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David T. Lardier
University of New Mexico

Autumn M. Bermea
Montclair State University

Stacy A. Pinto
Montclair State University

Pauline Garcia-Reid
Montclair State University, garciareidp@montclair.edu

Robert Reid
Montclair State University, reidr@mail.montclair.edu

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The Relationship between Sexual Minority Status and Suicidal Ideations among Urban Hispanic Adolescents

David T. Lardier Jr.^a, Autumn M. Bermea^b, Stacy A. Pinto^b, Pauline Garcia-Reid^b, and Robert J. Reid^b

^aUniversity of New Mexico, Albuquerque, New Mexico, USA; ^bMontclair State University, Montclair, New Jersey, USA


ABSTRACT

Youth identifying as lesbian, gay, bisexual, transgender, and queer (LGBTQ), and more specifically Hispanic youth identifying as LGBTQ, experience suicidal ideation (SI) at disproportionate rates. Furthermore, adolescents identifying as LGBTQ are likely to experience high rates of bullying, depression, and limited social support, increasing SI. Counselors often have difficulty working with youth at the intersection of sexual and ethnic minority statuses. Using structural equation modeling techniques, the present study examined sexual minority status as a predictor of school bullying, depression, social support, and SI, among urban Hispanic youth (N = 538). The authors also tested social support as a buffering mechanism.

KEYWORDS

Bullying; Hispanic urban adolescents; sexual minorities; social support; suicidal ideation

Suicide is a significant public health concern in the United States (Division of Violence Prevention, 2015). Among adolescents age 10 to 18 years, suicide is one of the top three leading causes of death (Division of Violence Prevention, 2015). These rates are even greater for Hispanic adolescents (19%), when compared to the nationwide sample of youth (17%) and Black youth alone (14.5%; Kann et al., 2016). And though the frequency of suicide and suicidal ideation (SI) tends to be higher among rural youth, when compared to youth in other geographic locations (e.g., suburban and urban), incidences of suicide and SI are no less sobering among urban youth (Hepburn, Azrael, Molnar, & Miller, 2012). Furthermore, patterns of suicide and SI are just as worrisome among lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth, particularly at the intersection of racial-ethnic minority status and living in an urban setting (Consolacion, Russell, & Sue, 2004; Hepburn et al., 2012). For instance, Hispanic youth identifying as LGBTQ are more likely to experience SI, when compared to White non-Hispanic and adolescents who are sexual majority (Borges, Benjet, Medina-Mora, Orozco, & Nock, 2008; Cash & Bridge, 2009; Haas et al., 2010; Joe, Banks, & Belue, 2016).

CONTACT David T. Lardier Jr., Assistant Professor  dlardier@unm.edu  Department of Individual, Family, and Community Education, Family and Child Studies Program, University of New Mexico, Albuquerque, NM, 87131.

Recent studies have shown that SI among youth identifying as LGBTQ has been attributed to numerous intrapersonal and socioenvironmental experiences such as depression, bullying, and access to limited positive social networks (Liu & Mustanski, 2012; Poteat & Rivers, 2015; Russell, Toomey, Ryan, & Diaz, 2014). In addition, Hispanic youth living in urban communities often experience myriad of socioenvironmental life stressors such as community violence and poverty that augment negative mental health symptoms and the probability for SI (Borges et al., 2008; Hepburn et al., 2012; Joe et al., 2016; Swahn et al., 2012). The limited social support present within urban public schools (Hepburn et al., 2012), as well as the relative social isolation from living in urban communities, and the potential religious conflicts within/among traditional Hispanic families, also intensifies the likelihood for depression and SI among Hispanic youth identifying as LGBTQ (Rios & Eaton, 2016). As a result, these youth may be in need of counseling services to process these psychosocial experiences (Bostwick et al., 2014); however, they tend to be unlikely to seek out such services due to distrust and fear of judgment. Nevertheless, youth who have access to positive social support networks (e.g., Gay Straight Alliances [GSAs] and affirming school counselors) may be buffered from such negative mental health symptoms (Kosciw, Palmer, & Kull, 2015). Therefore, the purpose of this study is to examine school bullying, depression, and social support as factors that contribute to SI among urban Hispanic adolescents identifying as LGBTQ. We also examine the protective effect of social supports among urban Hispanic youth identifying as LGBTQ Hispanic (Plöderl et al., 2014).

