

Bullying Among Children and Youth on Perceptions and Differences in Sexual Orientation

Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated, over time. Both kids who are bullied and who bully others may have serious, lasting problems.

In order to be considered bullying, the behavior must be aggressive and include:

- **An Imbalance of Power:** Kids who bully use their power—such as physical strength, access to embarrassing information, or popularity—to control or harm others. Power imbalances can change over time and in different situations, even if they involve the same people.
- **Repetition:** Bullying behaviors happen more than once or have the potential to happen more than once.

Children and youth who identify themselves as lesbian, gay, bisexual and transgender (LGBT), or are perceived to be so, can face unrelenting teasing and bullying by their peers. Because this aggression can be sexual in nature, the effects closely resemble those of sexual harassment and in some cases may constitute sexual harassment.

Attitudes of Students and Teachers

A majority of the students in a 2005 Harris Interactive survey admitted knowing gay, lesbian, or bisexual students, and slightly more than one-third of the teachers acknowledged knowing a student with same-sex orientation. Most teachers surveyed expressed a strong commitment to safeguard LGBT students and work to create school climates that are safe and supportive learning environments (Harris Interactive & GLSEN, 2005).

The Effects of Anti-LGBT Bullying and Harassment

Youth who experience anti-LGBT bullying are more likely to engage in risky behaviors, such as skipping school, smoking, alcohol and drug use, and sexual risk. These same risks exist for heterosexual youth perceived to be lesbian or gay, as for non-heterosexual youth who keep their sexual orientation hidden (Bontempo & D'Augelli, 2002; Rivers & D'Augelli, 2001).

Adolescents who are lesbian, gay, or bisexual are more than twice as likely as their heterosexual peers to be depressed and think about or attempt suicide (Russell & Joyner, 2002).

What Schools and Communities Can Do

Schools with anti-bullying policies can clarify that teasing and exclusion based on sexual orientation is prohibited. In the Harris Interactive survey, students from schools with explicit policies on sexual and gender identification were less likely to report a serious harassment problem (33 percent vs. 44 percent), and reported higher rates of feeling safe at school (54 percent vs. 36 percent) and, were also one-third less likely to skip a class (Harris Interactive & GLSEN, 2005).

Schools can consider adding sexual orientation and gender identity to school policies on discrimination and harassment (Office of Civil Rights, OCR, 2010). This sends the message to the school community that no one should be treated differently because of an admitted or presumed sexual orientation (Get Busy, Get Equal, 2006).

Schools, clubs, camps, after school and summer programs, and every youth-serving organization can train staff and volunteers on effective bullying prevention methods and interventions.

Schools and communities can create safe, non-biased and supportive environments for all children and youth which will reduce the hazards and stresses for sexual minority youth (Just the Facts Coalition, 1999). One way to start is by creating gay-straight alliances (GSAs). GSAs help create safer schools. According to the Equal Access Act, schools must allow these groups if they have other “non-curricular” clubs or groups.

Concerns about bullying or harassment of LGBT youth should be discussed with youth. By avoiding the subject, parents and other adults may convey an attitude of indifference, or worse, an unspoken acceptance of the harassment experienced by LGBT youth (Ponton, 2001). These discussions should protect privacy, being careful not to disclose or discuss issues around being LGBT with parents or anyone else.

Additional supports may be needed when anti-LGBT bullying is detected to guarantee access to qualified health care and mental health providers who are knowledgeable and skilled in health promotion and risk reduction in working with LGBT and questioning youth (AAP, 2004; NAPNAP position paper, 2006)

Clinical guidelines by the American Academy of Pediatrics encourage pediatricians to help raise awareness among community leaders on issues of adolescent sexuality and specifically relative to sexual minority youth, to provide facts about sexual orientation in school and

community libraries, and to develop support groups for minority sexual youth, their friends, and their parents (AAP, 2004).

When youth reveal same-sex attractions and relationships, this is an opportunity for health, medical, and school professionals

to better inform and support sexual minority youth by linking them with community resources and helping to overcome the tensions of parents, families and peers.

References and Resources

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