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Bullying as a Source of Posttraumatic Growth in Lesbian, Gay, and Bisexual Individuals

Jamie M. Tombari

**Abstract**

Lesbian, gay, and bisexual (LGB) individuals are at high risk for bullying. Research suggests that experiencing discrimination or a hate crimes based on sexual orientation can have a severe negative impact on LGB individuals. Indeed, these experiences have been shown to lead to trauma among LGB individuals. However, recent research has explored the phenomena of posttraumatic growth—positive psychological change following a trauma (PTG)—to occur. The present research explores the potential factors that predict PTG among bullied LGB individuals. One hundred thirty-nine participants identifying as lesbian, gay, or bisexual who indicated that they had been bullied completed a series of questionnaires regarding bullying experiences (e.g., due to sexual orientation, severity, and frequency), outness (i.e., the degree to which various people knew of their sexual orientation), social support, and posttraumatic growth. Structural equation modeling (SEM) showed that LGB individuals who were bullied due to their sexual orientation perceived the bullying to be more severe than did those who were bullied for some other reason (e.g., weight, shyness) and subsequently experienced more PTG. Furthermore, outness predicted increased social support, which in turn, predicted PTG. The present findings show that bullying based on sexual orientation is perceived as particularly severe, but that posttraumatic growth can also emerge as a result. Furthermore, outness and social support were shown to be important predictors of PTG among bullied LGB individuals.

Keywords: bullying, posttraumatic growth, sexual orientation, outness, social support, LGB

## Bullying as a Source of Posttraumatic Growth in Lesbian, Gay, and Bisexual Individuals

The minority stress model (Meyer, 2003) posits that health disparities between heterosexual and lesbian, gay, and bisexual (LGB) individuals are partially attributable to the unique cumulative social stressors that LGB individuals face (e.g., stigma, discrimination, expectation of rejection, internalized homophobia, concealment of identity). One such stressor, bullying—intentional acts that repeatedly harm another person physically or emotionally (e.g., hitting, verbal threats, ostracism, gossiping; Hamburger, Basile, & Vivolo, 2011)—is more prevalent in LGB adolescents than heterosexual adolescents (Berlan, Corliss, Field, Goodman, & Austin, 2010). For example, a meta-analysis indicated that various forms victimization (e.g., discrimination, threats, verbal harassment, physical assault) were more frequent in LGB adults than in heterosexual adults (Katz-Wise & Hyde, 2012). Furthermore, bullying experiences have been shown to be particularly traumatic in LGB individuals (Beckerman & Auerbach, 2014), often resulting in posttraumatic stress disorder (PTSD; Rivers, 2001, 2004, 2011). In fact, research indicates that LGB identified students experience significantly greater negative emotional consequences following bullying than do students with other stigmatized identities (e.g., students of color, those with disabilities; Mendez, Bauman, Sulkowski, Davis, & Nixon, 2016). Although bullying can be particularly traumatic in LGB individuals (Beckerman & Auerbach, 2014; Rivers 2001; 2004; 2011), recent research has explored the possibility for positive psychological change to occur following a trauma (e.g., bullying; Ratcliff, Lieberman, Miller, Pace, 2017)-posttraumatic growth (PTG; Tedeschi & Calhoun 1996; 2004). The purpose of the current work is to explore the potential factors that promote PTG among bullied LGB individuals.

### **Sexual-Orientation Based Bullying**

Interpersonal victimizations based on an important social identity are particularly traumatic and shatter assumptions that the world is benevolent and meaningful and that the self is good (Janoff-Bulman, 1992). Research has investigated the prevalence of social identity-based bullying—physical or emotional aggression based on a socio-demographic or group membership (Bucchianeri, Gower, McMorris, & Eisenberg 2016)—and the subsequent psychological consequences for targets. Findings indicate that victimization due to sexual orientation, disability, race, gender, and socio-economic status has a greater negative emotional impact on targets than does victimization based on individual characteristics such as appearance, interests, and personality (Mendez et al., 2016). Importantly, LGB students who experienced sexual-orientation based victimization were twice as likely than those bullied on the basis of other identities (e.g., race, gender, socio-economic status, disability) to report significant negative emotional consequences as a result of the experience (Mendez et al., 2016). Furthermore, youth who experienced identity-based bullying engaged in more risk behaviors including substance abuse, and had poorer academic performance, and school attendance than youth who experienced non-identity-based bullying or no bullying (Russell, Sinclair, Poteat, & Koenig, 2012).

