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Sexual minority youth, social change, and health: A developmental collision

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Abstract

Few societal attitudes and opinions have changed as quickly as those regarding sexual minority people and rights. In the context of dramatic social change in the space of a single generation, there have been multiple policy changes toward social inclusion and rights for lesbian, gay, and bisexual (LGB) people, and perceptions that the sociocultural context for LGB people – perhaps particularly for youth – has improved. Yet recent evidence from the developmental sciences points to paradoxical findings: in many cases there have been growing rather than shrinking health disparities. In light of swift sociocultural changes, combined with emergent findings regarding the health and wellbeing of sexual minority youth, we suggest that there is a developmental collision between normative adolescent developmental processes and sexual minority youth identities and visibility. The result is a new reality for sexual minority youth health and disparities.

Keywords

sexual minority; LGBTQ; youth; social change; adolescence

Research in human development has seen growing attention over the course of the last decade to the lives of sexual minorities, or lesbian, gay, and bisexual (LGB) people. The majority of that attention has focused on youth and adolescence, and on vulnerabilities. The study of LGB aging lags behind the study of youth, and there is little developmental literature on sexual minority child development or adulthood (Graham, et al., 2011). Yet in the last three decades a robust body of scholarship has emerged regarding sexual minority adolescent development, including growing attention to the transition to young adulthood: From early reports of significant risk for suicidality among gay youth (e.g., Gibson, 1989), a well-established body of scholarship now documents significant health vulnerabilities for sexual minority youth – as well as sexual orientation disparities among youth – across multiple domains, including mental health (Marshal et al., 2011; Plöderl, & Tremblay; 2015), behavioral health such as substance use (Marshal et al., 2008; Talley et al., 2016) and

sexual health (Poteat, Russell, & Dewaele, 2017), and academic performance and achievement (Kosciw, Palmer, Kull, & Greytak, 2013). Given attention to these significant health and behavior vulnerabilities, other research has sought explanations in the causal mechanisms of the framework of minority stress (e.g., Hatzenbuehler, 2009; Meyer, 2003; Rosario, Rotheram-Borus, & Reid, 1996), focusing on the role of victimization and bullying (Collier, Van Beusekom, Bos, & Sandfort, 2013), particularly in schools (Toomey & Russell, 2016), as well as on the role and influence of parents (Bouris et al., 2010), faith communities and religion (Gattis, Woodford, & Han, 2014), community organizations and resources (Durso & Gates, 2012), and school policies and practices (Russell & Horn, 2016) in explaining vulnerabilities among sexual minority youth.

The growing attention to sexual minority youth and their lives in research in human development reflects changing societal values, attitudes, and acceptance regarding LGB issues and people. There have been dramatic shifts in social acceptance of LGB issues, and accompanying legal and policy changes have created hitherto unimagined possibilities for full social participation of sexual minorities. One product of these societal changes has been a decreasing age at which people come to understanding their sexual identities and “come out”, that is, disclose a non-heterosexual sexual identity to others in their lives (Floyd & Bakeman, 2006; Russell & Fish, 2016). Since 1979, the average age of coming out has dropped appreciably amid improving social attitudes towards LGB people. Among the first, Troiden (1979) documented an average age of coming out just over 20, whereas more recent studies collected in the last decade document the average age of coming out at around 14 (D’Augelli et al., 2010). The younger age of coming out reflects changing social attitudes about LGB issues, offering youth the ability to imagine their futures as including their LGB identities, a possibility that was unimaginable for prior cohorts. Indeed, these social changes, and the possibilities for being out as LGB for many contemporary youth, are historically new (Russell & Fish, 2016). As more youth have to come out in the contexts of their families, schools, and communities, many have presumed that the vulnerabilities identified in human developmental research on sexual minority youth may ultimately be overcome in younger cohorts: by all counts, with new legal acceptance and social inclusion, it appears that things are better. Indeed, this is the central thesis put forth by several scholars (Savin-Williams, 2005; McCormack, 2012).

Yet as is the case with most research in human development, the realities for contemporary sexual minority youth are more complex than is understood both in the academic research and public consciousness. In this article we review these social changes and their implications for sexual minority youth. We consider the ways that things may be “better”. Yet we raise an important counter-point: We suggest that there is a developmental collision between normative adolescent development and the social changes of the last decades with respect to LGB issues – a collision that manifests itself as a paradox when comparing the arc of social change to the health status of and disparities among adolescents. We share evidence that is in stark contrast to the popular notion that things are simply getting better, and close with recommendations for research and policy to better understand and support contemporary LGBTQ young people during changing times.

