VICTIMIZATION AND SUICIDAL IDEATION AMONG LGBQ YOUTH AND STUDENTS WITH DISABILITIES: AN EXAMINATION OF INTERSECTING IDENTITIES

BY

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THESIS

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ABSTRACT

Previous research examining the associations between suicidality, peer victimization, and school connectedness among individual populations such as students with disabilities and LGBQ students, respectively, reveals that both populations report higher levels of suicidality than their peers. However, no study has examined the intersection of these two identities with regards to suicidal ideation. Using a sample of 11,364 high school students, the current study included multilevel analyses to examine the influence of multiple stigmatized identities, peer victimization, and school connectedness on suicidal ideation. Students identifying with one stigmatized identity reported higher levels of suicidal ideation, while between-person school connectedness buffered and between-person peer victimization exacerbated the effect. Additionally, students who identified with a disability and as LGBQ ($n = 264$) who were victimized more than their peers reported the highest levels of suicidal ideation. School-based bullying and suicide prevention programs need to consider students with multiple stigmatized identities.

*Keywords*: suicidal ideation, disability, LGBQ, intersectionality, peer victimization, school connectedness
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Victimization and Suicidal Ideation Among LGBQ Youth and Students with Disabilities: An Examination of Intersecting Identities

Bullying, peer victimization, and suicide continue to be prevalent public health issues that affect adolescents across the nation (Espelage & Holt, 2013; Kaminski & Fang, 2009). Although bullying or peer victimization does not cause suicide (American Foundation for Suicide Prevention, 2013), research has shown that bullying and victimization are important predictors of adverse psychological outcomes for youth (for a meta-analysis, see Holt et al., 2015). Among specific populations such as lesbian, gay, bisexual, or questioning (LGBQ) students and students with disabilities, the effects of bullying and victimization are particularly worrisome. LGBQ students and students with disabilities may be particularly vulnerable to poor psychosocial and health-related outcomes as a result of bullying and victimization (Rose, Forber-Pratt, Espelage, & Aragon, 2014; Taylor, Saylor, Twyman, & Macias, 2010). The extant literature shows that stigma-related stressors like peer victimization, when combined with typical daily stressors, predict poor outcomes such as suicidality (Meyer, 2003; Meyer, Frost, & Nezhad, 2014). As a result, the existing literature focuses on understanding ecological risk and protective factors, such as school-level interventions and peer-to-peer interactions as a way to develop prevention measures for bullying influencing all students. However, less research is concerned with specific populations, such as LGBQ youth and students with disabilities (Meyer, Dietrich, & Schwartz, 2008; Rose, Monda-Amaya, & Espelage, 2011). For students who are already susceptible to bullying and victimization simply because of their identities, this study seeks to understand the association between peer victimization and suicidal ideation among these populations from a minority stress framework to inform further prevention efforts.
**Literature Review**

Studies attempting to measure rates of bullying among specific populations in comparison to the general population of students have been limited due to study design and definitional issues of bullying. Most research focuses on either general or special education populations by dichotomizing disability status, while research shows this is an oversimplification and possibly inaccurate representation of the actual rates of victimization (Rose & Espelage, 2012; Rose, Simpson, & Moss, 2015). Moreover, few studies have the necessary sample size to make meaningful comparisons between populations and including students with multiple marginalized identities (Rose et al., 2015). To further complicate this issue, varying definitions of bullying and adherence to the definition in research studies may influence reported rates of bullying. As defined by Olweus (1993, 1997), bullying is any aggressive behavior by an individual with more perceived physical or social power directed towards an individual that is repeated over time, with the intent to harm. Peer victimization—central to this study—has been defined as “the experience among children of being a target of the aggressive behaviour of other children, who are not siblings and not necessarily agemates” (Hawker & Boulton, 2000, p. 441).

While students with disabilities or LGBQ students may or may not be the targets of bullying, even some experience with victimization as a result of their given identity can lead to adverse outcomes such as low self-esteem, suicide ideation, school avoidance, depressive symptoms, and anxiety (Swearer, Espelage, Vaillancourt, & Hymel, 2010). Similarly, involvement in bullying in any form may be associated with suicidal ideation and behaviors (Espelage & Holt, 2013) and requires further examination for specific marginalized populations who are often the target of victimization. Though these issues remain largely unresolved, understanding the particular influence of students’ identities is paramount to the current study.
Victimization, Suicidality, and Students with Disabilities

As of 2013, nearly 22% of students aged 12–18 years reported that they were being bullied at school in a cross-sectional nationwide survey (National Center for Education Statistics, 2015). However, the rates of victimization amongst students with disabilities are significantly higher, possibly as high as 50% (Rose et al., 2011). Students with disabilities are 1 to 1.5 times more likely to report being victimized as similarly aged students without a disability. In a longitudinal study examining national prevalence rates of repeated victimization, Blake, Lund, Zhou, Kwok, and Benz (2012) found rates of victimization as high as 26.6% for high school students with disabilities.

