

IMPACT OF PEER HARASSMENT ON MENTAL HEALTH OF LGBT YOUTH

AN INTERGRATIVE REVIEW

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INTRODUCTION

- Many regard the 1969 Stonewall Inn Riots as the inception of the Lesbian, Gay, Bisexual, and Transgender [LGBT] rights movement. Since then, LGBT rights in the United States have been steadily improving (Teal, 2010). Positive LGBT Representation has increased in the media over time (Gay & Lesbian Association Against Defamation [GLAAD],2016), as well as the Supreme Court of the United States ruling in favor of same-sex marriage nationwide in 2015 (Liptak, 2015).
- While the improvement in legislative equality is easy to see, LGBT individuals still suffer inequalities in other areas, such as healthcare

BACKGROUND & PURPOSE

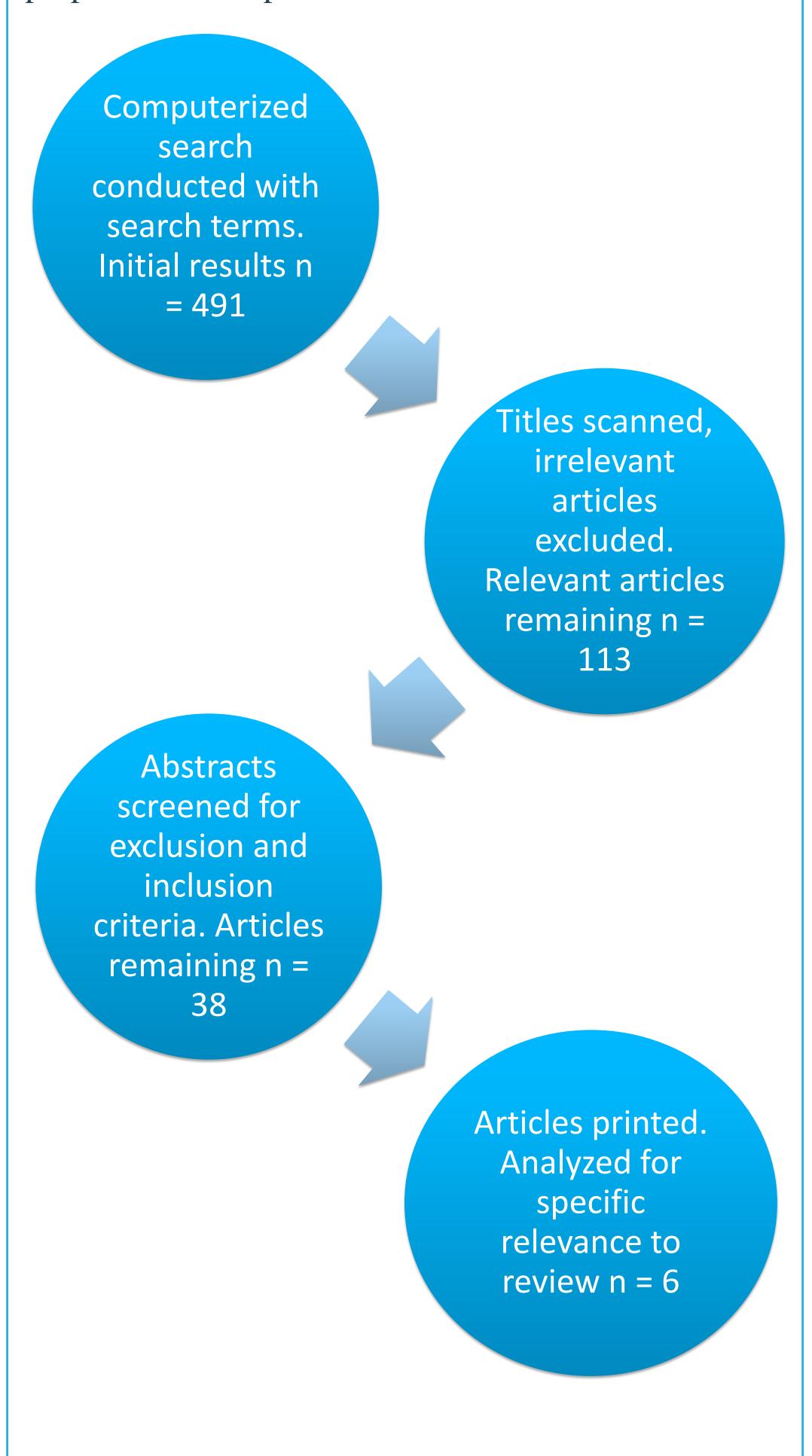
- This report serves to review the literature on the effects on LGBT youth's mental health outcomes. After reviewing Whittemore & Knafl (2005), this review uses the methods described in order to synthesize and present relevant data.
- At the time of publication, there had been no synthesized data on the negative mental health outcomes of LGBT youth.
- In practice, nurses must be aware of the unique risks LGBT individuals may face in order to competently care for their patients. For example mental health nurses must be able to identify that LGBT youth are at increased likelihood for suicide ideation (Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael B., 2009).
- Much of what the literature had already presented was quantifiable data. While this data is relevant to the study, their was a clear lack of qualitative data. Quantitative data would provide nurses with more in-depth information as to the experiences of LGBT youth, and would be more instrumental in helping these patients. Not only is it important for nurses to know the rates and risk factors of negative mental health outcomes, it is just as important to grasp the LGBT youths' lived experiences.

