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## **BULLYCIDE: AN EXPLORATION OF THE PREVALENCE OF POTENTIAL INDICATORS COMPARING LGBTIQ AND HETEROSEXUAL ADULTS**

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BULLYCIDE: AN EXPLORATION OF THE PREVALENCE OF POTENTIAL  
INDICATORS COMPARING LGBTIQ AND HETEROSEXUAL ADULTS

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A Thesis  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Arts  
in  
Criminal Justice

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by  
Isai Naomi Valdez  
March 2015

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## ABSTRACT

This investigative study explores bullycide. Bullycide is the act of committing suicide because of bullying. The primary objective of this research was to compare Lesbian, Gay, Bisexual, Transgender, Intersex, Queer (LGBTIQ) (n = 41) and heterosexual (n = 20) respondents and the prevalence of potential bullycide indicators. By surveying (N = 61) adults, a comparison was made among respondents and their coping mechanisms to bullying. The study found that both sub-groups face an equally high tendency of coping with anger over discomfort (.017). The study also found that both sub-groups demonstrate a high likelihood of responding to bullying by withdrawing from others (.002). The purpose of this study was meant to not only shine light on a phenomenon that has been progressively coming to light in the last decade, but to also explore possible policies, or lack thereof, that are currently in place for victims of bullying, to determine whether or not more are necessary.

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## CHAPTER ONE

### INTRODUCTION

#### An Introduction to Bullycide

Bullying is a global phenomenon that often goes misunderstood or misconceived because of a perception by many that “bullying is a way of life and learning” (Center of Disease Control, 2011). What many do not understand is the degree of harm that may arise from bullying. According to Kim and Leventhal (2008), those who are victims of bullying and those who are perpetrators of bullying are at the highest risks of committing suicide. But how prevalent is this phenomenon? According to a study conducted by a non-profit organization dedicated to the prevention and research of bullying, the study found that of fifty-nine suicide cases reported from the media in the United Kingdom, twenty-six of them were directly a result of bullying. Not only does suicide due to bullying happen globally, it is a huge phenomenon occurring here in the U.S. with sixty-five percent of students reporting that they have been physically or verbally bullied in school (GLSEN, 2005). The rise in cases of suicide because of bullying has prompted Reynolds (2011) to argue that a new category of suicide has arisen; bullycide. The definition of bullycide, although not yet officially adopted, is a word that refers to suicide as the result of bullying (Reynolds, 2011). While many studies refer to bullying and the links to suicide (Klomek, et al., 2010;

Young, et al., 2008; Reynolds, 2011), this particular research will take the study of suicide and bullying a step further.

### Current Study

In this study a thorough examination of bullycide and the demographics most affected by bullycide will be explored. Specifically, this study surveyed adults to understand whether or not Lesbians, Gays, Bi-sexual, Transgender, Intersex, or Queer (LGBTIQ) identified or perceived individuals face a higher prevalence of bullycidal thoughts. Additionally, subjects who have witnessed bullying to LGBTIQ individuals were also included. In an electronically distributed survey, questions included items that captured how individuals reacted to or coped with bullying.

A purposive sampling approach was used in order to generate enough participants from the target sub-population being studied; LGBTIQ identified or perceived adults. The survey was administered to several organizations that are gay friendly identified, but not exclusive to LGBTIQ identified adults. A few of the organizations included, but were not limited to: the LGBT Resource Center at California State University, Long Beach, and through the LGBT Resource Center at the University of California, Irvine, Shoreline Frontrunners of Long Beach, Palm Springs Frontrunners, and SAGA Orange County. The sampling frame was necessary to address the aims of this study. The primary objective was to determine if bullycidal tendencies are more heavily correlated among adults who are perceived or identify with the LGBTIQ community than the non-LGBTIQ

respondents. By including responses from respondents who may have witnessed bullying, a second objective was possible. The second aim was to determine whether third parties who witness bullying were adversely affected by their experiences.

The study ultimately found two significant similarities, but no findings that would suggest that LGBTIQ respondents are more prone to bullycidal thoughts and coping mechanisms than heterosexual respondents. Specifically, heterosexual and LGBTIQ respondents demonstrate a significant proneness to react to threats of harm, with the feeling anger over the feeling of discomfort. Additionally, both heterosexual and LGBTIQ respondents demonstrated an equal prevalence of responding to bullying by withdrawing from others.

The findings and overall scope of the study leaves us with three implications. First, bullycide is a phenomenon that affects groups across ages and cultures. Second, no significant differences existed between LGBTIQ and heterosexual in terms of bullycidal thoughts and coping mechanisms. Lastly, policies and protections for bullying vary both nationally and locally, illustrating the need for consistent policies both legislatively and in the education system.

Finally, this current study faced two limitations: the standardization of survey questions and the number of survey respondents for electronic surveys. These limitations were minimized by using open-ended questions and customizing survey solicitations for a larger audience. Ultimately the study was designed as a spring board for possible future research on bullycide, including

duplicating the current study to incorporate participants of k-12 schools that maybe currently experiencing bullying.

### Organization of Thesis

This investigative report consists of four main components: a literature review, descriptions of research methods, a report about the key findings, and a discussion of the implications of these results. Chapter Two reviews the relevant literature. Although little scholarly work has been published in previous decades regarding bullycide, the increase in literature and cases involving bullycide attest to the magnitude of this problem and the need for future research. The literature review serves as a springboard from which to understand various facets of bullycide.

The research methods are described in Chapter Three. The methods section of this project will serve as an outline to future researchers as to the exact procedures that were used in this study. In this section, a brief overview of the main research method used will be given. Additionally, the methods section will include specific definitions of what is being studied and what sample is being used. Finally, the methods section will include all procedures and types of analysis that will be run using the data that is collected.

Chapter Four reports the findings of the study. Here you will find the results of both sets of bullycidal thoughts and coping mechanism questions. In the first set of questions, Fisher's Exact Test was used. In the second, a two-sample t-test between percentages was used. Finally, here you will find an

overview of the sample. This will detail and outline bullying experiences that were necessary in order to participate in the survey.

Finally, Chapter Five will discuss current policies and protections for bullying victims, both nationally and locally. It will address the need for consistent policies. Additionally, in Chapter Five you find the implications of this study and recommendations for future research. Lastly, this study will conclude with the limitations this study faced and a summation what the study may suggest.

## CHAPTER TWO

### LITERATURE REVIEW

#### Bullying: A Global Crisis

According to a study on bullying conducted by the Center of Disease Control (2011), bullying is a phenomenon that is overlooked because of parent's perception that "bullying is a way of life and learning." Should this phenomenon be easily dismissed? When it comes to the lives of those that are bullied, the answer is simple, it should not. According to a study conducted by a non-profit, government funded program in the United Kingdom called *BeatBullying*, researcher Sarah Dyer (2010) found that twenty-six of fifty-nine suicides that took place in 2010 were a direct result of bullying.

The problem of bullying and suicide spans beyond the United Kingdom as bullying is considered to be a growing global phenomenon. According to Shin Young Kim and Bennett Leventhal (2008) who are researchers at Yale's School of Medicine and Child Study Center, there is a strong association between bullying and suicide. By way of surveying adolescents and young adults in thirteen different countries (e.g., Canada, United States, Germany, South Korea, Japan, and several other European countries), Kim and Leventhal (2008), found that those who reported bullying were more likely to also report suicidal thoughts. In a second study, these authors also examined the perception of bullying by adults in the U.S. According to Kim and Leventhal (2013), adult attitudes and

perceptions of bullying were similar to the findings of the Center of Disease Control with most parents reporting a “that’s what happens when kids grow up” perception of bullying (2008).

While the previously two mentioned studies are simply precursors to the actual bullying phenomenon that has been developing around the world, if not addressed, more lives could potentially be loss. Although the association between bullying and suicide is a revelation that needs to be thoroughly studied and prevented, the current study takes a closer look at the prevalence of bullycide coping mechanisms between LGBTIQ and heterosexual adults. Specifically, the need to examine bullying, the different types of bullying, the demographics of those who are bullied, and policies that affect the bullied are very important in outlining a foundation of the overall scope of bullycide.

### Bullying Defined

Before a thorough examination of bullycide can take place, it is important to review the definition of bullying and how it has been applied in various studies. Several different studies and sources use various definitions of what constitutes bullying. According to the Center of Disease Control (2011) bullying can be seen as an “attack or intimidation with the intention to cause fear, distress, or harm that is either physical (hitting, punching), verbal (name calling, teasing), or psychological/relational (rumors/social inclusion)” (“Measuring Bullying,” 2012).

While the Center of Disease Control has constructed its own definition of



what constitutes bullying, a study conducted by Naylor, et al. (2006), established a different definition. Surveying 225 teachers and 926 students in secondary schools across the United Kingdom (2006) about their perceptions of bullying, Naylor et al (2006) determined that teachers and their students have different perceptions on what they believed constituted bullying. Students often strictly referred to bullying as any type of verbal or physical abuse inflicted on someone by another (Naylor, et al., 2006, p. 566-569). While the educators in the study also added actions like social exclusion, intimidation, power imbalance, and intention to cause fear or threat to their definition of bullying. Another significant finding was that the definition and perception of bullying varied by gender. The study found that most boys mentioned physical abuse in their definitions of bullying, while the girls often mentioned social exclusion and verbal abuse as forms of bullying in their definitions (Naylor, et al., 2006, p. 570). Ultimately Naylor and his colleague's findings suggest that major disparities exist in the definition of bullying, specifically in regards to high school teachers and their students definition of what constitutes bullying.

Maunder, Harrop, and Tattersall (2010) replicated the previous study and found the same results four years later using a different sample from the United Kingdom. The definitions in both studies remained the same, while Maunder, Harrop, and Tattersall concluded their respective study with a suggestion to bridge the gap in the definition of bullying so it could be better addressed as a rising phenomenon.

Finally, while the previous studies found commonalities in their definitions of bullying, another study examined the difference in the definition of bullying between parents and their children. In Monks and Smith's (2006) study, they used a multidimensional scale to not only determine the difference in the definition of bullying between parents and their children but to also examine the disparities in the definition of bullying between different age groups of children. Participants were read or shown seventeen different cartoon scenarios and were asked to determine whether or not bullying had occurred in each scenario. Monks and Smith (2006) ultimately found that not only did a disparity exist between the parent and their children's definition of bullying, but a disparity existed in the definition of bullying among different age groups. The definition of bullying for participants whose ages fell within four to eight years old simply limited the definition of bullying to aggressive and non-aggressive physical attacks (Monks & Smith, 2006, p 817). For the parents who participated in the study, Monks and Smith (2006) found that parents distinguished bullying into two discrete categories, verbal/physical attacks and social exclusion acts.

What should be noted, although each of the studies produced different variations of the definition of bullying, each study universally suggests that one definition needs to be established. According to Maunder, Harrop, and Tattersalls (2010) conflicting definitions of bullying make it more difficult for policy makers to address and create policies that protect and prevent victims from being bullied.

