BULLYING VICTIMIZATION AND MENTAL HEALTH AMONG CANADIAN GENDER AND SEXUALLY DIVERSE YOUTH: A REPLICATION AND EXPANSION OF PREVIOUS STUDIES

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Abstract

Gender and sexually diverse youth disproportionately experience bullying and emotional problems. However, small samples and limited intersectional research have hindered our understanding of this vulnerable population. In the present study, the moderating role of gender identity and sexual orientation in the relation between bullying victimization and emotional problems was examined in a large sample of Grade 7–12 Canadian students drawn from the Health and Peer Relations Study (N = 6,824; racial/ethnic minority = 38.7%; sexually diverse = 29.8%; gender diverse = 5.3%). Controlling for race/ethnicity and grade, there was no three-way interaction among bullying, gender identity, and sexual orientation, nor a two-way interaction between bullying and gender identity. However, a significant bullying by sexual orientation interaction emerged, wherein bullied sexually diverse youth reported more emotional problems than their non-bullied sexually diverse peers and bullied straight youth. A gender identity by sexual orientation interaction was also found where sexually diverse girls had worse mental health compared to sexually diverse boys and sexually-gender diverse youth endorsed more emotional problems than sexually diverse girls and boys. Overall, sexually diverse youth who were bullied by their peers and gender diverse youth, particularly those identifying as sexually diverse, reported significant mental health challenges. These results support minority stress and intersectionality models and highlight the need for anti-bullying and mental health initiatives. Future research should further explore intersectional variations and contextual factors contributing to these disparities.

Keywords: bullying, emotional problems, gender diverse, sexually diverse, intersectionality

Introduction

Bullying is a major issue among youth across the globe, with approximately 30% of children and adolescents reporting having been bullied on one or more days in the past month (Biswas et al., 2020). Bullying is commonly defined as intentional and repeated negative behaviour toward a person with less power (Olweus, 1996). Bullying is strategic behaviour in which a single or group of aggressors are driven to exert control over another in attempt to gain and maintain social power and/or popularity within peer groups (Juvonen & Graham, 2014; Vaillancourt et al., 2003). Additionally, bullying can serve to define and enforce particular peer group social norms (Juvonen & Graham, 2014). Bullying can take many forms including verbal (e.g., name-calling, teasing), physical (e.g., hitting, shoving), relational (e.g., gossiping, exclusion), and cyber (e.g., using electronic devices and platforms to humiliate, harass, and/or exclude; Dempsey et al., 2009; Tokunaga, 2010; Vaillancourt et al., 2010a; 2010b). Bullying is most prevalent in elementary and middle school (Pepler et al., 2008; Smith & Gross, 2006; Vaillancourt et al., 2023; Zych et al., 2020) and tends to decline with age (Craig et al., 2009; Vaillancourt et al., 2023).

Canada has some of the highest prevalence of bullying victims among the world's most economically advanced countries (UNICEF, 2020), with a recent population-based study showing that 60% of Canadian students report having been targets of bullying by their peers (Vaillancourt et al., 2021). In Canada, girls are more often bullied than boys (Inchley et al., 2020; Vaillancourt et al., 2021; 2023), which is the inverse of global trends (Cook et al., 2010; Inchley et al., 2020). Researchers have also shown that certain populations in Canada, such as youth who identify as Two-Spirited, transgender, intersex, non-binary, genderqueer, or another gender diverse identity (TGD+) as well as lesbian, gay, bisexual, queer, asexual, or another sexually diverse identity (LGBSD+; collectively 2SLGBTQI+; Statistics Canada, 2023a) are more likely to be targets of general bullying compared to their cisgender, straight peers (Cénat et al., 2015; Prokopenko & Hango, 2022; Taylor et al., 2011; Williams et al., 2003; Williams et al., 2005). For example, in a recent study conducted by Prokopenko and Hango (2022), 77% of gender and sexually diverse Canadian youth reported being bullied in the last year compared to their cisgendered, straight peers (69%). Gender and sexually diverse youth were also more likely to report that these incidents occurred daily or weekly (10%) relative to their non-gender or non-sexually diverse counterparts (6%; Prokopenko & Hango, 2022). Bullying victimization also

appears to differ among TGD+ and LGBSD+ communities. For example, non-binary (Bosse & Chido, 2016; Sterzing et al., 2017), bisexual (Bradford, 2004; Brewster & Moradi, 2010; Doan Van et al., 2019; Friedman et al., 2014; Goodenow et al., 2016), and questioning (Birkett et al., 2009; Espelage et al., 2008) youth are often found to be bullied more frequently compared to their cisgendered, straight peers and other gender and sexually diverse counterparts.

Decades of research illustrates that youth of varying gender identities and sexual orientations are bullied at alarming rates (Cénat et al., 2015; Prokopenko & Hango, 2022; Taylor et al., 2011; Williams et al., 2003; Williams et al., 2005) and these experiences are associated with notable and persistent mental health concerns such as depression and anxiety (Birkett et al., 2015; Toomey et al., 2010). Although the COVID-19 pandemic appeared to have led to a reduction in bullying victimization for these groups (Gills & McQuillan, 2022; see Vaillancourt et al., 2023), recent longitudinal and repeated cross-sectional research indicates that bullying victimization has rebounded past pre-pandemic levels (Patte et al., 2024). Consequently, the mental health repercussions of bullying may continue to pose an ongoing concern for 2SLGBTQI+ youth. Historically, various theoretical and methodological limitations have hindered a comprehensive understanding of the prevalence and impact of bullying victimization among gender and sexually diverse youth. Accordingly, the purpose of my thesis was to replicate and expand upon previous studies by examining the experience of bullying victimization on the mental health of Canadian gender and sexually diverse youth and explore potential between-group, within-group, and intersectional differences.

Theoretical Framework

According to the minority stress model (Gordon & Meyer, 2007; Hendricks & Testa, 2012; Meyer, 2003), TGD+ and LGBSD+ individuals experience unique forms of intrapersonal, interpersonal, institutional, and societal barriers and stressors compared to their cisgendered and straight peers, including increased bullying victimization. On a societal level, traditional cultural ideology and norms often devalue and discredit non-dichotomous gender identities and non-heterosexual attraction. This cis-hetero-normativity is embedded and sustained in our everyday language, practices, and behaviour and thus operates across a variety of social levels that perpetuate discrimination, stigma, and increased bullying among 2SLGBTQI+ youth (Bauer et al., 2009; Earnshaw et al., 2016; Ward & Schneider, 2009). On a group level, individuals who deviate or are perceived to differ in behaviour and appearance from cis- hetero-normativity, such

as having non-binary gender/expression, diverse sexual/romantic attraction, and/or relationships, may be targeted by their peers in attempts to maintain these societal roles and values (Chesir-Teran, 2003; Jones et al., 2018; Juvonen & Graham, 2014; Price-Feeney et al., 2018). When combined with the increase in social dominance and aggression typical of adolescence, the endorsement of these societal values may foster greater gender- and sexuality-based prejudice, stigma, and trans/homophobia that leads to disproportionate 2SLGBTQI+ bullying victimization, and negative health outcomes (Birkett & Espelage, 2015; Hatzenbuehler, 2017; Herek, 2004; Juvonen & Graham, 201; Poteat, 2008; Poteat et al., 2013).

Furthermore, individuals within gender and sexually diverse groups may face additional and compounding social stressors stemming from greater societal stigma toward those with multiple marginalized identities, such as those related to gender, sexual orientation, race/ethnicity, disability, etc. (Crenshaw, 1991; Meyer, 2003). For example, sexually-gender diverse youth often face greater bullying victimization and emotional distress compared to their sexually diverse cisgender and straight gender diverse counterparts (Eisenberg et al., 2019). As such, youth with multiple marginalized identities can often experience greater bullying victimization and negative health outcomes compared to peers with only one marginalized identity.

Bullying Victimization and 2SLGBTQI+ Mental Health

Cis-hetero-normative societal ideology often exposes 2SLGBTQI+ youth to both general and minority-specific stressors which can further strain and exhaust coping resources, making gender and sexually diverse youth more susceptible to mental health struggles (Guidi et al., 2021; Meyer, 2003). Although psychosocial problems are common among targets of bullying in the general population (see Arseneault et al., 2010; Hawker & Boulton, 2000; Källmén & Hallgren, 2021; Moore et al., 2017), the detrimental impacts of bullying on the well-being of 2SLGBTQI+ youth are even more pronounced. For example, 2SLGBTQI+ youth who are bullied are more likely to experience mental health concerns, such as greater anxiety and depressive symptoms (Hall, 2018; Kosciw et al., 2012; Russell & Joyner, 2001; Sares-Jäske et al., 2023; Witcomb et al., 2019), substance use (Darwich et al., 2012; Reisner et al., 2015), including marijuana, alcohol (Espelage et al., 2008; Phillips et al., 2017), and tobacco use (Huebner et al., 2015; Rosario et al., 2014), as well as suicidal thoughts and suicide attempts (Kingsbury et al., 2022; Russell & Joyner, 2001) compared to their non-2SLGBTQI+ peers. As

with bullying victimization, research also demonstrates within-group differences in mental health outcomes among TGD+ and LGBSD+ groups. Initial studies have found that bullying is associated with increased alcohol use among bisexual adolescents (Phillips et al., 2017) and increased substance use, depression, and suicidal thoughts among questioning youth (Birkett et al., 2009; Poteat et al., 2009) compared to both their cisgender, straight and gender and sexually diverse peers. However, the mental health impacts of bullying victimization remain understudied among gender diverse youth (Reisner et al., 2015). Although longitudinal studies indicate that general bullying victimization decreases with age among these communities (Birkett et al., 2015), one study suggests that declines in LGBSD+ bullying trends are less pronounced compared to the straight youth population (Robinson et al., 2013) suggesting that 2SLGBTQI+ may be exposed to bullying over longer periods of time. Further, the mental health impacts of bullying are not temporary, as the consequences of being targeted can carry well into adulthood for gender and sexually diverse individuals (Birkett et al., 2015; Toomey et al., 2010). Given the high prevalence of bullying victimization among this population, many Canadian 2SLGBTQI+ youth are at increased risk for adverse mental health outcomes.

The COVID-19 Pandemic: Bullying Victimization Prevalence Among 2SLGBTQI+ Youth

Researchers over the past several decades primarily have shown persistent patterns of disproportionate bullying victimization against 2SLGBTQI+ youth populations (Cénat et al., 2015; Prokopenko & Hango, 2022; Taylor et al., 2011; Williams et al., 2003; Williams et al., 2005). However, bullying victimization prevalence among 2SLGBTQI+ during the COVID-19 pandemic appeared to be an exception to these historical trends. For example, Vaillancourt et al. (2021) examined changes in bullying frequency prior to and during the pandemic in a population-based sample of 6,578 Canadian youth collected in 2020. The authors found that all forms of bullying, including general, physical, verbal, social, and cyber, decreased during the pandemic, with many of these reductions demonstrating marked changes in pre-pandemic bullying behaviour frequency. Promisingly, 2SLGBTQI+ youth were found to have experienced decreases in bullying victimization when comparing bullying rates prior to and during the pandemic. However, those who identified as gender and sexually diverse were still at the highest risk of being bullied as both groups were more likely to be targeted at all time points compared to their cisgender, straight peers. Specifically, 80% of 2SLGBTQI+ youth reported being bullied before COVID-19, and 60% reported being bullied during the pandemic—rates notably higher

than the 60% of youth in general who reported being bullied before COVID-19 and 40% during the pandemic. Vaillancourt et al.'s (2021) study revealed and emphasized a disturbing trend in which bullying victimization still disproportionally impacted 2SLGBTQI+ youth, despite more limited opportunities introduced by physical and social restrictions. However, Vaillancourt et al. (2021) did not explore the mental health of this population, leaving further questions as to how peer victimization effected the mental well-being of 2SLGBTQI+ youth during these periods.

A study by Gills and McQuillan (2022) extended the understanding of these findings by examining changes in bullying frequency and mental health (anxiety and suicidality) in an American sample of 40,904 7th to 12th grade cisgender, straight, and 2SLGBTQI+ youth prior to and during the pandemic between 2018 and 2021. All youth in the sample experienced decreases in bullying victimization and suicide attempts during the pandemic compared to prior. However, compared to their cisgender, straight peers, American 2SLGBTQI+ youth collectively reported a steeper drop in bullying victimization between the introduction of school closures and when they were assessed in 2021 than in 2018. The pandemic appeared to benefit the mental health of 2SLGBTQI+ students in some ways as suicidality among gender and sexually diverse youth also decreased compared to before the pandemic. This decline was also steeper compared to their cisgender, straight counterparts. However, anxiety increased among gender and sexually diverse youth and remained the same for their cisgender, straight peers during the COVID-19 pandemic compared to pre-pandemic levels. As such, there appears to be mixed results when it comes to the effects of pandemic-related school closures on the safety and mental well-being of 2SLGBTQI+ youth.

In this way, the COVID-19 pandemic was somewhat beneficial for some bullied 2SLGBTQI+ youth perhaps because the shift to online learning and thus less in-person contact with peers reduced or eliminated opportunities for certain forms of peer victimization, such as physical, verbal, and relational (Bacher-Hicks et al., 2022; see review by Vaillancourt et al., 2023). As such, the social and school-related pandemic disruptions may have helped to protect against bullying, violence, and discrimination that many TGD+ and LGBSD+ adolescents experience based on their gender identity and/or sexual orientation compared to before the pandemic (DeMulder et al., 2020). However, despite decreases in bullying victimization compared to pre-pandemic levels, Vaillancourt et al. (2021) and Gills and McQuillan (2022) found that overall peer victimization among 2SLGBTQI+ youth was still comparably higher than

their cisgender and straight peers, which is consistent with the broader literature concerning bullying among 2SLGBTQI+ youth. This is worrisome as it would suggest that gender and sexually diverse students continue to be disproportionate targets of bullying over the past several decades (Goodenow et al., 2016; Kessel Schneider et al., 2015) despite policies and guidelines aimed to reduce its occurrence (e.g., Bill 13, *Accepting Schools Act*, S.O., c.5, 2012).

