

Bias-based bullying and emotional distress among marginalized adolescents: Taking an intersectional approach

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PIQTOC



Protection at the Intersections
for Queer Teens of Color



Overview

- Bullying and bias-based bullying (BBB)
- Intersectionality and Minority Stress Theory
- Findings from PIQTOC
- Getting the message out



Bullying and bias-based bullying

- Traditional definitions
 - Repeated, intentional, power differential
 - Physical, relational, cyber
- Many “reasons”, e.g. peer group, social awkwardness, relationship drama
- Common in adolescence



Bullying and bias-based bullying

- Bullying involvement predicts:
 - Somatic complaints
 - Depression
 - Distress, anxiety
 - Suicidality
 - Eating problems
 - Social adjustment
 - Violence
 - Substance use
 - School-drop out
 - Criminal activity

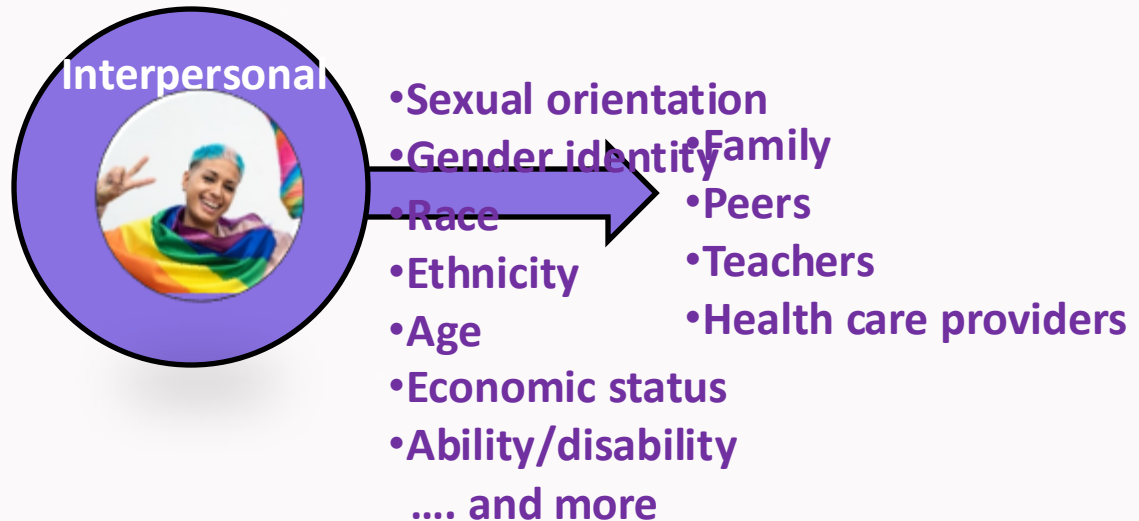


Bullying and bias-based bullying

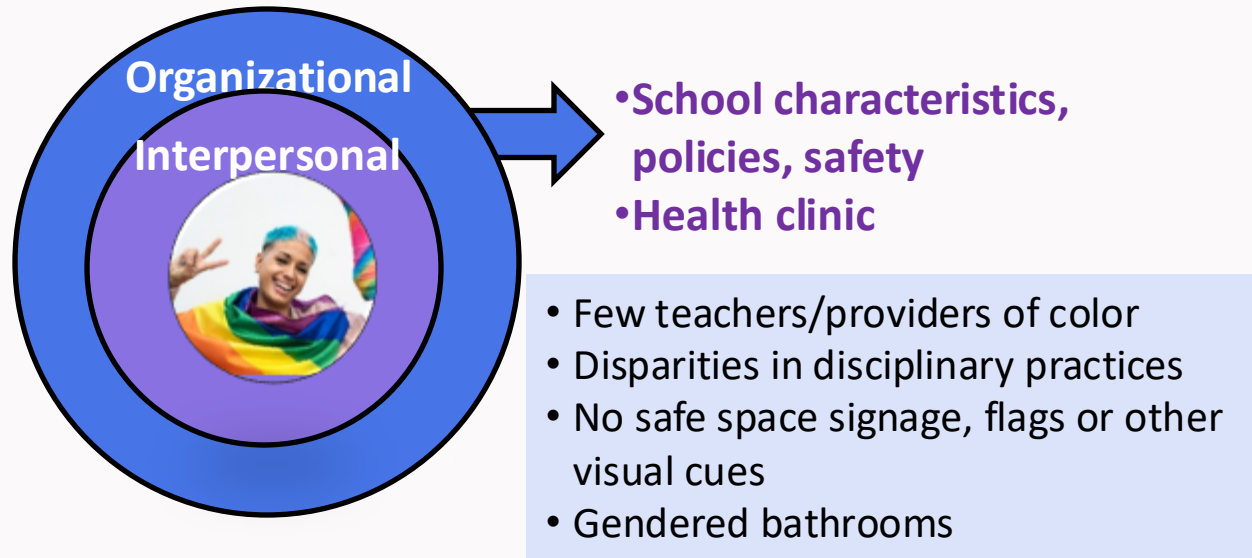
- “Bias” or “prejudice” based bullying (BBB)
 - Rooted in stigma, marginalization
 - Racism, homophobia/heterosexism, transphobia/cisgenderism, classism, ableism, anti-fat bias, etc.
 - Youth with marginalized identities report higher rates of BBB than peers
 - Even more hurtful than other bullying (Russell et al, 2012; Jones et al, 2018)
 - Attacks identity
 - Reflects structural stigma at multiple levels

Multiple levels of

- Bias-based bullying
- Overt or subtle, e.g.
 - Violent actions
 - Racist language
 - Misgendering, deadnaming (i.e. using outdated name)
 - Stigmatizing assumptions