Not only are students with disabilities overrepresented in the bullying dynamic (Rose & Espelage, 2012; Rose et al., 2011), they are often bullied because of their disability and are more susceptible to the consequences (Young, Ne’eman, Gesler, & National Council on Disability, 2012). Still, there is little evidence of bullying prevention efforts that specifically target the unique needs of students with both highly visible (i.e., stuttering) and less visible (i.e., emotional and behavioral) disabilities (Rose et al., 2011). Because anti-bullying policies are often school-wide and seek to protect as many students as possible, attention should be given to designing policies that meet the needs of students at higher risk for victimization like students with disabilities. Special care should also be given to students identifying with more than one marginalized identity, which is explored in the current study.

Students with disabilities are not only at a heightened risk for victimization (Rose et al., 2014), but potentially suicidality as well (Wachter & Bouck, 2008). According to the 2013 Youth Risk Behavior Surveillance (YRBS) survey, 17% of high school students nationwide seriously consider suicide and 8% actually attempt suicide (Center for Disease Control, 2013).
Yet, little information is available about suicidal ideation among students with disabilities even though there is a link between victimization and suicidality and they are overrepresented in the bullying dynamic (Rose & Espelage, 2012). However, studies have compared the differences in internalizing symptoms for students with and without disabilities. In a meta-analysis of 15 studies examining students with disabilities and depression, Magg and Reid (2006) found that elementary through high school students with high incidence disabilities (e.g., emotional and behavioral disorders) report significantly higher scores for measures of depression than students without disabilities. Gallegos, Langley, and Villegas (2012) found similar results in a study of 130 Mexican students aged 6 to 17 years with and without learning disabilities, such that students with learning disabilities were significantly more likely to experience anxiety (12% to 22%) and depression (18% to 32%) than students without a learning disability. In the current study, we seek to enrich the current literature by examining the relation between victimization and suicidal ideation with a large sample high school students with and without disabilities, as well as an additional stigmatized identity.

Victimization, Suicidality, and LGBQ Students

Much like students with disabilities, LGBQ students consistently report higher levels of victimization compared to their heterosexual peers (Espelage, Aragon, Birkett, & Koenig, 2008; Robinson & Espelage, 2011; Robinson & Espelage, 2012). According to a 2011 study conducted by the Gay, Lesbian, and Straight Education Network (GLSEN), nearly 82% of LGBT youth reported being harassed at school in the past year (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012), although rates have slightly decreased since. According to the 2013 National School Climate Survey including a representative national sample of 8,854 students grades 6 to 12 from over 3,200 school districts across the United States, Kosciw, Greytak, Palmer, and
Boesen (2014) still found that a staggering 74% of LGB youth reported being verbally harassed in the past year. Furthermore, 56% reported homophobic remarks, 49% reported cyberbullying, and 36% reported physical harassment because of their sexual orientation. Likely due to the effects of victimization, nearly 56% of LGB students reported feeling unsafe at school (Kosciw, Greytak, Palmer, & Boesen, 2014). Although the rates of victimization are particularly high for LGBTQ students, there may be a number of potential school-based supports (i.e., supportive staff, Gay-Straight Alliances, school policies, etc.) that can enrich the school climate and, potentially, buffer the negative impact of victimization.

LGBQ students are also at a higher risk for suicidal ideation than their heterosexual peers (D’Augelli et al., 2005; Eisenberg & Resnick, 2006; Robinson & Espelage, 2011). Furthermore, this association is potentially mediated by victimization due to bullying. In a representative sample of 1,988 high school students, Bontempo and D’Augelli (2002) found that LGB-identified youth who reported higher levels of victimization also reported higher levels of substance use, suicidality, and sexual risk behaviors than their heterosexual-identified peers, but the opposite effect at low levels of victimization. Although victimization may play a role in suicidality, Robinson and Espelage (2012) found than even at equivalent levels of victimization to heterosexual-identified youth, LGBTQ-identified youth are still 3.3 times more likely to experience suicidal ideation and 3 times as likely to attempt suicide after controlling for peer victimization. In addition to victimization and bullying, there may be additional stressors facing LGBTQ youth (e.g., personal safety, macrolevel messages about sexual orientation, repeated exposure to microaggressions, etc.). Fortunately, protective factors, especially factors related to school connectedness, have been shown to mitigate the risk of suicidality amongst LGBTQ-identified youth (GLSEN, 2012; Poteat & Rivers, 2014).
School Connectedness

School connectedness, as defined by the Center for Disease Control (2000), is a student’s belief that other students and staff care both about their academic achievement and personal wellbeing. When students feel connected to their school, they report higher levels of engagement, emotional control, and motivation, and are more likely to succeed academically (Furrer & Skinner, 2003). In a study of more than 36,000 students in grades 7 through 12, researchers found that school connectedness—among other microlevel factors such as parent-family connectedness and high parental expectations—protected against substance use, school absences, and suicidal ideation and attempts (Resnick et al., 1997).