## In School Bullying

The next section discusses what constitutes in school bullying. As mentioned before, bullying is a phenomenon often overlooked because of parents' perception that "bullying is a way of life and learning" (CDC, 2011). One could ask themselves if parents would agree to this notion of bullying given a rise in suicide rates and the prevalence of bullying in schools and online. According to Schneider, et al., (2008) study of high school students in Massachusetts, thirty percent of 20,406 student participants reported being bullied in school and that the same percentage of boys and girls were victimized. Additionally, there was a correlation between students who were bullied the most and a prevalence of suicidal thoughts, self-inflicted injuries, depressive moods, behaviors and suffered academically because of being bullied (Schneider, et al., 2008, p. 175).

While many studies that examine in-school bullying target high school students, a study conducted by Kirves and Sajaniemi (2012) aimed to understand bullying where it typically begins in school; pre-school and kindergarten. Kirves and Sajaniemi (2012) developed and administered surveys to kindergarten students in Finland to determine if bullying and victimization begins early in a child's life. From this sample of 6,910 participants, Kirves and Sajaniemi discovered that bullying is just as prevalent in pre-school and kindergarten students as it is with high school students. Their findings also suggested that the most prevalent form of bullying at this young age is social exclusion of other kids in activities (p. 397).

While most studies examined the prevalence of bullying at various levels of the educational system (Kirves & Sajaniemi, 2012; Schneider, et al., 2008), Adams and Lawrence studied the long lasting effects of in school bullying. By collecting a sample of 269 undergraduate participants at Wayne State College in Nebraska, Adams and Lawrence were able to test the prevalence of bullying throughout an educational career. By way of surveying and interviewing a sample of students, most students who reported being bullied in Jr high and high school reported that bullying had continued into their college careers. Adams and Lawrence (2011) in their investigative study were also able to determine whether negative effects of in-school bullying are carried throughout the lives of those who participated in the study. Adams and Lawrence found that suicidal thoughts, depressive behavior, self-inflicted injuries and poor education performance carried on with those participants who reported being bullied from Jr high to college (2011.p. 11).

### Cyber Bullying

While the concept of in-school bullying has been around for centuries (Elledge, et al., 2010), the concept of cyber bullying is a relatively new phenomenon that has arisen from the rise and prevalent use of technology since the first implementation of video gaming in the 1970's (Monks, et al., 2011). While the definition of bullying often has several different definitions and meanings, there is a general consensus among scholars that research cyber

bullying that define cyber bullying as attacks of anonymity to others and postings on social networks targeted at large audiences with the intention to humiliate or intimidate others (Monks, et al., 2011; Elledge, et al., 2010; Schneider, et al., 2012). Additionally, most researchers have found that a rise in cyber bullying may be attributed to the notion that the perpetrators who cyber bully feel less culpable or responsible when bullying through the internet (Monks,et al., 2011).

According to a study conducted by Schneider, et al, (2012), participants who had reported being bullied in school, were also likely to report being cyber bullied. In this study, 20,406 Massachusetts high school students were surveyed and interview on their experiences with being bullied. The findings of this study indicated that the same distress caused by in school bullying was reflected in those who had also been cyber bullied, such as: anxiety, stress, depression and suicidal thoughts (Schneider, et al., 2012). The study also found that girls reported a statistically higher likelihood of cyber bullying when compared to boys of the same age.

Another study conducted by Patchin and Hinduja (2010) focused on the link that exists between bullying and low self-esteem and how similar affects are found in those who are cyber bullied. The study surveyed 1,963 middle school students to determine if a correlation exists between cyber bullying and low self-esteem (2010. p. 614). The study found that those who reported a higher prevalence of being cyber bullied also reported having low self-esteem. Additionally, Patchin and Hinduja (2010) found that the majority of the

respondents in the study, who had experienced some form of bullying in school, also reported being cyber bullied.

Finally, while the majority of studies focused on high school and junior high bullying, Walker, Sockman, and Koehn (2011) decided to focus their investigative study on the impacts of cyber bullying on college students. The study surveyed 120 undergraduate students at a four year university about their experiences with cyber bullying. The study found that the most common ways in which cyber bullying takes place include: Facebook, instant messaging and through text messages (Walker, C., Sockman, B. & Koehn, S. 2011).

### Demographics of the Bullied

In order to understand bullycidal thoughts and coping mechanisms, it is important to understand the demographics of people who are bullied. According to Frisen, Jonsson & Persson (2007), the most common perception believed by those who are not bullied as to why people are bullied is based on people's difference in appearance. The most common response to this question from a sample of 119 high school students was "people are bullied because of their difference in appearance" (Frisen, A., Jonsson, A, & Persson, C., 2007, p. 749).

In regards to the demographics of those who are most commonly bullied a good source to examine first is the National Crime Victimization Survey (NCVS): School Supplement 2007. According to the NCVS, which is administered by the Bureau of Justice Statistics twice a year to collect data on victimization in the

U.S., several different demographics are often targeted by bullies. Bullying was reported on the basis of race, gender, religion, ethnic background, disability, sexual orientation (Frisen, et al., 2007; Russel, et al., 2011; Unnever & Cornell, 2005).

Other studies found a high prevalence of bullying victims to include: girls, people with disabilities, and those who identify with a different sexual orientation (Unnever & Cornell., 2005; Schneider, et al., 2012). Schneider, et al., (2012) study comparing cyber bullying and in school bullying found that girls in both instances were twice as likely to report being bullied than boys. In another study, Unnever and Cornell (2005) surveyed 2,437 middle school students and found that girls reported more instances of bullying than boys.

Another demographic that reports high levels of bullying are those with disabilities. Zinner and his colleagues (2012) surveyed 211 participants to explore their experiences with bullying. The study found that several of the participants who had chronic tic disorders had reported more instances of bullying than those who had no disability.

Finally, while most studies reported that girls and those with disabilities experience higher levels of bullying victimization, one of the most bullied demographics includes people who identify with a different sexual orientation (Berlan, et al., 2010). This demographic will be the primary focus of the subsequent analysis.

## Bullying and Sexual Orientation Identification

One of the most important aspects of bullying that needs to be explored for the purpose of this study is the association between sexual orientation and bullying. According to a compilation of studies examining bullying and its correlation to sexual orientation, researchers Fedewa and Ahn (2011) found that the majority of reported bullying is reported by participants who are perceived or sexually identified homosexuals. One of the most significant findings in their analysis was that “sexual-minority youth experience significantly more bullying and victimization than do heterosexual peers and that these hostile experiences contribute to a number of negative outcomes for sexual-minority youths” (Fedewa & Ahn, 2011, p. 417).

In another study, Hightow-Weidman, L. et al's., (2011) attempted to make an association between homosexuals that reported bullying and the emotional distress they could experience. By way of a survey and self-reported data, the study found that 85% of participants who identified with being homosexual experienced some form of bullying. The study also found that those who were bullied and LGBTIQ also experienced higher levels of stress, depressive moods and behaviors, suicidal thoughts, and self-inflicting injuries (Hightow-Weidman, et al., 2011).

Finally, a study conducted by Russell and his colleagues (2011), sought out to discover the psycho-social health and risk behaviors associated with being bullied at a young age because of sexual orientation. The researchers surveyed



245 identified Lesbian, Gay, Bisexual, Transgender individuals between the ages of twenty-one and twenty-five. Russell, et al., (2011) found a significant link between the effects of those who identified or were perceived as homosexual and bullying. The study concluded that those who were bullied were more likely to: attempt suicide, suffer from depression, have alcohol addiction problems, substance abuse problems, and were at higher risk of contracting HIV.

### Suicide: A Glance at Why

While the association between sexual orientation and bullycidal thoughts and coping mechanisms are the primary focus of this study, it is important to not overlook suicide itself. Although the concept of bullycide is relatively new, bullying and suicide are not. People have been committing suicide since the beginning of time. The reasons for committing suicide vary as scholars have always attempted to understand this phenomenon. Centuries ago suicide was an act often attributed to insanity or the persuasion of the devil (Deschrijver, 2011). In Europe, most Europeans accepted the notion of suicide being driven by the devil up until the seventeenth-century. It was not until the eighteenth century that researchers and those in the medical fields began to theorize other motives regarding suicide.

In modern day, most medical professionals agree that suicide is an act in response to depression and anxiety which is not only a physiological problem but can be enhanced by external factors (Capron, et al., 2012). According to Capron,

et al, (2012), “Background Anxiety along with anxiety-related risk factors has been increasingly implicated in suicidal ideation and suicide attempts.” Capron found that anxiety sensitivity risk factors can have a significant influence on those contemplating suicide. Capron also found that, although external factors can consistently be linked to suicides, internal anxiety and chemical imbalances are equally responsible in influencing a person’s choice to commit suicide.

It is important to note that not only is Capron’s study consistent with the majority of medical professionals who agree that suicide is attributed to depression, anxiety, and physiological factors, but many other studies corroborate this notion as well. According to Gibb et al., (2009), those who have attempted more than one suicide attempt usually display signs of high levels of anxiety and depression. In this study, 121 psychiatric patients were examined to measure and compare anxiety and depression levels to the number of attempted suicides. The study found that those patients with two or more suicide attempts experienced much higher levels of anxiety and depression than those patients who have only ever attempted suicide once or never.

Regardless of reason, medical, or psychological theories as to why people commit suicide, suicide remains a global phenomenon that affects all cultures and populations (H. Rockett, et al., 2012). This study; however, will focus on bullycide, which by definition is suicide as a result of bullying.

## Suicide by the Demographics

A key component of this study is to determine whether or not LGBTIQ identified adults demonstrate higher prevalence of bullycidal thoughts and coping mechanisms. It is important to first understand which demographics are impacted by suicide. For instance, according to a study conducted by Fisekovic & Celik (2012) whom examined patients who were under clinical supervision because of attempted suicide, they found that over fifty percent of patients being seen for attempted suicide were women. While there are many studies that show similar findings that women have higher attempted suicide rates over men (Verona, et al., 2012), demographics of those who attempt or commit suicide is not limited to gender.

Other demographics that have been examined for suicidal tendencies include different races and ethnicities. According to Bhui and his colleagues (2012), those of white/Caucasian descent have demonstrated significantly higher rates of suicides and suicide attempts. This cross-cultural study examined suicide rates between countries and races over a five year period. Similarly, Synder and Sickmunds' (2006) report examining juveniles also found that whites compared to other races are more likely to commit suicide than any other race. Synder and Sickmunds report demonstrated another demographic that has been examined for suicide rates and suicidal attempts; juveniles versus adults.

The first thing to note about suicide and its relationship to age is that suicide is seen across all age groups. For instance, for the elderly, suicide often

occurs because of deteriorating quality of life (Garand, et al., 2006). Suicide is no stranger to teens and young adults as they actually have the highest rates of suicides and suicide attempts according to Snyder and Sickmund (2006). Among those who are middle aged, Phillips, et al., (2010) found different fluctuation periods of suicide for those of middle-age.

As demonstrated by various different studies, demographics of people who commit suicide can be seen across several different categories. While this analysis has just touched the surface regarding demographics like age, gender, and race, comparisons can be made about almost any demographic regarding suicide rates and suicidal attempts. Other demographics include: rural versus urban populations, occupations, income, sexual orientation, education, etc. Regardless of demographic, suicide remains an international phenomenon that affects every demographic.

