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## Relations among gender typicality, anxiety, depression and homophobic and peer victimization

Caicina Jones

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ABSTRACT

RELATIONS AMONG GENDER TYPICALITY, ANXIETY,  
DEPRESSION, HOMOPHOBIC VICTIMIZATION,  
AND PEER VICTIMIZATION

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Deviation from established gender roles may contribute to the experiences of peer victimization by LGBTQ and heterosexual students. However this assertion has only primarily been explored among adult LGBTQ individuals. Gender nonconforming behavior may contribute to perceptions of LGBTQ status and peer victimization as a result of those perceptions. Prior research indicates that there associations among low gender typicality, peer victimization due to bullying, and negative psychosocial outcomes. It is important to further study these associations among youth populations. The current study examined the relations among Gender Typicality, internalizing distress (Anxiety and Depression), and Victimization (homophobic and general peer). The sample consisted of 234 middle school students age 10-14. It was expected that Gender Typicality would significantly predict internalized distress and

victimization. Results partially supported predictions. There was evidence for the mediational role of Peer Victimization in the association between Gender Typicality and Depression for girls but not boys. The association between Gender Typicality and Anxiety was mediated by Peer Victimization for both boys and girls. Evidence for the mediational role of Homophobic Victimization was not found for either gender. Results were likely impacted by a number of factors such as measurement validity, social desirability, and sample characteristics. Despite limitations, it is clear that further study of Gender Typicality and Peer/Homophobic Victimization is warranted.

NORTHERN ILLINOIS UNIVERSITY

DE KALB, ILLINIOS

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RELATIONS AMONG GENDER TYPICALITY,  
ANXIETY, DEPRESSION AND HOMOPHOBIC  
AND PEER VICTIMIZATION

BY

CAICINA JONES

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A THESIS SUBMITTED TO THE GRADUATE SCHOOL IN PARTIAL  
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FOR THE DEGREE  
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Thesis Director:

Michelle K. Demaray

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## CHAPTER 1

### INTRODUCTION

Although the type of victimization may vary, there are generally high rates of peer victimization due to bullying among school-aged populations. Rates of peer victimization range from 8% to 20% among American school-aged children (Batsche & Knoff, 1994; Nansel, Overpeck, Pilla, Ruan, Simons-Morton, & Scheidt, 2001). Research on bullying has covered cyber bullying, direct bullying, and indirect bullying. The high rates of victimization mean that students are at an increased risk for experiencing various negative psychological, behavioral, and academic outcomes (Espelage & Holt, 2001; Kaltiala-Heino, Rimpelae, & Rantanen, 2000; Nansel et al., 2001; Rigby, 2003). The current study is specifically concerned with the association between victimization and internalizing problems. Associations have been found between victimization and depression (Callaghan & Joseph, 1995; Espelage & Holt, 2001; Swearer, Song, Cary, Eagle, & Mickelson, 2001) as well as victimization and anxiety (Gladstone, Parker, & Malhi, 2006; Humphrey, Storch, & Geffken, 2007; La Greca & Harrison, 2005; Storch, Zelman, Sweeney, Danner, & Dove, 2002). Therefore, anxiety and depression are of particular interest.

Although victimization due to bullying is a problem for all youth, researchers have found it helpful to examine the experiences of victimization for specific groups/populations of students. One group that has been studied extensively is youth who identify as lesbian, gay, bisexual,

transgendered, or questioning (LGBTQ). Prior research indicates that approximately five to six percent of youth identify as LGBTQ (Swearer, Turner, Givens, & Pollack, 2008) and rates of peer victimization for these youth range from 58% to 83% (Pilkington & D'Augelli, 1995; Rivers, 2001). A lot of the bullying victimization experienced by LGBTQ youth has anti-homosexual overtones (Poteat & Espelage, 2005). Despite the high rates of victimization among LGBTQ students, homophobia and bullying remains a scarcely explored area of research.

The literature on homophobia and bullying may be in need of further development; however current findings have raised questions in of further study. Homophobia is defined in the literature as negative attitudes, beliefs, and behaviors toward nonheterosexual individuals and behavior (Herek, 1988; Wright, Adams, & Bernat, 1999; Poteat, 2008). Homophobic behaviors include verbal, physical, and relational aggressions that contain homophobic themes or references.

It has been proposed that LGBTQ students experience homophobic bullying partially due to a social stigma associated with homosexuality and deviation from established gender roles. Students who identify as LGBTQ are not the only ones who may deviate from established gender roles. If deviation from gender roles contributes to the experiences of peer victimization by LGBTQ students, it is reasonable to suspect that deviation from gender roles could have a similar effect for non-LGBTQ students. The current study aimed to specifically examine the latter conclusion by looking at whether there is an association between gender typicality and victimization among adolescents regardless of sexual orientation.

Evidence shows that LGBTQ youth experience negative psychosocial outcomes as a result of bullying due to perceived or actual sexual orientation (D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Elliot & Kilpatrick, 1994). The fact that negative outcomes can result from perceived orientation is important. Gender nonconforming behavior (deviations from established gender roles) may contribute to perceptions of LGBTQ status and peer victimization as a result of those perceptions. A more recent study provides evidence of negative psychological outcomes for heterosexual youth (Swearer et al., 2008). Studies conducted exclusively with adolescent populations demonstrate a link between being a victim of bullying and harassment based on one's perceived sexual orientation and/or nonconforming sexual orientation and negative mental health outcomes (Bontempo & D'Augelli, 2002; D'Augelli, Grossman & Starks, 2006; Epstein & Spirito, 2009; Poteat, Aragon, Espelage, & Koenig, 2009; Poteat & Espelage, 2007; Swearer et al., 2008; Williams, Connolly, Pepler, & Craig, 2005). These studies of adolescents and the studies conducted with adult populations (Bailey & Zucker, 1995; D'Augelli et al., 2006; Sandfort, Melendez, & Diaz, 2004; Skidmore, Linsenmeier, & Bailey, 2006) suggest the need to examine gender typicality (conforming to established gender roles) in youth populations. The research indicates associations among low gender typicality, peer victimization due to bullying, and negative psychosocial outcomes.

Thus far much of the work regarding gender typicality has been conducted retrospectively with adult LGBT populations. For example, among a sample of gay men, Landolt, Bartholomew, Saffrey, Oram, and Perlman (2004) found a positive association between gender typicality and recollection of peer rejection ( $r = .37$ ). The researchers also found that gender typicality significantly predicted anxiety and that the association was mediated by peer

rejection. Limited research has been done on the link between the experience of gender roles and the experience of peer victimization due to bullying among adolescents.

The current study adds to the literature by replicating previous findings regarding the associations among gender typicality, victimization (both general peer victimization due to bullying and homophobic victimization), and internalized distress (anxiety and depression). This also adds to the paucity of studies that examine these associations among early adolescent populations. The present study is one of the first to examine the mediational roles of homophobic victimization and peer victimization in the association between gender typicality and anxiety as well as gender typicality and depression. The following sections offer a brief overview of peer victimization and a review of the relevant research findings regarding victimization of LGBTQ youth, gender typicality, and homophobic victimization.

## CHAPTER 2

### REVIEW OF LITERATURE

#### Peer Victimization

##### Defining Peer Victimization

Peer victimization due to bullying is when a student is repeatedly exposed over time to negative or aggressive acts (Jimerson, Swearer, & Espelage 2010). According to Olweus (1993) victimization due to bullying also involves an imbalance of power between the bully and the victim. Peer victimization from bullying will be defined here as repeated intentional negative or aggressive acts over time in relationships where there is also an imbalance of power.

Different types of victims have been identified in the literature (Hawker & Boulton, 2001). Passive and provocative victims were identified by Olweus (1978). Passive victims are those that cannot defend themselves and are characterized by insecurity, neuroticism, and anxiety. Provocative victims on the other hand, intentionally aggravate or provoke their attackers and are categorized irritability and restlessness (Perry, Kusel, & Perry, 1988). Most victims fall into the category of passive (Olweus, 1978).

Bullying, victimization, and aggression have been further categorized into subtypes. Direct (Olweus, 1993), indirect (Bjorkqvist, 1994; Olweus, 1993), overt (Crick, 1995), covert (Crick, 1995; Crick, Werner et al., 1999), physical (Perry, Kusel, & Perry, 1988), relational (Crick, 1995), and proactive and reactive (Dodge, Price, Coie, & Christopoulos, 1990) are all

adjectives that have been used in the literature to define the subtypes. Unfortunately, since there is considerable overlap in the definitions used to identify the subtypes, they cannot be considered mutually exclusive (Hawker & Boulton, 2000). This overlap makes studying the subtypes of victimization a challenge. In a meta-analytic study of victimization and adjustment Hawker and Boulton (2000) identified five categories of victimization most commonly studied by researchers: indirect, relational, physical, verbal, and generic. Victims of verbal aggression are teased verbally. Victims of relational or indirect aggression can also experience verbal teasing, but these subtypes typically include exclusion attacks on a victim's status. Victims of physical aggression are kicked, hit, punched or are in some way physically attacked. Finally, generic aggression refers to victims of aggression that is nonspecific (Hawker & Boulton, 2000).

### Prevalence

Regardless of the type of victimization, the research indicates high prevalence rates of peer victimization due to bullying within the schools. Rates of peer victimization range from 8% to 20% among American school-aged children (Batsche & Knoff, 1994; Nansel et al., 2001). Some studies report gender differences in victimization. For example, Nansel et al., (2001) reported that boys were more likely to be victims. Furthermore, they reported higher rates of victimization among 6<sup>th</sup> – 8<sup>th</sup> grade students and among 9<sup>th</sup>- 10<sup>th</sup> grade students. Some evidence points to verbal victimization as the most common form of victimization. A British study found direct verbal aggression to be the most common and an Australian study found that 44% of students reported being teased (Rigby, 2000; Rivers & Smith, 1994).



In addition, boys seem to be physically victimized more than girls (Baldry, 1998; Hanish & Guerra, 2000b; Nansel et al., 2001; Rigby, 2000). In Nansel and colleagues' (2001) study of bullying prevalence, boys were found to be significantly more likely than girls to bully and be bullied. Concerning ethnicity, Hispanic youth are less likely to be victimized than African American or Caucasian youth, although this finding was moderated by school context (Hanish & Guerra, 2000b). Nansel et al., (2001) found similar results; African American students were less victimized than Caucasian or Hispanic students. There are no robust findings in the literature indicating significant differences in experiences of victimization among racial/ethnic groups. There is however evidence that suggests a negative impact of being of minority status in the school context (Graham & Juvonen, 2002; Hanish & Guerra, 2000).

### Outcomes

Students who experience peer victimization experience a range of negative psychological, behavioral, and academic outcomes (Espelage & Holt, 2001; Kaltiala-Heino, Rimpelae, & Rantanen, 2001; Nansel et al., 2001; Rigby, 2003). More specifically, a significant association between victimization and internalizing problems has been identified in the literature. Relationships have been found between victimization and depression (Callaghan & Joseph, 1996; Espelage & Holt, 2001; Swearer et al., 2001) as well as victimization and anxiety (Gladstone, Parker, & Malhi, 2006; Humphrey, Storch, & Geffken, 2007; La Greca & Harrison, 2005; Storch et al., 2002). One study (La Greca & Harrison, 2005) found, in a sample of middle school students, that 20% of victims met criteria for clinical depression and anxiety. The current study will focus on internalized outcomes associated with peer victimization, namely depression and anxiety.

Hawker and Boulton (2000) in a meta-analytic review of 23 cross-sectional studies on victimization and adjustment calculated mean effect sizes between peer victimization and different forms of psychosocial maladjustment (depression, anxiety, loneliness, and self-concept). Depression had the largest effect size ( $r = .39$ ) followed by self-esteem ( $r = .39$ ), self-concept ( $r = .35$ ), loneliness ( $r = .32$ ), social anxiety ( $r = .25$ ), general anxiety ( $r = .25$ ), and total anxiety ( $r = .25$ ). Overall, the results were consistent with previous findings of moderate relations between victimization and anxiety and victimization and depression.

In a study conducted by Swearer, Song, Cary, Eagle, & Mickelson (2001), depression and anxiety in victims and bully/victims (individuals who are both perpetrators of bullying and experience bullying) were examined. Middle school students completed a survey to identify their status as either a bully, victim, or bully/victim. Students also completed self-report anxiety and depression measures. It was found that 13.5% of the victims were depressed whereas 0% of the control students were depressed. Victims were found to be the most anxious group (19.2%) compared to bully/victims (17.5%), controls (5.9%), and bullies (0%). Swearer and colleagues suggested, based on this study, a cyclical pattern such that victimization leads to internalizing problems (i.e., anxiety and depression) and those internalizing problems in turn leading to more victimization.

Hanish and Guerra (2002) conducted a longitudinal study in which peer victimization and outcomes were examined in a sample of first and second graders over the course of two years. Data were collected using peer sociometric ratings, teacher reports, and records data. The researchers proposed victimization would predict internalizing stressors (i.e., depression and anxiety), externalizing factors (i.e., aggressive behaviors and attention difficulties), school

adjustment factors (i.e., academic achievement and school absences), and social factors (i.e., social withdrawal and low social acceptance). Results of the study indicated that boys were victimized more than girls and younger children had higher rates of victimization than older children. Victimization was correlated with internalizing, externalizing, and social factors but not school-related factors such as academic maladjustment and withdrawal. Victimization did not predict social withdrawal, school absence, or academic achievement.

