

Cepa-Rodríguez, E., and Martxueta, A. (2025). Bullying and cyberbullying: differential impact on the mental health and identity development of LGBA people. *Revista de Investigación Educativa*, 43. DOI: <https://doi.org/10.6018/rie.546011>

Traducido con  DeepL

Bullying and Cyberbullying: differential impact on the mental health and identity development of LGBA people.

Acoso y Ciberacoso: impacto diferencial en la salud mental y el desarrollo identitario de personas LGBA

Estíbaliz Cepa-Rodríguez*¹ and Aitor Martxueta Pérez*.

*Educational Sciences. University of the Basque Country (Spain)

Abstract

LGTBAphobic bullying (BT) and cyberbullying (CB) are an internationally recognised problem in schools, although little attention has been paid to the experiences and outcomes of minority groups such as asexual people. This study aims to examine the prevalence of TA and CA and their differential impact on lesbian, gay, bisexual and asexual people. It also aims to analyse the differences according to the time in which it occurs: past or present. The sample is composed of 1215 LGBA people (48% stalked and/or cyberbullied) living in Spain (age 17-69, M= 28.22). A self-report survey was used to measure bullying and/or cyberbullying, health and well-being (anxiety, depression, life satisfaction and self-esteem) and identity development (uncertainty and acceptance). The results confirm the presence of traditional bullying (27%), cyberbullying (8%) or their joint occurrence (13%) among the LGBA population and their significant relationship with health problems and identity development. More cases have been

¹ **Correspondence:** Estíbaliz Cepa-Rodríguez, estibaliz.cepa@ehu.eus, Faculty of Education, Philosophy and Anthropology, Avenida Tolosa 70, 3B7, San Sebastián (Spain).

found among gays and asexuals, although it is bisexual and asexual identities that have significantly greater anxiety and depression, including difficulties of satisfaction, self-esteem and identity acceptance. It is also found that the immediate effects of LGTBphobia are stronger, but that it can have long-term consequences. These findings confirm that intervention strategies must consider the coexistence of traditional bullying and cyberbullying, as well as including the whole spectrum of identities covered by the LGTBQIA+ umbrella in programmes that seek to promote respect for sexual diversity.

Keywords: bullying; cyberbullying; health; sexual identity; LGBTQ people.

Resumen

El acoso (AT) y el ciberacoso (CA) LGTBafóbico constituyen una problemática internacionalmente reconocida en las escuelas, aunque poca atención se ha prestado a las experiencias y resultados de colectivos minoritarios como las personas asexuales. Este estudio tiene como objetivo estudiar la prevalencia del AT y el CA y su impacto diferencial en lesbianas, gays, bisexuales y asexuales. Incluso, analizar las diferencias en función del momento temporal en el que ocurre: pasado o presente. La muestra está compuesta por 1215 personas LGBA (48% acosadas y/o ciberacosadas) residentes en España (edad 17-69, M= 28.22). Se utilizó una encuesta auto-informativa para medir el acoso y/o el ciberacoso, la salud y el bienestar (ansiedad, depresión, satisfacción vital y autoestima) y el desarrollo identitario (incertidumbre y aceptación). Los resultados confirman la presencia del acoso tradicional (27%), el ciberacoso (8%) o su aparición conjunta (13%) entre la población LGBA y su significativa relación con problemas de salud y desarrollo identitario. Se han encontrado más casos entre gays y asexuales, aunque son las identidades bisexuales y asexuales las que significativamente tienen mayor ansiedad y depresión, incluso, dificultades de satisfacción, autoestima y aceptación identitaria. Se constata, además, que son más fuertes los efectos inmediatos de la LGTBfobia, pero que la misma puede dejar secuelas a largo plazo. Estos hallazgos permiten confirmar que las estrategias de intervención han de contemplar la coexistencia del acoso tradicional y el ciberacoso, así como incluir todo el espectro de identidades que abarca el paraguas LGTBQIA+ en los programas que tratan de promover el respeto a la diversidad sexual.

Palabras clave: bullying; cyberbullying; salud; identidad sexual; personas LGBTQ.

Introduction and objectives

Currently, the interest that the scientific-educational community and society have paid to bullying and cyberbullying has increased considerably worldwide (Baier et al., 2019; Eyuboglu et al., 2021; Moore et al., 2017; Núñez et al., 2021; Yang et al., 2021a). These two complex psychosocial phenomena (Llorent et al., 2021), inevitably linked by a theoretical basis that conceives them as a negative, aggressive and repetitive pattern of behaviour that, in order to harm, generates an imbalance of physical or emotional power between one or more aggressors and their victim(s) (Olweus, 1996; Smith et al., 2008), are mainly differentiated by the context in which they take place.

Traditional bullying can take various forms, including verbal attacks (insults, teasing, jokes, threats, etc.), physical attacks (hitting, kicking, pushing, etc.) or interpersonal attacks (social exclusion or spreading rumours) in a physical or real context (Garaigordobil and Larrain, 2020; Olweus, 1996). Cyberbullying, on the other hand, is a relatively new form of victimisation that involves aggressive or offensive behaviour (derogatory messages, identity theft, distribution of rumours or personal information such as images, photos and videos with sensitive content) via electronic or digital communication devices (computers, tablets, smartphones, etc.), on websites, in social networks or other Internet spaces (Kowalski et al., 2014; Smith et al., 2008).

Both modalities have been closely related in systematic reviews or meta-analyses ($r = .40$, Modecki et al., 2014; $r = .43$, Gini et al., 2018, cited in Núñez et al., 2021), with traditional bullying (25-35% incidence) as the most common method versus cyberbullying (15-18%) (Eyuboglu et al., 2021; Garaigordobil and Larrain, 2020; Lucas-Molina et al., 2018). However, figures vary depending on the definition of the construct, the sample, the measurement or cultural and contextual aspects (Eyuboglu et al., 2021; Kowalski et al., 2014).

