

Bias-Based Bullying Among Sexual and Gender Minority Youth Living With Disabilities

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Both sexual and gender minority youth (SGMY) and youth living with disabilities are disproportionately impacted by bias-based bullying in school settings. While research has separately examined how sexual and gender minority status and disability status are associated with experiences of bullying, very little research has explored the experiences of youth living with these identities simultaneously. This study examined to what extent SGMY report differential experiences of bias-based bullying depending on various identities and the type of disability an individual reports. Utilizing a diverse sample of SGMY aged 13–17 ($N = 2,239$), multinomial logistic regression analyses were conducted to test whether there were differences in the likelihood of being bullied for having specific identities, based on disability type, among SGMY. Results indicated a variety of differences in bullying based on gender expression, gender identity, sexual orientation, sexual and gender minority identity, and disability. Participants who reported having a mental disability were more likely to experience multiple forms of bias-based bullying surrounding their gender identity, gender expression, sexual orientation, sexual and gender minority status, and disability type when compared with other gender minority youth with disabilities. These findings may help to inform supportive services in school settings.

Keywords: sexual and gender minority youth; LGBTQ+ youth; disability; bias-based bullying; school

Statement of Public Health Significance: Both sexual and gender minority youth and youth with disabilities are at increased risk for bias-based bullying in schools. This study examined how possessing both identities may shape experiences. Findings underscore the

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importance of considering multiple layers of identity to understand the experiences of youth in school settings and may inform supportive services.

INTRODUCTION

Disability and Sexual Gender Minority Youth

Disability is a critical public health issue that impacts millions of individuals.¹ A disability is defined as a condition or impairment that makes it more difficult or limits a person's ability to engage in certain tasks/activities, and encompasses both physical and mental conditions.² Individuals with disabilities represent a diverse group with a variety of needs and individual experiences but are often at a higher risk of facing acts of violence, prejudice, and discrimination.¹ Many factors influence and shape the health, quality of life, and experiences of individuals living with disabilities, yet they remain one of the most underserved and understudied populations in the United States.³

Individuals living with disabilities experience subtle everyday communications of prejudice, known as microaggressions, that are associated with anxiety, depression, and suicidality.^{4,5} Similar to those living with disability, sexual and gender minority (SGM) individuals experience discrimination, microaggressions, and victimization events that are associated with psychological distress and suicidal ideation.^{6,7} Gender minority refers to an individual who identifies with a gender that differs from their sex assigned at birth, while sexual minority refers to a person with a sexual identity that is not strictly straight or heterosexual.⁸ It is important to note that SGM individuals experience a higher prevalence rate compared with heterosexual, cisgender (cis) individuals.^{9,10} SGM individuals are also more susceptible to greater health disparities, chronic illnesses, and disabilities across the life course.^{9,11} Both individuals with disabilities and SGM individuals experience elevated rates of discrimination and violence across the lifespan.^{12,13} Although separate bodies of literature find similar patterns of microaggressions directed toward SGM individuals and those living with disabilities, the root of these microaggressions is related to different underlying factors. Yet very little research has examined the experiences of individuals living with both of these identities simultaneously.

SGM individuals living with disabilities face unique levels of risk for negative mental health outcomes compared with their non-SGM counterparts and experience unique health disparities.^{5,14–19} For example, cis sexual minority women with disabilities have been shown to report higher rates of anxiety, posttraumatic stress disorder, and substance abuse compared with their nondisabled counterparts.²⁰ Additionally, SGM individuals with disabilities report more frequent experiences of discrimination, as well as higher levels of sexual risk behavior—that is, sexual behavior that puts one at risk for an adverse health outcome—compared with their nondisabled counterparts.^{21,22} This is notable as persons living with disability are often viewed as though they lack sexuality.²³ Societal invisibility and oppression of disabled individuals' sexual lives contributes to disabled young people's low levels of sexual knowledge and inadequate education compared with their nondisabled counterparts.²⁴

Most of the research discussed has been conducted with adult samples, particularly college students. Given there is very little research on sexual and gender minority youth (SGMY) living with disability, some research has begun to examine youth with disabilities who identify as a sexual or gender minority.²⁵ The experiences of SGMY are diverse, and it is important to understand how additional characteristics may shape experiences in

school given that youth spend the majority of their time in this setting. Research has also shown that school is a key developmental setting, and the school environment can serve as early-life stress in the lives of youth and can predict poorer health and well-being trajectories throughout one's life.^{26–28} As such, examining SGMY living with disabilities within an important development context, such as the school setting, may help to inform our understanding of their experiences navigating dual stigmatized identities.