Bullying Victimization and Mental Health of 2SLGBTQI+ Youth Following the Pandemic Emergency

Most Canadian youth began returning to full-time in-person learning in the Fall of 2021 (Hodgson-Bautista et al., 2022; UNESCO, 2022), which became a permanent change across the Canadian provinces and territories in January 2022 (Canadian Institute for Health Information, 2022). However, even when schools reopened, significant restrictions were still in place with many schools continuing masking and social distancing protocols, limiting extracurricular activities, and some form of online learning modes or hybrid alternatives (Canadian Institute for Health Information, 2022). Since 2022, few studies have been conducted that examine 2SLGBTQI+ bullying victimization and associated mental health concerns. With the already high propensity of bullying compared to other economically advanced countries prior to the pandemic (UNICEF, 2020), the return to in-person classes and recommencement of social gatherings, as well as increased teacher burnout (Westphal et al., 2022), and shortages in light of COVID-19 (McIntyre, 2021), the bullying rate and well-being among Canadian TGD+ and LGBSD+ youth may have been affected. Moreover, the already concerning pre-pandemic rise in youth emotional problems appears to have worsened and has yet to recover following the COVID-19 related disruptions (see McGorry et al., 2025 for review) with some studies showing 54% increases in anxiety and 48% increases in depression between 2016 to 2022 (Casseus & Reichman, 2025), raising significant worry for the current mental state of Canadian TGD+ and LGBSD+ youth populations.

Continued and heightened concern for the safety of TGD+ and LGBSD+ youth appear warranted, given recent findings by Patte et al. (2024), which suggest that bullying victimization in Canada may have intensified following the return to in-person schooling two years after pandemic restrictions began. Notably, this increase appears especially pronounced among gender diverse youth, exceeding pre-pandemic trends. Specifically, those who preferred not to report their gender identity and gender diverse youth were not only approximately three times more

likely to be bullied compared to their female and male peers at all time points, but these trends further elevated two years after the onset of the COVID-19 restrictions (35%) compared to before (30%) and during (26%) the pandemic among TGD+ youth. Although Patte et al. (2024) did not examine differences based on sexual orientation or directly assess mental health outcomes, their findings, considered alongside previous research, raise additional concerns regarding the safety and potential mental health implications for TGD+ and LGBSD+ youth following the end of the pandemic emergency in 2023 (WHO, 2023).

Limitations in the 2SLGBTQI+ Youth Literature

The aforementioned studies provide initial insight into the bullying and/or associated mental health experiences of 2SLGBTQI+ individuals over the past several decades, yet historical (pre-pandemic) and more recent (post-pandemic; WHO, 2023) research suffers from several theoretical, psychometric, methodological, and/or analytical considerations that may limit the generalizability and validity of past results (see Gower et al., 2018b for review). With the exception of a few studies (e.g., Vaillancourt et al., 2021), a standard definition of bullying victimization has either been partially given (e.g., Prokopenko & Hango, 2022; Sares-Jäke et al., 2023; Williams et al., 2003, Williams et al., 2005;) or has not been provided (e.g., Cénat et al., 2015; Clayton et al., 2023; Fischer et al., 2024; Gills & McQuillan, 2022; Watson et al., 2024; Taylor et al., 2011) to participants across many studies in the literature. Vaillancourt et al. (2008) demonstrated a lack of overlap between researcher-developed definitions and student conceptualizations of bullying. Specifically, Vaillancourt et al. found that students' definition of bullying usually involved physical, verbal, and relational aggression, and general harassing behaviour and rarely defined bullying as the prominent definitional criteria provided by researchers. Further, students who were not provided a definition reported being bullied more compared to those who were provided a definition of bullying. As such, the lack of a standardized definition of bullying in these studies may have increased the risk of over or underreporting of bullying victimization and its associated mental health impacts among 2SLGBTQI+ youth.

Further, several studies (e.g., Gills & McQuillan, 2022; Watson et al., 2024) have used the Illinois Bully/Victimization Scale (Espelage & Holt, 2001) to assess bullying which has been previously critiqued as a more accurate measure of aggression (Vivolo-Kantor et al., 2014). Peer aggression and bullying are related but distinct concepts, as bullying specifically involves a

power imbalance, while peer aggression does not necessarily include this component (Evans & Smokowski, 2016). This distinction is well illustrated in two longitudinal studies by Ostrov et al. (2019), who found that although there is a high degree of overlap, aggression in general and bullying were reliably distinct constructs and associated with differing developmental outcomes. Moreover, the Illinois Bully Scale (Espelage & Holt, 2001) does not include cyberbullying, which is notable as online social and academic interactions with peers may have led to an increase in cyberbullying propensity during the pandemic, as shown in some studies pertaining to cisgender, straight (e.g., Patchin & Hinduja, 2022), and 2SLGBTQI+ youth (Clayton et al., 2023). These theoretical and methodological considerations may limit the accuracy of 2SLGBTQI+ youth bullying experiences across the literature.

Some of the pre- and post-pandemic studies examining targeted 2SLGBTQI+ youth also have limited or problematic methodologies and/or analyses. Although surveys are essential for monitoring and investigating disparities and inequities among gender and sexually diverse populations (Institute of Medicine, 2011), collecting information pertaining to minority groups has been and can be methodologically challenging (Gower et al., 2018b). One particular issue is that research on 2SLGBTQI+ youth has often been constricted to small sample sizes (Meyer & Wilson, 2009), which limits generalizability and the robustness of findings. Given the issue of small sample sizes, gender and sexually diverse populations have often been grouped and analyzed together (e.g., Gills & McQuillan, 2022). This is problematic because these populations are not homogenous or monologic groups (Institute of Medicine, 2011). In limited cases, researchers have correctly analyzed the experiences of gender and sexually diverse groups separately (i.e., Cénat et al., 2015; Clayton et al., 2023; Prokopenko & Hango, 2022; Taylor et al., 2011; Vaillancourt et al., 2021; Williams et al., 2003; Williams et al., 2005) with some consideration given to intragroup differences (e.g., Cénat et al., 2015; Clayton et al., 2023; Taylor et al., 2011; Williams et al., 2003; Williams et al., 2005). In other instances, despite past literature that has pointed to significant disparities, researchers erroneously clustered heterogenous subsamples (i.e., heterosexual, questioning, and another sexual orientation not listed; Watson et al., 2024) in attempts to gain large enough subsample sizes for intragroup analyses which could obscure results if these groups were conflated. As such, it would be more proper for researchers to first investigate whether significant within-group differences exist prior to collapsing into gender and sexually diverse groups separately during study analyses.

Researchers have also often focused solely on sexually diverse rather than gender diverse youth (e.g., Cénat et al., 2015; Taylor et al., 2011; Williams et al., 2003; Williams et al., 2005). Although scholarly consideration regarding this population has been growing over the past several years (e.g., Eisenberg et al., 2019; Gower et al., 2023; Prokopenko & Hango, 2022; Sares-Jäske et al., 2023; Watson et al., 2024), there remains a large gap in the literature concerning the bullying and associated mental health experiences of gender diverse youth, especially in Canada.

Furthermore, the TGD+ and LGBSD+ literature has historically lacked the consideration and examination of intersectional differences in youth experiences of bullying victimization and associated outcomes, such as the experiential differences among those embodying a multitude of identities, including gender, sexual orientation, race/ethnicity, and ability (Gower et al., 2018b). Consideration for these variations is growing (Eisenberg et al., 2019; Gower et al., 2023; Sares-Jäske et al., 2023; Watson et al., 2024), with some Canadian researchers being early investigators of intersectional differences in bullying victimization and related mental health outcomes over the past several decades, particularly when considering gender and sexual orientation (e.g., Cénat et al., 2015; Taylor et al., 2011; Williams et al., 2003; Williams et al., 2005). However, these analyses have often been limited to binary measures of gender (i.e., girls and boys only) thus restricting the knowledge, relevance, and applicability of these findings for the lives of gender diverse youth. As such, how the embodiment of various social identities intersect and relate to bullying victimization experiences and mental health outcomes among 2SLGBTQI+ youth is poorly understood in general and in the Canadian context.

The accumulation of these theoretical, psychometric, methodological, and analytic limitations among research examining bullying and mental health of TGD+ and LGBSD+ youth common across the broader literature. The consequences of such limitations can ultimately mask significant experiential differences among individuals within and between gender and sexually diverse communities (National Academies of Sciences, Engineering, and Medicine, 2020). As such, more research is needed that addresses these issues so that conclusions more accurately reflect the lives and well-being of TGD+ and LGBSD+ youth and their intersections. In addition to these limitations, to my knowledge, gender and sexually diverse bullying exposure among TGD+ and LGBSD+ youth in Canada remain unexamined since Patte et al. (2024) analyzed data collected in 2022 nor has anyone examined how these experiences may relate to mental health

outcomes in these populations. Given the degree of mental health and life-threatening consequences of bullying victimization in these communities (see Gower et al., 2018b; Kingsbury et al., 2022; Russell & Joyner, 2001), research is needed to ensure that these youth are prioritized and examined so that previous and current anti-bullying interventions and policies at the individual, interpersonal, institutional, and societal level can be improved to better protect Canadian gender and sexually diverse youth.

Current Study

Considering the high prevalence of bullying victimization and associated consequences in the TGD+ and LGBSD+ communities, my research objective was to replicate and expand upon previous research by investigating the frequency of bullying and associated mental health impacts among gender and sexually diverse youth and the between-group, within-group, and intersectional differences in this relation. My primary research question was: "What is the prevalence of bullying victimization and its association with emotional problems among Canadian gender and sexually diverse youth?". I aimed to examine the association between bullying victimization and the mental health of gender and sexually diverse youth in Grades 7–12. To best answer this question and improve upon previous methodological limitations in the literature, participants were provided a definition of bullying (Vaillancourt et al., 2008), and bullying victimization was examined using a broadly used and accepted composite measure of bullying that combines physical, verbal, social, and cyber forms of bullying (Vaillancourt et al., 2010a; 2010b). Lastly, the moderation of gender identity and sexual orientation was examined and any between-group (e.g., gender diverse versus girl; gay/lesbian versus straight, etc.), within-group (e.g., transgender versus girls; agender versus non-binary, etc.) and intersectional differences (e.g., bisexual girls versus bisexual transgender youth, etc.) were investigated further.

To explore these aims, following minority stress theory and the breadth of previous literature, it was predicted that bullying rates would be higher among gender and sexually diverse youth compared to their cisgender and straight peers. When investigating the association of this victimization on youth emotional problems, it was predicted that bullied gender and sexually diverse youth would report worse emotional problems compared to their targeted cisgender and straight peers. Any between-group, within-group, and intersectional differences in gender identity and sexual orientation were explored.

Method

Participants and Procedures

Cross-sectional data from the Health and Peer Relations Study (HPRS), a new longitudinal Canadian survey that monitors student health and peer relationships from Grade 4 to Grade 12 for the purpose of informing school-level interventions and policies, was used. In the spring of 2024, the HPRS survey was distributed to students in three school districts in Ontario. Participants were asked to report their physical and mental health as well as their experiences of safety, bullying, school climate, sense of mattering, and well-being at their school since the beginning of September 2023 using online, self-report questionnaires. Students were told the purpose of the study and that their responses would be used to help improve school practices. Students were informed that all responses were anonymous and that they had the right to skip any survey question and/or leave the study at any time. Passive parental consent and active student assent were required for participation in the study. Students accessed the survey on their personal or school devices. Participants were given survey completion instructions by their teachers and live technical support was available during the time of data collection. The HPRS was granted ethics approval by the University of Ottawa's Research Ethics Board (REB) and the relevant school board's REB.

A total of 17,434 students in Grades 4 to 12 who accessed the survey provided assent and 13,858 individuals completed the survey. Using response validity screening methods suggested by previous research (e.g., Cimpian & Timmer, 2019; Cornell et al., 2012; Curran et al., 2015; Fecho et al., 2024), data from 1,137 participants were removed because they either indicated they were not honest, answered three or more attention questions incorrectly, and/or had mischievous open-ended responses that was agreed upon by a senior research associate and research assistant. Some participants were flagged in multiple categories but were only counted once in the calculations used for the total invalid responses subsample. As such, 12,721 participants provided usable data. For the current study, participants were excluded if they reported being in Grades 4–6 (n = 5,897) as only participants within Grades 7–12 were presented items inquiring about gender diversity (e.g., agender, bigender, etc.) and sexual orientation (e.g., asexual, bisexual, gay/lesbian, etc.). Following these exclusion criteria, the total analytic sample consisted of 6,824 youth in Grades 7 to 12.

