



 Editorial

Sexual Orientation Disparities: Starting in Childhood and Observable in Adolescence?



A long line of research shows that sexual minority adolescents experience bullying and victimization at higher rates than heterosexual youth [1]. More recently, attention has been given to sexual minority adolescent's experiences and the impact on mental health during key periods of adolescence [2,3]. Although this work is immensely valuable in understanding experiences of bullying and associated mental health outcomes, we still know little about the development of bullying for sexual minority adolescents: When do disparities emerge? And do they persist over time?

In this month's issue of the *Journal of Adolescent Health*, Mittleman [4] examines differences between sexual minority and heterosexual adolescents in bullying and mental health. The study utilizes data from the Fragile Families and Child Wellbeing Study, in which bullying and mental health were assessed at ages 5, 9, and 15 years, and sexual orientation was assessed at age 15 years. The study included multiple informants, parents and their children, and showed that adolescents who reported same- or both-sex attractions at age 15 years, showed higher rates of bullying at age 9 years (parent and child report) and at age 15 years (child report). No differences were found in rates of bullying at age 5 years (parent report). Furthermore, adolescents who reported same- or both-sex attractions at age 15 years showed higher levels of internalizing problems at age 15 years, but not at age 5 and 9 years (parent report). At age 15 years, same-sex- and both-sex-attracted adolescents were also more likely to have been diagnosed with anxiety or depression and to be taking medication for anxiety or depression. Finally, the study showed that bullying at ages 9 and 15 years predicted parent and adolescent-reports of internalizing problems, anxiety, and depression at age 15 years.

Broader Context

There are a handful of studies examining bullying for sexual minority adolescents with multiple informants. For example, in a study among adolescents from Canada [5], same-sex attraction was assessed at age 15 years, and victimization was assessed from ages 9 to 15 years, with adolescent, teacher, and primary caregiver reports. The findings from this study showed that same-sex- and both-sex-attracted youth reported higher rates

of victimization at ages 9, 12, and 15 years. Teachers reported disparities in victimization when adolescents were aged 9 and 10 years, and no disparities were found according to primary caregiver reports [5].

As Mittleman [4] points out, there may be differential trajectories of bullying for different sexual minority groups, and across racial/ethnic groups. For example, a recent study [6] showed important differences in bullying and mental health at the intersection of sexual orientation and race/ethnicity. It was found that among U.S. adolescents, sexual minority youth were more likely to report homophobic bullying than heterosexual youth, across Black, Latinx, and White males and females. However, the likelihood of experiencing homophobic bullying was particularly high for lesbian/gay females and for Black and Latinx gay males. These findings point toward potentially important patterns of risk by sexual identity, gender/sex, and race/ethnicity.

Separation of Fields

In research about victimization of sexual minority youth, there is a large variation in terminology. Because there is no consensus on the definitions of terms such as victimization and bullying, research among sexual minority adolescents and research on bullying in general child and adolescent studies rarely interacts.

However, both fields have their merits, and learning from one another might improve the quality of our work and the conclusions we draw. For example, a line of research in the "general" bullying literature examines long-term correlates of bullying. One study found that across 5 decades, British adults (aged 50 years) who had been bullied in childhood showed increased rates of psychological distress, depression and anxiety disorders, and suicidality, controlling for a range of general risk factors [7]. Studies among racial/ethnic minority individuals have also shown that early experiences with discrimination impact later health outcomes, possibly even across generations [8]. These examples from different fields could be used to better understand the working mechanisms and potential buffers and what stages of development are most important for sexual minority adolescents.

See Related Article on p. 172

Multi-Informant Approaches

The study by Mittleman [4] included multiple informants of bullying and mental health, and this minimizes shared-method variance. However, researchers should critically consider inclusion of “others” as informants, especially when the target group is adolescents who are used to concealing their experiences and feelings and who might do so to protect themselves. To contextualize how common concealment is for lesbian, gay, bisexual, and transgender (LGBT) adolescents, findings from the 2015 National School Climate Survey are important [9]: of LGBT youth who experienced victimization, more than half said they “never” reported this to either their parents or a teacher. They reported being afraid of retaliation and of being outed to peers. If they did report the victimization to a family member, almost half of family members “never” intervened. If the victimization was reported to school staff, for the majority of youth there was no intervention, and a quarter of LGBT youth were told to change their behavior (e.g., to not act “so gay” or dress in a certain way). Evidently, in a majority of cases sharing experiences with parents or school staff was not useful for LGBT youth and may even have had harmful consequences.

What’s Next?

Taken together, Mittleman’s study underlines the importance of considering the following aspects for future research:

- (1) Including questions about sexual orientation and gender expression at younger ages will enable the analysis of sexual (identity) development across adolescence, as well as the identification of key stages during which rejection is most prevalent and most impactful.
- (2) Including comprehensive measures of stress and discrimination, with room for experiences that we know are unique to some groups (e.g., biphobia and transphobia, victimization directed at one’s gender expression, discrimination and

exclusion based on racism), will enable the identification of at-risk groups of adolescents.

- (3) Parents and teachers of sexual minority adolescents might underestimate experiences with victimization and its impact. However, if we rely on self-reported measures, we must work on the development and quality of these measures, and we should consider the validity of more objective measures (e.g., psychophysiology).

Laura Baams, Ph.D.

Department of Pedagogics and Educational Sciences

University of Groningen

Groningen, the Netherlands

References

- [1] Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull* 2003;129:674–97.
- [2] Russell ST, Fish JN. Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annu Rev Clin Psychol* 2016;12:465–87.
- [3] Baams L, Grossman AH, Russell ST. Minority stress and mechanisms of risk for depression and suicidal ideation among lesbian, gay, and bisexual youth. *Dev Psychol* 2015;51:688–96.
- [4] Mittleman J. Sexual minority bullying and mental health from early childhood through adolescence. *J Adolesc Health* 2019;64:172–8.
- [5] Martin-Storey A, Fish J. Victimization disparities between heterosexual and sexual minority youth from ages 9 to 15. *Child Dev* 2018. <https://doi.org/10.1111/cdev.13107>.
- [6] Pollitt AM, Mallory AB, Fish JN. Homophobic bullying and sexual minority youth alcohol use: Do sex and race/ethnicity matter? *LGBT Heal* 2018;5:412–20.
- [7] Takizawa R, Maughan B, Arseneault L. Adult health outcomes of childhood bullying victimization: Evidence from a five-decade longitudinal british birth cohort. *Am J Psychiatry* 2014;171:777–84.
- [8] Goosby BJ, Heidbrink C. The transgenerational consequences of discrimination on African-American health outcomes. *Sociol Compass* 2013;7:630–43.
- [9] Kosciw JG, Greytak EA, Giga NM, et al. The 2015 National School Climate Survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation’s schools. New York, NY. 2016. Available from: <https://www.glsen.org/article/2015-national-school-climate-survey>. Accessed December 18, 2018.