Herek and colleagues (1999) found that victims of sexual-orientation based hate crimes had higher rates of traumatic stress, anxiety, and anger compared to those who experienced a hate crime unrelated to their sexual orientation. In addition, they found that victims of hate crimes based on sexual orientation were more likely to perceive the world around them as unsafe, view others as malevolent, exhibit a low sense of personal mastery, and attribute their personal setbacks to sexual prejudice (Herek, Gillis, & Cogan, 1999). These findings were consistent with the hypothesis that victims of hate crimes based on sexual orientation crimes associate their

feelings of vulnerability and powerlessness with their sexual orientation (Garnets, Herek, & Levy, 1990). Furthermore, research has demonstrated that the perception of being discriminated against based on one's LGBT status mediated the relationship between LGBT status and depression in a sample of 9<sup>th</sup>-12<sup>th</sup> grade students (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). However, no literature to date has directly compared differences in outcomes for LGB individuals bullied based on sexual orientation and LGB individuals bullied based on other characteristics.

Although bullying among LGB individuals can lead to negative effects, resilience in response to sexual orientation-based bullying was shown in a set of longitudinal studies comparing LGB individuals who were bullied in adolescence with LGB individuals who were not bullied in adolescence (Rivers, 2001, 2004). Results indicated that those who were bullied had more positive attitudes about their LGB identity, and bullied LGB individuals who subsequently suffered from posttraumatic stress disorder (PTSD) reported more positive LGB identities than did bullied LGB individuals not evincing PTSD. Rivers posited that bullying experiences push individuals to greater self-acceptance via reinforcement of their LGB identity. Nevertheless, this assertion was not directly tested and it is inconsistent with research showing that self-stigma—negative attitudes toward the self as a member of a stigmatized group— increase following experiences with sexual orientation-based victimization (Herek, Gillis, & Cogan, 2009; Meyer, 2003). Another possible explanation for these findings is that bullying severe enough to produce PTSD symptoms prompts victims to find meaning in their experiences and create new narratives around their traumas, including establishing more positive attitudes toward one's LGB identity and greater self-acceptance (Janoff-Bulman, 1992).

## Posttraumatic Growth

Although bullying can be a traumatic experience resulting in lifelong negative outcomes (Beckerman & Auerbach, 2014; Rivers, 2001; 2004), posttraumatic growth (PTG; Tedeschi & Calhoun, 1996, 2004)—positive psychological change following trauma—can also emerge as a result (Ratcliff et al., 2017). Specifically, the difficult process of finding meaning in personal trauma can alter individuals' assumptions about themselves and the world (Lindstrom, Cann, Calhoun, & Tedeschi, 2013; Tedeschi & Calhoun, 2004; see also Janoff-Bulman, 1992), resulting in PTG. PTG includes five factors: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life, and individuals may grow in one or more of these ways following a trauma (Tedeschi, 1996). Importantly, PTG represents improvement in functioning following trauma, distinguishing it from positive coping or a return to baseline (Linley & Joseph, 2004). Accordingly, PTG is associated with better mental health outcomes, including decreased depression and increased wellbeing (Helgeson et al., 2006).

PTG is consistent with the notion of positive marginality, or that marginalized individuals can develop greater resiliency and agency as they cope with stigma (Unger, 2000).

Correspondingly, narrative research reveals that while LGB individuals report that sexual orientation stigma negatively impacts their lives it also helps them forge a positive self-identity and develop personal strength (Frost, 2011; Meyer, Ouellette, Haile, & McFarlane, 2011).

PTG has been documented following various types of trauma (e.g., cancer, HIV, bereavement, sexual assault and rape, war, domestic violence, natural disasters, and “coming out” as LGB (Helgeson, Reynolds, & Tomich, 2006; Tedeschi & Calhoun, 2004; Vaughan & Waehler, 2010). Recent research established a link between bullying experiences and PTG (Ratcliff et al., 2017). This work qualitatively examined spontaneous expressions of PTG in

response to bullying experiences in a sample of adults with visual impairment (Study 1), as well as quantitative relationships between self-reported bullying severity and PTG in children with visual impairment (Study 2). Adults who had been bullied were given the opportunity to answer open-ended questions regarding their experiences. These data showed that 35.71% of those bullied expressed some form of PTG as a result (e.g., “I also had cancer; I think getting through that made me a stronger person in a similar way... getting through bullying is just as difficult as getting through cancer!”). Children (Study 2) were interviewed regarding their bullying experiences and subsequent PTG using established quantitative measures. Among those who reported having experienced bullying, self-reported bullying severity was positively related to PTG. This finding is consistent with earlier research showing that the more severe a trauma is, the more likely PTG is to emerge (Lindstrom et al., 2013; Ying, Lin, Wu, Chen, Greenberger, & An, 2014).