Measures

Demographic Information

Using multiple choice, checkbox, and open response options to optimize inclusivity and sensitivity, students of all grade levels were asked to report their current grade, age, gender identity, sexual orientation, racial/ethnic background, Indigenous status, immigration status, primary language spoken in the home, religion/spirituality, and disability status. Only students in Grades 7 to 12 were asked about gender diversity and their sexual orientation. Definitions of gender identity, transgenderism, and sexual orientation were presented. For gender identity, participants were shown a series of responses (i.e., agender, boy, bigender, demiboy, demigirl, genderfluid, genderqueer, girl, non-binary, questioning, do not know) and asked to select the category(ies) that best described their gender identity. Individuals were also provided an open-ended response option (i.e., Other, in your own words:) for those who preferred to describe their gender identity. Definitions of agender, genderfluid, non-binary, and questioning were given at the request of the participating school boards. Those selecting multiple identities were subsequently coded as "more than one". When measuring transgenderism, students were asked to indicate *yes* or *no* to two separate questions asking about whether they identified as trans or transgender and/or Two-Spirit or Indigiqueer. In terms of sexuality, respondents were presented with a list of responses (i.e., asexual, bisexual, gay or lesbian, pansexual, queer, questioning, straight or heterosexual) and asked to indicate the category(ies) that best described their sexual orientation. An open response option (i.e., Other, in your own words:) for describing one's sexual orientation was also provided. Definitions of asexual, bisexual, gay or lesbian, pansexual, and questioning were given at the request of the participating school boards. Those selecting multiple identities were subsequently coded as "more than one". All demographic items included a "skip" response option, allowing participants to choose not to answer any question for any reason.

Bullying Victimization

A five-item adapted version of the Olweus Bully/Victim Questionnaire (Olweus, 1994; Vaillancourt et al., 2010a) was used to measure youth experiences of bullying. The questionnaire asks students to indicate on a 5-point frequency scale, ranging from 0, *never*, to 5, *many times a week*, the extent to which they experienced different types of bullying, including general, physical, verbal, social, and cyber, since September of that school year. One out of the five items was allowed to be missing when calculating respondents total scores. A minimum score of 0,

suggests no experiences of bullying (i.e., not at all on every item), and a maximum score of 5, indicates a high frequency of bullying experiences (i.e., many times a week on all items). This measure has a high degree of reliability and validity (Vaillancourt et al., 2021), suggesting that it was optimal for use in the current study. A definition of bullying was provided to allow participants to distinguish their previous experiences more accurately from teasing and aggression (Vaillancourt et al., 2008). In the current study, this measure had a Cronbach's alpha of $\alpha = .84$ suggesting a good internal consistency.

For ease of comparing groups and interpretation of results, scores were dichotomized with those responding "never" and "only a few times this year" being categorized as *not bullied* and those reporting experiences that occurred "every month", "every week", or "many times a week" being categorized as *bullied* using an established cut-off (Solberg & Olweus, 2003).

Mental Health

Emotional problems were measured using items from the 2014 Ontario Child Health Study Emotional and Behavioural Scale-Brief Version (OCHS-EBS-B; Boyle et al., 2022). The OCHS-EBS-B is a revised shortened version of the original 52-item scale used to measure youth mental health (Duncan et al., 2019). The 25-item revised version of the scale consists of emotional (8 items), behavioural (10 items), and attentional (7 items) symptom categories that are based on DSM-5 symptom criteria and coincide with the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-KID). The OCHS-EBS-B includes symptomology pertaining to a wide range of disorders, including generalized anxiety disorder (GAD) and major depressive disorder (MDD). Youth (age 4–17 years) are asked to select the response that best describes themselves currently or within the past 6 months (e.g., "*I am anxious or on edge", "I find it hard to stop worrying", "I feel worthless or inferior", "I am unhappy, sad or depressed*") on a 3-point scale from 1 (*never or not true*), 2, (*sometimes or somewhat true*), to 3 (*often or very true*). Scores are averaged for each subscale and total scale. Only composite scores for all scale items, including anxiety *(*$n = 4$) and depression ($n = 3$), were used for analyses to comprise an overall score in emotional problems (an item inquiring about suicidality was excluded from the current study). Five out of the seven items were required to calculate an average total emotional problems score. This scale comes from the Canadian Health Survey on Children and Youth (CHSCY; Statistics Canada, 2023b) and has been used in the Ontario Child Health Study (OCHS). The OCHS-EBS-B has been found to have acceptable

average internal consistency, test-retest reliability, construct validity, as well as internal and external convergent and discriminant validity (Boyle et al., 2022). In the current study, the OCHS-EBS-B had a Cronbach's alpha of $\alpha = .89$ indicating a good internal consistency.

Analysis Plan

Descriptive Statistics

The Statistical Package for Social Sciences (SPSS) version 29 was used to analyze all data. Although a minimum cell size of 20 is considered a more than acceptable guideline for protecting against re-identification when examining sensitive information (Government of Canada, 2020; Information and Privacy Commissioner of Ontario, 2016), a cell size equal to or less than 30 was used as a cut off given that this can pose a risk to the strength of statistical inference (i.e., normality; King & Eckersley, 2019, pp. 71-90). As such, crosstabulations across all study variables were reviewed and any cells equal to or less than 30 were subsequently collapsed. To describe the total sample, girls, boys, gender diverse, and sexually diverse demographic characteristics, descriptive statistics (mean and standard deviation for continuous variables and percentages for categorical variables) on gender identity, sexual orientation, bullying victimization, emotional problems, ethnicity/race, and grade level were calculated. A t-test for sexual orientation and an analysis of variance (ANOVA) for gender identity categories on emotional problems were used to describe the average level of mental health concerns in the dataset.

Chi-square tests of independence were used to explore whether groups within the analytic sample significantly differed on any of the demographic characteristics. Additionally, Chi-square tests of independence were also used to further describe the dataset and provide further justification for using a composite measure of bullying by examining whether certain groups were more likely to experience general, physical, verbal, relational, or cyberbullying forms.

Pearson's correlations and point-biserial correlations were used to further describe the data by examining the associations between bullying victimization, emotional problems, and grade level variables. These correlations also served as several validity checks as previous studies have consistently found associations among these variables.

Main Analyses

Two factorial analyses of covariance (ANCOVA) were used to investigate whether youth emotional problems depended on bullying victimization status, gender identity, and sexual orientation. Race/ethnicity and grade level were entered into all models to control for any possible racial/ethnic intersectional (Shramko et al., 2019) and grade/age effects. Referred to henceforth as the expanded model, the first three-way interaction was used to explore whether there were intragroup differences in bullying victimization and emotional problems among and between gender identity (e.g., transgender versus non-binary, etc.) and/or sexuality (e.g., bisexual versus gay/lesbian, etc.) subgroups after controlling for race/ethnicity and grade level (i.e., expanded model). Because of restricted cell sizes (i.e., ≤ 30) when examining the crosstabulation between gender diverse subgroups and sexually diverse subgroups, all diverse gender categories had to be collapsed into gender diverse (gender diverse, girl, boy). Similarly, when investigating gender identity and sexuality, numerous diverse sexuality categories had to be collapsed into straight, bisexual, gay/lesbian, and/or another sexually diverse identity. As such, a 2 (not bullied, bullied) x 3 (gender diverse, girl, boy) x 4 (bisexual, gay/lesbian, other, straight) ANCOVA analysis was used while controlling for race/ethnicity and grade level.

A second 2 (not bullied, bullied) x 3 (gender diverse, girl, boy) x 2 (sexually diverse, straight) ANCOVA analysis was used if no statistically significant intragroup differences were found in the expanded model to explore whether intergroup differences in gender identity (i.e., gender diverse versus girls, gender diverse versus boys) and sexual orientation (i.e., sexually diverse versus straight) would better explain the relation between bullying victimization and emotional problems after adjusting for race/ethnicity and grade level (i.e., collapsed model). Simple effects analyses were used to investigate any significant interactions and were corrected using a Bonferroni adjustment for multiple comparisons (Sedgwick, 2014).

To evaluate the effect size of the models, Cohen's (1992) criteria was used in which .02 indicated a small effect size, .13 suggested a medium effect size, and .26 was considered a large effect size.

Results

Descriptive Statistics

Sample Characteristics

Participant characteristics are shown in Table 1. Most participants in the total sample (N = 6,824) identified as a girl (48.1%), White (61.3%), straight (79.2%), and between Grades 9–12 (51.2%). Of the total analytic sample, 5.3% reported a gender diverse identity. The most common gender diverse identity reported was transgender (1.8%), followed by another gender diverse identity (i.e., other; 1.8%), those questioning their gender identity (0.7%), genderfluid (0.5%), and non-binary/gender nonconforming (0.5%). Participants were placed into "Other" because of restricted sample sizes (i.e., agender, bigender, demiboy, demigirl, genderqueer, more than one, Two-Spirit, Two-Spirit and transgender, do not know) and/or could not be placed into a category. Most gender diverse youth identified as sexually diverse (88.8%) rather than straight (11.2%).

A sexually diverse identity was reported by 29.8% of participants. Of the total sample, another sexually diverse identity was most common (i.e., other; 11.6%), followed by bisexual (6.8%), and gay/lesbian (2.4%). Participants were placed into "Other" because of restricted sample sizes (i.e., asexual, pansexual, queer, questioning, more than one) and/or because they could not be placed into a category.

When exploring differences in group sample characteristics, the Chi-square test of independence examining the proportions of gender (gender diverse, girl, boy) by race/ethnicity (White, racially/ethnically diverse) were not significantly different from what was expected, $\chi^2(2, 6058) = 2.66$, $p = .270$, indicating that there was no variation in the racial/ethnic composition across gender diverse youth (White, 5.7%; diverse, 4.8%), girls (White, 50.30%; diverse, 50.70%), and boys (White, 44.0%; diverse, 44.50%). However, proportions of gender identity by grade (Grade 7–8, Grade 9–12) were significantly different from what was expected, $\chi^2(2, 6524) = 14.54$, $p < .001$, with the proportion of youth in Grade 7–8 who were gender diverse being lower (gender diverse, 4.6%, $z = -2.4$; girl, 49.90%, $z = -.40$; boy, 45.50%, $z = 1.2$) and those in Grades 9–12 being greater than expected (gender diverse, 6.5%, $z = 2.3$; girl, 50.8%, $z = .30$; boy, 42.70%, $z = -1.2$).

The investigation of the proportions of sexual orientation (sexually diverse, straight) by race/ethnicity was significantly different from expected, $\chi^2(1, 5536) = 13.37$, $p < .001$, with the

number of those identifying as White (sexually diverse, 21.80%, $z = 2.0$; straight, 78.20%, $z = -1.0$) being greater and racially/ethnically diverse (sexually diverse, 17.70%, $z = -2.6$; straight, 82.80%, $z = 1.3$) being lower than expected among sexually diverse youth. Proportions of sexual orientation by grade were also significantly different from what was expected, $\chi^2(1, 5821) = 24.24$, $p < .001$. Specifically, the number of youth in Grades 7–8 who identified as sexually diverse was lower (sexually diverse, 18.1%, $z = -3.2$; straight, 81.9%, $z = 1.6$), and in Grades 9–12 was greater than expected (sexually diverse, 23.3%, $z = 3.0$; straight, 76.70%, $z = -1.5$).

Emotional Problems and Bullying Victimization

The mean level of emotional problems in the total sample was 0.82 ($SD = 0.56$; min = 0, max = 2). There was a significant positive association between emotional problems and grade level, $r(6550) = .11$, $p < .001$, indicating that youth in higher grades tended to report more emotional problems. The mean level of bullying victimization experiences in the total sample was 0.56 ($SD = 0.72$; min = 0, max = 5). Bullying victimization was positively associated with emotional problems, $r(6385) = .37$, $p < .001$, showing that those who reported more frequent bullying victimization also reported more emotional problems. Further, there was a significant negative relation between bullying victimization and grade level, $r(6539) = -.19$, $p < .001$, suggesting that youth in older grades tended to experience less bullying victimization.

When using the bullying victimization cut offs, 74.7% of the total analytic sample had never been or only been bullied a few times since the start of the school year. In comparison, 25.3% of students reported having experienced at least one form of bullying (i.e., general, physical, verbal, relational, cyber) at least once a month to many times a week since the start of the school year. Of those who were bullied in the total sample, the most common form of bullying experienced was verbal (18.0%) followed by relational (13.5%), general (10.5%), cyber (6.0%), and physical (5.7%).

Within gender identity, gender diverse youth reported significantly greater exposure to multiple forms of bullying, including general bullying (gender diverse, 20.0%, $z = 5.60$; girl, 10.0%, $z = -.60$; boy, 9.6%, $z = -1.3$; $\chi^2[2, 6352] = 37.399$, $p < .001$), verbal (gender diverse, 30.4%, $z = 5.50$; girl, 15.9%, $z = -2.80$; boy, 18.8%, $z = 1.0$; $\chi^2[2, 6344] = 47.43$, $p < .001$), relational (gender diverse, 23.0%, $z = 4.90$; girl, 15.7%, $z = 3.50$; boy, 9.7%, $z = -5.40$; $\chi^2[2, 6316] = 75.747$, $p < .001$), and cyberbullying (gender diverse, 10.9%, , $z = 3.80$; girl, 6.3%, $z = .90$; boy, 4.8%, $z = -2.30$; $\chi^2[2, 6339] = 22.03$, $p < .001$). Boys had greater exposure to physical

bullying followed by gender diverse and girl youth (gender diverse, 9.1%, $z = 2.9$; girl, 3.8%, $z = -4.1$; boy, 7.0%, $z = 3.4$; $\chi^2[2, 6359] = 38.77$, $p < .001$). Within sexual orientation, sexually diverse youth reported experiencing significantly higher rates of various forms of bullying, including general (sexually diverse, 15.6%, $z = 5.60$; straight, 9.0%, $z = -2.80$; $\chi^2[1, 5682] = 43.75$, $p < .001$), verbal, (sexually diverse, 24.6%, , $z = 4.70$; straight, 17.2%, $z = -2.40$; $\chi^2[1, 5677] = 33.87$, $p < .001$), relational, (sexually diverse, 20.7%, $z = 6.40$; straight, 12.0%, $z = -3.20$; $\chi^2[1, 5666] = 59.71$, $p < .001$), and cyberbullying (sexually diverse, 8.5%, $z = 3.20$; straight, 5.6%, $z = -1.60$; $\chi^2[1, 5682] = 13.686$, $p < .001$). Sexually diverse and straight youth had the same amount of exposure to physical bullying (sexually diverse, 5.6%, $z = -.20$; straight, 5.8%, $z = .10$; χ^2 [1, 5693] = 0.067, $p = .796$).

