

Strengthening Our Schools to Promote Resilience and Health Among LGBTQ Youth: Emerging Evidence and Research Priorities from *The State of LGBTQ Youth Health and Wellbeing* Symposium

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Abstract

Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) adolescents face well-documented health disparities in suicide risk, substance use, and sexual health. These disparities are known to stem, in part, from stigma directed toward LGBTQ youth in the form of minority stressors such as violence, discrimination, and harassment. Given the proportion of time that LGBTQ students spend in school, schools provide a critical context within which protective factors may be developed and leveraged to improve the health and wellbeing of these populations. This article provides a summary of key findings from a discussion among researchers, practitioners, and community members who participated in “*The State of LGBTQ Youth Health and Wellbeing: Strengthening Schools and Families to Build Resilience*,” a public symposium held in June 2017. We detail emerging science on and future priorities for school-based research with LGBTQ youth which were identified by attendees at this meeting, with a particular focus on intersectionality, supportive adults in schools, and in-school programs. We call for more school-based research on priority gaps such as how LGBTQ students’ intersecting identities affect their in-school experiences, how to design professional development programs that cultivate supportive educators, and how to leverage gay–straight alliances/gender and sexuality alliances as sites of health programming for LGBTQ students.

Keywords: disparity, gender minority, resilience, schools, sexual minority, youth

Introduction

LESBIAN, GAY, BISEXUAL, transgender, and queer/questioning (LGBTQ) adolescents face well-documented health disparities.^{1–9} Suicidal ideation and suicide rates are alarmingly high; national estimates have found that 29.4% of lesbian, gay, and bisexual (LGB) high school students attempted suicide in the past year, compared with 6.4% of heterosexual students.² Although national data on transgender youth do not yet exist, school-based surveys from select states and urban areas indicate that suicide attempts may be as high as 35% among transgender adolescents.^{7,9} Substance use is also elevated among LGBTQ adolescents.^{2–4} One meta-analysis found that LGB adolescents have as much as 190% higher odds of using alcohol and other drugs as heterosexual youth,³ and individual studies with transgender youth indicate that the prevalence of lifetime use of substances is

between 1.5 and 4.8 times higher than among cisgender youth, depending on the substance.^{4,8} Sexual and gender minority (SGM) adolescents, depending on the particular LGBTQ population to which they belong, continue to experience high rates of HIV, sexually transmitted infections, and unintended pregnancy, and youth of color are affected more than White youth.^{5,6,10–15} Statistics such as these present a concerning picture of LGBTQ youth health.

Stigma and minority stress processes are the theorized drivers of the negative health outcomes experienced by LGBTQ populations.^{16,17} In this article, we use LGBTQ as an umbrella term to capture the full range of individuals who identify as something other than heterosexual or cisgender. Stigma refers to labeling, stereotyping, marginalizing, and discriminating against a social group.¹⁸ Minority stress refers to the process by which stigma is experienced by the individual through encounters with external stressors (i.e., discrimination and harassment)

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and internal stressors (i.e., internalized homophobia/biphobia/transphobia, expectations of rejection, and identity concealment).^{16,17} These stressors activate a physiological stress response, which can affect the mental and physical health of stigmatized populations, such as LGBTQ youth.^{16,19} For example, LGBT youth who perceived that they were discriminated against because of their identities had significantly higher levels of depressive symptomatology and were more likely to report suicidal ideation.²⁰

Due to the burden of negative health outcomes experienced by LGBTQ youth, there is a need to cultivate protective factors that can interrupt sexual orientation- and gender-related stigma, thus fostering resilience among these populations. Protective factors are characteristics, conditions, and behaviors that either improve health directly or reduce the negative effects of a risk factor on health.²¹ Protective factors can be *individual assets* such as personality characteristics or individual skills that improve/bolster health, or they can be *external resources* such as supportive relationships with friends/family or access to medical services that improve/bolster health.^{21–24} Resilience refers to the process of positive functioning by individuals who experience hardship.^{21,25} To experience resilience means that an individual (1) lives through a difficult situation or experience, (2) has access to protective factors, either individual assets or external resources, and subsequently, (3) succeeds or thrives in the face of these obstacles.^{21,25} For LGBTQ youth, cultivating protective factors through interventions and health programming may be important for nurturing processes of resilience in the face of cultural stigma.