The latest report by the United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2019), which compiles data from more than 140 countries and territories around the world, shows that around 32% of students have been victims of some form of bullying on one or more occasions, with the prevalence being lower in the European and North American regions (between 8.7% and 55.5%) than in the rest (between 7.1% and 74%). The same body also highlights that, with a similar frequency, one in ten (10.1%) children worldwide is *cyberbullied*. Similarly, a meta-analysis by Modecki et al. (2014) of 80 studies looking at different types of bullying found that, overall, the prevalence of traditional bullying (36%) is twice as high as that of cyberbullying (15%). In Spain, Llorent et al. (2021) have concluded that around 25% of young people suffer traditional bullying and that approximately 14% suffer cyberbullying.

Alarmingly, several studies warn of the negative impact that both face-to-face and online bullying have on psycho-emotional health and well-being. Links have been found between both types of victimisation and academic difficulties (absenteeism, performance, etc.) (Vaillancourt et al., 2017), internalised disorders (anxiety, depression, stress, low self-esteem, etc.) (Moore et al., 2017; Musharraf and Anis-ul-Haque, 2018; Núñez et al., 2021), low levels of subjective wellbeing (Hellfeldt et al., 2020), conduct problems and psychosocial distress (Llorent et al., 2021) and risk behaviours such as self-harm, substance use, suicidal ideation and suicide (Eyuboglu et al., 2021; Lucas-Molina et al., 2018; Moore et al., 2017; Yang et al., 2021a), both in adolescence and adulthood (Takizawa et al., 2014). Studies comparing the effects of both modalities, moreover, underline that cyberbullying victimisation is much more dangerous or harmful to health than traditional victimisation due to the severity of some defining characteristics such as the anonymity of the perpetrators, the invasion of privacy it causes, and the rapid and uncontrollable transmission it entails (Lucas-Molina et al., 2018; Smith et al., 2008). Indeed, the literature shows that, compared to victims of traditional bullying, those who experience *cyberbullying* are more prone to psychological distress and mental health problems (Yang et al., 2021a), including self-harm and suicidal behaviour (Baier et al., 2019).

Bullying and cyberbullying among LGBA people: prevalence and effects on mental health, well-being and identity development.

Lesbians, gays, bisexuals and asexuals (LGBA) (McInroy et al., 2022; Yule et al., 2013) constitute a group at high psychosocial risk (Meyer, 2003; Yule et al., 2013). LGBAphobia, with the multiple guises it takes (discrimination, rejection, violence, stereotypes and other negative attitudes) in a society that legitimises cisheteronorma, significantly increases their rates of somatic disorders (anxiety, depression, etc.), low self-esteem and satisfaction, self-harm, illegal substance use and suicide (FRA, 2020; McInroy et al., 2022; Pachankis et al., 2020). This scenario is also much worse among the bisexual population, who face double (heterosexual-homosexual) discrimination (Chan et al., 2019; Feinstein et al., 2020) and, above all, among asexual people, due to the additional stigma attached to living in a society marked by the culture of sexuality (Nurius, 1983; Yule et al., 2013).

Education, as UNESCO (2019) points out, is one of the contexts in which this issue is most pronounced. LGBT+ students "are at greater risk of violence and harassment in school than those who conform to traditional gender norms" (p. 8). Different approaches highlight that LGBTphobic bullying and cyberbullying have significantly higher rates than traditional bullying with prevalence rates of up to 87% and 71% respectively (Moyano and Sánchez-Fuentes, 2020). Kosciw et al. (2020), for example, in a research with a sample of 16713 students found that, compared to heterosexual students, 86.3% of LGBTQA students report having been victims of some episode of verbal bullying and 34.2% have suffered physical violence, emphasising that an increasing number of individuals are dealing with cyberbullying (44.7%). Other research, in addition to ratifying these figures, adds that rates may differ depending on the minority identity of the students (Gower et al., 2022; Meyer, 2003) or the educational stage they are in; in this sense, lesbians, gays and bisexuals seem to suffer greater attacks in the 11-15 age range (Kosciw et al., 2020; Moyano and Sánchez-Fuentes, 2020), while the asexual population frequently experiences them from the age of 16 (Ithaca, 2012).

In Spain, following the same trend, studies confirm that the rates of traditional harassment towards LGTBIQA+ people exceed 80%, while warning that the number of LGTBIaphobic experiences that take place through electronic devices or the Internet is increasing (Elipe et al., 2021; Garaigordobil and Larrain, 2020).

Alarmingly, the empirical evidence on the victimisation suffered by LGTBIQA+ young people in the school context shows the serious consequences and differential impact that discrimination (bullying, violence, verbal and physical abuse, exclusion...) has on their health and personal and identity development (Elipe et al., 2021; Gower et al., 2022; Moyano and Sánchez-Fuentes, 2020; Yule et al., 2013). Research with LGTBIQA+ people, either through studies that capture the reality in situ or through research about their subjective memories - retrospective reports - proves that people who suffer LGTBphobic bullying and cyberbullying present worse academic results (Kosciw et al., 2020; UNESCO, 2019), higher rates of depression, anxiety and other psychopathologies (psychological distress, somatization, low self-esteem, interpersonal sensitivity) (Garaigordobil and Larrain, 2020; McInroy et al., 2022; Ybarra et al., 2015), post-traumatic stress disorder (Travers et al., 2020), substance abuse (Rinehart et al., 2020) and suicidal thoughts (D'Augelli et al., 2002; Ybarra et al., 2015) that persist into adulthood (Martxueta and

Etxeberria, 2014). Although recent literature has documented this problem in LGBT individuals, few approaches have attempted to study it in asexual people, who, as a result of the added stressor of having to grow up and develop in a sexualised society (Gower et al., 2022), seem to develop greater health difficulties compared to other sexual and gender minorities (McInroy et al., 2022; Yule et al., 2013).

Taking into account the problems presented, and considering that, to date, there are few studies with an exclusively LGBA sample, the current study has three objectives. 1) To find out and describe the prevalence and typology of bullying and cyberbullying suffered by LGBA people and to analyse the differences between groups of bullied and non-bullied people in terms of mental health, well-being and identity development, 2) To study the typology of bullying and cyberbullying and its differential impact on the variables under study based on sexual orientation, and 3) To study the impact of the different types of bullying depending on the time in which these attacks have occurred: past or present.

