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LGBTQ bullying: a qualitative investigation of student and school health professional perspectives

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Abstract

Researchers and practitioners have recently called for greater involvement of school health professionals (SHPs; e.g., school psychologists, nurses, guidance counselors) in interventions to identify and address bullying of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) students. To inform future interventions, this study explored the perspectives of LGBTQ students and SHPs on LGBTQ bullying and SHPs' responses to LGBTQ bullying. Five online, asynchronous focus groups were held in 2018 with 28 LGBTQ students and 19 SHPs recruited from Massachusetts, US. Methods were guided by Rapid Qualitative Inquiry. Results revealed a disconnect in perceptions of LGBTQ bullying among LGBTQ students versus SHPs, with LGBTQ students reporting a range of often significant verbal, social, and physical bullying

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experiences and SHPs reporting minimal awareness of LGBTQ bullying at their schools. Transgender students reported bullying related to their gender identity, including verbal, physical, and sexual harassment, deadnaming (referred to by their birth name), and misgendering (called an incorrect pronoun). LGBTQ students of color reported bullying based on their race/ethnicity and pronounced social isolation. LGBTQ students reported mixed experiences with reporting bullying to SHPs. Intervention efforts are needed to enhance communication between LGBTQ students and SHPs, and to strengthen SHPs' skills to respond to LGBTQ bullying.

Keywords

Bullying; intervention development; LGBTQ; school health professionals; qualitative

Introduction

Bullying of lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) students occurs frequently and is harmful (Earnshaw et al., 2017; Kosciw, Greytak, Zongrone, Clark, & Truong, 2018). Bullying involves unwanted aggressive treatment from peers that repeats, or is likely to repeat, over time and occurs within a power context (Gladden, Vivolo-Kantor, Hamburger, & Lumpkin, 2014). For LGBTQ youth, this bullying may be associated with their sexual orientation and/or gender identity (i.e., LGBTQ bullying), as well as other characteristics such as their race/ethnicity (Kosciw et al., 2018). Bullying undermines students' physical and mental health, and the effects of bullying on health are long-lasting (Gini & Pozzoli, 2013; Juvonen & Graham, 2014; The National Academies of Sciences, Engineering, and Medicine (NASEM), 2016; Vaillancourt, Hymel, & McDougall, 2013). Moreover, stigma-based bullying, or bullying associated with a socially devalued characteristic such as minority sexual orientation or gender identity, is particularly harmful (Russell, Sinclair, Poteat, & Koenig, 2012).

School health professionals (SHPs) have the potential to play an important role in identifying and supporting LGBTQ students experiencing bullying (Espelage, 2016; Graybill & Proctor, 2016). Yet, their perspectives on LGBTQ bullying and their current roles in responding to LGBTQ bullying have been under-examined. Greater understanding of these perspectives can inform interventions to prepare SHPs to respond to LGBTQ bullying. We therefore characterize LGBTQ bullying and SHP responses to LGBTQ bullying from the perspectives of both LGBTQ students and SHPs in the current study. We compare SHP perspectives to those of LGBTQ students to explore the extent to which their points of view on LGBTQ bullying diverge.

LGBTQ bullying

Most LGBTQ students experience some form of bullying. In response to a national survey conducted by the Gay, Lesbian, & Straight Education Network (GLSEN) in 2015, 85% of LGBTQ students reported that they had experienced verbal bullying (i.e., harmful verbal or written communications such as name calling), 88% had experienced social or relational bullying (i.e., behaviors intended to harm relationships and reputations such as gossip), 60% had been sexually harassed (i.e., harassment of a sexual nature such as unwanted touching),

and 34.7% had experienced physical bullying (i.e., use of physical force such as hitting) in the past year (Kosciw et al., 2018). Bullying is associated with poor mental health, including symptoms of depression, low self-esteem, and suicidal ideation (Friedman, Koeske, Silvestre, Korr, & Sites, 2006; Russell & Joyner, 2001) as well as poor physical health, including negative physical health symptoms (e.g., abdominal pain, headache, skin problems) and high blood pressure (Fekkes, 2006; Gini & Pozzoli, 2013; Rosenthal et al., 2015).

