



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

Bullying is aggressive behavior that is intentional and involves an imbalance of power or strength. Often, it is repeated over time. 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.

The Prevalence of Anti-LGBT Bullying

Surveys of middle and high school students show that a great deal of verbal and physical bullying in our schools is directed at students who are, or are perceived to be lesbian, gay or sexual minority youth.

- The *National School Climate Survey*, conducted in 2005 by the Gay, Lesbian and Straight Education Network (GLSEN), concluded that three-quarters of the high school students surveyed heard derogatory and homophobic remarks “frequently” or “often” at school, and 90 percent heard the term “gay” used generally to imply someone is stupid or something is worthless. Bullying around issues of sexual orientation, non-conforming gender behaviors and dress was the most common form of bullying, second only to issues of appearance (e.g., body size and disability).¹
- In a poll conducted in 2005 by Harris Interactive and GLSEN, 60 percent of students (aged 13-18) had been verbally or physically harassed or assaulted during the past school year because of real or “perceived race/ethnicity, disability, gender, sexual orientation, gender expression, or

religion” (p. 4). Over half of these incidences were thought to be based on sexual orientation alone.²

- Among students who identified themselves as LGBT, 90 percent had been bullied in the past year. Of these, 66 percent had been verbally abused, 16 percent physically harassed, and 8 percent had been assaulted.
 - LGBT students reported feeling unsafe at school three times more often than non-LGBT students.
- In a national survey of teens (ages 12-17) commissioned by the National Mental Health Association (NMHA), 78 percent of teens reported that kids who are gay or who are thought to be gay are teased or bullied in their schools and communities; 93 percent hear other youth use derogatory words about sexual orientation at least once in a while, and 51 percent hear these words every day.³
 - The 2007 *Indicators of School Crime and Safety Report* conducted jointly by the U.S. Departments of Education and Justice, found that 11 percent of students (aged 12-18) reported hearing hate-related words, 38 percent saw hate-related graffiti, and 1 percent reported that the hate-related words related to a disability or sexual orientation.⁴
- ### Attitudes of Students and Teachers
- A majority of the students in the 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 expressed a strong commitment to

safeguard LGBT students and work to create school climates that are safe and supportive learning environments.⁵

- When teens in the NMHA survey were asked how they felt about the teasing or bullying of LGBT students, 78 percent disapproved and only 3 percent said this behavior was funny.

The Effects of Anti-LGBT Bullying and Harassment

- Surveys of teens indicate that anti-LGBT bullying affects greater numbers of straight students than sexual minority youth. For every lesbian, gay, and bisexual youth who is bullied, four straight students who are perceived to be gay or lesbian are bullied.⁶
- The stigma and hostilities youth experience from anti-LGBT bullying makes them prone to health risk 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.⁷
- Lesbian and gay youth who openly admit to their same-sex orientations are at a higher risk of bias-related violence, including physical assaults. The hostilities they regularly confront often lead to dangerous behaviors and injurious outcomes, such as dropping out of school, abusing alcohol and illicit drugs, engaging in criminal activity, and running away from home.⁸
- 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.⁹

What Schools and Communities Can Do

- Schools with anti-bullying policies must clarify that teasing and exclusion based on sexual orientation is prohibited. In the 2005 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, consequently, were one-third less likely to skip a class.¹⁰
- Schools need to consider adding sexual orientation and gender identity to school policies on discrimination and harassment. This sends the message to the school community that no one should be treated differently because of an admitted or presumed sexual orientation.¹¹
- Schools, clubs, camps, after school and summer programs, and every youth-serving organization should train staff and volunteers on effective bullying prevention methods and interventions (see [Best Practices in Bullying Prevention](#) and [On-the-Spot Interventions](#) factsheets).
- Schools and communities must create safe, non-biased and supportive environments for all children and youth which will reduce the hazards and stresses for sexual minority youth.¹²
- Schools can provide age-appropriate instruction on sexual orientation in health and sexuality curricula. Communities can ensure inclusiveness in social, recreational, and sports programming to set an accepting tone of diverse identities.¹³
- 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.¹⁴

- 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.¹⁵
- 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.¹⁶
- 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

- ¹ National School Climate Survey (2005). New York: Gay, Lesbian, Straight Education Network.
- ² Harris Interactive & GLSEN. (2005). *From teasing to torment: School climate in America, a survey of students and teachers*. New York: GLSEN.
- ³ National Mental Health Association. (2002a). *What does gay mean?* Teen survey executive summary. Anti-gay bullying survey results at www.nmha.org/whatdoesgaymean.
- ⁴ Dinkes, R., Cataldi, E.F., & Lin-Kelly, W. (2007). *Indicators of School Crime and Safety: 2007* (NCES 2008-021/NCJ 219553). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education, and Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, Washington, DC.
- ⁵ Harris Interactive & GLSEN. (2005). See endnote 2 for full citation.
- ⁶ National Mental Health Association. (2002b). *What does gay mean: How to talk with kids about sexual orientation and prejudice, website text*. See endnote 3 for source link.
- ⁷ Pilkington, N.W. & D'Augelli, A.R. (1995). Victimization of lesbian, gay and bisexual youth in community settings. *Journal of Community Psychology*, 23, 34-56; Bontempo, D.E. & D'Augelli, A.R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health*, 30, 364-374; and Savin-Williams, R.C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: Associations with school problems, running away, substance abuse, prostitution, and suicide. *Journal of Consulting and Clinical Psychology*, 62, 261-269.
- ⁸ Savin-Williams (1994), 267. See endnote 7 for full citation.
- ⁹ Russell, S.T. & Joyner, K. (2002). Adolescent sexual orientation and suicide risk: Evidence from a national study. *American Journal Public Health*, 91, 1276-1281.
- ¹⁰ Harris Interactive & GLSEN (2005). See endnote 2 for full citation.
- ¹¹ Get Busy, Get Equal. (2006). *Get a safe schools policy*, produced by American Civil Liberties Union, GLSEN and AIDS project at www.aclu.org/getequal/.
- ¹² Resources: Just the Facts Coalition. (1999). *Just the facts about sexual orientation & youth: A primer for principals, educators & school personnel*, Factsheet developed and endorsed by ten coalition associations; and Partners Against Hate at www.partnersagainsthate.org/youth/bullying.html.
- ¹³ Resource: *Institutional heterosexism in our schools: A guide to understanding and undoing it*. New York: GLSEN. Available at www.glsen.org.
- ¹⁴ Ponton, L. (2001). *What does gay mean: How to talk with kids about sexual orientation and prejudice*. San Francisco, CA: Horizons Foundation. See endnote 3 for website.
- ¹⁵ American Academy of Pediatrics. (2004). *Sexual orientation and adolescents*. *Pediatrics*, 113, 1827-1832; and National Association of Pediatric Nurse Practitioners' (NAPNAP) position paper, Health risks and needs of gay, lesbian, bisexual, transgender, and questioning adolescents (2006). *Journal of Pediatric Health Care*, 20, 29A-30A.
- ¹⁶ American Academy of Pediatrics. (2004). See endnote 15 for full citation.