Method

Sample

In order to respond to the objectives set out, an empirical, descriptive, correlational and comparative ex post facto study was carried out. Considering the nature of the study population and the difficulty of accessing it, the sample was selected by means of non-probabilistic convenience sampling. Different Spanish LGBA associations were contacted to present the study, who, after receiving the informative letter, agreed to collaborate in the recruitment process by disseminating the Microsoft Forms link that gave access to the *online* questionnaire in different social networks or digital platforms (WhatsApp, Facebook, etc.).

A total of 1215 LGBA persons (62.5% female) aged 17 -69 years ($M= 28.22$; $SD: 10.42$) completed the questionnaire. Among them, 325 (26.7%) are gay, 305 (25.1%) are lesbian, 448 (36.9%) are bisexual and 137 (11.3%) are asexual. Almost half of the participants are students (42.2%).

Taking into account the number of state associations ($n= 64$), the sample size and the Ipsos report (2023), which establishes that in Spain approximately 12% of the population is LGBA, the research team considers that the study is guaranteed to be externally valid. It should also be noted that the procedure and resources used for data collection were previously verified and approved by the Ethics Committee of the University of the Basque Country (CEISH) (M10_2021_140).

Variables and instruments

Bullying and Cyberbullying. To assess bullying and cyberbullying, two items from the revised bully/victim questionnaire OBVQ (Olweus, 1996) were used. First, a detailed definition of traditional bullying was provided ("Bullying is negative behaviour that occurs when one person or group of people repeatedly tries to devalue another by verbal attacks - insults, taunts, threats, etc.), physical attacks (hitting or pushing) or interpersonal

attacks such as social exclusion") and cyberbullying ("Cyberbullying occurs when a person repeatedly harasses, mistreats or makes fun of another person on the Internet, social networks or when using any electronic device (mobile phone, tablet, etc.)). Then, they were asked three questions: the first one to know if they had been bullied at some point in their life with three answers (1 "I have not been bullied", 2 "I have been bullied in the past" and 3 "I have suffered LGTBophobic bullying in the last year"); the next two related to the type of bullying, both How often have you been bullied at school and How often have you been bullied through new technologies or the Internet? Each question included five response options ranging from 1 "Never" to 5 "Many times".

Mental health. Three variables were taken into consideration: anxiety, depression and self-esteem. Anxiety and depression, following Kroenke et al. (2019), were studied with a single item each ("Have you felt anxious during the last month?" and "Have you felt depressed during the last month?" respectively) with five response options where 1 meant "not at all" and 5 meant "very much". The correlation between the two was 0.612**. It is an instrument where the higher the score obtained, the higher the level of anxiety or depression.

Self-esteem was measured using the Self-esteem Scale (Rosenberg, 1985), which measures the construct by means of 10 Likert-type items (1-5) ranging from 1 "strongly disagree" to 5 "strongly agree". Specifically, we used the version applied by Martxueta and Etxeberria (2014) ($\alpha=0.88$), where higher scores indicate a better level of self-esteem. In the present study, the reliability analysis of the scale resulted in $\alpha=0.88$.

Subjective well-being. Well-being was assessed using the Satisfaction with Life Scale (SWLS) (Diener et al., 1985), specifically, the version translated and validated by Atienza et al. (2000) ($\alpha=0.85$). This unidimensional self-reporting tool measures a person's overall judgement of life satisfaction on a Likert scale (1-5) where 1 meant "strongly disagree" and 5 "strongly agree". The higher the score, the higher the satisfaction. The internal reliability in this study was $\alpha=0.88$.

LGBA Identity. Identity development was assessed using the Vines-Guillén Identity Scale (2016), which, through 13 Likert-response items (1-5), evaluates two opposing factors that determine the level of identity development: uncertainty (concern for acceptance) and integration (positive perception). The internal consistency obtained was $\alpha=.89$ and $\alpha=.86$, respectively.

Data analysis

Once the data had been computerised and cleaned, statistical analysis was carried out using SPSS version 28. In addition to the usual descriptive analyses (mean, standard deviation and correlation coefficients), tests were carried out to determine the internal consistency of the instruments used (Cronbach's Alpha). Contingency analyses were carried out to determine prevalence by sexual orientation or gender identity groups. Likewise, to compare the results of the different groups established (types of harassment, time and minority identity), once the Kolmogorov-Smirnov test confirmed that the data followed a normal distribution ($p \geq .05$), parametric tests were carried out: to compare the significance of the differences between groups, on the one hand, analysis of variance (MANOVA, ANOVA) was applied in the case of three or more groups, using the

Bonferroni test as a *post hoc* test of contrasts, and, on the other hand, Student's *t* and Cohen's *d* statistics were applied in the case of two groups (time of bullying).

Results

Bullying and cyberbullying among LGBA people: prevalence, typology and effect on mental health, subjective well-being and identity development.

Among all respondents, 48% indicated that they had experienced some episode of LGTBphobic bullying because of their sexual orientation. Specifically, as shown in Table 1, among the 583 respondents, 328 had been subjected to traditional bullying, 92 to *cyberbullying* and 163 to both. In turn, if we look at the average age of these groups, it is striking that the youngest people are those who, statistically significantly, have had to face more episodes of cyberbullying or traditional bullying together with cyberbullying ($F = 108.875$; $p < .001$).

In relation to the first objective, the multivariate analyses (MANOVA) carried out, Pillai's trace = .214, $F(1,1211) = 15.50$, $p < .001$, reveal significant differences between groups (mean effect size, $\eta^2 = 0.071$). Specifically, the ANOVA allows us to confirm that LGBA people who have not suffered bullying or cyberbullying during their youth, show significantly better indices of self-esteem ($F = 54.53$; $p < .001$; $\eta^2 = 0.119$) and satisfaction ($F = 46.89$; $p < .001$; $\eta^2 = 0.104$), and even greater acceptance of their minority identity ($F = 19.71$; $p < .001$; $\eta^2 = 0.047$), with the effect size of their differences being medium-high when compared to individuals who experience bullying, cyberbullying or a combination of both. The latter two groups, on the other hand, are more prone to anxious ($F = 58.81$; $p < .001$; $\eta^2 = 0.125$) and depressive disorders ($F = 48.27$; $p < .001$; $\eta^2 = 0.107$), variables that probably increase their uncertainty indices ($F = 29.22$; $p < .001$; $\eta^2 = 0.068$). In fact, Table 2, which collects the post hoc contrasts, confirms the trend of these results ($p < .001$).