Previous research also indicates that school connectedness has been shown to buffer against the effects of peer victimization and suicide for certain populations of students. For instance, in a study of 490 ten to fourteen year-old students, Loukas and Pasch (2013) found that stronger feelings of school connectedness buffered against the negative impact of victimization on conduct problems over time for girls. In a more recent study of 951 LGB high school students, Duong and Bradshaw (2014) found that feeling connected to an adult at one’s school moderated the relation between bullying, aggressive behaviors, and suicidal behaviors, such that those who feel more connected were less likely to report suicidal behaviors. However, school connectedness is also susceptible to the effects of victimization. For example, Poteat and Espelage (2007) found that middle school-aged males who experience homophobic name-calling are more likely to experience a lower sense of school belonging. In the current study, we examine the role of school connectedness as a protective factor against the harmful psychosocial and health-related effects of peer victimization.
Intersecting Identities and Minority Stress Framework

Research in understanding the levels and impact of intersecting identities first appeared in the literature in the writing of Black feminists and queer women of color (i.e., Anzaldúa, 1987; Lorde, 1984). At the time, this provided the seminal research and overarching framework for appreciating the importance of multiple and intersecting identities in unpacking numerous forms of oppression. Assuming that one cultural identity encompasses and explains the entirety of one’s lived experiences is less than ideal. In essence, this undermines the importance of one’s multiple, salient identities in forming their experiences with others and within a system of socialization. The concept of intersecting identities poses that one’s lived experiences are not based on a single cultural identity. Intersectionality, therefore, assumes that oppression of identities within a system of socialization can be understood according to how more than one identity interact (Bowleg, 2008). More recently, intersectionality has been used to understand the influence of multiple oppressed identities on health, for instance, with sexual minority women of color (Bowleg, 2012). To our knowledge examines the intersection of sexual orientation and disability.

Minority Stress

The minority stress model may begin to explain the psychosocial and health-related outcomes associated with the intersection of stigmatized identities (Meyer, 1995, 2003; Meyer et al., 2014). Although all students can be at risk for victimization and suicidality, the minority stress model would (if extended beyond sexual orientation) hold that students with disabilities and students who identify as LGBQ are at risk because they identify with a disability and/or as LGBQ. The intersecting of these two identities may potentially add an additional level of stress leading to greater risk of suicidal ideation due to repeated exposure to victimization or other
stressors because of one’s identity.

Previous research has explained the poor psychosocial and health-related outcomes (e.g., suicidality) of LGBQ youth via the minority stress model. Minority stress has been conceptualized as stress arising from the social position of sexual minorities as “a stigmatized and disadvantaged minority group in society” (Meyer et al., 2014, p. 177). In his seminal article, Meyer (2003) proposed that sexual minority health disparities (e.g., anxiety, depression, risky behaviors, etc.) might be explained by stressors prompted by a homophobic and stigmatizing culture, leading to internalized discrimination and marginalization. Distal stressors in the model include, for example, experiences with discrimination and micro-aggressions (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978), while proximal stressors include internalized homophobia (Meyer, 2003; Poteat & Rivers, 2014).

The minority stress model posits that the disadvantaged social position of LGBQ people exposes them to increased stress and less resources for coping in comparison to people who identify as heterosexual (Meyer, Schwartz, & Frost, 2008). Additionally, it predicts that individuals identifying with a non-dominant social identity will experience more adverse health outcomes, in part, due to repeated exposure to micro-aggressions. Micro-aggressions refers to “subtle, stunning, often automatic, and non-verbal exchanges which are ‘put downs’” (Pierce, Carew, Pierce-Gonzalez, & Willis, 1978, p. 66). Although major discriminatory events play a role in adverse mental health outcomes such as depression and anxiety, more recent research has examined the role or micro-aggressions in the minority stress model (Balsam et al., 2011), showing that micro-aggressions may have an additive role in producing minority stress. The minority stress model has been used to understand the health outcomes (Meyer, 1995, 2003) and
prevalence of suicide (Meyer et al., 2014) in sexual minorities, but it has been extended less often to individuals with intersecting marginalized identities.

The Current Study

The extant literature suggests that the unique experiences with minority stress are not well understood for students who identify as LGBQ and with a disability (Bowleg, 2008; Meyer, 2010). Although previous studies have examined the associations between suicidality, peer victimization, and contextual buffers (e.g., school connectedness) among individual populations (e.g., students who identify as LGBQ or as having a disability), to our knowledge, no study has examined the intersection of these identities and suicidal ideation with a large sample high school students. Thus, the purpose of this study is to examine the nature of these intersecting identities to understand how minority stress may be compounded by the addition of another stigmatized identity and examine potential moderators of these associations. More specifically, we sought to answer the following research questions: (1) Are students who identify as LGBQ or with a disability, or both, at higher risk for suicidal ideation than students who do not identify with either identity? (2) Does peer victimization exacerbate the negative association between identifying as LGBQ or with a disability, or both, and suicidal ideation? and (3) Does school connectedness buffer the students who identify as LGBQ or with a disability, or both, from suicidal ideation? We hypothesize that students who identify with one stigmatized identity will report higher levels of suicidal ideation than their heterosexual peers without a disability. For students who identify as LGBQ and with a disability, we hypothesize that they will report higher rates of suicidal ideation than LGBQ students, students with a disability, or students who do not identify with either identity. Additionally, we hypothesize that peer victimization will exacerbate the negative relation between identifying as LGBQ or with a disability and suicidal ideation and
school connectedness will buffer this relationship. Finally, we hypothesize that peer victimization will exacerbate and school connectedness will buffer this relation for students who identify with both stigmatized identities.

