

Children's TiPS

Bullying and LGBTQ+ Youth

By: Kristen Eckstrand, MD, PhD

Bullying is pervasive among school age children and is associated with a myriad of adverse outcomes. Broadly defined, bullying is an aggressive behavior that uses coercion or threat against an individual with the intent of intimidation, domination, and/or abuse. While interpersonal conflict is a typical part of development, bullying is distinct in that it is a hostile, repetitive behavior aimed at creating an imbalance of power. The intentional or unintentional result of this behavior is the emotional, physical, and functional harm of the bullied individual.

Bullying can occur in many forms, with each having the potential to cause clinically significant symptoms. *Verbal* bullying employs verbal or written language to cause harm, including teasing, sexual comments, or threats. *Physical* bullying hurts an individual's body or possessions, such as tripping, spitting, stealing, or hitting. *Social* bullying is specifically orchestrated bullying with the intent to harm someone's reputation or cause social humiliation (e.g., rumors, social exclusion). A new form of bullying has emerged in recent years, *cyber-bullying*, which employs verbal and/or social bullying over digital technology. Verbal and physical bullying are frequently overt and, as a result, they may be easier to recognize and address. In contrast, social and cyber bullying are often covert and harder to recognize, including being identified as bullying by the affected individual.

The difficult-to-recognize nature of covert bullying allows it to be repeated, often without punishment. One common way by which people create and maintain a power differential is by targeting individuals based on social constructs of race, gender identity, sexual orientation, weight, country of origin, and/or religion. This type of bullying is *discrimination* and should not be minimized. Instead, it should be referred to by the appropriate term: racism, sexism, homophobia, transphobia, etc.



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Bullying (cont.)

The consequences of bullying are significant and cause emotional, physical, behavioral, and functional impairments. At an individual level, bullying can initially cause self-doubt, low self-esteem, and subtle changes in behavior that over time may manifest in clinically significant ways. Emotionally, bullying victimization has been associated with depression and anxiety. While some school-age children may be able to discuss their mood symptoms, others may present with physical symptoms including headaches and gastrointestinal distress (e.g., diarrhea, nausea). Changes in behavior are common, including behaviors aimed at self-preservation and/or alleviating emotional distress from trauma-related symptoms. Such behaviors include: *avoidance* of settings where bullying has occurred (e.g. school absenteeism); decreased academic performance due to *hypervigilance* of potential threats leading to decreased focus on other tasks; carrying means of protection onto school property (e.g. knives, firearms) to decrease vigilance; or self-injurious behaviors (e.g. cutting) to relieve *cognitive/mood symptoms*. This combination of emotional, behavioral, and functional impairments can cause a detrimental impact beyond the individual to families, communities, and society-at-large.

Sexual and gender diverse youth, including youth who are lesbian, gay, bisexual, transgender/nonbinary, and/or queer (LGBTQ+), experience bullying and discrimination in schools at 2-3 times the national average and are significantly more likely to experience the associated emotional and physical impairments. For example, youth who hear phrases such as “That’s so gay...” are more likely to experience suicidal ideation, engage in self-injurious behavior, attempt suicide, and are even more likely to experience somatic symptoms such as headaches and stomachaches. Schools are also less likely to be equipped to deal with identity-specific bullying and discrimination, and the existing policies at many schools may actually perpetuate discriminatory practices. For example, schools may not have the policies in place to support gender diverse youth in using their chosen name and pronouns, or may not have gender-inclusive restrooms. Recent studies have shown that gender diverse youth in schools that use an individual’s chosen name and pronouns are less likely to experience emotional distress and functional impairments.

The *Minority Stress Model* can be helpful for healthcare providers to understand the full context in which LGBTQ+ youth live, and how to screen for adverse experiences. This model explains that the emotional and physical health disparities experienced by LGBTQ+ youth are a direct result of identity-specific internal and external stress processes. *External stress processes* are experiences of heterosexism, transnegativity, bias, discrimination, or violence and can be explicitly screened for in clinical encounters (Box 1).

Box 1. Assessment of Recent Discrimination Related to Sexual Orientation / Gender Identity

In the past year, have you:

- Been teased or bullied because of your sexual orientation and/or gender identity?
- Been hit or beaten up because of your sexual orientation and/or gender identity?
- Rudely or unfairly treated because of your sexual orientation and/or gender identity?
- Overheard someone use slurs related to sexual orientation and/or gender identity to tease somebody else?
- Overheard a parent use slurs related to sexual orientation and/or gender identity to tease you or somebody else?

Internal stress processes for LGBTQ+ youth include internalized homophobia/transphobia (i.e. the direction of negative societal attitudes about sexual orientation and gender identity towards the self, leading to self-devaluation), concealment of one’s sexual orientation or gender identity, and the expectation of rejection due to sexual orientation or gender identity. Healthcare providers can screen for internal stressors using the questions in Box 2.

Box 2. Assessment of Internal Stress Processes

I’d like to understand more about your experience related to your sexual orientation and gender identity.