Literature review

Psychosocial issues in the LGBTQ population

Youth identifying as LGBTQ face innumerable pressures from general society, which stresses that these young people exhibit socially desirable traits and meet heteronormative standards (Poteat & Rivers, 2015). Failure to meet these standards leads to negative social consequences (e.g., bullying), which can trigger depressive symptoms and SI (Haas et al., 2010). Moreover, youth who are sexual minority are vulnerable to an array of psychosocial issues, both related and unrelated to sexual identity development. Obstacles that youth identifying as LGBTQ experience during their identity development include discrimination, prejudice (Baams, Grossman, & Russell, 2015), limited family support, few civil rights, and sociocultural stigma (Pinto, 2014; Rios & Eaton, 2016). These adverse life experiences hinder identity development and enhance the probability that these youth will internalize negative emotions (e.g., depression, SI). However, participation in supportive social environments can aid in the coming-out process and buffer the effects of victimization (Russell et al., 2014). Therefore, to provide competent and comprehensive mental health services it is imperative that professional counselors and school counselors develop a holistic understanding of the psychosocial context(s) in which youth identifying as LGBTQ develop. More importantly, counseling practitioners need to consider how to deliver these services to urban Hispanic youth identifying as LGBTQ.

Suicide and depression among LGBTQ hispanic youth

Suicide is defined as the intentional act of ending one's own life, whereas SI is classified as the thoughts of engaging in suicidal behaviors (Lardier, Barrios, Garcia-Reid, & Reid, 2016). In addition, depression is highly associated with suicide and SI, with the *Diagnostic Statistical of Mental Disorders (DSM-V)* listing continued thoughts of suicide as a diagnostic criterion for clinical depression (American Psychiatric Association, 2013). Suicide, SI, and depression remain salient concerns for adolescents identifying as LGBTQ and Hispanic youth. These youth tend to experience multiple, and often more persistent, forms of verbal and physical aggression, as well as social subjugation (Kuper, Coleman, & Mustanski, 2014). Understanding the influence sexual minority status has on factors (e.g., bullying, social support, depression) affecting Hispanic urban youth is a critical area of inquiry; albeit, more recent studies displaying that rates of SI and depression are higher for both LGBTQ youth (Poteat & Rivers, 2015) and Hispanic youth (Vidot et al., 2016), when compared to White sexual majority peers.

Youth identifying as LGBTQ designate between 2% and 10% of all adolescents; however, these youth attempt suicide and experience SI and depression at disproportionate rates (Bostwick et al., 2014; Haas et al., 2010). For instance, adolescents identifying as LGBTQ are more than twice as likely to attempt suicide (14%), than that of their sexual majority counterparts (5%; Plöderl et al., 2014) and experience depression and other mental health symptoms (Bostwick et al., 2014). At the intersection of Hispanic ethnic identity, Hispanic youth are also found to contemplate suicide at higher incidences (18.8%), when compared to their Black (14.5%) and White peers (6.8%; Kann et al., 2016). A recent study among Hispanic urban youth found that these adolescents, when paralleled with their nonminority and more economically advantaged counterparts, experienced more depressive symptoms and SI (Pratt & Brody, 2014). In fact, 13% of Hispanic youth who lived in poverty reported suffering from depression (Pratt & Brody, 2014). The intersection of these multiple marginalized identities (i.e., Hispanic, LGBTQ, and living in poverty) further augments the probability of SI and negative mental health symptoms (Mueller, James, Abrutyn, & Levin, 2015).

The disproportionately common mental health issues experienced by Hispanic adolescents identifying as LGBTQ have been associated with minority-related stressors such as stigma, discrimination (Borges et al., 2008; Bostwick et al., 2014; Mueller et al., 2015), and other forms of violence and victimization such as bullying, which is all too often encountered by persons with (multiple) marginalized identities (Baams et al., 2015; Consolacion et al., 2004). Exposure to homophobia (e.g., hearing homophobic slurs), racism, social exclusion, and other minority-related stressors have all been recognized as indicators of depression and suicide among youth of color identifying as LGBTQ (Kosciw et al., 2015; Kuper et al., 2014). Taken together, such findings are concerning; yet, there continues to be a dearth of research examining SI and bullying among urban Hispanic youth identifying as LGBTQ (Consolacion et al., 2004; Hepburn et al., 2012; Poteat & Rivers, 2015).