Methods

Participants

The current study included participants from the 2015 Dane County Youth Survey (DCYS) comprised of 11,794 high school students aged 14 to 18 years ($M = 16, SD = 1.23$) across 23 school districts. As the second most populous county in Wisconsin, Dane County is a geographically diverse area including small farm towns to large urban centers. After removing respondents who did not report their sexual orientation or disability status, the final sample included 11,364 students. Our sample includes fewer white students than the 86% of whites reported in the 2014 census data for Dane County (http://www.census.gov/quickfacts/table/PST045215/55025). However, our sample is similar to the 5.6%, 5.4%, and 6.2% of Asian, African-American, and Hispanic individuals in the census data respectively. On average, participants were nearly 16 years old. In regards to sexual orientation, 93% identified as straight, 1.1% as gay/lesbian, 3.2% as bisexual, and 2.2% as questioning. For this study, a binary variable was created for sexual orientation, with 93% as straight and 7% as lesbian, gay, and bisexual. With regard to gender assignment at birth, 49.6% of the sample identified as female and 50.4% identified as male. Additionally, 11.1% of the sample reported having learning, emotional, or physical disabilities that limit them from doing certain educational or physical activities. A total of 246 of the 11,364 students in the sample self-identified as both LGBQ and with a disability. To our knowledge, no study specifically looks at this intersection, making the relative sample size a strength of the current study.
Procedures

Information was obtained from the DCYS, a 100 item self-report assessment routinely administered by the Dane County Youth Commission to capture youth’s perceptions, behaviors, attitudes, and experiences (Koenig, Espelage, & Biendseil, 2005). Specifically, the assessment encompassed a range of topics including individual characteristics, exercise and nutrition, family dynamics, peer relations, drug use, aggression, and victimization, as well as school connectedness (Koenig et al., 2005). In addition, the survey included information on health-related outcomes and potential risk factors for victimization, mental health challenges, and substance abuse. The factor structures of the various items/measures in the DCYS have been confirmed by past researchers through factor analyses (see Koenig et al., 2005, Koenig & Bettin, 2009 for more information).

At the beginning of the school year, a formal letter explaining the study and a waiver of active parental consent allowing parents to opt their child out of the study were sent home to parents. High school students, who were granted permission to participate in the study, were present the day of administration, and who provided written assent, independently completed anonymous questionnaires (DCYS) via Survey Monkey during school hours in 2015. The response rate was relatively high across schools, with 90-95% of the participants in the sample completing the survey.

Measures

Suicidal ideation. Students were asked to rate an item addressing suicidal ideation. This item asked, “During the past 12 months, have you thought seriously about killing yourself?” Participants were given a four-point scale response set ranging from 0 through 3: “No”, “Yes,
but rarely”, “Yes, some of the time”, or “Yes, almost all of the time.” Higher self-reported scores indicate more suicidal ideation.

**Disability.** Students were asked to report whether or not they have a learning, emotional, or physical disability that limits them from doing certain educational activities. Responses included “yes”, “no”, or “not sure”. We considered the responses of students who reported “not sure” to be in the “no disability” subpopulation.

**Sexual Orientation.** Students were asked to provide their sexual orientation by selecting all that apply: straight/heterosexual, gay/lesbian, bisexual, questioning, or other.

**Peer Victimization.** Four items measuring peer victimization were used from the University of Illinois Victimization Scale (Espelage & Holt, 2001). Students were asked how often the following happened to them in the past 30 days: “Other students called me names”; “Other students made fun of me”; “Other students picked on me”; and “I got hit and pushed by other students.” Response options ranged from 0 through 3: “Never,” “1 or 2 times,” “3 or 4 times,” or “5 or more times.” Items were summed and higher self-reported scores indicate more victimization. This scale is reported to have good construct validity as well as internal consistency, with a Cronbach’s alpha coefficient of .85 (Espelage & Holt, 2001). The construct validity of this scale has been supported by exploratory and confirmatory analysis (Espelage & Holt, 2001). Scores have converged with peer nominations of victimization (Espelage & Holt, 2001). Higher scores indicate more self-reported victimization.

**School Connectedness.** With regard to school connectedness, students completed a six-item scale of school connectedness (Koenig, Espelage, Biendseil, 2005). Students were asked show strongly they agree or disagree with the following: “The rules and expectations are clearly explained”; “I feel close to people in my school”; “I feel safe at my school”; “Teachers and other
 adults treat students fairly”; “There are adults I can talk to at school if I have a problem”; and “I feel like I belong at this school.” Response options ranged from 0 through 3: “Strongly disagree,” “Disagree,” “Agree,” or “Strongly agree.” Items were combined and showed good internal consistency, with a Cronbach’s alpha coefficient of .86. Higher scores indicated more school connectedness.

**Demographics.** Students were also asked to provide information regarding their sex assigned at birth (male or female), whether or not they identify as transgender, grade level, race, and age.

**Analytic Plan**

Given the nested nature of the data (i.e., students within schools), multilevel modeling was used to analyze the data. Multilevel modeling is different from ordinary least squares (OLS) regression because it does not assume individual observations are independent (Snijders & Bosker, 2012). Instead, the model accounts for the correlated residuals, or shared group variance, by estimating random intercepts that partition variance at the primary and secondary levels (e.g., schools as the primary unit and students as the secondary unit). Partitioning variance at these two levels allows us to control for and test between-person and between-school dependencies.