### **Social Support and Outness as Factors of PTG in Bullied LGB Individuals**

Social support has been shown to buffer individuals from stress (Cohen, 2004), and is associated with lower depression and anxiety levels in LGB individuals (Lehavot & Simoni, 2011), as well as greater life satisfaction and reduced loneliness in lesbians (Keleher, Wei, & Liao, 2010). It has also been suggested that social support is a crucial mechanism for LGB individuals in terms of lowering reactivity to prejudice. For example, following sexual orientation-based discrimination, greater social support was related to decreases in self-blame, anxiety, and depression (Burns, Kamen, Lehman, & Beach, 2012). Thus, social support is thought to be a crucial factor in response to prejudice in LGB individuals (Kwon, 2013).

Research has also linked social support to the development of PTG in samples of cancer patients (Schroevers, Helgeson, Sanderman, & Ranchor, 2010; Scignaro, Barni, & Magrin,

2011; Shand, Cowlshaw, Brooker, Burney, & Ricciardelli, 2015), individuals suffering from traumatic brain injuries, (Powell, Gilson, & Collin, 2012), and individuals diagnosed with HIV (Kamen, Vorasarun, Canning, Kienitz, Weiss, Flores, & Gore-Felton, 2016). Specifically, a meta-analysis revealed that social support is negatively related to PTSD symptoms and positively related to PTG in cancer patients (Shand et al., 2015). Furthermore, a cross-sectional study comprising a sample of HIV-positive men and women indicated that self-disclosure of HIV status and social support predicted approximately 16% of the variance in PTG (Kamen et al., 2016). These results are consistent with work showing social support is critical for promoting positive adjustment following trauma associated with victimization (Mereish, Poteat, McDougall, Vaillancourt, 2015; Strom, Thoresen, Wentzel-Larsen, Sagatun, Dyb, 2014).

Research has suggested that disclosure of a concealable stigmatized identity (e.g., LGB status, HIV-positive status, history of abortion or sexual abuse) can elicit social support and, in turn, foster positive psychological, physical, and health symptoms (Beals, Peplau, & Gable, 2009; Chaudoir & Fisher, 2010; Griffith & Hebl, 2002, Kamen et al., 2016; Jonzon & Lindblad, 2004; Jordan & Deluty, 1998; Smith, Rossetto, & Peterson, 2008). Outness (i.e., the degree to which one's LGB identity is known to others) has been hypothesized as a precursor of social support (Beals et al., 2009; Jordan & Deluty, 1998). Furthermore, "individuals whose identities are based in traumatic life experiences may need intense emotional support as they deal with intrusive thoughts about their experiences and work to regain self-esteem and trust in other" (Chaudoir & Fisher, 2010, p.246). Given this, the current work aims to explore the relationship between outness of one's sexual orientation, social support, and PTG in bullied LGB individuals.

## **Current Work**

Bullying is a major public health problem (Hamburger et al., 2011) and LGB individuals are at a particularly high risk for victimization (Berlan et al., 2010; Katz-Wise & Hyde, 2012). Bullying based on sexual-orientation (i.e., identity-based bullying) has been linked to increased risk behaviors among high school students (Russell et al., 2012), along with increased negative emotional impact (Mendez et al., 2016) compared to other forms of bullying. Furthermore, the perception of discrimination based on LGBT status has been shown to be a factor in predicting depression (Almeida et al., 2009).

Although bullying has been shown to be traumatic in this population, including symptoms of PTSD (Beckerman & Auerbach, 2014), there is a chance for resilience and increased positive identity among LGBT individuals to occur (Rivers, 2001; 2004). Consistent with these findings, research has also demonstrated that severe bullying can lead to PTG among individuals with a visual impairment (Ratcliff et al., 2017). However, no research to date has explored the possibility of PTG to occur due to bullying among LGB individuals. The primary purpose of the current work is to examine potential factors (e.g., sexual-orientation based bullying, outness, social support, bullying severity) that contribute to PTG in LGB individuals who have been bullied.