Table 1

Descriptive Statistics and Sociodemographic Characteristics of Participants

Characteristics	Total (N = 6,824)	Girl (n = 3,285)	Boy (n = 2,875)	Gender Diverse (n = 364)	Sexually Diverse (n = 1,213)
Bullying Victimization					
Not bullied	74.7%	75.2%	75.7%	61.4%	66.8%
Bullied	25.3%	24.8%	24.3%	38.6%	33.3%
Emotional Problems	.82 (56)	.97 (.53)	.61 (.50)	1.29 (.54)	1.18 (.54)
Gender Identity					
Girl	48.1%				21.7%
Boy	42.1%				9.7%
Transgender	1.8%			34.3%	
Gender fluid	0.5%			9.6%	
Non-binary/non-conforming	0.5%			9.1%	
Questioning	0.7%			12.9%	
Other	1.8%			34.1%	
Sexual Orientation					
Straight	79.2%	78.3%	90.3%	11.2%	
Bisexual	6.8%	8.8%	2.7%	17.8%	32.6%
Gay/lesbian	2.4%	2.0%	1.3%	13.2%	11.5%
Other	11.6%	10.9%	5.7%	57.9%	55.9%
Race/ethnicity					
White	61.3%	61.2%	61.2%	65.7%	67.1%
Diverse	38.7%	38.8%	38.8%	38.3%	32.9%
Grade Level					
7–8	48.8%	47.9%	50.0%	39.6%	40.7%
9–12	51.2%	52.1%	50.0%	60.4%	59.3%

Note. Proportions are presented as percentages within each column (i.e., total, gender identity, sexual orientation). Within gender identity, the "Other" category consists of open-ended responses that could not be placed into a prelisted category along with agender, bigender, demiboy, demigirl, genderqueer, Two-spirited, Two-spirited and transgender, do not know, and those who reported being more than one gender because of small sample sizes. Within sexual orientation, the "Other" category consists of open-ended responses that could not be placed into a prelisted category as well as asexual, pansexual, queer, questioning, and those who reported having more than one sexual identity because of small sample sizes. Values for gender diverse subgroups by sexual diverse subgroups were omitted due to small sample sizes (i.e., ≤ 30).

Expanded Model: Three-Way Interaction Analysis

The first three-way factorial ANCOVA analysis was used to explore whether there were intragroup differences in the association between bullying victimization and emotional problems based on gender identity among youth identifying as straight and bisexual, gay/lesbian, and another sexually diverse identity after controlling for race/ethnicity and grade level (i.e., expanded model). As shown in Table 2, the three-way interaction between bullying victimization by gender identity by expanded sexual orientation, $F(6, 5300) = 1.355$, $p = .229$, and two-way interactions between bullying victimization by expanded sexual orientation, $F(3, 5300) = 2.1$, $p = .098$, and gender identity by expanded sexual orientation, $F(6, 5300) = 1.714$, $p = .113$, were not statistically significant. The one-way interaction of expanded sexual orientation on emotional problems was statistically significant, $F(3, 5300) = 27.424$, $p < .001$, indicating that the degree of emotional problems differed based on youth sexuality. The results of the main effect analysis revealed that youth who identified as bisexual ($M = 1.222$, $SE = 0.034$, $n = 350$; *mean difference* = -.323, $SE = 0.045$, $p < .001$, 95% CI [-0.442, -0.205]), gay/lesbian ($M = 1.308$, $SE = 0.047$, $n = 124$; *mean difference* = -.409, $SE = 0.056$, $p < .001$, 95% CI [-0.556, -0.262]), or another sexual identity ($M = 1.155$, $SE = 0.022$, $n = 590$; *mean difference* = -.256, $SE = 0.037$, $p < .001$, 95% CI [-0.354, -0.158]), had significantly more emotional problems compared to straight youth ($M = 899$, $SE = 0.03$, $n = 4262$), suggesting that all sexually diverse groups had worse emotional problems compared to their straight counterparts. However, youth who identified as bisexual did not significantly differ from gay/lesbian, *mean difference* = -0.086, $SE = 0.058$, $p = .833$, 95% CI (-0.239, 0.067), or another sexually diverse identity, *mean difference* = 0.068, $SE = 0.04$, $p = .555$, 95% CI (-0.038, 0.174), on emotional problems. Youth who identified as gay/lesbian had significantly more emotional problems compared to those who identified as another sexually diverse identity, *mean difference* = .153, $SE = 0.052$, $p = 0.02$, 95% CI (0.016, 0.291). However, since the other sexually diverse identity category was an amalgamation of multiple sexualities with cell sizes that were too small to analyze, this significant finding was ignored as it would not be possible to precisely discern the group(s) that differed from gay/lesbian youth on emotional problems.

Table 2

Source	*SS*	*df*	*MS*	*F*	*p*	η^2_p
Intercept	83.919	1	83.919	361.501	<.001	0.064
Race/Eth	1.619	1	1.619	6.972	.008	0.001
Grade Level	25.845	1	25.845	111.332	<.001	0.021
Vic	19.845	1	19.845	85.486	<.001	0.016
Gen	15.025	2	7.512	32.361	<.001	0.012
SO4	19.099	3	6.366	27.424	<.001	0.015
Vic*Gen	0.544	2	0.272	1.172	.31	0
Vic*SO4	1.462	3	0.487	2.1	.098	0.001
Gen*SO4	2.387	6	0.398	1.714	.113	0.002
Vic*Gen*SO4	1.887	6	0.314	1.355	.229	0.002
Error	1230.35	5300	0.232			
Total	5453.118	5326				

Note. Race/Eth = race/ethnicity. Vic = bullying victimization. Gen = gender identity. SO4 = Sexual orientation consisting of straight, bisexual, gay/lesbian, and other.

Therefore, given that no analyzable within-group differences between bullying victimization on mental health based on gender identity were found among bisexual, gay/lesbian, and another sexually diverse youth in the expanded model and that sexually diverse youth significantly differed from straight youth on emotional problems, sexual orientation was further collapsed into a dichotomous variable (i.e., sexually diverse, straight) when conducting the following analyses. All analyses listed henceforth are the result of this collapsed three-way model.

Collapsed Model: Three-Way Interaction Analysis

A 2 (not bullied, bullied) x 3 (gender diverse, girl, boy) x 2 (sexually diverse, straight) factorial ANCOVA on emotional problems was investigated to explore whether youth emotional problems depended on bullying victimization status, gender identity, and sexual orientation after controlling for race/ethnicity and grade level, as shown in Table 3. The three-way interaction was not statistically significant, $F(2, 5312) = 2.58$, $p = .076$, indicating that youth emotional problems did not differ based on the presence or absence of bullying victimization experiences across gender identities and sexual orientations when accounting for race/ethnicity and grade.

Table 3

Three-Way Analysis of Covariance of Bullying Victimization on Emotional Problems Based on Gender Identity and Sexual Orientation and Covariates

	SS	*df*	*MS*	*F*	*p*	η^2_p
Intercept	65.563	1	34.655	149.194	<.001	0.05
Race/Eth	1.623	1	65.563	282.257	.008	0.001
Grade Level	26.627	1	1.623	6.986	<.001	0.021
Vic	24.802	1	26.627	114.634	<.001	0.02
Gen	48.613	2	24.802	106.774	<.001	0.038
SO	17.266	1	24.307	104.642	<.001	0.014
Vic*Gen	0.211	2	17.266	74.33	.636	0
Vic*SO	1.458	1	0.105	0.453	.012	0.001
Gen*SO	1.488	2	1.458	6.277	.041	0.001
Vic*Gen*SO	1.199	2	0.744	3.203	.076	0.001
Error	1233.882	5312	0.599			
Total	5453.118	5326				

Note. Race/Eth = race/ethnicity. Vic = bullying victimization. Gen = gender identity. SO = Sexual orientation.

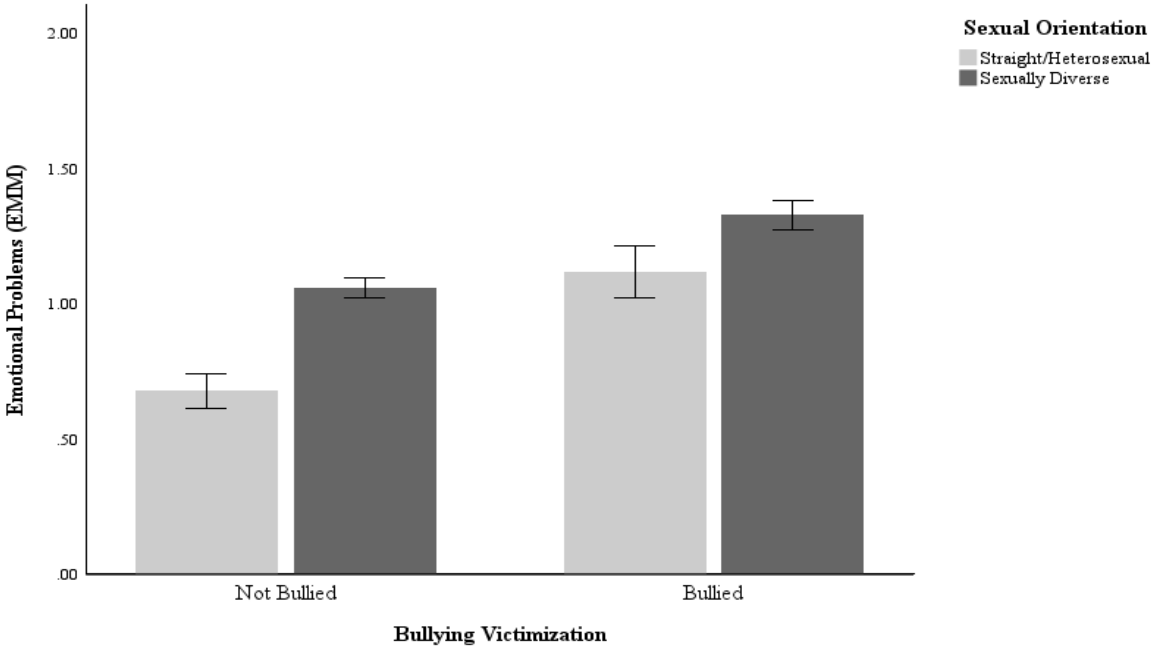
Two-Way Interaction Analyses

The two-way interaction analyses examined whether youth emotional problems were dependent on the interaction between bullying victimization, gender identity, and sexual orientation after controlling for race/ethnicity and grade level. Similar to the three-way interaction, the two-way interaction exploring bullying victimization and gender identity was not statistically significant, $F(2, 5312) = 0.45$, $p = .636$. That is, youth emotional problems did not vary regardless of bullying experiences or lack thereof across genders when race/ethnicity and grade level were considered.

Bullying Victimization and Sexual Orientation. The two-way interaction of bullying victimization by sexual orientation on emotional problems was statistically significant, $F(1, 5312) = 6.277$, $p = .01$, partial eta squared (η^2_p) = 0.001 (very small effect size; see Figure 1), such that youth emotional problems varied based on whether they had been bullied and their sexual orientation when accounting for race/ethnicity and grade level.

Figure 1

Bullying Victimization by Sexual Orientation on Emotional Problems



Note. Bar graph illustrates a significant two-way interaction between bullying victimization (not bullied, bullied) and sexual orientation (straight, sexually diverse) after controlling for race/ethnicity and grade level. Values listed for emotional problems on the y-axis are estimated marginal means.

The simple effects analysis of bullying victimization within each category of sexual orientation was statistically significant, suggesting differences in emotional problems between non-bullied and bullied youth for sexually diverse and straight orientations. Following a Bonferroni adjustment, a statistically significant difference in emotional problems emerged based on bullying status among sexually diverse youth, $F(1, 5312) = 63.09$, $p < .001$, partial eta squared (η^2_p) = .012 (very small effect size). Sexually diverse youth who were bullied ($M = 1.33$, $SE = 0.03$, $n = 351$) reported significantly greater emotional problems compared to their non-bullied counterparts ($M = 1.06$, $SE = 0.02$, $n = 713$), *mean difference* = 0.27, $SE = 0.03$, $p < .001$, 95% CI [0.20, 0.34]. Similarly, there was a statistically significant difference in emotional problems based on bullying status among youth who identified as straight, $F(1, 5312) = 54.66$, $p < .001$, partial eta squared (η^2_p) = .010 (very small effect size). Straight youth who were bullied ($M = 1.12$, $SE = 0.05$, $n = 1016$) reported significantly greater emotional problems compared to

those who were not bullied (M = 0.68, SE = 0.03, n = 3246), *mean difference* = 0.44, SE = 0.06, $p < .001$, 95% CI [0.33, 0.56].