We fit five multilevel models using SAS 9.4. To calculate the intraclass correlation, we first estimated a null or unconditional model. The intraclass correlation indicated that approximately 1% of the variance in suicidal ideation was between-schools. Overall, this is a rather small amount of variability between schools; however, because it is larger than zero, we accounted for between-school dependencies. Furthermore, suicidal ideation varied significantly between schools, as indicated by a statistically significant school intercept. Thus, in addition to the nested nature of the data, we concluded multilevel modeling was an appropriate method to
analyze the data in the current study (Snijders & Bosker, 2012). Random slopes were not necessary because the between-school variation was not significant enough to justify this approach. Models 2 and 3 added the demographic and between-person variables to the model, while between-person and between-school variables were added to models 4 and 5. Model 6 added the two-way interactions, leading to the final model that included each of the variables in the previous models, but added the three-way interactions.

In any multilevel model, it is essential to employ a meaningful centering strategy to the data. In our sample, we centered on the group-mean for the Level 1 variables (i.e., between-person victimization and school connectedness) variables, which refers to the mean differences between students that attend the same school. For the Level 2 variables (i.e., between-school peer victimization and school connectedness), we centered on the grand-mean, which refers to the mean differences between schools. These centering strategies thereby make our Level 1 and Level 2 variables orthogonal to one another such that they do not share any variance. This is advantageous because each level carries different substantive meaning that allows us to use variables to predict the variance at each of the respective levels. Among the nested models, we assessed for differences in model fit according to significant reductions in the -2 Log Likelihood, leading to the following mixed model equation:

\[ \text{Ideation}_{ij} = \beta_0 + \beta_{01}(BSPeerVictim)_{ij} + \beta_{02}(BSSchoolConnect)_{ij} + \beta_1(Age)_{ij} + \beta_2(Race)_{ij} + \beta_3(Gender)_{ij} + \beta_4(LGBQ)_{ij} + \beta_5(Disability)_{ij} + \beta_6(BPPeerVictim)_{ij} + \beta_7(BPSchoolConnect)_{ij} + \beta_8(LGBQ \times BPPeerVictim)_{ij} + \beta_9(Disability \times BPPeerVictim)_{ij} + \beta_{10}(LGBQ \times BPSchoolConnect)_{ij} + \beta_{11}(Disability \times BPSchoolConnect)_{ij} + \beta_{12}(Disability \times LGBQ)_{ij} + \]
\begin{align*}
\beta_{13}(Disability \times LGBQ \times BPPeerVictim)_{ij} + \\
\beta_{14}(Disability \times LGBQ \times BPSchoolConnect)_{ij} + (u_{0j} + e_{ij})
\end{align*}

In the above model, ‘BP’ refers to between-person, while ‘BS’ refers to between-school. The following served as the reference group for the given variables: White (race), male (gender), heterosexual (LGBQ), and no self-reported disability (disability). Age was centered at the median (16 years). There was minimal missing data (about 4%). In order to avoid listwise deletion for students who did not respond to all of the variables of interest and to ensure all students were accounted for in the model, we used multiple imputation ($k = 20$) using the SAS 9.4 EM algorithm. Given the low percentage of missing data and the missing at randomness assumption (MAR), the expectation maximum (EM) algorithm is appropriate for handling missing data and provides an unbiased estimate (Allison, 2002; McLachlan, Krishman, & Ng, 2004). Thus, the entire sample of students ($n = 11,364$) was included in the results.

**Results**

The means, standard deviations, and percentages for the study’s variables are presented in Table 1. In sum, students reported relatively low levels of peer victimization and modest levels of school connectedness. Reported levels of suicidal ideation were also modest, such that the average student reported having thoughts of killing themselves between “rarely” and “some of the time.” A total of nearly 17% of the entire sample reported at least “rarely” having suicidal ideation. However, percentages of reported suicidal ideation for specific groups of students are as follows: 42% for students with disabilities, and 47% for LGBQ students. The majority of demographic variables significantly predicted suicidal ideation, such that non-White ($\beta = .02$, $SE = .01, p < .01$) and female ($\beta = .11$, $SE = .01, p < .001$) students reported significantly more
suicidal ideation than White and male students. Age was not significantly associated with suicidal ideation (see Model 2, Table 2).

**Intersecting Identities**

As hypothesized, LGBQ students ($\beta = .33$, SE = .02, $p < .001$) and students with a disability ($\beta = .30$, SE = .02, $p < .001$) each reported significantly more suicidal ideation than their peers (Table 2, Model 4). To test the association between identifying with two stigmatized identities, we tested the intersection of LGBQ and disability. Contrary to our hypothesis, LGBQ students with a disability did not report statistically significant higher levels of suicidal ideation than their peers ($\beta = .06$, SE = .04, $p = .16$) (Model 5, Figure 1).

**Peer Victimization and School Connectedness**

Given that students who identify as LGBQ or with a disability are at greater risk for suicidal ideation, we examined the influence of the school environment given its potential to exacerbate or buffer the effects. Between-person peer victimization ($\beta = .18$, SE = .01, $p < .001$) was significantly associated with suicidal ideation, such that, compared to other students at their school, students who reported higher levels of peer victimization also reported higher average levels of suicidal ideation. Additionally, between-person school connectedness ($\beta = -.15$, SE = .01, $p < .001$) was significantly associated with suicidal ideation, such that, compared to other students at their school, students who reported higher levels of school connectedness reported lower average levels of suicidal ideation. At the school level, between-school school connectedness ($\beta = -.11$, SE = .05, $p < .05$) was significantly negatively associated with suicidal ideation (Model 4). This indicates that, compared to other schools, schools with higher average levels of school connectedness had significantly lower rates of students who reported suicidal ideation. Contrary to our hypothesis, we did not find a significant association for between-school
peer victimization and suicidal ideation.