LGBTQ students are diverse, representing a wide range of sexual orientations, gender identities, races/ethnicities, and other characteristics. Some evidence suggests that transgender students have more negative school experiences than cisgender students (i.e., students whose gender identity aligns with their sex assigned at birth; Kosciw et al., 2018). Similar to stigma experienced by transgender adults (Nadal, Whitman, Davis, Erazo, & Davidoff, 2016), bullying of transgender students may involve deadnaming (i.e., using the birth name of a student who has since changed their name) and/or misgendering (i.e., referring to a student with a pronoun or word that does not correctly reflect their gender identity).

Recent work has underscored the importance of adopting an intersectional lens when characterizing bullying experienced by LGBTQ students (Daley, Solomon, Newman, & Mishna, 2007; Dominski, 2016; Earnshaw et al., 2017). Intersectionality recognizes that individuals live with multiple characteristics and identities, which may represent positions of oppression and/or privilege, that shape their experiences and outcomes (Cole, 2009; Crenshaw et al., 1991; Rosenthal, 2016). Applied to LGBTQ bullying, an intersectional lens draws attention to how bullying may be experienced differently depending on LGBTQ youth's intersecting identities. For example, LGBTQ students of color describe experiencing bullying related to both their race/ethnicity and sexual orientation and/or gender identity (Daley et al., 2007). An intersectional lens additionally allows researchers to consider how intersections of identities and characteristics impact access to social capital (e.g., school practices and policies) that influences student outcomes (Mink, Lindley, & Weinstein, 2014). Understanding the nuances of intersectional bullying may enhance the ability of SHPs to identify and support LGBTQ students experiencing bullying.

School health professionals

SHPs, including school psychologists, nurses, social workers, guidance counselors, and adjustment counselors, play key roles in promoting the safety and wellbeing of students. SHPs are well-positioned to lead indicated preventive bullying interventions within schools, which target students who are currently experiencing bullying (Earnshaw et al., 2018; Juvonen & Graham, 2014). As examples, SHPs can identify and support students currently experiencing bullying given that supportive relationships with adults at school can buffer students from the negative effects of stigma-based bullying (Earnshaw et al., 2014). SHPs can also help LGBTQ students develop de-escalation techniques and other social-emotional skills that may help them respond to bullying.

Researchers and practitioners have recently called for greater involvement of SHPs in addressing LGBTQ bullying (Earnshaw et al., 2017; Espelage, 2016; Graybill & Proctor,

2016). Yet, SHPs have been under-utilized within stigma-based bullying interventions to date, including LGBTQ bullying interventions. A recent systematic review identified only one stigma-based bullying intervention that involved SHPs (Earnshaw et al., 2018). This intervention targeted students with disabilities, and showed some promise in reducing experiences of bullying among students and improving their self-concept (Vessey & O'Neill, 2011). Greater understanding of SHPs' perspectives on LGBTQ bullying, including the extent to which they are aware of LGBTQ students' experiences of bullying, as well as their current involvement in addressing LGBTQ bullying can inform future efforts to involve SHPs in LGBTQ bullying interventions.

Current study

The current study was conducted to inform future intervention efforts to involve SHPs in identifying and supporting LGBTQ students who have been bullied. The specific goals were to characterize and compare the perspectives of LGBTQ students and SHPs on: (1) experiences of LGBTQ bullying, and (2) SHP responses to LGBTQ bullying. SHPs may need to address the unique needs of transgender students and LGBTQ students of color given that these students experience elevated rates of bullying in comparison to White LGBQ students (Kosciw et al., 2018). The current study therefore additionally adopted an intersectional lens and sought to identify unique aspects of bullying experienced by transgender students and LGBTQ students of color.