### The Hypothesis

Now that we have gained some insight into bullying, suicide, and the demographics impacted by each, is there any indication that could suggest the outcome of the current study. According to stopbullying.gov (2014), those who identify with LGBTIQ face a higher likelihood of being bullied. Given that bullyingstatistics.org (2009), as well as many other studies agree that LGBTIQ individuals are more likely to get bullied, the hypothesis of this study then suggests that LGBTIQ identified adults will demonstrate a higher prevalence of

bullycidal thoughts and coping mechanisms. Alternatively, the null hypothesis would then suggest that no significant relationship exists among the responses of LGBTIQ and heterosexual respondents. This means that neither sub-group will demonstrate a higher tendency of bullycidal thoughts and coping mechanisms.

## CHAPTER THREE

### METHODS

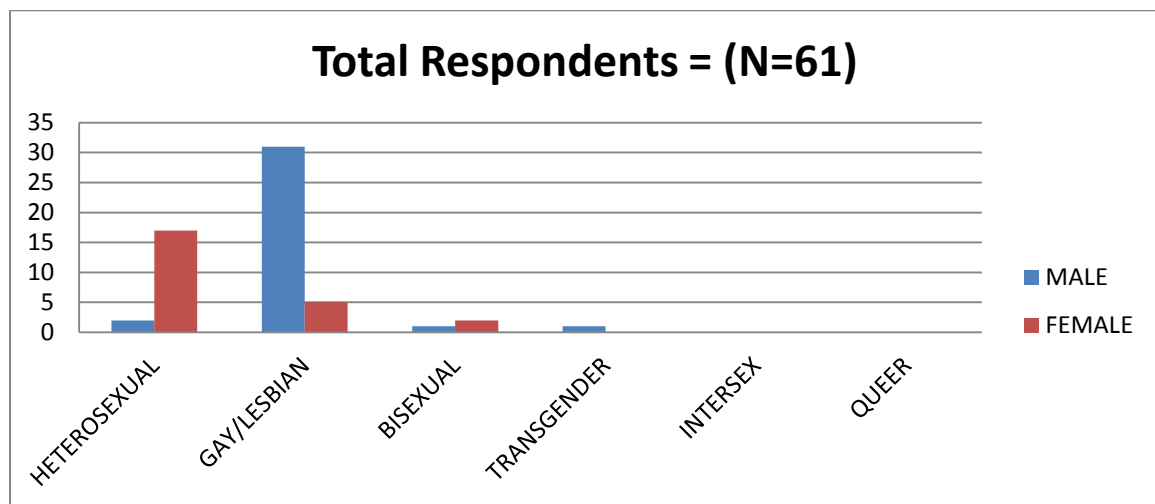
The aim of this study was to determine whether LGBTIQ or heterosexual adults demonstrate a greater prevalence of bullycidal thoughts or coping mechanism when compared to each other. The data was collected for this study by means of a survey that was administered through various forms of electronic communication. The current chapter outlines the following: the details regarding survey administration and data collection, the variables being used and operational definitions, the statistical analysis used to compare the variables, and an exploration of the makeup of the sample.

#### Survey Administration and Data Collection

A structured survey including the necessary consent and debriefing statements was administered to approximately 850 adults between the dates of July 20<sup>th</sup>, 2014 and August 15<sup>th</sup>, 2014. The survey was administered in two forms of electronic communication; through email list serves and postings on social media webpages. First, the survey was emailed through the LGBT Resource Center at California State University, Long Beach, and through the LGBT Resource Center at the University of California, Irvine. Secondly, solicitation for survey respondents was posted on several facebook organization webpages, including: The Long Beach Waverunners, Shoreline Frontrunners of Long Beach, Palm Springs Frontrunners, and SAGA Orange County. Each of the

organizations was selected for locality and their promotion of LGBTIQ members, without being completely exclusive to only LGBTIQ members. All organizations and solicitations were selected in an effort to maximizing the number of LGBTIQ participants, while also including members who identify as heterosexuals.

Respondents needed to meet three additional criteria in order to be included in the study. First, participants were required to disclose their sexual orientation identification in order to be included in one of the two sub-groups: LGBTIQ or heterosexual. Secondly, all participants that were used in the study were required to have some experience, either personally or objectively with bullying. Lastly, all participants were required to identify as age 18 or older in order to begin the survey. In total (N = 61) participants met all the criteria in to be included in this study, of those participants (n = 41) identified as LGBTIQ and (n = 20) identified as heterosexuals.



**Figure 1. Association between Respondents Gender and LGBTIQ Identification**  
Note: Two respondents were not included in this analysis because they chose not to disclose their sexual orientation.

According to Figure 1, a total of 63 (N = 63) respondents took the survey. Among the 63 respondents, only 61 surveys were utilized in this analysis due to the disclosure of the respondents' sexual orientation identification. According to the distribution, 67.2% (n = 41) respondents identified with the LGBTIQ community. This accounts for 67.2% of the total sample size. When looking a little further into the data set, approximately 60.7% of the respondents identified with a lesbian or gay sexual orientation. Of the 61 respondents used in the analysis, three respondents (n = 3) identified with a bisexual sexual orientation, accounting for 4.9% of the total sample. Additionally, one respondent (n = 1) identified as being transgendered, which accounted for 2.4% of the LGBTIQ population in this study. Finally, 20 (n = 20) respondents identified with a heterosexual sexual orientation which accounts for 32.8% of the entire survey population.

### Variables and Operational Definitions

Two key variables were used in this study: sexual orientation identification and bullycidal thoughts and coping mechanisms. The following discussion outlines what context each variable was used in.

#### Key Variables

Sexual Orientation Identification: Participants were asked to identify with what sexual orientation they identify with. They were given the option of either selecting a heterosexual status, meaning, they are attracted to the opposite sex,



or identifying as LGBTIQ. The following list includes a description of what constitutes L.G.B.T.I.Q.

Lesbian – “Term used to describe female-identified people attracted romantically, erotically, and/or emotionally to other female-identified people” (2004).

Gay - For the purpose of this study, sexual orientation will be identified as the following “a human being that is more or less perfectly, even distinctively, masculine in physique; often a virile type of fine intellectual, oral and aesthetic sensibilities: but who, through an inborn or later-developed preference feels sexual passion for the male human species. His sexual preference may quite exclude any desire for the female sex: or may exist concurrently with that instinct” (Sell, 1997, p. 646).

Bi-sexual – “A person emotionally, physically, and/or sexually attracted to males/men and females/women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others” (Green, 2004).

Intersex: “Someone whose sex a doctor has a difficult time categorizing as either male or female. A person whose combination of chromosomes, gonads, hormones, internal sex organs, gonads, and/or genitals differs from one of the two expected patterns” (Green, 2004).

Transgender – “A person who lives as a member of a gender other than that expected based on anatomical sex. Sexual orientation varies and is not dependent on gender identity” (Green, 2004).

Queer – “It includes anyone who a) wants to identify as queer and b) who feels somehow outside of the societal norms in regards to gender, sexuality or/and even politics. This, therefore, could include the straight ally who marches during pride, the republican lesbian, the person who highly values queer theory concepts and would rather not identify with any particular label, the gender fluid bisexual, the gender fluid heterosexual, the questioning GLBT person, and the person who just doesn’t feel like they quite fit in to societal norms and wants to bond with a community over that (2014)”.

Bullycidal Thoughts and Coping Mechanisms: In this study, bullycidal thoughts and coping mechanisms were measured by using two sets of questions. Both sets of questions involved emotional and characteristic responses that were relative to depression symptoms linked to suicide, specifically symptoms of depression. In the first set of questions, respondents were asked questions in regards to the way they felt in response to personal bullying experiences. The following tables depict the output of the responses given.

Table 1. Questions Regarding Emotional Responses to Bullying.

QUESTIONS	SAD	ANGRY	UPSET	UNCOMFORTABLE	ANXIOUS	MAD
Recalling a time when you or someone you know were called names, or insulted in a hurtful way, how did this make you feel?	11 (22%)	15 (30%)	13 (26%)	8 (16%)	2 (4%)	1 (2%)

Recalling a time when you or someone you know had someone spread rumors about you/them or tried to make others dislike you/them, how did this make you feel?	11 (22.92%)	15 (31.25%)	13 (27.08%)	6 (12.50%)	1 (2.08%)	2 (4.17%)
Recalling a time when someone threatened you or someone you know with harm, how did this make you feel?	4 (8.33%)	18 (37.50%)	11 (22.92%)	5 (10.42%)	7 (14.58%)	3 (6.25%)
Recalling a time when someone had either pushed, shoved, tripped, or spit on you or someone you know, how did this make you feel?	5 (10.87%)	20 (43.48%)	12 (26.09%)	1 (2.17%)	3 (6.52%)	5 (10.87%)
Recalling a time when someone had ever tried to make you or someone you know do things you/they did not want to do, for example, give them money or other things, how did this make you feel?	4 (9.09%)	13 (29.55%)	9 (20.45%)	12 (27.27%)	5 (11.36%)	1 (2.27%)

Recalling a time when someone had ever excluded you or someone you know from activities on purpose, how did this make you feel?	20 (41.67%)	12 (25%)	10 (20.83%)	2 (4.17%)	0 (0%)	4 (8.33%)
Recalling a time someone had ever destroyed your or someone you know property on purpose, how did this make you feel?	5 (10.87%)	25 (54.35%)	8 (17.39%)	2 (4.35%)	1 (2.17%)	5 (10.87%)
Recalling a time when someone had ever posted hurtful information about you or someone you know on the Internet, for example, on a social networking site like MySpace, Facebook, Instagram, Twitter, how did this make you feel?	11 (25%)	14 (31.82%)	8 (18.18%)	4 (9.09%)	3 (6.82%)	4 (9.09%)

Recalling a time when someone had ever purposely shared your or someone you know private information, photos, or videos on the Internet or mobile phones in a hurtful way, how did this make you feel?	9 (21.95%)	16 (39.02%)	9 (21.95%)	3 (7.32%)	2 (4.88%)	2 (4.88%)
Recalling a time when someone had ever threatened or insulted you or someone you know through email, how did this make you feel?	5 (12.82%)	13 (33.33%)	12 (30.77%)	5 (12.82%)	2 (5.13%)	2 (5.13%)
Recalling a time when someone had ever threatened or insulted you or someone you know through text messaging, how did this make you feel?	9 (22.50%)	16 (40%)	8 (20%)	3 (7.50%)	2 (5%)	2 (5%)

Recalling a time when someone had ever called you or someone you know an insulting or bad name having to do with your/their race, religion, ethnic background or national origin, disability, gender, or sexual orientation, how did this make you feel?	9 (18%)	17 (34%)	14 (28%)	3 (6%)	2 (4%)	5 (10%)
Recalling a time when you or someone you know had ever been physically or verbally bullied, how did this make you feel?	8 (15.69%)	22 (43.14%)	8 (15.69%)	5 (9.80%)	4 (7.84%)	4 (7.84%)
Recalling a time when you or someone you know had ever been physically or verbally bullied because of your/their sexual orientation, how did this make you feel?	9 (18.75%)	18 (37.50%)	13 (27.08%)	1 (2.08%)	5 (10.42%)	2 (4.17%)

For each question in the first series of questions, respondents could indicate whether they felt: sad, angry, upset, uncomfortable, anxious, mad, or even indicate in their own words their emotional responses. Each response option was designed to illustrate some symptom of depression that has been attributed to suicide.