Although the current study is primarily concerned with anxiety and depression as outcomes, there is evidence of associations among peer victimization and other internalized outcomes. Children who are victimized report lower self-esteem and self-worth (Austin & Joseph, 1996, Kokkinos & Panayiotou, 2004) and are more lonely and socially withdrawn (Espelage & Holt, 2001; Juvonen, Nishina & Graham, 2000; Storch, Brassard, & Masia-Warner, 2003). Self-esteem, self-worth, and loneliness are all related to peer rejection. Peer rejection has also been found to predict adjustment problems (e.g., Coie, Lochman, Terry & Hyman, 1992; Ladd & Burgess, 2001). Buhs, Ladd, & Herald-Brown (2006) used data from a longitudinal study to test a model linking rejection and victimization to classroom disengagement and achievement. The study followed 380 students from kindergarten to 5<sup>th</sup> grade. They found that peer rejection was related to concurrent and future peer victimization and adverse adjustment outcomes. Students who experienced chronic exclusion tended to participate less in class and those who were chronically victimized tended to avoid school. This suggests distinct effects of victimization on school disengagement.

The research clearly indicates that various negative internalizing outcomes are associated with peer victimization. Work is still underway to fully understand the nature of the association

between victimization and outcomes like anxiety, depression, self-esteem, peer rejection. However, the current study will explore the mediating role of victimization in the association between gender typicality and anxiety and depression. Studies have emerged that suggest associations among gender typicality, victimization, and internalized distress merit further examination (Gini & Pollozi, 2006; Plödel & Fartacek, 2009; Ringrose & Renold, 2010). Understanding the role of victimization could help to inform prevention and interventions programs designed to address negative outcomes.

### LGBTQ Youth and Victimization

Although the current study's focus is all students regardless of sexual orientation, it is important to review the relevant literature on LGBTQ youth. Adolescence is a period involving many physical, emotional, and social changes. Additionally, a number of individuals begin to develop their sexual identity during the adolescent years. It is reasonable to conclude that developing a sexual identity during this dynamic time, especially when one has minority sexual orientation, can become a source of stress. Youth who identify as lesbian, gay, bisexual, transgendered, or questioning are referred to as LGBTQ. Prior research indicates that approximately five to six percent of youth identify as LGBTQ (Swearer et al., 2008). A study conducted by Pilkington and D'Augelli (1995) revealed that 83% of gay and lesbian youth experienced victimization of some form including verbal insults, threats of violence, physical assault, and sexual assault. In a survey of bullying at school administered to lesbian, gay or bisexual men and women, respondents reported experiencing name-calling (82%), teasing (58%), and being hit or kicked (60%) (Rivers, 2001). Respondents also endorsed experiences of relational bullying. Fifty nine percent of participants reported that rumors had been spread about

them and 29% reported being isolated by their peers (Rivers, 2001). Teasing, name-calling, hitting, and kicking are all behaviors that easily fit within the five categories of victimization most commonly studied by bullying researchers (indirect, relational, physical, verbal, and generic) (Hawker & Boulton, 2000). Teasing and name-calling are forms of verbal victimization. Hitting and kicking are clearly examples of physical victimization.

There is no doubt that victimization due to bullying is a problem for youth in general and even more so for LGBTQ youth. A lot of the bullying experienced by LGBTQ youth has anti-homosexual overtones (Poteat & Espelage, 2005). One specific type of bullying behavior that has been explored recently in the literature is the use of homophobic verbal content. A number of adolescents report using, hearing, or being called homophobic epithets at school (Poteat & Espelage, 2005; Swearer et al., 2008). Homophobic epithets include terms such as ‘gay,’ ‘dyke,’ ‘homo,’ as well as phrases like “that’s so gay” (Poteat, Dwyer, & Mereish, 2011). Poteat and Espelage (2005) found, among a middle school sample, a relation between bullying and use of homophobic verbal content. The researchers correlated the Agent subscale of the Homophobic Content Agent Target Scale (HCAT), which assessed use of homophobic epithets, with the University of Illinois Bully Scale (UIBS; Espelage & Holt, 2001). The Agent subscale was significantly associated with the Bully scale. With regard to homophobic epithets, there are notable gender differences in the use of and being the target of these epithets (Poteat & Espelage, 2005, 2007). Boys report more use of homophobic epithets and being a target of homophobic epithets than girls. Despite these findings, there has been little effort to integrate homophobia and bullying in research. One of the aims of the current study was to further explore the outcomes associated with homophobic epithets and victimization.

### LGBTQ Youth Outcomes

Students who identify as LGBTQ are more likely than heterosexual peers to be threatened or injured at school, skip school because of safety issues, be violently attacked, and experience sexual and physical abuse (Berlan, Corliss, Field, Goodman, & Austin, 2010; Crothers & Altman, 2007; Swearer et al., 2008). A growing body of research on adolescents indicates that there is a link between being a victim of bullying and harassment based on one's perceived sexual orientation and/or nonconforming sexual orientation and negative health outcomes (Bontempo & D'Augelli, 2002; D'Augelli, Grossman & Starks, 2006; Epstein & Spirito, 2009; Poteat, Aragon, Espelage, & Koenig, 2009; Poteat & Espelage, 2007; Swearer et al., 2008; Williams, Connolly, Pepler, & Craig, 2005). The current study focuses on internalized distress as an outcome, specifically anxiety and depression.

LGBTQ youth are more likely than their heterosexual peers to experience emotional distress, depressive symptoms, suicidal ideation, and make suicide attempts (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Poteat & Espelage, 2007; Remafed et al., 1998; Russell & Joyner, 2001; Safren & Heimberg, 1999). A study conducted by Botswick, Boyd, Hughes, and McCabe (2010) examined the associations among sexual orientation, life-time and past-year mood, and anxiety disorders. Data were collected from the National Epidemiologic Survey on Alcohol and Related Conditions. They found that lesbian, gay, and bisexual identity was associated with higher chances of mood or anxiety disorders for both men and women. This study was conducted with adults; however, the data fit the trend of results reported in the literature on adolescents. Almeida et al. (2009) examined emotional distress among 9<sup>th</sup> -12<sup>th</sup> grade students. Specifically, they looked at the role of perceived discrimination based on LGBT

status the emotional distress among LGBT youth. Results revealed that among both males and females, LGBT youth displayed more emotional distress than heterosexual youth. Reports of self-harm was particularly high (41.7%) for males. LGBT youth also had significantly higher scores for depressive symptoms than heterosexual youth. LGBT youth were more likely to report perceived discrimination than heterosexual youth (33.7% v. 4.3%). Furthermore, the researchers found that perceived discrimination mediated the relationship between sexual orientation status and emotional distress.

### Gender Typicality

One possible explanation for the increased risk of emotional distress among LGBTQ youth is that they deal with stressors related to having a stigmatized identity (Rosario, Hunter, & Gwadz, 2002). There is a social stigma associated with homosexuality and towards deviation from established gender roles. This stigma is particularly strong among youth (Hoover & Fishbein, 1999; Horn, 2006; Taywaditep, 2001). The idea that bullied individuals are bullied because that they are different is not new. There is a substantial body of evidence that supports this view. For example, studies indicate that individuals who are less physically attractive, are overweight, or have a disability related to sight, speech or hearing are have an increased risk of being bullied (Sweeting & West, 2001).

The degree of gender typicality or gender atypicality may be yet another indicator of difference that increases the likelihood of experiencing peer victimization for all students and ultimately negative psychological outcomes. Gender typicality may also help explain the negative impact of homophobic victimization on heterosexual youth. Gender typicality refers to

when an individual behaves in ways that are not in line with normative gender roles. Behaving in gender atypical ways may lead to one having less in common with same-sex peers which would reduce chances of developing friendships and ultimately reinforce perceptions of difference (Young & Sweeting, 2001). Limited research has been done on the link between the experience of gender roles and the experience of victimization due to bullying in adolescence.

Some potential reasons for why gender nonconforming boys would be more susceptible to victimization have been identified. Gender nonconforming boys are less likely than gender conforming boys to be interested in things like rough and tumble play and less willing or able to defend themselves in a fight (Bradley & Zucker, 1997). Also research suggests that boys are more bound by stricter rules of gender typicality than girls (Levy, Taylor, & Gelman, 1995; Martin, 1990; Powlisha, 2000; Reay, 2002). Furthermore, adolescence is a stage in which boys are likely to reinforce their masculinity, therefore the association between gender atypical behavior and sexual orientation may be particularly salient at this time. This potential desire to assert masculinity may lead to ostracizing less masculine peers due to fear of being stigmatized (Redman, 2000).

The literature is less clear about reasons for increased risk of victimization for gender atypical girls. There is some conflicting evidence for gender differences in loneliness. Cramer and Neyedly (1998) found masculinity to be negatively related to loneliness in both men and women, and in men (not women) femininity was negatively related to loneliness. The finding that girls experience greater psychological distress from mid-adolescence onward has remained consistent (Aube, Fichman, Saltaris, & Koestner, 2000; Hankin & Abramson, 1999; Macintyre, Hunt, & Sweeting, 1996; Sweeting, 1995). Some research has linked psychological distress to



gender roles (Annandale & Hunt, 1990; Taylor & Hall, 1982). Specifically, findings indicate that depression and neuroticism are positively related to femininity (Brazelton, Greene, & Gynther, 1996; Hart & Thompson, 1996; Thornton & Leo, 1992; Wichstrom, 1999).

Much of the research examining gender typicality has been done retrospectively with adults. Studies have found consistently that gay men report having experienced greater gender typicality as children than heterosexual men (Bailey & Zucker, 1995). It is often assumed that gender nonconforming individuals are LGBT based on their gender expression (Valentova, Reiger, Gygax, Linsenmeier, & Bailey, 2011). Gender nonconforming individuals experience more stigmatization, rejection, and lower levels of well-being than gender conforming individuals (D'Augelli et al., 2006; Sandfort, Melendez, & Diaz, 2004; Skidmore, Linsenmeier, & Bailey, 2006). The association between childhood gender typicality and adult psychiatric symptoms was examined in a sample of 1767 Finnish adults aged 33-23 (Alanko et al., 2008). Participants completed the Gender Identity/Gender Role Questionnaire (RCGIGR; Zucker, Mitchell, Bradley, Tkachuk, Cantor, & Allin, 2006) and the Brief Symptom Inventory 18 (BSI 18; Derogatis, 2001). Results indicated that individuals who recalled more gender atypical behavior reported significantly more psychiatric symptoms. Among a sample of gay men, Landolt et al. (2004) found a positive association between gender typicality and recollection of peer rejection ( $r = .37$ ). The researchers also found that gender typicality significantly predicted anxiety. This association was mediated by peer rejection.

The studies conducted with adult populations suggest the need to examine gender typicality in youth populations. Only a handful of such studies exist outside of the literature on Gender Identity Disorder. Baams, Beek, Hille, Zevenbergen, and Bos (2013) examined the

relation of gender typicality and psychological well-being in a Dutch sample of adolescents and young adults (aged 16-24). It was found that perceived experiences of stigmatization mediated the relation between gender typicality and well-being. More gender typicality predicted higher levels of perceived experiences of stigmatization and higher levels of stigmatization predicted less psychological well-being. In a study of American youth (mean age = 17), D'Augelli, Grossman, and Starks (2006) found evidence of an effect of gender typicality. Sixty-six percent of the females in the study reported being called "tomboys" growing up and 58% of the males were called "sissies" beginning about age 8. Gender atypicality was associated with sexual orientation victimization and indicators of mental health problems. Additionally, gender atypical youth reported significantly more physical attacks during than lifetime than youth who were not gender atypical. Young and Sweeting (2004) found that, for boys, gender atypicality together with low masculinity scores predicted victimization and loneliness. Further study is required to better understand the association between gender typicality and youth experiences of peer victimization. The current study examined the role that victimization (homophobic victimization and general peer victimization) plays in the association between gender typicality and internalized distress for all youth regardless of sexual orientation.

### Homophobic Victimization and Heterosexual Youth

There is evidence that heterosexual youth also experience homophobic victimization (however, at lower rates than LGBTQ youth). Very few studies have examined the effects of victimization based on one's perceived sexual orientation (homophobic victimization) with regard to both LGBTQ youth and heterosexual youth (Poteat & Espelage, 2007). These studies have primarily focused on boys and use of homophobic language (Pascoe, 2007; Poteat &

Giovanni, 2010; Poteat & Espelage, 2005). In a study conducted by Poteat and Espelage (2007) the extent to which homophobic victimization predicted anxiety and depression in middle school students was investigated. Results indicated that being a target of homophobic victimization, regardless of sexual orientation was related to increased anxiety, depression, and personal distress. There were, however, some gender differences. For boys, being a target of homophobic epithets significantly predicted higher levels of anxiety, depression, and personal distress as well as school belonging. Being a target of homophobic epithets predicted higher levels of withdrawal in girls. An examination of how homophobic victimization affects heterosexual youth in addition to LGBTQ youth is warranted because it could inform intervention development. A goal of the current study was to add to the literature by providing converging support for the findings of Poteat and Espelage.