Multiple levels of stigma



Multiple levels of stigma



- Racism in policing, incarceration
- Bans on gender affirming health care
- Restrictions on involvement in youth sports
- Memes, lawn signs, newspaper ads
- Public discourse

- **Public policy**
- **Community resources**
- **Social norms**
- **Media content**

Multiple levels of



- Bias-based bullying
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- Racism in policing, incarceration
- Bans on gender affirming health care
- Restrictions on involvement in youth sports
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- Public discourse

- Few teachers/providers of color
- Disparities in disciplinary practices
- No safe space signage, flags or other visual cues
- Gendered bathrooms



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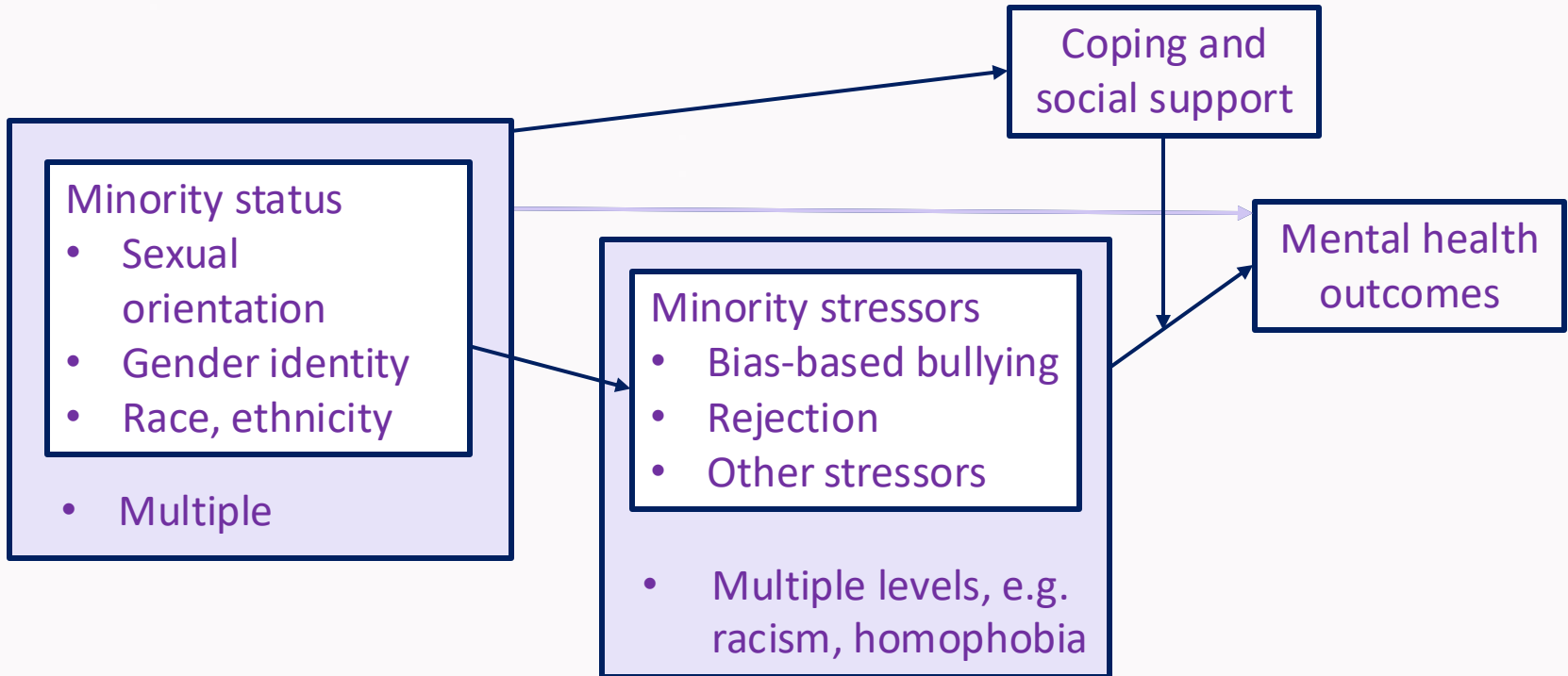


Intersectionality

- Like everyone, marginalized youth have additional social positions and identities
- Interrelated social positions of power/oppression
- “The point where my oppressed social identities meet and result in unique discriminatory experiences”
 - Gayle Smaller, Jr, Associate Director for DEI in the School of Public Health
 - Kimberlé Crenshaw, Black feminist scholarship (1994)

Minority Stress Theory

A simplified version of Meyer's model (2003)





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The background features several decorative elements consisting of concentric circles and rings in various colors, including red, orange, yellow, green, blue, purple, and brown. These elements are arranged in a way that suggests movement and depth, with some appearing as if they are floating or overlapping. The colors are vibrant and varied, creating a dynamic and inclusive visual field.

Protection at the Intersections for Queer Teens of Color (PIQTOC)



Research Questions

Among adolescents....

- What are differences in bullying, substance use, emotional distress, and protective factors among youth with different social positions (i.e. LGBTQ+ identity, race, ethnicity)?
- How do differences in risk and protective factors, e.g. stigma, explain differences in negative outcomes?



