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# Does It Get Better? A Longitudinal Analysis of Psychological Distress and Victimization in Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

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A B S T R A C T

**Purpose:** The mental health and victimization of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth have garnered media attention with the "It Gets Better Project." Despite this popular interest, there is an absence of empirical evidence evaluating a possible developmental trajectory in LGBTQ distress and the factors that might influence distress over time.
**Methods:** This study used an accelerated longitudinal design and multilevel modeling to examine a racially/ethnically diverse analytic sample of 231 LGBTQ adolescents aged 16–20 years at baseline, across six time points, and over 3.5 years.
**Results:** Results indicated that both psychological distress and victimization decreased across adolescence and into early adulthood. Furthermore, time-lagged analyses and mediation analyses suggested that distress was related to prior experiences of victimization, with greater victimization leading to greater distress. Support received from parents, peers, and significant others was negatively correlated with psychological distress in the cross-sectional model but did not reach significance in the time-lagged model.
**Conclusions:** Analyses suggest that psychological distress might "get better" when adolescents encounter less victimization and adds to a growing literature indicating that early experiences of stress impact the mental health of LGBTQ youth.
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**IMPLICATIONS AND CONTRIBUTION**

This study examines the longitudinal mental health and victimization trajectories of a community sample of lesbian, gay, bisexual, transgender, and questioning adolescents. Results indicate that although both distress and victimization decrease for lesbian, gay, bisexual, transgender, and questioning youth between adolescence and early adulthood, distress was mediated by earlier observations of victimization.

Several high-profile suicides of adolescents who were gay, or were perceived by others to be gay, have increased the public's attention to the victimization and mental health needs of this population [1]. In response to the growing focus on bullying and suicide among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) adolescents, Dan Savage, a syndicated columnist and author, created the YouTube-based It Gets Better Project [2]. The Project's goal was to share stories of LGBTQ adults who in their youth were victimized or contemplated suicide, with the ultimate goal of inspiring LGBTQ youth with the message that life improves as one grows older. The project quickly became popular, drawing more than 50,000 user-created video submissions and drawing supporters and submissions from individuals such as President Barack Obama, celebrities, and the staffs of major companies such as Google and Facebook [2].

Although the campaign's message is well intended, there have been no longitudinal studies to assess the accuracy of the core message (i.e., LGBTQ youth outcomes improve as youth get older). Cross-sectional data indicate that compared with heterosexuals, LGBTQ youth and adults experience elevated levels of multiple negative outcomes [3] such as victimization and bullying [4], drug use [5], and mental health difficulties (e.g., depression and suicidality) [6–8]. Longitudinal studies that

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examine the mechanisms by which these disparities develop are necessary as they can inform intervention efforts that address the antecedents of these disparities.

To conceptualize processes that lead to LGBTQ health disparities, Meyer [9] articulated a theory of minority stress, which posits that increased stress due to the discrimination, stigma, and prejudice that sexual minorities face causes worse mental and physical health outcomes and greater likelihood to use maladaptive coping strategies [10]. Manifestations and drivers of minority stress have been shown in cross-sectional studies to be associated with mental health problems. These variables include unsupportive reactions by family and community to "coming out" [11], increased gender nonconformity [12], increased victimization [13], and lack of social support [13]. However, there have been few longitudinal tests of minority stress theory, necessitating an examination of how stigma and stress develop over time and how they might confer greater risk for mental health problems.

The first aim of the present study was to characterize trajectories of psychological distress, victimization, and support to answer the question "does it get better?" as LGBTQ youth grow older. The second aim was to examine longitudinally, the relationship of two minority stressors (victimization and support) to psychological distress while controlling for age. The longitudinal relationships were examined in two ways: first, we fitted a model estimating the associations among variables, which were measured concurrently across multiple waves (i.e., concurrent associations). Second, we fitted a time-lagged model of psychological distress to examine the possible influence of early victimization and support on later distress.