Methods

Procedures and participants

Between January and April 2018, qualitative data were collected as part of a formative assessment to inform the development of an intervention to increase the capacity of SHPs to address LGBTQ bullying. Study procedures were guided by Rapid Qualitative Inquiry (Beebe, 2014), which is closely derived from and often referred to as Rapid Assessment Process (Beebe, 2001, 2014; McMullen et al., 2011; Sabone et al., 2007) and is an intensive methodology for collecting, analyzing, and interpreting qualitative data to quickly develop a preliminary understanding of a situation. Rapid Qualitative Inquiry takes principles from ethnography but is targeted to reduce lengthiness of field work-analysis-translation (Beebe, 2014). Rapid Qualitative Inquiry includes three foundational concepts. First, it aims to develop an insider's perspective on an issue. The current study aimed to develop the perspectives of LGBTQ students and SHPs on the issue of LGBTQ bullying in schools. Second, Rapid Qualitative Inquiry relies on triangulation of data by incorporating data from multiple sources. The current study included data from both LGBTQ students and SHPs. Two focus groups with students were initially planned, including one with LGBTQ students broadly and one including transgender students specifically. Due to underrepresentation of students of color in these focus groups, an additional group was conducted comprised of LGBTQ students of color. Two focus groups were also conducted with SHPs. Third, data analysis is conducted iteratively (described below) and is team-based. The current study involved a team of individuals with diverse expertise and perspectives, including experts in psychology, public health, education, and counseling. Additionally, the team worked closely

with a youth and community advisory board that included LGBTQ youth and SHPs who were compensated for their time.

Participants were recruited from LGBTQ and SHP organizations and networks in Massachusetts, as well as from the personal and professional networks of individuals on the youth and community advisory board. Individuals who were interested in participating contacted a member of the study team who screened them for eligibility by phone. Students were eligible to participate if they were between the ages of 13 and 24, identified as LGBTQ, and currently attended, or had attended, middle and/or high school in Massachusetts. Individuals who were former students were eligible up to age 24 given evidence that the effects of bullying last into young adulthood (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). SHPs were eligible to participate in the study if they were age 18 or older, and currently served Massachusetts students in a school health-related capacity. All participants were required to speak English and have reliable internet access in order to be eligible to participate. Verbal consent was obtained via an initial phone conversation during which research staff reviewed the consent document and asked if the individual wanted to consent on the phone at that time or wait and decide, after which they were sent a PDF of the consent document. Obtaining parental consent to participate in a research study may discourage participation among LGBTQ youth who have not disclosed their sexual orientation and/or gender identity to their parents, thereby introducing sampling bias, or pose a risk to LGBTQ youth whose parents are not accepting of their LGBTQ identities (Meezan & Martin, 2009). Therefore, a waiver of parental permission was obtained for students under the age of 18 years. Participants received a \$50 gift card for their time. All procedures received institutional review board approval.

In total, 88 individuals expressed interest in the study and 55 enrolled (62.5%), including 34 LGBTQ students and 21 SHPs enrolled in the study. Several participants did not engage in the study (e.g., they did not respond to online prompts), and were therefore trimmed from the analytic sample. The final sample included 28 LGBTQ students and 19 SHPs, with participants representing most counties in Massachusetts and over half being outside the Boston area. Participants completed a brief online survey that included socio-demographic information; one LGBTQ student did not complete the survey. Participant characteristics are included in Table 1.

Focus group protocols

Online, asynchronous focus groups were conducted. Online focus groups are recommended for research about sensitive topics with stigmatized, rare, and/or geographically dispersed populations (Reisner et al., 2018). Asynchronous online focus groups operate like bulletin boards, wherein questions are periodically posted by researchers and participants can log on at times convenient for them to respond. Similar to an in-person focus group, participants are able to both respond directly to the researchers' questions as well as read and respond to other participants' posts. Participants do not need to be online simultaneously to chat in real time. In the current study, online focus groups lasted for four days and questions were posted in the mornings and evenings. Two members of the research team facilitated the groups by posting questions, probing, and monitoring discussion throughout the day. The platform was

left open for an additional 1–2 days for final comments. Anonymity of participants was protected in several ways. First, participants were given a unique identification number that was the only identifier displayed in relation to their online responses. Second, no pictures or icons were displayed. Third, participants were asked not to disclose any potentially identifying information, including their name or the school where they attended or worked.