In addition, in relation to the frequency with which they have had to endure an LGTBphobic attack, it was found that the rates of cyberbullying ($M = 3.91$) and bullying combined with cyberbullying ($M = 3.84$, and $M = 3.71$, respectively) are higher than those of traditional bullying ($M = 3.54$), which indicates that a large proportion of the participants have been discriminated against through digital or electronic media once or several times a week (Table 1).

Table 1

Means, Standard Deviation and Significance in health, well-being and identity by bullying groups

Variable	Descriptive				Comparison	
	No harassment M(SD)	Harassment M(SD)	Cyberbullying M(SD)	AT/CB M(SD)	F	η^2
Anxiety	2.11(0.98)	2.61(1.32)	3.21(1.14)	3.18(1.20)	57.81***	.125
Depression	0.86(0.92)	1.39(1.25)	1.68(1.20)	1.83(1.28)	48.27***	.107

Satisfaction	17.10(4.59)	15.24(5.14)	12.97(4.45)	12.99(4.75)	54.53***	.104
Self-esteem	33.99(8.94)	32.49(9.70)	25.34(8.82)	25.38(9.11)	46.90***	.119
Uncertainty	19.45(7.30)	21.67(7.60)	25.34(7.69)	23.84(6.64)	29.22***	.068
Acceptance	20.06(4.51)	18.39(5.39)	16.73(5.46)	18.04(5.31)	19.71***	.047
N(% total)	632(52%)	328(27%)	92(8%)	163(13%)		
Age M(SD)	28.46(10.88)	34.07(9.21)	19.96(2.00)	20.21(2.35)		
Frequency	---	3.54	3.91	3.84/3.71		

Note. M(SD) indicates Mean and Standard Deviation respectively. AT/CB refers to Bullying and Cyberbullying together.*** p<.001.

Table 2

Results of the post hoc contrasts between health and identity development and bullying typologies.

Variable	NA + Harassment	NA + Cyberbullying	NA + AT/CB	Harassment + Cyberbullying	Harassment + AT/CB	Cyberbullying + TA/CB
Anxiety	p<.001	p<.001	p<.001	p<.001	p<.001	1.000
Depression	p<.001	p<.001	p<.001	.134	p<.001	1.000
Satisfaction	p<.001	p<.001	p<.001	p<.001	p<.001	1.000
Self-esteem	.096	p<.001	p<.001	p<.001	p<.001	1.000
Uncertainty	p<.001	p<.001	p<.001	p<.001	.012	.705
Acceptance	p<.001	p<.001	p<.001	.026	1.000	.250

Note: NA refers to Non-harassment, and AT/CB refers to Joint Harassment and Cyberbullying.

Study of the typology of harassment suffered based on LGBA identity and differential impact on health, well-being and identity.

In relation to the second objective, Table 3 shows that, proportionally, asexual people (65%), followed by gay men (63%), are the ones who have faced or face the greatest number of situations of harassment, cyberbullying or both. They also show that lesbians and gay men and women are frequently harassed along traditional lines, while in the case of bisexuals and asexuals, cyberbullying or a combination of both is more prevalent.

Regarding the differential impact that the type of bullying has on mental health and identity development according to sexual orientation, the multivariate analyses (MANOVA) carried out with the variables together reveal significant differences between the groups, i.e. between LGBA victims of traditional bullying, Pillai trace= .123, F= 2.87, p= 0.002 (small effect size, η² = 0.041), those of cyberbullying, Pillai trace= .262, F= 1.35, p= 0.155

(medium effect size, $\eta^2 = 0.087$) and those of both typologies, Pillai trace= .202, $F= 1.87$, $p= 0.016$ (medium effect size, $\eta^2 = 0.067$).

The data with respect to descriptive, univariate analyses and their effect sizes on each variable confirm that, in general terms, asexual and bisexual people have significantly greater mental health and identity development problems than lesbian women and gay men. The analysis of variance, specifically, corroborates that asexuals and bisexuals have significantly higher scores in anxious ($F= 11.58$; $p<.001$; $\eta^2 = 0.057$) and depressive symptomatology ($F= 9.63$; $p<.001$; $\eta^2 = 0.048$) with a medium-low effect size of their differences. In addition, the bisexual sub-group is the one with the highest rates of identity uncertainty, although these differences are not significant. Lesbian women and gay men, on the other hand, show higher life satisfaction ($F= 18.57$; $p<.001$; $\eta^2 = 0.088$) and self-esteem ($F= 11.58$; $p<.001$; $\eta^2 = 0.057$) and even seem to be slightly more accepting of their stigmatised identity. Bonferroni *post hoc* tests confirm these differences ($p<.001$).

It also confirms that the severity of the impact on mental health and identity development is more pronounced when bullying occurs in cyber-media. In particular, it is found that cyber-bullied or cyber-bullied ABL people, compared to gay men, have significantly higher scores on anxiety, depression and uncertainty. Gay men, on the other hand, are the most satisfied with their lives and have the highest self-esteem. In terms of identity acceptance, it is curious that lesbian cyber-victims have the lowest scores ($p<.001$).

Table 3

Contingency table between type of harassment and minority identity

	No harassment				Total
	harassment	Bullying	Cyberbullying	Bullying/Cyberbullying	
Gay	119	153	21	32	325
Lesbian	196	71	19	19	305
Bisexual	269	65	42	72	448
Asexual	48	39	10	40	137
Total	632	328	92	163	1215

Table 4

Means, standard deviations and significance of differences between groups

Harassment	Descriptive				Comparison	
	Gay M(SD)	Lesbian M(SD)	Bisexual M(SD)	Asexual M(SD)	p	η^2
ANS	2.50(1.27)	2.79(1.37)	3.20(1.20)	3.13(1.19)	$p<.001$.057
AT	2.47(1.32)	2.48(1.30)	2.95(1.26)	2.82(1.36)	.049	.024
CA	2.52(1.08)	3.47(1.26)	3.36(1.03)	3.50(1.08)	.017	.109
CAT	2.59(1.13)	3.26(1.41)	3.32(1.23)	3.35(0.98)	.022	.059