Researchers have also begun to examine possible moderators of the association between homophobic victimization and negative psychosocial outcomes. For example, Poteat, Mereish, DiGiovanni, and Koenig (2011) examined the role of parent support and school belonging in the relationship between homophobic victimization and negative outcomes. Data from the Dane County Youth Assessment, in which 17,366 7-12<sup>th</sup> grade students participated, was analyzed. Results indicated that across sexual orientation and ethnicity youth who experienced homophobic victimization felt a lower sense of school belonging. This was, in turn, associated with poorer academic performance and skipping school. Parent support buffered the effect of both homophobic and general victimization on suicidality for heterosexual youth and LGBTQ White youth. The moderation findings suggest that professionals may need to consider different

approaches for addressing homophobic bullying with heterosexual youth than LGBTQ youth of color.

## CHAPTER 3

### GOAL OF THE CURRENT STUDY

The purpose of the current study was to add to the literature by replicating previous findings with regard to the associations among gender typicality, victimization (both general peer victimization due to bullying and homophobic bullying and internalized distress (anxiety and depression)). This study also adds to the paucity of studies that examine these associations among early adolescent populations. The present study is one of the first to examine the mediational roles of homophobic victimization and general peer victimization in the association between gender typicality and anxiety as well as gender typicality and depression.

As described above, researchers have found evidence of an association between gender typicality and general peer victimization due to bullying (D'Augelli, Grossman, & Starks, 2006; Poteat & Espelage, 2005; Young & Sweeting 2004). The first goal of the current study is to replicate this finding. It was expected that the results would be comparable to the results obtained by previous researchers. In essence, gender typicality would be significantly and negatively associated with victimization for boys and for girls. Specifically, it was expected that the more gender atypical the student is, the more likely they are to experience victimization. Furthermore, because there is research to support the idea that it is more socially acceptable for a girl to have masculine qualities than it is for a boy to have feminine qualities (Levy, Taylor, & Gelman, 1995; Martin, 1990; Powlishta, 2000; Reay, 2002), the association was predicted to be stronger for boys than for girls.

Studies have been conducted that (D'Augelli, Pilkington, & Hershberger, 2002; D'Augelli, Grossman, & Starks, 2006) indicate increased victimization based on sexual orientation among more gender atypical lesbian, gay, and bisexual youth. The type of victimization assessed in the aforementioned studies was verbal abuse based on sexual orientation. To date, no studies have looked directly at the association between homophobic verbal victimization and gender typicality, specifically among adolescents. Thus a second goal of the current study was to examine the association between being the target of homophobic epithets (homophobic victimization) and gender typicality. Based on the findings of D'Augelli and colleagues (2002; 2006), it is hypothesized that in the current study higher scores of gender typicality (i.e. gender typicality) would be significantly related to higher homophobic victimization scores on the Homophobic Target Agent Content Scale (HCAT; Poteat & Espelage, 2005) both for girls and for boys. Again, differences between boys and girls are expected. The association was expected to be stronger for boys than for girls for the reasons described in the previous paragraph.

The third and fourth goals of the study are to examine (a) the association between gender typicality and anxiety and (b) the association between gender typicality and depression. Gender typicality was predicted to be negatively associated with anxiety as well as depressions similarly for boys and for girls. Specifically, lower scores of gender typicality would be associated with higher scores of anxiety and depression. Predictions are based on the results of a study conducted by Carver, Yunger, and Perry (2003) which indicated a significantly negative correlation between gender typicality and internalizing symptoms for boys and for girls. There were no

significant gender differences. Also lower typicality scores were associated with higher scores for internalizing symptoms among a sample of 3<sup>rd</sup>-8<sup>th</sup> graders.

The final goals of the study were to conduct mediational analyses on the association between gender typicality and victimization. A number of researchers have examined the association between peer victimization and internalized outcomes such as anxiety and depression (e.g., Gladstone, Parker, & Malhi, 2006; Espelage & Holt, 2001). Similarly, but to a lesser extent, an association between homophobic victimization and internalized outcomes has been identified (Poteat & Espelage, 2005; Poteat & Espelage, 2007). In addition, gender typicality and its association with psychological distress has been documented in the literature (Carver, Yunger, & Perry, 2003; D'Augelli, Grossman, & Starks, 2006; Landolt et al., 2004). In light of the preceding findings, this study examined peer victimization and homophobic victimization as partial mediators of the association between gender typicality and internalized distress (anxiety and depression). Gender differences were anticipated due to the gender differences identified by Poteat and Espelage (2005); males were more likely to be targets of homophobic content than females. It was predicted that reports of general peer victimization would partially mediate the association between gender typicality and anxiety as well as the association between gender typicality and depression for both boys and girls. The same was expected with regard to homophobic victimization with one exception. Homophobic victimization was expected to account for more variance in the association between low gender typicality and internalized distress (anxiety and depression) for boys than for girls.

### Research Questions and Predictions

1. Is Gender Typicality associated with Peer Victimization due to bullying? Are there gender differences?
  - a. Prediction: Gender Typicality will be significantly and negatively associated with Peer Victimization. This association will be stronger for boys than for girls
2. Is Gender Typicality associated with Homophobic Victimization? Are there gender differences?
  - a. Prediction: Gender Typicality will be significantly and negatively associated with Homophobic Victimization. This association will be stronger for boys than for girls.
3. Is Gender Typicality significantly associated with Depression? Are there gender differences?
  - a. Prediction: Gender Typicality will be significantly and negatively associated with Depression.
4. Is Gender Typicality significantly associated with Anxiety? Are there gender differences?
  - a. Prediction: Gender Typicality will be significantly and negatively associated with Anxiety.
5. Does Peer Victimization partially explain the association between Gender Typicality and Anxiety for boys and girls?
  - a. Peer Victimization will partially explain the association between Gender Typicality and Anxiety for boys and girls.



6. Does Peer Victimization partially explain the association between Gender Typicality and Depression for boys and girls?
  - a. Peer Victimization will partially explain the association between Gender Typicality and Depression for boys and girls.
7. Does Homophobic Victimization partially explain the association between Gender Typicality and Anxiety for boys and girls?
  - a. Homophobic Victimization will partially explain the association between Gender Typicality and Anxiety for boys and girls.
8. Does Homophobic Victimization partially explain the association between Gender Typicality and Depression for boys and girls?
  - a. Homophobic Victimization will partially explain the association between Gender Typicality and Depression or boys and girls.

## CHAPTER 4

### METHODOLOGY

#### Participants

Two hundred thirty four middle school students from two rural Illinois middle schools participated in the study. The sample included 83(34.47%) sixth graders, 61 (26.07%) seventh graders, and 90 (38.46%) eighth graders. More females (63.7%) participated than males (36.3%). The majority of participants were Caucasian (62.8%), followed by Hispanic/Latino (12%), Bi/Multiracial (11.5%), Asian (8.5%), and Black (4.7%). Demographic characteristics are displayed in Table 1. Parent consent and student assent were obtained for all students who participated in this study.

Table 1

*Participant Characteristics by Total Sample*

	Total	
	<i>N</i> = 234	
	<i>N</i>	%
<b>Grade</b>		
6 <sup>th</sup>	83	35.5
7 <sup>th</sup>	61	26.1
8 <sup>th</sup>	90	38.5
<b>Race/Ethnicity</b>		
Black	11	4.7
Asian	20	8.5
White	147	62.8
Hispanic	28	12.0
Bi/Multiracial	27	11.5
Other	1	.4

## Measures

All participants completed a demographics survey and five self-report rating scales. The Children's Depression Inventory 2<sup>nd</sup> Edition (CDI2; Kovac, 2011) and the Revised Children's Manifest Anxiety Scale 2<sup>nd</sup> Edition (RCMAS-2; Reynolds & Richmond, 2008) were used to measure depression and anxiety. Gender typicality was measured by a gender compatibility questionnaire developed by Egan and Perry (2001). Finally, bullying and victimization was assessed using both the Reynolds Bully Victimization Scales for Schools (RBVSS; Reynolds, 2003) and the Homophobic Content Agent Scale (HCAT; Poteat & Espelage, 2005).

### Gender Typicality

Gender typicality was assessed using items from a questionnaire developed by Egan and Perry (2001). The original scale consisted of a total of six items designed to measure one's perceived gender typicality. The items address how much one feels that he/she is a typical example of one's gender or to what extent their interests or skills match those of same-sex others. The six items were originally developed as a part of a slightly larger, 15-item Gender Compatibility scale. However, the results of factor loadings revealed two distinct factors: Gender Typicality and Gender Contentedness. The six items comprising the Gender Typicality factor loaded at least .50. Three additional items constructed by the primary investigator were included to potentially increase the reliability of the measure. These items asked about how similar the student feels their hair style, style of dress, and activity interests are to that of a typical member of their gender. The final questionnaire consisted of a total of nine items. Reliability and

exploratory factor analyses were run to examine the questionnaire with the added items. Results are presented in the Preliminary Analyses section of the results.

The original scale was used in two previous studies to examine gender identity and psychosocial adjustment among school-aged children. The current study used the gender typicality items as a measure of self-perceived gender typicality.

The format of the items matches that of the Self-Concept Questionnaire developed by Harter (1985). Students indicated on a four-point rating scale how true the statement is for them. The following is a sample item from the girls' form:

Some girls don't feel they're just	BUT	Other girls do feel they're just
like all the other girls their age		like all the other girls their age
Very true for me    Sort of true for me		Sort of true for me    Very true for me

Other sample items from the gender typicality scale are "Some girls' don't feel that their personality is similar to most girls' personalities BUT other girls do feel . . ." and "Some girls feel that the kinds of things they're good at are similar to what most girls are good at BUT Other girls' don't feel. . ." The scale score is computed by averaging across the items. Item number four is reversed scored. Scores range from 1 to 4 with higher scores indicating that a student is more gender typical and lower scores indicating a student is less gender typical.

There is some evidence of reliability for the scale. The Cronbach alpha coefficients were .78 (Egan & Perry, 2001) and .70 (Carver, Yunger, & Perry, 2003). Alpha coefficients are based on a sample of 182 (81 boys and 101 girls) children in grades four through eight. Sixty eight

percent of the students were European American, 18% were African American, 13% were Hispanic, and 1% were Asian American. There were approximately equal numbers of children from each grade.

The gender typicality items were also correlated in an expected manner with other scales created by Egan and Perry. Gender typicality was significantly and positively related to gender contentedness ( $r = .47$ ) and heterosexual identity ( $r = .25$ ) (Egan & Perry, 2001). Gender typicality was also found to be significantly associated with acceptance from male peers and acceptance from female peers for girls. However, for boys gender typicality was only significantly associated with acceptance from female peers.

### Bullying and Victimization

*The Reynolds Bully Victimization Scales for Schools.* The Reynolds Bully Victimization Scales for Schools (RBVSS; Reynolds, 2003) was used to assess bullying and victimization. Only the victimization scores were used in the current study's analyses. The RBVSS is made up of three measures: the Bully Victimization Scale (BVS), the Bully Victimization Distress Scale (BVDS), and the School Violence Anxiety Scale (SVAS). The BVS assesses the bully status of each child (bully and/or victim). The BVDS assesses the distress felt by the student as a result of bullying behaviors and the SVAS assesses anxiety students feel at school as a result of school-based violence. For the purposes of this study, only the BVS was used.

The BVS (Reynolds, 2003) has two scales, totaling 46 items, that measure bullying and victimization among peers in grades 3-12. The two scales are the Bullying Scale and the Victimization Scale, with 23 items each. The responses range from 'Never' (0) to 'Five or More

*Times*' (3) in the past month. The BVS assesses overt aggression by assessing rates of physical behaviors (e.g., hitting, fighting, stealing, etc.) It also assesses relational aggression by assesses name-calling, teasing, ridicule, and verbal threats. The following is an example item from the Bullying Scale, "In the past month I picked on younger kids." An example from the Victimization Scale is, "In the past month other kids pushed me around." The two scales are independent of each other, and their scores are interpreted separately.

The standardization sample for the BVS consisted of a representative sample of 2,405 students from grades 3-12 with an age range of 8-19 years. There were approximately equal numbers of males and females from each grade. The sample's ethnic, geographic, and parent education characteristics were matched to the 2000 U.S. Census data. In addition, separate norms were developed by grade level for males and females.

Raw scores for the BVS are calculated buy summing the items from the Bully Scale and the Victimization Scale. Raw score are then converted in *T* scores with a mean of 50 and a SD of 10. In the case that 15% or less of the items is incomplete, a prorating formula is used. With regard to the Bully Scale, *T* scores below 57 (86<sup>th</sup> percentile) are considered to be in the normal range. *T* scores from 58-65 (87<sup>th</sup> -93<sup>rd</sup> percentile) are in the clinically significant range. *T* scores from 66-74 (94<sup>th</sup> -97<sup>th</sup> percentile) are in the moderately severe range and *T* scores 75 and above (97<sup>th</sup> percentile and above) are considered severe. Scores that are clinically significant and above imply a meaningful degree of peer aggression that warrants intervention (Reynolds, 2003). With regard to the Victimization scale, *T* scores below 55 (80<sup>th</sup> percentile) are considered to be in the normal range. *T* scores from 56-66 (81<sup>st</sup> -90<sup>th</sup> percentile) are in the clinically significant range. *T* scores from 64-68 (90<sup>th</sup> -94<sup>th</sup> percentile) are in the moderately severe range and *T* scores 69 and

above (95<sup>th</sup> percentile and above) are considered severe. Students whose score fall in the moderately severe or severe range are considered at risk for problems that include poor learning outcomes and negative school attitudes.