Schools are a critical site of adolescent development and can provide an important avenue for intervention work with LGBTQ youth. On average, students in the United States spend 6.6 hours in school, 180 days of the year.²⁶ Given the amount of time spent in schools, the structure of these environments is important for the health and wellbeing of children and adolescents. For LGBTQ students, schools have the potential to be sites of stigma-related risk factors or protective factors.

Schools are places where LGBTQ youth may experience stigma and discrimination. LGBTQ students in schools encounter near-ubiquitous verbal harassment.²⁷ School climate surveys have found that as many as 85.2% of LGBTQ students experience verbal harassment at school, and 98.1% have heard the term “gay” used in a negative way.²⁷ Notably, these forms of verbal harassment come not only from peers but also from school staff.²⁷ LGBTQ students also contend with high rates of violent victimization on school grounds. National data indicate that, at school, LGB high school students are more likely to have been in a physical fight, threatened or injured with a weapon, and bullied, than heterosexual students, as well as more likely to have skipped school due to safety concerns.² Transgender adolescents encounter similar stigma at school—they may be as much as four times more likely to experience bullying and harassment as cisgender students.^{4,9}

Conversely, schools provide many resources that have the potential to be leveraged for the benefit of LGBTQ students. Formative research on the role of protective factors such as school connectedness, supportive educators, anti-bullying policies, and inclusive curricula highlights some promising avenues to improving health and wellbeing for LGBTQ adolescents.^{23,28,29} Bolstering in-school resources such as these may help to curtail the negative experiences of LGBTQ students

and, in turn, improve their health and wellbeing. However, efforts to develop and understand in-school protective factors and their effects on LGBTQ students may encounter institutional challenges. Schools and districts may have limited resources and may already face obstacles to meeting the many educational and social-emotional learning needs of their students.³⁰ Additional research and programmatic efforts may pose challenges to already overburdened infrastructures.³⁰ Collaborative partnerships among researchers, practitioners, and schools may offer one important potential avenue to address some of these challenges, as cultivation of in-school supports could benefit a significant number of LGBTQ students.³¹

In this article, we summarize the current research on protective factors that may shape the health of LGBTQ students, as well as key research gaps on protective factors in schools that need attention to advance the science in this area. Our aim is for this review to provide guidance in better designing research about and interventions that consider the role of schools in improving the health and wellbeing of LGBTQ youth.

The State of LGBTQ Youth Health and Wellbeing Symposium and Working Group Meeting

In June 2017, the Northwestern Institute for Sexual and Gender Minority Health and Wellbeing, in partnership with the Center for Prevention Implementation Methodology, Advocates for Youth, and the AIDS Foundation of Chicago, hosted a public symposium titled “*The State of LGBTQ Youth Health and Wellbeing: Strengthening Schools and Families to Build Resilience*.” The day after the symposium, a working group meeting was held with 40 participants from academia, federal government health agencies, youth serving organizations, advocacy organizations, foundations, and youth themselves. These stakeholders gathered to characterize (1) areas of strong and emerging scientific evidence, (2) gaps in knowledge, (3) research priorities regarding the prevention of negative health outcomes among LGBTQ youth (e.g., HIV, substance use, mental health and suicide, and violence), and (4) methods of supporting translation of research findings into implementable programs.

To accomplish this task, stakeholders at the working group meeting formed two separate teams to address two important systems in the lives of youth: schools and families. The two teams each consisted of symposium participants with a particular expertise in each of the two systems (schools and families). Researchers within each team presented to each other summaries of current evidence pertaining to the ways in which factors within these two contexts contributed to the health of LGBTQ youth. Then, within each topic-focused team, attendees discussed potentially effective strategies for leveraging factors within these two systems and discussed the questions that needed to be asked (i.e., research gaps) to advance both research and programmatic efforts.