DEP		1.28(1.23)	1.37(1.27)	1.79(1.22)	1.97(1.27)	p<.001	.048
	AT	1.31(1.26)	1.10(1.16)	1.63(1.17)	1.85(1.39)	.007	.037
	CA	1.14(1.11)	1.89(1.45)	1.90(1.14)	1.50(0.85)	.089	.071
	CAT	1.25(1.22)	1.84(1.21)	1.88(1.30)	2.20(1.22)	.018	.061
SAT		15.83(4.98)	15.03(5.42)	13.16(4.48)	11.87(4.40)	p<.001	.088
	AT	16.19(4.96)	15.79(5.42)	14.03(4.78)	12.56(4.67)	p<.001	.062
	CA	14.62(5.39)	13.16(5.75)	12.26(2.91)	12.10(4.61)	.226	.048
	CAT	14.94(4.59)	14.05(4.73)	12.89(4.86)	11.13(4.07)	.005	.077
AUT		32.68(9.67)	31.06(9.66)	26.11(9.77)	26.19(8.91)	p<.001	.092
	AT	33.78(9.74)	33.76(8.78)	30.94(9.57)	27.67(9.86)	.001	.047
	CA	29.00(8.56)	25.84(10.66)	22.60(6.89)	28.20(10.24)	.029	.097
	CAT	29.84(9.12)	26.21(8.02)	23.81(9.75)	24.25(7.29)	.013	.065
INC		21.74(7.65)	22.62(7.56)	24.23(6.69)	22.94(8.14)	.013	.018
	AT	21.09(7.79)	21.76(7.28)	23.00(7.19)	21.54(8.05)	.409	.009
	CA	24.24(8.09)	24.89(8.95)	26.48(6.35)	23.70(9.81)	.608	.021
	CAT	23.22(6.25)	23.58(6.87)	24.03(6.16)	24.13(7.78)	.933	.003
ACE		18.13(5.36)	18.72(5.31)	17.34(5.39)	17.78(5.54)	.086	.011
	AT	18.87(5.32)	17.66(5.43)	18.08(5.74)	18.38(4.98)	.438	.008
	CA	18.67(5.30)	15.89(6.06)	16.26(5.27)	16.20(5.20)	.325	.038
	CAT	18.06(5.38)	20.11(4.82)	17.31(5.08)	18.38(5.76)	.221	.027

Note: TA refers to Traditional Bullying (n= 328), CA to Cyberbullying (n= 92) and CAT to Cyberbullying and Traditional Bullying together (n= 163). The colour shows the indices that mark the significance in the Bonferroni *post hoc* test (p<.001).

Study of the differential impact on the variables under study depending on the time of the harassment/cyberbullying: past or present.

In order to study the differences and similarities in the variables under study between those who currently experience LGTBphobic bullying and those who remember it retrospectively (third objective), first, two different groups were established considering the specific time period in which the participants indicated having been subjected to some LGTBphobic attack: 359 individuals (M= 33.16) expressed having experienced bullying in the past and 224 (M= 19.65) acknowledged having dealt with this problem in the last year. Subsequently, a comparison of means was carried out using Student's t-test.

The results of the analysis, as shown in Table 5, highlight that those who have been bullied in the present show higher rates of anxiety (\bar{x} = 3.21; p<.001; d = 0.45) and depression than those who have been victimised in the past (\bar{x} = 1.79; p<.001; d = 0.31), while those who have been victimised in the present show higher rates of identity uncertainty (\bar{x} = 24.76; p<.001; d = 0.34). In relation to this, although individuals who have been discriminated against in the past report having scores in life satisfaction (\bar{x} = 15.06; p<.001; d = 0.43), self-esteem (\bar{x} = 31.83; p<.001; d = 0.67) and acceptance (\bar{x} = 18.25; p<.001; d = 0.16) higher, it is necessary to consider that their rates of anxiety, depression and uncertainty are also high (\bar{x} = 2.65; \bar{x} = 1.41, and \bar{x} = 22.35; respectively).

Table 5

Means, standard deviations and differences in the variables under study between those who have experienced LGBAphobic bullying/cyberbullying in the past and present.

Variable	Description			Comparison		
	Past M(SD)		Present M(SD)	<i>t</i> ₍₅₈₁₎	<i>p</i>	<i>d</i> Cohen
ANS	2.65(1.32)		3.21(1.17)	-5.25	p<.001	-.45
DEP	1.41(1.29)		1.79(1.20)	-3.54	p<.001	-.31
SAT	15.06(1.10)		12.98(4.54)	4.92	p<.001	.43
AUT	31.83(9.96)		25.47(8.86)	7.83	p<.001	.67
INC	22.35(7.29)		24.76(6.93)	-3.95	p<.001	-.34
ACE	18.25(1.39)		17.41(1.02)	1.83	.068	.16
Type	B	C	BC	B	C	BC
	309	12	38	19	80	125

Note. N=583; M(SD) indicate Mean and Standard Deviation respectively. df indicates degrees of freedom. B=Bullying, C= Cyberbullying, and BC=Bullying/Cyberbullying.

In relation to the time groups, it is also worth noting that there are generational differences in the types of bullying experienced by the participants. The majority of those victimised in the past have experienced traditional bullying (n= 309), while a large proportion of those who have experienced discrimination in the present have experienced it through social networks or the Internet (n= 80), including both in person and in technological media (n= 125).

Discussion and conclusions

The results of this study, in which 48% of the participants acknowledge being or having been victims of some form of bullying because of their sexual orientation, confirm that LGTBaphobic discrimination is a real problem today. Firstly, these findings, which show that 27 % have been victims of traditional bullying, 8 % of cyberbullying and 13 % of both, are similar to those of previous research with general students (Eyuboglu et al., 2021; Llorent et al., 2021; Modecki et al., 2014) or with LGTB populations (Garaigordobil and Larrain, 2020), which show that the most repeated form of bullying is traditional bullying (25-35 %). However, it can be seen that they vary with respect to the figures of studies which, at the same time, establish that experiences of bullying through electronic devices or social networks (15-18 %) (Elipe et al., 2021) and dual experiences (traditional bullying + cyberbullying) (4.3 %) (Núñez et al., 2021), possibly because recent literature is beginning to show that LGB+ people are more likely to be dual victims than cybervictims (Yang et al., 2021b).