Examples of questions relevant to the current analyses that were posed to LGBTQ students included: “Please tell us about a time you or another LGBTQ student were bullied. What happened?” and “In regards to the experiences of bullying you described, did any adult at school intervene or try to stop the bullying? If so, what happened? What was the adult’s role at school?” Students were also asked “What specific issues have you noticed transgender students at your school facing?” and “What issues, if any, do you see non-White LGBTQ students facing at your school?” These questions were tailored to the perspectives of SHPs, with examples including: “Tell us about a time in which you witnessed a LGBTQ student being bullied. If you personally didn’t witness such an event, please describe any experience your colleagues may have had, if possible” and “Thinking back to your experience intervening in the bullying of a LGBTQ student, do you think you handled the situation effectively? Why or why not?” SHPs were also specifically asked about transgender students, including “What specific issues have you noticed transgender students at your school facing?” and LGBTQ students of color, including “What specific issues, if any, do you see non-White LGBTQ students facing at your school?” Probes were asked to clarify participant responses. Examples of probes include: “What do you mean by (component of participant response)?” “Can you talk a bit more about (component of participant response)?” “Can you provide an example?” How did you feel about (component of participant response)?”

Data analyses

Data analyses were also guided by Rapid Qualitative Inquiry (Beebe, 2014), and were thus iterative and team-based. Each focus group yielded a transcript ranging from 131–204 pages in length, with size 17.5 font for prompts and 14.5 font for responses and single-spacing (for a total of 494 pages of transcript from the three youth focus groups and 318 pages of transcripts from the two SHP focus groups). Immediately following each focus group, initial findings were summarized and preliminary findings were identified by two members of the research team. These initial findings informed memos and data displays (e.g., charts organized by theme) which were shared with the full team. The team met to draw conclusions from each focus group. The team focused on reaching consensus around conclusions, and making contrasts and comparisons between participant groups. The study procedures and conclusions were refined with each additional focus group and as data analyses progressed. As a trustworthiness check, results were then shared with the youth and community advisory board to verify the conclusions drawn by the team. By following these analytic techniques, an understanding of experiences of and SHP responses to LGBTQ bullying from the perspectives of LGBTQ students and SHPs was developed.

Results

Experiences of LGBTQ bullying

LGBTQ students and SHPs reported on several types of bullying experienced by LGBTQ students. Below, LGBTQ bullying is described from the perspectives of White LGBQ students, transgender students, LGBTQ students of color, and SHPs. The perspectives of three transgender students of color are included in both the transgender students and LGBTQ students of color sections, depending on content of the data (e.g., quotes describing bullying related to gender identity are included in the transgender students paragraph). Taken together, the majority of LGBTQ students reported witnessing and/or experiencing bullying (82%, $n = 23$) whereas over half of SHPs (68%, $n = 13$) reported never having witnessed bullying.

White LGBQ students

White LGBQ students primarily described experiencing and/or witnessing verbal bullying, including being called names and hearing offensive jokes. For example, one student stated that “I was called the f-slur many times, as well as told that I should be killed or ‘converted.’ I was too scared to tell anyone, even my parents, because I was not out yet” (White, pansexual female). Some physical bullying was also reported by White LGBQ students. One student witnessed physical bullying of another LGBQ student, stating “I knew someone who was physically pushed around frequently by the same kid. That bullying was relentless and the victim of that bullying did not come to school some days because of the harassment” (White, mostly gay male). Students were also aware of instances of cyberbullying on a range of chat and other social media platforms. The student who witnessed physical bullying also reported that “I knew someone who was harassed in an online group chat and told to kill themselves.”