METHODS

• A computerized search was conducted. The search terms *lgbt* OR *gay* OR *sexual minority* AND *harassment* OR *bullying* AND *mental health* were used in each database search. Initial results from each database were as follows:

PubMed: 94 articlesCINAHL: 65 articlesProQuest: 332 articles

Studies' abstracts were then reviewed and on a two point scale were deemed relevant or irrelevant. Relevant studies were then reviewed in depth and there was a total of 6 relevant studies were found for the purpose of this report.



RESULTS

FREQUENCY OF HARASSMENT

- Sexual minority youth were more likely to report discrimination based on their sexual orientation rather than heterosexual youth and that LGBT boys reported higher discrimination than LGBT girls (Almeida et al., 2009).
- LGBT status was correlated with a 110% increase in standard deviation in the likelihood of harassment (Martin-Storey & Crosnoe, 2012).
- Within LGBT youth males, some racial and ethnic minorities, as well as transgender individuals had greater victimization than other LGBT youth (Birkett, Newcomb, & Mutanksi, 2015).

SUICIDE

- Results suggested that bullying and peer harassment may lead to an increased suicide rate for some LGBT youth, notably bisexual individuals. Researchers pointed to the lack of bisexual visibility and advocacy. However, this study also showed similar rates of suicide ideation of other sexual minority youth to be similar to their heterosexual peers (Ybarra, Mitchell, Kosciw, &Korchmaros, 2015).
- Perceived discrimination, that is the respondents felt that the reason behind their harassment was their sexual orientation, played a role in boys' risk for suicide ideation and not for girls' (Almeida et al., 2009).
- LGBT youth that reported high harassment in the past were 5.6 times more likely to disclose that they had attempted suicide so severe that it required medical attention (Russell, Ryan, Diaz, & Sanchez, 2011).

DEPRESSION

- Sexual minority students who had a high bullying rate were 2.6 times more likely to report depression than non-LGBT students (Russell et al., 2011).
- Longitudinally, higher victimization at any collection point, there was also increased depressive symptomology (Birkett et al, 2015).
- All else equal, LGBT boys had higher rates of depressive symptomology due to perceived discrimination. LGBT girls had somewhat lower rates of depressive symptomology due to perceived discrimination (Almeida et al., 2009).

PTSD

• LGBT youth who had moderate or high level of victimization that was increasing, steady, or declining were found to have greater likelihood for meeting PTSD criteria than those who had little victimization (Mustanski, Andrews, &Puckett, 2016).

CONCLUSION

- Overall, mental health outcomes continue to be a pervasive disparity between the LGBT community and their heterosexual peers
- LGBT youth face an increased of risk of negative mental health outcomes in the already turbulent times of adolescence.
- In general, LGBT youth were more likely to be targeted for their sexual orientation (Martin-Storey et al., 2012).
- Literature pointed to an increase in depressive symptomology in victimized LGBT youth (Martin-Storey et al., 2012).
- Suicidal ideation was greater for LGBT youth than heterosexual youth (Russell et al., 2011; Almeida et al., 2009).
- LGBT youth who had high victimization rates also had a greater chance to meet criteria for PTSD as well as to have greater friendship quality

IMPLICATIONS FOR NURSING

- Nurses must be able to create an inviting and non-judgmental space for people of all sexualities. This is especially important for youth who are already being victimized and feel as if they cannot seek help.
- Nurses who work within mental health care must be able to recognize the negative impact bullying can have on LGBT youth.
- School nurses must recognize that even small decreases in bullying during secondary school will make a world of a difference for long tem mental health benefits (Russell et al., 2011).
- With early screening for victimization, the possibility of lessening the development of negative psychological outcomes is a possibility (Birkett et al., 2015).

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