The link between bullying, depression, and suicide among LGBTQ hispanic youth

Bullying has been associated with increased rates of SI (Division of Violence Prevention, 2015; Lardier et al., 2016) and depression among youth of color (Hepburn et al., 2012) and adolescents identifying as LGBTQ (Haas et al., 2010; Plöderl et al., 2014; Poteat & Rivers, 2015). Recent nationally based studies have found that more than 75% of high school aged sexual minority youth reported hearing homophobic slurs from faculty and students, which resulted in these youth further recounting that they felt unsafe in their school environment (Kosciw et al., 2015). Russell and colleagues (2014) also revealed that youth identifying as LGBTQ who experienced high levels of bullying victimization were twice as likely to be clinically depressed and experience SI, when compared to those youth who were not victimized.

At the intersection of identifying as a sexual and racial-ethnic minority, scholars have shown that Hispanic adolescents identifying as LGBTQ experience numerous and consistent types of minority related aggressions (e.g., discrimination, racism, homophobia), as well as greater incidences of bullying victimization, which results in greater isolation, loneliness, depression, and SI (Baams et al., 2015; Liu & Mustanski, 2012; Rosario, Rotheram-Borus, & Reid, 1996). These findings appear to be greater among those Hispanic students that newly immigrated to the United States, which may also point toward problems with acculturation and other social stigma with regard to immigration (Hepburn et al., 2012). The combination of these lived realities (e.g., bullying victimization, racism), along with the perception of having little meaningful social connections and feelings that others (e.g., peers) would be better off without them, may explain why urban Hispanic youth identifying as LGBTQ are found to experience SI and attempt suicide at higher rates, when compared to their nonracial, -ethnic, -sexual minority counterparts. Yet it is important to note that studies have suggested that multiple types of social support may mitigate SI and associated symptoms (Lardier et al., 2016; Russell et al., 2014; Seil, Desai, & Smith, 2014).

Social support: A buffer against bullying and suicide for LGBTQ hispanic youth

Mental health practitioners, such as professional counselors, offer important lines of support for adolescents identifying as LGBTQ (Seil et al., 2014). However, both urban Hispanic youth (Hepburn et al., 2012) and LGBTQ youth are unlikely to seek mental health services (Russell et al., 2014). Therefore, outside of professional counselors, school personnel in urban communities, such as teachers or school counselors, can offer additional paths of support in mitigating the effects of bullying (Mahdi, Jeverson, Schrader, Nelson, & Ramos, 2014). Yet students in urban schools tend to less frequently report bullying to school personnel, due to viewing school staff as having little authority in making changes (Forber-Pratt, Aragon, & Espelage, 2014). Unfortunately, bullying, in addition to prolonged exposure to untreated depression, and lack of social belonging have been linked to suicide

(Plöderl et al., 2014). Therefore, it is paramount to foster social support among adolescents identifying as LGBTQ (Kosciw et al., 2015).

Social support in schools can enhance the mental well-being of youth identifying as LGBTQ (Kosciw et al., 2015). Students in schools with sexually inclusive organizations, such as Gay-Straight Alliances (GSAs), are less likely to experience SI and more likely to report positive mental health, than students without such resources (Kosciw et al., 2015; Poteat, Sinclair, DiGiovanni, Koenig, & Russell, 2013). This may be due to GSAs limiting social isolation (i.e., actively involved in peer networks) among youth identifying as LGBTQ (Poteat et al., 2013). Longitudinal studies have corroborated such findings and have shown that stronger friendship networks are associated with healthier mental well-being later in life (Poteat & Rivers, 2015). Hence, schools with GSAs that foster peer and other social support, offer a sociocultural safety net that supports youth identifying as LGBTQ.

Families offer another potential avenue of support. This is particularly salient for Hispanic adolescents, given the cultural value of *familismo*, or that family is central to emotional support and well-being (Kosciw et al., 2015; Rios & Eaton, 2016). Extant research indicates that Hispanic adolescents identifying as LGBTQ raised with higher levels of *familismo* have more emotional closeness and better relationships with their families, which serves as a cultural buffer against negative mental health outcomes (Kosciw et al., 2015; Rios & Eaton, 2016). For instance, among Hispanic youth identifying as LGBTQ, family support has been associated with acceptance of their LGBTQ identity and less reports of SI (Poteat, Mereish, DiGiovanni, & Koenig, 2011; Rios & Eaton, 2016; Ryan, Huebner, Diaz, & Sanchez, 2009). Therefore, social support can promote well-being for Hispanic youth identifying as LGBTQ and mitigate SI and associated symptoms.