Transgender students

Transgender students also described being called names and hearing offensive jokes. In contrast to LGBQ students, however, bullying reported by transgender students was characterized by more explicit targeting of their gender identity, and more extreme physical assault. Many transgender students highlighted being deadnamed and misgendered as common forms of verbal bullying. One student reported that another student “started using my dead name and the wrong pronouns and telling everyone that was my name and that I was really a girl” (White, bisexual transgender male). Another student reported that “I have seen consistent misgendering (some malicious, some just ignorance) of non-passing rans folks or those who use neopronouns [gender-neutral pronouns]” (race unidentified, heterosexual transgender male). Students transitioning from male to female were particularly vulnerable to physical sexual assault. One student noted that they had been “sexually assaulted (since I started growing breast buds, I’ve had multiple people grab me and feel me up)” and that “when I wear a skirt... students try to lift it/pull it down. I am groped weekly” (White, mostly lesbian transgender female). Physical bullying occurred in bathrooms. One student described being “kicked out of both bathrooms. I had a kid try to hit me once for trying to use the bathroom. I’ve been suspended for my own safety” (White, mostly gay transgender male).

LGBTQ students of color

LGBTQ students of color reported experiences of bullying associated with their race and/or ethnicity in addition to, or sometimes instead of, their sexual orientation and/or gender identity. These experiences also included name calling and offensive jokes. One student described experiencing race- and weight-based verbal bullying, stating: “I was not bullied for being LGBTQ ... I was, however, bullied for being fat and for being dark skinned. I was called things like Oreo or African booty scratcher and people would make fun of me” (Black/African-American, bisexual transgender male). LGBTQ students of color experienced social isolation, and reported having a difficult time finding accepting friends. One noted that “I feel like White LGBTQ students have an easier time being accepted, while I have to deal with racism, queerphobia, and transphobia” (Native Hawaiian/Other Pacific Islander and White, queer, gender non-conforming student). This student further remarked that “I, in school, was outcasted for being visibly trans and queer. In a school of almost two thousand people, I had no friends, no one to sit with, no one to hang out with.”

School health professionals

In contrast to the experiences of bullying reported by students, which were described as frequent and sometimes severe, over half of SHPs reported that they had not witnessed LGBTQ bullying at their schools. They noted that there have been “no instances at my school that I am aware of” (school nurse), “I have not been directly involved in any bullying [situations]” (guidance counselor), and “I have not witnessed nor been involved directly with any type of incident” (social worker). One SHP was aware of anti-gay language at their school, but did not label this as bullying. They stated:

I can't think of a time when I witnessed or heard of a LGBTQ student being bullied. I do know that students talk about microaggressions, such as stating things are “gay”, as someone mentioned earlier and have talked about how these comments impact them over time. This might not be “bullying” per se... (school psychologist)

Despite not personally witnessing bullying, some SHPs were aware that LGBTQ students experienced bullying at school. One noted that “I have also known students to face bullying, teasing, targeting, and general unkindness from students” (school psychologist).

SHPs' discussion of the intersectional nature of LGBTQ bullying was limited. They recognized that transgender students experienced bullying in bathrooms, although their reports on bullying in bathrooms were less extreme than those from transgender students. For example, one SHP noted that “some other students would leave the bathroom or make comments when this (transgender) student was there” (guidance counselor). SHPs did not report that transgender students experienced sexual harassment or intentional deadnaming and/or misgendering, or that LGBTQ students of color experienced bullying based on their race or ethnicity.

Responses to LGBTQ bullying

Students and SHPs characterized the ways in which SHPs responded to LGBTQ bullying. Responses from White LGBQ students, transgender students, and LGBTQ students of color were largely similar and so have been reported in aggregate.

Students

Students reported that SHPs often do not personally witness LGBTQ bullying. One student stated that SHPs may be unaware of LGBTQ bullying because “school health professionals are not in regular contact with groups of students, where these jokes get made” (White, mostly gay male). When students reached out to SHPs for help with bullying, they received a range of responses. Students reported that SHPs were sometimes not helpful. One student reported an unsupportive interaction where the SHP questioned their sexual orientation and did not address the incident of bullying. This student stated that “when I went to guidance, they just asked if I was sure that I was bisexual and said they couldn’t do anything because I had no evidence like texts or comments” (Latina, bisexual female). Other students reported that SHPs were well-intentioned, but lacked the skills or knowledge to address LGBTQ bullying. One student noted that “the guidance counselor is a very kind lady, I just think she is clueless when it comes to these issues, and almost feels as if she can’t touch the issues or do anything about them” (White, queer transgender male).

