LGBTQ Part 2

Examining the Health Disparities and Psychological Struggles Experienced by LGBTQ Youth

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In addition to dealing with the normal challenges of being a teenager, many times LGBTQ youth have to deal with harassment, intimidation, and bullying on a daily basis as they disproportionately experience verbal and physical harassment while in school as a result of their sexual orientation and/or gender identity. This violence adversely affects these students' health and well-being as reflected in the depression and suicide rate among LGBTQ youth. As Part 2 of a series in articles on caring for LGBTQ youth in a school setting, this article reviews specific health risks in this group of students. School nurses can help reduce disparities in health for LGBTQ youth by understanding risk for psychological consequences of bullying and advocating for a just and responsive social school culture. Implications for school nurses include educating school staff and families as well as providing prompt and appropriate referrals for necessary psychological care.

Keywords: bullying; behavioral problems; depression; sexuality; suicide; LGBTQ youth

Introduction

In addition to handling the normal challenges of being a teenager, lesbian, gay, bisexual, transgender, and queer (LGBTQ) youths also have to deal with harassment, intimidation, and bullying on a regular basis. Additionally, substantial disparities in health risk related to school absenteeism, mental health, and physical well-being exist for these vulnerable youth (Kann et al., 2016). School nurses play a major role in identifying, counseling, and protecting the victims of bullying and thus in reversing health disparities. The school nurse is often seen by students as a confidant, someone who is outside the academic system and is in a position to help and give guidance. In order to provide holistic care, school nurses caring for LGBTQ youths must be culturally competent by being sensitive to and knowledgeable about health disparities in this vulnerable population. The purpose of this article is to extend the information from Part 1 of this two-part series on caring for LGBTQ youths in the schools by reviewing the risks and consequences for bullying and violence as well as additional health disparities experienced by this group.

Despite the growing acceptance toward gender and sexual minorities, LGBTQ youths disproportionately experience verbal and physical harassment while in school as well as electronically as a result of their sexual orientation and/or gender identity. The most recent Youth Risk Behavior Survey by the Centers for Disease Control and Prevention (CDC) found that 28% of LGB youths report being electronically bullied in the year prior to the survey (Kann et al., 2016). LGBTQ youths also reported high levels of school avoidance and symptoms of depression (60%), and 29% reported a suicide attempt (Kann et al., 2016). In its extensive 2014 survey, Growing up LGBT in America, the Human Rights Campaign details the psychological and social struggles of LGBTQ youths nationwide. This report notes that LGBTQ youths experience bullying at twice the rate of non LGBTQ–identifying youths (Human Rights Campaign, 2014). School nurses must not only be able to recognize at-risk students but also provide culturally competent care when working with LGBTQ youths. Given their

DOI: 10.1177/1942602X16689263

expertise in psychosocial health and responsibility for promoting health and safety in schools, school nurses can help LGBTQ students navigate bullying and stress by serving as confidants, experts, and educators. It is important that nurses know the signs and symptoms displayed by victims as well as strategies that are effective to help youths, families, and school personnel respond to both LGBTQ-based bullying and health disparities.

Bullying

Bullying has become a worldwide concern, drawing the attention of researchers, health care providers, governments, media, educators, and law enforcement. Bullying refers to unwanted and repeated acts of aggression by an individual or group of individuals toward another. Naturally, these relationships are based on an imbalance of power, whereby the bully leverages physical strength, social popularity, or possession of embarrassing information to harm or control targets (Gini & Pozzoli, 2013; Gkatsa et al., 2015).

Although due to its prevalence bullying is often referred to as a "rite of passage" or just "what kids do," the CDC (2016) calls bullying a public health crisis. While many feel that children should learn to toughen up and deal with the abuse, a passive response allows bullying to continue and adversely affects students' academic and social outcomes (Kosciw, Palmer, Kull, & Greytak, 2013). Bullying comes in various forms such as physical, verbal, relational, and cyber. Examples of physical bullying include hitting, kicking, spitting, making lewd hand gestures, and stealing or destroying one's personal possessions. Verbal bullying encompasses behaviors such as teasing, taunting, threatening, name-calling, and making inappropriate sexual comments. Relational bullying, also referred to as social bullying, is comprised of spreading rumors, purposely excluding others, or subjecting targets to public humiliation. Lastly, cyberbullying is conducted through cell phone services and the worldwide web. This form of bullying can be particularly vicious as tormentors can consistently harass their targets anywhere by sending threatening messages, posting embarrassing content, and encouraging others to join in on their actions (Fisher, 2015; Schneider, O'Donnell, Stueve, & Coulter, 2012; Smokowski, 2014).