Furthermore, as occurs in the comparison that includes an LGB sub-sample by Garaigordobil and Larrain (2020), it is corroborated, on the one hand, that those who are or have been bullied have lower scores in mental health and identity development and, on

the other hand, that although traditional bullying is more widespread, it is the individuals who are victims of *cyberbullying* or the combination of both who present more serious problems (Moyano and Sánchez-Fuentes et al., 2020; UNESCO, 2019). Empirical work on the subject warns that the inability to escape the situation, the anonymity of the perpetrator, the publicity it generates, the speed of expansion or the greater reach of information (Kowalski et al., 2014; Lucas-Molina et al., 2018; Musharraf and Anis-ul-Haque, 2018), are some of the reasons why the consequences of *cyberbullying* can be more serious and dangerous in terms of health and well-being (Baier et al., 2019; Hellfeldt et al., 2020; Smith et al., 2008; Vaillancourt et al., 2017; Yang et al., 2021a).

Secondly, in line with Gower et al. (2022), it is corroborated that the prevalence of bullying/cyberbullying and its impact on health and identity development varies according to factors such as identity. For example, the results show that bisexuals and, above all, asexuals (compared to lesbians and gays) are two of the most targeted subgroups, who, due to this problem, have significantly higher scores on negative health variables such as anxiety and depression, while they have lower rates of satisfaction and self-esteem. In terms of identity development, no significant differences have been found, although it is corroborated that bisexual people are the ones with the greatest uncertainty, a variable in which asexual people obtain similar indices to the other two subgroups that are, at the same time, more accepting of having a non-cis heteronormative sexual identity (LG).

Therefore, it can be said that (1) lesbians, gays and, above all, bisexuals and asexuals who are or have been victims of bullying and cyberbullying develop more anxious and depressive disorders that hinder their process of developing positive mental health (satisfaction and self-esteem), (2) the severity of these results is greater among people who suffer or have suffered some form of cyberbullying, and (3) the identity development of bisexual people is more at risk, while the process of lesbian women seems to have fewer stressors, and no striking results have been found with respect to asexual identity development.

In this regard, although previous studies comparing the mental health and identity development outcomes of LGB and asexual people who are or have been victims of bullying and cyberbullying are scarce (Yang et al., 2021b), which adds value to this work, (2021b), which gives added value to this work, the data collected confirm previous research findings that confirm that people with a non-cis heteronormative sexual orientation (LGBA), in addition to having to deal with different forms of bullying more frequently, are at higher risk of psychopathological disorders such as anxiety and depression (Garaigordobil and Larrain, 2020; Gower et al., 2022; McInroy et al., 2022; Moyano and Sánchez-Fuentes et al., 2020).

This work, like Chang et al. (2021), shows that the picture is much more complicated for bisexual and asexual groups, who have received less empirical attention. The double discrimination that bisexuals face from heterosexuals and homosexuals due to their divergence from the ideals of both groups (Feinstein et al., 2020) or the specific discrimination that asexuals face for not following the patterns of a fully sexualised society (McInroy et al., 2022; Yule et al., 2013) are postulated as added risk factors that determine adverse health outcomes, including the difficulties in accepting and publicly disclosing one's identity that have been manifested in bisexuals (Feinstein et al., 2020).

Third, this paper has the added value of assessing the mental health and identity development of two groups who have experienced LGBTphobic bullying/cyberbullying at two different times: short-term (current) and long-term (past). As expected, according to Takizawa et al. (2014), the results show that the impact of bullying on mental health and identity development is greater in the short term, although in a large percentage of subjects this problem can have lasting effects or leave sequelae throughout the life cycle (Arosemena, 2017, Martxueta and Etxeberria, 2014; Takizawa et al., 2014).

However, this research has a number of limitations that should be highlighted. First, the design is cross-sectional, making it difficult to establish causality as an outcome, which could be tested by longitudinal studies. A second limitation relates to the use of a convenience sample, which is likely to leave out many LGBA people who are still hidden or do not participate in associations. Future studies should work with more representative samples and confirm the findings. Third, the use of a single item to collect information on anxiety and depression is also a limitation, since, as Verster et al. (2021) postulate, people are likely to respond differently to a single item than to a broader scale. The results obtained should therefore be interpreted with caution and corroborated in the future with full scales. Fourth, the data are collected using a self-report instrument which, according to empirical evidence (Eyuboglu et al., 2021; Llorent et al., 2021), has a social desirability bias. The results also emphasise the importance of including in future studies other factors (age, gender, etc.) that may influence the persistence and pervasiveness of LGBTphobic bullying/cyberbullying victimisation and provide clues for the development of intervention programmes on this issue.

These findings, however, have many empirical and practical implications. With regard to future approaches, it would be advisable to initiate research that compares the data with a subgroup of heterosexual participants in order to add a more global contrast factor. Even approaches that study the interaction between variables through regression analysis or structural equation modelling in order to find out the predictive effects that one has on the other. In addition, the results suggest the need to pay more attention to the reality of asexual people in order to try to understand the factors (age, educational stage, etc.) that determine their high rates of bullying/cyberbullying. Likewise, in terms of educational intervention, they highlight the importance of developing strategies and programmes at an early age (childhood and adolescence) that try to reduce or combat not only traditional bullying, but also both forms of bullying. They also suggest the need to adapt or include specific activities on this issue in published anti-violence resources aimed at the general population and, above all, the importance of developing new resources or programmes that promote respect and acceptance of all LGTBIQA+ diversity. Students are not born LGBTphobic or with such internalised thoughts and behaviours, it is the influence they receive during their journey through the different spheres (family, social, school, etc.) of a cisheteronormative society that results in the appearance of these outcomes. For this reason, it is imperative to educate in favour of affective-sexual diversity in contexts as important for development as the school so that the pupils, i.e. the adult population of the future, grow up valuing and respecting, even perceiving as a source of wealth, any difference (nationality, religion, physical appearance, disability, etc.) and sexual and gender diversity in particular.

Funding

This project has been possible thanks to the financial support of the Basque Government (PRE_2019_1_0120) and is part of the progress made by the Gandere research group (GIU 21/056), funded by the University of the Basque Country (UPV/EHU).

