, compared to heterosexual students (*M* = .48, *SD* = .82, *p* = <.001). For gender, post-hoc tests showed that gender diverse students (*M* = 1.98, *SD* = 1.48) reported significantly worse mental health outcomes because they were bullied, compared to cisgender girls (*M* = .73, *SD* = .94, *p* = < .001), and boys (*M* = .51, *SD* = 1.01, *p* = <.001).

Discussion

Bullying is a serious problem among school-aged children, and LGBTQ+ youth are bullied at a disproportionately higher rate than their cisgender and heterosexual peers. Moreover, because the COVID-19 pandemic has had detrimental effects on children's and youth's well-being, there is an urgent need to understand how bullying has impacted students' mental health during the pandemic - especially students who are at elevated risk for being bullied, like LGBTQ+ students. The goal of my thesis was to fill a gap in the existing literature and examine the links between bullying victimization and mental health among LGBTQ+ youth during the pandemic, using a large population-based adolescent sample. Another objective was to explore how these associations varied by sexual orientation and gender. These associations were examined in a population-based sample of Canadian youth from ages 12 to 19 (Grades 7 to 12) and were then separated by grade level (middle vs. high school) to test for grade level differences. To the best of my knowledge, my thesis is the first population-based study to include an investigation of these associations during the pandemic.

Bullying Victimization among LGBTQ+ Youth

As expected, results from my thesis support our initial hypothesis – that overall, bullying victimization prevalence rates were higher among LGBTQ+ students compared to heterosexual students during the pandemic. LGBTQ+ youth, and especially high school students, experienced all types of bullying victimization (i.e., general, physical, verbal, relational, and cyber) more than their heterosexual peers. Indeed, the proportion of LGBTQ+ middle school and high school students who were bullied during the pandemic was greater than expected, on average, whereas the proportion of heterosexual students who were bullied was lower than expected. These results are consistent with existing evidence which shows that LGBTQ+ youth experience all forms of bullying at a higher rate than heterosexual youth, and that LGBTQ+ youth are some of the most bullied students at school (Kahle, 2020; Kosciw et al., 2020; Toomey & Russell., 2016). Results from my thesis also showed that bullying victimization prevalence rates differed across each of

the bullying types (i.e., general, physical, verbal, relational, cyber) among LGBTQ+ and heterosexual students, and that these differences varied by grade level.

Out of the four main bullying types (i.e., physical, verbal, relational, cyber), verbal and relational bullying were the two most prevalent types of bullying victimization experienced by both heterosexual and LGBTQ+ middle and high school students during the pandemic. These findings are consistent with existing evidence which shows that verbal and relational bullying tend to be more prevalent in adolescence, compared to other bullying types (Wang et al., 2009, 2012). These findings are also important because among each of the different bullying types, LGBTQ+ people report experiencing verbal and relational bullying the most in young adulthood. For example, Moran et al. (2018) found that LGBTQ+ college students were most likely to report being targets of verbal and relational bullying and were least likely to be targets of physical bullying – similar to what I found in my thesis. Keeping in line with findings by Moran et al. (2018), results from my thesis demonstrate that prevalence rates for each bullying type may follow a stable trend across adolescence, as I found that certain bullying types (i.e., verbal and relational bullying) were consistently more prevalent throughout middle and high school, compared to other bullying types (i.e., physical bullying). More longitudinal studies are needed to determine whether stable developmental trends do indeed exist across different bullying types.

Conversely, physical bullying victimization was the least prevalent type of bullying reported by both LGBTQ+ and heterosexual middle and high school students. This is not surprising because physical aggression occurs less frequently as children grow older (Côté et al., 2006). Despite evidence which shows that physical aggression is less common among youth compared to verbal or relational aggression (Malhi et al., 2015; Vaillancourt et al., 2010), LGBTQ+ youth are still much more likely to be targets of physical violence than heterosexual youth (Caputi et al., 2020). LGBTQ+ adolescents are also at greater risk for being targets of intimate partner violence and being physically assaulted by a romantic partner (Adams et al., 2021; Edwards, 2018; Martin-Storey, 2015). Even though LGBTQ+ youth were less likely to be targets of physical bullying compared to other types of bullying, like verbal, relational, and cyber bullying, results from my thesis do not understate that physical bullying poses a serious threat to LGBTQ+ youth's safety and well-being. For example, according to the 2019 U.S. National School Climate Survey, 25.7% of students were physically harassed (e.g., pushed or shoved) at

school, and 11% were physically assaulted (e.g., kicked, punched, injured with a weapon) because of their sexual orientation (Kosciw et al., 2020).