School health professionals

SHPs reported that they responded to LGBTQ bullying in a variety of ways. SHPs directly addressed students perpetrating LGBTQ bullying. They noted that “I have always done my best to stop these comments as soon as I’ve heard them” (school nurse) and “I stressed the importance of not continuing with this behavior and spreading rumors. I talked about being more sensitive and tolerant of others and their differences, having more empathy and compassion” (guidance counselor). SHPs also reported providing emotional support to LGBTQ students who had been bullied. Some provided support immediately following incidents of bullying, including one SHP who reported that they had “consoled a first grader when she was told by an older student that she couldn’t use the girl’s bathroom because she is a boy. I felt terrible ... I empathized that it probably didn’t make her feel good when another student called her a boy” (school nurse). Others provided ongoing support to students experiencing bullying. One noted that LGBTQ students “are in counseling with me weekly so I am always checking in on how they are doing” (social worker).

Discussion

The current study provides insights into the experiences of LGBTQ bullying and SHPs’ responses to LGBTQ bullying from the perspectives of LGBTQ students and SHPs. Results reveal a possible disconnect in perceptions of LGBTQ bullying among LGBTQ students versus SHPs. LGBTQ students reported a range of often significant bullying experiences that were associated with their sexual orientation and gender identity as well as their race/ethnicity. In contrast, over half of SHPs reported not being aware of LGBTQ bullying at their school. Verbal bullying, including name calling and verbal harassment, was the most commonly reported form of bullying reported by LGBTQ students. Some SHPs also

observed name calling and negative comments directed toward LGBTQ students. Transgender students reported a unique form of verbal bullying, deadnaming and misgendering, from both other students and adults at school. This form of harassment is also reported by transgender adults (Nadal et al., 2016), and serves to invalidate individuals' gender identity (McLemore, 2015). LGBTQ students of color reported verbal bullying based on their race/ethnicity, including racial slurs, in addition to bullying related to their sexual orientation and gender identity. SHPs did not report observing intentional deadnaming and misgendering of transgender students, or race-based bullying of LGBTQ students of color. Transgender students reported the most pronounced physical bullying, which sometimes occurred in bathrooms and/or took the form of sexual assault (e.g., groping). SHPs were aware that transgender students were at risk of bullying in bathrooms, but did not report that transgender students were sexually harassed. LGBTQ students of color reported social bullying, including social ostracism and isolation. SHPs did not comment on social isolation of LGBTQ students of color.

The perspectives of LGBTQ students and SHPs on LGBTQ bullying may differ for several reasons. First, both students and SHPs reported that SHPs are often not physically present when the bullying takes place. Bullying typically occurs in classrooms, hallways, and bathrooms whereas SHPs may spend much of their time in offices. Second, many LGBTQ students often do not report bullying to adults, including SHPs. They may fear reporting because they have not yet disclosed their sexual orientation and/or gender identity to their parents, and therefore do not want the school to call home about LGBTQ bullying. They may also not report because they lack confidence that SHPs will helpfully resolve the issue. Third, LGBTQ bullying, similar to LGBTQ discrimination, may be changing over time from overt treatment, such as physical harassment, to more subtle treatment, such as deadnaming and misgendering (Nadal et al., 2016). SHPs may be less likely to label this more subtle treatment as bullying. And finally, the students and SHPs interviewed in this study may not be aware of the extent to which SHPs are responding to LGBTQ bullying incidents. For example, students may be unaware when SHPs address bullying among students who perpetrate bullying due to privacy regulations.