**Intersecting Identities, Peer victimization, and School Connectedness**

Given the significant main effects of students’ identities and school environment, we addressed our next hypotheses by examining the two-way interactions of our predictor variables. Figure 2 displays the between-person interaction between identifying as LGBQ and peer victimization. As hypothesized, peer victimization exacerbated the association between identifying as LGBQ and peer victimization ($\beta = .18$, SE = .03, $p < .001$). Students who identified as LGBQ and reported higher levels of peer victimization than their peers had higher reported levels of suicidal ideation. Tests of the simple slopes showed that the slopes for each identity, LGBQ ($\beta = .34$, SE = .03, $p < .001$) and not LGBQ ($\beta = .15$, SE = .01, $p < .001$), were statistically significant (see Figure 2).

Figure 3 displays the interaction between identifying with a disability and peer victimization. Also in line with our hypothesis, this interaction indicates that between-person peer victimization exacerbated the effects of identifying with a disability on levels of suicidal ideation ($\beta = .07$, SE = .03, $p < .01$). Students with a disability who also reported higher levels of peer victimization than their peers reported higher levels of suicidal ideation. Tests of the simple slopes showed that each slope, disability ($\beta = .22$, SE = .02, $p < .001$) and no disability ($\beta = .15$, SE = .01, $p < .001$), was statistically significant.

Figure 4 displays the between-person interaction between identifying as LGBQ and school connectedness. As hypothesized, school connectedness buffered the students who identified as LGBQ from significantly higher levels of suicidal ideation ($\beta = -.14$, SE = .03, $p < .001$). Students who identified as LGBQ and reported higher levels of school connectedness than their peers reported the lowest levels of suicidal ideation. Tests of the simple slopes showed that
each identity slope, LGBQ ($\beta = -.26$, $SE = .03$, $p < .001$) and not LGBQ ($\beta = -.12$, $SE = .01$, $p < .001$), was statistically significant.

Figure 5 displays the interaction between identifying with a disability and school connectedness. Also in line with our hypothesis, this interaction indicates that between-person school connectedness buffered the students who identified with a disability from significantly higher levels of suicidal ideation ($\beta = -.12$, $SE = .03$, $p < .001$). Students with a disability who also reported higher levels of school connectedness than their peers reported the lowest levels of suicidal ideation. Tests of the simple slopes showed that each identity slope, disability ($\beta = -.25$, $SE = .02$, $p < .001$) and no disability ($\beta = -.12$, $SE = .02$, $p < .001$), were statistically significant.

Finally, we tested the hypothesized moderating effect of between-person peer victimization and school connectedness for students who identify as LGBQ and with a disability. The final model displays the significant three-way interaction ($\beta = -.20$, $SE = .06$, $p < .001$). As hypothesized, students who identified with both stigmatized identities reported higher levels of suicidal ideation than their peers who identified with one or no stigmatized identities, regardless of the level of peer victimization. On the other hand, students who did not identify with a disability or as LGBQ report less suicidal ideation than any other group regardless of the level of peer victimization. As shown in Figure 6, at low levels of peer victimization, students with a disability who do not also identify as LGBQ report slightly higher levels of suicidal ideation than their LGBQ peers without a disability, but, at high levels of peer victimization, LGBQ students without a disability report higher levels of suicidal ideation. Tests of the simple slopes showed that each of the identity slope was statistically significant: LGBQ/Disability ($\beta = .21$, $SE = .04$, $p < .001$), LGBQ/No Disability ($\beta = .34$, $SE = .03$, $p < .001$), Not LGBQ/Disability ($\beta = .22$, $SE = .02$, $p < .001$), and Not LGBQ/No Disability ($\beta = .15$, $SE = .01$, $p < .001$). Contrary to our
hypothesis, the same results were not found for school connectedness, as the three-way interaction was not statistically significant ($\beta = .12, SE = .07, p = .07$) (Figure 7).

**Discussion**

The current study adds to the extant literature on bullying and students with stigmatized identities with a multilevel analysis of large sample of high school students, with a specific emphasis on students’ intersecting identities. Consistent with previous research (D’Augelli et al., 2005; Wachter & Bouck, 2008), our results showed that LGBQ students and students with disabilities reported higher levels of suicidal ideation than their peers. Although students identifying as both LGBQ and with a disability did not report significantly higher levels of suicidal ideation as hypothesized, when they reported higher levels of victimization than their peers, they also reported higher levels of suicidal ideation. Therefore, the increased levels of suicidal ideation that were reported in students with these two stigmatized identities may be related to the impact of victimization on more than one identity. Thus, interventions should continue to target school-based bullying, but should also consider additional interventions that consider students’ multiple identities.