As mentioned, results from my thesis showed that a greater proportion of LGBTQ+ middle and high students reported being bullied during the pandemic, compared to heterosexual students. However, the associations between bullying victimization and sexual orientation varied by grade level. Results from my thesis demonstrated that the proportion of LGBTQ+ high school students who reported being bullied during the pandemic was greater than the proportion of LGBTQ+ middle school students who reported being bullied. The one exception was physical bullying, where a similar proportion of LGBTQ+ students in middle and high school reported physically bullied during the pandemic. Although the observed proportion of LGBTQ+ middle and high school students who were physically bullied did not significantly differ from what was expected within each student sample, the proportion of LGBTQ+ middle school students who reported being physically bullied during the pandemic was still higher than the proportion of LGBTQ+ high school students who were physically bullied. Nonetheless, LGBTQ+ high school students reported significantly higher rates of bullying victimization than heterosexual students and LGBTQ+ middle school students across all other bullying types (i.e., general, verbal, relational, cyber). Among middle school students, the observed proportion of LGBTQ+ and heterosexual students who were cyber bullied did not significantly differ from what was expected within each student sample. Although the observed proportion of LGBTQ+ middle school students who were cyberbullied did not significantly differ from what was expected within the LGBTQ+ youth sample, the proportion of LGBTQ+ middle school students who were cyber bullied was still higher than the proportion of heterosexual middle school students who were cyber bullied. Although physical and cyber bullying are generally less common among adolescents compared to other forms of bullying (Wang et al., 2009, 2012), these results from my thesis are inconsistent with existing evidence which suggests that LGBTQ+ youth typically experience all forms of bullying at a significantly higher rate than heterosexual youth (Kahle, 2020; Schneider et al., 2015; Toomey & Russell, 2016).

Indeed, it is well-documented that being bullied puts all children and youth at risk for adverse outcomes, especially LGBTQ+ youth. However, more research on bullying among LGBTQ+ youth has focused on high school students, compared to students in elementary and middle school. One possible reason why researchers may focus on high school students

compared to elementary and middle school students is because the average age that youth self-identify as LGBTQ+ is around 16 years old, even though youth typically become aware of their sexual orientation in early adolescence (Floyd & Stein, 2002). Girls also tend to self-identify as LGBTQ+ almost three years earlier than boys (*Mage* 17.6 vs. 14.8; Martos et al., 2015). Despite these age differences, findings from these studies demonstrate that youth generally choose to self-identify as LGBTQ+ when they enter high school. This could be why results from my thesis showed that sexual orientation had a statistically significant main effect on bullying victimization for high school students, but not for middle school students.

LGBTQ+ Bullying and Mental Health

In addition to being bullied more than heterosexual students, results from my thesis demonstrated that LGBTQ+ students experienced more mental health problems because they were bullied, compared to heterosexual students. This finding was more pronounced among high school students than middle school students, as sexual orientation had a statistically significant main effect on mental health among high school students, but not among middle school students. Although results from my thesis showed that sexual orientation did not have a statistically significant main effect on middle school students' mental health, mean differences showed that LGBTQ+ middle school students reported poorer mental health outcomes because they were bullied, compared to their heterosexual classmates. Therefore, the finding that sexual orientation had a statistically significant effect on youth's mental health in relation to being bullied among high school students, but not middle school students may be because most students do not self-identify as LGBTQ+ until they are in high school (Floyd & Stein, 2002). In general, students are more likely to be targets of homophobic bullying if others perceive them as LGBTQ+ or gender non-conforming (Camodeca et al., 2019). Students are also more likely to be bullied if they have presenting characteristics that deviate from gender and sexuality norms, which can include their physical appearance, behaviour, physical traits, or having friends or family members who identify as LGBTQ+ (Orue & Calvete, 2018). Accordingly, the finding that sexual orientation did not have a significant effect on bullying victimization and mental health among middle school students may be because most students do not openly identify as LGBTQ+ until they are in high school. Therefore, middle school students may be less vulnerable to being bullied and experiencing mental health problems because of being bullied at a younger age. Sexual orientation may have also had a stronger impact on high school students' mental health than

middle school students because a greater proportion of high school students in our sample identified as LGBTQ+, compared to middle school students. These differences may be why results from my thesis indicated that LGBTQ high school students were at greater risk for being bullied and experiencing mental health problems than middle school students.

Overall, results from my thesis are consistent with previous evidence which indicates that LGBTQ+ youth are particularly at risk for experiencing mental health problems (Fish & Baams, 2018; Liu et al., 2020; Lucassen et al., 2017; Newcomb et al., 2020). To add to this literature, I examined how bullying specifically impacted LGBTQ+ students' mental health during the pandemic. My thesis asked students to report whether they experienced any mental health problems because they were bullied (e.g., *"Because I was bullied, I have been sad", "Because I was bullied, I have felt hopeless"*). By asking students to report how being bullied specifically impacted their mental health, results from my thesis provide valuable insight into how bullying directly impacted students' mental health during the pandemic. These findings uniquely contribute to the growing body of evidence which documents the links between bullying and mental health problems among LGBTQ+ youth (Gower et al., 2018b; Hatchel et al, 2019a, Marx et al., 2021; Robinson & Espelage, 2012), and demonstrates that LGBTQ+ youth experienced more mental health problems because they were bullied during the pandemic, compared to heterosexual youth. These results reflect the urgent need for schools to implement comprehensive and inclusive mental health services for LGBTQ+ students to protect against adverse mental health outcomes.

