

Bullying Among Lesbian, Gay, Bisexual, and Transgender Youth



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KEYWORDS

- Bullying • Gender expression • Gender identity • Healthcare • LGBT
- Peer victimization • Sexual orientation • Youth

KEY POINTS

- Bullying of lesbian, gay, bisexual, and transgender (LGBT) youth is prevalent in the United States; the majority of LGBT youth experience some form of bullying.
- Bullying undermines the mental, behavioral, and physical health of LGBT youth, with consequences lasting into adulthood.
- Pediatricians can play a vital role in promoting the well-being of LGBT youth by preventing and identifying bullying, offering counsel to youth and their parents, and advocating for programs and policies.

INTRODUCTION

Bullying of lesbian, gay, bisexual, and transgender (LGBT) youth persists in the United States, with harmful and sometimes fatal consequences. Media reports about LGBT youth who have died by suicide frequently describe experiences of bullying victimization. For example, after being the target of bullying for several years, Adam Kizer died

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by suicide at age 16, 6 months after coming out as bisexual. Adam's father reported that he was bullied starting at age 9, when his peers identified him as "different."¹ Adam suffered substantial mistreatment from his peers that was both verbal (eg, suggestions that he should kill himself) and physical (eg, tied to a tree, doused in gasoline, and almost set on fire). Another example is that of Taylor Alesana, a young transgender woman who experienced significant bullying victimization at school and online, and died by suicide at age 16.^{2,3} She described social isolation and rejection on Transgender Day of Remembrance, stating in a YouTube video: "Finding friends when you're transgender, that to me is one of the hardest parts because you don't find a lot of friends. And when you do, a lot of them will leave you just because you're different."³ The ridiculing comments on YouTube continued even after Taylor's suicide.⁴

Adam and Taylor's experiences of bullying by peers are common among LGBT youth. Although extreme in their consequences, these examples underscore the need to address bullying of LGBT youth. Pediatricians can play an important role in preventing and reporting LGBT bullying, supporting LGBT youth who are bullied, and promoting the health and well-being of LGBT youth. In this article, we define key concepts relevant to LGBT bullying; discuss its prevalence in the United States; review evidence of its psychological, behavioral, and physical health consequences; and make recommendations for how pediatricians can address it.

KEY CONCEPTS

Sexual orientation is a relational construct involving a pattern of romantic relationships with, or desires for, people of a particular gender.⁵ Sexual orientation is inclusive of *behavior* (eg, whether individuals are sexually engaged with same-gender and/or opposite-gender partners), *identity* (eg, how individuals understand and represent themselves based on identities such as "gay," "lesbian," "bisexual," or "heterosexual"), and/or *attraction* or desire.⁶ The first 3 letters of the LGBT abbreviation (LGB; lesbian, gay, bisexual) refer to a range of sexual minority orientations that are not exclusively heterosexual. We include individuals who are "queer" or "questioning" under the LGBT umbrella.

Gender identity is one's internal sense of being male, female, or outside these categories, and gender expression is the manifestation of culturally defined feminine or masculine traits in personality, appearance, and behavior.^{5,7} The last letter of the LGBT abbreviation (T; transgender) refers to a range of gender minority identities and expressions that are not aligned exclusively with one's assigned sex at birth. Some LGBT people display a nonconforming gender expression during development; some do not. Children with a conforming gender expression may grow up to be LGB or heterosexual; they may be transgender or they may not. People have a sexual orientation, gender identity, and gender expression, and these are related in complex ways throughout youth development (for a discussion of the development of sexual orientation and gender, including their associations, see Stewart L. Adelson and colleagues' article, "[Development and Mental Health of LGBT Youth in Pediatric Practice](#)," in this issue).

Having perceived to have a minority sexual orientation, gender identity, and/or gender expression may increase youths' risk of being bullying. *Bullying* is defined by the Centers for Disease Control and Prevention and US Department of Education as:

*Bullying is any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. Bullying may inflict harm or distress on the targeted youth including physical, psychological, or educational harm.*⁸

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