In the second question set of questions, respondents were asked about their responses to personal bullying experiences. Respondents were able to indicate whether they respond to bullying by: disinterest in going to school, talks of suicide, self-destructive behaviors, sudden loss of friends, unexplainable injuries, sudden loss of interest in activities, withdrawal from others, physical illness, high rates of school absences, anxiety, or low self-esteem. Again, possible answer was designed to illustrate some symptom of depression that has been attributed to suicide. The following tables depict the distribution of answers to this question.

Table 2. Respondents Coping Mechanisms to Bullying.

<b>Recalling a time when you or someone you know had ever experienced some form of bullying, do you recall any of the following behaviors or characteristics (Select all that apply).</b>	<b>RESPONSES</b>
Low self-esteem	48 (94.12%)
Anxiety	35 (68.63%)
High rates of school absences	16 (31.37%)
Physical illness	12 (23.53%)

Withdrawal from others	30 (58.82%)
Sudden loss of interest in activities	23 (45.10%)
Unexplainable injuries	6 (11.76%)
Sudden loss of friends	17 (33.33%)
Self-destructive behaviors	17 (33.33%)
Talks about suicide	20 (39.22%)
Disinterest in going to school	27 (52.94%)

### Analytic Approach

In order to determine whether any significant relationships existed between the study groups, Fisher's Exact Test and a two sample t-test between percentages were used to analyze the data. For the first set of bullycidal thought questions, Fisher's Exact Test was the most appropriate statistical analysis approach because both variables being analyzed were categorical in nature, i.e. sexual orientation identification and the various categories of bullycide risk factors. An additional criterion for determining the use of Fisher's Exact Test over other statistical analysis that compare categorical variables, was the small size of the sample. While the second analytical approach used in this study was a two sample t-test between percentages to compare bullying coping mechanisms. This was the most appropriate analysis due to the categorical nature and structure of the questions.



First, when using Fisher's Exact Test, because nothing could be assumed in regards to the relationship between variables, the standard two-tailed test was used, with a critical region of .05. When examining each question for a significant relationship, the Exact Sig values were compared to .05. If the Exact Sig value was less than .05, it could be inferred that a significant relationship exists between the two groups.

Fischer's Exact Test was not the only statistical analysis used in this study. For the second set of questions pertaining to bullying coping mechanisms, a two sample t-test between percentages was used. This was the most appropriate form of analysis for this data due to the structure of the questions. Once again, because nothing could be assumed in regards to the relationship between variables, the standard two-tailed test was used, with a critical region of .05. If the P-value that was produced was less than .05, it could also be assumed that a significant relationship exists between the two groups.

Finally, respondents were given a chance to discuss a time when they or someone they knew was bullied, and were given the opportunity to describe their emotional responses to those situations.

## CHAPTER FOUR

### RESULTS

The primary focus of this study was to determine whether or not LGBTIQ identified adults or heterosexual adults demonstrate higher tendencies of bullycidal thoughts and coping mechanisms. Although the majority of the comparisons yielded no statistical significance, two questions demonstrated significant relationships between the groups.

Bullycidal Thoughts & Coping Mechanisms (1<sup>st</sup> series of questions): In the first set of questions examining bullycidal thoughts, Fisher's Exact Test was used in order to determine whether or not any significant relationship existed between bullycidal thoughts and sexual orientation identification.

In total, fourteen questions were analyzed. The following two tables represent the distribution of responses in the first series of questions.

Table 3. Emotional Coping Responses: Heterosexual Respondents

QUESTIONS	SAD	ANGRY	UPSET	UNCOMFORTABLE	ANXIOUS	MAD
INSULTED OR HURTFUL	5	5	3	3	0	1
SPREAD RUMORS	4	5	3	2	0	2
THREATENED WITH HARM	0	9	2	0	3	3
PUSHED, SPIT, SHOVED, ETC	2	9	1	0	0	3
FORCED TO DO THINGS	1	6	3	3	1	1
EXCLUDED FROM ACT	7	5	3	0	0	2
DESTROYED PROPERTY	2	8	3	0	0	3
INFO ON SOCIAL MEDIA	5	5	4	0	0	2
SHARED PRIVATE MEDIA	3	6	4	1	0	1
THREATENED BY EMAIL	2	5	4	1	0	1
THREATENED BY TEXT	5	5	3	0	0	1
INSULTED DUE TO DEMO	6	5	2	1	0	3
PHYSICALLY OR VERBALLY	3	8	2	1	1	2
SEXUAL ORIENTATION	5	6	3	0	1	1

Table 4. Emotional Coping Responses: LGBTIQ Identified Respondents

QUESTIONS	SAD	ANGRY	UPSET	UNCOMFORTABLE	ANXIOUS	MAD
INSULTED OR HURTFUL	6	10	10	5	2	0
SPREAD RUMORS	7	10	10	4	1	0
THREATENED WITH HARM	4	9	9	5	4	0
PUSHED, SPIT, SHOVED, ETC	3	11	11	1	3	2
FORCED TO DO THINGS	3	7	6	9	4	0
EXCLUDED FROM ACT	13	7	7	2	0	2
DESTROYED PROPERTY	3	17	5	2	1	2
INFO ON SOCIAL MEDIA	6	9	4	4	3	2
SHARED PRIVATE MEDIA	6	10	5	2	2	1
THREATENED BY EMAIL	3	8	8	4	2	1
THREATENED BY TEXT	4	11	5	3	2	1
INSULTED DUE TO DEMO	3	12	12	2	2	2
PHYSICALLY OR VERBALLY	5	14	6	4	3	2
SEXUAL ORIENTATION	4	12	10	1	4	1

In the fourteen questions that were analyzed, only one yielded a significant finding. The following list of figures depicts the findings of each question when using Fischer's Exact Test.

Table 5. Fisher's Exact Test: Heterosexual versus LGBTIQ

QUESTIONS	P VALUE	EXACT SIG
Recalling a time when you or someone you know were called names, or insulted in a hurtful way, how did this make you feel?	3.939	.600
Recalling a time when you or someone you know had someone spread rumors about you/them or tried to make others dislike you/them, how did this make you feel?	4.594	.473
Recalling a time when someone threatened you or someone you know with harm, how did this make you feel?	12.174	.017
Recalling a time when someone had either pushed, shoved, tripped, or spit on you or someone you know, how did this make you feel?	8.096	.106
Recalling a time when someone had ever tried to make you or someone you know do things you/they did not want to do, for example, give them money or other things, how did this make you feel?	3.603	.667
Recalling a time when someone had ever excluded you or someone you know from activities on purpose, how did this make you feel?	1.687	.852

Recalling a time someone had ever destroyed your or someone you know property on purpose, how did this make you feel?	3.042	.810
Recalling a time when someone had ever posted hurtful information about you or someone you know on the Internet, for example, on a social networking site like MySpace, Facebook, Instagram, Twitter, how did this make you feel?	4.881	.434
Recalling a time when someone had ever purposely shared your or someone you know private information, photos, or videos on the Internet or mobile phones in a hurtful way, how did this make you feel?	1.830	.972
Recalling a time when someone had ever threatened or insulted you or someone you know through email, how did this make you feel?	2.036	.965
Recalling a time when someone had ever threatened or insulted you or someone you know through text messaging, how did this make you feel?	4.230	.547
Recalling a time when someone had ever called you or someone you know an insulting or bad name having to do with your/their race, religion, ethnic background or national origin, disability, gender, or sexual orientation, how did this make you feel?	8.814	.080
Recalling a time when you or someone you know had ever been physically or verbally bullied, how did this make you feel?	1.637	.939

Recalling a time when you or someone you know had ever been physically or verbally bullied because of your/their sexual orientation, how did this make you feel?	3.888	.615
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In this series of questions, question three asked respondents the following question, “Recalling a time when someone threatened your or someone you know with harm, how did this make you feel?” Using Fisher’s Exact Test, the following results were produced, ( $F = 12.174$ ,  $p < .05$ ). Given that (.017) falls within this region, proves a significant relationship exists. The result proved that both LGBTIQ and heterosexual respondents have an equally high tendency of feeling anger over feeling uncomfortable in response to this form of bullying.

Bullicidal Thoughts & Coping Mechanisms (2<sup>nd</sup> series of questions): In the second set of questions examining coping mechanisms, a two sample t-test between percentages was used in order to determine whether or not any significant relationship exists between coping mechanisms and sexual orientation identification. In total, eleven questions were analyzed, and only one significant relationship was found in the second series of questions.

The following two tables represent the distribution of responses in the second series of questions. Respondents were told to indicate whether they responded in the following ways to bullying; disinterested in school, talks of suicide, self-destructive behaviors, sudden loss of friends, unexplainable injuries,

sudden loss of interest in activities, withdrawal from others, physical illness, high rates of school absences, anxiety, and low self-esteem.