Bullying, Mental Health, and Gender

Results from my thesis revealed that the associations between bullying victimization and mental health varied by gender. Gender diverse middle and high school students reported significantly higher rates of bullying victimization and significantly more mental health problems because they were bullied during the pandemic, compared to cisgender boys and girls. Gender also had a more pronounced effect on bullying victimization and mental health than sexual orientation, as gender had a statistically significant main effect on mental health for both middle and high school students. Whereas sexual orientation only had a statistically significant effect on mental health among high school students. The finding that gender diverse middle and high school students reported significantly worse mental health outcomes than cisgender students

during the pandemic is not surprising, as several studies conducted during the pandemic have shown that gender diverse youth have experienced high rates of mental health problems during COVID-19. One Canadian study by Hawke et al. (2021a) found that transgender and gender diverse youth experienced more mental health difficulties during the pandemic than cisgender youth. Another study by Alonzi et al. (2020) showed that gender non-binary youth experienced higher levels of anxiety and depression during the pandemic than cisgender youth. Transgender and gender diverse youth also reported less social support from their families, more mental health service disruptions, and more unmet mental health needs during the pandemic than cisgender youth (Hawke et al., 2021a). This is concerning because social support is an important resilience factor for gender diverse people's mental health (Valentine & Shipherd, 2018).

Because the pandemic has made it more challenging for youth to seek out social support, it is possible that gender diverse youth experienced poorer mental health outcomes because they were bullied compared to cisgender youth because they could not access affirming supports to cope with being bullied during the pandemic to the same extent that they could before the pandemic began (Fish et al., 2020). However, gender diverse youth were already at increased risk for experiencing mental health problems compared to cisgender youth before the pandemic. Indeed, pre-pandemic evidence has shown that gender diverse youth report higher rates of anxiety, depression, self-harm, suicidality, substance use, and eating disorders, compared to cisgender youth (Connolly et al., 2016; Day et al., 2017; Kingsbury et al., 2022; Price-Feeney et al., 2020; Reisner et al., 2015b). Studies conducted during the pandemic have shown similar results. Moreover, despite my findings which showed that gender diverse middle school and high school students experienced poorer mental health during the pandemic than cisgender boys and girls, it is important to acknowledge that very few studies have focused on gender diverse youth's mental health during COVID-19, and more research in this area is needed.

Another possible reason why the effect of gender was more pronounced on bullying victimization and mental health compared to sexual orientation is that gender diverse students are also more likely to be bullied because of their presenting characteristics that deviate from gender and sexuality norms (e.g., physical appearance, behaviour; Orue & Calvete, 2018). Evidence suggests that children typically become aware of gender stereotypes and biases in early childhood (King et al., 2021), and react to gender norm violations as early as preschool (Martin & Ruble, 2010). Previous research has also shown that adolescents, especially adolescent boys,

report that it is more acceptable to exclude peers who appear to be gender non-conforming based on their physical appearance, regardless of if they are LGBTQ+ or heterosexual (Heinze & Horn, 2014). Consistent with this evidence, the finding that gender had a more significant impact on bullying victimization and mental health than sexual orientation may be because children and youth generally become aware of gender atypicality at a younger age. As a result, gender diverse youth may be more vulnerable to being bullied and report more mental health problems as a result of being bullied as early as middle school, and into high school. Additionally, because youth typically do not self-identify as LGBTQ+ until they are in high school (Floyd & Stein, 2002), and their classmates may not be aware of their sexual orientation, it is possible that gender diverse students are at greater risk for being bullied and experiencing mental health problems as a result of being bullied at a younger age than LGBTQ+ students because gender non-conformity may be more outwardly identifiable than a student's sexual orientation.

Results from my thesis also showed that among middle school students, girls reported significantly more mental health problems because they were bullied, compared to boys. This finding reflects the growing number of studies which have documented that the pandemic has had a particularly detrimental impact on adolescent girls' mental health (Halldorsdottir et al., 2021; Hawke et al., 2021b; Mendolia et al., 2022; Otto et al., 2021; Racine et al., 2021; Thorisdottir et al., 2021; Yard et al., 2021). Researchers have suggested that the pandemic may have contributed to poorer mental health outcomes in adolescent girls for several reasons. For example, Thorisdottir et al. (2021) suggested that hormonal changes during puberty can increase girls' sensitivity to interpersonal stressors. This is important because bullying and the pandemic are significant interpersonal stressors for youth. Given this finding, it is possible that girls may be more sensitive to these stressors than boys, which had a more negative impact on their mental health. Eschenbeck et al. (2007) also suggested that girls have been more vulnerable to mental health problems during the pandemic compared to boys because girls are more likely to seek social support to cope with stressors compared to boys. Because of the physical and social distancing restrictions associated with the pandemic, it is possible that girls' mental health deteriorated more than boys' because girls could not access these supports during the pandemic as easily as they could before the pandemic. Nonetheless, it is important to highlight that adolescent girls worldwide were more likely to report poorer mental health than boys before the pandemic began (Campbell et al., 2021; Kokkevi et al., 2012; van Droogenbroeck et al., 2018).

