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Effects Of Peer Victimization On LGBTQ Youth

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UNIVERSITY OF Effects Of Peer Victimization On LGBTQ Youth **SOUTHERN MAINE** Kristen Charest and Carol Oehlschlager, The University of Southern Maine, Jennifer First MSW, PhD, University of Southern Maine

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Abstract

Within the scope of available research regarding bullying and sexual harassment of LGBTQ teens, there are substantial gaps in understanding the perspectives of trauma affected LGBTQ youth. This study explored the perspectives of three individuals who identify as LGBTQ and who experienced bullying and peer victimization during a formative stage, typically, in a high school setting. Through interviewing the three subjects the researchers were able to identify mental health concerns including symptoms of depression and anxiety as well the positive and negative coping mechanisms used by participants. Results from this study can help with identifying mental health needs and add to trauma sensitive understanding of how bullying and sexual harassment specifically relate to LGBTQ teens for the development of proactive treatment modalities.

Introduction or Background

In previous research studies regarding the analysis of sexual minority youth in regards to the effects of bullying and the significantly enhanced likelihood of negative outcomes that include higher rates of suicide, self harm ideation, depression and anxiety, Birkett, Espelage, Koenig (2009) have demonstrated that there is s high priority need for proactive response and trauma sensitive treatment for youth in this cohort. As of yet, there are no common protocols or evidenced based systems of trauma response for youth who are being bullied or harassed as a result of their sexual orientation. In this Study researchers are examining the nature of how, ehn and through what modality those affected were being bullied while paying close attention to the outcomes and coping strategies used to achieve them. Through these qualitative interviews the researchers hope to fill the gaps in existing research in order to build a proactive and trauma sensitive response to support those in need.

Question

We are conducting a qualitative exploratory research project to better understand the links between sexual harassment/bullying of LGBTQ adults as they reflect back on being high school students and whether or not this harassment resulted in an experience of depressive symptoms for them and if so, how it impacted their lives, and what coping mechanisms they used to manage these symptoms.

Methods

- All participants were required to be at least 18 years of age
- All participants needed to self identify as gay, lesbian, transgender, Bi-sexual or Queer.
- All participants needed to have experienced bullying and or sexual harassment in high

school and be willing to share their experiences related to types of bullying and or sexual

harassment.

- Each participant was given the same format and 7 part, directional line of questions. Following those, we also included open ended neutral questions, each one addressing only one point. Using this method we feel that we will be able to ensure the delivery of the same interview process for all participants for an organic and individualized response.
- All participants needed to agree to sign a consent form for understanding of research goals, questions, how data would be stored, and agree to participation and publication of findings.
- After the interviews were transcribed, we analyzed the data using thematic analysis for determination of codes within the interview text.

Key Words

Fear, mistrust, PTSD, depression, struggle' confusion, isolation, social anxiety, uncomfortable, disconnecting, disengaging, suicidal thoughts, stressful, complicated, confusing, and lost.

"I wanted to..make up for it (my bisexuality) by getting good grades. Like 'see how good I am?' 'I do other good things.' using good grades as a coping mechanism that thwarted what she perceived others would think was a bad personality trait."

"I've become a person who is very vocal about being gay, and I'm out in the community trying to make a difference and trying to say "hey, this is my story...jut learning that the more you voice your story the more you build community."

Figure 3. Descriptive Caption

Figure 1. Descriptive Caption

Participant K1

Figure 2. Descriptive Caption

Participant C1

Results

The results of this study reinforce that bullying and sexual harassment lead to self-reported symptoms of depression, anxiety, lack of self-efficacy, absenteeism, feeling isolated by and from friends and cohorts because of their perceived sexual orientation. In addition, avoidance, negative thoughts, negative self image, self harm and suicidal thoughts were experienced by all participants. Each participant reported PTSD like symptoms that persisted in their lives today in ways of mistrust and hypervigilance, having a hard time forming relationships and persistent worry interfering in the day to day social and educational activities of these sexual minority students. Positive and negative coping mechanisms for the participants included using food to control their feelings, substance abuse and dissociative symptoms, finding positive role models through music and focusing on school work. All of the participants developed all positive coping mechanisms post high school.

Steps

Healthy adolescent development depends on the achievement of cognitive and emotional growth factors, such as being competent at forming connected and loving relationships and having an assured and self-sustaining identity. Bullying and sexual harassment infringe upon our ability to develop positively; and sexual minority students experience bullying and sexual harassment at higher levels in addition to being vulnerable in a number of other ways. Increased awareness and support through ongoing qualitative research such as this study, provides further insight into types of experiences, support mechanisms, and coping strategies utilized in the past by three research study participants. The ability to offer immediate support at the time of the crisis may offer a healthy alternative to developing negative coping mechanisms and the need for future therapeutic intervention.

Moving forward, the researchers would attempt to gather a larger and more representative sample size in relation to number of participants, gender, and ethnicity.

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Discussion/Conclusions/Next