In the essay that follows, we focus our attention on sexual minority youth – that is, youth who have same-sex attractions, sexual behavior, or who identify as LGB. This is a significant limitation in a number of ways. Human developmental research has only recently begun to give attention to diversity among sexual minority youth, including not only those who identify as bisexual (Pollitt, Brimhall, Brewster, & Ross, 2018), but also those who identify as queer or questioning, or who do not identify with historically traditional LGB labels (Katz-Wise, 2015; Williams, Connolly, Pepler, & Craig, 2009). Similarly there has been only recent distinct attention to gender identity, and associated health and contexts for development for transgender and gender non-binary youth (Grossman & D’Augelli, 2006; Valentine & Shipherd, 2018). Thus, although there is an emerging literature that includes transgender, queer, and questioning among LGB youth (LGBTQ), most of that work is new, and thus is beyond our analysis of human developmental research for sexual minority youth across recent decades. Importantly, our understanding of diversities among sexual minority youth also include limitations in understanding LGB youth of color, who have been largely un(der)represented in this body of work (Toomey, Huynh, Jones, Lee, & Revels-Macalinao, 2017). In our discussion we focus on sexual minority youth, and make comparable knowledge of the broader group of LGBTQ youth explicit where possible.

Adolescent Sexual Identity and Social Change

The pace of change in societal values and beliefs regarding sexual and gender minority people and issues has been almost staggering: It would be difficult to identify societal values and beliefs that have changed so much and so quickly. In the period of less than one generation, the narrative for individual sexual and gender minorities has shifted from one of almost complete silence and invisibility before the 1960s, to legal and social acceptance – and in some cases affirmation – only half a century later (Hammack, Frost, Meyer, & Pletta, 2018). There have been multiple changes in social policy favoring social inclusion and rights for sexual and gender minorities. Some notable examples include the U.S. Supreme Court decision to overturn sodomy laws in *Lawrence v. Texas* in 2003; California’s legalization of same-sex marriage in 2008 (i.e., Proposition [Prop] 8); the repeal of “Don’t Ask, Don’t Tell” in 2010, which allowed military service members to disclose their sexual identities without fear of dishonorable discharge; an executive order signed by President Obama providing protections for LGBT employees of federal contractors; and the 2015 Supreme Court decision to federally recognized marriage between same-sex partners in the ruling of *Obergefell v. Hodges*.

One of the clearest yet recent examples of the visibility and pace of change around the world has been access to the right to legal marriage for same-sex couples. The first country to make marriage legal for same-sex couples was the Netherlands, in 2001. Only 18 years later, it is recognized by law in more than 25 countries. In the United States during that same period, social attitudes shifted quickly: favorability of marriage for same-sex couples increased by 20% overall during that time, with the majority now clearly in support (Pew Research Center, 2017). There are notable differences across generations: although there have been similar increases across cohorts, for those born before 1945, favorability has increased from around 20% to around 40%, whereas for Millennials (born in 1981 or later), favorability increased from around 50% to over 70% (Pew Research Center, 2017). These

generational differences in attitudes towards same-sex marriage indicate that younger cohorts have more favorable attitudes towards LGB people.

These national – even global – changes in legal recognition and status for sexual minorities has been historically unprecedented (at least in modern times): shouldn't things be getting better for sexual and gender minority youth? An important point is that most of the social and legal policy progress in support of LGBTQ people around the world has been in areas that benefit adults rather than youth: marriage, parenting, military service, and employment protections, although there remains no federal legal employment protections for sexual and gender minorities in the United States. For youth there is a different story: There remains no U.S. federal non-discrimination or anti-bullying protection based on sexual and gender minority status. Specifically, several proposed federal laws pertaining to nondiscrimination in education and school safety (Russell & Horn, 2016; Russell, Kosciw, Horn, & Saewyc, 2010) have languished for decades.