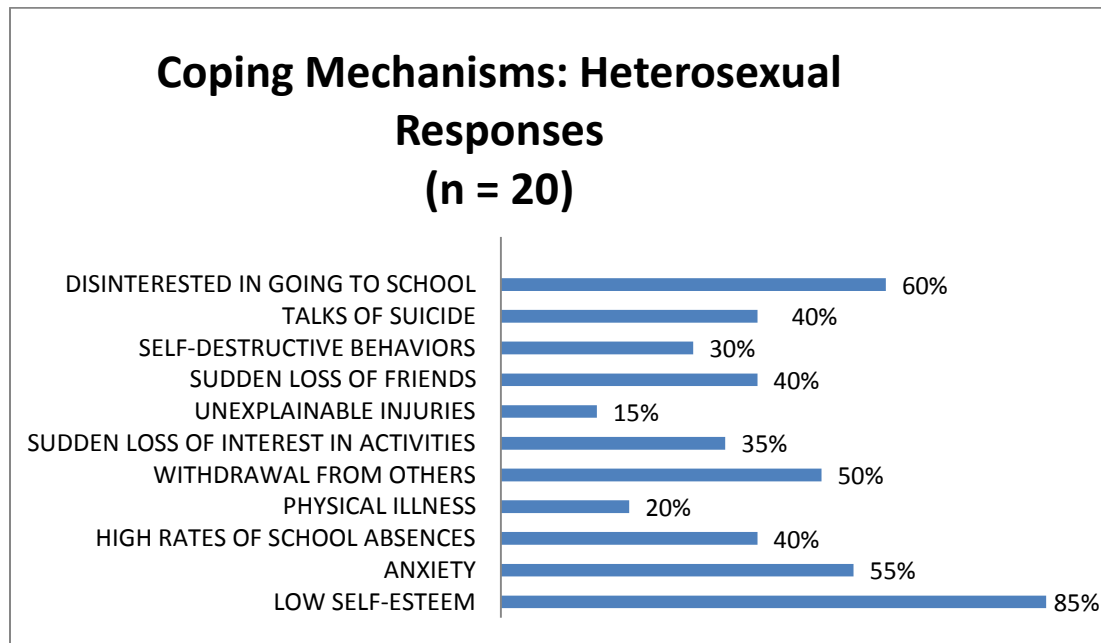


Figure 2. Coping Mechanisms: Heterosexual Responses

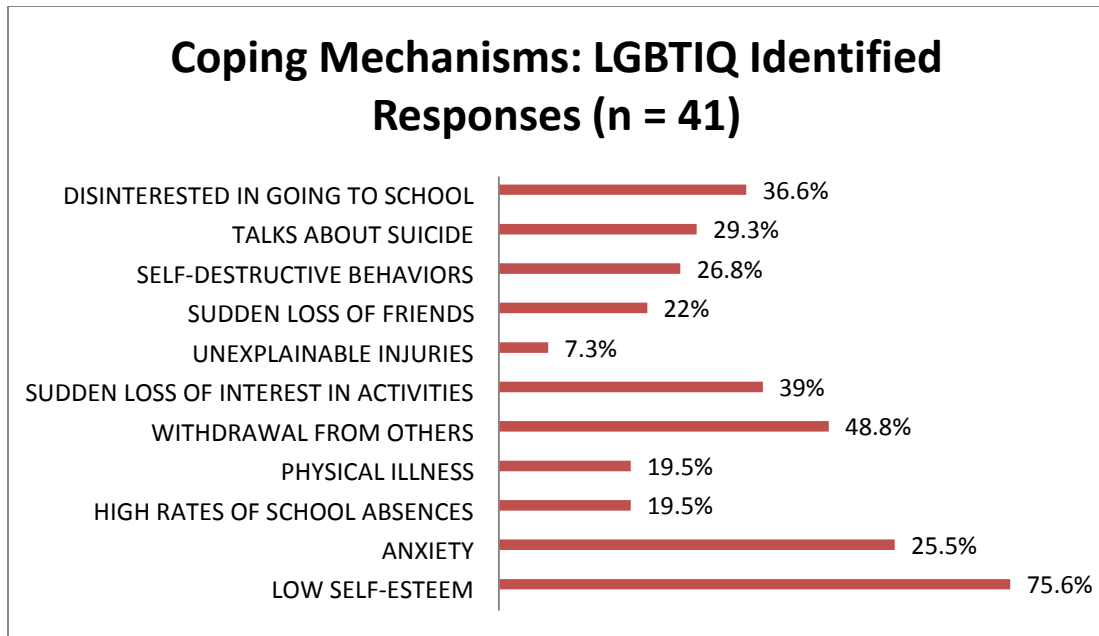


Figure 3. Coping Mechanisms: LGBTIQ Identified Responses.

In the eleven questions that were analyzed, only one yielded a significant finding. The following list of figures depicts the findings of each question when using a two sample t-test between percentages.

Table 6. Two Sample T-test between Percentages: Heterosexual versus LGBTIQ

QUESTION	T-VALUE	P-VALUE
Q1	1.794	.214
Q2	1.202	.352
Q3	1.018	.415
Q4	.899	.463
Q5	.557	.633



Q6	1.941	.191
Q7	21	.002
Q8	.757	.527
Q9	.829	.494
Q10	2.884	.102
Q11	.832	.492

In this series of questions, question seven asked respondents the following question, “Do you recall withdrawing from others due to bullying?” Using a two-sample t-test between percentages, the following results were produced, ( $T=21$ ,  $p < .05$ ). Given (.002) falls within this region, proves that a significant relationship existed between withdrawing from others and sexual orientation identification. Specifically, 50% ( $n = 10$ ) heterosexual adults reported withdrawing from others, while 49% ( $n = 20$ ) LGBTIQ adults also reported withdrawing from others. The finding demonstrates that both sub-groups demonstrate an equally high tendency of responding to bullying with withdrawing from others.

Although many similarities existed between both sub-groups in their responses to what coping mechanisms they used as victims who had experienced bullying, a few disparities also existed. For example, in 3 of the 11 questions, there existed a disparity of more than 10% where respondents in each

group had claimed to use one coping method over another. When asked whether or not respondents became disinterested in going to school due to bullying, at least 23.4% more heterosexual respondents indicated they lost interest in school over their LGBTIQ counterparts. Additionally, at least 10.7% more of the heterosexual respondent sub-group indicated they responded to bullying by talks of suicide versus the LGBTIQ sub-group. Finally, when asked whether respondents had a sudden loss of friends in response to bullying, 18% more respondents belonging to the heterosexual sub-group indicated yes.

Additionally, in four of the eleven categories, the distribution of responses was just close to equal or within a short percentage of one another. For example, the difference in percentage of respondents who indicated that they responded to bullying with physical illness was only .5% between both groups. Additionally, only a difference of 3.5% existed between the number of heterosexual and LGBTIQ respondents, who indicated that they experienced anxiety as result of bullying. Among both groups, the difference in distribution among respondents who indicated that they coped with bullying by withdrawing from others was only 1.2%. Finally, when comparing both groups for the number of respondents who indicated that they responded to bullying with self-destructive behavior or sudden loss of interest in activities; the difference among both group of respondents was minimal at only 3.2% (self-destructive behaviors) and 4% (sudden loss of interest in activities) respectively. Although many of the questions did not yield significant relationships, it is important to not negate the relationships that were found. It is

also important to not overlook the distribution of responses to each question, as they help us gain insight into some of the coping mechanisms people use in response to bullying.

Finally, both heterosexual and LGBTIQ respondents had the opportunity to personally describe a bullying experience and their emotional and coping reactions to them. For example, one heterosexual respondent said, “I was verbally bullied by a small group of students in high school. It was unprovoked yet consistent. It made me embarrassed, ashamed, angry and generally sad. One day it just stopped, I think because we all got older.” Their statement not only demonstrates that bullying isn’t only occurring to those who identify as LGBTIQ, but also suggests potential bullycide indicators. For instance, their emotional response included; embarrassment, anger, shame, and sadness; according to the National Institute for Mental Health, anger and sadness are just a few symptoms that are suggestive of depression.

Alternatively, a few LGBTIQ respondents responded to bullying scenarios in similar ways. For example, one LGBTIQ respondent indicated, “I recall several instances when I was called ‘fag’ or ‘queer’ by people I/we encountered on the street. I felt angry, and several times called back insults to them.” Once again, the respondent indicated an emotional response of anger, which is also a symptom of depressive behavior.

## Overview of the Sample

The focus of this study was to understand whether any relationships existed among LGBTIQ and heterosexual respondents when comparing bullycidal thoughts and coping mechanism. To determine this, it was necessary to acquire a sample representative of both heterosexual and LGBTIQ respondents to make a comparison. In order to measure bullycidal thoughts and coping mechanisms, participants have had to have had experiences with bullying. The following tables depict the bullying reportedly experienced by the participants in this study.

Beginning with the following tables, each table represents the responses of each participant in regards to a series of 13 questions asked about their experiences with bullying. The tables are split by heterosexual and LGBTIQ. Respondents were able to indicate responses such as: Never, A Few Times, Sometimes, Often, and Always. All corresponding survey questions could be found in Appendix A.

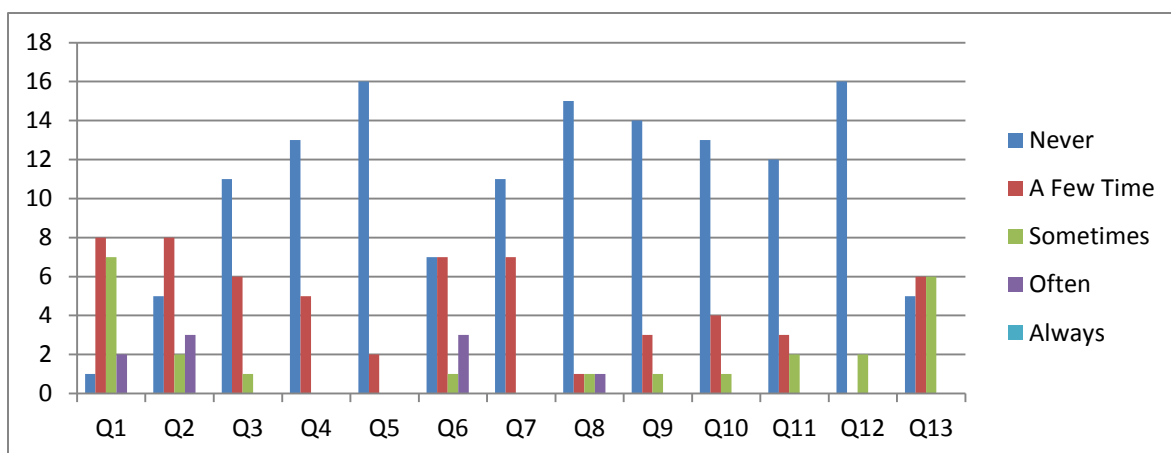


Figure 4. Association between Personal Bullying Experiences and Sexual Orientation Heterosexual Respondents

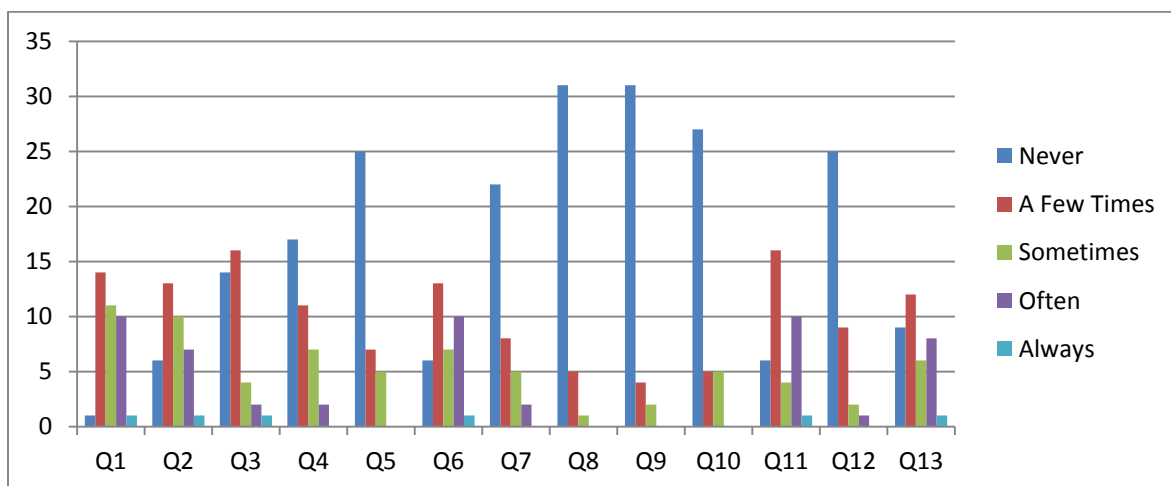


Figure 5. Association between Personal Bullying Experiences and Sexual Orientation LGBTIQ Respondents

The following tables represent the responses of each participant in regards to a series of 11 questions asked about bullying and sexual orientation. The tables are split by heterosexual and LGBTIQ. Respondents were asked to indicate, whether their objective or personal bullying experiences were a result of

sexual orientation identification. Possible answers included, yes or no. All corresponding survey questions could be found in Appendix A.