Specifically, it was hypothesized that those who experienced sexual-orientation based bullying would report both more severe bullying experiences and greater PTG than those who attributed bullying experiences to characteristics other than sexual orientation (e.g., weight, introversion, other physical characteristics). This hypothesis is an extension of previous work showing that the relationship between LGBT status and depression is mediated by the perception of discrimination as a result sexual orientation (Almeida et al., 2009), along with sexual

orientation based bullying strongly predicting negative emotionality (Mendez et al., 2016). This hypothesis also draws from previous work that links bullying severity with increased PTG (Ratcliff et al., 2017). In addition, it was hypothesized that outness in terms of one's sexual orientation would predict social support and in turn, social support would predict PTG. This prediction is based on the existing literature showing positive relationships between disclosure (e.g., outness) and social support (Beals et al., 2009; Chaudoir & Fisher, 2010; Griffith & Hebl, 2002; Kamen et al., 2016; Jonzon & Lindblad, 2004; Jordan & Deluty, 1998; Smith, Rossetto, & Peterson, 2008) and those between social support and PTG (Kamen et al., 2016; Powell et al., 2012; Schroevers, et al., 2010; Scignaro et al., 2011; Shand et al., 2015).

## **Method**

### **Participants**

A sample of 154 individuals who identified as lesbian, gay, bisexual, or transgender who reported prior experiences with bullying were recruited at various pride events in Buffalo, New York ( $n = 49$ ), Rochester, New York ( $n = 54$ ), and Pittsburgh, Pennsylvania ( $n = 54$ ). Given that the purpose of the study was to examine the impact of bullying on PTG in LGB individuals, 7 participants who had not experienced bullying were removed from the sample, as well as 8 transgender individuals who identified as heterosexual, for a final total of 139 participants (58 males, 62 females, 13 non-binary, and 6 unreported), ranging in age from 18 to 68 ( $M = 34.01$ ,  $SD = 13.96$ ). Of eligible participants reporting attributions for their bullying experiences, 87 indicated that their sexual orientation was the primary reason and 52 indicated another reason (see Table 1 for summary). In exchange for their participation, participants received monetary compensation.

## Assessment Measures

**Demographic Questionnaire.** Demographic variables such as participants' gender identity, age, and sexual orientation were collected via a demographic questionnaire. The Kinsey Scale (Kinsey, Pomeroy, & Martin, 1948, 1953) was utilized to assess sexual orientation in a continuous fashion on a 1 (*Exclusively gay/lesbian*) to 7 (*Exclusively heterosexual*) scale (range= 1 to 6;  $M = 2.10$ ,  $SD = 1.48$ ). Participants were asked whether they had experienced bullying due to their sexual orientation and were also given the opportunity to describe the reasons why they believed they were targeted (see Table 1).

**Forms of Bullying Scale (Victimization Version; FBS-V).** The 18-item Forms of Bullying Scale (Victimized Version) Revised (FBS-V-R; Shaw, Dooley, Cross, Zubrick, & Waters, 2013) was used to assess the frequency of bullying ( $\alpha = 0.90$ ) on a 7-point scale from 0 (*not at all*) to 6 (*constantly*). Participants also indicated the severity of which they had experienced each form of bullying on a scale 7-point scale from 0 (*not at all*) to 6 (*extremely*). Overall reliability for the severity items was acceptable ( $\alpha = 0.89$ ). These scales included 4 frequency subscales: verbal bullying ( $\alpha = 0.78$ ; "I was called names in nasty ways"), threatening bullying ( $\alpha = 0.72$ ; "I was made to feel afraid by what someone said they would do to me"), physical bullying ( $\alpha = 0.70$ ; "I was deliberately hurt physically by someone and/or by a group ganging up on me"), and social bullying ( $\alpha = 0.83$ ; "Secrets were told about me to others to hurt me"). Participants also rated the severity of their experiences with verbal bullying ( $\alpha = 0.77$ ), threatening bullying ( $\alpha = 0.73$ ), physical bullying ( $\alpha = 0.64$ ), and social bullying ( $\alpha = 0.84$ ).

