



## Sexual harassment among adolescents of different sexual orientations and gender identities<sup>☆</sup>



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### ABSTRACT

This article examines (a) variation in rates of sexual harassment across mode (e.g., in-person, online) and type of harassment, (b) the impact of sexual harassment (i.e., distressing vs. non-distressing), and (c) how sexual harassment is similarly and differently experienced across sexual orientation and gender identity groups. Data were collected as part of the Teen Health and Technology online survey of 5,907 13 to 18 year-old Internet users in the United States. Past year sexual harassment was reported by 23–72% of youth, depending upon sexual orientation, with the highest rates reported by lesbian/queer girls (72%), bisexual girls (66%), and gay/queer boys (66%). When examined by gender identity, transgender youth reported the highest rates of sexual harassment – 81%. Overall, the most common modes for sexual harassment were in-person followed by online. Distress in the form of interference with school, family, and/or friends; creating a hostile environment; or being very/extremely upset was reported by about half of the sexually harassed bisexual girls and lesbian/queer girls, 65% of the gender non-conforming/other gender youth, and 63% of the transgender youth. Youth with high social support and self-esteem were less likely to report sexual harassment. Findings point to the great importance of sexual harassment prevention for all adolescents, with particular emphasis on the unique needs and experiences of youth of different sexual orientations and gender identities. Socio-emotional programs that emphasize self-esteem building could be particularly beneficial for reducing the likelihood of victimization and lessen the impact when it occurs.

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### Introduction

Sexual harassment is associated with a variety of negative psychosocial and physical health concerns, including emotional distress, self-harming behavior and suicidal ideation, substance use, and physical violence in and outside of dating relationships (Chiodo, Wolfe, Crooks, Hughes, & Jaffe, 2009a; Gruber & Fineran, 2007). This significant adolescent health issue is common in adolescence. One national survey suggested 2.8% of youth (ages 10–13) and 9.3% of youth (ages 14–17) in the United States were sexually harassed in the past year; 15.8% of 14 to 17 year-olds report *ever* experiencing sexual harassment (Finkelhor, Turner, Shattuck, & Hamby, 2013). Higher rates were reported as part of the American Association of University Women (AAUW) survey in 2001: 81% of students experienced some form of sexual harassment during their

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school years (AAUW, 2001). A longitudinal study of 5th, 7th, and 9th graders in Wisconsin found past year rates of peer sexual harassment victimization increases with age from 38% of 5th grade girls to 78% of 9th grade boys (Petersen & Hyde, 2009).

### *The Definition of Sexual Harassment*

Because of diverse legal, sociological, feminist, and psychological perspectives, a universal definition of sexual harassment does not exist (McMaster, Connolly, Pepler, & Craig, 2002), and thus, rates of sexual harassment vary widely across studies. As with any form of victimization, types of sexual harassment range from minor forms, such as sexual jokes and comments, to severe forms, including sexual assault. The legal definition requires the harassment to create a *hostile environment* (U.S. Equal Employment Opportunity Commission, n.d.). Sexual harassment is not limited to face-to-face interactions; indeed, such victimization can also occur through the Internet and text messaging (Barak, 2005; Ybarra, 2003; Ybarra, Espelage, & Mitchell, 2007; Ybarra, Mitchell, & Korchmaros, 2011).

In the current study, we take a broad approach to ensure we are capturing all possible forms of sexual harassment. We define sexual harassment as unwanted sexual advances, requests for sexual favors, and sexual comments or gestures that occur in any environment.

### *The Importance of Sexual Orientation and Gender Identity*

Lesbian, gay, bisexual, and transgender (LGBT) youth seem to be particularly at risk for sexual harassment: 71% of gay, lesbian, bisexual, and questioning middle and high school students in the northeastern United States reported being sexually harassed during the school year compared to 32% of their heterosexual counterparts (Gruber & Fineran, 2008). A meta-analysis of the victimization experiences of lesbian, gay, and bisexual individuals (adolescents and adults) across 386 studies between 1992 and 2009 found 50% of LGB individuals in the United States experienced sexual harassment (Katz-Wise & Hyde, 2012). Among Canadian adolescents, sexual minority and questioning youth were also more likely than heterosexual youth to be victims of peer sexual harassment (Williams, Connolly, Pepler, & Craig, 2003). Similar findings have been documented by other researchers (Fineran, 2001; Williams, Connolly, Pepler, & Craig, 2005).

Biological sex also seems to play a role in risk for sexual harassment. Females experience sexual harassment differently from males (Chiodo et al., 2009a) and more frequently: 13.6% of females ages 14–17 years reported past year sexual harassment compared to 4.7% of their male counterparts among a national sample of youth in the United States; lifetime rates were 21.2% for adolescent females and 10.8% for adolescent males (Finkelhor et al., 2013). Females are more likely to be put down, objectified, or treated differently because of their sex (Lindberg, Grabe, & Hyde, 2007), whereas males are more likely to experience vulgar and homophobic comments (McMaster et al., 2002). Females also experience more of the physical forms of sexual harassment (e.g., touched, grabbed, or pinched in a sexual way; intentionally brushed up against in a sexual way) than males (American Association of University Women Educational Foundation, 2001; Ontario Secondary School Teacher Federation, 1995).

Despite research that suggests biological sex is influential in understanding sexual harassment, there is a noted paucity of research exploring the experiences of youth across gender identities and among youth who identify as transgender in particular. Gender identity, including transgender, is different than sexual orientation: It is the knowledge of oneself as being male or female. Transgender youth feel themselves to be of a gender different from their biological sex, which is separate from one's sexual orientation (i.e., gay, lesbian, heterosexual, or bisexual). Although data are lacking for sexual harassment specifically, research on other forms of victimization support the hypothesis that transgender youth may be at heightened risk. For example, compared to male and female gender LGB youth, transgender youth are even more likely to be physically harassed and assaulted (Greytak, Kosciw, Diaz, & Gay, Lesbian and Straight Education Network, 2009; Grossman & D'Augelli, 2006; Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; McGuire, Anderson, Toomey, & Russell, 2010). Ninety percent of transgender students heard derogatory remarks, such as "dyke" or "faggot" in school at least sometimes during the past year; 90% heard negative remarks about someone's gender expression (Greytak et al., 2009). More than half of transgender youth have been physically harassed and more than one-quarter physically assaulted because of their gender expression or sexual orientation (Greytak et al., 2009). Illustrating how these data relate to sexual harassment more specifically among this population needs to be a priority for adolescent health research.

### *The Impact of Sexual Harassment*

Little is known about how sexual harassment may affect one's daily life, particularly for LGBT youth. Data from college students suggests that LGBT young people are more deeply affected by the experience (Hill & Silva, 2005). They may feel angry, afraid, less confident, or more self-conscious and be dissatisfied with their college experience. Adolescent health research about other types of peer victimization suggest that LGBT youth report greater disruptions in educational trajectories as a result of their experiences (Collier, van Beusekom, Bos, & Sandfort, 2013). We need to better understand how many young people experience disruptions in their daily functioning, including relationships with family and friends, and the ability to continue to feel able to navigate the world safely. Identifying factors – both risk (e.g., depressive symptomatology) and protective (e.g., self-esteem) – that help explain one's vulnerability to this interference also is critical.

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