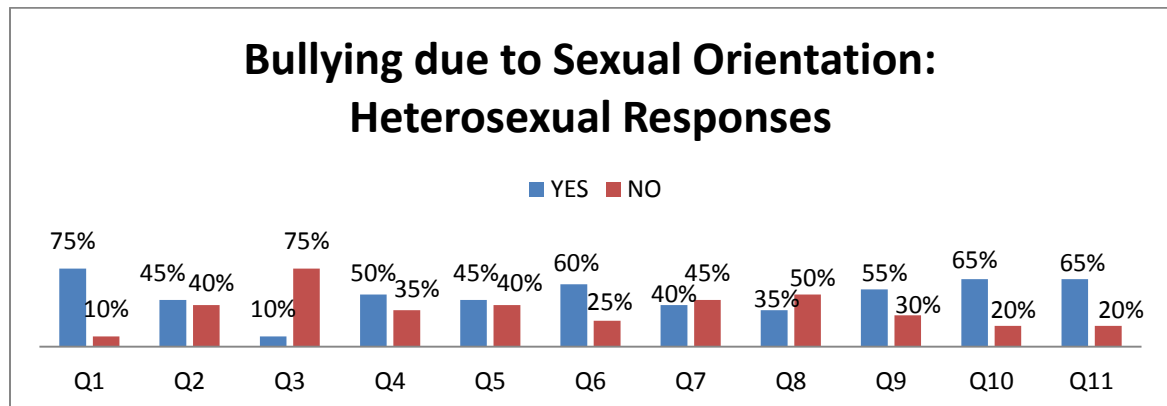


Figure 6. Bullying due to Sexual Orientation: Heterosexual Responses

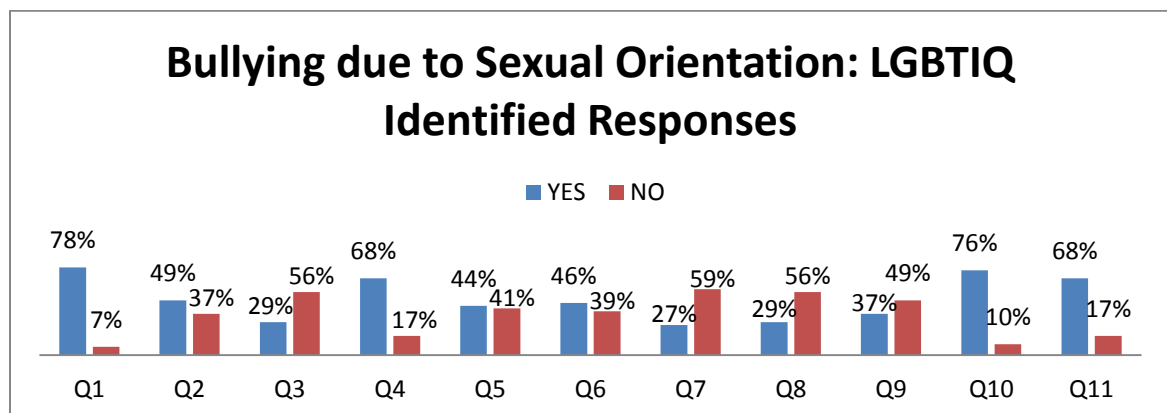


Figure 7. Bullying due to Sexual Orientation: LGBTIQ Identified Responses

For nearly half of all the respondents who identified with a heterosexual orientation, most responses were heavily correlated to the lower side of the Likert scale. This means, the majority of participants who identified as heterosexual

indicated they had never or just only a few times experienced the various forms of bullying. Alternatively, LGBTIQ identified adults responses were more heavily correlated to the upper end of the Likert scale. This demonstrates that the majority of participants who identified as LGBTIQ indicated that they more often and always experienced various forms of bullying. While it is important to understand which demographic experiences higher levels of bullying, it is not the focal purpose of this study.

Finally, when respondents were asked whether or not their experiences both objectively and personally with bullying were due to sexual orientation, the responses varied. For heterosexuals, in six of the eleven questions, over 50% of respondents indicated that the bullying was related to sexual orientation identification. For LGBTIQ respondents, in four of the eleven questions, under 50% of respondents indicated that the bullying was related to sexual orientation identification.

## CHAPTER FIVE

### DISCUSSION

Bullycide is a growing phenomenon affecting several different countries, sub-groups and populations. This study began by exploring this growing phenomenon by exploring the various populations affected by both bullying and suicide. The term bullycide; however, is a relatively new coined term used to describe a suicide as a result of bullying (Reynolds, 2011). This study was designed to better understand this phenomenon. Ultimately the purpose of this study aimed at exploring the differences and similarities between LGBTIQ and heterosexual adults when comparing bullycidal thoughts and coping mechanisms.

First, it is important to explore whether or not LGBTIQ identified adults demonstrated a higher likelihood of bullycide than their heterosexually identified counterparts. According to the 2007 National Crime Victimization Survey (NCVS) supplement on bullying, victims reported being bullied on the basis of race, gender, religion, ethnic background, disability and sexual orientation. Assuming the NCVS accounted for all groups who experience bullying; bullying can be seen across all groups, including those who identify as LGBTIQ, and those who identify as heterosexual. Thus, before it can be established whether or not bullycidal thoughts and coping mechanisms are more prevalent among LGBTIQ



individuals, it must first be established whether or not LGBTIQ individuals experience much higher volumes of reported bullying.

In exploring previous research on bullying, according to Unnever and Cornell (2005), the demographics that report the highest levels of bullying include those who identify with a homosexual or LGBTIQ sexual orientation, girls, and people who have disabilities. In addition, a study conducted by Berlan, et al., (2010) found that the demographic who reported the highest levels of bullying were those who identified with a homosexual or LGBTIQ orientation. In order to substantiate these previous studies, the first section of the survey designed for this study was created to illicit potential feedback that could suggest that bullying does occur more frequently among LGBTIQ individuals.

According to the responses of the first half of the survey, it appears that bullying experiences are more heavily correlated to those who identify as LGBTIQ. This serves as a springboard to understanding whether or not LGBTIQ individuals demonstrate higher tendencies of bullycidal thoughts and coping mechanisms. Additionally, the second component of survey questions asked a series of questions in regards to behavioral responses to bullying that could potentially suggest the risk for bullycide.

The summary of responses indicated a few things. First, the majority of respondents, both heterosexual and LGBTIQ, reported some form of bullycidal thoughts and coping mechanisms. The distribution of responses also suggests that both sub-groups demonstrate many similarities and differences. However,

were these distributions enough to approve or disprove the hypothesis of this current study? Remember, because [bullyingstatistics.org](http://bullyingstatistics.org) (2009), as well as many other studies agreed that LGBTIQ individuals are more likely to get bullied, the hypothesis of this study suggested that LGBTIQ identified adults will demonstrate a higher prevalence of bullycidal thoughts and coping mechanisms. The findings of this study however failed to prove this hypothesis. Additionally, while neither sub-group demonstrated more bullycidal tendencies than the other, it is evident that both groups exemplify cases of bullycide risks. Finally, although no clear concise direct line can be drawn to link bullying to suicide, the evidence in this study can reasonably substantiate that some form of relationship exists between suicides because of bullying, bullycide!

### Policy Implications

While it is important to understand the relationship between bullying and bullycidal thoughts and coping mechanisms, it is also important to examine possible policy implications that may arise from the findings of this study. Whether the policy protects the victim, or prosecutes the bully, it is clear that something must be done to mitigate the risks for victims who could potentially succumb to suicide as a result of bullying.

First, it is important to examine what current laws and protections exist for victims of bullying. According to [stopbullying.gov](http://stopbullying.gov) (2014), a government organization dedicated the dissemination of information regarding bullying,

bullying prevention and education on bullying, laws in regards to protections for bullying vary among states. The following table depicts the variation in state laws.

**Table 7. Laws and Policies**

STATES WHO HAVE ANTI-BULLYING LAWS & IDENTIFY PROTECTED GROUPS	STATES WHO HAVE ANTI-BULLYING LAWS WITH NO PROTECTED GROUPS	STATES WITH NO BULLYING LAWS OR LIMITATIONS
1. California 2. Oregon 3. Washington 4. Maryland 5. New Jersey 6. New Mexico 7. Utah 8. Vermont 9. North Dakota 10. North Carolina 11. Iowa 12. New York 13. Maine 14. Connecticut 15. Rhode Island 16. Arkansas 17. Illinois 18. District of Columbia	1. Delaware 2. Massachusetts 3. New Hampshire 4. Nevada 5. Idaho 6. Arizona 7. Wyoming 8. Colorado 9. Texas 10. Oklahoma 11. Texas 12. Indiana 13. Kansas 14. Nebraska 15. South Dakota 16. Minnesota 17. Missouri 18. Louisiana 19. Hawaii 20. Michigan 21. Wisconsin 22. Mississippi 23. Tennessee 24. Ohio 25. Georgia 26. South Carolina 27. West Virginia 28. Virginia 29. Pennsylvania	1. Montana: does not have any form of anti-bullying protection laws.  2. Alabama: no legal protections against bullying. Does have legal protections against harassment; however, protection is only included for: race, sex, religion, national origin and disability.  3. Kentucky: does not have anti-bullying protection laws.  4. Florida: anti-bullying laws in place. Protections are only extended to: sex, religion, and race.

Currently in the United States, 17 states including the District of Columbia have anti-bullying laws that specifically identify protected groups, including those

who identify as LGBTIQ identified individuals. According to stopbullying.gov (2014), 29 states have anti-bullying laws with no protections for specific groups. This essentially indicates that the majority, 46 (92%) of all U.S states, have laws that protect victims of bullying. The variation of protection does however vary from state to state.

While the majority of states do offer specific legal protections for victims of bullying, a few states have little or no protection. For instance, according to stopbullying.gov (2014), the state of Montana currently has no legislation or laws that protect victims of bullying, harassment or intimidation. Additionally, the state of Alabama has no legal protections for bullying; however, the state does have protections against victims of harassment. The harassment laws in Alabama however, only protect individuals based on; race, sex, religion, national origin, or disability. Those same laws do not extend to individuals who are harassed based on LGBTIQ status. Another state with limited bullying laws is the state of Florida. Florida has specific laws that protect victims of bullying; however, those laws are only extended to people based on sex, religion and race. Finally, the state of Kentucky, like the state of Montana, also has no laws that protect victims of bullying.

While the states of Montana, Alabama, Florida and Kentucky make up only 8% of the states in the U.S., they demonstrate the need for consistent laws among all U.S. states to legally protect all groups or possible victims of bullying.

Stopybullying.org (2014) indicates there are currently no federal laws that specifically protect groups from bullying.

On a local level, bullying policies also vary. It is important to examine local policies, because, as many scholars have found, bullying occurs from pre-school through high school, and sometimes even in college (Kirves & Sajaniemi, 2012; Schneider, et al., 2008). Examining six educational institutions in Southern California, including: Palm Springs Unified School District, Orange County Unified School District, and Los Angeles Unified School District; California State University, Long Beach, California State University, San Bernardino, and the University of California, Irvine, it is evident that policies vary. These institutions were chosen due to the likelihood of a participant's possible exposure to education at each.