This study used data from six waves collected over 3.5 years of a longitudinal cohort study of racially/ethnically diverse LGBTQ adolescents. These data are unique in that very few prior published longitudinal studies of LGBTQ youth have followed their participants for even 1 year [14,15]. Longitudinal studies are critical to understanding developmental trajectories, and they also allow for stronger causal inference about the effects of predictor variables.

On the basis of minority stress theory [9] and the available literature, several hypotheses were made. Although the few studies which have examined LGBTQ youth distress over time have not examined developmental trends, there is some evidence that distress might decline during adolescence [16]. Additionally, research suggests that victimization experiences peak in middle school and are reduced through adolescence [17] and that social support within LGBT youth tends to increase over adolescence [18]. Therefore, we hypothesized that LGBTQ youths' mental health would "get better" as these youth would report less psychological stress and greater support over time. In addition, research on gender role socialization suggests that both boys and racial/ethnic minorities may be subjected to higher rates of victimization because of the greater traditional masculinity norms of their peers [19]. Traditional masculinity norms are associated with homophobic attitudes [19,20], and African-American communities typically hold more traditional masculinity attitudes [21]. Prior empirical work [22] also supports this; therefore, we hypothesized that males, African-Americans, and transgender individuals would report greater victimization. Also, as minority stress theory [9] and several cross-sectional studies suggest [6,13], we hypothesized that increased victimization and decreased social support at each wave would be associated with increased psychological distress at that same wave. Furthermore, consistent with the tenets of minority stress theory, we hypothesized that time-lagged experiences of victimization would be associated with increased psychological distress, whereas time-lagged experiences of support would be associated with decreased psychological distress [9]. And finally, also in line with minority stress theory [9], we hypothesized that both concurrent and time-lagged measures of victimization and total support would mediate the relationship between age and psychological distress [23].

## Methods

### *Participants*

Participants from this study were part of Project Q2, a longitudinal study of LGBTQ youth who were between the ages of 16 and 20 years at baseline. All participants were youth living in the Chicago area who self-identified as LGBT, "queer," "questioning," or indicated they were attracted to the same gender. Participants were recruited via multiple methods, including incentivized peer recruitment and e-mail advertisements, cards, and flyers distributed in LGBT-identified neighborhoods and LGBT-identified events. Approximately half of participants were recruited by another participant. Two hundred forty-eight participants were part of the original recruited sample. Of note, participants self-reported their age and date of birth at baseline, but identification checks conducted at later waves of data collection resulted in some adjustments of age and an adjusted sample size. Three participants were removed from analysis because of missing data on key variables and 14 were removed because of being outside the recruited age range. The analytic final sample consisted of 231 participants (108 birth males, 123 birth females; 128 African-Americans, 34 whites, 29 Latinos, 40 who indicated multiracial or Asian/Native American racial identity; mean age at baseline = 18.74; standard deviation, 1.33; mean age at wave 6 = 22.23; standard deviation, 1.35). At baseline, socioeconomic status was self-identified with 7.4% upper class; 70.1% middle class; and 22.5% lower class. Further description of the sample is published elsewhere [24,25].

### *Procedure and design*

Project Q2 used an accelerated longitudinal design involving a small range in age at enrollment and longitudinal follow-up on six occasions over 3.5 years [26]. At each of these six time points, participants completed self-report measures on health, mental health, victimization, and health behaviors. Participant payments ranged between \$25 and \$40 depending on the length of the survey at a particular time point, with most interviews lasting 2 hours. The institutional review board approved the project.

### *Measures*

*Demographics.* Demographic covariates were assessed at baseline. Birth sex was assessed by the item "What is your birth gender or biological sex?" with male individuals coded as 1 and females coded as 0. Transgender identity was assessed by the item "How do you self-identify?" with the following response options: male, female, transgendered-male-to-female, and transgendered female-to-male. Those who indicated they identified as transgender male-to-female or female-to-male were coded as 1 and the rest coded as 0. Sexual identity was assessed via the item "Which of the following best describes you?" with response options gay, lesbian, bisexual, heterosexual, and questioning/unsure. Race/ethnicity was assessed and dummy coded

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