In contrast, lack of filial support among Hispanic youth identifying as LGBTQ is highly profound and associated with negative mental health symptoms. This is because *familismo* among traditional Hispanic families tends to provide a cultural buffer against negative outcomes, with the loss of these relationships diminishing the presence of a significant social support network (Borges et al., 2008; Cash & Bridge, 2009; Rosario et al., 1996). It is important to note also that among traditional Christian Hispanic families identifying as a sexual minority may affect the family relationship, as strong cultural values may create dissonance between their support and love for their family member, and their acceptance of them as a sexual minority (Ellison, Acevedo, & Ramos-Wada, 2011). These same values may also hinder the coming-out process and create significant conflict in the development of a LGBTQ identity, further exacerbating negative mental health symptoms (Rios & Eaton, 2016). It is, however, important to mention that Hispanic families are idiosyncratic, and that the relationship between religious values and filial support may vary among Hispanic/Latino ethnic groups, and therefore is in need of further investigation (Ellison et al., 2011; Rios & Eaton, 2016). Yet, despite the shortage of literature available, these are important connections to keep in mind for school and community counselors working with/for urban Hispanic adolescents identifying as LGBTQ.

Purpose and hypotheses

Few studies have taken into account SI among Hispanic youth identifying as LGBTQ in a low-income urban community (e.g., Consolacion et al., 2004; Kuper et al., 2014; Poteat et al., 2011; Rios & Eaton, 2016; Ryan et al., 2009). Therefore, the purpose of this study is to examine school bullying, depression, and social support as factors that contribute to SI among urban Hispanic adolescents identifying as LGBTQ. This study also aims to increase awareness of these links to better serve such adolescents seeking counseling within the Hispanic LGBTQ community. Based upon extant research we hypothesized: (1) sexual minority status would negatively predict depression and school bullying, and indirectly affect SI through these mechanisms; (2) depression would positively mediate the effects between sexual minority status and SI, and the effects between bullying and SI; and (3) social support would provide a buffer between sexual minority status and depression, school bullying, and SI.

Method

In 2014, data were collected as part of a larger Drug Free Communities (DFC) grant initiative in a northeastern U.S. urban community. Census based sampling was initiated from the largest high school in the community. Students were recruited from Grades 9 through 12, and provided parental consent and student assent forms. Students who returned signed documents were eligible to participate in the study ($N = 737$) and take the 140-question survey during the one hour time-period.

The original surveyed sample ($N = 737$) was delimited to Hispanic adolescents ($N = 538$). This sample was near evenly split, with majority female (53.1%) and the largest proportion of adolescents between age 16 and 18 years (63.5%). Ninth graders comprised 17.5% of the sample, 10th graders were 26.3%, 11th graders were 25.0%, and 12th graders were 31.2%. In addition, 13% ($n = 70$) of the sample of Hispanic adolescents identified as LGBTQ, which is higher than most national estimates (Bostwick et al., 2014). The majority of Hispanic adolescents received free or reduced lunch (79.4%), a proxy of low socioeconomic status (SES).

Measurement

See Table 1 for descriptive statistics, alpha reliabilities (Cronbach α), and a correlation matrix. Five variables were examined in total, with SI serving as the criterion measure.

Criterion measure

Suicidal ideation

Suicidal ideation was derived from two questions from the Youth Risk Behavioral Surveillance Survey (Kann et al., 2016), measuring thoughts and intent of attempting suicide (sample item: During the past 12 months did you make a plan about how you

Table 1. Correlations and descriptive statistics for study variables.

	1	2	3	4	5
1. Suicidal ideation	—	.21**	.39**	-.18**	.52**
2. Sexual minority status		—	.25***	-.16**	.32**
3. School bullying			—	-.17**	.56**
4. Social Support				—	-.28**
5. Depressive symptoms					—
<i>M</i>	.75	.13	.53	18.71	7.56
<i>SD</i>	1.09	.33	.86	5.11	2.88
α	.73	—	.75	.79	.86
Skew	.32	1.13	-.18	1.10	1.50
Kurtosis	.10	.10	.11	.11	.11

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

would harm yourself?). Two measures were used due to survey constraints related to time to complete survey. Items were measured dichotomously, (1) *yes* and (0) *no* (Cronbach $\alpha = .73$). Responses were summed, reflecting a greater likelihood of SI. Students responded with lower frequencies of SI ($M = .754$, $SD = 1.09$); however, nearly 40% of sample students disclosed experiencing SI within the last 12 months. It is common to measure SI using two or less items (e.g., Lardier et al., 2016).