Another possible reason why the associations between bullying victimization and mental health problems was stronger among gender diverse youth and girls than boys could be that boys tend to experience more mental health stigma, have less mental health literacy, and are less inclined to seek help for their mental health (Chandra & Minkovitz, 2006; DuPont-Reyes et al., 2020; MacLean et al., 2013). Chandra and Minkovitz (2006) found that boys were more likely than girls to agree that seeing a counsellor for emotional problems would make people view them as weird or different (40.0% vs. 24.3%) and were more likely to disagree that a person is strong if they saw a counsellor for emotional problems (42.7% vs. 21.5%). Similarly, MacLean et al. (2013) found that boys were more likely than girls to conceal their mental health symptoms (e.g., *"feeling like crying all the time"*) and attribute them to more masculine issues, like a sports injury, because attributing these symptoms to their mental health could threaten their masculinity. Evidence also suggests that girls generally perceive their problems as more severe than boys (Raviv et al., 2009). Therefore, it is possible that stigma and masculinity norms affected boys' willingness to disclose whether they experienced any mental health problems in the Safe Schools Survey.

Overall, results from my thesis lend support to the minority stress model (Meyer, 1995, 2003), and demonstrate that unique and chronic stressors, such as bullying, can significantly harm LGBTQ+ youth's, and particularly gender diverse youth's mental health. This is especially true in the context of a stressful and unprecedented event like the pandemic. It is well-documented that the COVID-19 pandemic has caused immense psychological harm to LGBTQ+ and gender diverse people, and these adverse effects have been compounded by the various stressors they already experience because of their gender identity and sexual orientation (Jones et al., 2021; Phillips et al., 2020; Salerno et al., 2020). Indeed, LGBTQ+ and gender diverse youth already experience several minority stressors on a frequent basis. However, being exposed to a major stressor like the pandemic can add to the cumulative burden of stress they experience and significantly undermine their well-being. Although the pandemic has disproportionately impacted LGBTQ+ and gender diverse people, few studies have addressed how the pandemic has specifically impacted their mental health (e.g., Hawke et al., 2021a; Nowaskie & Roesler, 2022; Phillips et al., 2021). My thesis addressed a critical gap in the literature, and demonstrated how minority stressors, like bullying, add to the cumulative burden of stress LGBTQ+ youth, and particularly gender diverse youth, experience in their daily lives. Ultimately, these stressors

can increase their vulnerability to mental health problems – especially during a stressful life event like the pandemic when supports are greatly needed.

Limitations and Future Research Directions

My thesis had many strengths. A major strength of my thesis is that I used a large population-based youth sample. Most studies examining mental health in LGBTQ+ populations have used non-probability samples (i.e., convenience samples) rather than population-based samples (Salway et al., 2019). Compared to convenience samples, population-based samples allow for a better understanding of how being bullied influences children's and youth's mental health across different populations, and this sampling method also explains why some children and youth are more vulnerable to mental health problems than others (Vaillancourt et al., 2021a). Another strength of my thesis is that both middle and high school students were included in the study sample, instead of focusing on one specific age group, and analyses were conducted separately to test for grade-level differences. Following procedures used by Robinson and Espelage (2011) who examined grade-level differences in psychological and educational outcomes among LGBTQ+ and heterosexual youth, including both middle and high school students in our analyses and conducting these analyses separately allowed us to test for grade-level differences when examining the associations between bullying victimization, sexual orientation and gender, and mental health. Examining grade-level differences can also help determine whether interventions should be tailored to different grade levels to maximize their effectiveness. Several validity checks and screening questions were also included in the Safe Schools Survey to ensure that invalid questionnaire responses were not included in the analyses (e.g., "*I am telling the truth on this survey*," "*The answers I have given on this survey are true*"; Cornell, 2012, 2014), and all measures used in the Safe Schools survey were valid and reliable. Despite the several strengths of my thesis, it was not without limitations.