Emotional distress

- High rates of depression, anxiety, suicidality among adolescents
- Significant disparities by racial/ethnic identity, sexual orientation, gender identity/modality
 - 2023 YRBS, suicide attempt: 20% LGBTQ+, 6% cis-het
- Minority stressors contribute to disparities in emotional distress



Existing research

- Rarely examines emotional distress and BBB among youth with intersecting marginalized identities
 - Limited measures, limited intersections
- Combine identity groups due to small numbers
- Regression models
 - Single reference group
 - Higher order interactions

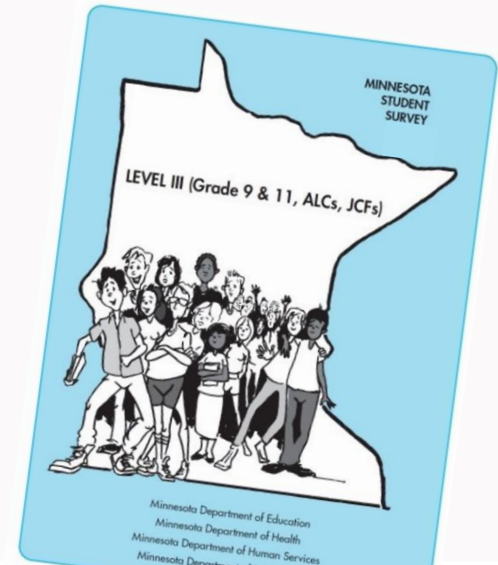


Study Aims

- Aim 1: Extensive statistical analysis of three very large existing datasets
 - Minnesota Student Survey (N~100,000)
 - California Healthy Kids Survey (N~1,000,000)
 - National LGBTQ Teen Survey (N~17,000)
- Aim 2: Qualitative interviews with LGBTQ+ youth of color to more deeply understand quantitative findings and generate recommendations

Minnesota Student Survey (MSS)

- Every 3 years, grades 5, 8, 9, 11
- All school districts invited, 81% participated (2019)
- Online data collection
- 80,456 9th, 11th grade students
 - Highly representative statewide



Measures

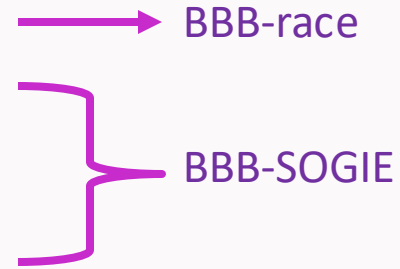
- 3 social identities
 - Racial, ethnic identities (6 categories)
 - Sexual identity (5 categories)
 - Gender (4 categories)
- 5 emotional distress indicators
 - Depressive symptoms (PHQ-2)
 - Anxiety symptoms (GAD-2)
 - Non-suicidal self-injury
 - Suicidal ideation
 - Suicide attempt

=120



Measures

- Bias-based bullying (past 30 days)
 - About race, ethnicity, or national origin → BBB-race
 - About gender
 - About gender expression
 - About sexual orientation



Sample characteristics

	N	%
Racial/ethnic identity		
NL American Indian/Alaska Native	941	1.2
NL Asian/Pacific Islander	5,390	6.7
NL Black/African American	5,966	7.4
Latina/x/o	6,826	8.5
NL White	56,163	69.8
NL multiracial	4,625	5.7
Missing	545	0.7

