GROWING UP BEING LGBT IN EUROPE: THE IMPACT OF BULLYING, FAMILY REJECTION AND PARENTING BEHAVIOR ON MENTAL HEALTH AMONG SEXUAL AND GENDER MINORITIES

EUROPEAN PUBLIC HEALTH CONFERENCE

WORKSHOP

DATE: NOVEMBER 29TH 2018
TIME: 09.00 – 10.30
LOCATION: STIH

LJUBLJANA - SLOVENIA

Organized by EUPHA section on Sexual and Gender Minority Health in collaboration with the EUPHA section on Child and Adolescence Public Health.
OBJECTIVES

During child and adolescence years, youth face many challenges, both at school and within home settings. Experiences of bullying and peer victimization at schools are highly prevalent in all of Europe. Studies have reported prevalence rates varying widely from 10 to 60% for both victimization and involvement in bullying at schools across the US and Europe. Vulnerable groups, such as sexual and gender minority youth, are disproportionally targeted. Studies have suggested that on average, sexual minority adolescents are at an 1.7 times higher risk to be threatened or physically assaulted at school than their heterosexual peers. Moreover, home is also not always a safe and protective place for them too. Sexual and gender minority youth may encounter family rejection and lower levels of much-needed parental support.

Research has shown that school bullying, parental rejection, and lack of social support negatively impact mental health. Bullying has consistently been linked to higher levels of anxiety, depression symptoms and suicide. Furthermore, bullying in childhood has been associated with greater degrees of depression symptoms and lower life satisfaction in young adulthood, suggesting that the consequences of bullying during school years persist into later adulthood. Family rejection and harmful parental styles reduce the availability of social support sources that protects mental health and increase the stress levels of sexual and gender minorities, leading to impaired mental health.

However, the situation for sexual and gender minorities varies greatly within Europe. Stigma towards these groups is often deeply rooted in culture and history. Variation in discriminatory legislations and acceptance towards sexual and gender minorities create very different settings for youth growing up across countries in Europe. Many of these differences between European countries remain unexplored.

This workshop will provide a European perspective on bullying at schools, family rejection and parenting behavior by presenting prevalence rates and risk factors, followed by strategies and interventions to reduce bullying and its negative impact. In the first presentation, Arjan van der Star, a PhD candidate in sexual and gender minority health from Sweden, will present a cross-European comparison on the frequency of bullying at school and its structural determinants among lesbian, gay, bisexual and transgender (LGBT) individuals from 28 different European countries. The study highlights the consequences of structural stigma, policies and population attitudes on bullying at school and their links to life satisfaction later in life. Next, Gabriël Beusekom, working on sexual and gender diversity in families and youth in the Netherlands, will present a longitudinal study from Belgium on depression and anxiety and the role of parenting behavior in same-sex attracted youth. In the third presentation, Amets Suess Schwend, a social anthropologist and activist working with trans-related issues in Spain, will highlight experiences of family rejection, bullying and transphobic violence reported by young gender minorities within school and home environments. Amets will further present strategies to overcome transphobic bullying and victimization among gender-diverse children. Fourthly, Minne Fekkes and Marloes van Verseveld, both researching anti-bullying policies in the Netherlands, will present results from an anti-bullying school intervention.

This workshop will aim to facilitate an increased understanding of the challenges that young individuals face such as bullying, victimization and rejection in school and home settings and
how it disproportionally targets vulnerable populations, such as sexual and gender minority youth, all across Europe. Furthermore, the situation for youth and minorities varies greatly across Europe in terms of cultures, population attitudes and protective policies. As a second goal, this workshop will explore differences between countries with presentations coming from various European countries. Thirdly, the workshop aims to provide insights and tools for bullying interventions, resilience strategies at schools and protective parental behaviors by highlighting results, challenges, and opportunities.

**MAIN MESSAGES**

**Message 1**
Youth, and sexual and gender minorities in particular, face many mental health challenges, such as victimization, bullying and rejection, both at school and at home. Among these groups, bullying and peer victimization are very common all over Europe.