When conducting research in the context of the pandemic, it is important to consider how pandemic temporality influences the relation between events that took place during this time (Vaillancourt et al., 2021b). To determine causality, my thesis needed to examine the temporal associations between bullying and mental health during the pandemic. My thesis investigated the associations between bullying and mental health from September 2020 until November 2020 using a cross-sectional design. Because my thesis was cross-sectional and did not measure long-term changes in bullying and mental health using data from before and during the pandemic,

findings from my thesis cannot be used to accurately describe changes in bullying prevalence rates and mental health during the pandemic. Therefore, causal inferences cannot be made. Using cross-sectional data to assess changes in child and youth mental health is a common error made by researchers (Vaillancourt et al., 2021b). Statements about change cannot be made based on cross-sectional data. Researchers must use longitudinal data, which is the gold-standard practice for accurately assessing changes in child and youth mental health over time (Vaillancourt et al., 2021a). More longitudinal research on child and youth mental health before, during, and after the pandemic is needed to understand the various factors impacting their mental health during this time (Singh et al., 2020; Vaillancourt et al., 2021a; Wade et al., 2020).

Another limitation of my thesis is that bullying victimization and mental health were assessed using retrospective self-report measures. Participants were asked to report how often they were bullied by their peers within the past three months. This three-month time frame was adopted from a previous study by Vaillancourt et al. (2010). Participants were also asked to retrospectively report on how being bullied impacted their mental health using this same three-month time frame. Making statements about changes in child and youth mental health using retrospective reports should be done with caution because these results could be affected by recall bias (Hawke et al., 2020). Despite this limitation, people's recollections of being bullied tend to be stable over time. For example, in a study of LGBTQ+ men and women who were bullied at school for a minimum of five years, Rivers (2001) found that participants were stable in their ability to recall past experiences of being bullied over a 12–14-month time period. Participants also were able provide a consistent sequence of these events across this 12-14-month time frame. Similarly, Strawser et al. (2005) found that post-secondary students were consistent in their ability to recall past experiences of being teased in childhood over a two-week time frame. These findings demonstrate that young people generally have good short and long-term reliability in their recall of past bullying experiences. Although longitudinal data is the gold-standard research practice for examining changes in bullying and mental health over time, the retrospective measures used to measure bullying victimization and mental health provide critical insight into how LGBTQ+ and gender diverse students fared during the pandemic.

The way mental health was measured could be perceived as a limitation of my thesis, as "mental health" was not specifically defined for participants. Instead, a mental health measure was created using scale items from within the Safe Schools Survey, which asked students to

report how being bullied impacted their mental health (e.g., *Because I was bullied, I have been sad", "Because I was bullied, I have felt hopeless*"). Because an explicit definition of mental health provided for participants, it is uncertain whether participants and researchers had the same understanding of mental health as a construct in the present study. This limitation could have been addressed by using a specific questionnaire to assess mental health symptoms (e.g., anxiety and depressive symptoms), instead of the mental health measure we created using scale items from the Safe Schools Survey. However, it is common practice for researchers to examine mental health in a way that reflects a person's mental health status rather than the presence or absence of a clinical mental disorder (e.g., Coggan et al., 2003; Kim et al., 2022; Liang et al., 2020). Moreover, recent data from the 2021 Youth Impact Survey revealed that youth rated their mental health ten percent lower in 2021 using self-assessed mental health measures, compared to 2020 (CYPT, 2021). Although the way mental health was measured could be perceived as a limitation of my thesis, these findings provide support for using self-report mental health measures to examine youth's mental health status during the pandemic.

Another limitation of my thesis is that I did not examine any mediating variables. Examining potential mediators is helpful for determining the various contextual factors that may have helped or harmed child and youth mental health during the pandemic (Vaillancourt et al., 2021b). Future studies should not only seek to investigate how bullying affects LGBTQ+ students' mental health but should also examine the contextual factors that can protect them from adverse mental health outcomes. One of these factors is school climate. School climate refers to the quality and character of school life and reflects the norms, values, beliefs, interpersonal relationships, and teaching and learning practices in schools (Cohen et al., 2009, p. 182). Positive school climate is a protective factor against bullying and promotes children's mental health and well-being (Wang et al., 2013). According to Cohen and Freiberg (2013, p. 48), improving school climate is about fostering healthy, positive, and connected relationships, which are identical to bullying prevention efforts. Positive school climate also predicts higher academic achievement (Wang et al., 2014), increased perceptions of mattering (Vaillancourt et al., 2021c), reduced behavioural problems and deviant peer affiliation (Wang & Dishion, 2012), and improved socio-emotional health in children and adolescents (Wong et al., 2021).

