



Bullying is aggressive behavior that is intentional and that involves an imbalance of power. Most often, it is repeated over time. Bullying can take many forms: physical bullying (hitting or punching), verbal bullying (name-calling, teasing), social or emotional bullying (exclusion, hurtful gestures), or cyber-bullying (negative messages via email or text messaging).

Verbal bullying is the most frequent form of bullying experienced by both boys and girls. Often, even among young students, this form of bullying can involve negative language that is sexual in nature.

Sometimes, this sexual language refers to another person's actual or perceived sexual orientation (for example, targeting an individual as being "gay").

Youth Who Are Bullied Based upon Perceptions about Their Sexual Orientation

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Bullying Based on Perceptions about Sexual Orientation

- As many as 93 percent of teenagers hear derogatory words about sexual orientation at least once in a while, with more than half of teens surveyed hearing such words every day at school and in the community (National Mental Health Association 2002b).
- Negative name-calling and harassment about sexual orientation can be harmful to all students. Three out of four students who are bullied with such remarks are not identified as gay, lesbian, bisexual, transgender, or questioning (GLBTQ) (Tomsho 2003). These derogatory comments are often used broadly to inflict harm in a school setting.
- Seventy-eight percent of gay (or believed to be gay) teens are teased or bullied in their schools and communities, a percentage significantly higher than for heterosexual youth (NMHA 2002b).
- According to findings from the *Indicators of School Crime and Safety* report, in 2003, 12 percent of students ages twelve to eighteen reported that someone at school had used hate-related words against them, and 36 percent of students saw hate-related graffiti at school during the previous six months. One percent reported that the hate-related words concerned their sexual orientation (DeVoe et al. 2004).
- A national survey of 760 students, ages twelve to seventeen, indicates that the most likely group to be bullied are "kids who are gay or thought to be gay." Most teens (78 percent) said that they disapproved of anti-gay teasing or bullying (NMHA 2002b).

- In a nationally representative sample of nearly 3,500 students ages thirteen to eighteen, one-third reported that students in their school are frequently harassed because of their perceived or actual sexual orientation (Harris Interactive and GLSEN 2005).

Negative Impact of Bullying

- Bullying and harassment can have negative effects on the development and mental health of GLBTQ students, such as extreme anxiety and depression, relationship problems, low self-esteem, substance abuse, and thoughts of suicide. These students are also at much greater risk of physical assault than other children and youth (D’Augelli and Dark 1994).
- Students who had experienced anti-gay harassment are four times more likely than non-harassed youth to be threatened with or injured by a weapon (Safe Schools Coalition of Washington 1999).
- Twenty-two percent of GLBTQ students had skipped school in the last month for safety concerns and are three times more likely to drop out of school (NMHA 2002a).
- GLBTQ students are also at risk for not getting the support they need when they are being bullied due to their perceptions that adults at school may have intolerant attitudes or may not provide confidential help in which to deal with their situation (D’Augelli and Dark 1994). Four out of five GLBTQ students say they know of no supportive adult at school (NMHA 2002a).
- GLBTQ students are two to three times as likely to commit suicide as heterosexual students and may account for a startling 30 percent of all completed youth suicides (D’Augelli and Dark 1994). These students are also more likely to experience suicidal thoughts, plans, and attempts than other students (Russell 2001).

About Sexual Orientation

- It is estimated that approximately 5 to 9 percent of youth are gay or lesbian, bisexual, or uncertain about their sexual orientation (SIECUS 2001).
- The American Psychiatric Association and the American Psychological Association changed their stance on homosexuality in the 1970s, stating that it is not a disorder and that sexual orientation is not a person’s individual choice, nor can mental health professionals “change” the sexual orientation of their clients (American Psychological Association 1998).

Adult Responses Are Important!

These are things adults can do:

- No child or adolescent deserves to be bullied. Do not tolerate any anti-homosexual slurs.
- Work with student government and other school clubs to hold programs on respect, school safety, and anti-bullying.
- Be alert to signs of youth who may be in distress.
- Encourage any young person who is bullied to tell a teacher, counselor, or parent.
- Provide confidential help—consult with a school counselor or other mental health professional if you feel uncertain about how best to support a student.
- Support training and education for staff about these issues (NMHA 2002a).

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