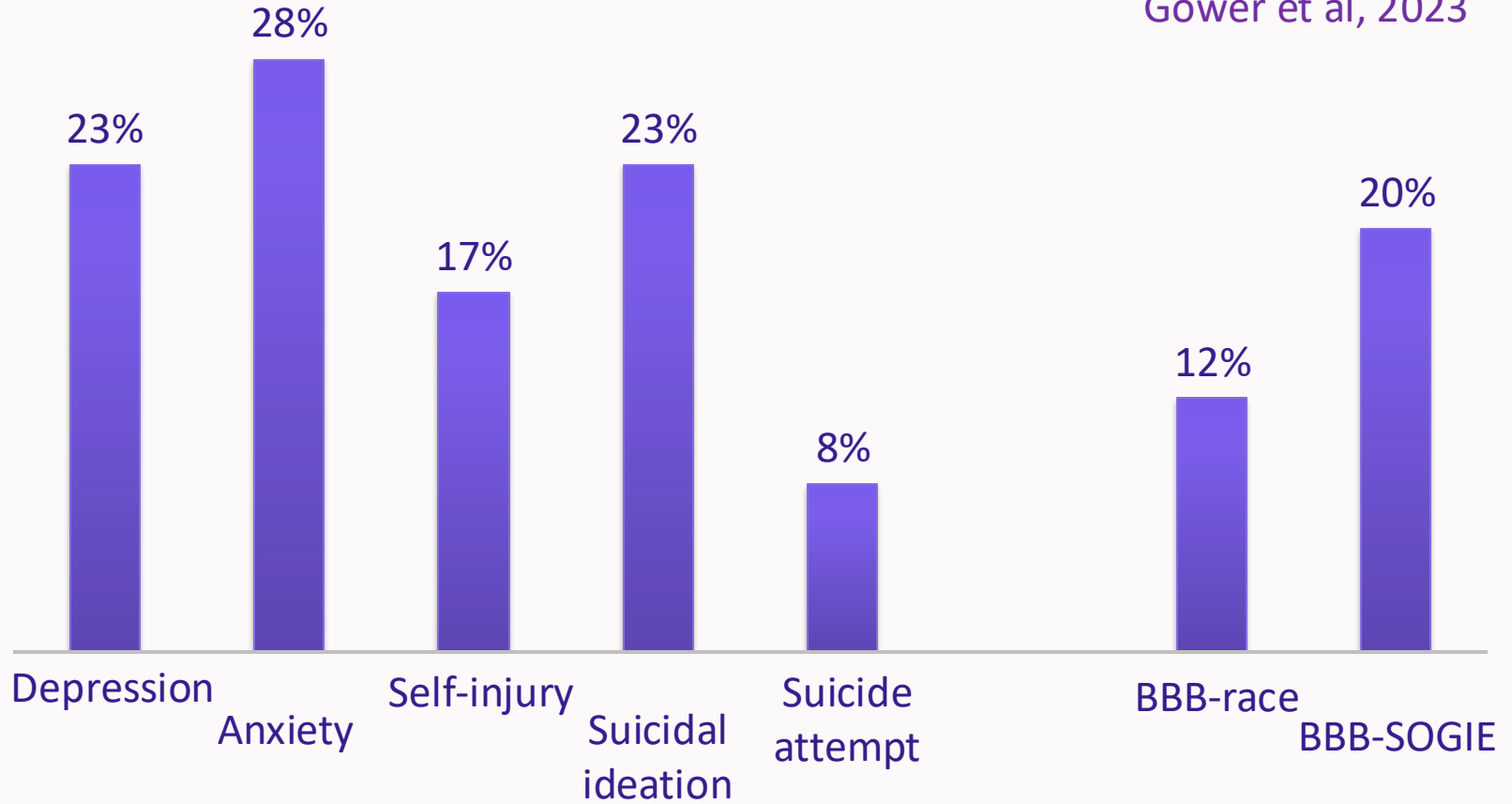
NL: Non-Latina/x/o

Sample characteristics

	N	%
Sexual orientation identity		
Straight	62,799	78.1
Gay or lesbian	1,253	1.6
Bisexual	4,515	5.6
Questioning	1,662	2.1
Pansexual/queer	1,701	2.1
Missing/Other identity	8,526	10.6
Gender		
Cisgender girl	37,661	46.8
Cisgender boy	37,486	46.6
Transgender/gender diverse	1,141	1.4
Questioning gender	1,179	1.5
Missing/Other identity	2,916	3.6

Emotional distress, BBB

Gower et al, 2023

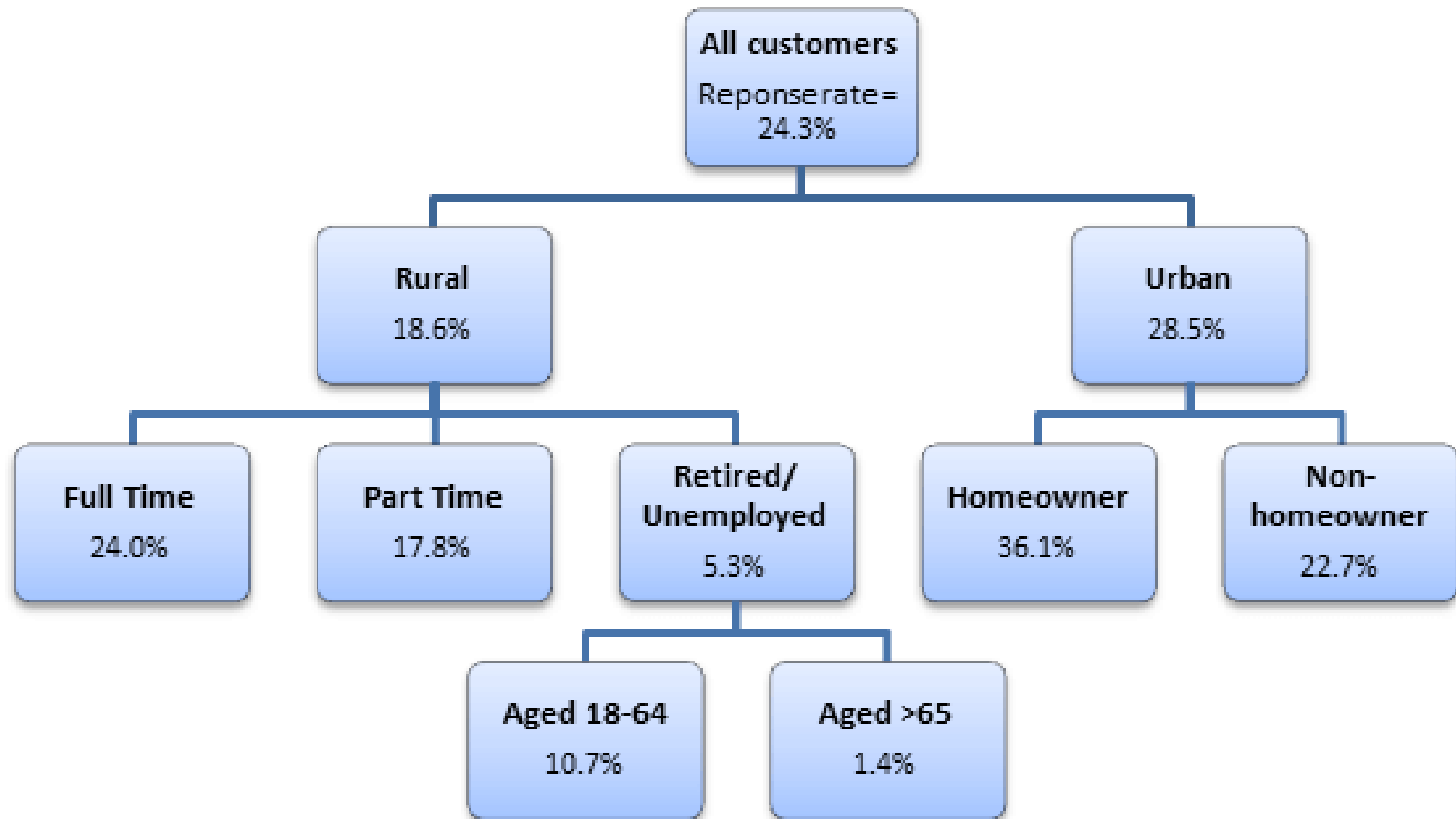




Analysis

- Exhaustive Chi-square Automatic Interaction Detection (CHAID)
 - Recommended approach for quantitative studies of intersectionality
 - Data-driven decision tree model
 - Tests all predictors and creates splits between significantly different categories ($p < .05$, Bonferroni-adjusted), repeats to “terminal nodes”