Certainly there is no question that youth are coming out as LGB at younger ages than ever before (Floyd & Bakeman, 2006; Martos, Nezhad, & Meyer, 2015; Russell & Fish, 2016), and experience institutional and social support in ways that were never known in prior cohorts (see Snapp, Watson, Russell, Diaz, & Ryan, 2015). For more than a decade rigorous research on LGB students and schools has documented multiple educational policies, practices, and strategies that are associated with positive school climate for sexual minority and all youth (Russell & Horn, 2016; Szalacha, 2003). Many schools, for example, have Gay-Straight Alliances (GSAs; also known as Gender and Sexuality Alliances). These student-led school-based organizations provide a safe environment for LGBTQ and heterosexual youth to receive support, socialize with peers, access LGBT-specific information and resources, and engage in advocacy efforts (Calzo, et al., 2018; Poteat et al., 2012; 2017; Russell, Muraco, Subramaniam, & Laub, 2009). A growing body of literature supports that the presence of GSAs is associated with lower rates of truancy, substance use and suicidal behavior (Poteat et al., 2012), fewer incidence of harassment and victimization and greater feelings of safety among LGBT and heterosexual students (Ioverno et al., 2016; Marx & Kettrey, 2016). More recently, schools have started to implement SOGI-inclusive curricula, and the U.S. state of California passed a law that requires “instruction in social sciences to include a study of the role and contributions of lesbian, gay, bisexual, and transgender Americans, persons with disabilities, and members of other cultural groups, to the development of California and the United States” (FAIR Education Act of 2011). New studies show that SOGI-inclusive curriculum in schools help to promote feelings of safety in schools. LGBT youth who attend schools with SOGI-inclusive curriculum report greater feelings of safety and lower levels of harassment than LGBT youth in schools without inclusive curriculum (Snapp, Burdge, et al., 2015; Snapp, McGuire, et al., 2015).

Relatedly, after years of human developmental research documenting the ways that family rejection undermines the well-being of LGB youth (D'Augelli, Hershberger, & Pilkington, 2001; Ryan, Huebner, Diaz, & Sanchez, 2009), studies now identify accepting and supportive families, and show that family acceptance is strongly linked to the wellbeing of LGB (Rothman, Sullivan, Keyes, & Boehmer, 2012; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Watson, Barnett, & Russell, 2016; Watson, Grossman, & Russell, 2016) and

transgender youth (Olson, Durwood, DeMeules, & McLaughlin, 2016). Importantly, amid changing social acceptance, parental attitudes towards LGB children have also shifted. One new report shows that in large-scale surveys, 89% of U.S. adults in 1985 reported that they would be upset if they “had a child who told you he or she was gay or lesbian”; by 2015 the proportion who would be upset dropped by 50% (to 39%), with 57% reporting that they would not be upset (Gao, 2015).

A result of these developments has been a growing perception that the sociocultural context for LGBTQ people has improved. In fact, the majority of LGBT adults report that society is more accepting of LGBT people than it was 10 years ago (Pew Research Center, 2017). These perceptions are reinforced by LGBTQ representation in the news, social, media, and TV. In 2017, 6.4% of regular characters on broadcast television identified as LGBTQ, the highest percentage ever identified by Gay & Lesbian Alliance Against Defamation (GLAAD) in their annual “Where We are on TV” report. New research from several scholars point specifically to the accepting attitudes of contemporary generations of youth toward sexual and gender minorities, arguing that vulnerability may no longer be a defining experience for LGBTQ young people today (Savin-Williams, 2016), and that there may be an “end of homophobia” among contemporary youth (McCormack, 2012). These ideas from scholars resonate with the assumption that things are “better” for LGBTQ youth.

For the mental health and wellbeing of sexual and gender minority youth, these developments in social acceptance are encouraging, and should certainly be linked to positive mental health and other forms of adjustment. Yet inequalities, prejudice, and discrimination are vexingly persistent. The civil rights and feminist movements in the United States more than a half a century ago resulted in a number of legal and political changes that ended racial and sex discrimination that had long been legal and institutionalized. Yet the emergence of the *Black Lives Matter* and *Me Too* movements, now 50 years later, dramatically underscores the persistence of institutional cultural racism, sexism, and white male supremacy. Despite unequivocal social and legal changes, including changes in public opinion and attitudes, there is no question that racism and sexism remain embedded in Western cultures. Further, they remain central organizing principles in the lives of adolescents, and are evident in persistent racial and gender disparities across multiple domains of adolescent well-being (Santos & Toomey, 2018). The point is, decades after significant social movements and social and legal change with respect to race and gender in the United States, there remain outrageous inequalities in the lives of adolescents: Should we expect that the social changes in recent decades with respect to sexual and gender minorities has made things better for youth?