Internal consistency reliability for the BVS Bullying Scale and Victimization Scale were both .93. Test-retest reliability was determined by administering the scales to students twice in a 1-2 week period. Coefficients were moderately high, .81 for the Bully Scale and .80 for the Victimization Scale.

Evidence of criterion validity was determined by correlating the Teacher Bully-Victimization Scale Rating Scale/Bully Scale (TBVRS; Reynolds, 2002) with the BVS Bullying Scale. The BVS Bullying Scale moderately correlated with the TBVRS ( $r = .46, p < .001$ ). It should be kept in mind that the TBVRS reflects teachers' observations of students for part of the day while the BVS Bullying scale encompasses behaviors that may take place outside of school or during less supervised periods in school. The BVS Bullying Scale was also correlated with the number of times a student was sent to the office ( $r = .47, p < .001$ ), however it should be noted that not all discipline referrals are due to bullying. Convergent and discriminant validity evidence was provided by correlations between the BVS Bullying Scale and the Beck's Youth Inventory of Emotional and Social Impairment (BYI; Beck, Beck, & Jolly, 2001). The Bullying Scale was significantly correlated with the Anger ( $r = .38, p < .001$ ) and Disruptive Behavior ( $r = .54, p < .001$ ) Scales on the BYI. The Self Concept, Anxiety, and Depression were not significantly correlated with the BVS Bullying Scale,  $r_s = -.05, .11, .12, p > .05$ , respectively. The Reynolds Adolescent Adjustment Screening Inventory (RAASI; Reynolds, 2001) provided stronger convergent validity evidence with the BVS Bullying Scale. The Bullying Scale was significantly

correlated with Antisocial Behavior ( $r = .46$ ), Anger Control ( $r = .60$ ), and RASSI Total Scale ( $r = .43$ ); all significant at the  $p < .001$  levels.

Criterion Validity for the BVS Victimization Scale was demonstrated by correlating it with the TBVRS Victimization Scale. The correlation was moderate like that of the bullying scale,  $r = .46, p < .001$ ). Low correlations were found between the Victimization Scale and school disciplinary actions,  $r = .23, p < .001$ , which provided discriminant validity. When the Victimization Scale was correlated with the BYI, moderately strong relations with Anxiety ( $r = .58$ ), Depression ( $r = .50$ ) and Anger ( $r = .61$ ) were found. There was less of a correlation with Disruptive Behavior ( $r = .32$ ).

*Homophobic Content Agent Target Scale.* The Homophobic Content Agent Target Scale (HCAT; Poteat & Espelage, 2005) is a 10-item measure intended to assess the frequency of homosexual name-calling directed at different targets by different peers. The HCAT consists of 2 subscales that are 5 items each: Agent and Target. Only the Target subscale scores were used in the current study. The Target subscale assesses the extent to which students are called homophobic epithets by other students in the past week. Items begin with the following stem “Some kids call each other names such as gay, lesbo, homo, etc. How many times in the last week were you called these names?” The 5 items address the different types of relationships (a friend, someone I did not know, someone who I did not like) and the perceived sexual orientation of the perpetrator (someone I thought was gay, someone I did not think was gay). A higher score indicates the student was more frequently called homophobic epithets. The Agent subscale assesses the extent to which students called other students homophobic epithets in the past week. Items begin with the following stem “Some kids call each other names such as gay, lesbo, homo,



etc. How many times in the last week did you say these things to . . .?” The 5 items address the different types of relationships (a friend, someone I did not know, someone who I did not like) and the perceived sexual orientation of the victim (someone I thought was gay, someone I did not think was gay). Response options include 1 (*never*), 2 (*1 or two times*), 3 (*3 or four times*), 4 (*5 or 6 times*), and 5 (*7 or more times*). Higher scores indicate more frequent use of homophobic epithets toward other students. Three additional items constructed and added to each subscale by the principal investigator. The items addressed the following relationships: someone in class, someone in the same grade, and someone in a different grade.

In exploratory factor analysis the Target Subscale emerged as a distinct factor from the Agent subscale. Based on a sample of 191 middle school students, a reliability coefficient was calculated for each scale ( $\alpha = .85$  for both scales). Convergent validity was demonstrated by correlating the HCAT with scales measuring bullying, fighting, victimization, relational aggression and victimization, anxiety and depression, and delinquency. Evidence of discriminant validity was demonstrated in comparison with school sense of belonging, empathy, and perspective-taking.

### Depression

The Children’s Depression Inventory 2<sup>nd</sup> Edition (CDI2; Kovac, 2011) is a 28-item self-report questionnaire intended to assess depressive symptoms in children aged 7 to 17 years. The CDI 2 can be further divided into five subscales: Negative Mood, Interpersonal Problems, Ineffectiveness, Anhedonia, and Negative Self-Esteem. The Negative Mood subscale is a reflection of such things as feelings of sadness, feeling like crying, and being bothered by upset

things. The Interpersonal Problems subscale reflects challenges in interactions with people. The Ineffectiveness subscale deals with negative evaluation of one's ability and school performance. The Anhedonia subscale reflects symptoms such as impaired ability to experience pleasure, loss of energy, and problems with sleeping or appetite. The Negative Self-Esteem subscale reflects low self-esteem, self-dislike, and thoughts of suicide (Kovac, 2011). For the purposes of the current study, only the total depression score was used.

The following is a sample item for the CDI2, "I am sad once in a while." Response options are rated on a 3-point scale: 0 (*no symptom*), 1 (*probable or mild symptom*), and 2 (*definite, marked symptom*). Response scores marked for each item are tallied to calculate a Raw Total Score. Each item has a letter that corresponds to a particular subscale. In order to calculate raw scores for each subscale the scores for the items associated with each letter are tallied separately. Once Raw Scores have been obtained, they are then converted to *T*-scores for interpretation.

The standardization sample for the CDI2 consisted of 1,100 children aged 7 to 17, residing in 28 states. There were approximately equal numbers of males and females. The racial/ethnic make-up of the sample closely matched U.S. Census data (2000 U.S. Census Report; Kovac, 2011). Data from a clinical sample was also collected that consisted of 319 children aged 7-17 all with various DSM-IV diagnoses.

The CDI2 was found to have evidence of good reliability. Alpha coefficients for the subscales and total score ranged from .73-.91 ( $N= 1,351-1410$ ). Test-retest reliability was

calculated based on a subset of children ( $N= 79$ ) from the standardization sample who completed the CDI2 twice in a 2 to 4 week period. Reliability estimates ranged from .76-.92.

In order to provide evidence of discriminant validity the researchers used data from the clinical sample and control cases from the standardization sample, matches were made to youth with Major Depressive Disorder (MDD) on age, sex, race, and ethnicity. Controlling for demographic variables, multivariate analyses and analyses of covariance were conducted to determine whether self-report scores of the various diagnostic groups from the clinical sample and the controls differed. Results indicated medium to large effects for group membership on scale scores. Furthermore, the MDD group scored significantly higher on the CDI2 total score and the subscales. Discriminant function analysis was used to examine whether CDI2 scores could differentiate MDD cases from matched controls and cases with other clinical diagnoses. The CDI2 Total Score was successful 78.3% of the time when classifying MDD and control cases. It was 72.6% successful when classifying MDD versus other diagnoses.

A sub-sample of 266 youth (214 from the standardized sample and 52 from the clinical sample) complete either the Beck Depression Inventory-Youth version (BDI-Y; Beck, Beck, & Jolly, 2001) or the Connors Comprehensive Behavior Rating Scales (Conner's CBRS; Conner's, 2008) along with the CDI2. Evidence of convergent validity was demonstrated by correlating the CDI2 score with the other two instruments. Correlations of the CDI2 with the Connors CBRS were positive and significant ( $r$ s ranged from .38-.59). Correlations of the CDI2 and the BDI-Y were moderate ( $r$ s ranged from .28-.37).

### Anxiety

The Revised Children's Manifest Anxiety Scale 2<sup>nd</sup> Edition (RCMAS-2; Reynolds & Richmond, 2008) is a 49-item self-report measure intended to assess the level and nature of anxiety in children. The RCMAS-2 yields scores for four anxiety scales: Total Anxiety, Physiological Anxiety (PHY), Worry/Oversensitivity (WOR), and Social Concerns/Concentration (SOC). In addition it contains two validity scales: Defensiveness (DEF) and Inconsistent Responding Index (INC). The current study utilized the Total Anxiety score only. Item responses are recorded as *Yes* or *No*. The Total Anxiety (TOT) scale is 40 items on physiological anxiety, worry, and social anxiety. The TOT score indicates an overall level of anxiety experienced by the child. The PHY scale contains 12 items that ask about anxiety as expressed in physical ways ("Often I feel sick in my stomach"). The WOR scale contains 16 items that address various obsessive concerns ("I get nervous around people"). The SOC scale contains 12 items that ask about anxiety in social or performance situations ("I fear other people will laugh at me"). The DEF items indicate whether the respondent is willing to admit to everyday imperfections. The INC items measure inconsistency in responding. To obtain raw scores check marks are placed next to items for which *yes* is circled. The check marks are then summed and recorded for each scale (DEF, PHY, WOR, SOC). The raw score totals for PHY, WOR, and SOC are summed to calculate the TOT raw score. The INC score is calculated by examining the responses to 9 pairs of items. For the first 8 pairs, if the responses are different, a check mark is made. For the ninth pair a check mark is made if the responses are the same. The check marks are then tallied to produce the raw score. Finally, the raw scores are converted to *T*-score for interpretation.

The standardization sample consisted of 3,086 you aged 6 to 19, with approximately equal numbers of males and females. The sample was generally representative of the U.S. population based on US Census data for the year 2000 (3.5% Asian/Pacific Islander, Black/African American 14.8%, Hispanic/Latino 17.1%, Native American 1%, White 61%, Other 1.9%). Norms were divided into three age groups: 6-8 years, 9-14 years, and 15-19 years.

The RCMAS-2 has good reliability. Alpha coefficients for the scales ranged from .79 to .92 ( $N=3,086$ ). Test-retest reliability was calculated after a sub-sample of 100 children was administered the RCMAS-2 twice with one week between administrations  $r$ s ranged from .64 to .76.

The scales of the RCMAS-2 were found to be moderately to highly correlated with each other. Correlations of the anxiety scales ranged from .53 to .73. Correlations of the scales and the TOT ranged from .83 to .93. Evidence for validity was established by correlating the RCMAS-2 with the Children's Measure of Obsessive-Compulsive Symptoms (CMOCS; Reynolds & Livingston, in press). The CMOCS consists of 3 composite scales: Compulsions, Obsessions, and Outcomes. Correlations for the RCMAS-2 with the Obsessions scale of the CMOCS ranged from .16 to .52. Correlations for the RCMAS-2 with the Compulsions scale of the CMOCS ranged from .23 to .41. Correlations for the RCMAS-2 with the Outcomes scale of the CMOCS ranged from .06 to .46. For a group of children ( $N=75$ ) referred for ADD evaluations, correlations with the Children's Depression Inventory Short Form (CDI-SF; Kovacs & MMH, 2003) were examined. All of the RCMAS-2 anxiety scores were moderately correlated with the CDI-SF ( $r$ s = .45 -.68).

## Procedure

After IRB approval was obtained, two middle schools were recruited for participation through personal contact with the building principals and the school psychologist. The participating schools received detailed information about the study that included procedures for collecting data and the measures to be used. Parental consent forms were sent home with all sixth, seventh, and eighth grade students. Consent forms included a description of the study and samples items from each measure. Of the 823 parent consent forms that were sent home, 42% ( $n = 347$ ) were returned and 33% ( $n = 271$ ) were indicated consent to participate in the study. It was noted that one parent communicated disapproval of the school's participation of the study on the consent form in addition to denying consent. This information was communicated to the building principal. All students who returned a signed consent form, regardless of parent response, were entered into a raffle for a \$25 gift card. Students who returned parental consent forms with "yes" indicated were allowed to participate in the study.

The primary investigator introduced the focus of the study and students were informed that the information they provided would be anonymous and that participation was voluntary. Students were asked to sign a written assent form indicating their understanding of the study and willingness to participate. Students were provided with instructions about how to complete each survey. The Gender Typicality questionnaire, HCAT, RBVS, RCMAS2, and CDI2 were counterbalanced by group to control for survey placement effects.

Data collection was conducted in a large group format. At each school, surveys were administered to two groups over the course of two days. Each group complete the surveys in one 45-minute session.

### Scoring

All survey packets were collected and assigned a numerical identification number. Each individual measure was scored based on the scoring procedures outlined above. Peer Victimization, Depression, and Anxiety raw scores were converted to standardized T-scores. Gender Typicality scores were calculated by summing the responses of individual items. Homophobic Victimization scores were calculated by summing the Target scale items. An inverse transformation was then conducted to correct to significant skewness of Homophobic Victimization scores.

Missing data for depression, anxiety, and peer victimization items were managed in accordance with the criteria set forth in the CDI-2, R-CMAS 2, and RBVS manuals. If criteria were not met, no score was rendered. If at least 25 of the 28 depression items were completed, a score was calculated for depression. Missing anxiety items were simply excluded from the final scores. If 85% of items were completed, a score was calculated for peer victimization. Due to the small number of items it was determined that it would not be appropriate to calculate a score if more than one item was missing for gender typicality and homophobic victimization.