Students reported having mixed experiences with reporting LGBTQ bullying to SHPs. Some students observed that SHPs ignored or refused to address LGBTQ bullying (e.g., due to no evidence of bullying). Other students felt that SHPs lacked knowledge and skills to support LGBTQ students experiencing bullying. SHPs characterized their responses to LGBTQ bullying more positively, reporting that they had responded to LGBTQ bullying in a variety of ways. They cited examples of addressing perpetrators of LGBTQ bullying and supporting LGBTQ students who had been bullied.

Strengths, limitations, and future directions

The perspectives of SHPs on LGBTQ bullying have been under-studied in the literature to date. The current study addresses this gap to inform future bullying interventions involving SHPs. Methodology and analysis strategies were guided by Rapid Qualitative Inquiry (Beebe, 2014), which is recommended when seeking to develop a preliminary understanding of an understudied phenomenon to inform intervention development. Analyses were

conducted by a team of experts with diverse backgrounds and were informed by a youth and community advisory board that included LGBTQ youth and SHPs. The use of online focus groups enabled the inclusion of a geographically diverse sample comprised of participants from urban, suburban, and rural communities throughout Massachusetts, as well as historically marginalized populations (Reisner et al., 2018). Given that participants can respond anonymously, online focus groups may yield more honest answers regarding sensitive topics such as bullying than in-person focus groups.

Several limitations of the current study may be addressed with future work. Results of this Rapid Qualitative Inquiry study yielded preliminary insight into a disconnect in perceptions of LGBTQ bullying among LGBTQ students and SHPs. More in-depth research methodologies, including individual interviews, can continue to clarify this disconnect and why it exists. Asynchronous online focus groups lack nonverbal information, such as facial expressions and vocal cues, which may limit interpretability or even lead to misunderstandings. In-person qualitative interviews and focus groups may therefore yield additional insight. Additionally, quantitative research methodologies comparing the perceptions of LGBTQ students and SHPs can establish the magnitude of this disconnect. LGBTQ students and SHPs in the current study were from different schools. Future research should include LGBTQ students and SHPs from the same school to better compare the perspectives of students and SHPs in the same context.

Future work may also address issues of generalizability to the diverse populations of LGBTQ students and SHPs, as well as diverse geographic regions where LGBTQ bullying persists. Participants were recruited from LGBTQ and SHP organizations and networks as well as from the personal and professional networks of individuals on the youth and community advisory board. It is therefore possible that participants may have had a greater interest in this topic, or greater willingness to talk about their experiences of bullying, than others. Future work in this area should employ recruitment methods that may yield more representative samples. Some LGBTQ identities and experiences were underrepresented in the student sample, and therefore results may not generalize to all LGBTQ students. For example, our sample included only one young transgender woman. Transgender women may be particularly at risk of some forms of more extreme bullying, such as sexual harassment due to intersecting transphobia and misogyny, and therefore more research is needed to better capture their experiences of LGBTQ bullying. Moreover, LGBTQ students may experience bullying based on other characteristics, including disability, weight, and religion. More research is needed with diverse samples of LGBTQ students to further understand intersectional experiences of bullying. Similarly, the SHPs included in the current sample were homogeneous in regard to race/ethnicity, gender, and sexual orientation. Although this may reflect the population of SHPs, which predominately identify as White and women (Willgerodt, Brock, & Maughan, 2018), it is possible that SHPs from more diverse backgrounds, including LGBTQ SHPs and SHPs of color, have different perspectives on LGBTQ bullying. Future research with diverse samples of SHPs is needed to continue to understand SHP perspectives on LGBTQ bullying. Also needed are studies in other geographic regions. According to GLSEN's 2017 National School Climate Survey (Kosciw et al., 2018), LGBTQ students in the Northeast and West report lower rates of LGBTQ bullying than LGBTQ students in the South and Midwest regions of the United States. These

students also report greater access to LGBTQ-related resources at school, and are more likely to live in states with enumerated anti-bullying laws and policies protecting students from LGBTQ bullying. It is critical to examine the perspectives of LGBTQ students and SHPs living in other states, especially in places where LGBTQ bullying may be more pronounced.