If in fact the social changes of recent decades have led to an end to homophobia from prior generations, we should expect the long-standing disparities that we have seen for LGBTQ youth to be narrowing. Until recently there have been no possibilities to directly test such a question, given that the inclusion of relevant measures of sexual minority status, gender minority status, and related experiences (i.e., homophobia, transphobia, bias-based bullying) is only relatively recent. Progress toward inclusion of sexual and gender minorities over recent decades in large-scale data collection efforts that focus on the health and wellbeing of adolescents has made such studies possible for the first time.

A Developmental Collision

Based on evidence from multiple new studies, we argue that the same social changes that have created the possibility for LGBTQ visibility and inclusion, and for youth to come out at younger ages, have produced a collision between normative child and adolescent developmental processes on the one hand, and individual development for LGBTQ young people on the other (Poteat & Russell, 2013; Russell & Fish, 2016). That is, we argue that a developmental collision is borne from the tension between fundamental developmental processes that all young people experience and the changing social and structural possibilities that have rearranged sexual/gender inequalities such that they are focused – and even accentuated – during adolescence. Specifically, as more sexual minority youth come out as LGB in early adolescence, they must navigate intrapersonal, interpersonal, institutional, social and cultural milieu in which sexual and gender minority identities and issues may be particularly complex or thwarting. Thus, although social changes have created new possibilities for sexual minority youth that were never before possible, typical developmental experiences, encountered at the same time as their emerging sexual identities, leave contemporary cohorts of sexual minority youth vulnerable to the same mental, behavioral, and physical health consequences that have been evident in the lives of previous cohorts of sexual minority youth. In other words, there is a different context and set of developmentally-situated processes, yet there appear to be similar developmental sequelae.

The intrapersonal developmental changes of early adolescence are fundamental, and have interactions with and implications for changes that take place in the interpersonal, social, cultural domains. The interactions across biological, physiological, and cognitive systems of development lead not only to developing understanding and awareness of sexual and gender identities, but also the expressions of those identities. The development of metacognition – thinking about others' thoughts and perceptions – is a hallmark of adolescence, and plays a crucial role in heightened self-consciousness and awareness of self and others. In the context of these intrapersonal changes, interpersonal processes in adolescence shift significantly, with perhaps the most important implications for sexual minority youth wellbeing.

Regarding peers, heightened self-consciousness and awareness of others are key factors in peer conformity and social regulation among adolescents (Brechwald & Prinstein, 2011; Steinberg & Monahan, 2007), evidenced in studies that document higher rates of peer victimization for younger adolescents than for older adolescents. These experiences are further compounded for LGBTQ youth as peer regulation of and attention to gender and sexuality are heightened during this period (Payne & Smith, 2016; Pelligrini & Bartini, 2000). Youth themselves are also more likely to self-regulate gender and sexuality during this time, which for sexual and gender minority youth, may lead to hypervigilant attention to the ways in which they present, behave, and interact with peers for fear of rejection and safety. The minority stress model (Meyer, 2003) and related theoretical conceptualizations for sexual minority health (Hatzenbuehler, 2009) highlight vigilance and expectations of rejection as key drivers of sexual minority population health disparities. Sexual and other forms of prejudice are high in early adolescence (Poteat & Russell, 2013); by comparison, even just a few years later in older adolescence, developments in cognitive processing provide for more complex and critical thinking regarding fairness, discrimination, and

prejudice (e.g., Aboud, 1988; Horn, 2006; Magis-Weinberg, Blakemore, & Dumontheil, 2017; Nesdale, 2001; Taylor, Barker, Heavey, & McHale, 2015).

In the context of this general dynamic between intrapersonal cognitive changes and interpersonal social regulation, there is new research in the last decade that shows that among U.S. adolescents, sexual prejudice is highest during middle school years and declines in high school and thereafter (Horn, 2006; Poteat & Anderson, 2012; Poteat, Espelage, & Koenig, 2009; Robinson et al., 2013). Younger adolescents are more likely to espouse homophobic and prejudicial attitudes than older youth (Horn, 2006; Poteat & Anderson, 2012) and are more likely to exclude youth on the basis of difference. In a study by Poteat and colleagues (2009), for example, youth in 7th and 8th grade were less willing to remain friends with peers who came out as lesbian or gay than youth in later grades. Importantly, at least among sexual minority girls, studies indicate that retaining friends after coming out is an important indicator for mental health (D'Augelli, 2008). Thus sexual prejudice and homophobic bullying may play a greater role in contemporary peer relations that was the case for prior cohorts; this may, in turn, lead to intrapersonal processes of self-regulation, vigilance, expectations of rejection, and internalized homophobia.