**Message 2**
More knowledge and understanding of the underlying mechanisms is needed in order to design effective bullying interventions and resilience strategies that further empower youth, teachers and parents, that diminish the negative consequences on mental health, and that create safe school and home environments for all children growing up across Europe.
CHAIRPERSONS FOR THE WORKSHOP

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PROGRAM

Introduction 09.00 – 09.05

Presentation 1 09.05 – 09.15 introduction to bullying and health

Presentation 2 09.15 – 09.30 Structural determinants of school bullying among sexual and gender minority individuals across 28 European countries

Presentation 3 09.30 – 09.45 Longitudinal study on depression and anxiety in same-sex attracted youth and the role of parenting behaviors in Belgium

Presentation 4 09.45 – 10.00 Strategies of support and empowerment: the perspective of gender diverse children and adolescents

Presentation 5 10.00 – 10.15 Relation between bullying behavior and mental health and the effects of the Prima anti-bullying program in The Netherlands

Discussion and closing 10.15 – 10.30
PRESENTATION 1: 09.05 – 09.15

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Introduction

In this introductory presentation an overview will be given on bullying victimization and its relation to health problems. In addition there will be presented some information from studies on the protective and risk factors that are associated with bullying. Bullying victimization is associated with a wide variety of health issues. Longitudinal studies show that bullying victimization precedes many of these problems. This indicates that bullying and its related stress and feelings of social isolation can lead to these problems. Studies also show that some health problems precede bullying behavior. Depressed or anxious children have a much higher chance of being targeted as victims of bullying behavior. Studies also show that having a good personal bond with either a friend, teacher or parent can serve as a protective factor for victimization and its health consequences. Integration of these results in intervention programs can strengthen their effects both in decreasing the onset of victimization and decreasing the longer term consequences of bullying.
PRESENTATION 2: 09.15 – 09.30

STRUCTURAL DETERMINANTS OF SCHOOL BULLYING AMONG SEXUAL AND GENDER MINORITY INDIVIDUALS ACROSS 28 EUROPEAN COUNTRIES

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Background: The situation for sexual and gender minorities varies greatly across Europe as a consequence of large differences in structural stigma (i.e., population attitudes, discriminatory legislation, and policies). Structural stigma has been linked to increased risks of discrimination and victimization among lesbian, gay, bisexual, and transgender (LGBT) individuals, but its link to risks of LGBT bullying at schools has not yet been explored in a between-country comparison or a European context.

Purpose: Our first aim was to examine the effect of structural stigma on country-level variation in LGBT bullying at schools in all 28 European Union (EU) countries. Our second aim was to explore the impact of bullying experiences on adulthood life satisfaction.

Methods: Data from 83,275 adult LGBT individuals participating in the EU LGBT survey were used in combination with country-level data on legislation, policies, and population attitudes towards LGBT individuals.

Results: High rates of having been bullied at school, due to identifying or being perceived as LGBT, were reported in all 28 EU countries (range: 27% in Finland - 51% in Cyprus). The level of bullying was only related to country-level structural stigma among lesbian/bisexual ciswomen, but not among gay/bisexual cismen and transgender individuals. Structural stigma was linked to an increased risk of being bullied at school among cisgender individuals who were open about their LGBT identity at school, but was related to a reduced risk among transgender persons. An experience of LGBT bullying at school was significantly associated with lower life satisfaction in adulthood.

Conclusions: The high rates of LGBT bullying at schools across all EU countries, together with its link to reduced life satisfaction in adulthood, highlight LGBT bullying as a major public health concern. The protective legislation and higher levels of LGBT acceptance that exists in some countries does not seem to be sufficient to reduce school bullying among LGBT individuals. Increased efforts are needed to prevent LGBT bullying at schools in the EU.
PRESENTATION 3: 09.30 – 09.45

LONGITUDINAL STUDY ON DEPRESSION AND ANXIETY IN SAME-SEX ATTRACTION YOUTH AND THE ROLE OF PARENTING BEHAVIORS IN BELGIUM

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Background: This investigation examines whether adolescents with same-sex attraction differ from their counterparts who do not have these feelings for the same-sex, on depression and social anxiety. It is also investigated whether the effect of same-sex attraction on mental health problems (i.e., depression and social anxiety) depends on the participants’ perceptions on the warmth and supportive behavior they received from their parents earlier in their adolescence and how much their parents showed psychological controlling behavior toward them during early adolescence.