**Posttraumatic Growth Inventory Revised (PTGI-R).** The 21-item Posttraumatic Growth Inventory revised (PTGI-R; Tedeschi & Calhoun, 1996) was utilized to assess the extent of posttraumatic growth as a result of bullying experiences ( $\alpha = 0.95$ ). Participants indicated the

extent to which they experienced each change as a consequence, on a 0 (*I did not experience this change*) to 5 (*I experienced this change to a very great degree*), with higher scores indicating more growth. The questionnaire included five subscales to reflect the different domains of posttraumatic growth; relating to others ( $\alpha = 0.89$ ; e.g., “Having compassion for others”), personal strength ( $\alpha = 0.83$ ; e.g., “A feeling of self-reliance”), spiritual change ( $\alpha = 0.87$ ; e.g., “I have a stronger religious faith”), appreciation for life ( $\alpha = 0.75$ ; e.g., “An appreciation for the value of my own life”), and new possibilities ( $\alpha = 0.88$ ; e.g., “I established a new path for my life”).

**Multidimensional Scale of Perceived Social Support.** Participant’s perceived level of social support was assessed via the 12-item Multidimensional Scale of Perceived Social Support (Zimet, Dahlem & Zimet, 1988;  $\alpha = 0.93$ ). Participants indicated their agreement with each item on a scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*), with higher scores indicating greater social support. The measure consisted of three sub-scales: support from family ( $\alpha = 0.95$ ; e.g., “My family really tries to help me), friends ( $\alpha = 0.92$ ; e.g., “I can talk about my problems with my family”), and a significant other ( $\alpha = 0.94$ ; e.g., “I have a special person who is a real source of comfort to me”).

**Outness Inventory - Revised.** The 11-item Outness Inventory revised (Mohr & Fassinger, 2000) was utilized to assess the extent to which an individual was “out”, or open about their LGBT+ identity to a variety of people in their life ( $\alpha = 0.90$ ). Participants rated how open they are about their sexual orientation on a scale ranging from 1 (person definitely does not know about my sexual orientation) to 7 (person definitely knows about my sexual identity and it is openly talked about). The measure included subscales to measure outness to specific social

groups in an individual's lives included; family ( $\alpha = 0.84$ ), parents ( $\alpha = 0.78$ ), friends ( $\alpha = 0.44$ ), work colleagues ( $\alpha = 0.90$ ), and religious community ( $\alpha = 0.98$ ).

### **Procedure**

Participants were recruited via fliers handed out at each pride event. Interested participants were asked to come to a research table to participate. Participants read and signed an informed consent form prior to completing survey packets that included: Forms of Bullying Scale (Shaw et al., 2013), Posttraumatic Growth Inventory (Tedeschi & Calhoun, 1996), Multidimensional Scale of Perceived Social Support (Zimet et al., 1988), and a demographic questionnaire. Participants had an opportunity to ask questions upon completion of the packet. Once the survey packets were completed and returned to the researchers, participants were debriefed, thanked, and given the monetary incentive.

### **Results**

#### **Relationships among bullying severity, posttraumatic growth, outness, and social support.**

Descriptive statistics and zero-order correlations among bullying severity, posttraumatic growth, and social support are shown in Table 2. Note that PTG data are missing for 3 participants, thus analyses involving PTG include 136 participants. As predicted, PTG was positively related to both bullying severity and social support. Bullying severity and social support were not related. Furthermore, outness was positively related to social support but not PTG or bullying severity.

The proposed model (see Figure 1) was tested using structural equation modeling, using Amos 24 software (Amos Development Corporation, 2016). The hypothesized path model showed excellent fit with the data ( $\chi^2[5] = 5.2, p = .41$ ) and excellent fit compared to the independence model (CFI = 1.00, TLI = 1.022), RMSEA = .000. Consistent with hypotheses,

data supported mediational paths from outness to PTG through social support. In addition, the mediational path from reason bullied (i.e., based on sexual orientation or another reason) to PTG through bullying severity was supported, data also supported a direct path from reason bullied to PTG.

### **Discussion**

The purpose of the current work was to examine the factors that promote PTG in bullied LGB individuals. This research is the first to examine directly compare LGB individuals who experienced sexual orientation based bullying and those LGB individuals bullied based on other characteristics in terms of perceived severity of bullying and subsequent PTG. Consistent with predictions, bullying based on sexual orientation was perceived as more severe than was bullying based on other reasons. This is consistent with research that shows that hate crimes have more of a negative impact on LGB individuals when based on sexual orientation (Herek et al., 2000) and research that shows perceived discrimination to be a mediator in the relationship between LGBT status and depression (Almeida et al., 2009).