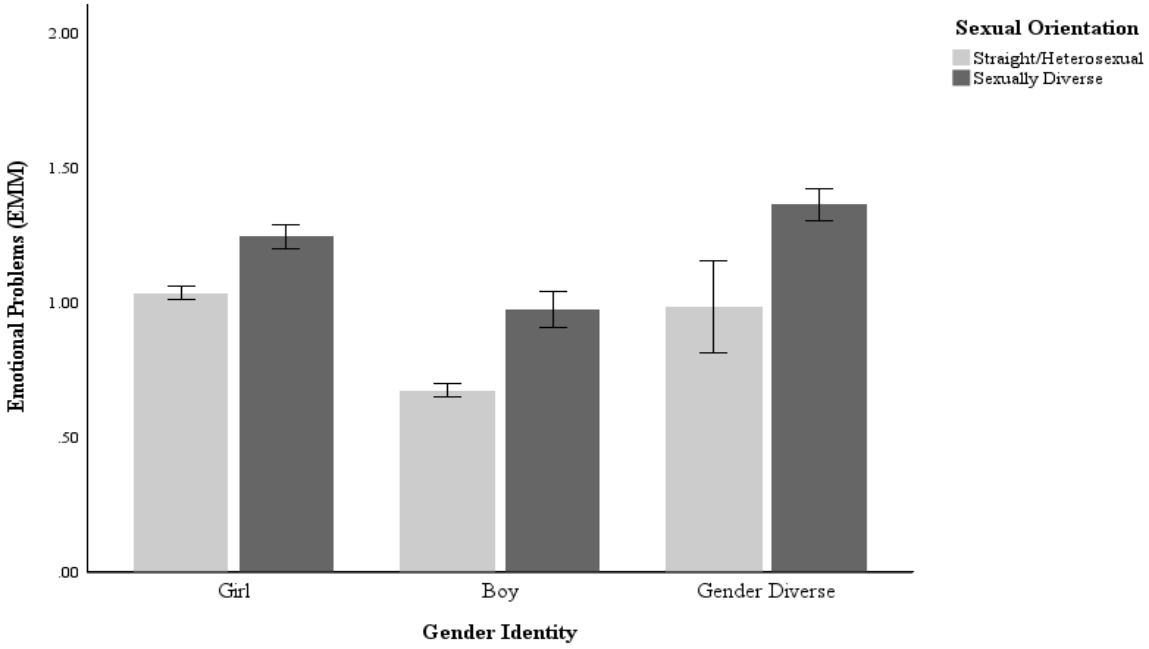
The simple effects analyses examining sexual orientation within each bullying category were statistically significant, indicating differences in emotional problems between sexually diverse and straight youth among both bullied and non-bullied groups. Following a Bonferroni correction, among youth who were bullied, there was a statistically significant difference in emotional problems based on sexual orientation, $F(1, 5312) = 13.75$, $p < .001$, partial eta squared (η^2_p) = .003 (very small effect size). Specifically, bullied sexually diverse youth (M = 1.33, SE = 0.03, n = 351) reported significantly greater emotional problems than bullied straight youth (M = 1.12, SE = 0.05, n = 1016), *mean difference* = 0.21, SE = 0.06, $p < .001$, 95% CI [0.10, 0.32].

Similarly, among youth who were not bullied, emotional problems differed significantly by sexual orientation, $F(1, 5312) = 97.37$, $p < .001$, partial eta squared (η^2_p) = .018 (very small effect size). Sexually diverse youth who were not bullied (M = 1.06, SE = 0.02, n = 713) reported significantly greater emotional problems than non-bullied straight youth (M = 0.68, SE = 0.03, n = 3246), *mean difference* = 0.38, SE = 0.04, $p < .001$, 95% CI [0.31, 0.46].

Gender Identity and Sexual Orientation. As illustrated in Figure 2, the results of the two-way interaction between gender identity by sexual orientation on emotional problems were statistically significant, $F(2, 5312) = 3.20$, p = .041, partial eta squared (η^2_p) = .001 (very small effect size). This finding indicates that the level of emotional problems varied significantly according to the combination of gender identity and sexual orientation among youth, controlling for race/ethnicity and grade level.

Figure 2

Gender Identity by Sexual Orientation on Emotional Problems



Note. Bar graph illustrates a significant two-way interaction between gender identity (girl, boy, gender diverse) and sexual orientation (straight, sexually diverse) after controlling for race/ethnicity and grade level. Values listed for emotional problems on the y-axis are estimated marginal means.

The simple effects analyses examining sexual orientation within each gender identity category indicated significant differences in emotional problems between sexually diverse and straight youth for gender diverse youth, girls, and boys. Following a Bonferroni correction, gender diverse youth showed significant differences in emotional problems based on sexual orientation, $F(1, 5312) = 16.64$, $p < .001$, partial eta squared (η^2_p) = .003 (very small effect size). Sexually-gender diverse youth ($M = 1.36$, $SE = 0.03$) reported significantly greater emotional problems compared to straight gender diverse youth ($M = 0.99$, $SE = 0.09$), *mean difference* = 0.38, $SE = 0.09$, $p < .001$, 95% CI [0.20, 0.56]. Among girls, there was a significant difference in emotional problems based on sexual orientation, $F(1, 5312) = 69.34$, $p < .001$, partial eta squared (η^2_p) = .013 (very small effect size). Sexually diverse girls ($M = 1.25$, $SE = 0.02$) reported significantly greater emotional problems than straight girls ($M = 1.04$, $SE = 0.01$), *mean difference* = 0.21, $SE = 0.03$, $p < .001$, 95% CI [0.16, 0.26]. Finally, among boys, emotional problems also differed significantly by sexual orientation, $F(1, 5312) = 67.16$, $p < .001$, partial

eta squared (η^2_p) = .012 (very small effect size). Sexually diverse boys (M = 0.98, SE = 0.04) experienced significantly greater emotional problems than straight boys (M = 0.68, SE = 0.01), *mean difference* = 0.30, SE = 0.04, p < .001, 95% CI [0.23, 0.37].

The simple effects analyses examining gender identity within each sexual orientation category revealed statistically significant differences in emotional problems among gender identities for both sexually diverse and straight youth. Following a Bonferroni adjustment, there was a significant difference in emotional problems based on gender identity among sexually diverse youth, F(2, 5312) = 36.78, p < .001, partial eta squared (η^2_p) = .014 (very small effect size). Specifically, among sexually diverse youth, gender diverse youth (M = 1.36, SE = 0.03) reported significantly worse emotional problems compared to girls (M = 1.25, SE = 0.02), *mean difference* = 0.12, SE = 0.04, p = .005, 95% CI [0.03, 0.21], and boys (M = 0.98, SE = 0.04), *mean difference* = 0.39, SE = 0.05, p < .001, 95% CI [0.28, 0.50]. Additionally, sexually diverse girls reported significantly greater emotional problems than sexually diverse boys, *mean difference* = 0.27, SE = 0.04, p < .001, 95% CI [0.17, 0.37].

Similarly, among straight youth, emotional problems significantly differed based on gender identity, F(2, 5312) = 215.87, p < .001, partial eta squared (η^2_p) = .075 (small effect size). Straight gender diverse youth (M = 0.99, SE = 0.09), *mean difference* = 0.31, SE = 0.09, p < .001, 95% CI [0.10, 0.52], and girls (M = 1.04, SE = 0.01), *mean difference* = 0.44, SE = 0.02, p < .001, 95% CI [0.40, 0.52], both had significantly worse emotional problems compared to straight boys (M = 0.68, SE = 0.01). However, straight gender diverse youth did not significantly differ in emotional problems from straight girls, *mean difference* = -0.05, SE = 0.09, p = 1.00, 95% CI [-0.26, 0.16], indicating comparable levels of emotional distress between these two groups.

Discussion

Gender identity and sexual orientation differences in youth bullying victimization on mental health were examined in this thesis. Previous studies were replicated by examining the relation between bullying victimization and mental health and whether this association was moderated by gender identity and sexual orientation. Previous research was also extended by exploring intersectional differences while taking race/ethnicity and grade level into account in a large sample of Canadian youth. Particular interest was given to exploring the experiences of the 2SLGBTQI+ including intergroup (e.g., gender diverse versus girls; sexually diverse versus

straight), intragroup (e.g., gay/lesbian versus bisexual), and intersectional (e.g., sexually-gender diverse versus straight gender diverse youth; sexually-gender diverse youth versus sexually diverse girl youth) variations. Although gender diverse subgroups by sexual orientation subgroups were too small to analyze, there were no within-group emotional problem differences among straight, bisexual, gay/lesbian, or another sexually diverse identity, by bullying victimization by gender identity in the expanded model. Rather although sexually diverse groups reported higher emotional problems compared to their straight counterparts, no within group differences among sexually diverse groups were found. Because of the lack of analyzable intragroup differences but notable between group differences based on sexuality, sexual orientation was collapsed into straight and sexually diverse in the second model (i.e., collapsed model) to attempt to further explore the relation between bullying victimization, gender identity, and sexual orientation on emotional problems. In the collapsed model, there was no three-way interaction between youth of varying gender identities by sexual orientations by bullying experiences or lack thereof on mental health differences after taking their race/ethnicity and grade level into account. There were also no differences in the degree of emotional problems among gender diverse youth, girls, and boys based on their bullying victimization experiences despite preliminary findings that showed gender diverse youth had higher than expected exposure across all forms of victimization. However, variations in emotional problems emerged in terms of the bullying victimization experiences of youth across sexual orientations. Notably, those who were bullied had worse emotional problems compared to those who were not bullied across sexual orientations and were of similar magnitude, although the strength of this association was very small (i.e., effect size). Sexually diverse youth were more likely to be bullied and experienced the most forms of bullying victimization, including general, verbal, relational, and cyber (the exception being physical bullying). Further, bullied and non-bullied sexually diverse youth had the worst emotional problems compared to their respective straight peers. However, the strength of the association between sexual orientation on emotional problems was weakest for bullied youth and although stronger, was small for non-bullied youth perhaps indicating that bullying victimization is a notable stressor and might support the notion that bullying victimization is emotionally harmful regardless of one’s sexuality-based experiences.

Outside of bullying victimization, similar variations emerged when the intersection of gender identity and sexual orientation were explored with emotional problems being higher among sexually diverse youth across gender identities. Specifically, emotional problems were notable for sexually diverse girls compared to boys and was particularly pronounced among sexually-gender diverse youth compared to sexually diverse girls and boys. However, the magnitude of gender on emotional problems was small for straight youth which contrasted the very weak association among their sexually diverse peers. This may be explained by the possibility that sexually diverse youth may experience such high levels of mental health distress that additional gender-based stressors have a less pronounced impact on their emotional well-being. In contrast, gender-based challenges may contribute more to the emotional well-being of straight youth who are not exposed to the same sexuality-based stressors. Indeed, when not considering gender identity, the average level of emotional problems among sexually diverse youth was higher than approximately 74% of the sample, indicating more emotional problems than most participants. As such, these results would still support the notion that sexually diverse youth across gender identities may be subjected to considerable stressors that weight heavily on their mental health. Similarly, these results showed that the strength of association of sexual orientation on the emotional problems of gender diverse youth was also very weak and although slightly stronger, this relation was also very weak among girls and boys. However, like those who identified as sexually diverse, this minimal effect size among gender diverse youth may speak to a high level of emotional distress experienced by this group regardless of their sexual orientation, especially given that their average level of emotional problems was higher than approximately 80% of the total sample.

Bullying Victimization and Emotional Problems among Sexually Diverse Youth

These results align with a breadth of research that indicates how poor mental health is commonly observed among general targets of bullying victimization regardless of sexual orientation (Moore et al., 2017). However, as mirrored in the boarder literature, our additional findings would indicate that there are great disparities in the groups that are at risk for intentional and repeated targeting by their peers, particularly sexually diverse youth (Cénat et al., 2015; Prokopenko & Hango, 2022; Taylor et al., 2011; Williams et al., 2003; Williams et al., 2005). Specifically, sexually diverse youth generally experienced the most forms of bullying victimization compared to their straight peers, including general, verbal, relational, and cyber

with the exception being physical bullying, which may be attributed to a decline in this type of bullying with age (Waasdorp et al., 2017). Sexually diverse youth also fared worse mentally from such treatment compared to their straight peers, demonstrating yet another robust finding among the broader 2SLGBTQI+ literature (Birkett et al., 2015; Toomey et al., 2010).

The minority stress model is the predominant theory used to understand and explain elevations in youth gender and sexually diverse mental health (Frost & Meyer, 2023; Hall, 2018; Hatzenbuehler & Pachankis, 2016; Meyer, 2003; 2007). Many 2SLGBTQI+ youth are exposed to additional stressors and barriers beyond those experienced in everyday life that are rooted in the sociocultural perpetration of cis-hetero-normative ideology and values, such as traditional masculinity and binary gender norms, that socially devalue and discredit 2SLGBTQI+ (Hendricks & Testa, 2012; Meyer, 2003). These traditional norms operate and are expressed on various social levels and can manifest in the overrepresentation and perpetuation of discrimination, stigmatization, and violence in the form of peer bullying victimization directed toward 2SLGBTQI+ youth (Hendricks & Testa, 2012; Meyer, 2003). Further, the intersection of various social identities (e.g., gender identity, sexual orientation, race/ethnicity, ability, etc.) that are traditionally devalued in society (i.e., intersectionality theory; Crenshaw et al., 1991) can place one further at risk for numerous and compounding victimization experiences.