Table 8. Local School Policies

INSTITUTION	POLICY
California State University, Long Beach	Currently has bullying clause in campus regulations
California State University, San Bernardino	Currently does not have bullying policy in campus regulations
Los Angeles Unified School District (900 Schools)	Currently has bullying clause in campus regulations
Orange County Unified School District (38 Schools)	Currently has bullying clause in campus regulations
Palm Springs Unified School District (31 Schools)	Currently does not have bullying policy in district regulations
University of California, Irvine	Currently does not have bullying policy in campus regulations; however, does have harassment policy

The inconsistent policies regarding bullying victims demonstrate the need for consistent policies and protections of such victims. This is evident when examining policies both locally and nationally, as some states/schools have policies and protections and others do not. The current study can serve as a first blue print to compare where policies are needed and where the change needs to begin for consistent protections.

While it is clear and evident that legislation policies to protect victims of bullying varies and is somewhat lacking, this study can serve as spring board into further research into the topic. Possible research studies could include: to duplicate this study with middle school and high school aged students and to investigate school and intervention programs available to individuals primarily affected by bullying. The first study is imperative due to the likelihood of bullying in middle school and high school. According to [bullyingstatistics.org](http://bullyingstatistics.org) (2009), at least one in four kids in the U.S. is bullied, and most of the bullying occurs between 6<sup>th</sup> and 10<sup>th</sup> grade. The second study is necessary due to the lack in preparedness and lack of existing response programs available to deal with bullying as a specific issue. In either case, further research will not only solidify a basic understanding of the problem, but help gain a more thorough understanding of potential solutions as well.

Now that we have examined, the results, the policies, and recommendations for future research, it is important to understand what limitations this study may have faced. According to Babbie (2011), the

standardization of questions in survey research does not allow for researchers to account for the totality of circumstances. To minimize the impacts of the standardization of survey questions, open-ended questions were used to account for this. A second limitation to this survey search is the lack of survey responses. According to McPeake, et al. (2014), researching using electronic surveys are yielding lower response rates than traditional surveys methods. To minimize this limitation, solicitations were individualized to entice a larger audience.

Finally, the implications of this study are three-fold. First, bullycide is a phenomenon that affects groups across ages and cultures. Second, no significant differences existed between LGBTIQ and heterosexual in terms of bullycidal thoughts and coping mechanisms. Lastly, policies and protections for bullying vary both nationally and locally, illustrating the need for consistent policies both legislatively and in the education system.

## Conclusion

While many studies and organizations agree, including stopbullying.gov (2014), that LGBTIQ individuals face a higher risk of bullying, this study aimed at understanding something deeper. Specifically, this study sought to determine whether individuals who identify as LGBTIQ demonstrate a higher likelihood for bullycidal thoughts and coping mechanisms than heterosexually identified individuals. A survey was administered to illicit feedback in regards to emotional and characteristic responses to bullying. The study ultimately found that both

LGBTIQ and heterosexually identified adults equally displayed some variation of bullyidal thoughts and coping mechanisms.

In all responses, including, reaction behaviors, emotional responses, and open feedback, respondents among both sub-groups displayed signs indicative of someone who has committed suicide. Respondents exemplified responses of: anxiety, anger, sadness, frustration, disinterest in activities, and low self-esteem, among others, in response to bullying. These cross the board findings allow us to gain some insight into the underlying phenomenon of bullycide. The findings essentially tell us, the risk for bullycide is not weighted on sexual orientation, but on anyone who has or will experience bullying.

The question at this point is, at which point does the phenomenon of bullycide become imperative enough to garnish interest for people to react and care. With the rise of the bullycide phenomenon and given that victims of bullying are almost 9 times more likely to commit or attempt suicide (2009), the time for cross the board legislation and protection begins now. This study was designed and developed to shine light on the bullycide phenomenon, in hopes that another bullied victim does not succumb to this tragic result.



APPENDIX A

CORRESPONDING TABLE AND SURVEY QUESTIONS

Survey Questions: Bullying Developed by: Isai Valdez (2014)	Table	Q's
Made fun of you, called you names or insulted you, in a hurtful way	4 & 5	Q 1
Spread rumors about you or tried to make others dislike you	4 & 5	Q 2
Threatened you with physical harm	4 & 5	Q 3
Pushed you, shoved you, tripped you or spit on you	4 & 5	Q 4
Tried to make you do things you did not want to do, for example, give them money or other things	4 & 5	Q 5
Excluded you from activities on purpose	4 & 5	Q 6
Destroyed your property on purpose	4 & 5	Q 7
Posted hurtful information about you on the Internet, for example, on social networking sites like Myspace, Facebook, Instagram, Twitter	4 & 5	Q 8
Purposely shared your private information, photos or videos on the Internet or mobile phones in a hurtful way	4 & 5	Q 9
Threatened or insulted you through email or text messaging	4 & 5	Q 10
Called you an insulting or bad name having to do with your race, religion, ethnic background or national origin, disability, gender, or sexual orientation	4 & 5	Q 11
Engaged in a physical fight because of your race, religion, ethnic background or national origin, disability, gender, or sexual orientation	4 & 5	Q 12
Physically or verbally bullied	4 & 5	Q 13
Do you know anyone who has ever been made fun of, been called names, or been insulted in a hurtful way because of their sexual orientation?	6 & 7	Q 1
Do you know anyone who has ever been pushed, shoved, tripped or spit on because of their sexual orientation?	6 & 7	Q 2
Do you know anyone who has ever been forced to do something, for example, give someone else money or do things for someone else because of their sexual orientation?	6 & 7	Q 3
Do you know anyone who has ever been excluded from activities on purpose by someone else because of their sexual orientation?	6 & 7	Q 4
Do you know anyone who has ever had their property destroyed by another person on purpose because of their sexual orientation?	6 & 7	Q 5
Do you know anyone who has ever had someone post hurtful information about them on the Internet, for example, on a social networking site like MySpace, Facebook, Instagram, Twitter because of their sexual orientation?	6 & 7	Q 6
Do you know anyone who has ever had someone else share their private information, photos, or videos on the Internet or mobile phones in a hurtful way because of their sexual orientation?	6 & 7	Q 7
Do you know anyone who has ever been insulted through email because of their sexual orientation?	6 & 7	Q 8
Do you know anyone who has ever been insulted through text messaging because of their sexual orientation?	6 & 7	Q 9
Do you know anyone who has ever been called an insulting or bad name because of their sexual orientation?	6 & 7	Q 10
Do you know anyone who has ever been physically or verbally bullied because of their sexual orientation?	6 & 7	Q 11

APPENDIX B  
INSTITUTIONAL REVIEW BOARD APPROVAL



Academic Affairs  
Office of Academic Research • Institutional Review Board

July 08, 2014

Mr. Isai Valdez  
c/o: Prof. Deborah Parsons  
Department of Criminal Justice  
California State University, San Bernardino  
5500 University Parkway  
San Bernardino, California 92407

**CSUSB  
INSTITUTIONAL  
REVIEW BOARD**  
Expedited Review  
IRB# 13084  
Status  
**APPROVED**

Dear Mr. Valdez:

Your application to use human subjects, titled "Suicide because of Bullying, Do College Students Who are Perceived or Identify with the LGBTQ Community Face a Higher Risk" has been reviewed and approved by the Institutional Review Board (IRB). The attached informed consent document has been stamped and signed by the IRB chairperson. All subsequent copies used must be this officially approved version. A change in your informed consent (no matter how minor the change) requires resubmission of your protocol as amended. **Your application is approved for one year from July 08, 2014 through July 07, 2015. One month prior to the approval end date you need to file for a renewal if you have not completed your research. See additional requirements (Items 1 – 4) of your approval below.**

Your responsibilities as the researcher/investigator reporting to the IRB Committee include the following 4 requirements as mandated by the Code of Federal Regulations 45 CFR 46 listed below. Please note that the protocol change form and renewal form are located on the IRB website under the forms menu. Failure to notify the IRB of the above may result in disciplinary action. You are required to keep copies of the informed consent forms and data for at least three years. Please notify the IRB Research Compliance Officer for any of the following:

- 1) **Submit a protocol change form if any changes (no matter how minor) are proposed in your research protocol for review and approval of the IRB before implemented in your research,**
- 2) **If any unanticipated/adverse events are experienced by subjects during your research,**
- 3) **To apply for renewal and continuing review of your protocol one month prior to the protocol end date,**
- 4) **When your project has ended by emailing the IRB Research Compliance Officer.**

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the IRB Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at [mgillesp@csusb.edu](mailto:mgillesp@csusb.edu). Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

*Judy Sylva*

Judy Sylva, Ph.D., Chair  
Institutional Review Board

JS/mg

cc: Prof. Deborah Parsons, Department of Criminal Justice

909.537.7588 • fax: 909.537.7028 • <http://irb.csusb.edu/>  
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

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College of Social and Behavioral Sciences  
Department of Criminal Justice

### INFORMED CONSENT Survey Respondent

The study in which you are being asked to participate pertains to bullying and the potential effects of bullying. Questions will be asked in regards to your personal experiences with bullying and bullying situations you may have observed growing up. This study is being conducted by Isai Valdez, under the supervision of Deborah Parsons, Ph.D., Professor of Criminal Justice, California State University, San Bernardino. This study has been approved by the Institutional Review Board, California State University, San Bernardino.

**PURPOSE:** The purpose of this study is to examine potential signs of bullying. Bullying is the act of suicide because of bullying. The survey in this study will be used in order to collect information regarding coping mechanisms of bullying and victim responses to bullying; both through observation and possibly through personal experience. The findings and subsequent analysis will aim at understanding an individual's response to bullying and the potential indicators for bullying.

**DESCRIPTION:** The primary data used in this study will be the responses of the subsequent survey. After the survey has been administered, all responses will be coded for uniformity. Analysis will be conducted using statistical analysis software. The outcome of the statistical analysis will be used to discuss any potential trends among the data. Additionally, the findings of the statistical analysis will be used and evaluated in the context of previous research on the subject matter; answering whether or not the findings produced a new and relevant findings.

**PARTICIPATION:** You agreeing to participate in this survey is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

**ANONYMITY:** This research project and the data collected therein is completely anonymous, at no point will you be asked any questions that may help identify you, including, but not limited to: name, address, phone number, social security number, nicknames, etc.

**DURATION:** The expected duration of the survey is approximately 20 to 25 minutes. Any responses to the supplemental question should take no more than 5 to 10 minutes to respond.

**RISKS:** Possible risks that may arise as a result of taking this survey include but are not limited to: re-experiencing the trauma from memories, nightmares or flashbacks, attributed to bullying; being unable to handle intense feelings or physical sensations; experiencing strong distressing emotions; having disturbed sleep; and numbing emotional responsiveness as a result of recalling traumatic bullying events. The following is a list of contacts of psychological services that may be able to assist you.