Predictor measures

Sexual minority status

Sexual minority status was derived from a single question asking respondents to disclose their sexual identification. Response options were heterosexual, and lesbian, gay, transgender, bisexual, and queer (LGBTQ). Hispanic youth self-identifying as LGBTQ were categorized as Hispanic sexual minority youth (1) and those identifying as “heterosexual” or non-LGBTQ, as Hispanic sexual majority youth (0). Approximately, 13% of the delimited Hispanic sample, or those who responded as a Hispanic sexual minority (1), identified as either lesbian, gay, transgender, bisexual, or queer ($n = 70$), which is higher than national averages (Bostwick et al., 2014). Using a single demographic measure to capture sexual minority status and testing this variable as a main predictor is not atypical (e.g., Chow et al., 2013).

School bullying

School bullying was assessed using a 3-item scale measuring bullying present in the school environment (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014). The full measure was not used due to time constraints in survey completion. However, an adequate internal reliability-consistency was achieved (Cronbach $\alpha = .75$; Field, 2013). School bullying was measured using a dichotomous scale of yes (1) and no (0) (sample item: Have you ever been bullied on school property?). Scores were totaled, with students identifying overall lower frequencies of school bullying ($M = .53$, $SD = .86$); however, more than 33% of respondents identified experiencing bullying. In previous studies it is common to assess school bullying using a 2- to 4-item measure (e.g., Lardier et al., 2016; Mueller et al., 2015).

Social support

Social support was derived from the Social Support for Adolescents Scale (Bowen & Chapman, 1996). *Social support* refers to the network of personal relationships that provide youth real or perceived safety and stability (Bowen & Chapman, 1996). Social support was measured using seven items (sample items: When you need encouragement, advice, or suggestions, how helpful is your father? When you need encouragement, advice, or suggestions, how helpful is mother? When you need encouragement, advice, or suggestions, how helpful is your school counselor?) with responses recorded on a 4-point Likert-type scale ranging from 1 (*not at all helpful*) to 4 (*great deal helpful*). Responses were totaled (Cronbach $\alpha = .79$), with students identifying moderate levels of perceived social support ($M = 18.71$, $SD = 5.11$).

Depressive symptoms

Depressive symptoms were measured using a 5-item scale that assessed the extent adolescents experienced problems related to depression (sample item: I often feel unwanted at home?). Questions were derived from the Child Behavior Checklist and used a 3-point Likert-type scale from 1 (*not true*) to 3 (*very true*) (Achenbach, 2011). Responses were totaled to reflect a greater likelihood of experiencing depressive symptoms (Cronbach $\alpha = .86$). Youth identified moderate levels of depressive symptoms ($M = 7.56$, $SD = 2.88$).

Data analysis plan

Missing data were examined in SPSS v.23. The largest amounts of missing data were related to bullying (12%) and SI (15%). Little's MCAR Test displayed a significant chi-squared result, $\chi^2 = (df = 48) 33.23$, $p = .948$, which indicates that these data were most likely missing at random (Little, 1988). Maximum-likelihood (ML) procedures were used through AMOS Structural Equation Modeling (SEM) software (Arbuckle, 2013). This method of handling missing data is preferable to standard imputation, as ML methods address the missing data, parameter estimation, and estimate the standard error in a single step, thus correcting for lost error that is associated with standard multiple imputation (MI) techniques (West, Taylor, & Wei, 2012).

Following ML methods of addressing missing data, preliminary analyses assessed correlations among main study variables and controls (e.g., gender, grade, and age). Normality and issues of collinearity were also examined at this time (Field, 2013). All variables were within normal ranges, with no variables observed as highly leptokurtic or skewed. Next, main analytic procedures were conducted, which involved testing paths between variables, using ML estimation procedures in AMOS SEM software (Arbuckle, 2013). Model fit was assessed using several indices: chi squared (χ^2) test, Comparative Fit Index (CFI), Goodness of Fit Index (GFI), Adjusted Goodness of Fit Index (AGFI), and the root mean square error of approximation (RMSEA; West et al., 2012). Non-significant χ^2 values indicate acceptable model fit and higher values that are greater than .95 on the CFI, GFI, and AGFI, and smaller RMSEA (less than .09) indicate good overall fit (West et al., 2012). Modification indices were

also examined to improve model fit and performance. Lastly, the decompensation of effects were conducted to further understand the mediating influence of variables (Ditlevsen, Christensen, Lynch, Damsgaard, & Keiding, 2005). The decompensation of effects was calculated by taking the ratio of the indirect effect (ab) to the total effect ($ab + c$) (Ditlevsen et al., 2005).