Bias-Based Bullying

Bullying is a serious social and public health threat and is defined as the abuse and mistreatment of someone vulnerable.^{29,30} Bullying can take place in a variety of ways, such as through direct bullying in the case of physical and verbal aggression (e.g., hitting and threatening), as well as indirect bullying in the case of relational aggression (e.g., manipulation, gossip, and deliberately excluding individuals).³¹ Some youth, for example, those who identify as SGM, have a disability, or are overweight, are more likely to be victims of bias-based bullying, which is defined as attacks motivated by membership in a marginalized group.^{32,33} SGMY experience high rates of bias-based bullying and are more likely to be bullied relative to their heterosexual cis peers.³⁴ SGMY and youth with a disability report higher levels of bullying compared with their peers.^{35–37} Youth are vulnerable to bias-based bullying from multiple sources, but research indicates that bias-based bullying is especially prevalent within the school setting.^{38,39} Given both youth with SGM identities and youth with disabilities report higher levels of bullying compared with other youth, research is needed to examine experiences of bias-based bullying that may take place for youth who live with both of these identities.

Researchers have begun to recognize that to better understand the issues affecting diverse youth in their environment, research methods must be inclusive.^{40–42} Research on youth development has begun to recognize the urgency to move away from a singular approach to studying identity, such as focusing solely on gender or sexuality, race/ethnicity, or disability singularly.⁴³ Research also indicates that SGM persons living with disabilities also experience fragmentation, where individuals feel as though only parts, or fragments, of their identities are seen and acceptable.⁴⁴ The current study aims to assess differential experiences of bias-based bullying based on various domains, such as gender identity, sexual orientation, and disability status/type. Acknowledging the existence of multiple identities is an important step (both in methods and in practice) for understanding the complexities of experiences such as school-based victimization and bullying.

Recent research has begun to examine the experiences of youth with multiple stigmatized identities, such as bias-based bullying among SGMY of color.⁴⁵ There is also research on bias-based bullying that focuses primarily on disability and subsequent experiences, such as in the context of autism spectrum disorder.⁴⁶ While this work is of large importance, recent studies indicate that SGMY are disproportionately targeted based on factors such as weight or disability status.⁴⁷ These findings highlight how less examined areas, such as the intersection between disability and SGM identity and the risk of experiencing bias-based bullying, warrant further investigation to provide additional insight into the experiences of SGMY living with disabilities.

Present Study

The body of research that has been conducted on individuals with both an SGM and a disability identity has largely been conducted with adult samples. Research that has focused on stereotyping and discrimination in school settings has most often focused on a single social category, such as gender *or* disability.⁴⁸ It remains less clear the experiences of youth living with an SGM identity along with different types of disabilities. Research has recognized that individuals may possess multiple stigmatized identities, and it is important to investigate how these multiple identities are associated with bias-based bullying.⁴⁸ The current study aims to assess differential experiences of bias-based bullying based on various domains of gender and sexual minority identity along with disability status/type.

METHODS

Procedure and Participants

Participants were drawn from the LGBTQ+ National Teen Survey collected between April and December 2017 with the goal of assessing the experiences and health of SGM youth with an emphasis on school and family life. Data were collected in collaboration with the Human Rights Campaign (HRC), an LGBTQ+ advocacy group based in the United States best known for their long-standing efforts to advance LGBTQ rights. The HRC and the researchers at the University of Connecticut were interested in broadly assessing the health experiences of SGM youth; to do this, both collaboratively worked to create a large survey that assessed LGBTQ-specific experiences, ranging from bullying to multiple social positions. To participate, youth needed to be between 13 and 17 years old, live in the United States at the time they completed the survey, and identify as a sexual or gender minority individual. Participants did not need to be enrolled in school to participate, but nearly all participants did report that they were enrolled in school.