Adolescence is a time in which young people come to form their identity, with many gender and sexually diverse youth understanding and disclosing their gender identity and sexuality at a young age (i.e., 14; Russell & Fish, 2016). Peer feedback can also become important at this stage for informing adolescents' understanding of themselves as they spend more time with their peers and less time with their families in some cultural contexts (Harris, 1995; Rubin et al., 2006). Given the heightened developmental sensitivity to peer attitudes and aggression (Guyer & Jarcho, 2018; see Hensums et al., 2023 for meta-analysis) that can manifest as prejudice toward gender and sexually diverse identities (Russell & Fish, 2019), negative peer interactions that directly and/or indirectly relate to aspect(s) of identity may be perceived as particularly threatening (social identity threat; Bayram Özdemir & Stattin, 2014) and has the potential to lead youth to conceal their identities, and/or internalize negative, shameful societal views (Meyer, 2003). When coupled with a lack of and/or unreliable social safety (social connection, social belongingness, social recognition, social protection; see Diamond & Alley, 2022) and/or victimization in multiple contexts (e.g., school, neighborhood, religious

institutions), youth within these communities may develop generalized beliefs about rejection from others (Baams et al., 2020; Feinstein, 2019) and chronic vigilance to potential threats of prejudice, discrimination, and violence, including bullying, in attempts to protect oneself from physical and/or emotional harm (Baams et al., 2020; Feinstein, 2019; Meyer, 2003). Further, histories of personal and/or witnessed victimization experiences related to one's gender identity and/or sexuality may lead individuals to be sensitive to and interpret ambiguous situations as instances of peer rejection and bullying victimization (see Baams et al., 2020 and Feinstein, 2019). When combined with daily general stressors, these chronic, broad spanning (e.g., laws, social policies) and enduring experiences of social stress (e.g., bullying victimization) can contribute to and trigger significant stigma-induced mechanisms that interfere with various processes including physiological, cognitive, affective, behavioural, and interpersonal functioning, as noted in detail by Hatzenbuehler and Pachankis (2016). Ultimately, the accumulation of these mechanisms can disrupt emotional adjustment and psychological health among 2SLGBTQI+ (Birkett et al., 2015; Earnshaw et al., 2018; Espelage et al., 2008; Frost & Meyer, 2023; Fusco et al., 2024; Garnett et al., 2014; Hatzenbuehler, 2009; Hatzenbuehler & Pachankis, 2016; Hong et al., 2022; Joo et al., 2023; Meyer, 2003). As such, it is this social stress (i.e., stigma) that is conceptualized as the primary driver of mental health inequalities among 2SLGBTQI+ youth (Hall, 2018; see Hatzenbuehler & Pachankis, 2016 for review; Meyer, 2003).

Sexual Orientation, Gender Identity, and Emotional Problems

For these reasons, it is perhaps not surprising that sexually diverse youth had worse emotional problems compared to straight youth across gender identity groups after accounting for race/ethnicity and grade level when bullying victimization was no longer considered. In addition to bullying and/or identity-based victimization, 2SLGBTQI+ can also be at increased risk for etiological risk factors associated with emotional problems that may or may not be related to one's social identity status. Although potentially related to greater exposure to societal stigma and discrimination, some adult studies show that 2SLGBTQI+ tend to display higher trait neuroticism compared to straight individuals (Junkins et al., 2024) and thus might make youth with genetic predispositions more likely to develop notable childhood emotional problems (e.g., depression, anxiety; Brandes & Tackett, 2019; Castellanos-Ryan et al., 2016).

Additionally, many gender and sexually diverse youth report a high prevalence of adverse experience exposure prior to the age of 18 compared to their cisgender and straight

counterparts (Clements-Nolle et al., 2018; Craig et al., 2020; Jones et al., 2023), including incidences of childhood sexual abuse (30%), verbal abuse (29%), and physical abuse (27%, see Jones et al., 2022 for meta-analysis). Other studies have found that these populations are also more likely to experience childhood emotional neglect (58%), emotional abuse (56%), and live with a family member with a mental illness (51%, Craig et al., 2020), with some of these events being perpetrated by those known and in close proximity to these youth, including family members (Baams, 2018; Frieldman et al., 2011). Related to this is the compounding nature of being exposed to multiple forms of victimization (e.g., bullying, childhood maltreatment, sexual abuse, etc.) on mental health (i.e., polyvictimization) as gender and sexually diverse youth report higher rates of exposure to multiple forms of victimization compared to their cisgender and straight counterparts (Mitchell et al., 2023; Sterzing et al., 2017; Sterzing et al., 2019).

Although it is unclear whether experiences of adverse events precede and/or postdate the development of gender identity and/or sexual orientation in some instances, it is clear that the cumulative stress of childhood adversity can have detrimental implications for youth mental health (Anda et al., 2010). Exposure to childhood and adolescent adversity can have a significant negative impact on biological, psychological, and social functioning that can shape coping strategies and emotional and/or behavioural regulation that may be deterministic and/or compensatory (Cicchetti, 2016), thwart constructive coping skills (Sheffler et al., 2020) and can have lifelong impacts (Moffitt, 2013). Total exposure to violence strongly predicts mental health more so than experiencing only one form of victimization among gender and sexually diverse youth (Mitchell et al., 2023; Sterzing et al., 2019), with some studies showing that a high percentage of 2SLGBTQI+ youth (43%) have experienced more than four adverse childhood experiences (Craig et al., 2020). This high exposure to traumatic events has been connected by some to the high incidence of mental health concerns and disorders among this population (Blosnich & Andersen, 2015), with an adult study suggesting that a higher prevalence of childhood adversity among gender and sexually diverse groups may at least partially account for the high rates of negative mental health outcomes (Anderson et al., 2013). Thus, both identity-based victimization experiences as well as temperament/genetic predispositions and adversity exposure may leave sexually diverse youth at particular risk for poor mental health outcomes outside of bullying victimization, as was found in my study.

The political and historical context in which these factors are imbedded may further explain the high level of emotional problems among these youth. Despite the inclusion of legal protection of individuals against discrimination among TGD+ and LGBSD+ (Canadian Human Rights Act, 1985; Government of Canada, 1985), anti-2SLGBTQI+ political narratives have spread across the western world in recent years that promote false information that counters social acceptance of gender and sexually diverse peoples (Capaldi et al., 2024). These views have spread into Canada with notable rises in 2SLGBTQI+ hate that have grabbed the attention of news outlets and political leaders over the past five years (e.g., Benchetrit, 2023; Dietzel et al., 2023; Provost, 2024). Such sociopolitical climates likely have negative effects on the mental health of 2SLGBTQI+ youth as some researchers have theorized that negative political rhetoric may lead to increases in rejection sensitivity, hypervigilance, and mental health concerns of gender and sexually diverse youths, especially based on the extent to which youth are directly and indirectly impacted by such political climates and exposed to and engage in media (Baams et al., 2020; Feinstein, 2019). Thus, the rising anti-2SLGBTQI+ public discourse may have notable impact on the mental health of Canadian gender and sexually diverse youth in this study.

Additionally, the historical backdrop of the current study is four years since the start of the COVID-19 pandemic and one year post the succession of the COVID-19 emergency (WHO, 2023). Many youth experienced notable COVID-19-related psychosocial deteriorations (Farrell et al., 2023; Rodman et al., 2024), educational/service disruptions (Lee, 2020; Tsujimoto et al., 2020) as well as declines in parental mental health (Pierce et al., 2020; Ou et al., 2024) and increased family chaos and/or violence (Cassinat et al., 2021; Letourneau et al., 2022) among others. Taken together, these factors likely led to an unprecedented decay in child and adolescents' emotional well-being (Hentges et al., 2020; Madigan et al., 2023) with 21-25% of adolescents having reported clinically significant anxiety and depression symptoms during this time (Racine et al., 2021).

The process of coping with disastrous events involves prior, current, and post adjustment factors (Goldman & Galea, 2014; Masten & Motti-Stefanidi, 2020). Although no studies to date have been conducted that examine the long-term mental health impact of COVID-19 beyond the pandemic emergency, prior research suggests that the psychological effects of major disasters can be long-standing and can persist for more than a decade in some cases (Danzer & Danzer, 2011; Freedy et al., 1993; Raker et al., 2020). Of note, Ontario, Canada, the setting of the current

study, had some of the longest maintenance periods of non-pharmaceutical interventions, such as social distancing, school closures, etc., in the world (Canadian Institute of Health Information, 2024; Vaillancourt & Brittain, 2024), potentially resulting in prolonged exposure to the various etiological risk factors associated with the presence and exacerbation of emotional problems across gender and sexually diverse youth. In this way, the enduring mental health effects of COVID-19 may continue to be salient and partially explain the high incidence of emotional problems among TGD+ and LGBSD+ youth in this study.

Intersectional Differences in Youth Emotional Problems

In addition to general mental health discrepancies between sexually diverse and straight youth, results showed sexuality-based intersectional differences across gender identities. Sexually diverse girls had worse emotional problems compared to sexually diverse boys. When considering gender alone, the literature has long documented the mental health discrepancies of girls during adolescence compared to boys that can vary and intersect with biological (e.g., hormonal changes; see Salk et al., 2017; Solmi et al., 2022), social (e.g., sensitivity to peer conflict; Hamilton et al., 2016), and cognitive domains (e.g., propensity for rumination; Hamilton et al., 2016; Stange et al., 2014). These factors are also situated in sociocultural contexts that include sociocultural values (traditional masculinity) that shape early adolescent attitudes (e.g., girls/women being less-than) and behaviour (e.g., discrimination, violence) that can impact girls mental well-being (Gonzalez-Casals et al., 2023). Some of these attitudes may be outwardly expressed through acts of gender-based victimization as Canadian girls are more likely to be sexually harassed (Sutton & Burczycka, 2024) and bullied compared to boys (Inchley et al., 2020; Vaillancourt et al., 2021; 2023). Retrospective accounts also note that Canadian women are two times more likely to have been both sexually and physically abused by an adult before the age of 15 than men, and for these abusive events to occur more than five times (Heidinger, 2022). These gender inequality-based experiences are also experienced by sexually diverse girls to a higher degree as Canadian sexually diverse women report higher instances of childhood victimization (Heidinger, 2022), which can include physical and sexual abuse by a parent or guardian compared to their straight counterparts (Corliss et al., 2001; Friedman et al., 2011). Even within the sexually diverse community, sexually diverse girls often experience higher incidences of childhood sexual violence such as sexual harassment (Mitchella et al., 2013) and assault that is beyond that of their sexually diverse boy peers (Friedman et al.,

2011; Rothman et al., 2011). As such gender- and sexuality-based stressors (i.e., stigma) can intersect and accumulate leaving sexually diverse girls at heightened risk for poor mental health outcomes compared to their sexually diverse boy counterparts (Banati et al., 2024).

Beyond these findings were differences among sexually-gender diverse youth who had the worst emotional problems compared to sexually diverse girls and boys. The characteristics of our sample aligned with previous research that show a large portion of gender diverse youth also identify as sexually diverse (Bosse et al., 2016; Szoko et al., 2023), perhaps because, in essence, having a more diverse understanding of one's own gender expands and challenges traditional and/or normative standards and understandings of attraction that is often binary and heterosexual (Szoko et al., 2023). Sexually-gender diverse youth are likely to face unique challenges that can place a burden on their mental health. For example, like girls and boys, gender diverse youth are similarly subjected to universal and normative processes such as pubertal developmental-associated emotional risk factors. However, some gender diverse youth may also experience additive stressors that may influence the onset and extent of mental health concerns such as adverse events (e.g., gender identity-related harassment) related to socially transitioning (i.e., changing one's name, pronouns, appearance, mannerisms that align with one's gender identity) and/or distress associated with unwanted bodily pubertal changes if hormone suppression therapy is desired and is not available and/or accessible (Betsi et al., 2024; Turban et al., 2021). Moreover, some gender diverse youth may also face years of significant gender identity-related distress concerning the incongruence between one's experienced/expressed gender and sex assigned at birth (i.e., gender dysphoria; American Psychiatric Association, 2022) which develops early in life (Heylens et al., 2014; Zaliznyak et al., 2020) and can persist until individuals undergo gender transitioning (Zaliznyak et al., 2021).

Current social and political climates may also contribute to emotional problem disparities among sexually-gender diverse youth in particular compared to their sexually diverse counterparts. Higher level social environments, including political climates, can have a negative impact on the mental health of gender and sexually diverse youth (Hatzenbuehler, 2011; Saewyc et al., 2020). As such, the rise in anti-2SLGBTQI+, especially anti-trans, political and social discourse in the United States and Canada may indirectly and/or directly affect the mental well-being of sexually-gender diverse youth in particular. Originally attributed to discourse originating in the United States, Canadian social tensions have been rising from the spread of

public and online misinformation and disinformation about grooming and contagion effects surrounding gender transitioning in the past five years (Dietzel et al., 2023; Provost, 2024). These tensions have led to notable intolerant gender diverse social attitudes and behaviour with several Canadian provinces introducing laws and policies that restrict gender diverse people's rights, such as requiring parental consent for teachers to address students by their affirmed names and preferred pronouns at school as well as limiting medical care and sports participation (Mason & Hamilton, 2024). In addition, these laws and discourse may also have repercussions for Canadian families including increases in family conflict, violence, as well as youth abandonment, and homelessness (Khonia & Salway, 2025). These anti-trans laws likely exacerbate existing mental health inequalities among Canadian gender diverse youth (Khonia & Salway, 2025), as a study on state-level laws on incidences of suicide attempts among gender diverse youth in the United States suggest (Lee et al., 2024). As such, social attitudes related to 2SLGBTQI+ in the United States and Canada may have contributed to the elevated mental health concerns among sexually-gender diverse youth compared to their sexually diverse counterparts in my current study.

Notably, sexually-gender diverse youth may also report a high degree of emotional problems compared to sexually diverse girls and boys because of compounding discriminatory and victimization events associated with embodying two socially devalued and stigmatized identities (namely being sexually diverse as well as gender diverse) which is supported in previous research (Eisenberg et al., 2019; Gower et al., 2013; Watson et al., 2024). In addition to general social stigma, some of this poor treatment may stem from those within the 2SLGBTQI+ community (Newhouse, 2013; Roffee & Waling, 2016) as there is some evidence that suggests that among sexually diverse peoples, gender diverse individuals may experience stigmatization perhaps due to violating traditional gender norms (European Union Agency for Fundamental Rights, 2013; Grossman & D'augelli, 2006; Lehavot & Lambert, 2007). However, straight gender diverse youth and girls had the same degree of emotional problems perhaps because these groups only embodied one generally stigmatized identity, namely their gender, compared to boys.