Feeling supported at school by peers, teachers, and school staff is particularly important for the safety and well-being of LGBTQ+ students (Colvin et al., 2019; Day et al., 2020). Several

studies have demonstrated the protective role of school climate on LGBTQ+ youth's mental health using both cross-sectional (e.g., Hatchel et al., 2019 a, b; Marx et al., 2021; Poteat et al., 2013) and longitudinal data (e.g., Hatchel et al., 2018; Poteat & Espelage, 2007). For example, Ancheta et al. (2021) showed that LGBTQ+ students who attended schools with a positive school climate reported lower levels of suicidality and depressive symptoms than students in less supportive school environments. Positive school climate has also been associated with fewer anxiety and depressive symptoms (Colvin et al., 2019), reduced drinking behaviour (Coulter et al., 2016) and less dating violence among LGBTQ+ students (Adams et al., 2021). Moreover, in rural communities, positive school climate and peer and teacher intervention in response to bullying have been shown to increase LGBTQ+ students' perceptions of safety at school (De Pedro et al., 2018). Anti-bullying intervention and prevention programs are also more effective if they occur within a positive school climate (Low & Van Ryzin, 2014; Wang et al., 2013), and positive school climate increases students' help-seeking behaviour in response to bullying (Eliot et al., 2010) and students' perceptions of mattering (Vaillancourt et al., 2021c). This is important because mattering makes students feel more protected, resilient, and engaged inside and outside school, and also improves their well-being (Flett et al., 2019). Because school climate buffers against bullying and mental health problems for both LGBTQ+ and heterosexual students, future studies should examine how school climate mediates the link between bullying victimization and children and youth's mental health to inform school-based interventions.

My thesis also concentrated on students from Grades 7 to 12. Because the study sample was comprised of youth between ages 12 and 19, findings from my thesis should not be generalized to younger child populations. The reason my thesis focused specifically on youth is that the Safe Schools Survey asked participants from Grades 7 to 12 to report their sexual orientation. However, this age range is acceptable because bullying based on a person's gender identity and sexual orientation occurs most often in adolescence (Espelage et al., 2018; Lessard et al., 2020). Also, most research examining the links between bullying and sexual orientation and gender focuses on adolescents, and less is known about younger children.

My thesis also did not examine how the associations between bullying victimization and mental health problems varied among different LGBTQ+ youth populations. Although LGBTQ+ youth are more likely to be bullied and have poorer mental health than cisgender and heterosexual youth, evidence suggests that some LGBTQ+ youth are at higher risk for mental

health problems than others. In one study, Talley et al. (2014) found that LGBTQ+ adolescents reported more lifetime and past-month alcohol use, heavy episodic drinking, and began drinking earlier than heterosexual youth. But LGBTQ+ girls reported higher rates of lifetime alcohol use than LGBTQ+ boys (81.3% vs. 68.9%), and alcohol use problems were more pronounced among bisexual youth than among gay and lesbian youth (Talley et al., 2014). In another study, Saewyc et al. (2007) found that suicidal ideation and suicide attempt rates were significantly higher among gay, lesbian, and bisexual youth, compared to heterosexual youth. Bisexual girls reported the highest rates of suicidal ideation (73%), followed by lesbian girls (71%), and heterosexual girls (55%). Suicide attempts were 5.2 times higher among bisexual girls than among heterosexual girls, and bisexual boys were as much as 12.5 times more likely than heterosexual boys to report attempting suicide (Saewyc et al., 2007). These findings are consistent with existing evidence which indicates that bisexual people are most at risk for mental health problems out of all sexual minority populations (Hsieh, 2014; Shearer et al., 2016).

It would have been useful to examine differences in bullying victimization prevalence rates and mental health outcomes within the LGBTQ+ youth sample because evidence has shown that certain groups of LGBTQ+ youth experienced more mental health problems than others during the pandemic. Studies conducted during the pandemic have consistently shown that bisexual people have reported the worst mental health outcomes out of all LGBTQ+ populations during the pandemic (Akré et al., 2021; Fish et al., 2021; Jacmin-Park et al., 2022). Another group at risk for mental health problems is youth who are questioning their sexuality. For example, Poteat et al. (2009) found that questioning youth reported higher levels of bullying victimization, substance use, and suicidality compared to heterosexual, gay, lesbian, and bisexual youth. Questioning youth also showed poorer psychosocial adjustment in response to being bullied, compared to youth with other sexual orientations (Poteat et al., 2009).

A final limitation of my thesis is that participants were not asked to report if they openly identified as LGBTQ+. It would have been beneficial to ask participants to report if they openly identify as LGBTQ+ because this can influence how often they are targeted and bullied by their peers at school. Future studies should use an approach that examines how the associations bullying victimization and mental health varies across different LGBTQ+ populations to understand how bullying impacts specific groups of LGBTQ+ youth. Despite these limitations and the lack of available research on LGBTQ+ and gender diverse youth's mental health during

COVID-19, results from my thesis demonstrate the importance of recognizing the unique challenges facing LGBTQ+ and gender diverse students during the pandemic to optimize intervention, prevention, and support strategies.