CHAID – simple example

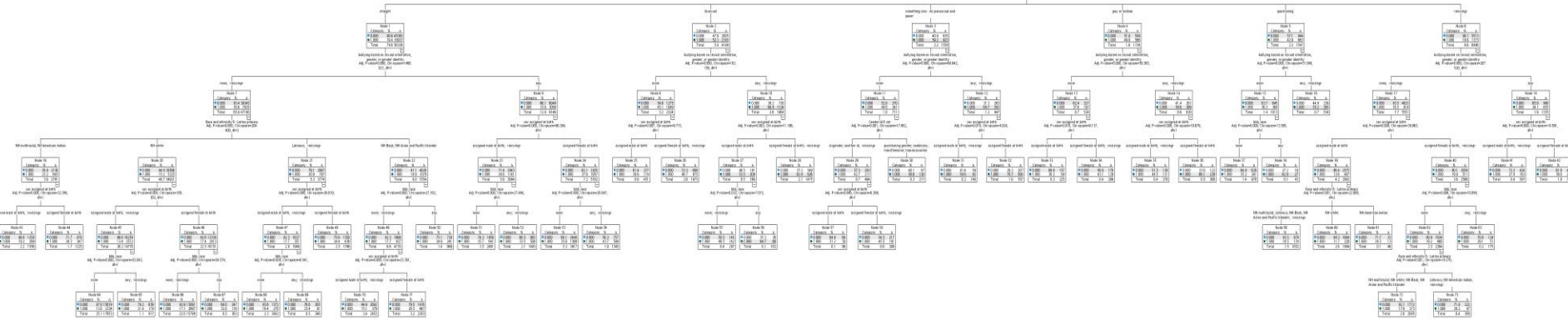




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 - Tests all predictors and creates splits between significantly different categories ($p < .05$, Bonferroni-adjusted), repeats to “terminal nodes”
- Models include 3 social positions, 2 types of BBB
 - 10 highest prevalence terminal nodes

CHAID – our trees



Depressive symptoms (23%)

Racial/Ethnic identity	Sexual identity	Gender	BBB-race	BBB-SOGIE	Prev, %
NL White, Latina/x/o, AIAN	Gay/lesb.	Cis girl, TGD, quest	--	Yes	69
--	Pan/Queer	--	--	Yes	69
--	Quest	--	Yes	No	63
--	Bisexual	Cis girl, TGD, quest	--	Yes	63
--	Pan/Queer	TGD, quest	--	No	59
--	Quest	--	--	Yes	55
--	Bisexual	TGD, quest	--	No	54
--	Straight	TGD, quest	--	Yes	54
--	Bisexual	Cis boy	--	Yes	52

BBB: Bias-based bullying; SOGIE: sexual orientation, gender identity/expression; NL: Non-Latina/x/o; AIAN: American Indian/Alaska Native; cis: cisgender; TGD: transgender/gender diverse; quest: questioning



Results – summary

- Same patterns for all 5 indicators of emotional distress
 - “yes” on either/both BBB
 - 82% of highest prevalence nodes
 - LGBTQ
 - 90% of highest prevalence nodes
 - TGD/questioning youth
 - 54% of highest prevalence nodes
 - Often in combination



Analysis

- Exhaustive Chi-square Automatic Interaction Detection (CHAID)
 - Data-driven decision tree model, recommended approach for quantitative studies of intersectionality
 - Tests all predictors and creates splits between significantly different categories ($p < .05$, Bonferroni-adjusted), repeats to “terminal nodes”
- Models include 3 social positions, 2 types of BBB
 - 10 highest prevalence terminal nodes
 - Same social positions but NO on 2 types of BBB shown for comparison

Depressive symptoms (23%)

Racial/Ethnic identity	Sexual identity	Gender	BBB-race	BBB-SOGIE	Prev, %	Same, NO BBB (%)
NL White, Latina/x/o, AIAN	Gay/lesb.	Cis girl, TGD, quest	--	NO	69 → 44	
--	Pan/Queer	--	--	NO	69 → 48	
--	Quest	--	NO	No	63 → 35	
--	Bisexual	Cis girl, TGD, quest	--	NO	63 → 46	
--	Pan/Queer	TGD, quest	--	No	59	59
--	Quest	--	--	NO	55 → 35	
--	Bisexual	TGD, quest	--	No	54	55
--	Straight	TGD, quest	--	NO	54 → 22	
--	Bisexual	Cis boy	--	NO	52 → 38	

BBB: Bias-based bullying; SOGIE: sexual orientation, gender identity/expression; NL: Non-Latina/x/o; AIAN: American Indian/Alaska Native; cis: cisgender; TGD: transgender/gender diverse; quest: questioning



Results – summary

- Same patterns for all 5 indicators of emotional distress
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 - 82% of highest prevalence nodes
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 - 54% of highest prevalence nodes
 - Often in combination
- Prevalence of emotional distress was ~20-60% lower in comparison groups without BBB than in terminal nodes
 - average difference of 39%



Discussion

- High rates of emotional distress, significant disparities
 - LGBTQ+ youth (esp. intersections)
- Bias-based bullying is an important contributing factor
- Rates of emotional distress still high even among comparison groups w/o 2 types of BBB
 - Eliminating additional forms of stigma may further reduce disparities
- Racial/ethnic identities rarely split out
 - Contrasts with previous findings



Discussion

- Similar findings.....
 - Multiple datasets
 - Cannabis use
 - Asthma
 - Sports involvement
 - Disordered eating



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Prevention messages

- Not about social positions or identities!
- Not about mental health services!