The results of the present study support the notion that the intersection of multiple identities, namely one's gender identity and sexual orientation, and the sociocultural values and norms associated with these identities can result in experiential novelties and variations. Hence

how gender identity and sexual orientation intersect and overlap in combination with the social context in which youth live can place one at risk for multiple forms of stressors, including discrimination, stigmatization, and violence, and thereby may have a stronger effect on the mental health of certain youth.

Bullying and Emotional Problems Based on Gender Identity by Sexual Orientation

The results of the expanded three-way interaction model suggested that there were no within-group and intersectional differences among straight, bisexual, gay/lesbian, or another sexually diverse identity youth in terms of emotional problems regardless of bullying victimization experiences and across gender identities. Rather the combination of theses factors did not better explain the variance in emotional problems beyond each individual factor themselves. However, even when the model indicated differences in emotional problems based on sexual orientation, youth who identified as bisexual, gay/lesbian, or another sexually diverse identity only reported greater emotional problems compared to straight youth but not necessarily within sexually diverse groups. These results are contrary to the broader literature that indicate both intersectional gender and/or within-group differences between bisexual and gay youth in terms of bullying victimization (e.g., Cénat et al., 2015; Goodenow et al., 2016; Robnson & Espelage, 2011; Taylor et al., 2011) and degree of emotional problems, such as anxiety and depression (e.g., Lucassen et al., 2011; Ross et al., 2014; Shearer et al., 2016; Taliaferro et al., 2018). Although this might suggest that some sexually diverse groups may be exposed to and mentally affected by stressors (e.g., stigma) to a similar degree compared to their straight counterparts regardless of gender identity, it is also possible that the current analyses lacked the statistical power necessary to detect variations within these groups. Statistical power is the probably to correctly detect a true effect, with higher power having a greater chance of detecting a real effect. However, statistical power depends upon the size of an effect as well as a sample (Sullivan & Feinn, 2012). Despite having a notable sample of 6,824 participants, data from most of the gender by sexually diverse subgroups could not be analyzed due to small sample or cell sizes and many sexually diverse subgroups had to be collapsed for similar reasons. As such, this may indicate that even larger samples of gender and sexually diverse communities may be needed to more accurately capture the experiences of these groups in the future.

In terms of the collapsed model, the lack of mental health differences across gender identities and sexual orientations regardless of youth bullying experiences is perplexing,

especially when considering the lack of differences found across bullied and non-bullied gender diverse youth, girls, and boys which is contrary to what has been historically found across the literature (Eisenberg et al., 2019; Gower et al., 2023), especially among gender diverse youth (Fischer et al., 2024; Sares-Jäske et al., 2023; Vaillancourt et al., 2021) and girls (Inchley et al., 2020; Vaillancourt et al., 2021; 2023) and more recent studies on the intersection of these identities (Eisenberg et al., 2019; Gower et al., 2023; Kahle et al., 2020). However, interestingly, other studies in Canada have found similar results (i.e., Williams et al., 2003; Williams et al., 2005) including a lack of gender differences in terms of bullying victimization.

Some factors may be of note. First, as previously stated, our study may have simply lacked the statistical power needed to detect a true interaction between bullying victimization by gender identity by sexual orientation on emotional problems due to our sample size. As such a larger sample may have had the power to detect a true effect.

Second, although bullying victimization was originally measured as a continuous variable, in the present study, this measure was dichotomized to simplify analyses and enhance interpretability. Specifically, youth were classified as having been bullied if they reported experiencing bullying at least once per month or more frequently, and as not bullied if they reported never experiencing bullying or experiencing it only once since the start of the school year (September). Although this cut-off has been validated in previous studies (Solberg & Olweus, 2003), dichotomizing continuous variables in general poses a risk for reducing measurement sensitivity (Fedorov et al., 2009) and statistical power (Irwin & McClelland, 2003; Rigdon, 2023). Thus, converting a continuous variable into dichotomous categories may have reduced the measures' ability to detect valid mental health differences when considering bullying victimization, gender identity, and sexual orientation in my study.

Alternatively, rather than a lack of association between bullying and emotional problems, it is possible that the lack of three-way interaction may be more attributed to a lack of moderation of gender identity by sexual orientation between bullying on emotional problems. More simply, gender identity and sexual orientation are likely not interacting in such a way that meaningfully changes how bullying relates to emotional problems. Rather, although it would not be statistically appropriate to analyze, considering the significant and non-significant two-way and one-way interactions may suggest that sexual orientation may be a key moderator in the model. Specifically, the significant relation between gender identity on emotional problems but

not for bullying victimization, might suggest that the being targeted has a similar negative relation on emotional health across gender identities. However, because sexual orientation interacts with gender identity as well as bullying victimization individually, this would support the notion that sexually orientation is important for both factors when it comes to mental health. As such, it is perhaps the biological, cognitive, and/or social factors/events associated with and experienced by youth who identify as sexually diverse that is notably important when it comes to being at risk for bullying-related mental health problems, regardless of one's gender identity.

Implications and Applications for Policy and Practice

Bullying victimization and mental health are influenced by multiple social levels including peers, families, teachers, communities, and society at large (Swearer & Hymel, 2015). Minority stress theory and socio-ecological systems approaches to bullying victimization and mental health would suggest that multiple dynamic factors pose risk and protection against violence and mental health at these varying social levels, there are also equal opportunities for prevention and intervention efforts (Bronfenbrenner, 1977; Espelage, 2012; Hall, 2018; Hong & Espelage, 2012). Thus, systemic anti-bullying and mental health efforts have the potential to improve the well-being of those particularly likely to be targets of violence and suffer from poor mental health such as 2SLGBTQI+. Our results provide support for the consideration of intersecting social identities in both youth violence and mental health research and teacher/adult, school-based, and policy-based involvement, as well as in prevention and intervention efforts.

Bullying Victimization Prevention

Although many encourage telling an adult about experiences of bullying (Bjereld, 2018), a great deal of youth do not seek help (45%; Matuschka et al., 2021), with some studies suggesting that approximately 55% of students do not mention these experiences to anyone (Blomqvist et al., 2020). Older youth are the least likely to seek help from adults for bullying (Aceves et al., 2010; Cortes & Kochenderfer-Ladd, 2014; Thomas et al., 2017) and prefer to confide in their friends rather than adults (Hunter et al., 2004; Oliver & Candappa, 2007), perhaps due to an increased desire to solve the issue themselves (i.e., need for autonomy) and/or in anticipation of peer disapproval as well as feeling weak/undermined (Boulton et al., 2017). Hesitation toward disclosure to adults, be it for bullying or mental health struggles, may be particularly relevant for 2SLGBTQI+ youth as they may fear revealing and being persecuted for their gender and/or sexual identity, whereas friends may be more supportive than family

members, especially those who are 2SLGBTQI+ themselves (Doty et al., 2010; McDermott, 2015). Further, bullied individuals who report depressive symptoms are more likely to engage in avoidance coping and has been associated with a decreased likelihood of seeking help from others (Brendgen & Poulin, 2018). For these reasons, adults should engage in supervision practices to reduce bullying occurrences, especially in schools (Vaillancourt, Brittain, et al., 2010; van Verseveld et al., 2019).

Teachers

Teachers play a pivotal role in creating a safe classroom and school environment and are central figures in efforts to prevent and address bullying (see Dawes et al., 2024 for review) as they are influential in setting expectations for classroom behaviour (Rudasill et al., 2018) and fostering positive school climate (Ioverno, 2023). As noted in detail by Dawes et al. (2024), research has highlighted a range of ways in which teachers respond to bullying incidents (Campaert et al., 2017; Nappa et al., 2021). However, teacher inaction during bullying can negatively influence youth behaviour as it can validate and reinforce this toxic classroom culture, discourage peer-bystander intervention, and potentially increase bullying perpetration (Burger et al., 2015; Campaert et al., 2017; Demol et al., 2021; Wachs et al., 2019; Yoon & Bauman, 2014). In contrast, teachers who convey anti-bullying values and/or actively respond to bullying can coincide with reduced student reports of peer victimization (Novick & Isaacs, 2010; Saarento et al., 2015). This appears to have a cascading effect as targets as well as peer bystanders are more likely to either alert an adult or directly intervene when they perceive a teacher disapproves of bullying or witness educators actively stepping in (Blomqvist et al., 2020; Demol et al., 2020; Hektner & Swenson, 2012; Veenstra et al., 2014). Teacher anti-bullying involvement also appears to have potential impacts on youth well-being as targets also tend to experience fewer internalizing problems when teachers act (Shaw et al., 2019). This has the potential to benefit the mental health of gender and sexually diverse youth as those who witness teachers responding appropriately to bullying against 2SLGBTQI+ report greater feelings of school safety and acceptance (Dessel et al., 2017). As such, proactive teacher engagement is critical for reducing bullying incidents and promoting the well-being of targets as well as fostering a positive classroom and school climate.

Given this, teachers as well as other adults, such as school staff and clinicians, need to familiarize themselves with the physical (injuries, headache, stomach aches), psychosomatic

(difficulty sleeping), emotional (increased depression, anxiety, suicidal ideation), and academic (increased absenteeism and/or poor school performance) signs and symptoms of bullying victimization for appropriate identification of those at risk (Lamb et al., 2009). Thereafter, inquiry about the method, frequency, duration, and location of bullying is needed (see Earnshaw et al., 2016 for recommendations) so that appropriate action and supports can be taken that best match the severity of bullying and associated outcomes, such as by supporting youth, directing parents to resources, advocating for children at school, etc. (Lamb et al., 2009). Providing mental health support may be critical, especially for frequent and severe victimization as well as children experiencing problems across multiple relationships, such as at home, at school, and/or online (Lamb et al., 2009).

However, many teachers lack the knowledge and training necessary to recognize the signs and respond to bullying occurrences, especially when directed toward 2SLGBTQI+ (Aguirre et al., 2021; Ioverno et al., 2022; Nappa et al., 2018). In addition to general bullying prevention and intervention learning efforts, programming that educates teachers on 2SLGBTQI+ issues and inclusive behaviour and role-play that practices interventions when witnessing discriminatory behaviour, bullying, and post-bullying supports can be effective for increasing teacher involvement with students and other adults (Bradley et al., 2020), perhaps through increasing teacher general and 2SLGBTQI+ bullying-related feelings of self-efficacy (Collier et al., 2015; Ioverno et al., 2024).

School

Similarly, at the school level, several factors can protect gender and sexually diverse youth from violence and emotional challenges. Supportive school personnel, inclusive 2SLGBTQI+ curricula (Hatzenbuehler et al., 2019), and safe spaces (e.g., gender-sexuality alliances; GSA), can protect gender and sexually diverse youth from bullying (Greytak et al., 2013; Gower et al., 2018a; Marshall et al., 2015), potentially by reducing tolerance for 2SLGBTQI+ targeted victimization (Marx et al., 2016; Porta et al., 2017). Beyond reducing bullying victimization, these supports can also contribute to gender and sexually diverse youth mental health (Baams & Russell, 2020; Fetner et al., 2012; Konishi et al., 2013; Poteat et al., 2015; Russell et al., 2021; Wright et al., 2022), including reducing suicidal ideation (Gorse, 2022). Research suggests that these factors are also beneficial for the well-being of all students, not just gender and sexually diverse (Gower et al., 2018a; Konishi et al., 2013), perhaps through

creating a more generally supportive and accepting school environment for students and adults (Gower et al., 2018a; Thapa et al., 2013). Promising findings have been found in the Canadian context in which gender and sexually diverse youth report feeling more connected to their school when GSAs or curricula with some degree of 2SLGBTQI+ inclusion are present (Taylor & Peter, 2011).

However, there appear to be institutional barriers that limit the knowledge and confidence of teachers to present 2SLGBTQI+ inclusive education in Canadian schools, as teachers have expressed limited professional proficiency, resources, and assurance of institutional support for resistance from various sources (e.g., students, administrators, parents) for implementing 2SLGBTQI+ inclusive materials (Meyer, 2008; Schneider & Dimito, 2008). Despite there being scholarly guidance on how to present these materials in a way that is societally and regulatorily mindful (e.g., Meyer, 2009, 2010; Short, 2013; Walton, 2004, 2011) many teachers are more likely to approve of rather than practice inclusive curricula in Canada (Taylor et al., 2016). Moreover, only half of the teachers report using inclusive content or challenging homophobia with even less reporting having attempted to address transphobic behaviour in some manner despite approving of 2SLGBTQI+-inclusive education (Taylor et al, 2016). In this way, many Canadian 2SLGBTQI+ youth have expressed anger at teachers for not practicing what they preach outside of the classroom (Taylor & Peter, 2011). As such, greater institutional support needs to be explicitly stated and facilitated to increase the inclusivity of schools toward acceptance of 2SLGBTQI+.

Policy

Inclusive policies that both define and outline bullying intervention protocols and procedures can be effective for guiding adults on how to notice, respond, and thereby actively reduce 2SLGBTQI+ bullying at the school (Day et al., 2019; Hatzenbuehler & Keyes, 2013; Russell et al., 2010) and state level (see Hall, 2017 for a review; Watson et al., 2021). Perhaps directly or indirectly, these anti-bullying policies can also improve the mental health of gender and sexually diverse youth (Watson et al., 2021), such as by reducing suicide attempts even after controlling for sex, race/ethnicity, and bullying victimization (Hatzenbuehler & Keyes, 2013). Rather, broad anti-bullying policies that do not address and/or are not specific to gender and sexually diverse communities have been found to be less effective in reducing 2SLGBTQI+ bullying (Kosciw et al., 2018; Kull & Greytak, 2016), as well as mental health concerns

(Hatzenbuehler & Keyes, 2013), suggesting that inclusive and specific anti-bullying policies are crucial for their effectiveness among particularly vulnerable 2SLGBTQI+ communities.