## Statistical Analyses

### Regression (Questions 1-4)

The first two research questions are an examination of the association between gender typicality and victimization. This association was explored using a stepwise regression analyses. In the first step peer victimization was regressed onto gender typicality. Gender was dummy-coded and entered into the second step. In the last step, a gender by gender typicality interaction term will be entered. It was expected that gender typicality would be significantly and negatively related to peer victimization. A significant interaction between gender and gender typicality was also expected. Specifically, it was predicted that low typicality scores would be related to peer victimization more strongly for boys than for girls.

A second stepwise regression analysis was conducted to examine homophobic victimization. In the first step homophobic victimization was regressed onto gender typicality, gender was entered in the second step, and the gender by gender typicality interaction term was added in the third step. A similar pattern of results was expected. Typicality was expected to significantly and negatively be associated with homophobic victimization and the relationship was expected to be stronger for boys than for girls.

#### Mediation (Questions 4-8)

Mediation refers to the idea that a third variable acts as the mechanism by which the independent variable influences an outcome (i.e., dependent variable) (Preacher & Hayes 2004). Moderated mediation analyses test whether a mediation effect is dependent upon the levels of an additional variable. Analyses were conducted using SPSS and the Hayes Process macro. Due to the limited statistical power inherent in analyses based on small sample size, the Preacher and Hayes (2004) bootstrapping technique was used to test a series of hypothesized moderated mediation models (see Figure 1 below). The conceptual model is a test of whether the indirect



effect of the independent variable (X) on the dependent variable (Y) through the mediator (M) differs at the levels of a moderator (W). Bootstrapping creates a large, predetermined number of samples by sampling with replacement and calculates the indirect effect in each sample. For the current study, 1000 samples were created. The distribution of the estimated effects from all of the samples is then examined to determine whether the indirect effect is significant. If the 95% confidence interval of estimated indirect effects does not include zero, it can be concluded that the indirect effect is significantly different from zero at  $p < .05$ .

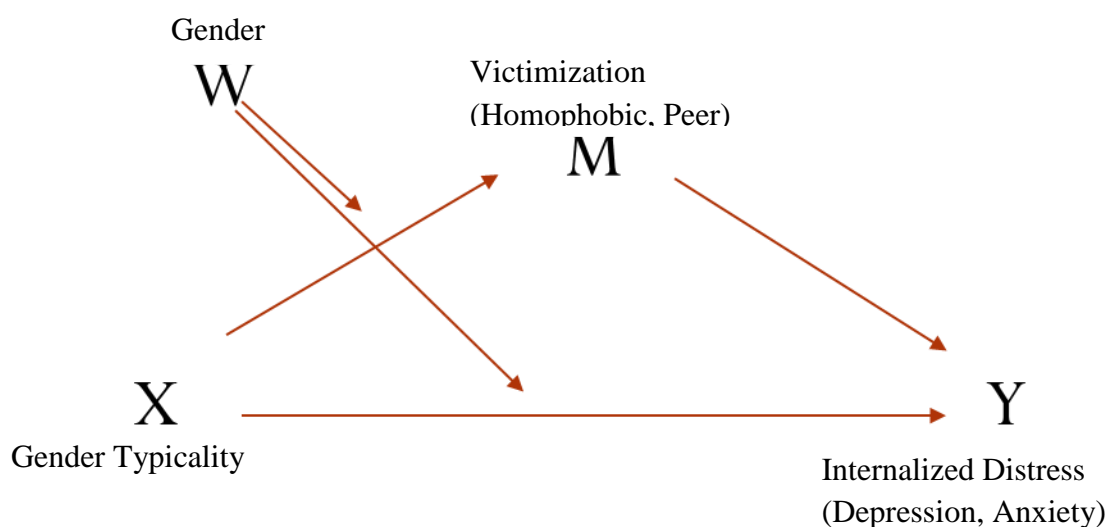


Figure 1.

*Moderated Mediation Conceptual Model*

The models tested the following proposed mediational relationship: victimization (M: Homophobic and Peer) will partially explain the influence of Gender Typicality (X) on internalized distress (Y: Anxiety and Depression). In order to test for a mediation effect by

gender, Gender (W) was entered a moderator for the association between the predictor and the mediator. All research questions were addressed using data from the moderated mediation analyses.

## CHAPTER 5

### **RESULTS**

#### Preliminary Analyses

See Table 2 for the means and standard deviations of all the variables for the total sample and by Gender (i.e., Gender Typicality, Peer Victimization, Homophobic Victimization, Depression, and Anxiety). Pearson correlation analyses were conducted to determine patterns of association among the variables by gender (see Table 3). Gender Typicality was significantly correlated with Depression and Anxiety for girls and it significantly correlated with Depression and Peer Victimization for boys. These results conflict with the results of the bootstrapping analyses. It is unclear as to why this is the case.

Table 2

*Means and Standard Deviations of Variables by Gender*

	<i>N</i>	<i>M</i>	<i>SD</i>	Range	
				Minimum	Maximum
<b>Depression</b>					
Male	74	54.39	11.04	40	90
Female	137	58.13	14.15	40	90
Total	211	50.14	13.26	40	90
<b>Anxiety</b>					
Male	85	50.64	13.89	29	78
Female	149	49.22	11.96	29	75
Total	234	49.74	12.69	29	78
<b>Gender Typicality</b>					
Male	82	10.49	2.83	5	17
Female	142	12.46	3.48	5	20
Total	224	11.74	3.39	5	20
<b>Homophobic Victimization</b>					
Male	83	.58	.39	0	1
Female	149	.76	.35	.04	1
Total	232	.69	.38	0	1
<b>Peer Victimization</b>					
Male	82	45.31	5.26	39	61
Female	147	44.39	6.04	40	67
Total	231	44.73	5.78	40	67

Table 3

*Correlations Among Study Variables by Gender*

	1	2	3	4	5
1. Depression	--	-.72**	.54**	.24*	-.23
2. Anxiety	-.59**	--	-.41**	-.18	.31**
3. Peer Victimization	.30**	-.20*	--	.29**	-.41**
4. Gender Typicality	.44**	-.18*	.17	--	-.12
5. Homophobic Victimization	-.14	.23**	-.17*	.05	--

*Note.* Correlations for males are presented above the diagonal. \* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Gender Differences

A series of Gender by Grade Level univariate analyses of variance (ANOVAs) were conducted to determine Gender and Grade Level differences for each of the variables. The main effects of Gender and Grade Level as well as the interaction of Gender by Grade Level were examined for each variable. Effect sizes were calculated for significant effects.

Significant Gender differences were found for Homophobic Victimization ( $F(1, 226) = 11.5, p = .001$ ), with females reporting more homophobic name-calling ( $M = .76, SD = .35$ ) than males ( $M = .58, SD = .35$ ) (Cohen's  $d = -.49$ ). In addition, significant differences were indicated for Gender Typicality ( $F(1, 218) = 16.37, p < .001$ ), with males reporting less Gender Typicality ( $M = 10.49, SD = 2.83$ ) than females ( $M = 12.46, SD = 3.48$ ) (Cohen's  $d = -.62$ ).

Grade-Level Differences

See Table 4 below for means and standard deviations of variables by grade level.

According to a series of one-way ANOVAs, significant Grade Level differences were found for Anxiety only ( $F(2,228) = 8.84, p < .001$ ). Mean Anxiety for 6<sup>th</sup> grade ( $M = 46.15, SD = 12.12$ ) was significantly lower than that of 8<sup>th</sup> grade ( $M = 52.87, SD = 13.51$ ) (Cohen's  $d = -0.52$ ). In addition, there was a significant Gender X Grade Level interaction for Anxiety ( $F(2, 228) = 5.41, p < .001$ ) (See Figure 2). Figure 2 reveals that in 6<sup>th</sup> grade, males had lower Anxiety than girls but in 8<sup>th</sup> grade they had higher anxiety than girls. Means for Anxiety by Gender and Grade Level are presented in Table 5.

### Exploratory Factor Analyses

Due to the limited evidence of reliability for the Gender Typicality questionnaire, an exploratory factor analysis was conducted to determine the factor structure of the questionnaire. An exploratory analysis was run for the nine questionnaire items using an oblique rotation because it was assumed that if multiple factors emerged they would be intercorrelated. Two factors emerged. Factor 1 consisted of items 3, 5, 6, 7, 8, and 9 and loadings ranged from .40 to .73. Factor 2 consisted of items 1, 2, 4, 5 and loadings ranged from .45 to .79. Upon closer examination of the items for each factor, it appeared as if Factor 1 represented perceptions of typicality in terms of more specific gender characteristics (e.g., hair style), with the exception of item 6. Item 6 asked about similarity of personality. Surprisingly, item number 6 loaded highly (.62) on factor 1 rather than factor 2 (.33). Factor 2 seemed to represent perception of global typicality (e.g. feeling like a good example of one's gender).

Results of reliability analysis yielded a Cronbach alpha of .31 for factor 1 and .67 for factor 2. A minimum reliability coefficient of 0.7 was desired for analyses. Because the study is primarily concerned with global perceptions of gender typicality rather than specific aspects of gender the factor 2 was examined further. Correlations among the original 9 items and the sum

Table 4

*Means and Standard Deviations of Study Variables by Grade*

	<i>N</i>	<i>M</i>	<i>SD</i>	Range	
				Minimum	Maximum
<b>Depression</b>	211	50.14	13.26	40	90
6 <sup>th</sup>	81	54.88	11.52	40	90
7 <sup>th</sup>	50	55.12	12.01	41	90
8 <sup>th</sup>	80	60.36	15.00	41	90
<b>Anxiety</b>	234	49.74	12.69	29	78
6 <sup>th</sup>	83	46.15	12.12	29	72
7 <sup>th</sup>	61	50.00	11.00	29	75
8 <sup>th</sup>	90	52.87	13.51	29	78
<b>Gender Typicality</b>	234	11.74	3.39	5	20
6 <sup>th</sup>	79	11.29	3.24	5	20
7 <sup>th</sup>	60	11.43	3.08	5	16
8 <sup>th</sup>	85	12.37	3.67	5	20
<b>Peer Victimization</b>	231	44.73	5.78	40	67
6 <sup>th</sup>	82	44.55	6.3	40	63
7 <sup>th</sup>	59	44.46	6.48	39	67
8 <sup>th</sup>	90	45.07	4.72	41	62
<b>Homophobic Victimization</b>	232	.69	.38	0	1
6 <sup>th</sup>	83	.67	.39	.00	1.00
7 <sup>th</sup>	61	.71	.35	.05	1.00
8 <sup>th</sup>	88	.69	.37	.04	1.00

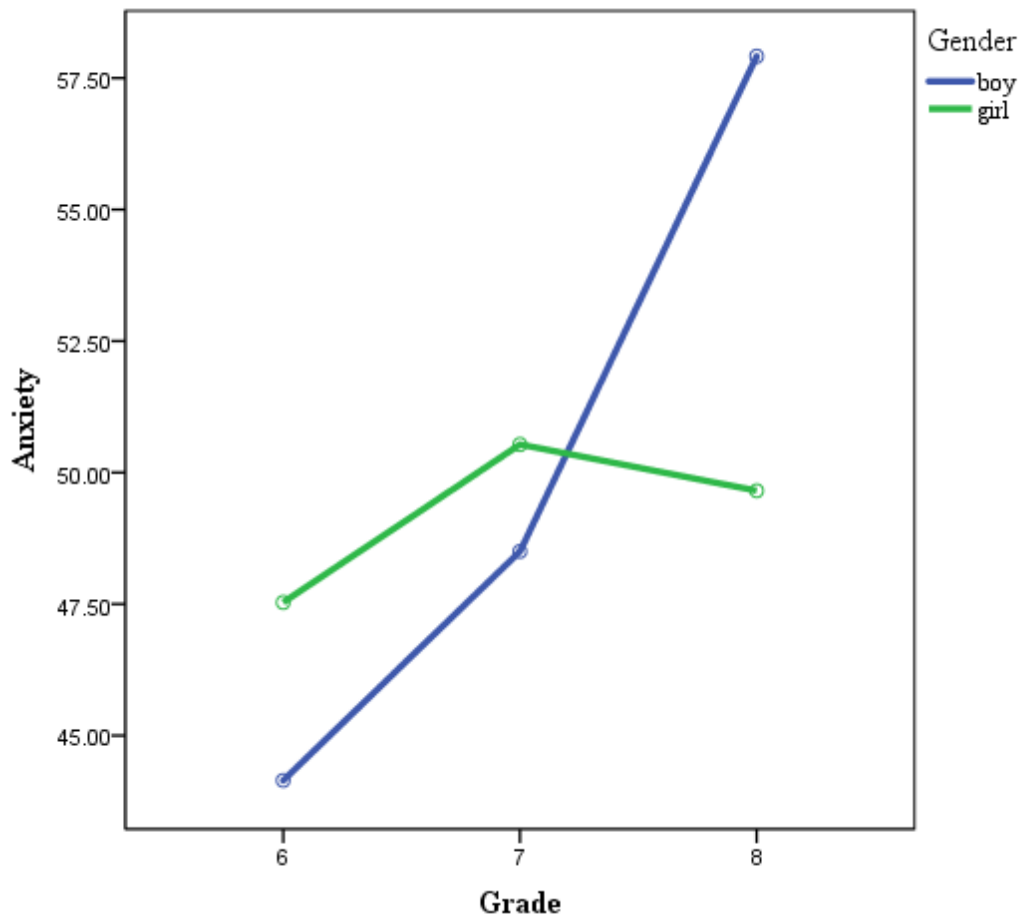


Figure 2

*Anxiety: Gender by Grade Level Interaction*



Table 5

*Anxiety: Grade by Gender Marginal Means*

Grade	Gender	<i>M</i>
6 <sup>th</sup>	Boy	44.15
	Girl	47.53
7 <sup>th</sup>	Boy	48.50
	Girl	50.53
8 <sup>th</sup>	Boy	57.91
	Girl	49.66

scores of factor 2 were examined. Due to conceptual fit, the relation of item 6 to the sum score of factor 2 was of particular interest. Item 6 correlated strongly (.69) and positively with the sum score of factor 2.