The recruitment of participants took place through a variety of outlets, such as social media (e.g., Facebook) and HRC community partners (e.g., The Trevor Project). After assent, participants completed an online, anonymous, self-report survey via the Qualtrics survey software. Following completion of the survey, participants were offered wristbands from the HRC in addition to receiving the option to enter a raffle for gift cards.⁴⁹ This study was approved by the University of Connecticut Institutional Review Board, and a parental waiver of consent was obtained given the sensitive nature of questions related to sexual and gender identity.

Measures

Disability Type/Status. Youth received the question “Do you consider yourself to have a disability?” to assess disability status. If youth responded that they did have a disability, they then received a follow-up question that asked them to best describe their disability(ies) with a “check all that apply” question with the following response options: physical disability, developmental/learning disability, mental/psychiatric disability, or something else (i.e., write-in option). Following this process, any participant who reported a write-in option ($n = 219$) was coded into appropriate categories. Write-in options were coded by the third author, with the first and second authors reviewing all coding independently to ensure that disabilities were appropriately categorized to best represent youth experiences.

To provide examples, a participant who wrote in “ADHD” or “autism” would be recoded into the developmental/learning disability group, a participant who wrote in “bipolar” or “schizophrenic” would be placed in the mental/psychiatric disability group, and a participant who wrote in “colorblind” or “wheelchair-user” would be placed in the physical disability group. For individuals who only chose one disability, they were grouped into the disability they selected (i.e., mental). For individuals who chose more than one disability selection, combinations of each category were created (i.e., mental/physical, mental/developmental, physical/developmental, or all three). This categorization led to five groups of disability status: mental, developmental, physical, mental/physical, and mental/developmental.

Bias-Based Bullying. To assess whether youth had been bullied for a specific identity or gender expression, youth received the question stem “How often have you been teased or treated badly by other students at your school because of your...” and several items that included “gender identity,” “how masculine or feminine I am” (i.e., gender expression), “sexuality,” and “disability.” Participants responded on a scale of 0 (*never*) to 4 (*very often*), with higher scores indicating greater frequency of bullying. Items were recoded to create dichotomous measures of ever having been bullied for the respective identities (0 = no; 1 = yes).

Demographic Variables. Participants were asked their current gender identity with a “select all that apply” option such as “male,” “female,” “trans male/trans boy, trans female/trans girl, non-binary and genderqueer/gender non-conforming.” Participants were also asked to share the sex they were assigned at birth, and were asked to describe their sexual orientation, with response options as “gay or lesbian,” “bisexual,” “straight,” and so forth. Youth who indicated “male” as gender identity but selected “female assigned at birth” were included as trans boys. Last, youth reported their current caregiver education by responding up to two items (one for each caregiver), which read: “Please indicate the highest level of education that your first parent/primary caregiver completed,” ranging from “less than high school or GED” to “post-graduate.” The response of the caregiver with the highest education attainment was used in analyses.

Data Analytic Plan

Given our research questions, we included only participants from the larger study who reported that they had a disability ($N = 2,394$). That is, we removed participants who reported that they did not have a disability ($n = 11,260$), did not know their disability status ($n = 2,661$), or did not answer this item ($n = 679$). There were 219 participants who reported a write-in option for disability, 36 did not complete the write-in response, and 12 were not coded due to not having enough information (e.g., a participant reporting “chronic illness”).

A series of multivariable multinomial logistic regressions were conducted to assess potential differences in whether a youth would report being bullied based on specific identities (or gender expression) based on disability type. All analyses included gender identity (cisgender/transgender), assigned sex at birth (female/male), geographic region (Midwest, Northeast, South, West), caregiver education (as a proxy for socioeconomic status), sexual orientation (asexual, bisexual, heterosexual, lesbian/gay, pansexual, queer, questioning, or something else), and age as covariates. The reference group for disability type in all analyses was the youth who reported a mental/psychiatric disability, which was chosen as the reference group for statistical purposes given it was the largest group across all

of the response options. For covariates, cis, assigned female at birth, Southern United States, less than high school education, and lesbian/gay were selected as reference groups. Bonferroni corrections were conducted to account for multiple comparisons (at $\alpha = .05$).