LGBTQ youths are unique victims of bullying as they are targeted primarily for their sexual orientation and/or gender identity. Even without being the target of homophobic bullying, LGBTQ students may feel isolated in school due to anti-gay attitudes, messages, and behaviors displayed by staff and classmates (Robinson & Espelage, 2011). Consequently, gender and sexual minority youths are more likely to suffer from loneliness, anxiety, depression, and suicidal ideation (Cooper & Blumenfeld, 2011; Hatzenbuehler, 2011; Human Rights Campaign, 2014; LeVasseur, Kelvin, & Grosskopf, 2013; Robinson & Espelage, 2011). Although these psychological struggles may be largely invisible, they can also manifest themselves in a variety of ways, including:

- poor academic performance;
- increased truancy;
- higher use of alcohol, marijuana, and nicotine;
- increased involvement in physical fights; and
- psychosomatic symptoms (Cooper & Blumenfeld, 2011; Human Rights Campaign, 2014; Kann et al., 2016; Ramya & Kulkarni, 2010; Robinson & Espelage, 2011).

These effects are particularly relevant for school nurses as students who are being bullied may escape to the nurse's office to report psychosomatic symptoms, be treated for injuries related to a fight, or disclose their concerns to a professional staff member who is often seen as compassionate and nurturing (Trueland, 2012).

School Climate and Bullying

There is a strong body of research that supports the relationship between school climate and bullying (Bosworth & Judkins, 2014; Espelage, Low, & Jimerson, 2014; Kosciw et al., 2013). The data consistently support the hypothesis that institutions where the school climate is poorly perceived have a significantly higher incidence of bullying than those with a positively perceived school climate (Espelage et al., 2014). Contributing environmental conditions include lack of instruction in conflict resolution, the perception there are no consequences for bullying behavior, and ignoring bullying behavior (Essplage et al., 2014). There are several explanations why poorly perceived school climate may impede learning and foster bullying behaviors. Factors such as overcrowded and disorganized classrooms, lack of supplies, hostile or limited interactions between students and teachers, along with administrators or teachers' unwillingness to interact with parents may directly or indirectly promote bullying and impede learning (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012).

Alternatively, schools with a positive school climate and less bullying are characterized by proactive disciplinary actions, strong parental involvement, high academic standards, and the presence of adults who serve as positive role models within the school (Kosciw et al., 2012). A positively perceived school climate is characterized by a physical environment that is felt to be welcoming and conducive to learning (Bosworth & Judkins, 2014; Espelage et al., 2014). Students feel safe everywhere on school property, the school building contains an optimal number of students, classrooms and school grounds are well maintained and clean, noise levels are low, classrooms are inviting, and teachers have adequate materials and textbooks (Bosworth & Judkins, 2014). In this climate, teachers and students actively communicate with one another, students participate in decision making, self-esteem and belonging are promoted, teachers are collegial, and students and teachers are instructed on how to prevent and resolve conflicts (Bosworth & Judkins, 2014). Examples of an affective environment include (1) positive interactions between students, teachers, and staff where individuals interact in a supportive, caring,

and respectful manner; (2) a sense of community; (3) students, teachers, and staff feel respected and valued; and (4) the parents perceive the school as warm, caring, and inviting (Bosworth & Judkins, 2014). LGBTQ students in schools with gay-straight alliance organizations report feeling safer and hearing fewer homophobic remarks (Marx & Kettrey, 2016). Ultimately, staff interventions and the environment can have far-reaching effects as they are an important factor in students feeling safer in school and are associated with fewer suicide attempts for all students (Black, Fedewa, & Gonzalez, 2012; Hatzenbuehler, 2011).

Psychosomatic Symptoms and Bullying

All victims of bullying often suffer from psychosomatic symptoms, which can lead them to discuss these ailments with school nurses (Gini & Pozzoli, 2013; Gkatsa et al., 2015). For example, children who are victims of bullying may struggle with anxiety, resulting in lack of sleep, fatigue, weight loss, and physical pains. Similarly, a study by Gini, Pozzoli, Leniz, and Vieno (2014) reported that children who experienced bullying were more likely to suffer from exhaustion, nervousness, and dizziness. Additionally, targets of bullying have reported other physical complaints, including frequent headaches, stomach pains, musculoskeletal tenderness, enuresis, and an increased incidence of communicable diseases, such as upper respiratory infections.

In the same fashion, bullying can also impact children's mental health and psychological well-being. As bullying affects the whole person, targets also suffer from consequences that are less visible but equally or more pernicious, such as low self-esteem, anxiety, depression, and suicidal ideation (Gini & Pozzoli, 2013; Rivers & Noret, 2013). Simultaneously, children who have been bullied also tend to have difficulty with peer relationships, which can serve as a bulwark against harassment and social isolation.