References

- Arosemena, R. P. (2017, May, 29). The lifelong repercussions of childhood bullying. *Psyciencia*. <https://www.psyciencia.com/repercusiones-bullying/>
- Atienza, F. L., Pons, D., Balaguer, I., and García-Merita, M. L. (2000). Psychometric properties of the Satisfaction with Life Scale in adolescents. *Psicothema*, 12(2), 331-336. <https://reunido.uniovi.es/index.php/PST/article/view/7597/7461>
- Baier, D., Hong, J. S., Kliem, S., & Bergmann, M. C. (2019). Consequences of bullying on adolescents' mental health in Germany: Comparing face-to-face bullying and cyberbullying. *Journal of Child and Family Studies*, 28(9), 2347-2357. <https://doi.org/10.1007/s10826-018-1181-6>.
- Chan, R. C., Operario, D., & Mak, W. W. (2019). Bisexual individuals are at greater risk of poor mental health than lesbians and gay men: The mediating role of sexual identity stress at multiple levels. *Journal of Affective Disorders*, 260, 292-301. <https://doi.org/10.1016/j.jad.2019.09.020>
- Chang, C. J., Kellerman, J. K., Fehling, K. B., Feinstein, B. A., & Selby, E. A. (2021). The roles of discrimination and social support in the associations between outness and mental health outcomes among sexual minorities. *American Journal of Orthopsychiatry*, 91(5), 607-616. <https://doi.org/10.1037/ort0000562>
- D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly*, 17(2), 148-167. <https://doi.org/10.1521/scpq.17.2.148.20854>
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, 49(1), 71-75. https://doi.org/10.1207/s15327752jpa4901_13
- Elipe, P., Espelage, D. L., & Del Rey, R. (2021). Homophobic Verbal and Bullying Victimization: Overlap and Emotional Impact. *Sexuality Research and Social Policy*, 19, 1178-1189. <https://doi.org/10.1007/s13178-021-00613-7>
- Eyuboglu, M., Eyuboglu, D., Pala, S. C., Oktar, D., Demirtas, Z., Arslantas, D., and Unsal, A. (2021). Traditional school bullying and cyberbullying: Prevalence, the effect on mental health problems and self-harm behavior. *Psychiatry Research*, 297, 113730. <https://doi.org/10.1016/j.psychres.2021.113730>
- Feinstein, B. A., Hall, C. D. H., Dyar, C., & Davila, J. (2020). Motivations for sexual identity concealment and their associations with mental health among bisexual, pansexual, queer, and fluid (bi+) individuals. *Journal of Bisexuality*, 20(3), 324-341. <https://doi.org/10.1080/15299716.2020.1743402>
- FRA - European Union Agency for Fundamental Rights (2020). *A long way to go for LGBTI equality*. Publications Office of the European Union <https://doi.org/10.2811/7746>

- Garaigordobil, M., and Larrain, E. (2020). Bullying and cyberbullying in LGTB adolescents: Prevalence and effects on mental health. *Comunicar*, 28(62), 79-90. <https://doi.org/10.3916/C62-2020-07>
- Gower, A. L., Rider, G. N., Brown, C., & Eisenberg, M. E. (2022). Diverse sexual and gender identity, bullying, and depression among adolescents. *Pediatrics*, 149(4), e2021053000. <https://doi.org/10.1542/peds.2021-053000>
- Hellfeldt, K., López-Romero, L., & Andershed, H. (2020). Cyberbullying and psychological well-being in young adolescence: the potential protective mediation effects of social support from family, friends, and teachers. *International Journal of Environmental Research and Public Health*, 17(1), 45. <https://doi.org/10.3390/ijerph17010045>
- Ipsos (2023). *LGBT+ Pride 2023. An Ipsos Global Advisor survey in 30 countries 6 countries in LATAM.* <https://acortar.link/IzuYf8>
- Ithaca (2012, October, 13). Were or are you bullied because of your asexuality? *Asexual Visibility and Education Network*. <https://www.asexuality.org/en/topic/79767-were-or-are-you-bullied-because-of-your-asexuality/>
- Kosciw, J. G., Clark, C. M., Truong, N. L., & Zongrone, A. D. (2020). *The 2019 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools.* GLSEN. https://www.glsen.org/sites/default/files/2020-10/NSCS-2019-Full-Report_0.pdf
- Kowalski, R. M., Giumetti, G. W., Schroeder, A. N., & Lattanner, M. R. (2014). Bullying in the digital age: a critical review and meta-analysis of cyberbullying research among youth. *Psychological Bulletin*, 140(4), 1073-1137. <https://doi.org/10.1037/a0035618>
- Kroenke, K., Baye, F., & Lourens, S. G. (2019). Comparative validity and responsiveness of PHQ-ADS and other composite anxiety-depression measures. *Journal of Affective Disorders*, 246, 437-443. <https://doi.org/10.1016/j.jad.2018.12.098>
- Llorent, V. J., Diaz-Chaves, A., Zych, I., Twardowska-Staszek, E., and Marín-López, I. (2021). Bullying and cyberbullying in Spain and Poland, and their relation to social, emotional and moral competencies. *School Mental Health*, 13(3), 535-547. <https://doi.org/10.1007/s12310-021-09473-3>
- Lucas-Molina, B., Perez-Albeniz, A., & Fonseca-Pedrero, E. (2018). The potential role of subjective wellbeing and gender in the relationship between bullying or cyberbullying and suicidal ideation. *Psychiatry Research*, 270, 595-601. <https://doi.org/10.1016/j.psychres.2018.10.043>
- Martxueta, A., and Etxeberria, J. (2014). Retrospective differential analysis of mental health variables in lesbian, gay and bisexual (LGB) victims of homophobic bullying at school. *Revista de Psicopatología y Psicología Clínica*, 19(1), 23-35. <https://doi.org/10.5944/rppc.vol.19.num.1.2014.12980>
- McInroy, L. B., Beaujolais, B., Leung, V. W., Craig, S. L., Eaton, A. D., & Austin, A. (2022). Comparing asexual and non-asexual sexual minority adolescents and young adults: Stressors, suicidality and mental and behavioural health risk outcomes. *Psychology & Sexuality*, 13(2), 387-403. <https://doi.org/10.1080/19419899.2020.1806103>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697. <http://dx.doi.org/10.1037/0033-2909.129.5.674>