RESULTS

Demographics of the Sample

The sample's demographic characteristics are reported in Table 1. Participants were, on average, 15.63 years old (standard deviation [*SD*] = 1.25). Mental/psychiatric disabilities were the most frequently reported disability ($n = 1,117$), followed by mental/developmental ($n = 436$), mental/physical ($n = 248$), developmental ($n = 232$), physical ($n = 206$), and smaller groups of participants who reported a physical/developmental disability ($n = 23$) or disabilities in all three categories ($n = 15$). Participants who reported all three disabilities or a physical/developmental disability were dropped from analyses due to small cell sizes. Our final sample consisted of 2,239 SGMY. See Table 2 for the descriptive statistics on our variables of interest (i.e., frequency of bullying experiences by disability group).

Bullying Based on Gender Identity

Youth with a developmental (learning) or a physical disability had lower odds of ever being bullied based on gender identity, relative to youth who reported a mental/psychiatric disability (see Table 3 for odds ratios). There were no significant differences in reports of being bullied based on gender identity for youth who reported a mental/physical or mental/developmental disability relative to youth who reported a mental/psychiatric disability. Youth who identified as transgender had higher odds of ever being bullied based on their gender identity relative to cis youth, and youth who were assigned male at birth had higher odds of ever being bullied based on their gender identity compared with youth assigned female at birth. Caregiver education, geographic region, age, and sexual orientation were not significantly associated with the odds of ever being bullied based on gender identity.

Bullying Based on Gender Expression

Youth who reported a developmental (learning) or a physical disability had lower odds of ever being bullied based on their gender expression, relative to youth who reported a mental/psychiatric disability (see Table 3). However, there were no significant differences in odds of ever being bullied based on their gender expression for youth who reported a mental/physical or a mental/developmental disability relative to youth who reported a mental/psychiatric disability. Youth who identified as transgender had higher odds of ever being bullied based on their gender expression, relative to their cis counterparts. Youth who were assigned male at birth had lower odds of being bullied based on gender expression compared with those assigned female at birth. Further, youth who identified as bisexual, pansexual, asexual, or questioning had lower odds of ever being bullied based on their gender expression, relative to lesbian/gay youth. Caregiver education, geographic region, and age were not significantly associated with odds of ever being bullied based on their gender expression.

TABLE 1. Sociodemographic Characteristics

	Mental/Psychiatric <i>n</i> = 1117 (%)	Developmental (Learning) <i>n</i> = 232 (%)	Physical <i>n</i> = 206 (%)	Mental/Physical <i>n</i> = 248 (%)	Mental/ Developmental <i>n</i> = 436 (%)	Total <i>n</i> = 2239 (%)
Gender identity						
Transgender	576 (51.6)	72 (31.0)	53 (25.7)	153 (61.7)	277 (63.5)	1131 (50.5)
Cisgender	541 (48.4)	158 (68.1)	152 (73.8)	95 (38.3)	158 (36.2)	1104 (49.3)
Sexual orientation						
Asexual	70 (6.3)	11 (4.7)	11 (5.3)	19 (7.7)	37 (8.5)	148 (6.6)
Bisexual	370 (33.1)	87 (37.5)	75 (36.4)	80 (32.3)	145 (33.3)	757 (33.8)
Heterosexual	20 (1.8)	5 (2.2)	1 (.5)	6 (2.4)	7 (1.6)	39 (1.7)
Lesbian/gay	283 (25.3)	90 (38.8)	76 (36.9)	46 (18.6)	110 (25.2)	605 (27.0)
Pansexual	250 (22.4)	27 (11.6)	20 (9.7)	56 (22.6)	86 (19.7)	439 (19.6)
Queer	59 (5.3)	4 (1.7)	13 (6.3)	23 (9.3)	19 (4.4)	118 (5.3)
Questioning	34 (3.1)	7 (3.0)	6 (2.9)	6 (2.4)	13 (3.0)	66 (3.0)
Something else	31 (2.8)	1 (.4)	4 (1.9)	12 (4.8)	19 (4.4)	67 (3.0)
Assigned sex at birth						
Female	933 (83.5)	145 (62.5)	153 (74.3)	228 (91.9)	364 (83.5)	1823 (81.4)
Male	184 (16.5)	87 (37.5)	53 (25.7)	20 (8.1)	72 (16.5)	416 (18.6)
Race/ethnicity						
Asian	41 (3.7)	5 (2.2)	7 (3.4)	1 (.4)	8 (1.8)	62 (2.8)
Black	50 (4.5)	16 (6.9)	17 (8.3)	10 (4.0)	16 (3.7)	109 (4.9)
Bi-/multiracial	193 (17.3)	37 (16.0)	33 (16.0)	40 (16.1)	80 (18.4)	383 (17.1)
Hispanic/Latino	85 (7.6)	13 (5.6)	20 (9.7)	13 (5.2)	24 (5.5)	155 (6.9)
Native American	11 (1.0)	1 (.4)	2 (1.0)	3 (1.2)	3 (.7)	20 (.9)
Something else	28 (2.5)	10 (4.3)	3 (1.5)	13 (5.2)	12 (2.8)	66 (3.0)
White	697 (62.4)	146 (62.9)	121 (58.7)	161 (64.9)	289 (66.3)	1,414 (63.2)