Mental Health Supports for the Targeted and Non-Targeted

Although focus on the reduction of systemic factors that perpetuate and maintain bullying victimization ought to be examined, the investigation of effective support for bullied youth should not be overshadowed (Ferraz De Camargo et al., 2023). Unfortunately, despite the prevalence of bullying and associated mental health consequences for youth across the globe, research on individualized, evidence-based psychotherapy for supporting targets of bullying is disappointingly lacking (see Ferraz De Camargo et al., 2023 for a systematic review). That being said, various scholars have recommended trauma-focused cognitive behavioural therapy (CBT; Beck, 1976) for treating the cognitive, physiological, emotional, and behavioural responses associated with having experienced bullying victimization (Ferraz De Camargo et al., 2023; Lydecker, 2023) given its efficacy in treating numerous adolescent mental health challenges including post-traumatic stress disorder (Bastien et al., 2020; National Institute for Health and Care Excellence, 2018) as well as depression and anxiety (Méndez et al., 2021; Wergeland et al., 2021). Further, programs that incorporate assertiveness strategies (e.g., interpersonal skills, self-expression strategies, conflict resolution) may be effective for increasing positive peer-friend interactions, reducing bullying victimization, and improving self-esteem (Avşar & Ayaz Alkaya, 2017; see Yosep et al., 2024 for a systematic review).

However, the results of the present study also stress the need for mental health interventions that cater to 2SLGBTQI+ youth, even in the absence of bullying. In Canada, although some 2SLGBTQI+ youth seek help from professional sources (i.e., formal support, 66%; e.g., social workers, counsellors, therapists, general practitioners) most reach out to non-professional sources, such as friends, family members, etc. (i.e., informal support, 80%; Kingsbury & Findlay, 2024). This preference may be attributed to the notable barriers in seeking professional mental supports including fear of being subjected to discriminatory attitudes and behaviour (Arbeit et al., 2016; Rasberry et al., 2015) and accessibility difficulties (Lucassen et al., 2011). Of particular note is the lack of inclusive healthcare and/or psychotherapy for gender and sexually diverse youth (see Laiti et al., 2019 for review).

Although therapeutic techniques, including cognitive behavioural therapy, would be similar for youth across all gender identities and sexual orientations (Balsam et al., 2019),

clinicians should educate themselves on the minority stress model, the common experiences of these communities, and intersectional differences, including discrimination or victimization, expectations of future victimization or rejection, internalized phobia, and resilience when working with gender and/or sexually diverse youth (Balsam et al., 2019; Hendricks & Testa, 2012; Meyer, 2003). Although the concerns that bring these youth to therapy may be perceived as having little or no relation to their 2SLGBTQI+ identity, building, considering, and communicating 2SLGBTQI+ competency and affirmative spaces may reduce health care barriers, facilitate rapport and comfortability when disclosing sensitive information, and treatment engagement, especially when working with those who have histories of trauma and/or rejection (Hendricks & Testa, 2012; Meyer, 2003). Further, emphasis on identifying the factors that promote resilience that are unique to these populations, including self-acceptance, positive 2SLGBTQI+ identity, identity integration, peer support, family support, as well as increased connection, access and engagement with affirmative and safe others, including in-person or online, and 2SLGBTQI+ social support resources and groups, may thereby offer the skills and supports for buffering the effects of bullying and/or discrimination-related emotional distress (i.e., group-level coping; Hendricks & Testa, 2012; Meyer, 2003; 2007). Practitioners can also work to make the physical mental health care environment more affirming for gender and sexually diverse youth, such as by displaying age-appropriate 2SLGBTQI+ related stickers (e.g.., rainbow or pink triangle), art, posters, pamphlets, and literature (Lytle et al., 2014), having gender-neutral bathrooms, providing inclusive documentation (e.g., inquiring about preferred pronouns on intake forms; Lytle et al., 2014), which may help increase perceptions of safety and acceptance and thereby further reduce mental healthcare obstacles for these communities.

Strengths and Limitations

The current study offers several strengths that make it an important addition to the broader literature. First, a major strength is the use of a large sample of Canadian youth, as many studies examining 2SLGBTQI+ mental health often have difficulty locating and recruiting an adequate number of gender and sexually diverse participants (Salway et al., 2019). Second, participants were provided a standardized definition of bullying victimization allowing for a more accurate reporting of bullying-related experiences and thus improves the cognitive validity of this study and upon previous research. Third, data was rigorously cleaned for invalid, mischievous responses (participants who provide inaccurate or careless responses) using several

methods. This adds to the integrity of these results given that previous research suggests that mischievous responders can inflate reports of bullying victimization and self-adjustment outcomes (Jia et al., 2016) and falsely report membership of minority groups and thereby inflate disparities between 2SLGBTQI+ and straight youth (Cimpian & Timmer, 2019). Fourth, the present study is one of the few that examines the intersectionality of gender and sexual orientation among Canadian youth in relation to bullying victimization and mental health, expanding upon previous research. Finally, although some groups were too small to analyze and no intragroup differences were found, an inclusive and expansive measure for a variety of gender (e.g., gender fluid, non-binary), and sexually diverse (e.g., asexual, pansexual) categories was provided compared to many of its predecessors that largely focus on gay/lesbian and bisexual identities. As such, the present study provides a good model for future 2SLGBTQI+ research designs.

However, several limitations must be considered when considering the implications and conclusions of this study. First, the lack of statistical power in my study ought to be considered when evaluating these findings, as explained previously. In relation to this, although all sample cells were comprised of over 30 participants, certain cells were comparably small to other groups. For example, only a fraction of gender diverse youth identified as straight (11.2%) with most identifying as sexually diverse (88.8%). Although these subsample characteristics align with previous research (Bosse et al., 2016; Clark et al., 2014; Szoko et al., 2023), small samples can lack the sufficient power needed to detect differences (i.e., increase the risk of a false negative error; Type 2 error; Andrade, 2020) and unequal sample sizes can reduce the robustness of the F-test (Blanca et al., 2018). Further, in both the expanded and collapsed ANCOVA models the homogeneity of regression slopes was violated indicating that the regression slopes of the covariates significantly differed across levels of the independent variables. Although this might be because the characteristics of gender and sexually diverse youth samples affect the regression slopes of covariates in different ways compared to general youth, it is important to consider when interpreting this study's findings, implications, and conclusions.

Second, the research design was cross-sectional and as such temporal priority cannot be established. Rather, it is possible that there was a transactional relation between bullying and mental health outcomes at play, as some studies among youth in the general population show that emotional problems may be a risk factor for subsequent bullying victimization that can then

perpetuate into a reinforcing and vicious cycle in which those with poor mental health become routinely targeted which further diminishes mental health and reinforces poor treatment (see Reijntjes et al., 2010 for meta-analysis; Rose & Tynes, 2015). As such, longitudinal investigations on the moderating role of gender identity by sexual orientation on bullying victimization and emotional problems is encouraged.

Finally, race/ethnicity was controlled for rather than included in my study models due to small sample sizes. This might be of note as some research suggests that gender and/or sexually diverse youth of colour may face additional bullying victimization attributed to the multitude of embodied social identities (i.e., sexism, racism, homo/bi/transphobia; Gower et al., 2023; Jackman et al., 2020), as well as increased distress associated with uncertainty concerning the reason for being targeted (i.e., race/ethnicity, gender identity, sexual orientation), and discriminatory experiences within their family and/or cultural group, and in various contexts (e.g., neighbourhood, community, school, etc.; Daley et al., 2007). Indeed, some emerging research shows that that sexually diverse youth are more likely than their straight peers to be targets of bullying based on race, weight/appearance, and ability, even after controlling for these characteristics (Bucchianeri et al., 2016) which may also apply similarly to gender diverse youth.

Future Research

Given the high levels of emotional problems in gender and sexually diverse communities that was highlighted in this study, addressing the causes of emotional problems among these youth may indirectly reduce subsequent victimization experiences among gender and sexually diverse youth. In future studies, researchers should continue to explore within-group and intersectional variation in victimization and mental health among those in gender and sexually diverse communities. When permitted, these studies should also include investigations that include additional social identities, including race/ethnicity, ability, socioeconomic status, etc. Ultimately this may lend itself to determining those most at risk and the development of tailored prevention and interventions aimed toward supporting certain groups that are disproportionately affected by bullying victimization and/or mental health concerns.

Contextual Factors

Additionally, future research might also benefit from investigating contextual risk and protective factors associated with bullying victimization and mental health among 2SLGBTQI+ (Espino et al., 2024). Minority stress theory and socio-ecological systems approaches

(Bronfenbrenner, 1979) would propose that investigating and addressing the root causes and manifestations of stigma may help to reduce a portion of behaviour (i.e., 2SLGBTQI+ violence) and outcomes (i.e., poor mental health) which can be examined on an intrapersonal (youth), interpersonal (e.g., peers, family, teachers), institutional (school, neighbourhood, community; i.e., microsystem), and societal/cultural (i.e., macrosystem) level as well as the relationship between (i.e., mesosystem) and indirect influences (i.e., exosystem) of these various social systems across sociohistorical time/conditions/events (i.e., chronosystem). To date, most studies on gender and sexually diverse bullying victimization focus on individual-level factors (63%) with a small portion examining contextual-level factors (5%) or both (13%; Espino et al., 2024). Investigating environmental factors, such as peer, family, school, community, social media, and societal, may provide useful information for protecting 2SLGBTQI+ youth from bullying victimization and poor mental health outcomes (Earnshaw et al., 2019; Hall, 2018).

Given the evolving anti-2SLGBTQI+ social and political climate in Canada, particularly targeting gender-diverse individuals, and the inherent rapid pace of these changes, frequent, ongoing monitoring and research are encouraged to examine their impact on the mental well-being of both the broader 2SLGBTQI+ community and specific subgroups, including intersectional differences. Further, exploration on the sources of this information (e.g., family members, social media), the frequency with which this information is communicated to 2SLGBTQI+ youth, and its associated mental health repercussions (e.g., anxiety, depression, social media dependency) may provide valuable insights and sites for intervention (Baams et al., 2020).

2SLGBTQI+ Bullying Perpetrators

Of particular interest is the investigation of the characteristics that make youth more likely to perpetrate bullying against 2SLGBTQI+. Historically, most studies on the individual and contextual factors related to 2SLGBTQI+ bullying focus on victims (87%; Espino et al., 2024). In contrast, far less is known about the characteristics of 2SLGBTQI+ bullying perpetrators (solely bully, 21%; bully-victim, 3%; Espino et al., 2024). Research to date seems to suggest that perpetrators of 2SLGBTQI+ bullying share similarities to general bullies as those who bully gender and sexually diverse youth are more likely to engage in multiple forms of bullying (general, cyber, etc.), and demonstrate dark triad traits, such as low empathy, low perspective taking, moral disengagement, and display greater behavioural dominance (see Espino

et al., 2024 for review; Nappa et al., 2019). However, it is possible that there may also be variations in the characteristics of those who bully 2SLGBTQI+. For example, some findings suggest that aggressors tend to be male (Berlan et al., 2015; Camodeca et al., 2018; Minton, 2014; Orue & Calvete, 2018; Prati, 2012), straight identifying (Camodeca et al., 2018), as well as have had exposure to homophobic language (Aerts et al., 2014) including in the home (Orue & Calvete, 2018), and/or have been a victim of homophobic bullying (Orue & Calvete, 2018).

Further, an under-researched area is the proportion of 2SLGBTQI+ bullies/bully-victims that also identify as gender and/or sexually diverse. Similar in concept to the healthy context paradox (see Salmivalli, 2018), being rejected in spaces thought to be supportive and safe for 2SLGBTQI+ compared to rejection in historically unaccepting spaces may have a stronger impact on youth rejection sensitivity and hypervigilance that may result in differing mental health outcomes (Baams et al., 2020; Bostwick & Hequembourg, 2014; Feinstein, 2019). Thus, compared to cisgender and straight people, bullying from those under the umbrella of one's own community may have the potential to cause great, if not greater, harm to the mental health of specific 2SLGBTQI+ subgroups. As such, exploration and identification of the similarities and differences between general and 2SLGBTQI+-specific bullies may help with the prevention and intervention of bullying and associated mental health problems.

Conclusion

Bullying victimization is a common, abusive experience among youth across the globe. Rather than build resilience, bullying victimization can have ramifications on youth mental health, with sexually diverse youth being particularly targeted and affected by these experiences. Outside of these experiences, sexually diverse youth already face significant emotional distress which is notable among sexually-gender diverse youth along with sexually diverse girls and boys to a lesser extent. The intersection of these social identities produces unique and complex experiences that are related to elevated emotional problems among sexually-gender diverse youth compared to straight and sexually diverse girl and boy counterparts. This study shines further light on the bullying victimization and/or emotional problems that gender and sexually diverse youth face, including those with multiple social identities. All youth ought to be protected from personal or witnessed experiences of actual and anticipated peer physical, verbal, relational, and cyber violence and from bearing the responsibility of its associated mental health consequences throughout their lifetime, especially 2SLGBTQI+. By enacting change on

individual, interpersonal, institutional, and societal levels, we can craft an inclusive and accepting world that is safe for all youth and protect those most at risk for violence and poor mental health.

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