Based on these discussions, plans were made to develop articles on three topic areas: (1) school-based research, (2) family-focused research, and (3) methods of conducting research with LGBTQ youth. This article is the synthesis of the discussion of topic 1: school-based research on LGBTQ youth, and it, thus, does not address family-related research or methodological questions about working with LGBTQ youth. Table 1 offers a complete overview of the topics discussed by the school-based research team.^{23,27,32–55} For clarity, we organized the

TABLE 1. EMERGING EVIDENCE IN AND FUTURE RESEARCH QUESTIONS FOR SCHOOL-BASED RESEARCH WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER/QUESTIONING YOUTH

| <i>Topic</i> | <i>Emerging evidence</i> | <i>Future research questions</i> |
|------------------------------------|--|---|
| Individual-level factors | | |
| Intersectionality | LGBTQ youth are diverse, and school experiences are shaped by other intersecting social identities. ³²⁻³⁵ Youth of color Youth with disabilities Youth in rural versus urban locations | What are the school experiences of LGBTQ young people across various social identities (i.e., race, ethnicity, socioeconomic status, ability, and religion)? How do various forms of systemic oppression (e.g., racism, sexism, and classism) intersect to shape the school experiences of LGBTQ youth? How do the pathways between negative school experiences and developmental outcomes differ for LGBTQ youth across various social identities? What are the individual protective factors that disrupt or exacerbate these pathways for LGBTQ youth across various social identities? Which specific supports and strategies lead to positive outcomes for LGBTQ youth with other marginalized identities in differing contexts (i.e., type of school, neighborhood, and geographical region)? |
| Characteristics | For LGBT youth, disclosure of LGBT identity to others (i.e., outness) is associated with better health. ³⁶ For LGBTQ youth, self-compassion is associated with lower mental health concerns. ³⁷ Transgender youth with skills in self-advocacy are better able to navigate negative school environments. ^{23,38} | What are the characteristics of LGBTQ students who are thriving in their schools? How are in-school supports experienced differently across sex and gender (e.g., boys/girls/non-binary youth and cisgender/transgender) for LGBTQ youth? To what extent could a research focus on positive psychology and outcomes such as hope, agency, confidence, critical consciousness, empowerment, caring, and purpose inform positive youth development for LGBTQ youth? |
| Safety and inclusivity | Feeling unsafe at school has a negative impact on academic success (i.e., lower GPA, less likely to attend school, and more likely to drop out). ²⁷ Students in rural and southern schools report that their schools are less LGBT-inclusive and more hostile. ³⁴ | What do LGBTQ youth name as the key indicators of inclusive and welcoming schools? Which physical areas of the school do LGBTQ youth perceive as safe or unsafe? Does safety and inclusivity vary across sub-populations of LGBTQ youth (e.g., race, gender, socioeconomic status, and ability) in schools? How can educators be best prepared to address school climate concerns for LGBTQ students? How do community-level beliefs and attitudes about LGBTQ people affect the school community? |
| Interpersonal-level factors | | |
| Supportive adults in schools | Supportive educators benefit LGBTQ youth. ³⁹⁻⁴¹ Educators and resources that are supportive of LGBTQ students are increasingly more visible/available in recent years. ^{39,40} Training teachers to learn skills to be supportive is essential. ⁴² Transgender youth report that adult role models are critically important. ²³ | What are the critical dimensions of support from educators needed by LGBTQ youth? How do we train supportive educators? What are the educational supports needed to cultivate supportive/trained educators? To what extent are currently available resources meeting these needs? How do role models or mentors inform the identities of LGBTQ youth and their ability to navigate school environments? |
| Peers | Peers are a primary source of emotional and social support for LGB youth in schools. ^{43,44} For transgender youth, social support from peers increases mental health and decreases absenteeism. ²³ | What role might peers have in establishing norms around LGBTQ-affirming attitudes and behaviors in schools? To what extent can heterosexual allies be leveraged to promote resilience in LGBTQ youth? What are the components of an effective anti-bullying intervention that reduces bias and discriminatory behavior? |
| Parents/families in schools | Parents generally support inclusive safe schools policies and practices in schools, especially those that protect students from harm. ⁴⁵ Parents generally support inclusive and comprehensive sexuality education. ⁴⁶ | Which family factors affect school outcomes for LGBTQ youth? What are effective models of parent-school partnerships that could be leveraged to improve outcomes for LGBTQ youth? |

(continued)