(Continued)

TABLE 1. Sociodemographic Characteristics (Continued)

	Mental/Psychiatric <i>n</i> = 1117 (%)	Developmental (Learning) <i>n</i> = 232 (%)	Physical <i>n</i> = 206 (%)	Mental/Physical <i>n</i> = 248 (%)	Mental/ Developmental <i>n</i> = 436 (%)	Total <i>n</i> = 2239 (%)
Geographic region						
Midwest	261 (23.4)	43 (18.5)	45 (21.9)	58 (23.4)	93 (21.3)	500 (22.3)
Northeast	210 (18.8)	38 (16.4)	32 (15.5)	41 (16.5)	85 (19.5)	406 (18.1)
South	418 (37.4)	92 (39.7)	82 (39.8)	96 (38.7)	160 (36.7)	848 (37.9)
West	228 (20.4)	59 (25.4)	47 (22.8)	53 (21.4)	98 (22.5)	485 (21.7)
Caregiver education						
Less than high school or GED	26 (2.3)	2 (.9)	13 (6.3)	2 (.8)	13 (3.0)	56 (2.5)
High school or GED	134 (12.0)	26 (11.2)	18 (8.7)	35 (14.1)	41 (9.4)	254 (11.3)
Vocational/technical school	33 (3.0)	3 (1.3)	11 (5.3)	3 (1.2)	14 (3.2)	64 (2.9)
Some college	164 (14.7)	31 (13.4)	29 (14.1)	32 (12.9)	45 (10.3)	301 (13.4)
College graduate	344 (30.8)	72 (31.0)	62 (30.1)	81 (32.7)	132 (30.3)	691 (30.9)
Postgraduate	328 (29.4)	67 (28.9)	58 (28.2)	76 (30.7)	152 (34.9)	681 (30.4)
Age, M (SD)	15.53 (1.27)	15.69 (1.25)	15.59 (1.25)	15.85 (1.17)	15.76 (1.19)	15.63 (1.25)

Note. Not all groups sum to 100% due to data missing throughout.

Abbreviations: GED = general educational development/graduate equivalency degree; SD = standard deviation.

TABLE 2. Frequency of Sexual and Gender Minority Youth Who Report Bullying Based on Various Identities, by Disability Type

Bullying based on...	Type of Disability						Total <i>n</i> = 1581
	Mental/ Psychiatric <i>n</i> = 785	Developmental (Learning) <i>n</i> = 164	Physical <i>n</i> = 129	Mental/Physical <i>n</i> = 186	Mental/ Developmental <i>n</i> = 320		
	<i>n</i> (% yes)						
Gender identity	537 (68.4)	75 (45.7)	63 (48.8)	128 (68.8)	225 (70.3)	1028 (65.0)	
Gender expression	589 (75.0)	103 (62.8)	78 (60.5)	131 (70.4)	234 (73.1)	1135 (71.8)	
Sexual orientation	646 (82.3)	107 (65.2)	92 (71.3)	144 (77.4)	244 (76.3)	1233 (78.0)	
Disability	483 (61.5)	98 (59.8)	92 (71.3)	139 (74.7)	244 (76.3)	1056 (66.8)	

Note. Cell sizes do not add up to 2,239 due to missing data throughout. Approximately one-third of participants did not respond to one or more of these items.