Factor analysis was then run for items 1, 2, 4, 5, and 6. All five of the items loaded onto one factor, unforced. Loadings ranged from .59 to .75. Cronbach alpha for the final scale was .70, which met the desired cutoff. The final scale used in analyses consisted of these items. All five of items included the final scale part of the original six-item questionnaire. Item number 3, which asked about how similar the things one likes to do in their spare time are to a typical member of their gender, was the only original item that was excluded.

Additionally, a reliability analysis was also run for the eight items comprising the Homophobic Content Target scale (HCT). Analysis yielded a Cronbach alpha of .85 which met desired criteria of at least .70. This is also comparable to the reliability achieved in previous studies using the HCT with a similar-aged population.

### HCT Target Responses

Students' Homophobic Content Target scale (HCT) were significantly positively skewed. An inverse transformation of scores was executed, which greatly reduced the skewness; however the data remained positively skewed. Examination of the scores revealed that many students reported that they were never the target of homophobic teasing. See Table 6 for an overview of response rate for each item. Of those who did report experiencing homophobic teasing, majority endorsed that it happened "1 or 2 times" in the last week. It was observed that students were most often called homophobic names by someone who was a friend, someone in the same grade, someone they did not like, and someone in the class. It should be noted that these relationships/characteristics are not all mutually exclusive. For example, someone who is a friend can also be in the same grade and class as the respondent.

### Main Analyses

#### Is Gender Typicality associated with victimization due to bullying? Are there gender differences?

It was predicted that Gender Typicality would be significantly and negatively associated with Peer Victimization for both boys and girls. It was also expected that this association would be stronger for boys than for girls. Table 7 presents the result of the regression model. Predictions were partially supported. There was a significant interaction of Gender and Gender Typicality. Higher gender typicality scores were associated with higher peer victimization scores (contrary to prediction) for both boys and girls. However, this association was stronger for boys than girls.

Table 6

*Response Rates for HCT Items*

<b>Some kids call each other names such as gay, lesbo, fag, etc. How many times during the last week did the following people call you these things?</b>						
		<b>Never</b>	<b>1 or 2 Times</b>	<b>3 or 4 Times</b>	<b>5 or 6 Times</b>	<b>7 or more Times</b>
1.	A friend	71.7%	18.3%	4.8%	2.6%	2.6%
2.	Someone I did not know	90.0%	7.8%	1.3%	0.4%	0.4%
3.	Someone I did not like	81.7%	13.9%	2.2%	1.7%	0.4%
4.	Someone I thought was gay	95.2%	3.5%	0.4%	0.9%	0%
5.	Someone I did not think was gay	94.3%	2.2%	1.3%	1.3%	.9%
6.	Someone in class	82.5%	13.5%	11.7%	11.7%	.4%
7.	Someone in the same grade	75.7%	15.2%	4.3%	3.0%	1.7%
8.	Someone in a different grade	88.3%	7.8%	1.7%	1.7%	0.4%

Table 7

*Gender Typicality Predicting Peer Victimization*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	$\Delta R^2$
Step 1				.001	.01
Gender	-.92	.81	-.08		
Step 2				.04*	.04**
Gender	-1.63	.82	-.14		
Gender Typicality	.36	.12	.21		
Step 3				.08***	.04**
Gender	-1.63	.81	-.14*		
Gender Typicality	.61	.14	.36***		
Gender X Gender Typicality	-.01	.003	-.25**		

\**p* < .05, \*\**p* < .01, \*\*\**p* < .001

Is Gender Typicality associated with Homophobic Victimization? Are there gender differences?

It was predicted that Gender Typicality would be significantly and negatively associated with Homophobic Victimization and that this association would be stronger for boys than for girls. Data pertaining to the outcome model predicting Homophobic Victimization are presented in Table 8. Contrary to predictions, Gender Typicality was not significantly associated with Homophobic Victimization. Although, it was noted that Gender alone accounted for 5% of the variance in Homophobic Victimization.

Table 8

*Gender Typicality Predicting Homophobic Victimization*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	$\Delta R^2$
Step 1				.05***	.05***
Gender	.18	.05	.23***		
Step 2				.05	.02
Gender	.18	.05	.24**		
Gender Typicality	-.001	.01	.01		
Step 3				.04	.002
Gender	.18	.05	.24**		
Gender Typicality	-.01	.01	-.04		
Gender X Gender Typicality	.000	.000	.05		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Is Gender Typicality significantly associated with Depression? Are there gender differences?

It was predicted that Gender Typicality would be significantly and negatively associated with Depression. No predictions were made with regard to gender differences. For data

pertaining to the outcome model predicting Depression see Table 9. The overall model accounted for 32% of the variance in Depression scores. Predictions were partially supported. Gender Typicality was significantly and positively associated with Depression for boys and girls, such that more typicality was associated with more depression. There was also a significant interaction effect. Gender Typicality predicted Depression more strongly for girls than boys.

Table 9

*Gender Typicality Predicting Depression*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	$\Delta R^2$
Step 1				.02*	.02*
Gender	4.01	1.92	.15		
Step 2				.16***	.15***
Gender	.92	1.85	.03		
Gender Typicality	1.57	.26	.40***		
Step 3				.32***	.16***
Gender	.92	1.66	.03		
Gender Typicality	2.74	.29	.70***		
Gender X Gender Typicality	-.04	.01	-.50***		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Is Gender Typicality significantly associated with Anxiety? Are there gender differences?

It was predicted that Gender Typicality would be significantly and negatively associated with Anxiety. No predictions were made with regard to gender differences. Data pertaining to the outcome model predicting anxiety are presented in Table 10. According to regression analysis, the overall model accounted for 8% of the variance in Anxiety scores. In line with predictions, Gender Typicality was significantly associated with Anxiety, such that less typicality was

associated with more anxiety. There was also a significant interaction effect. Gender Typicality predicted Anxiety more strongly for boys than for girls.

Table 10

*Gender Typicality Predicting Anxiety*

	<i>B</i>	<i>SE B</i>	$\beta$	<i>R</i> <sup>2</sup>	$\Delta R^2$
Step 1				-.002	.003
Gender	-1.41	1.77	-.05		
Step 2				.02*	.03*
Gender	-.09	1.81	-.003		
Gender Typicality	-.67	.26	-.18*		
Step 3				.08***	.06***
Gender	-.09	1.77	-.003		
Gender Typicality	-1.33	.31	-.36***		
Gender X Gender Typicality	.02	.01	.30***		

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$

Moderated Mediation: Peer Victimization as Mediator

Research questions 5 and 6 ask whether the associations between Gender Typicality and Anxiety and Depression are partially mediated by Peer Victimization and whether this effect is different for boys and girls. However, due to the lack of significant direct effects of Gender Typicality on Anxiety and Depression, questions 5 and 6 were slightly modified. Moderated mediation was tested in order to determine whether there was an indirect effect of Gender Typicality on Anxiety and Depression through Peer Victimization. It was predicted that there would be evidence of partial mediation (i.e., an indirect effect) for boys and girls. A bootstrapping method (Preacher & Hayes, 2004) was used to examine the moderated mediation model. Results of the bootstrapping analysis with Depression as the outcome are presented in

Table 11. It can be concluded that the indirect effect of Gender Typicality on Depression through Peer Victimization is significant for girls but not boys.

Table 11

*Moderated Mediation: Conditional Indirect Effect of Gender Typicality on Depression by Gender*

Gender	Effect	SE	95% CI	
			Lower	Upper
Boys	.27	.23	-.04	.87
Girls	.19	.12	.0035	.47

The results of bootstrapping analysis with Anxiety as the outcome are presented in Table 12. It can be concluded that there is a significant indirect effect of Gender Typicality on Anxiety through Peer Victimization for both girls and boys.

Table 12

*Moderated Mediation: Conditional Indirect Effect of Gender Typicality on Anxiety by Gender*

Gender	Effect	SE	95% CI	
			Lower	Upper
Boys	-.29	.16	-.72	-.08
Girls	-.16	.09	-.43	-.03

Moderated Mediation: Homophobic Victimization as Mediator

Research questions 7 and 8 address whether there is an indirect effect of Gender Typicality on Anxiety and Depression through mediated by Homophobic Victimization. The possible indirect effects were examined for boys and for girls. It was predicted that there would significant indirect effects for boys and girls. Bootstrapping (Preacher & Hayes, 2004) was used to examine the moderated mediation model. Results of the bootstrapping analysis with Depression as the outcome are presented in Table 13. It can be concluded that the indirect effect of Gender Typicality on Depression through Homophobic Victimization was not significant for boys or girls.

Table 13

*Moderated Mediation: Conditional Indirect Effect of Gender Typicality on Depression by Gender*

Gender	Effect	SE	95% CI	
			Lower	Upper
Boys	-.03	.12	-.29	.204
Girls	-.05	.07	-.23	.06

The results of bootstrapping analysis with Anxiety as the outcome are presented in Table 14. It can be concluded that the indirect effect of Gender Typicality on Anxiety through Homophobic Victimization was not significant for boys or girls.



Table 14

*Moderated Mediation: Conditional Indirect Effect of Gender Typicality by Gender*

Gender	Effect	SE	95% CI	
			Lower	Upper
Boys	-.15	.14	-.46	.09
Girls	.05	.08	-.11	.20

## CHAPTER 6

### DISCUSSION

Surveys such as the National Youth Risk Behavior Survey (Center for Disease Control) and the National Survey of Children Exposed to Violence (Office of Juvenile Justice and Delinquency Prevention) continue to show high rates of peer victimization and bullying among youth. It has been established that students who bully are at increased risk for lower academic competence and higher externalizing problems such as substance abuse (Nansel et al., 2001; Olweus, 1993). In addition, being a victim of bullying has been found to be associated with poor academic performance and internalizing problems such as anxiety and depression (Espelage & Holt, 2001; Nansel et al., 2001). Although it was not a goal of the current study, the association between peer victimization and anxiety and depression found in prior studies was replicated.

Of the various types of bullying, homophobic-themed bullying is one area in need of further study. Rates of peer victimization among youth who identify as lesbian, gay, bisexual, or transgendered (LGBT) are particularly high and warrant concern (Rivers, 2001). Much of the bullying/victimization experienced by LGBTQ youth is homophobic in nature (Poteat & Espelage, 2005). Unfortunately relatively little research has been conducted to help understand the impact of homophobic-themed bullying. Although no significant results with regard to homophobic teasing were found, the current adds to this limited area of research by examining associations with gender typicality among adolescents.

## Gender and Grade-Level Differences

Preliminary analyses were conducted to investigate gender and grade-level differences among all of the variables. Contrary to a previous study conducted by Poteat and Espelage (2005), girls reported more homophobic teasing than boys. As discussed above, the homophobic teasing data was very skewed and the sample was largely female (64%). These factors may account for the contradictory finding.

Analyses also revealed that boys were significantly less gender typical than girls. No previous studies were found to report gender differences in perceptions of typicality. Boys reporting less typicality than girls were surprising. One possible explanation is that the questions activated thoughts of competition among boys, such that their answers reflect feelings of “I’m better” rather than “I’m different.” Unfortunately the gender typicality questionnaire items were very much open to interpretation. Therefore, it cannot be clearly discerned whether it actually tapped into perceptions of alignment with gender norms or something else.

Grade level differences were found only for anxiety. Eighth grade students reported significantly more anxiety than 6<sup>th</sup> grade students and this effect was stronger for boys than for girls. This finding may be partially due to the timing of study participation. Students in 6<sup>th</sup> and 7<sup>th</sup> grade participated in the study at the end of the second quarter. Most of their exams had been completed. Eighth grade students on the other hand, were in the midst of studying for final exams when they participated in the study. It is likely that the anxiety level of the 8<sup>th</sup> grade students was impacted by their impending exams.

### Associations among Gender Typicality and Victimization

The current study examined the association of gender typicality and homophobic victimization as well as peer victimization due to bullying. The study aimed to replicate the finding of an association between gender typicality and victimization. Results partially supported predictions. An association between gender typicality peer victimization was replicated in the study's sample. Surprisingly, this association was positive. Students who perceived themselves as more typical had higher peer victimization scores. One possible explanation relates to the gender typicality questionnaire used in the study. The questionnaire may not have actually assessed gender typicality per se. First there is the limited reliability of the gender typicality questionnaire. The gender typicality questionnaire emphasized self-perceptions of similarity to ones gender. How students judged that similarity could have been based solely on comparisons to other members of their gender that they have encountered. Another possibility is that comparisons were based on their own ideas of what is "typical" for their gender. The point of comparison when completing the measure can impact how the scores are interpreted and how they relate to homophobic testing. One other possibility is that, contrary to this author's initial assertion, being less "typical" may not necessarily be viewed as a bad thing by peers. Perhaps the aspect of typicality (for example: personality vs physical appearance) is of importance.