TABLE 1. (CONTINUED)

| <i>Topic</i> | <i>Emerging evidence</i> | <i>Future research questions</i> |
|------------------------|--|--|
| School-level factors | | |
| In-school programs | On average, youth in schools with GSAs report less truancy, smoking, drinking, suicide attempts, and sex with casual partners, although differences are larger for LGBTQ youth. ⁴⁷ Greater involvement in various GSA practices is associated with greater well-being among members. ⁴⁸ GSAs are viewed positively by transgender youth and are associated with lower absenteeism. ^{23,49} | Which GSA characteristics provide the greatest health benefits to LGBTQ youth? What are the health effects of membership in a GSA, versus simply being in a school <i>with</i> a GSA, for LGBTQ youth? To what extent are GSAs universally beneficial for all students or beneficial for some students more than others, based on differences by sexual orientation, race or ethnicity, gender identity, SES, or geography? What role might positive youth development programs designed for adolescents broadly (e.g., 4H and Boys and Girls Club) have in supporting LGBTQ youth? |
| Curricula | Curricula that are inclusive of LGBTQ identities are associated with perceptions of safer school climates. ^{50–52} Inclusive curricula can be used to raise awareness of LGBTQ issues, increase visibility of LGBTQ individuals, and foster dialogue. ⁵⁰ Inclusive curricula have been linked to less absenteeism among transgender students. ^{23,49} Inclusive sexuality education may improve sexual health outcomes of LGBTQ youth. ⁵³ | What are the essential features of an inclusive curriculum to ensure effectiveness for social-emotional or academic outcomes? What effect does inclusive sex education have on the physical and mental wellbeing of LGBTQ youth? How can inclusive curricula be best delivered for various subject matters? |
| Policies and resources | Having LGBTQ-related resources leads to more academic success and better general outcomes. ^{27,41} Policies that are inclusive of sexual orientation and gender identity/expression are more effective. ⁵⁴ LGB youth living in areas where schools have inclusive anti-bullying policies are less likely to attempt suicide. ⁵⁵ Presence of anti-bullying policies is linked to less absenteeism for transgender youth. ^{23,49} | Which in-school resources best support LGBTQ students? How do schools develop policies that best create a safe and supportive environment for LGBTQ students? What is the most effective way to implement policies and practices to support LGBTQ students? |

GSA, gay–straight alliance; LGBTQ, Lesbian, gay, bisexual, transgender, and queer/questioning; SES, socioeconomic status.

school-based research findings by ecological level (i.e., individual, interpersonal, and school). Table 1 presents an overview of these findings and specifies both the emerging evidence and the critical research gaps for each topic raised by the schools working group. Within each level, we provide a more in-depth focus on one topic in which the article authors have significant subject matter expertise based on their own programs of research: intersectionality (author 3), supportive adults in schools (author 4), and in-school programs (author 2); and we summarize, in brief, the other topics identified by the working group as critical for enabling LGBTQ youth to succeed in the face of adversity.

Individual-Level Factors

Intersectionality

Definitions and emerging evidence. Intersectionality was raised by the working group as a critical dimension for consideration in school-based research focused on LGBTQ youth, given that young peoples' diverse social identities

affect many of the other individual-, interpersonal-, and school-level protective factors discussed in the working group meeting (outlined in Table 1). Intersectionality refers to the perspective that individuals have multiple social identities (e.g., ability status, ethnicity, gender, racial, sexual orientation, and socioeconomic status) that mutually shape their experience of the world, social relationships, and understanding of themselves.^{56,57} Individual social identities create distinct patterns of privilege and oppression at the societal level (e.g., racism, sexism, heterosexism, and ableism), and they thus have implications for stigma, minority stress, and health outcomes.^{58,59} Because sexual orientation and gender identity are not the only identities shaping youth's school experiences, intersectional approaches may benefit research on LGBTQ adolescents, schooling, and health, as they provide a more complete understanding of who youth are, what challenges they may face, and which strengths they may be able to leverage.^{32,33,56,57} Although a robust literature on adolescent health generally makes use of intersectional frameworks,^{60–62}

currently only a few studies intentionally investigate how sexual orientation and gender identity intersect with other social identities (e.g., race/ethnicity, ability, and socioeconomic status) to shape young peoples' experiences of school-based risk and protective factors.