LGBQ students and students with disabilities reported higher levels of victimization than their peers, which aligns with previous research (Robinson & Espelage, 2011; Rose et al., 2011). While there is no causal link between bullying and suicide (American Foundation for Suicide Prevention, 2013), consistent with our hypotheses, we found that students who reported higher levels of victimization than other students at their school also reported higher levels of suicidal ideation. Furthermore, students who reported feeling more connected to their schools than their peers reported lower levels of suicidal ideation, which is also consistent with previous research (Resnick et al., 1997).
When we added the interactions of identity with peer victimization and school connectedness on suicidal ideation to our model, we found mixed results. Consistent with our hypotheses, we found that peer victimization exacerbated and school connectedness buffered LGBQ students against suicidal ideation. For students with disabilities, we found that school connectedness buffered against suicidal ideation and peer victimization significantly exacerbated the level of reported suicidal ideation. However, in the three-way interaction, only between-person peer victimization exacerbated suicidal ideation among LGBQ students and students with disabilities, while school connectedness did not have the hypothesized buffering effect.

The finding that peer victimization significantly exacerbated levels of suicidal ideation for LGBQ students and students with disabilities confirmed our hypotheses. This finding may serve to underscore the significance of minority stress for LGBQ students (Meyer, 1995, 2003), although no such theory exists for students with disabilities. For both students with disabilities and LGBQ students, who are each at risk for higher levels of peer victimization and suicidal ideation because of their identities, having each of these stigmatized identities in itself did not predict higher levels of suicidal ideation, but adding victimization into the dynamic did predict higher levels. Thus, attention should be given to programs focusing on reducing bullying especially for students with stigmatized intersecting identities.

Anti-bullying programming for LGBQ students and students with disabilities has received support in the literature. For LGBQ students, teacher interventions to mitigate LGBT bullying and harassment have been found to be most effective when they know LGBT people, are aware of bullying and harassment (specifically anti-LGBT types), and feel efficacious about preventing homophobic remarks (Greytak & Kosciw, 2014). Thus, improving teachers’ and staff knowledge and awareness of LGBT issues and efforts to connect with LGBT students would not
only reduce the chance of sexual orientation-based victimization, but also improve students’ feelings of connectedness. Similarly, certain social emotional learning programs in which teachers deliver lessons to their students have proven effective in reducing bullying and victimization amongst students with disabilities (Espelage, Rose, & Polanin, 2015a). Second Step is one such program effective among middle school students with and without disabilities, including outcomes such as decreases in relational victimization for students with disabilities, bully perpetration, and willingness to intervene against bullying amongst students with disabilities (Espelage et al., 2015a; Espelage, Rose, & Polanin, 2015b; Sullivan, Sutherland, Farrell, & Taylor, 2015). It could thus be useful to specifically focus on interventions for high school students with multiple stigmatized in future research.

Although the effects should not be overstated given the low between-school variability, between-school school connectedness was a significant buffer effect against suicidal ideation for all students. Given the harmful psychological and academic effects of bullying and victimization (Espelage, Hong, Rao, & Low, 2013; Nansel et al., 2001; Juvonen, Graham, & Schuster, 2003), targeted interventions to improve the school environment for student to feel involved, belonging, and connected to their teachers, administrators, and peers could prove especially useful for vulnerable populations. This may be facilitated through a greater sense of connection with their peers who also identify with a disability or as LGBQ, respectively. Meyer and colleagues (2014) suggest that having coping resources available to an individual dealing with the stress associated with identifying as a sexual minority or induced by victimization is a starting point. In schools, this means connecting students with their peers in clubs, activities, or other opportunities for prosocial behaviors. This greater sense of connection with others in the minority group may “mitigate the impact of stress on health outcome, providing protection through affirmation”
(Meyer et al., 2014, p. 182). This may exist in the form of multiple clubs and organizations for LGBQ students, providing an opportunity to connect with one another regularly and create a stronger sense of safety and belonging at school (Poteat & Rivers, 2014).

Future research may consider examining these findings within specific disabilities (i.e., learning disabilities, autism, physical disabilities, et) and sexual orientation (i.e., gay, lesbian, bisexual, questioning, etc.). For instance, most bullying-based research including students with disabilities focuses on either general or special education populations by dichotomizing disability status. Recent studies have shown this is an oversimplification and possibly inaccurate representation of the actual rates of victimization within the disability label (Rose & Espelage, 2012; Rose, Simpson, & Moss, 2015). Moreover, few studies have the necessary sample size to make meaningful comparisons between populations and including students with multiple marginalized identities (Rose et al., 2015), implying a clear direction for future research. Furthermore, this finding should not underscore the conclusion that intersectionality matters in the bullying dynamic and needs to be explored in future research.

The current study has a number of strengths that add to the literature on bullying and student with exceptionalities. First, cultural identities matter in all contexts, but are rarely considered in scholarship on bullying. We examined the unique influence of intersectionality in the bullying dynamic and focused on the specific effects of having two stigmatized identities on suicidal ideation. Second, using a multilevel model to control for school level variables allowed us to test for differences at the school-level by adding Level 2 variables to the model. While the between-school effects were minimal, we still found a school-level effect in school connectedness. Finally, we were able to test the contextual effects of peer victimization and school connectedness because we partitioned the variance between-person and between-schools.
Although only school connectedness was significant, this provides a nuanced understanding allowing us to speculate that students with stigmatized identities may particularly benefit from school-level interventions that target school connectedness. However, this is strictly speculative given the minimal amount of Level 2 variance.