TABLE 3. Odds Ratio and Logistic Regression Results

Demographics	Model 1		Model 2		Model 3		Model 4	
	Bullying Based On...		Gender Identity	Gender Expression	Sexual Orientation	Disability		
	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)	AOR (95% CI)		
Geographic region (ref: South)								
Northeast	.76 (.54, 1.07)		1.02 (.72, 1.45)		1.17 (.81, 1.69)		.91 (.66, 1.25)	
Midwest	1.14 (.83, 1.60)		1.24 (.90, 1.71)		1.36 (.97, 1.92)		1.22 (.91, 1.65)	
West	1.02 (.74, 1.41)		.95 (.69, 1.30)		1.03 (.74, 1.44)		1.11 (.82, 1.50)	
Gender (ref: cisgender)	4.25 (3.25, 5.57)***		3.81 (2.88, 5.04)***		1.47 (1.10, 1.96)**		1.19 (.93, 1.53)	
Caregiver education (ref: less than high school)								
High school or GED	1.57 (.63, 3.94)		1.79 (.73, 4.38)		1.95 (.77, 4.95)		2.42 (1.04, 5.65)*	
Vocational/technical degree	1.05 (.35, 3.16)		1.62 (.54, 4.86)		1.04 (.35, 3.09)		1.48 (.54, 4.11)	
Some college	1.07 (.43, 2.63)		1.12 (.47, 2.69)		1.28 (.52, 3.18)		1.70 (.74, 3.90)	
College graduate	1.51 (.63, 3.62)		1.79 (.77, 4.17)		1.64 (.68, 3.93)		1.92 (.86, 4.29)	
Postgraduate degree	1.47 (.61, 3.52)		1.37 (.59, 3.20)		1.79 (.75, 4.32)		1.81 (.81, 4.05)	
Sex assigned at birth (ref: female)	3.38 (2.47, 4.63)***		.48 (.34, .69)***		.78 (.54, 1.11)		1.86 (1.38, 2.50)***	
Age	.92 (.83, 1.01)		.98 (.89, 1.08)		.87 (.78, .98)*		.97 (.88, 1.07)	
Sexual orientation (ref: lesbian/gay)								
Bisexual	.84 (.62, 1.14)		.62 (.45, .84)**		.62 (.44, .87)**		.76 (.57, 1.02)	
Heterosexual	.63 (.24, 1.66)		.41 (.15, 1.10)		.30 (.12, .74)**		.54 (.23, 1.28)	
Queer	.78 (.43, 1.42)		.64 (.35, 1.18)		.76 (.40, 1.45)		.79 (.46, 1.38)	
Pansexual	.88 (.61, 1.29)		.68 (.46, 1.00)*		.77 (.51, 1.16)		.64 (.45, .90)*	
Asexual	.73 (.44, 1.23)		.50 (.30, .82)**		.46 (.27, .77)**		.93 (.57, 1.53)	
Questioning	.54 (.25, 1.13)		.36 (.18, .75)**		.31 (.15, .64)**		.51 (.25, 1.02)	
Something else	1.71 (.70, 4.17)		1.36 (.54, 3.46)		1.07 (.43, 2.67)		1.32 (.61, 2.90)	

(Continued)

TABLE 3. Odds Ratio and Logistic Regression Results (Continued)