The existing evidence suggests that school experiences for LGBTQ students do, indeed, differ as a result of each youth's unique social position.^{34,63} For example, gender identity and gender expression shape school victimization rates: Gay/bisexual males and transgender youth experience higher rates of victimization in school than lesbian/bisexual females, and gender nonconforming youth (especially males) report more victimization than cisgender, gender-conforming students.^{34,63–66} These experiences of bullying due to multiple stigmatized identities translate into worse health outcomes. For example, investigations of bias-motivated bullying (i.e., bullying based on bias and stigma connected to social identities such as race, socioeconomic status, and gender expression) provide evidence that young people who experience school bullying due to multiple stigmatized social identities report worse developmental outcomes than young people experiencing generalized bullying or bullying related to one type of bias (Horn SS, Safe SPACES Team. *Bias-based bullying in Illinois: A practice to research to practice partnership*. Unpublished work presented at the Prevent School Violence Illinois Annual Summit, Arlington Heights, IL, 2014.)⁶⁷

School policies also appear to affect LGBTQ students differentially depending on their other intersecting identities. Research suggests that among LGBTQ students, African American, transgender, and gender-expansive (i.e., those whose expression of gender does not align with social expectations of men and women) youth experience higher rates of exclusionary and punitive discipline, such as being disciplined for public displays of affection, than other LGBTQ-identified youth.^{68,69} The greater risk for discipline disparities experienced by transgender and gender-expansive youth of color can become pathways into criminal-legal system involvement and, subsequently, have long-term effects on overall health and wellbeing.^{68,69} Further, LGBTQ students' realities differ by geographical location: Rural youth and those in the Midwest and Southern regions of the United States report more negative school climates than other LGBTQ students.^{34,35}

Research gaps and implications for science/programming. Intentionally incorporating intersectional perspectives into school-based research with LGBTQ youth will begin to address several significant research gaps. For example, although there is emerging literature on school risk factors associated with LGBTQ youth's other social identities (marginalized identities, in particular), we know much less about how these other social identities relate to school protective factors (e.g., supportive adults, policy, and gay-straight alliances). One area of research that has investigated how LGBTQ students' diverse identities affect experiences of protective factors has been research on Gender and Sexuality Alliances or Gay–Straight Alliances (GSAs). Within the overall literature on protective factors, GSAs emerge as one of the most robust school-based protective factors for LGBTQ students in relation to several outcomes (see school-level factors section for a more detailed discussion of this literature). LGBTQ students of color, however, attend GSAs

significantly less frequently than White youth,⁷⁰ and when they do attend, GSAs appear to be less protective for LGBTQ students of color than for those who identify as White.⁷¹

Further, prioritizing an intersectional approach to school-based research with LGBTQ youth will enable us to continue to document how school experiences of LGBTQ students (e.g., levels of violence and victimization) vary across their other social identities, and how these social identities and social positions affect those experiences in both positive and negative ways. As O'Brien et al. suggest, using an intersectional lens within research on LGBTQ populations allows us to “specifically target their unique individual differences, rather than approach the SGM group with a “one size fits all” approach that may actually serve to further invalidate their own unique needs and experiences.”⁵⁹

Additional individual-level factors. The working group also identified nascent work on other individual-level factors that may increase the ability of LGBTQ students to thrive in school: individual characteristics such as outness,³⁶ self-compassion,³⁷ and self-advocacy,^{23,38} as well as feelings of safety and inclusivity.^{27,34} A summary of what the working group identified as being currently known about these factors and suggested research questions are presented in Table 1.

Interpersonal-Level Factors

Supportive adults in schools

Definitions and emerging evidence. A second key consideration raised by the working group is the important role of supportive adults in schools as a protective factor for LGBTQ students, particularly in light of the stigma and discrimination faced, at times, on school grounds.^{2,4,27} Social support, or aid and assistance exchanged through social and interpersonal relationships, has well quantified health effects.⁷² For students in general, support from teachers and school staff leads to greater educational success, less truancy, less depression, and greater wellbeing.^{73,74} Thus, teachers and school staff are well positioned to improve both the school experience and personal wellbeing for LGBTQ students.^{27,75,76}

Existing research reinforces the positive role of supportive adults in schools for LGBTQ students. LGBTQ students who identify the presence of supportive teachers and staff report more positive mental wellbeing and better academic outcomes.^{40,41,76,77} In addition, when teachers and school staff intervene effectively in incidents of anti-LGBTQ bullying and harassment, LGBTQ students report fewer experiences of harassment and assault at school and lower rates of absenteeism.²⁷ Research has also shown that when the contribution of positive supports for LGBTQ students in school are considered together (e.g., GSAs, comprehensive anti-bullying/harassment policies, inclusive curriculum, and supportive educators), supportive educators have the strongest effect for LGBTQ student academic success and wellbeing.²⁸