Methods: Data of the current study were based from STRATEGIES, a longitudinal study that was conducted in Belgium. For the present study data were used from wave 2 (perception of parental warmth/supportive and controlling behavior) and wave 3 (mental health), when the participants were among 14 (wave 2) and 16 (wave 3) years old.

Results: The same-sex attracted adolescents showed more mental health problems (higher levels of depression and social anxiety) and reported less supporting and more psychological controlling behavior from their parents, compared to young sexual majority participants.

Conclusions: Sexual minority youth are especially at risk to develop more depression compared to their heterosexual counterparts, when their parents were in the past less supportive and more controlling in their parenting behavior. These findings are important for family therapists, practitioners and teachers who are working with same-sex attracted youth.
PRESENTATION 4: 09.45 – 10.00

STRATEGIES OF SUPPORT AND EMPOWERMENT: THE PERSPECTIVE OF GENDER DIVERSE CHILDREN AND ADOLESCENTS

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Background: In 2014, a law against discrimination on grounds of gender identity was passed in Andalusia, based on a depathologization and human rights framework. The law establishes the right to gender self-determination. In the implementation process of the law, a protocol for the protection of gender diversity in the educational system was elaborated. An additional law focused on the protection of LGBTI people, approved in December 2017, reaffirms the rights recognized in the previous law, establishing specific procedures in case of family rejection, transphobic bullying and violence.

Methods: In a qualitative research project conducted between January 2016 and December 2017 in Andalusia, Spain, gender diverse children and adolescents, among other stakeholders, were interviewed about their experiences of support and discrimination in family, social and educational contexts, as well as about strategies for dealing with experiences of family rejection, transphobic bullying and violence.

Results: The interviewed children and adolescents reported experiences of support in the family, educational and social context. At the same time, some interviewees indicated experiences of transphobic bullying and violence at school, as well as conflicts in the family. As strategies for overcoming these negative experiences, they mentioned the support received from family members, friends and teachers, as well as the contact with other gender diverse children or adolescents. Some of the interviewed adolescents described the engagement in the LGBT movement and the questioning of gender binarism and pathologizing attitudes as relevant empowerment experiences.

Conclusions: Exploring experiences of family rejection, transphobic bullying and violence, as well as strategies for preventing and overcoming these experiences, can be identified as a relevant contribution for developing protection measures adapted to the children and adolescents’ needs and priorities.
PRESENTATION 5: 10.00 – 10.15

RELATION BETWEEN BULLYING BEHAVIOR AND MENTAL HEALTH AND THE EFFECTS OF THE PRIMA ANTI-BULLYING PROGRAM IN THE NETHERLANDS

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Background: Victimization among children is associated with adverse effects on their physical and psychological health. Many health complaints follow as a result of bullying and anxiety and depression also precede bullying. The Dutch school-wide anti-bullying program ‘Prima’ was developed based on techniques and scientific insights that are known to be effective. In this randomized trial we investigate the effects of school-wide anti-bullying program on bullying behavior and self-esteem and depression.

Methods: A total of 4,229 students of grade 3 to 6 of 31 primary schools participated in this study. The schools were randomly assigned to three conditions. Condition A was offered a teacher-training, an online screening tool for bullying behavior, and a set of practice- and evidence-based guidelines to deal with difficult bullying situations. Condition B included all of condition A plus a series of eight lessons for the students. Condition C was the control group. A questionnaire was filled out by the students before and after the intervention.

Results: Results from the pretest showed that 16% of the students was bullied regularly. There was a significant difference between bullied and non-bullied children in their reported mental health. Bullied students indicated much more depressive symptoms compared to non-bullied students (3.67 vs 1.67, p = .000). Bullied children also indicated lower self-esteem (16.74 vs 19.84, p = .000). The effects of the intervention program are currently analyzed and will be presented at the conference in the fall of 2018.

Conclusions: Bullying is strongly related to mental health issues among children. To address mental health issues among youth, schools should focus on evidence-based anti-bullying programs as a vital part of a wider school policy.