Demographics	Model 1	Model 2	Model 3	Model 4
Bullying Based On...				
Gender Identity		Gender Expression	Sexual Orientation	Disability
AOR (95% CI)		AOR (95% CI)	AOR (95% CI)	AOR (95% CI)
Disability (ref: mental/psychiatric)				
Developmental (learning)	.66 (.44, .99)*	.61 (.41, .91)*	.39 (.26, .58)***	1.00 (.69, 1.46)
Physical	.64 (.42, .99)*	.53 (.35, .81)**	.52 (.33, .81)**	1.65 (1.07, 2.53)*
Mental/physical	.82 (.56, 1.20)	.75 (.51, 1.11)	.78 (.51, 1.18)	1.76 (1.21, 2.57)**
Mental/developmental (learning)	.98 (.71, 1.35)	.81 (.59, 1.13)	.72 (.51, 1.01)	2.00 (1.47, 2.74)***

Note. The reference group is the youth who report only a mental/psychiatric disability. All models were adjusted for geographic region, gender, caregiver education, sex assigned at birth, and age. Each column represents a separate multinomial logistic regression model adjusted for the above covariates, where 0 = never having been bullied/teased and 1 = having been bullied/teased for the identity in question. AOR is adjusted odds ratio, where scores greater than 1 indicate a higher rate of bullying for the comparison group and scores lower than 1 indicate a higher rate of bullying for the reference group (i.e., those who reported only a mental disability).

Abbreviations: GED = general educational development/graduate equivalency Degree; ref = reference.

* $P < .05$, ** $P < .01$, *** $P < .001$.

Bullying Based on Sexual Orientation

Youth who reported a developmental (learning) or a physical disability had lower odds of ever being bullied based on their sexual orientation, relative to youth who reported a mental/psychiatric disability (Table 3). However, there were no significant differences in odds of ever being bullied based on sexual orientation for youth who reported a mental/physical or a mental/developmental disability relative to youth who reported a mental/psychiatric disability. Youth who identified as transgender had higher odds of ever being bullied based on their sexual orientation relative to their cis counterparts. Further, youth who were older or who identified as bisexual, heterosexual, asexual, or questioning had lower odds of ever being bullied based on their sexual orientation relative to younger youth and youth who identified as lesbian/gay, respectively. Caregiver education, geographic region, and assigned sex at birth were not significantly associated with odds of ever being bullied based on their sexual orientation.

Bullying Based on Disability Type

Youth who reported a physical, mental/physical, or mental/developmental disability had higher odds of ever being bullied for their disability, relative to youth who reported a mental/psychiatric disability (Table 3). There were no significant differences in odds of ever being bullied based on disability between youth who reported a developmental disability and youth who reported a mental/psychiatric disability. Youth who reported a caregiver with a high school degree (or equivalent) or were assigned male at birth had higher odds of ever being bullied for their disability relative to youth with caregivers who do not hold any degree and youth assigned female at birth, respectively. Further, youth who identified as pansexual had lower odds of ever being bullied for their disability relative to lesbian/gay youth. Geographic region, gender identity (i.e., cisgender or transgender), and age were not significantly associated with odds of ever being bullied for one's disability.

DISCUSSION

The current study offers insights into the experiences of bias-based bullying specific to SGM identity and disability type. The findings support that there are differential experiences of bias-based bullying specific to gender expression, gender identity, sexual orientation, and disability type. The results reveal that youth with SGM identities and certain disability types may also be subjected to more bias-based bullying, particularly those reporting mental/psychiatric disabilities or youth who identify as transgender or lesbian/gay. Participants who recounted having a mental/psychiatric disability had higher odds of experiencing multiple forms of bias-based bullying surrounding their gender identity, gender expression, and sexual orientation when compared with specific counterparts (i.e., those with physical disabilities, developmental [learning] disabilities, or some combination of physical/developmental and mental/psychiatric disabilities). Youth with a physical, mental/physical, or mental/developmental disability had higher odds of experiencing bullying based on disability type compared with youth who reported only a mental/psychiatric disability. This result is concerning given that youth who are targeted due to multiple facets of their social identity, especially if the bullying is bias-based, often suffer from detrimental, negative effects such as fear and school avoidance.^{38,50}