Psychosocial impact for LGBTQ youths. LGBTQ students are particularly vulnerable to psychosomatic effects of bullying as anti-LGBTQ bullying implies that their identities are unacceptable and shameful. LGBTQ youths experience feelings such as loneliness, self-hatred, and a diminished sense of self-worth (Vaccaro, August, & Kennedy, 2012). In comparison to their heterosexual peers, queer youths experience higher rates of depression and suicidal ideation (Cooper & Blumenfeld, 2011; Kann et al., 2016; LeVasseur et al., 2013; Robinson & Espelage, 2011). The CDC Youth Risk Behavior Survey found that while 26.4% of heterosexual students experienced sadness for at least two weeks that was substantial enough that they ceased some usual activities, 60% of LGB youths report such symptoms (Kann et al., 2016). Bullying has been identifying as a factor in additional problems associated with depression. Aragon, Poteat, Espelage, and Koenig (2014) note that bullying is related to higher truancy, lower grades, and lower expectations for academic success for LGBTQ students to a lesser extent than for heterosexual students.

Health Disparities

Aside from increased psychological health risks from bullying, LGBTQ youths also experience increased risk of violence, forced sexual encounters, and increased risk for homelessness. The CDC survey notes that 11.2% of gay, lesbian, and bisexual (GLB) and 14.6% of students who are unsure of their sexual orientation self-report being in a physical fight in the past year, while only 7.1% of heterosexual students report similar activity (Kann et al., 2016). Higher risks exist off school property. Even more concerning is self-report of being forced to have sexual intercourse, which was reported by 17.8% of GLB students as compared to 5.4% of heterosexual students. Nonconsensual sexual encounters are associated with increased risk of sexually transmitted infections, pregnancy, and increased rates of chronic illness later in life (CDC, 2012; Smith & Breiding, 2011). Finally, being an LGBTQ youth is associated with increased risk for being rejected by one's family and increases the risk of homelessness (Substance Abuse and Mental Health Services Administration, 2014).

Role of the School Nurse

Due to their roles in health promotion and skills in interpersonal communication, school nurses play a significant role in identifying, counseling, and protecting the victims of bullying and being a resource for students who may be victimized off school property. As previously stated, students often see the school nurse as a confidant who is outside of the traditional academic system. Moreover, school nurses are uniquely suited to meet with children on their own terms as their educational and professional experiences have required them to develop vast cultural competencies that allow them to work with patients of various backgrounds. School nurses can apply this expertise when helping students develop problem-solving techniques, coping strategies, anger management skills, and a positive self-image. Predictably, Borup and Holstein (2007) reported that bullied students not only visited the school nurse regularly but were also more likely to follow the school nurse's recommendations than ones from other adults.

School nurses should collaborate with administrators, families, and community leaders to implement anti-bullying programs that will ultimately foster healthy and safe school environments. Prior to advocating for a changes that would lead to a more positively perceived school climate, school nurses must strive to incorporate similar components of such a climate in the school nurse setting. School nurses who act friendly and with respect to *all* students as well as teachers and families can help to create an environment of trust and openness where students will feel safe. Once the school nurse office is created as such a venue, nurses can work to advocate for school-wide change and anti-bullying policies. Advocating and sponsoring a gay-straight alliance student organization if none exists can be a helpful first step.

School nurses should assess students who self-identify as LGBTQ carefully for

signs and symptoms related to bullying and violence such as frequent somatic complaints, recurrent absence from school, and signs and symptoms of depression. Recognizing the substantial risk of depression in this group, nurses should provide education for students on depression prevention strategies such as stress management, regular exercise, and finding social support. School nurses should have a ready list of resources for LGBTQ-friendly medical and psychological sources of care for students who need referrals. Nurses should work with guidance counselors and administration to create a clear policy and plan for any student who may be actively suicidal. Education of teachers regarding signs and symptoms of depression and suicidal intent may help save lives. Although nurses are well aware that a depressed student who suddenly seems better may be better only because they have reached a decision to make an attempt, teachers may be unaware that this sudden shift from sad and withdrawn to more engaged can be a fatal sign. And sadly, nurses must be alert to signs and symptoms of abuse and rejection from family and intervene as per state law.

Conclusion

It is abundantly clear that gender and sexual minority students disproportionately confront in-school bullying as well as out-of-school violence based on their actual or perceived identities and experience significant health disparities related to these encounters (Human Rights Campaign, 2014; Kann et al., 2016). In order to reduce these health disparities, school nurses should work to create a welcoming, healthier, and thus safer environment for all students. For students who are at risk, school nurses should consider threats to health such as depression, violence, substance abuse, and homelessness and assess LGBTQ youths for these factors. School nurses can play a multifaceted role by acting as advocates for gender and sexual minority youths as well as educators in promoting practices that affirm the experiences of LGBTQ children and their families. In doing so, nurses will have the profound opportunity to leave an indelible mark on countless youths. ■

Acknowledgement

The Authors thank Carole Kenner for her guidance and support in the development of this article.

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