One growing area of research on supportive adults in schools is professional development to build educators' capacity to intervene when anti-LGBTQ bias occurs in schools and support LGBTQ students.⁷⁸ Although educators frequently receive professional development on bullying and diversity issues, they are less likely to have received

professional development on LGBTQ issues specifically, and transgender student issues particularly, compared with bullying and harassment or diversity/multicultural education.⁷⁹ Early evidence suggests that educators who receive professional development on LGBTQ issues are more likely to take action to create safe and supportive environments.^{80,81} Schools with this type of professional development appear to be safer and more welcoming to gay and lesbian students,³⁹ and professional development can effectively change beliefs and self-efficacy for intervention on their behalf.^{42,82}

Research gaps and implications for science/programming. To ensure that school environments are safe and supportive for LGBTQ students, we need additional research on the training and attributes of supportive adults in schools. Given the demonstrated impact of supportive educators on LGBTQ student wellbeing, we require more work to identify the best methods to prepare staff to support LGBTQ students, and to design and identify the critical components of professional development with school staff to cultivate their capacity to champion LGBTQ students. Little research exists that examines the effectiveness of LGBTQ-inclusive professional development for educators. One evaluation study of a district-wide program demonstrated an increase in educators' awareness of their own practices that might have been harmful, beliefs about the importance of intervening when anti-LGBTQ language is used, and the frequency of intervention in anti-LGBTQ language and behaviors.⁸³ However, there was no change in educator self-efficacy for intervention, perhaps because efforts to develop specific skills, such as direct instruction, modeling, and practice, were not emphasized in the program. Thus, how to design professional development that enhances educators' self-efficacy alongside awareness, knowledge, and resources remains a critical knowledge gap.

Alongside professional development for adults already in the schools is consideration of pre-service learning and training of adults before they enter the field of education as professionals.⁸⁴⁻⁸⁶ Although very little is known about the inclusion of LGBTQ-related topics in pre-service education for school professionals, it appears to be a relatively uncommon practice.^{80,82} A recent study of school mental health professionals demonstrated that both graduate education on LGBT student issues and later professional development may enhance educator self-efficacy and positive LGBT-related practice,⁸² suggesting that further inquiry into pre-service learning for educators may yield important results for LGBTQ students.

In general, the evidence base on key attributes and behaviors that constitute supportive adults at school needs to be expanded. Knowledge of the best practices for adults in schools to support LGBTQ students is still underdeveloped. Further, much of the literature discussed in this article focuses specifically on classroom teachers; however, understanding the unique role of others, such as school mental health professionals, school nurses, and administrators, is also needed. Although there may be universal actions that all school professionals can take (e.g., increasing knowledge of LGBTQ identities), each person may be able to take unique additional actions that may vary by position in the institution (e.g., administrators may best support students

through implementation of programmatic solutions, whereas teachers may need strong bystander intervention skills given their day-to-day interactions with students). Even among classroom educators, evaluation of the varying needs by content (e.g., English vs. STEM), and by type of classroom (e.g., English language learners and special education) will also be important to moving this evidence base forward.

Additional interpersonal-level factors. In addition to supportive adults in schools, the working group identified peers in schools as sources of social support for LGBTQ students,^{23,43,44} and some early work points to the potential role of parents in schools to champion the inclusion of LGBTQ students within school programs and policies.^{45,46} Table 1 offers a summary of these factors with research and programmatic questions of interest for each factor identified by the working group.

School-Level Factors

In-school programs

Definitions and emerging evidence. In-school programs, particularly those that focus on issues of social justice and equity, have strong potential to be protective for LGBTQ students experiencing hardship. GSAs are one such group for LGBTQ students and cisgender heterosexual allies; recent data suggest that ~37% of U.S. high schools currently have a GSA.⁸⁷ In general, GSAs provide space for LGBTQ students to receive support, advocate for protective school policies, and promote affirming school climates.⁸⁸ The GSAs often meet during or after school for up to 1 hour, are youth-led, and have adult advisors (e.g., teacher, counselor, or school nurse) who can provide support and role modeling. In these ways, GSAs are consistent with empirically supported youth program models.⁸⁹ The presence of GSAs has been associated with fewer health and academic concerns (e.g., less substance use, fewer suicide attempts, and lower truancy) for all youth (LGBTQ and cisgender heterosexual) in these schools.^{47,90,91} In addition, LGBTQ and cisgender heterosexual youth involved in GSAs report a range of benefits, such as a greater sense of agency, self-esteem, and empowerment.^{48,72,92,93}