- Modecki, K. L., Minchin, J., Harbaugh, A. G., Guerra, N. G., & Runions, K. C. (2014). Bullying prevalence across contexts: A meta-analysis measuring cyber and traditional bullying. *Journal of Adolescent Health, 55*(5), 602-611. <https://doi.org/10.1016/j.jadohealth.2014.06.007>
- Moore, S. E., Norman, R. E., Suetani, S., Thomas, H. J., Sly, P. D., & Scott, J. G. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. *World Journal of Psychiatry, 7*(1), 60-76. <https://doi.org/10.5498/wjp.v7.i1.60>
- Moyano, N., and Sánchez-Fuentes, M. M. (2020). Homophobic bullying at schools: a systematic review of research, prevalence, school-related predictors and consequences. *Aggression and Violent Behavior, 53*, 101441. <https://doi.org/10.1016/j.avb.2020.101441>
- Musharraf, S., and Anis-ul-Haque, M. (2018). Cyberbullying in different participant roles: exploring differences in psychopathology and well-being in university students. *Pakistan Journal of Medical Research, 57*(1), 33-39.
- Núñez, A., Álvarez-García, D., and Pérez-Fuentes, M. C. (2021). Anxiety and self-esteem in the cybervictimization profiles of adolescents. *Comunicar, 29*(67), 47-59. <https://doi.org/10.3916/C67-2021-04>
- Nurius, P. S. (1983). Mental health implications of sexual orientation. *Journal of Sex Research, 19*(2), 119-136. <https://doi.org/10.1080/00224498309551174>
- Olweus, D. (1996). Bullying at school: Knowledge base and an effective intervention program. *Annals of the New York Academy of Sciences, 794*(1), 265-276. <https://doi.org/10.1111/j.1749-6632.1996.tb32527.x>
- Pachankis, J. E., Mahon, C. P., Jackson, S. D., Fetzner, B. K., & Bränström, R. (2020). Sexual orientation concealment and mental health: A conceptual and meta-analytic review. *Psychological Bulletin, 146*(10), 831-871. <https://doi.org/10.1037/bul0000271>
- Rinehart, S. J., Espelage, D. L., & Bub, K. L. (2020). Longitudinal effects of gendered harassment perpetration and victimization on mental health outcomes in adolescence. *Journal of Interpersonal Violence, 35*(23-24), 5997-6016. <https://doi.org/10.1177/0886260517723746>
- Rosenberg, M. (1985). Self-concept and psychological well-being in adolescence. In R.L. Leahy (Ed.), *The development of the self* (pp. 205-246). Academic Press.
- Smith, P. K., Mahdavi, J., Carvalho, M., Fisher, S., Russell, S., & Tippett, N. (2008). Cyberbullying: Its nature and impact in secondary school pupils. *Journal of Child Psychology and Psychiatry, 49*(4), 376-385. <https://doi.org/10.1111/j.1469-7610.2007.01846.x>
- Takizawa, R., Maughan, B., & Arseneault, L. (2014). Adult health outcomes of childhood bullying victimization: evidence from a five-decade longitudinal British birth cohort. *American Journal of Psychiatry, 171*(7), 777-784. <https://doi.org/10.1176/appi.ajp.2014.13101401>
- Travers, Á., Armour, C., Hansen, M., Cunningham, T., Lagdon, S., Hyland, P., Vallières, F., McCarthy, A., and Walshe, C. (2020). Lesbian, gay or bisexual identity as a risk factor for trauma and mental health problems in Northern Irish students and the protective role of social support. *European Journal of Psychotraumatology, 11*(1), 1708144. <https://doi.org/10.1080/20008198.2019.1708144>

- UNESCO (2019). *Behind the numbers: Ending school violence and bullying*. UNESCO Publishing. <https://unesdoc.unesco.org/ark:/48223/pf0000378398>
- Vaillancourt, T., Faris, R., & Mishna, F. (2017). Cyberbullying in children and youth: Implications for health and clinical practice. *The Canadian Journal of Psychiatry*, 62(6), 368-373. <https://doi.org/10.1177/0706743716684791>
- Verster, J. C., Sandalova, E., Garssen, J., and Bruce, G. (2021). The use of single-item ratings versus traditional multiple-item questionnaires to assess mood and health. *European Journal of Investigation in Health, Psychology and Education*, 11(1), 183-198. <https://doi.org/10.3390/ejihpe11010015>
- Vinces-Guillén, J. (2016). *Adaptation of the identity scale for lesbians, gays and bisexuals (ÑGBIS) in a group of lesbians, gays and bisexuals in Peru* [Doctoral Thesis]. University of Lima. <http://doi.org/10.26439/ulima.tesis/3285>
- Yang, B., Wang, B., Sun, N., Xu, F., Wang, L., Chen, J., Yu, S., Zhang, Y., Zhu, Y., Dai, T., Zhang, Q., and Sun, C. (2021a). The consequences of cyberbullying and traditional bullying victimization among adolescents: gender differences in psychological symptoms, self-harm and suicidality. *Psychiatry Research*, 306, 114219. <https://doi.org/10.1016/j.psychres.2021.114219>
- Yang, M., Wu, F., Liu, Q., Yang, Z., Lai, X., and Liu, X. (2021b). *School Bullying Victimization and Emotional Problems in Relation to Sexual Orientation Among High School Students in China. A Cross-Sectional Study*. ResearchSquare. <https://doi.org/10.21203/rs.3.rs-60041/v1>
- Ybarra, M. L., Mitchell, K. J., Kosciw, J. G., & Korchmaros, J. D. (2015). Understanding linkages between bullying and suicidal ideation in a national sample of LGB and heterosexual youth in the United States. *Prevention Science*, 16(3), 451-462. <https://doi.org/10.1007/s11121-014-0510-2>
- Yule, M. A., Brotto, L. A., & Gorzalka, B. B. (2013). Mental health and interpersonal functioning in self-identified asexual men and women. *Psychology & Sexuality*, 4(2), 136-151. <https://doi.org/10.1080/19419899.2013.774162>

Traducido con  DeepL

Date of receipt: 6 November, 2022.

Review date: 12 January, 2023.

Acceptance date: 10 October, 2023.