- Do you feel you have to conceal your sexual orientation and/or gender identity at home or school?
- Do you expect that people will treat you poorly when you tell them your sexual orientation/gender identity?
- How do you feel about your sexual orientation/gender identity? Would you change it?

Bullying (cont.)

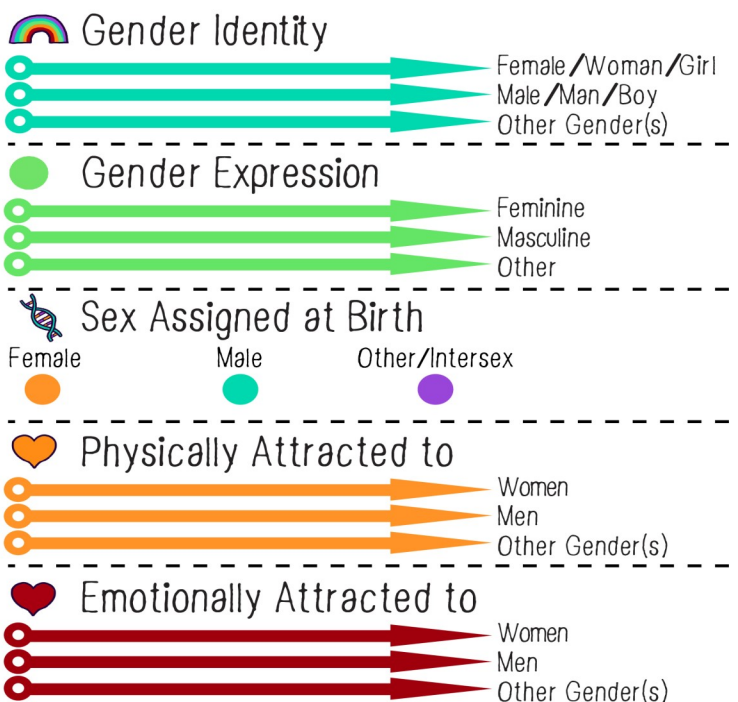
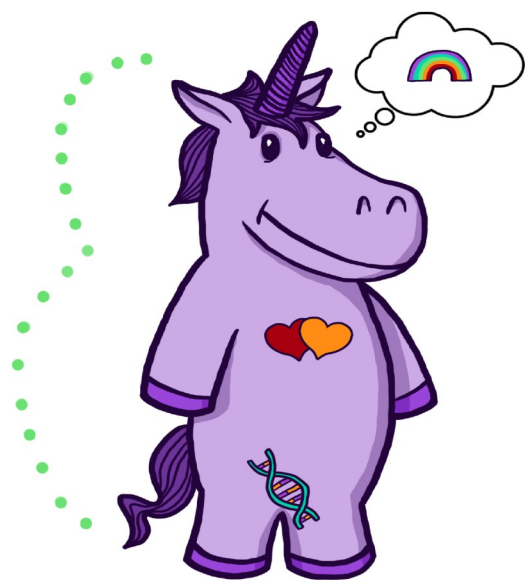
Healthcare providers can play a critical role in advocating for their LGBTQ+ patients in home and school settings. Parental acceptance and connection are critical for alleviating emotional distress and suicidality among LGBTQ+ youth. Healthcare providers can point parents towards acceptance-building resources (see next page) as well as encourage parents to seek their own support for any challenges they may experience raising an LGBTQ+ child. Parental advocacy can also be critical, and providers can guide parents on how to be advocates for the child in the school setting. Within schools, providers can make it clear that inclusive LGBTQ+ policies at schools improve emotional wellbeing, reduce truancy and improve academic performance among LGBTQ+ youth. Such policies include using patients' chosen name and pronouns, having a point person for LGBTQ+ students, having a GSA (gay-straight alliance) to support LGBTQ+ students, and making gender-inclusive restrooms available for all transgender/nonbinary youth. If these services are not available, providers can write prescriptive letters to schools stating that gender inclusive restroom and chosen name usage is critical for a patient's health.

With the exponential increase in research acknowledging the pervasive and maladaptive effects of bullying and identity-based discrimination in youth, there has been a concomitant increase in resources available for youth, families, schools, and providers. The resources under the care coordination section on the next page can be used to support LGBTQ+ patients and patients who have been victims of bullying.

Understanding Gender and Sexual Identity

The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Care Coordination: Resources for LGBTQ+ Youth and their Families

Congratulations!

The TiPS team would like to congratulate care coordinator Corie McGill, MSPC on accepting a new position with Western Psychiatric Hospital's Adolescent Partial Program and IOP. We will miss you Corie, but we know you are off to do great things!