Whole-school approaches, or programs designed to reach all students regardless of sexual orientation or gender identity, are another avenue of in-school programming. Social-emotional learning programs appear to reduce bullying and improve school climate and student health outcomes for students in general,⁹⁴ and thus they may be promising avenues for improving climate for LGBTQ students as well. For instance, LGBTQ-inclusive curricula in lesson plans⁹⁵ appear to be able to raise awareness of LGBTQ issues, increase visibility of LGBTQ individuals, and foster dialogue.⁵⁰⁻⁵³ This type of exposure to inclusive curricula in schools can shift perceptions of safer school climates.⁵¹

Research gaps and implications for science/programming. Despite these promising findings for in-school programs, there remain questions about how to ensure their effectiveness. For GSAs, more information is needed about which specific GSA practices promote thriving among LGBTQ youth, how GSAs can best meet a range of needs across members who are marginalized and privileged in different ways (e.g., across

gender, race/ethnicity, and socioeconomic status), what are immediate and long-term gains of GSA involvement, and how GSAs operate within a larger umbrella of LGBTQ student programs. For example, future work with GSAs might develop and evaluate tailored interventions to be delivered within GSAs to reduce health risks and promote wellbeing among GSA members. These interventions could align well with the existing aims of GSAs to empower youth and promote thriving.

In addition, evaluations of programs and awareness raising campaigns that focus explicitly on creating respectful and welcoming schools for LGBTQ students are needed. Whether whole-school programs adequately cover issues of diversity or bias-based harassment and whether their benefits extend to LGBTQ students remains unclear. For programs that do focus explicitly on creating affirming and welcoming schools for LGBTQ students by addressing factors at the individual level (e.g., counteracting bias-based harassment) and institutional level (e.g., implementing LGBTQ-affirming policies and teacher training),^{96,97} evaluation research is needed. Evaluations would help to clarify the acceptability and feasibility of these programs, the extent to which they increase staff awareness of LGBTQ issues and reduce bias, the degree to which they increase the safety of LGBTQ students, and the extent to which these benefits are sustained over time.

Additional school-level factors. The working group also highlighted work being done on the relationship between school resources and policies and the wellbeing of LGBTQ students in schools. In general, having more LGBTQ-related resources on campus and anti-bullying policies appears to be linked to better health and academic outcomes for LGBTQ students.^{23,27,41,49,54,55} However, more work is needed to identify the types of policies that may be most effective to promote certain outcomes (e.g., reducing health disparities, improving school safety, and reducing bias in discipline practices) and why (e.g., what differences in effectiveness do we see between enumerated anti-bullying policies and non-enumerated policies, and why do these differences exist?)⁹⁸ and how policies can be implemented with fidelity. A summary of these factors and research questions of interest is presented in Table 1.

Conclusion

LGBTQ youth face many challenges as a result of stigma and minority stress that affect their health and wellbeing adversely. Although, at times, schools can be a site of minority stressors, they also can serve as sites for protective factors that enable LGBTQ youth to thrive in the face of these stressors. LGBTQ school-based research and interventions may pose significant challenges, but schools are a key setting for both to be done. Our objective of laying out the critical gaps in school-based research focused on LGBTQ students is to provide multiple avenues for researchers and practitioners to move the evidence base forward. At the individual level, using a lens of intersectionality to examine how LGBTQ students' diverse identities may shape their experiences of risk and protective factors is crucial. At the interpersonal level, further consideration of *which* attributes constitute a supportive educator and how professional development can

be best designed to cultivate these attributes is needed. At the institutional level, examining methods of utilizing GSAs as sites of interventions for LGBTQ youth and leveraging in-school programming to improve school climate broadly are warranted. In addition, there are questions to be explored that cut across ecological levels—for example, intersectionality can be applied to how professional development may be received by educators with various social identities, or how LGBTQ students' diverse identities may shape their experiences of in-school programming. By seeking answers to these and the other questions outlined in this article, we can better develop effective, asset-based interventions for LGBTQ youth in schools, thus insuring their health, safety, and thriving.

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Disclaimer

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