\*The Student Health and Psychological Counseling Center  
909-537-5040

\*The Community Crisis Response Team for psychiatric emergency (West Valley Region)  
909-458-9628  
24 hours a day 7/365 days a year

909.537.5506

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles  
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO  
INSTITUTIONAL REVIEW BOARD COMMITTEE

APPROVED 07/08/14 VOID AFTER 07/07/15  
IRB# 13084 CHAIR Judy Silva

\*The Community Crisis Response Team for psychiatric emergency (East Valley Region)  
909-421-9233  
24 hours a day 7/365 days a year

\*The Community Crisis Response Team for psychiatric emergency (High Desert Region)  
760-956-2345  
24 hours a day 7/365 days a year

\*The Crisis Walk-In Clinic (CWIC) Rialto  
909-421-9495  
850 E. Foothill Blvd.  
Rialto, CA 92376  
Monday thru Friday 8am to 10pm  
Saturdays 8am to 5pm  
Holidays 8am to 5pm

\*The Crisis Walk-In Clinic (CWIC) High Desert  
760-245-8883  
16460 Victor St.  
Victorville, CA 92395  
24 hours a day/ 365 days a year

\*Morongo Basin Mental Health Services  
760-365-6558  
55475 Santa Fe Trail  
Yucca Valley, CA 92284  
24 Hours a day/ 365 days a year

**BENEFITS:** Your involvement in this research project may have various implications, which may lead to policies, procedures, or legislation that directly impacts the victims of bullying.

**CONTACT:** In case of any pertinent questions that may arise about the research and your rights as a subject in this research project, please contact:  
Deborah Parsons, Ph.D.  
Theses Chair/Assistant Dean  
909-537-7500  
parsons@csusb.edu

**RESULTS:** An electronic version of the results of this study will be available through electronic form in the Pfau Library Catalog of Master's Theses  
909-537-5103  
California State University, San Bernardino, Pfau Library  
5500 University Parkway  
San Bernardino, CA 92407

**CONFIRMATION STATEMENT:**

I understand that by clicking yes, I have read and understand the information above, and certify that I am 18 years of age or older, and that I agree to participate in this study.

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO  
INSTITUTIONAL REVIEW BOARD COMMITTEE  
APPROVED 07/08/14 VOID AFTER 07/07/15  
IRB# 13084 CHAIR Judy Silva



## REFERENCES

- Adams, F. D., & Lawrence, G. J. (2011). Bullying Victims: The effects last into college. *American Secondary Education*, 40(1), 4-13.
- Anand, B. , Di Tella, R. , & Galetovic, A. (2007). Information or opinion? Media bias as product differentiation. *Journal of Economics & Management Strategy*, 16(3), 635-682.
- Babbie, E. (2011). *The Basics of Social Research* (Ed. 5). Belmont, CA: Wadsworth.
- Berg, B. L. (2007). *Qualitative research methods for social sciences*. New York: Pearson.
- Berlan, E. , Corliss, H. , Field, A. , Goodman, E. , & Bryn Austin, S. (2010). Sexual orientation and bullying among adolescents in the growing up today study. *Journal of Adolescent Health*, 46(4), 366.
- Bhui, K. , Dinos, S. , & McKenzie, K. (2012). Ethnicity and its influence on suicide rates and risk. *Ethnicity & Health*, 17(1/2), 141-148.
- Bullycide (2009). Retrieved 2012:<http://www.bullyingstatistics.org/content/bullycide.html>
- CAL PENAL Code § 261-269 – California Age of Consent
- Capron, D. , Fitch, K. , Medley, A. , Blagg, C. , Mallott, M. , et al. (2012). Role of anxiety sensitivity subfactors in suicidal ideation and suicide attempt history. *Depression & Anxiety* (1091-4269), 29(3), 195-201.

- Deschrijver, S. (2011). From sin to insanity? Suicide trials in the Spanish Netherlands, sixteenth and seventeenth centuries. *Sixteenth Century Journal*, 42(4), 981-992.
- Dyer, Sarah (2010). 'Bullying' link to child suicide rate, charity suggests. BBC News. Retrieved 2012: <http://www.bbc.co.uk/news/10302550>
- Elledge, L. , Cavell, T. , Ogle, N. , Malcolm, K. , Newgent, R. , et al. (2010). History of peer victimization and children's response to school bullying. *School Psychology Quarterly*, 25(2), 129-141
- Fedewa, A. L., & Ahn, S. (2011). The effects of bullying and peer victimization on sexual-minority and heterosexual youths: A quantitative meta-analysis of the literature. *Journal of GLBT Family Studies*, 7(4), 398-418.
- Fisekovic, S. , & Celik, D. (2012). Socio-demographic and clinical characteristics of persons who had committed a suicide attempt. *HealthMed*, 6(5), 1865-1869.
- Frisén, A. , Jonsson, A. , & Persson, C. (2007). Adolescents' perception of bullying: Who is the victim? Who is the bully? What can be done to stop bullying?. *Adolescence*, 42(168), 749.
- Garand, L. , Mitchell, A. , Dietrick, A. , Hijjawi, S. , & Pan, D. (2006). Suicide in older adults: Nursing assessment of suicide risk. *Issues in Mental Health Nursing*, 27(4), 355-370.



Gay, Lesbian and Straight Education Network (2005). From Teasing to Torment: School Climate in America - A National Report on School Bullying.

Retrieved 2012. <http://www.glsen.org/cgi-bin/iowa/all/news/record/1859.html>

Gibb, B. , Andover, M. , & Miller, I. (2009). Depressive characteristics of adult psychiatric in patients with a history of multiple versus one or no suicide attempts. *Depression & Anxiety* (1091-4269), 26(6), 568-574.

Green, E. (2004). LGBTQI Terminology. Retrieved January 1, 2015.

Hightow-Weidman, L. , Phillips, G. , Jones, K. , Outlaw, A. , Fields, S. , et al. (2011). Racial and sexual identity-related maltreatment among minority ymsm: Prevalence, perceptions, and the association with emotional distress. *AIDS Patient Care and STDs*, 25(Sup1), S39-S45.

Kim, Y., & Leventhal, B. (2008). Bullying and suicide: A review. *International Journal of Adolescent Medicine and Health*, 20(2), 133–154.

Kim, Y. S., & Leventhal, B. (2013). Bullying and suicide. In J. C. Srabstein, J. Merrick (Eds.) , *Bullying: A public health concern* (pp. 171-191). Hauppauge, NY, US: Nova Science Publishers.

Kirves, L., & Sajaniemi, N. (2012). Bullying in early educational settings. *Early Child Development & Care*, 182(3/4), 383-400.

Klomek, A. , Sourander, A. , & Gould, M. (2010). The association of suicide and bullying in childhood to young adulthood: A review of cross-sectional and longitudinal research findings. *Canadian Journal of Psychiatry*, 55(5), 282.

- Maunder, R. E., Harrop, A., & Tattersall, A. J. (2010). Pupil and staff perceptions of bullying in secondary schools: comparing behavioural definitions and their perceived seriousness. *Educational Research*, 52(3), 263-282.
- McDonal, J.H. (2009). *Handbook of Biological Statistics* (2<sup>nd</sup> ed.). Baltimore Maryland: Sparky House Publishing.
- McPeake, J., Bateson, M., & O'Neill, A. (2014). Electronic surveys: How to maximize success. *Nurse Researcher*, 21(3), 24-26.
- Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools (2011). Center of Disease Control. Retrieved 2012:  
[http://www.cdc.gov/ViolencePrevention/pub/measuring\\_bullying.html](http://www.cdc.gov/ViolencePrevention/pub/measuring_bullying.html)
- Monks, C. P., & Smith, P. K. (2006). Definitions of bullying: Age differences in understanding of the term, and the role of experience. *British Journal of Developmental Psychology*, 24(4), 801-821.
- Monks, C. (Ed.), Coyne, I. , Rivers, I. , Chesney, T. , & Coyne, I. (2011). Cyberbullying. *Bullying in Different Contexts*. 211-230.
- National Crime Victimization Survey: School Supplement 2007 (2007).  
Department of Justice & Bureau of Justice Statistics
- Naylor, P. , Cowie, H. , Cossin, F. , de Bettencourt, R. , & Lemme, F. (2006). Teachers' and pupils' definitions of bullying. *British Journal of Educational Psychology*, 76(3), 553-576.

Patchin, J. , & Hinduja, S. (2010). Cyberbullying and self-esteem. *Journal of School Health*, 80(12), 614.

PFLAG of Cape Cod. (n.d.). Retrieved November 17, 2014, from  
<http://www.pflagcapecod.org/PAGES/Defs-pflag.html>

Phillips, J. , Robin, A. , Nugent, C. , & Idler, E. (2010). Understanding recent changes in suicide rates among the middle-aged: Period or cohort effects?. *Public Health Reports*, 125(5), 680-688.

Policies and Laws (2014). Retrieved 2014:  
<http://www.stopbullying.gov/laws/index.html>

Reynolds, D. (2011). Preventing bullycides: The school nurse's role in breaking the link between victimization of sexual minority youth and suicide. *NASN School Nurse*, 26(1), 30.

Rockett, I. , Regier, M. , Kapusta, N. , Coben, J. , Miller, T. , et al. (2012). Leading causes of unintentional and intentional injury mortality: United states, 2000-2009. *American Journal of Public Health*, 102(11), e84.

Russel, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, Gay, Bisexual, and Transgender Adolescent School Victimization: Implications for young adult health and adjustment. *Journal of School Health*, 81(5), 223-230.

Schneider, S., O'Donnell, L., Stueve, A., & Coulter, R. S. (2012). Cyberbullying, School Bullying, and Psychological Distress: A regional census of high school students. *American Journal of Public Health*, 102(1), 171-177.

- Sell, R. L. (1997). Defining and measuring sexual orientation: A review. *Archives of Sexual Behavior*, 26(6), 643-658.
- Snyder & Sickmund (2006). Juvenile Offenders and Victims: 2006 National Report. US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, Washington: DC
- Unnever, J. , & Cornell, D. (2004). Middle school victims of bullying: Who reports being bullied?. *Aggressive Behavior*, 30(5), 373.
- Valdez, I. (2014). *Bullying* [Data file]. Retrieved September 9, 2014, from <http://www.surveymonkey.com/home>
- Verona, E. , Sprague, J. , & Javdani, S. (2012). Gender and factor-level interactions in psychopathy: Implications for self-directed violence risk and borderline personality disorder symptoms. *Personality Disorders: Theory, Research, and Treatment*, 3(3), 247-262.
- Walker, C. , Sockman, B. , & Koehn, S. (2011). An exploratory study of cyberbullying with undergraduate university students. *TechTrends: Linking Research & Practice to Improve Learning*, 55(2), 31.
- Ybarra ML, Mitchell KJ, Wolak J, Finkelhor D. (2006). Examining characteristics and associated distress related to Internet harassment: Findings from the second Youth Internet Safety Survey. *Pediatrics*, (4) p.1169-1177.
- Young, J. , Ne'eman, A. , Gelser, S. , & Disability, N. (2012). Bullying and Students with Disabilities: A briefing paper from the National Council on Disability. n.p.

Young Shin, K & Leventhal, B. (2008). The link between bullying and suicide.

*International Journal of Adolescent Medicine and Health*, 20 (2).

Zinner, S., Conelea, C., Glew, G., Woods, D., & Budman, C. (2012). Peer

Victimization in youth with Tourette Syndrome and other Chronic Tic

Disorders. *Child Psychiatry & Human Development*, 43(1), 124-136.