- Preventing, intervening on bias-based bullying
 - In schools
 - In families, communities

EDUCATORS

Creating psychological safety for all supports healthy youth development

Adolescence is the time when young people get to do the developmental work that prepares them for adulthood.

- To succeed at this, youth need: caring adults; connections to their schools and communities; basics like food, shelter, and safety; and opportunities to test their values and make a difference.
- Mental health challenges can get in the way of healthy youth development: rates of depression and anxiety are high among adolescents, and suicide is a leading cause of death in this age group.
- According to the CDC's most recent Youth Risk Behavior Surveillance System, approximately 9% of high school students have attempted suicide.¹

Bias-based bullying exacerbates young people's mental health issues.

Aggression that stigmatizes a student's identity (e.g. gender, race or ethnicity, sexuality, body size) attacks the core of who they are, and causes cumulative harm.

Being resilient isn't enough. Experiencing bullying is linked to headaches and stomachaches, substance abuse, and poorer mental health, including suicidal ideation. These experiences also severely affect school engagement and academic performance.

81%

Suicidal ideation was reported by 81% of bisexual youth who identified as transgender or gender diverse when they were also the targets of bias-based bullying.

56%

But when NOT the targets of bias-based bullying, that 81% dropped down to 56% reporting suicidal ideation.

Having multiple minoritized identities increases a young person's likelihood of experiencing bias-based bullying.²

- Experiences of being stigmatized based on one or more minoritized identities are common among LGBTQ+ youth of color, especially African American youth.
- As many as 82% of LGBTQ+ students reported feeling unsafe in school because of the stigma attached to at least one of their actual or assumed personal characteristics.³
- Young people with multiple minoritized identities experienced a third to half as much emotional distress when they did NOT experience bias-based bullying and harassment at school.⁴

EDUCATORS MAKE GREAT ALLIES.

"[My English Teacher], without fail, every single time, would just shut [my bully] up. She would tell him, 'Stop screaming your hatred in this classroom. I will not have it.' She made sure that I never felt unsafe and teased."

Incorporate language and topics into your lesson plans and curricula that include students' marginalized identities.

"[My GSA teacher] compliments me about, like, if I'm doing anything with my hair or anything, like basically sharing gender-affirming compliments."

For students with marginalized identities, proactive adult support is especially important.

"[My teacher] made sure that he got my name down on the roster; he would make sure to call out my preferred name for attendance."

Youth with minoritized gender identities report feeling safer when called by their affirmed name and pronouns.

Youth of color with minoritized gender identities told our researchers, "This is what safe space looks and feels like."

¹ YRBSS results. <https://www.cdc.gov/youth/>. Published June 29, 2012. Accessed April 26, 2024. <https://www.cdc.gov/healthyyouth/data/yrbss/results.htm>

² Gower AL, Rider GN, Jai RW, Gonzalez AM, Erickson P, Thomas D, Russell SJ, Watson EJ, Eisenberg ME. Application of an intersectional lens to bias-based bullying among LGBTQ+ youth of color in the U.S. *Sexual Health*. 2023;15(3):205-215.

³ Clearinghouse. Accessed April 25, 2024. <https://www.gao.gov/assets/450/451015/451015NCSS-2023-Executive-Summary-Final.pdf>

⁴ Eisenberg ME, Lawrence SE, Earls HK, Saewyc M, Rider GN, Gower AL. Emotional distress disparities across multiple intersecting social positions: The role of bias-based bullying. *Pediatrics*. 2018;141(5):e20180462. doi:10.1093/peds/2018-0462

IF YOU SEE SOMETHING, DO SOMETHING. EVERY TIME.

After you encounter racial slurs, fat-shaming, homophobia, xenophobia, or hobia, brief responses and questions are powerful interventions: "Were you being hurtful with that word?" Or, "I don't find that funny."

Transphobia, in particular, is often expressed with other "isms." Short, strong replies can shift power dynamics, humanize all individuals, and re-establish a safe space: "I don't tolerate hate speech of any kind in my classroom."

When people stare at you as you walk in the room, or when they talk about you or point at you behind your back and they think you don't hear about it or don't see it: these things add up. They create such a feeling of un-belonging that I just never feel welcome in spaces with my peers anymore.

Know that young people encounter bullying as a dehumanizing series of daily, negative interactions.

ADULT ALLIES ARE PROACTIVE, AS WELL AS RESPONSIVE.

When the process for students to report identity-based incidents is unclear, it can be difficult to enforce these expectations with your own words, like, "I will have your back if you are not being treated

Follow up with students privately - whether they were the target or the aggressor. Ask open-ended questions like, "What started this situation?" Offer comfort and validation: "What happened here was not okay" and, "What do you need now and how can I help?"

at principal) had to fire a substitute for being absolutely multiple times about my identity. He was like, 'We will this high school.' He's told me that his office is a safe haven about anything."

When support staff are available, and when it is their response team.

"The GSA is the best place. It's amazing, full of wonderful, unique people. There's just a bunch of unique people, not just gay, straight, just all these amazing people. Being yourself is a big part of just going to high school. Nobody is going to matter in a couple years, so why not start being yourself now."

Follow up with the distressed student to show your continued support. Offer to share formal school resources (GSA, counselor) after you have reinforced your personal allyship.

YOU DO NOT HAVE TO BE AN EXPERT OR PERFECT.

"She was amazing when I came out to her with my new name and pronouns. She used them right away, even corrected other people when they would misgender or deadname me... Even a lot of our teachers who are allies don't go that far."

Share examples with your fellow educators of proactive allyship, such as "I ask team students what makes them feel safe in class in the same way I would access an IEP to support their learning."