This study was the first to examine the association of gender typicality and homophobic teasing among adolescents. Unfortunately, results indicated there was no significant association. Again the gender typicality questionnaire's validity may have influenced this outcome.

In addition, the limited range of scores for homophobic teasing likely limited the detection of an association with gender typicality. The homophobic teasing scores were significantly and positively skewed, with many students reporting that they were “never” the target of homophobic epithets. This skewness was pronounced even with statistical correction. When the homophobic teasing data was examined more closely it was discovered that over 50% of participants reported no instances being the target of homophobic teasing in the past week. The limited time frame may contribute to the lack of occurrences. In addition, because those that did report homophobic teasing, reported that the source was most often a friend, different aspects of students’ psychological well-being may be impacted. It is difficult to predict whether the impact would be positive or negative, but should be explored.

#### Associations between Gender Typicality and Internalized Distress

As described above, deviation from established gender norms (i.e. gender atypicality) may increase the likelihood of experiencing homophobic or peer victimization. As a result gender atypical youth may also have a higher risk of experiencing internalized distress. Prior research (e.g., Grossman & Starks, 2006; Skidmore, Linsenmeier, & Bailey, 2006) suggests that there are associations among gender typicality, peer victimization, and negative psychosocial outcomes. For example, Landolt, Bartholomew, Saffrey, Oram, and Perlman (2004) found that gender typicality significantly predicted anxiety and was mediated by peer rejection in an adult sample. The current study was interested in the associations of gender typicality, peer victimization, and internalized distress among adolescents. The associations of gender typicality and anxiety and depression were examined. In addition, the mediational roles of homophobic

victimization and peer victimization in the association between gender typicality and anxiety and depression were investigated. Such an investigation had not been conducted before.

The current study's findings were largely in line with predictions. Similar to Carver, Yunger, and Perry (2003) who found significant and negative associations between gender typicality and internalizing symptoms among a sample of 3<sup>rd</sup>-8<sup>th</sup> graders, gender typicality was significantly associated with both anxiety scores and depression scores. However, there was one key difference. In the current study gender typicality and anxiety were negatively associated, but gender typicality and depression were positively associated.

Again it is possible that the limited validity and reliability of the gender typicality questionnaire employed may have contributed to the unexpected direction of the effect on depression. It should also be taken into consideration that Carver Yunger, and Perry (2003) in their study took a multidimensional approach to the measurement of gender typicality. The different approach to measurement could have significantly impacted the results of the study. Yet another plausible explanation, as alluded to above, is that atypicality with regard to gender may not always have negative consequences. Perceiving oneself as less typical could be protective, particularly for girls due to the stronger positive association of gender typicality and depression for girls.

#### Mediational Roles of Peer and Homophobic Victimization

The final goals of the study were to investigate the mediational roles of homophobic and peer victimization. These goals were unique to this study. Based on moderated mediation analyses, it was found that peer victimization mediated the association of gender typicality and

depression for girls but not boys. This is partially in line with predictions, as the mediation effect was expected for both girls and boys. As predicted, peer victimization mediated the association between gender typicality and anxiety for both boys and girls.

For girls and boys being a typical example of one's gender was negatively associated with anxiety and peer victimization due to bullying seemed account for this association. Although it was expected that less alignment with perceived gender norms would be associated with internalized distress, however results of regression analyses indicate that this is not always the case. Some students may feel positively about being less gender typical. If an individual completing the gender typicality questionnaire values being *different*, then they may not experience psychological distress related to self-perceptions of atypicality. In such a case being gender atypical could act as a protective factor.

Results regarding depression appear to support the idea of atypicality as a potential protective factor for girls. It was found that for girls only being more gender typical was positively associated with depression and peer victimization due to bullying accounted for this association. The latter finding may be related to previous findings of a positive association between femininity and depression (Brazelton, Greene, & Gynther, 1996; Hart & Thompson, 1996; Thornton & Leo, 1992; Wichstrom, 1999). Brazelton, Greene, and Gynther (1996) in their study found that among college students, higher scores of femininity were associated with more depression. The current study did not measure femininity results of the latter study and the current study suggest that characteristics associated with female gender roles are positively associated with depression. In the current study this association is due to experiences of peer victimization. More is need to further explore this phenomenon.

With regard to homophobic victimization, it was expected that homophobic victimization would also partially explain the association between gender typicality and anxiety and depression. It was also predicted that the effect would be stronger for boys than for girls, since previous studies have found that boys are more likely to be the target of homophobic teasing than girls. Results indicated that homophobic victimization did not mediate the association of gender typicality and anxiety and depression for either gender. One potential explanation is that the peer victimization experienced by students was not labeled by the victim as homophobic. There is also the possibility, once again, that the limited range of homophobic victimization scores significantly impacted these results. It should also be noted that only one facet of homophobic victimization, verbal teasing, was assessed. Future research should examine other aspects of homophobic victimization.

### Limitations

The current study offered valuable insight into the associations among gender typicality, peer victimization, and internalized distress, however there were several limitations. First the sample was drawn from two Midwestern rural middle schools and largely consisted of middle-class Caucasian students. The lack of a representative sample limits the generalizability of the results. Second, data were collected in a large group setting using self-report measures. Although self-report is a common method for gathering victimization and internalizing symptom data, self-report may be biased and the large group setting could have impacted students' responses.

In addition, the gender typicality questionnaire (Egan & Perry, 2001) was a self-report measure with limited evidence of validity and reliability. The reliability coefficient for the



current study was .70 which is comparable to that of previous studies that have used the questionnaire. The format of the questionnaire matched that of the Self-Concept Questionnaire developed by Harter (1985). Despite careful explanation, students found the format confusing. Seven students completed the questionnaire incorrectly by endorsing more than one answer for each item, resulting in their data being excluded from analyses. In addition, it is unknown what standard of comparison students used when responding to the items. The measure did not specify comparisons that students should think about themselves in relation to other kids. If it had, results may have been different. Adequate measures of gender typicality are needed for research in this area to continue to grow.

Lastly, the gender typicality questionnaire measured self-perceptions of typicality. The original proposition was that some youth are victimized partially due to others' perceptions of their sexual orientation which is likely influenced by perceived gender typicality. There may not be a strong correlation between self-perceptions of gender typicality and an observer's perceptions of typicality.

#### Implications and Future Directions

Experiences with peer victimization in schools is predictive of a host of negative outcomes (Espelage & Holt, 2001; Kaltiala-Heino, Rimpelae, & Rantanen, 2000; Nansel et al., 2001; Rigby, 2003). Certain student populations are at higher risk for experiencing peer victimization than others, such as LGBTQ students. Rates of peer victimization for LGBTQ youth is estimated to be much higher (58-83%) than that of heterosexual students (Pilkington & D'Augelli, 1995; Rivers, 2001). School administrators, psychologists, and social workers are

aware of the negative impact of bullying in schools, however may not know how or where to intervene. It is important for researchers to understand the types of victimization that are occurring as well as potential contributing factors. This will aid in the development of more effective and targeted interventions.

This is the first time that a study has investigated indirect effects of gender typicality on anxiety and depression. The results suggest self-perceptions of gender typicality interact with experiences of peer victimization which is then associated with internalized distress. Whether this interaction is positive or negative appears to depend upon additional factors. This information has important implications when examining school climate as a point of intervention. School climate has been identified as an area to target for intervention to decrease bullying behaviors (Birkett, Espelage, & Koenig, 2009; Kasen, Berenson, Cohen, & Johnson, 2004).

School climate factors related to gender stereotyping and gender norms should be considered when addressing issues of bullying. Procedures, policies, and language employed in school can aid in the perpetuation of gender stereotypes. It is possible that there are aspects of school climate that perpetuate gender norms and ostracize or empower those students who do not align with the norms. The degree to which students feel they are aligned with gender norms can impact psychological outcomes as indicated by the results of the current study. Again, whether or not the impact is positive or negative seems to depend on factors related to gender. More work is needed to illuminate the impact of gender typicality on peer relations and student outcomes in schools.

Before the role and impact of gender typicality in schools can be explored further, there is a need for the development of reliable and valid measures of gender typicality. The gender typicality questionnaire may not actually measure the construct of gender typicality at all due to the vague and interpretable nature of the items. Perhaps future gender typicality measures should focus on the dimensions of femininity and masculinity. It may also simply be helpful to specific points of comparison in the directions when measuring self-perception of typicality.

The current study did not find that any of the variables examined were associated with homophobic teasing, however homophobic teasing and other homophobic behavior warrant further study. The participants in the current study seemed reluctant to report the occurrence of homophobic teasing, despite reassurance of anonymity. Future research may focus on older students so as to decrease social desirability effects.

Research in the areas of gender typicality and homophobic bullying is currently limited. However the interest in issues dealing with gender and homophobic-themed bullying in schools is growing. The current study supports that there is a link among gender typicality, peer victimization, and internalized distress. Other studies have found that homophobic language is used and heard among school-aged youth (Poteat & Espelage, 2005; Swearer et al., 2008). The current study may not have found support for an association between gender typicality and homophobic teasing, but both areas should be studied further.

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## APPENDICES

APPENDIX A

REYNOLDS BULLY/VICTMIZATION SCALE

**Directions:** The following sentences tell about things that have happened in and out of school. Please read each sentence and **CIRCLE** the number that tells best how often this has happened to you over the **PAST MONTH**. There are no right or wrong answers. Please work carefully and do not skip any sentences. If you need to change your answer, mark an X through the incorrect answer and circle the correct answer.

In the Past Month:	Never	Once or Twice	Three or Four Times	Five or More Times
1. Other kids pushed me around.	0	1	2	3
2. Other kids teased me or called me names in school.	0	1	2	3
3. I picked on younger kids.	0	1	2	3
4. One or more kids hit me for no reason.	0	1	2	3
5. Some kids broke something of mine.	0	1	2	3
6. I pushed other kids around in school.	0	1	2	3
7. Some kids said they would hurt me.	0	1	2	3
8. I was afraid that other kids would hurt me.	0	1	2	3
9. Some kids said they would hurt my family.	0	1	2	3
10. Other kids tried to pick a fight with me.	0	1	2	3
11. Other kids did things to make me feel bad or get mad.	0	1	2	3
12. A kid threw something at me to hurt me.	0	1	2	3
13. I teased or called other kids names.	0	1	2	3
14. I hit other kids because I felt like it.	0	1	2	3
15. I picked on kids my own age.	0	1	2	3
16. I threw something at other kids to hurt them.	0	1	2	3
17. I made other kids do things for me.	0	1	2	3
18. I told my parents other kids were picking on me.	0	1	2	3
19. I was with a group of kids who picked on other kids.	0	1	2	3
20. Some kids took my books or papers.	0	1	2	3
21. Some kids chased me and tried to hurt me.	0	1	2	3
22. A group of kids tried to beat me up.	0	1	2	3

23. I took things away from other kids.	0	1	2	3
24. I started other fights with other kids.	0	1	2	3
25. I called other kids names to hurt them or make them mad.	0	1	2	3

In the Past Month:	Never	Once or Twice	Three or Four Times	Five or More Times
26. I broke things belonging to other kids.	0	1	2	3
27. I was with a group of kids who threw things at other kids.	0	1	2	3
28. I beat up someone.	0	1	2	3
29. I chased kids to scare them.	0	1	2	3
30. Some kids made me do something that got me in trouble.	0	1	2	3
31. I got away with hitting kids in school.	0	1	2	3
32. Some kids were mean to me at school.	0	1	2	3
33. Other kids did things to me that made me feel bad.	0	1	2	3
34. I ran away from a kid or kids who tried to pick a fight with me.	0	1	2	3
35. I made kids do things they did not want to do	0	1	2	3
36. Some kids told me that they would hurt me.	0	1	2	3
37. I made fun of other kids to be mean to them.	0	1	2	3
38. I started a fight with a kid I knew I could beat up.	0	1	2	3
39. Some kids hit or kicked me.	0	1	2	3
40. Some kids spit on me.	0	1	2	3
41. I took money away from other kids.	0	1	2	3
42. I told a teacher that other kids were picking on me.	0	1	2	3
43. I was with a group of kids who picked fights with other kids.	0	1	2	3
44. I told someone that I or my friends would beat them up.	0	1	2	3
45. A kid made me do something that I did not want to do.	0	1	2	3
46. I did things to bother other kids and make them feel bad.	0	1	2	3

APPENDIX B

HOMOPHOBIC CONTENT AGENT TARGET SCALE

Circle the number that indicates your answer.

Some kids call each other names such as gay, lesbo, fag, etc. How many times during the last week did you say these things to...

		Never	1 or 2 Times	3 or 4 Times	5 or 6 Times	7 or more Times
1.	A friend	1	2	3	4	5
2.	Someone I did not know	1	2	3	4	5
3.	Someone I did not like	1	2	3	4	5
4.	Someone I thought was gay	1	2	3	4	5
5.	Someone I did not think was gay	1	2	3	4	5
6.	Someone in class	1	2	3	4	5
7.	Someone in the same grade	1	2	3	4	5
8.	Someone in a different grade	1	2	3	4	5

Circle the number that indicates your answer.