Conclusions and implications

Recent researchers and practitioners have called for greater involvement of SHPs in LGBTQ bullying interventions (Earnshaw et al., 2017; Espelage, 2016; Graybill & Proctor, 2016). In particular, SHPs have potential to play a powerful role in indicated preventive bullying interventions by identifying and supporting LGBTQ students experiencing bullying. The current study identifies two potential barriers to SHPs' involvement in such LGBTQ bullying interventions, including: (1) lack of awareness of LGBTQ bullying among SHPs, and (2) lack of knowledge and skills to guide SHPs in their response to LGBTQ bullying. Interventions that enhance communication between LGBTQ students and SHPs may help to improve awareness of LGBTQ bullying among SHPs. Given LGBTQ students' concerns regarding confidentiality surrounding their sexual orientations and gender identities, it is critical that such communication be confidential, safe, and supportive. Additionally, interventions that enhance knowledge of LGBTQ students' experiences and needs as well as skills to interact with LGBTQ students may strengthen SHPs' abilities to serve this vulnerable population. Clear policies that delineate how SHPs should respond to LGBTQ bullying may reduce ambiguity and variability in SHP responses.

There are existing resources that may inform these intervention efforts and aid SHPs in their current efforts to support LGBTQ youth. StopBullying.gov (2019) contains resources to help adults identify bullying and initiate conversations surrounding bullying. SHPs may consider using a combination of direct (e.g., Have you been bullied by other student?) and indirect (e.g., Have you had any problems accessing restrooms?) questions to assess whether youth have experienced bullying (Earnshaw, Bogart, Poteat, Reisner, & Schuster, 2016). Additionally, the American Medical Association offers educational resources for healthcare professionals about the health needs of LGBTQ individuals (Understanding LGBTQ health issues, 2019), and GLSEN offers professional development resources for educators about the unique needs of LGBTQ students (Read, watch, collaborate: GLSEN PD for educators, n.d.). With greater support, guidance, and training, SHPs are poised to become an effective resource for LGBTQ students experiencing bullying.

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Table 1. Descriptive characteristics of study participants ($N = 46$).

Characteristic	LGBTQ students ($n = 27$) ⁺ % (n) or M (SD), Range	School health professionals ($n = 19$) % (n) or M (SD), Range
Age in Years	17.4 (2.5), 14–22	48.9 (10.8), 28–67
Race [*]		
African American/Black	11.1 (3)	5.3 (1)
American Indian/Alaskan Native	7.4 (2)	0 (0)
Asian	14.8 (4)	0 (0)
Native Hawaiian/Other Pacific Islander	3.7 (1)	0 (0)
White	70.4 (19)	94.7 (18)
Hispanic or Latino(a)	14.8 (4)	0 (0)
Gender identity		
Cisgender Female	29.6 (8)	94.7 (18)
Cisgender Male	3.7 (1)	0 (0)
Transgender Female	3.7 (1)	5.3 (1)
Transgender Male	33.3 (9)	0 (0)
Gender Non-Conforming	14.8 (4)	0 (0)
Other	14.8 (4)	0 (0)
Sexual orientation		
Straight	3.7 (1)	94.7 (18)
Bisexual	33.3 (9)	5.3 (1)
Mostly Gay/Lesbian	14.8 (4)	
Gay/Lesbian	7.4 (2)	0 (0)
Queer	22.2 (6)	0 (0)
Pansexual	14.8 (4)	0 (0)
Asexual	3.7 (1)	0 (0)
Residence in greater Boston area	37.0 (10)	42.1 (8)
Years in Profession		13.1 (10.7), 1–45
Profession		
School Nurse		57.9 (11)
School Psychologist		15.8 (3)
Guidance Counselor		5.3 (1)
Social Worker		15.8 (3)
Health Education Teacher		5.3 (1)

Notes: + One LGBTQ student who participated in the focus groups did not complete the socio-demographic survey (28 LGBQ students participated in focus groups, 27 had survey data).

* Some student participants identified as more than one race, hence, race categories do not total to 100 percent.