"If it's a Black GSA or a GSA made to include Black people, you're keeping in mind all the different aspects of the Black community: the Black trauma, Black issues, Black families, the issues with Black parents, even just some things like transportation, because a lot of times, Black people don't have easy transportation to different places, even if it's something as simple as school."

"If someone mistakenly misgenders you, they automatically apologize and show that they care."

Participate in community conversations about health and safe school environments. Host or provide building-wide professional development on LGBTQ+ issues.

Foster inclusion of all LGBTQ+ students in your site's GSA or unity club.

About the research

This research uses existing surveillance data from three adolescent health surveys: the Minnesota Student Survey, the National Longitudinal Study of Adolescent Health, and the National Longitudinal Study of Youth.

Instagram posts (YAB)

Educators make great allies

"My teacher would shut my bully up by telling him to stop screaming his hatred in her classroom"

"My GSA teacher shares gender affirming compliments"

"My teacher was like 'hey I have some cool resources I can show you' and we talked about it"

"My high school principal fired a substitute for being disrespectful multiple times about my identity. He was like 'We will not have that in this high school' he told me his office is a safe space"

Youth with minoritized identities experience bias-based bullying which exacerbates mental health issues.

Stigma that targets student's identities attacks the core of who they are causing cumulative harm.

Being resilient ISN'T enough

~~"Be resilient"~~

Bullying

Headaches Stomachaches Substance abuse Poor Mental Health

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What do we know?

After analyzing data from teen surveys and interviewing youth, we know; Having multiple minoritized identities increases a young person's likelihood of experiencing bias-based bullying

As educators on the front lines, you can make a difference every day.

We've created an at-glance resource about these identities, and how they might affect students.

Youth describe what a safe and welcoming classroom looks like in their own words. **For Educators**

UNIVERSITY OF MINNESOTA
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Family and friends make great allies.

Adolescence is when young people do the developmental work that prepares them for adulthood.

- Youth need caring adults, connections to their schools and communities, basics like food, shelter, and safety; and opportunities to test their values and make a difference.
- Mental health challenges can get in the way of this crucial healthy youth development.
- Rates of depression and anxiety are high among adolescents. Suicide is a leading cause of death in this age group; according to the CDC's most recent Youth Risk Behavior Surveillance System, approximately 9% of high school students have attempted suicide.¹

82%

As many as 82% of LGBTQ+ students reported feeling unsafe in school because of stigma based on at least one of their actual or assumed personal characteristics. These experiences are especially common among LGBTQ+ youth of color

Bias-based bullying – at home or at school – worsens physical and mental health issues.

- Aggression that stigmatizes a person's identity (gender, race or ethnicity, sexuality, body size) severely affects physical and mental health and academic engagement.
- Having multiple marginalized identities increases an individual's chances of experiencing bias-based bullying.²
- Young people with multiple marginalized identities experience much less – a third to half as much – emotional distress if they do NOT experience bias-based bullying.³
- Being resilient isn't enough: experiencing bullying is linked to headaches and stomach aches, substance abuse, and poorer mental health, including suicidal ideation.

This is what it looks to feel safe around friends and families.

Trans or gender diverse teens who report having strong connections with their parents experience much lower rates of emotional distress. Having a network of caring adults can help decrease rates of depression, suicidality, and substance use.⁴

“My mom mentioned that, ‘Hey, we can get you to a gender doctor,’ when I was questioning my gender. Not everyone’s family is super supportive, I liked that.”

“The first time I painted my nails, my friend’s mom gave me one of her bottles of nail polish for an extra color.”

“With my asexuality, my friends were just like, ‘I understand it, I can sympathize. I don’t know what you’re going through, but that’s cool.’”

“My parents always compliment me on my outfits, and my friends also give me platonic compliments, like ‘Oh, you’re so pretty!’ and stuff like that.”

“It was scary coming out to my abuelita, but she was very accepting. She was like, this is a different generation, and I understand that, so I’m going to try to be accepting.”

“The people that I hang around with, they’re very respectful about my sexuality and my Dominican-Ecuadorian side.”

“I went into my 8-year-old brother’s room, and I’m like, ‘Yeah, I’m trans,’ and he was like, ‘Oh, you’re trans? What name do you want to go by?’”

Act daily to stop bias-based bullying in your family and friend group.

Young people report experiencing bullying as a dehumanizing series of daily, negative interactions. Transphobia, in particular, is often expressed with other “isms.” Allies’ short, strong replies can shift power dynamics, humanize everyone involved, and reestablish a safe space.⁵

“I don’t tolerate hate speech of any kind in my home.”

“Quit throwing shade at my friend.”

Follow up with your distressed friend or family member. Offer to share formal resources (GLSEN, a local support group or therapist) after you have reinforced your personal allyship.

IT'S SIMPLE:
BE PROACTIVELY,
ASSERTIVELY KIND.

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Driven to Discover

What your home or friend group is a safe space.

...advocates for me and she's the person who went to the Pride Festival, because I didn't even go to it.

...had been calling me mi hija, like “daughter.” Now, he mi hijo, which is a boy term. He's been calling me like that.

“When I first came out to him, my uncle said, ‘OK, I still love you either way. There's nothing wrong with that.’”

“I knew that my friends would still love me exactly the same and treat me exactly the same when I came out to them. They were just so supportive.”

People by their chosen name and pronouns

...friends just told my extended family, ‘Hey, she's going by he/him now so that's going by [Name] now, so that's what we're going to call him.’”

...is a little harder for my older brother to understand, because he's autistic, but once he got the memo, he always corrected my father. He was like, ‘Actually, [Name] is a boy.’”