Some kids call each other names such as gay, lesbo, fag, etc. How many times in the last week did the following people call you these things?

		Never	1 or 2 Times	3 or 4 Times	5 or 6 Times	7 or more Times
1.	A friend	1	2	3	4	5
2.	Someone I did not know	1	2	3	4	5
3.	Someone who did not like me	1	2	3	4	5
4.	Someone I thought was gay	1	2	3	4	5
5.	Someone I did not think was gay	1	2	3	4	5
6.	Someone in class	1	2	3	4	5
7.	Someone in the same grade	1	2	3	4	5
8.	Someone in a different grade	1	2	3	4	5



APPENDIX C  
CHILDREN'S DEPRESSION INVENTORY 2<sup>ND</sup> EDITION

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick **ONE** sentence that describes you best for the **past two weeks**. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this [x] next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you best

**Example:**

- I read books all the time.
- I read books once in awhile.
- I never read books.

Remember, for each group, pick out the sentence that describes you best in the **PAST TWO WEEKS**.

<p><b>Item 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am sad once in a while.</li> <li><input type="checkbox"/> I am sad many times.</li> <li><input type="checkbox"/> I am sad all the time.</li> </ul>	<p><b>Item 6</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I hate myself.</li> <li><input type="checkbox"/> I do not like myself.</li> <li><input type="checkbox"/> I like myself.</li> </ul>
<p><b>Item 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Nothing will ever work out for me.</li> <li><input type="checkbox"/> I am not sure if things will work out for me.</li> <li><input type="checkbox"/> Things will work out for me O.K.</li> </ul>	<p><b>Item 7</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All bad things are my fault.</li> <li><input type="checkbox"/> Many bad things are my fault.</li> <li><input type="checkbox"/> Bad things are not usually my fault.</li> </ul>
<p><b>Item 3</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I do most things O.K.</li> <li><input type="checkbox"/> I do many things wrong.</li> <li><input type="checkbox"/> I do everything wrong.</li> </ul>	<p><b>Item 8</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I do not think about killing myself.</li> <li><input type="checkbox"/> I think about killing myself but would not do it.</li> <li><input type="checkbox"/> I want to kill myself.</li> </ul>
<p><b>Item 4</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I have fun in many things.</li> <li><input type="checkbox"/> I have fun in some things.</li> <li><input type="checkbox"/> Nothing is fun at all.</li> </ul>	<p><b>Item 9</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I feel like crying every day.</li> <li><input type="checkbox"/> I feel like crying many days.</li> <li><input type="checkbox"/> I feel like crying once in a while.</li> </ul>

<p><b>Item 5</b></p> <p><input type="checkbox"/> I am important to my family.</p> <p><input type="checkbox"/> I am not sure if I am important to my family.</p> <p><input type="checkbox"/> My family is better off without me.</p>	<p><b>Item 10</b></p> <p><input type="checkbox"/> I feel cranky all the time.</p> <p><input type="checkbox"/> I feel cranky many times.</p> <p><input type="checkbox"/> I am almost never cranky.</p>
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<p><b>Item 11</b></p> <p><input type="checkbox"/> I like being with people.</p> <p><input type="checkbox"/> I do not like being with people many times.</p> <p><input type="checkbox"/> I do not want to be with people at all.</p>	<p><b>Item 20</b></p> <p><input type="checkbox"/> I never have fun at school.</p> <p><input type="checkbox"/> I have fun at school only once in a while.</p> <p><input type="checkbox"/> I have fun at school many times.</p>
<p><b>Item 12</b></p> <p><input type="checkbox"/> I cannot make up my mind about things.</p> <p><input type="checkbox"/> It is hard to make up my mind about things.</p> <p><input type="checkbox"/> I make up my mind about things easily.</p>	<p><b>Item 21</b></p> <p><input type="checkbox"/> I have plenty of friends.</p> <p><input type="checkbox"/> I have some friends but I wish I had more.</p> <p><input type="checkbox"/> I do not have any friends.</p>
<p><b>Item 13</b></p> <p><input type="checkbox"/> I look O.K.</p> <p><input type="checkbox"/> There are some bad things about my looks</p> <p><input type="checkbox"/> I look ugly</p>	<p><b>Item 22</b></p> <p><input type="checkbox"/> My schoolwork is alright.</p> <p><input type="checkbox"/> My schoolwork is not as good as before.</p> <p><input type="checkbox"/> I do very badly in subjects I used to be good in.</p>
<p><b>Item 14</b></p> <p><input type="checkbox"/> I have to push myself all the time to do my schoolwork.</p> <p><input type="checkbox"/> I have to push myself many times to do my schoolwork.</p> <p><input type="checkbox"/> Doing schoolwork is not a big problem.</p>	<p><b>Item 23</b></p> <p><input type="checkbox"/> I can never be as good as other kids.</p> <p><input type="checkbox"/> I can be as good as other kids if I want to.</p> <p><input type="checkbox"/> I am just as good as other kids.</p>
<p><b>Item 15</b></p> <p><input type="checkbox"/> I have trouble sleeping every night</p> <p><input type="checkbox"/> I have trouble sleeping many nights</p> <p><input type="checkbox"/> I sleep pretty well</p>	<p><b>Item 24</b></p> <p><input type="checkbox"/> Nobody really loves me.</p> <p><input type="checkbox"/> I am not sure if anybody loves me.</p> <p><input type="checkbox"/> I am sure that somebody loves me.</p>
<p><b>Item 16</b></p> <p><input type="checkbox"/> I am tired once in a while.</p> <p><input type="checkbox"/> I am tired many days.</p> <p><input type="checkbox"/> I am tired all the time.</p>	<p><b>Item 25</b></p> <p><input type="checkbox"/> It is easy for me to get along with friends.</p> <p><input type="checkbox"/> I get into arguments with friends many times.</p> <p><input type="checkbox"/> I get into arguments with friends all the time.</p>
<p><b>Item 17</b></p> <p><input type="checkbox"/> Most days I do not feel like eating.</p> <p><input type="checkbox"/> Many days I do not feel like eating.</p> <p><input type="checkbox"/> I eat pretty well.</p>	<p><b>Item 26</b></p> <p><input type="checkbox"/> I fall asleep during the day all the time.</p> <p><input type="checkbox"/> I fall asleep during the day many times.</p> <p><input type="checkbox"/> I almost never fall asleep during the day.</p>
<p><b>Item 18</b></p>	<p><b>Item 27</b></p>

<p><input type="checkbox"/> I do not worry about aches and pains. <input type="checkbox"/> I worry about aches and pains many times. <input type="checkbox"/> I worry about aches and pains all the time.</p>	<p><input type="checkbox"/> Most days I feel like I can't stop eating. <input type="checkbox"/> Many days I feel like I can't stop eating. <input type="checkbox"/> My eating is O.K.</p>
<p><b>Item 19</b> <input type="checkbox"/> I do not feel alone. <input type="checkbox"/> I feel alone many times. <input type="checkbox"/> I feel alone all the time.</p>	<p><b>Item 28</b> <input type="checkbox"/> It is easy for me to remember things. <input type="checkbox"/> It is a little hard to remember things. <input type="checkbox"/> It is very hard to remember things.</p>

APPENDIX D

REVISED CHILDREN'S MANIFEST ANXIETY SCALE 2<sup>ND</sup> EDITION

**Directions**

The sentences on this form tell how some people think and feel about themselves. Read each sentence carefully, then circle the word that shows your answer. Circle *Yes* if you think the sentence is *true* about you. Circle *No* if you think it is *not true* about you. Give an answer for every sentence, even if it is hard to choose one that fits you. Do not circle both *Yes* and *No* for the same sentence. If you want to change and answer, draw an **X** through your first answer and then circle your new choice.

There are no right or wrong answers. Only you can tell us how you think and feel about yourself. **Remember, after you read each sentence, ask yourself, “Is it true about me?” If it is, circle *Yes*. If it is not, circle *No*.**

**Circle one answer for each sentence.**

- |  |     |    |
|--|-----|----|
| 1. Often I feel sick in my stomach. ....                           | Yes | No |
| 2. I am nervous. ....  | Yes | No |
| 3. I often worry about something bad happening to me. ....         | Yes | No |
| 4. I fear other kids will laugh at me in class. ....               | Yes | No |
| 5. I have too many headaches. ....                                 | Yes | No |
| 6. I worry that others do not like me. ....                        | Yes | No |
| 7. I wake up scared sometimes. ....                                | Yes | No |
| 8. I get nervous around people. ....                               | Yes | No |
| 9. I feel someone will tell me I do things the wrong way. ....     | Yes | No |
| 10. I fear other people will laugh at me. ....                     | Yes | No |
| 11. I have trouble making up my mind. ....                         | Yes | No |
| 12. I get nervous when things do not go the right way for me. .... | Yes | No |
| 13. Others seem to do things easier than I can. ....               | Yes | No |
| 14. I like everyone I know. ....                                   | Yes | No |
| 15. Often I have trouble getting my breath. ....                   | Yes | No |
| 16. I worry a lot of the time. ....                                | Yes | No |
| 17. I feel bad if people laugh at me. ....                         | Yes | No |
| 18. I am afraid of a lot of things. ....                           | Yes | No |
| 19. I am always kind. ....   | Yes | No |

20. I get mad easily. .... Yes No
21. I worry about what my parents will say to me. .... Yes No
22. I feel that others do not like the way I do things. .... Yes No
23. I am afraid to give a talk to my class. .... Yes No
24. I always have good manners. .... Yes No
25. It is hard for me to get sleep at night. .... Yes No
26. I worry about what other people think about me. .... Yes No
27. I feel alone even when there are people with me. .... Yes No
28. I get teased at school. .... Yes No
29. I am always good. .... Yes No
30. My feelings get hurt easily. .... Yes No
31. My hands feel sweaty. .... Yes No
32. I worry about making mistakes in front of people. .... Yes No
33. I am always nice to everyone. .... Yes No
34. I am tired a lot. .... Yes No
35. I worry about what is going to happen. .... Yes No
36. Other people are happier than I am. .... Yes No
37. I am afraid to speak up in a group. .... Yes No
38. I tell the truth every single time. .... Yes No
39. I have bad dreams.  
..... Yes No
40. I get angry sometimes. .... Yes No
41. I worry about being called on in class. .... Yes No
42. I worry when I go to bed at night. .... Yes No
43. It is hard for me to keep my mind on my schoolwork. .... Yes No
44. I sometimes say things I should not say. .... Yes No
45. I worry about someone beating me up. .... Yes No
46. I wiggle in my seat a lot. .... Yes No
47. A lot of people are against me. .... Yes No
48. I have told a . . . .... Yes No
49. I worry about saying something dumb. .... Yes No

APPENDIX E

GENDER TYPICALITY QUESTIONNAIRE



Read each statement. Then decide which statement is true for you. Once you have decided which statement is true for you, mark an X in the box showing how true that statement is for you either “really true for me” or “sort of true for me.” Only **ONE** choice is marked per item.

**Sample:**

First, **DECIDE** which statement is true for you:

*If you do like to do fun things with a lot of other people around, then the first statement is true for you.*

Next, put an X in box showing **HOW** true the statement is for you.

*If it is “very true” (you like doing fun things with lots of other people around almost all of the time) then put an X in the box under “very true for me”*

Remember: You should be marking **X** in only **ONE** box per line.

	Really True	Sort of True			Sort of True	Really True	
	For me	For me	SAMPLE ITEM		For me	For me	
	<input type="checkbox"/>	<input type="checkbox"/>	Some girls like to do fun things with a lot of other people	<b>BUT</b>	Other girls like to do fun things with just a few people	<input type="checkbox"/>	<input type="checkbox"/>
1.	<input type="checkbox"/>	<input type="checkbox"/>	Some girls <i>don't</i> feel they're just like all the other girls their age.	<b>BUT</b>	Other girls do feel they're just like all the other girls their age	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	Some girls don't feel they fit in with the other girls.	<b>BUT</b>	Other girls do feel they fit in with other girls.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	Some girls don't feel that the things they like to do in their spare time are similar to what most girls like to do in their spare time.	<b>BUT</b>	Some girls do feel that the things they like to do in their spare time are similar to what most girls like to do in their spare time.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	Some girls think they are A good example of being a girl.	<b>BUT</b>	Other girls don't think they are a good example of being a girl.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	Some girls don't feel that the things they're good at are similar to what most girls are	<b>BUT</b>	Some girls do feel that the things they're good at are similar to what most girls are	<input type="checkbox"/>	<input type="checkbox"/>

- |    |                          |                          |   |            |   |                          |                          |
|----|--------------------------|--------------------------|---|------------|---|--------------------------|--------------------------|
|    |                          | good at.                 |   | good at.   |   |                          |                          |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Some girls don't feel that their personality is similar to most girls' personalities.   | <b>BUT</b> | Some girls do feel that their personality is similar to most girls' personalities.    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Some girls don't like to wear clothes that most girls wear.                             | <b>BUT</b> | Other do girls like to wear clothes that most girls wear.                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Some girls don't style their hair the way most girls style their hair.                  | <b>BUT</b> | Other girls do style their hair the way most girls style their hair.                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Some girls don't participate in the kinds of activities that most girls participate in. | <b>BUT</b> | Other girls do participate in the kinds of activities that most girls participate in. | <input type="checkbox"/> | <input type="checkbox"/> |