For Enrolled Practices

We will be reaching out to the following practices to set up a yearly practice visit:

- CCP Armstrong
- CCP Bedford
- CCP Mountain View
- CCP Moon/Wexford/South Fayette
- CCP Allegheny
- CCP Pittsburgh Pediatrics
- CCP Bass Wolfson- Cranberry
- CCP GIL
- CCP Altoona
- CCP Norwin
- CCP Erie

For Youth

The Trevor Project: A national organization providing crisis intervention and suicide prevention services to LGBTQ+ youth under 25
<https://www.thetrevorproject.org/>

Trans Lifeline: A national trans-led organization dedicated to improving the quality of trans lives. Offers a 24/7 peer support crisis hotline.
<https://www.translifeline.org>

It Gets Better Project: A nonprofit organization with a mission to uplift, empower, and connect lesbian, gay, bisexual, transgender, and queer youth around the globe
<https://itgetsbetter.org/about/>

For Parents/Families:

Family Acceptance Project: research, intervention, education and policy initiative that works to prevent health and mental health risks for LGBTQ+ youth
<https://familyproject.sfsu.edu/>

PFLAG: A national organization supporting LGBTQ youth and their families
<https://pflag.org/>

For Schools:

Human Rights Campaign Welcoming Schools: professional development program providing training and resources to elementary school educators to support LGBTQ+ students
<http://www.welcomingschools.org/>

GLSEN: national education organization focused on ensuring safe and affirming schools for LGBTQ+ students
<https://www.glsen.org/>

For Providers:

American Academy of Child and Adolescent Psychiatry Bullying Resource Center
[https://www.aacap.org/AACAP/Families and Youth/Resource_Centers/Bullying_Resource_Center/Home.aspx](https://www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Bullying_Resource_Center/Home.aspx)

American Academy of Pediatrics Resource Center
<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Bullying-and-Cyberbullying.aspx>

The Fenway Institute: Caring for LGBTQ+ Youth in Clinical Settings
<https://www.lgbthealtheducation.org/learning-module/lgbtq-youth/>

Something for Everyone:

Gender Spectrum: Gender Spectrum helps to create gender sensitive environments for all children and teens. Includes resources for individuals, families, schools, and providers.
<https://www.genderspectrum.org/explore-topics/>

Staff Highlight: Meet the TiPS Team

Shelley Wikert, LPC

Job Location/Title:

-Child & Family Counseling Center (CFCC), South Fayette / Behavioral Health Therapist II
-General Academic Pediatrics (GAP), Oakland Medical Building / TiPS Licensed Therapist

Education:

-Duquesne University: Master of Science and Education, Concentration in Community Counseling
-Penn State University: Bachelor of Science, Major: Rehabilitation Services, Minor: Psychology

Certifications:

-Licensed Professional Counselor
-Trauma-Informed Care
-Functional Behavior Assessment and Treatment Plan Development

About You:

I was born and raised in Beaver county. I currently reside in Allegheny county with my husband and 5-year-old daughter. When I'm not working, I can typically be found playing dress-up, "Go Fish", or "Guess Who". I consider myself a master of "GoNoodle" dancing, while also thoroughly enjoying "Cosmic Kids" yoga on Saturday mornings.

Your Favorite Food:

Mexican food is my favorite! Tacos, burritos, enchiladas, guacamole... the list goes on and on!

About Your Job:

My job is unique in that I get the opportunity to wear two different "hats" every week! Completing behavioral health assessments is my first "hat". The goals of completing these assessments is to determine if a child meets criterion for specific behavioral health diagnoses, as well as to formulate appropriate treatment recommendations based on evidence-based

research. I feel absolutely honored to have the privilege of meeting new children and families every day.

My second "hat" allows me to provide ongoing, outpatient therapy to a wide range of children with diverse strengths and needs. Each day of my job is *completely* different which keeps me energized and motivated. I am constantly learning new things from my highly-skilled, competent colleagues but I can honestly say that collaboratively working with children and their parents/caregivers is where I've done my best learning!

What do you like to do in your free time:

I'm a big fan of various kinds of music but I'm especially drawn to "New Orleans jazz", funk, and instrumental jam bands. My husband and I have traveled near and far to see our favorite acts at some of the most renowned venues across the United States. We have seen well over 200 shows over the past 10 years. I also love going to music festivals, including the New Orleans Jazz & Heritage Festival, which I've attended 5 times. If I'm not at a show, I'm typically livestreaming it from my couch. The next venue on my bucket list is Red Rocks Amphitheatre in Colorado!



Contact Us

Phone: 1-844-972-8477

Email: wpatips@chp.edu

Website: www.chp.edu/tips

Children's TiPS

Our provider-to-provider service gives primary care clinicians (PCCs) access to on-call psychiatrists, Monday through Friday, 9 a.m. to 5 p.m. When a PCC calls, the Children's TiPS team will connect him or her with a child and adolescent psychiatrist within the same day, often within thirty minutes. Our TiPS psychiatrists can answer questions about medications, diagnoses, screening tools, resources, and other topics. TiPS psychiatrists can also refer patients to our care coordinators or licensed therapists if needed.



Children's TiPS

11279 Perry Highway, Suite 204
Wexford, PA 15090

Phone: 724-933-3912
Fax: 724-933-3916
E-mail: wpatips@chp.edu

www.chp.edu/tips

A Behavioral Health Newsletter for Pediatric Primary Care Clinicians

PLEASE
PLACE
STAMP
HERE