While the strengths of the current study are noteworthy, no study is without limitations. A major limitation to this study is that students self-reported their disability status. A preferred method would be to collect school records documenting a student’s disability, but this method is not without flaws as well given the considerable variability in what constitutes inclusion for disability services (MacMillan, Gresham, & Forness, 1996). Still, self-reporting one’s disability implies that one perceives themself to have a disability, implying that the internalized stigmatization likely exists regardless of actually meeting the criteria for a disability. A second limitation of this study is that the data are cross-sectional, meaning we could not conclude causal inference from the data. Finally, students in the current study reside in a single, predominantly White county, limiting the generalizability of the finding given the geographic limitations. Future studies should consider collecting longitudinal data from a large region diverse in regards to race, ethnicity, class, sexual orientation, ability, and religion to further enhance the generalizability of the findings and examine other marginalized identities.

In sum, our findings suggest the need to examine the role of intersecting identities in the bullying dynamic among all students. Additionally, these findings provide further evidence to employ targeted school-based interventions that directly address victimization and promote a positive, accepting school culture. Further, it is important for educators and administrators to creatively engage all students in inclusive and prosocial conversations, activities, and programs
in order to foster a positive environment, but also reduce the likelihood of victimization due to stigmatization and marginalization.
References


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**Between-Person**

| Peer victimization           | .29   | (.526)   |
| School connectedness        | 2.05  | (.596)   |

**Between-School**

| Peer victimization           | .29   | (.058)   |
| School connectedness        | 2.05  | (.098)   |

**Dependent Variable**

| Suicidal Ideation           | 1.23  | (.536)   |
Table 2: Estimates of Fixed and Random Effects from a Series of Individual Multilevel Models

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Note: *p < .05, **p < .01, ***p < .001. BP = Between-Person; BS = Between-School; PV = Peer Victimization; SC = School Connectedness. Model 1 is a random intercept model. Model 2 added the control variables of age, gender, race, sexual orientation, and disability status (M1 to M2; ΔLR = 908.3, Δdf = 5, p < .001). Model 3 added the main effects of between-person peer victimization and school connectedness (M2 to M3; ΔLR = 10.2, Δdf = 2, p < .05). Model 4 added the main effect of between-school peer victimization and school connectedness (M3 to M4; ΔLR = 2.3, Δdf = 2, p = .317). Model 5 added the intersection of LGB and disability (M4 to M5; ΔLR = 77.4, Δdf = 1, p < .001). Model 6 added the two-way interactions (M5 to M6; ΔLR = 94.8, Δdf = 3, p < .001). Model 7 added the three-way interactions (M6 to M7; ΔLR = 19.7, Δdf = 2, p < .001).
Figure 1. Two-way Interaction between LGBQ status and Disability status

Note: Simple Slopes: Simple Slopes: LGBQ: $\beta = .34$, SE = .04, $p < .001$; Not LGBQ: $\beta = .27$, SE = .02, $p < .001$. 
Figure 2. Interaction between LGBQ status and Between-Person Peer Victimization

Note: High = +1 SD, Low = -1 SD. Simple Slopes: LGBQ: $\beta = .34$, SE = .03, $p < .001$; Not LGBQ: $\beta = .15$, SE = .01, $p < .001$. 

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Figure 3. Interaction between Disability status and Between-Person Peer Victimization

Note: High = +1 SD, Low = -1 SD. Simple Slopes: Disability: $\beta = .22$, SE = .02, $p < .001$; No Disability: $\beta = .15$, SE = .01, $p < .001$. 
Figure 4. Interaction between LGBQ status and Between-Person School Connectedness

Note: High = +1 SD, Low = -1 SD. Simple Slopes: LGBQ: \( \beta = -.26, SE = .03, p < .001 \); Not LGBQ: \( \beta = -.12, SE = .01, p < .001 \).
Figure 5. Interaction between Disability status and Between-Person School Connectedness

Note: High = +1 SD, Low = -1 SD. Simple Slopes: Disability: $\beta = -.25$, $SE = .02$, $p < .001$; No Disability: $\beta = -.12$, $SE = .01$, $p < .001$. 
Figure 6. Three-way Interaction between LGBQ status, Disability status, and Between-Person Peer Victimization

Note: High = +1 SD, Low = -1 SD. Simple Slopes: LGBQ/Disability: $\beta = .21$, SE = .04, $p < .001$; LGBQ/No Disability: $\beta = .34$, SE = .03, $p < .001$; Not LGBQ/Disability: $\beta = .22$, SE = .02, $p < .001$; Not LGBQ/No Disability: $\beta = .15$, SE = .01, $p < .001$. 
Figure 7. Three-way Interaction between LGBQ status, Disability status, and Between-Person School Connectedness

Note: High = +1 SD, Low = -1 SD. Simple Slopes: LGBQ/Disability: $\beta = -.26$, SE = .05, $p < .001$; LGBQ/No Disability: $\beta = -.26$, SE = .03, $p < .001$; Not LGBQ/Disability: $\beta = -.25$, SE = .02, $p < .001$; Not LGBQ/No Disability: $\beta = -.12$, SE = .01, $p < .001$. 