Results

Preliminary analysis

Correlations were run among main study variables. All main study variables were correlated. In addition, all potential controls were analyzed (i.e., age, gender, and free or reduced lunch). Of the controls tested, gender had a significant relationship with depression, school bullying, and sexual minority status and was therefore included in the analysis.

Analytic results

Path coefficients for statistically significant standardized beta weights are presented (see Figure 1). The chi squared value $\chi^2(3) = 6.16$, was not significant. Additional model fit indices were reviewed, with results indicating that the hypothesized model provided a good fit to the data for the sample (GFI = .99, AGFI = .97, CFI = .99, RMSEA = .04). This model accounted for 34% of the variance in SI, 38.9% of the variability in depression, 9.5% of the variance in school bullying, and 2.5% of the variability in social support.

Findings show that sexual minority status (i.e., those who responded as a Hispanic sexual minority, coded as “1,” and those who identified as a Hispanic sexual majority or non-LGBTQ, coded as “0”) predicted school bullying, which indirectly affected depressive symptoms and SI. For instance, as sexual minority status approached one, or identifying as a sexual minority Hispanic youth, both depressive symptoms ($\beta = .14$, $p < .001$) and SI increased ($\beta = .08$, $p <$

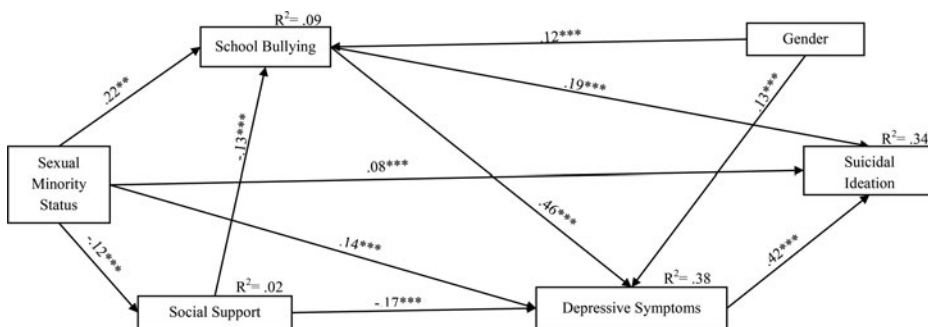


Figure 1. Path Model Testing Sexual Minority Status on Suicidal Ideation among Hispanic Adolescents ($N = 538$).

Note. Model Fit Statistics: $\chi^2(3) = 6.16$, $p = .10$; GFI = .99, AGFI = .97, CFI = .99, RMSEA = .04. * $p < .05$, ** $p < .01$, *** $p < .001$

.001). Hispanic youth identifying as LGBTQ were too also likely to experience SI indirectly, through its relationship with depression. In addition, Hispanic sexual minority youth were less likely to identify social support networks ($\beta = -.12$, $p < .001$) and more likely to experience school bullying ($\beta = .22$, $p < .001$). Access to social supports buffered the effects of depression among urban Hispanic youth identifying as LGBTQ, as indicated by the indirect effect of sexual minority status on depression was far less ($\beta = .03$, $p < .05$), when compared to its direct effect on depression. Access to social supports also buffered the effects of school bullying among urban Hispanic youth identifying as LGBTQ, as indicated by the indirect effect of sexual minority status on school bullying was reduced ($\beta = .05$, $p < .001$), when compared to the direct effect of school bullying on depression. Furthermore, school bullying had a small, positive indirect effect, through social support on depression ($\beta = .03$, $p < .001$), illustrating the buffering effect of social support. These results support the protective impact of social supports for urban Hispanic youth identifying as LGBTQ. Social support was also identified as having no significant direct relationship with SI, but instead indirectly through depression ($\beta = -.08$, $p < .05$). Moreover, school bullying had a positive and strong effect on depression ($\beta = .47$, $p < .001$) and a smaller influence on SI directly ($\beta = .19$, $p < .001$), as well as indirectly through depressive symptoms ($\beta = .19$, $p < .001$).