Educational and Clinical Implications

My thesis has several important educational, clinical, and policy implications. Over the past few decades, the amount of school-based research involving LGBTQ+ youth, including bullying and mental health research, has increased (Espelage & Swearer, 2008; Heck et al., 2016). Despite this increase in bullying and school-based research involving LGBTQ+ youth, less research has focused on bullying among LGBTQ+ youth and gender diverse youth compared to cisgender and heterosexual youth (Espelage & Swearer, 2008; Reisner et al., 2015a; Toomey & Russell, 2016). This lack of research is shocking because bullying has particularly damaging psychological effects for LGBTQ+ and gender diverse students. Nonetheless, much work needs to be done to continue to raise awareness about how bullying negatively impacts the mental health of LGBTQ+ and gender diverse students. The mental health of these students should be a top priority in schools because mental health disparities between LGBTQ+ and gender diverse people compared to cisgender and heterosexual people have widened in recent years (Fish et al., 2017; Peter et al., 2017; Watson et al., 2018), as well as during the pandemic (Slemon et al., 2022; Somé et al., 2022). To reduce these disparities, early intervention strategies must be implemented in schools, and future research is needed to inform these intervention strategies. Researchers are also encouraged to continue to examine how bullying impacts the mental health of LGBTQ+ and gender diverse youth in adolescence and over time.

As mentioned, there is a substantial lack of school-based research that focuses on LGBTQ+ and gender diverse youth, and this is inexcusable (Espelage, 2016). In addition to the lack of school-based research on LGBTQ+ and gender diverse youth, many school staff personnel do not feel prepared to meet the needs of these students (Abreu et al., 2020; Farmer et al., 2013; Kuff et al., 2019; Mahdi et al., 2014). School mental health professionals have raised several concerns about the lack of professional training and resources they have received to effectively support LGBTQ+ and gender diverse students (Abreu et al., 2020; Luke et al., 2011). For example, Kuff et al. (2019) found that approximately 76% of school mental health professionals received little to no training in their graduate programs for working with LGBTQ+ students (Kuff et al., 2019). Moreover, nearly two-thirds (64.3%) of clinicians felt that their

graduate training poorly prepared them for working with LGBTQ+ students (Kuff et al., 2019). Abreu et al. (2020) found that roughly one-quarter (25.93%) of school counselors felt that they were not prepared to work with transgender students, and just over 20% (21.29%) of school counselors expressed concerns regarding a lack of transgender-specific training and resources to work with these students. This lack of competency is worrisome because school staff play an essential role in supporting the healthy development and well-being of LGBTQ+ and gender diverse youth (McGuire et al., 2010; Plöderl et al., 2010; Smith-Millman et al., 2019). To reduce the prevalence of bullying toward LGBTQ+ and gender diverse students, school staff must be provided with professional training and resources to create a safe and inclusive social learning environment that accepts and protects LGBTQ+ and gender diverse students. Providing appropriate training and resources to school staff will allow for a better understanding of how they can intervene when LGBTQ+ and gender diverse students are being bullied to stop the bullying and prevent adverse outcomes.

Schools are also a primary provider for child and youth mental health services. School-based services play a key role in addressing access barriers to care facing children and youth and increase the accessibility of high-quality mental health supports (Brueck, 2016). For LGBTQ+ and gender diverse youth, accessing mental health services and receiving appropriate care is often not without its challenges. Although LGBTQ+ and gender diverse people are at elevated risk for experiencing mental health problems and report a greater perceived need for mental health supports (Burgess et al., 2007), LGBTQ+ and gender diverse people encounter more access barriers to health care services and report more unmet treatment needs than cisgender and heterosexual people (Giblon & Bauer, 2017; Higgins et al., 2021; Sava et al., 2021). This has been a particularly concerning problem during the pandemic (Burgess et al., 2021; Ormiston & Williams, 2022). In addition to the increase in access barriers to services and unmet treatment needs facing LGBTQ+ and gender diverse youth during the pandemic, LGBTQ+ students and school-based health professionals have reported an urgent need for inclusive mental health services in schools (Sava et al., 2021), which reflects the need for school-based interventions tailored to LGBTQ+ and gender diverse youth to improve outcomes. School-based interventions tailored to LGBTQ+ and gender diverse youth would be extremely beneficial, as school-based mental health supports have been shown to reduce mental health disparities and improve mental health outcomes for LGBTQ+ and gender diverse students. For example, Zhang et al. (2020a)

found that LGBTQ+ students who attended schools with a school-based mental health centre reported fewer past-year depressive episodes and suicide attempts, and lower levels of suicidal ideation than students who attended schools without a school-based mental health centre. School-based mental health centres have also been linked to less substance use (i.e. alcohol, cannabis, e-cigarettes, and non-medical prescription drugs) among LGBTQ+ students (Zhang et al., 2020b). Protective school-based factors like feeling safe at school, feeling connected to adults in the community, and teacher connectedness have been shown to buffer against depression, suicidality, and substance use among transgender and gender diverse youth (Gower et al., 2018a). LGBT-related school resources, such as GSAs, supportive educators, and LGBT-inclusive curricula are also related to lower levels of bullying victimization among LGBTQ+ and transgender students (Greytak et al., 2013). These resources and LGBT-specific anti-bullying policies were also associated with lower levels of school absenteeism. Implementing LGBTQ+ and gender diverse-specific school-based mental health programs is important because child and youth mental health supports have been greatly needed during the pandemic and will be needed post-pandemic.