...my aunt and uncle were very chill about it. We were playing a board game, tabletop game. They asked me what my name and pronouns were. They're really accepting.

You can support adolescent mental health simply by being kind.

Be loud in your allyship.

“My friends check up on me when anti-queer bills are being proposed. Like, ‘Hey, are you good? Do you need anything from me?’ I greatly appreciate that, I don't get a lot from the Asian American side, because of how white passing I am.”

“There are not enough people who are really loud about their support.”

“When people are passive, it makes it seem like there are equal numbers of people who are really helpful and loudly hateful and that's frustrating; it gives the impression that there is less acceptance than there actually is.”

Be persistent. When you make a mistake, apologize. Do better next time.

“My grandma tries her best to go with the names and pronouns. If she calls me by my dead name, she'll say, ‘Oh, I'm sorry that was the wrong name,’ and will fix it.”

“My mom told my grandma that I use they/them moves my grandma said to me, ‘I'm old, and my brain moves slower. It's not because of you or anything you've done. I just have to get used to it.’ Honestly, she picked up my name and pronouns quicker than my mom and dad did.”

Resources

GLSEN
Advocates for Youth

About the research

This research uses existing surveillance data from three adolescent health data sets: the Minnesota Student Survey, the California Healthy Kids Survey, and the LGBTQ National Teen Survey. Quotes come from interviews with 58 trans and gender minority youth of color. To learn more about identity-based aggression, visit [Health Environments and Stigmatized Youth](#).

1 YRBSS results. [cdc.gov](#). Published June 29, 2022. Accessed September 26, 2024. <https://www.cdc.gov/youth/health/index.html>

2 Gover AL, Rider GN, del Rio-Gonzalez ARE, Erickson P, Thomas D, Russell ST, Watson RJ, Eisenberg ME. Application of an intersectional lens to bias-based bullying among LGBTQ+ youth of color in the U.S. *Stigma & Health*. 8(2):243-271, 2023.

3 Eisenberg ME, Lawrence SE, Edgell HM, Suresh M, Rider GN. *Gender AL: Emotional distress disparities across multiple intersecting social positions: The role of bias-based bullying*. *PLoS One*. 2024;19(4):e0304647. doi:10.1371/journal.pone.0304647

4 GLSEN.org. Accessed April 25, 2024. <https://www.glsen.org/sites/default/files/2022/09/10/NCS3-2021-Executive-Summary-EN.pdf>

5 Gover AL, Rider GN, Brown C, McMahon EJ, Coleman E, Talarmin LA, Eisenberg ME. Supporting Transgender and Gender Diverse Youth: Protection Against Emotional Distress and Co-occurring Use. *Am J Prev Med*. 2018;62(5):387-394. doi:10.1016/j.amepre.2018.06.008. Epub 2018 Oct 19. PMID: 30244201; PMCID: PMC6250528.

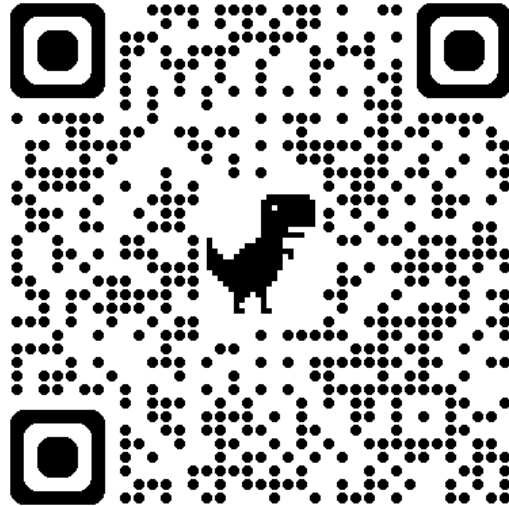
6 National Institute on Minority Health and Health Disparities under Award Number R01MD019722.

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**IT'S SIMPLE:
BE PROACTIVELY,
ASSERTIVELY KIND.**

Links to resources

- PIQTOC study info: healtheasy.umn.edu/PIQTOC





Acknowledgements

- PIQTOC Co-Investigators
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- Data
 - Minnesota Student Survey data were provided by public school students in Minnesota via local public school districts and managed by the Minnesota Student Survey Interagency Team.
- Photos
 - [Unsplash.com](https://unsplash.com)
 - genderphotos.vice.com



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Bias-based bullying and emotional distress among marginalized adolescents: Taking an intersectional approach

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Measures

- 5 emotional distress indicators
 - Depressive symptoms (PHQ-2)
 - Anxiety symptoms (GAD-2)
 - Non-suicidal self-injury
 - Suicidal ideation
 - Suicide attempt

Have you ever seriously considered attempting suicide? *(Mark ALL that apply)*

Have you ever actually attempted suicide? *(Mark ALL that apply)*

- No
- Yes, during the last year
- Yes, more than a year ago

Over the last 2 weeks, how often have you been bothered by:

- Little interest or pleasure in doing things?
- Feeling down, depressed or hopeless?
- Feeling nervous, anxious or on edge?
- Not being able to stop or control worrying?

(Not at all, Several days, More than half the days, Nearly every day)

During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?

- 0 times
- 1 or 2 times
- 3 to 5 times
- 6 to 9 times
- 10 to 19 times
- 20 or more times



Measures

- Bias-based bullying (past 30 days)
 - About race, ethnicity, or national origin
 - About gender
 - About gender expression
 - About sexual orientation

During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?

- Your race, ethnicity or national origin
- Your gender (being male, female, transgender, etc.)
- Your gender expression (your style, dress, or the way you walk or talk)
- Because you are gay, lesbian, or bisexual or because someone thought you were

(Never, Once or twice, About once a week, Several times a week, Every day)