The decompensation of effects indicated four robust mediating effects. First, taking the ratio of the indirect effect, $-.08$, to the total effect of $-.15$, depressive symptoms mediated 53% of the effect between social support and SI, which indicates that depression performed as a suppression variable, resulting in the relationship between social support and SI being nonsignificant. Next, taking the ratio of the indirect effect, $.19$, to the total effect of $.38$, depression mediated 50% of the effect school bullying had on SI, which demonstrates the strong influence of school bullying on SI through depressive symptoms. Third, taking the ratio of the indirect effect, $.10$, to the total effect of $.21$, school bullying accounted for 41% of the effect between sexual minority status and depression. Lastly, taking the ratio of the indirect effect, $-.06$, to the total effect of $-.24$, school bullying also mediated 26% of the effect between social support and depression. Of note, social support mediated 7% of the effect between sexual minority status and depression, and only 8% of the effect between sexual minority status and school bullying. These results display that social support does perform as a mediator; however, the majority of the effect was direct. Overall, these findings highlight the detrimental impact of bullying and point toward the need for multiple points of support for youth of color identifying as LGBTQ.

Discussion

Suicidal ideation (SI) is a significant concern for adolescents identifying as LGBTQ in the United States. These rates are compounded at the intersections of LGBTQ identity and racial-ethnic minority identity statuses. Several explanations have been theorized to augment depression and SI among youth identifying as LGBTQ,

in-particular school bullying (Russell et al., 2014). As the present study found, with increased bullying, Hispanic youth identifying as LGBTQ are isolated from social supports and more likely to experience depression and SI, which illustrates the detrimental effect of school bullying on youth development (Bauman, Toomey, & Walker, 2013; Poteat & Rivers, 2015; Russell et al., 2014). Results from this study also reinforce that urban Hispanic adolescents identifying as LGBTQ often report less social supports than that of their sexual majority counterparts; yet, youth who do have access to social supports (e.g., parents, allied peers) experience less feelings of depression and, in turn, SI (Russell et al., 2014).

The present study adds to a small, although growing body of literature examining sexual minority status among urban Hispanic youth on predictors of SI (Bostwick et al., 2014; Russell et al., 2014). A key finding from this study is that social support does not necessarily buffer Hispanic youth identifying as LGBTQ from SI but indirectly affects SI through depressive symptoms, which supports research showing that increases in depression intensify SI (Baams et al., 2015; Russell et al., 2014). In other words, increased social support aids in reducing depressive symptoms, which lowers the probability of SI. Although the outcome was small, this finding is important, as even before the presence of bullying, urban Hispanic youth identifying as LGBTQ are vulnerable to mental illness (Bostwick et al., 2014; Pratt & Brody, 2014). Therefore, it is critical to work with these youth in developing positive relationships to safeguard against heightened vulnerability for depression at the intersection of these three identities. However, social support is not necessarily enough to mitigate depression and SI for urban Hispanic youth identifying as LGBTQ when bullying is present, which is consistent with prior research (Kuper et al., 2014; Vidot et al., 2016).

Sexual minority youth face various negative environmental experiences (e.g., bullying), which intensifies their likelihood of experiencing depression and SI (Kosciow et al., 2015). Historically, GSAs have been designated as a safe space that buffers the effects of these negative social experiences (Meyer, Frost, & Nezhad, 2015). As findings from this study suggest, urban Hispanic youth identifying as LGBTQ are less likely to identify social supports than sexual majority youth. Still, increased social support may not necessarily be enough to protect urban Hispanic adolescents identifying as LGBTQ from depression and SI in the face of bullying; therefore, we must identify additional mechanisms of support, within the school and the community.

Implications for professional and school counselors

The distinct lived-experiences of urban Hispanic youth identifying as LGBTQ in counseling are unique. Professional counselors need to be equipped to effectively treat this adolescent population. Findings from this study identify the personal (e.g., sexual minority status, depression) and interpersonal (e.g., social support and bullying) domains that influence SI among urban Hispanic adolescents identifying as LGBTQ. Professional and school counselors must consider how and where urban Hispanic adolescents identifying as LGBTQ can access additional mechanisms of

social support. One location, particularly important for Hispanic youth identifying as LGBTQ, is through the family; however, the process of developing support among traditional Hispanic families may be more difficult, as traditional and Christian values may intersect with support for the Hispanic adolescent identifying as LGBTQ.