In addition, results revealed a positive relationship between PTG and bullying severity. This is consistent with the findings of Ratcliff and colleagues (2017) showing that bullying severity predicted subsequently higher levels of PTG in children with visual impairments that experienced bullied. The current work also added to the literature on PTG and social support, by showing that social support was a significant predictor of PTG among bullied LGB individuals. This finding is consistent with individuals whom experienced other traumatic experiences (Kamen et al., 2016; Powell et al., 2012; Schroevers, et al., 2010; Scignaro et al., 2011; Shand et al., 2015). Furthermore, outness predicted social support and adds to the literature regarding the benefits of disclosure (Beals, Peplau, & Gable. 2009; Chaudoir & Fisher, 2010; Griffith & Hebl,

2002, Kamen et al., 2016; Jonzon & Lindblad, 2004; Jordan & Deluty, 1998; Smith, Rossetto, & Peterson, 2008).

These results indicate that although bullying can be perceived as severe, there is potential for PTG to occur. Furthermore, it shows that when LGB individuals are targeted specifically based on their sexual orientation, it is perceived to be more severe, showing that identity-based bullying can be more harmful than general bullying. Future research should continue to explore the differences in outcomes between bullying based on sexual orientation as opposed to other characteristics in LGB individuals.

### **Limitations and Future Directions**

Several limitations associated with the current study should be recognized. These relationships were explored among individuals who identified as lesbian, gay, or bisexual. We did not have enough transgender individuals to meaningfully analyze their data. Future research should investigate relationships among transgender individuals to capture the unique experiences that population faces. Additionally, this research is correlational and cannot fully speak to causation, thus future research should review these relationships using a longitudinal approach. Furthermore, since this study requires individuals to remember retrospective events that may have happened years ago, there is a possibility of memory bias to be present.

Since the sample included LGB attendees of pride events, this study can only be generalized to individuals who identify as lesbian, gay, or bisexual who were willing to come out to public pride events and take part in a study regarding their experiences with bullying. As stated by Beals et al., 2009, these people may be more comfortable with their sexual orientation, most involved in the community, or most interested in research. Future research should recruit

LGB individuals that may not feel comfortable enough to attend or may not have the resources available to attend.

Future research should explore other potential variables that extend the model of bullying and PTG. Based on research showing that those who experienced a sexual orientation-based hate crime had more negative world views than those who faced general hate crimes (Herek et al., 1999), future research should investigate individual's perceptions of the world to see if it would mediate the relationship between reason bullied and PTG. This relationship is possible, given that it is common for PTG to occur after world-views are shattered following a trauma (Janoff-Bulman, 1992). Furthermore, future research should investigate the effect of different forms and sources of social support in LGB individuals. For example, Doty and colleagues (2010) found that higher levels of sexuality support predicted decreased emotional distress in LGB individuals (Doty, Willoughby, Lindahl, & Malik, 2010).

## **Conclusion**

Experiences of bullying among LGB individuals has been shown to elicit negative health consequences (Beckerman & Auerbach, 2014; Mendez et al., 2016; Rivers 2001; 2004; 2011). However, the current results support the idea that there is potential to experience posttraumatic growth, following a trauma. Social support is a crucial factor in promoting growth in individuals who experience a trauma (Kamen et al., 2016; Powell et al., 2012; Schroevers et al., 2010; Scrignaro et al., 2011; Shand et al., 2015;). This research is the first to directly investigate the differences in bullying (i.e., social-identity based vs. based on another personal characteristic), among LGB individuals. This research is also one of the first to explore the relationship between bullying and PTG in this population.

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**Table 1.** *Attributions for bullying experiences in Lesbian, Gay, and Bisexual Adults (n = 139)*

Reason	Frequency	Percentage
Sexual Orientation	85	61.15%
Weight/Appearance	15	10.79%
Personality	15	10.79%
Interests/Hobby	9	6.47%
Disability	1	0.72%
Unreported	14	10.07%

**Table 2.** Descriptive statistics and correlations among bullying severity and frequency, posttraumatic growth, social support, and outness ( $n = 139$ ).

	<i>M (SD)</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
1. BullySev	2.54 (1.36)	1				
2. BullyFreq	2.66 (1.34)	0.92***	1			
3. PTG	3.06 (1.26)	0.23**	0.24**	1		
4. SocSup	5.51 (1.30)	-0.13	-0.07	0.17*	1	
5. Outness	5.05 (1.40)	-0.05	-0.04	0.09	0.24**	1

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$

BullySev = Bullying Severity, BullyFreq = Bullying Frequency, PTG = Posttraumatic Growth, SocSup = Social Support

Note. PTG  $n = 136$ , Outness  $n = 138$

**Figure 1.** *Proposed model of predictors of PTG.*