Another important feature of my thesis is that we used a student sample who attended school in Ontario, Canada. In Canada, Ontario has closed schools more than any province or territory since the pandemic started in March 2020 (Gallagher-Mackay et al., 2021). This is concerning because school closures during the pandemic have caused serious harm to children and youth worldwide and increased their vulnerability to mental health problems (Vaillancourt et al., 2021e; Viner et al., 2022). School closures have also impacted students' ability to seek out mental health services and supports (Golberstein et al., 2020), which can exacerbate students' mental health problems. Because of the negative impact school closures have had on students' mental health during the pandemic, especially in Ontario, it is important to understand how these disruptions influenced students' vulnerability to being bullied and experiencing mental health problems. Investigating these associations among LGBTQ+ and gender diverse students is particularly important because they were already at increased risk for being bullied and poor mental health outcomes before the pandemic began (Eisenberg et al., 2019; Gordon et al., 2018; Klemmer et al., 2021; Marshal et al., 2011, Robinson & Espelage, 2012). Identifying the areas where students, especially those who are most at-risk, like LGBTQ+ and gender diverse students,

are facing the greatest challenges during COVID-19 is critical to implement school-based programs that address their mental health needs in the wake of the pandemic.

Results from my thesis can be used to inform the development of school-based mental health programs that (1) acknowledge the role that bias and discrimination based on gender identity and sexual orientation play in adolescent bullying behaviour, (2) consider the unique needs and experiences of LGBTQ+ and gender diverse youth to minimize risk and enhance wellness, and (3) raise awareness about issues that disproportionately impact LGBTQ+ and gender diverse youth, and advocate for these students both within and outside school settings. Integrating these programs in schools can play a pivotal role in prompting a global call to action to invest in accessible school-based mental health interventions. These interventions can help create a safe and supportive social learning environment for LGBTQ+ and gender diverse students to thrive and achieve their full potential.

Conclusion

My thesis lends support to the growing body of research on LGBTQ+ and gender diverse people's mental health during COVID-19 and provides novel insight into the prevalence of bullying victimization toward LGBTQ+ and gender diverse youth, and how bullying in turn impacted their mental health during the pandemic. Findings from my thesis also reflect the urgent need for LGBTQ+ and gender diverse-specific mental health services in schools to better support LGBTQ+ and gender diverse youth, who were not only a particularly vulnerable group before the pandemic, but also during the pandemic. Results from my thesis further showed that LGBTQ+ and gender diverse students experienced higher rates of bullying victimization and more mental health problems because they were bullied than their cisgender and heterosexual classmates during the pandemic. These associations were also more pronounced among high school students than among middle school students. Understanding the associations between bullying and mental health among LGBTQ+ and gender diverse youth is important because bullying is not only linked to the development of harmful psychological problems in adolescence. Evidence has shown that LGBTQ+ and gender diverse people who were bullied in childhood and adolescence also experience poorer mental health and psychosocial adjustment in adulthood (Hart et al., 2018; Toomey et al., 2010). This trajectory is worrisome because LGBTQ+ and gender diverse youth already face significant mental health disparities compared to cisgender and heterosexual youth (Fish & Baams, 2018; Liu et al., 2020; Wang et al., 2020).

Without early intervention programs implemented in schools, many LGBTQ+ and gender diverse youth will continue to experience a decline in their mental health. Therefore, it is critical to acknowledge the unique vulnerabilities of LGBTQ+ and gender diverse youth and the mental health consequences they will experience because of the pandemic to provide appropriate school-based mental health care. My thesis study provides strong evidence-based guidance for schools to develop new anti-bullying intervention and prevention programs and modify existing programs to support the needs of LGBTQ+ and gender diverse youth during and following the pandemic. My thesis can help scientists, clinicians, educators, and school stakeholders better focus their mental health strategies to prioritize and meet the needs of LGBTQ+ and gender diverse students, as we respond to and recover from the COVID-19 pandemic.

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Author contributions: Rachael Morgan conducted the literature review and wrote the manuscript. Rachael Morgan conducted the analyses with assistance from Dr. Tracy Vaillancourt, Dr. Amanda Krygsman, and Ms. Heather Brittain. Rachael Morgan incorporated changes related to feedback from Dr. Tracy Vaillancourt and reviewers. Dr. Tracy Vaillancourt designed the study, wrote ethics and grant applications, recruited participants, provided data collection and storage, provided the data set, provided expertise and feedback throughout the manuscript preparation process, and reviewed and provided final approval for submission.

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