Counselors working with Hispanic youth identifying as LGBTQ must navigate this complex web, where disapproval may be ever too real, and begin to work with Hispanic adolescents identifying as LGBTQ to improve communication with their family members and process where they may access additional mechanisms of support outside the family. Family-based interventions would first work toward creating a safe space where adolescents identifying as LGBTQ can voice their thoughts without fear of judgement, and then work with the family toward resolving conflicts within the family system, increasing parental support/accessibility, and educating parents on the experiences of their child(ren) identifying as LGBTQ (Meyer et al., 2015). Hence, redefining family processes can improve access of Hispanic adolescents identifying as LGBTQ to supportive structures in the home and reduce the detrimental effects of bullying at school.

From a prevention perspective, counselors must engage in psychoeducation delivered through social systems, with a focus on the importance of social support in preventing suicide and SI for urban Hispanic youth identifying as LGBTQ (Wyman, 2014). Clinical prevention programs must not only follow-up with youth of color identifying as LGBTQ who recently attempted, or are at heightened risk to attempt suicide (Wasserman et al., 2015) but must implement preventive interventions such as those that address more common conditions that often occur alongside suicide and SI, such as substance abuse (Wyman, 2014). Additionally, research has identified peer outreach as an effective method for reaching “at-risk” populations (Reid, Lardier, Garcia-Reid, & Yu, 2016). This suggests that counselors should identify LGBTQ and peer allies to provide social support and outreach for youth, particularly among Hispanic and Black youth, who are less likely to seek mental health services (Joe et al., 2016; Liu & Mustanski, 2012; Swahn et al., 2012).

School counselors, in addition to professional counselors, are also instrumental to the therapeutic wellness of urban Hispanic youth identifying as LGBTQ, as well as brokering vast networks of social support (Douglas & Morris, 2015; Mahdi et al., 2014). For instance, school counselors can represent a key ally in forming and overseeing GSAs for youth identifying as LGBTQ and in turn aid in the coming-out process (Russell et al., 2014). School counselors may also help develop and lead trainings for teachers and other school personnel in how to create safe spaces, which would allow for a more inclusive and supportive school environment, and indirectly affect LGBTQ mental well-being (Mahdi et al., 2014). Therefore, school counselors can be important allies for urban Hispanic youth identifying as LGBTQ experiencing bullying, depression, and SI.

Limitations

The present study provides important insights on urban Hispanic youth identifying as LGBTQ; however, several limitations are present. First, this study was drawn

from cross-sectional data and is unable to create a longitudinal understanding of SI among this population (Cozby & Bates, 2012). However, given the rapid rate of growth among Hispanics in the United States (Stepler & Brown, 2015), as well as the national urgency to facilitate the well-being of adolescents identifying as LGBTQ (Kosciw et al., 2015), a cross-sectional design allows us to fill this need (Cozby & Bates, 2012). Second, the lack of variance in the subsample of Hispanic youth from which the present study drew from did not allow us to moderate by national origin (e.g., Mexican, Puerto Rican), which is important, given the heterogeneity of Hispanic cultures (Stepler & Brown, 2015). Similarly, given the rate of adolescents who identified as LGBTQ it was not possible to examine differences between groups. Further, this study does not specifically identify adolescents who are questioning their sexual identity and may be at an increased vulnerability for the negative effects of homophobic bullying. Despite limitations, the present study offers important insight into SI among Hispanic urban adolescents identifying as LGBTQ.

Conclusions and directions for future research

Attitudes toward youth identifying as LGBTQ have steadily improved over the past 40 years. Yet, aggression toward this vulnerable and marginalized population has had a major impact on their mental health and well-being. The compounding intersections of sexual identity, ethnic-racial identity, and lower SES create a stressful and unwelcoming social structure. Results shed light on the decreased access urban Hispanic youth have to social supports, and the increased likelihood of experiencing bullying, depression, and SI. However, access to social supports did begin to mitigate the negative mental health consequences of bullying in this study. Communities must create empowering and supportive spaces that foster bonding relationships among/for urban Hispanic youth identifying as LGBTQ. Future research needs to consider urban Hispanic youth identifying as LGBTQ, as they remain an isolated group in research and practice. Research must also consider the social realities of youth of color identifying as LGBTQ, in general, within urban communities to provide more effective policies, prevention programming, and counseling services.

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Conflict of interest

The authors declare that they have no conflict of interest.

Informed consent

Informed consent was obtained from all individual participants included in the study.

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