Participants who identified as either transgender or lesbian/gay experienced similar types of bias-based bullying, including bullying due to gender expression and sexual orientation, versus relevant counterparts (e.g., cis youth). Additionally, those who identified as transgender experienced bullying due to gender identity, while lesbian/gay youth were more likely to encounter bias-based bullying due to disability type relative to those who identified as pansexual. This type of bias-based bullying directed toward transgender or lesbian/gay youth has been reported in other research. Students have described prominent and debilitating verbal and physical bullying due to their gender identity or sexual orientation meant to make them feel alienated and render their identities as invalid.⁵¹⁻⁵³

Youth who reported a developmental (learning) or a physical disability had significantly lower odds of reporting being bullied for their gender identity, gender expression, and sexual orientation relative to youth who reported a mental/psychiatric disability. These findings provide insight into how the different types of disabilities can shape experiences in multiple domains of sexual and gender identity. Previous work has examined how different types of bullying (e.g., physical, verbal, relational) can occur in children living with chronic illnesses,⁵⁴ but this is among the first studies that we know of that consider how different types of disability and sexual and gender identity may be associated with bias-based bullying.

STRENGTHS AND LIMITATIONS

This study is drawn from a large, diverse sample of SGMY from across the United States, representing a variety of geographic locations. Further, this study asked participants about specific types of disabilities; most large national samples do not extend beyond assessing for the prevalence of any disability. Despite strengths, there are a few limitations to note in the present study. First, the measures in this study were self-reported. Participants were asked to report on their gender identity and sexual orientation and asked to select from options such as cis, asexual, pansexual, and so forth. Given these terms were not defined in the survey, participants may have been unsure or may have not understood the directions of the survey. Additionally, participants self-selected their disability category and it is possible that participants may have incorrectly identified their disability category. Relatedly, there may have been underreporting of disability status as participants may have been unsure which category their disability fell under. With the measurement of disability, we are also unaware of the age of onset of disability, severity, treatment, visibility, and other potentially important factors that play a role in youth's experiences living with a disability. Future research should assess some or all of these dimensions of disability experience. Data from participants were collected in 2017; future research is needed to account for changes over time and in light of changing legislation around SGM protections and experiences. Research indicates that over time there have been significant decreases in public stigma toward mental health conditions such as depression.⁵⁵ The COVID-19 pandemic has caused significant stress and disruption for young people, with research finding that youth had more severe internalizing mental health problems after the pandemic.⁵⁶ An additional limitation of the present study is the disproportional number of White participants and female participants in this study. Given these limitations, these findings may only apply to a subset of adolescents in the United States.

FUTURE DIRECTIONS AND IMPLICATIONS

More research is needed on the experiences of SGM living with disability, particularly in the context of school, peers, and family given the central role these play in development and their association with psychological and health outcomes. Future research should focus on identity (both disability and SGM) salience to examine how this salience is associated with outcomes for youth navigating both identities, and perhaps assess potential buffers that may protect against poorer outcomes. Additionally, future research could apply an intersectionality perspective to examine how various forms of inequality or discrimination may shape the experiences of both SGM and youth with disabilities.⁵⁷ For example, future research could take the present study a step further by assessing domains such as race, ethnicity, and religion, and how other domains of identity may intersect or exacerbate youths' experiences of bullying in school settings. Future research could also aim to further our understanding of experiences for youth with dual stigmatized identities, and ultimately aim to develop and implement supportive school-based interventions and services. A recent meta-synthesis highlighted that youth often have limited opportunities to discuss SGM identities in school settings, and additionally many students with disabilities are excluded from sex education because of their disabilities.⁵⁸ A systematic approach is needed to address bias-based bullying for youth, targeting a variety of levels such as administration, teachers, and students. Additionally, the development of innovative, inclusive, and SGM-friendly education and programs within school-based settings is imperative.⁵⁸

Overall, both SGM and youth with disabilities are at a greater risk of experiencing stigma and discrimination, yet very little research has focused on the experiences of individuals living with both of these dual stigmatized identities. This study is one of the first to assess potential differences in bias-based bullying based on gender expression, gender identity, sexual orientation, and disability type. Our results underscore the importance of collecting data that consider multiple layers of identity and the role that other stigmatized identities (i.e., disability status) can play in understanding the experiences of sexual gender minority youth.

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