When youth come out they are more likely to experience not only peer victimization (Russell, Toomey, Ryan, & Diaz, 2014), but also victimization at home as well (D'Augelli, Grossman, Starks, & Sinclair, 2010; Durso & Gates, 2012). In contemporary Western societies, adolescents are typically emotionally and economically dependent on their parents. In previous cohorts, LGB people would come out when they were financially, legally, and socially independent from their primary caregivers. The declining age of coming out therefore makes contemporary cohorts of LGB youth particularly susceptible to family regulation and rejection, victimization, pushout, and homelessness (D'Augelli et al., 2010; Durso & Gates, 2012; Pearson, Thrane, & Wilkinson, 2017; Ryan et al., 2009), which reflect several pathways to compromised health. Further, even when families are accepting or affirming of sexual minority youth's identities, there is little empirical evidence to show that support from families can buffer the negative influence of peer discrimination or victimization (Russell, in press).

At the contextual and institutional levels, school transitions during early adolescence are a primary feature of school systems in the United States and many countries. Just at a time when youth are more self-conscious and prone to self- and peer-regulation – especially regarding gender expression and sexuality – most move from elementary school classroom environments with a single teacher and close peer network, to middle or junior high schools characterized by multiple teachers, movement between classes and classrooms, and a significantly larger and more complex network of peer interaction. Not surprisingly, the time of these school transitions is linked with increases in reports of school bullying and victimization (Espelage, Hong, Rao, & Thornberg, 2015; Pellegrini & Bartini, 2000).

In the broader cultural climate, unique to today's sexual and gender minority youth is that LGBTQ issues are prominently discussed in the news and social media, and the messages are not always positive. Several studies have documented the negative psychological impact for LGB adults living in states where there were voter amendments to limit marriage to

heterosexual couples, compared to LGB adults living in states with no such amendments (Fingerhut, Riggle, & Rostosky, 2011; Flores, Hatzenbuehler, & Gates, 2018; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Rostosky, Riggle, Horne, & Miller, 2009). Regarding youth, Raifman and colleagues (Raifman, Moscoe, Austin & McConnel, 2017) found that the number of suicide attempts statistically decreased for sexual minority youth in states that implemented same-sex marriage policies. One other new study documents a clear increase in homophobic bullying in California schools in the years preceding the statewide voter referendum (Proposition 8), with gradual declines in the years following the vote (Authors, in review). These findings suggest that the contentious and often explicitly homophobic public discourse surrounding voter referenda and other public debates about sexual and gender minority rights create hostile community and also school climates that have implications for the psychological wellbeing of sexual minorities. Thus, social changes with respect to increasing visibility, legal protections, and acceptance of sexual and gender minorities have been rapid, yet have consistently included counter-discourses and counter-forces of explicit homophobia and transphobia. Although most of the social changes have taken place in domains relevant specifically to the lives of adults, there is evidence that youth are not immune, and in fact are witnesses to – and participants in – these contentious discourses.

In summary, developmental changes at interpersonal, institutional, and cultural levels may collide with the coming out process for contemporary sexual minority youth. For individual youth development, these factors collide with coming out at a developmental period that is not universally or consistently conducive to LGBTQ understanding and acceptance.

Finally, despite our assertion of this “developmental collision”, it is a crucial caveat that most LGBTQ youth thrive, and most cisgender heterosexual youth are not intentionally homophobic. Homo- and transnegativity are not inevitable in adolescence, but in a culture in which sexual and gender minority issues are explicitly and continually contested, and in which LGBTQ identities remain stigmatized, we should expect that prejudice and stereotype will be manifest among some youth and in some subcultures, regardless of how affirming and accepting any individual’s family, school, peers, and faith community may be. Ultimately, the developmental collision we describe is clearly a product of our distinctive cultural moment: a combination of the ontological changes we have identified set in the context of extraordinary social/historical changes that have brought about LGBTQ identities and communities. Thus the “collision” may play out differently for future generations. Although we trace the collision to inequalities that are seemingly intractable, new forms of in/equality may intersect with and shape human development in new and distinctive ways for future generations of youth.

The paradox of LGBTQ social change and youth wellbeing

In the wake of progressive social policy change we should witness evidence of declining minority-specific stressors in the lives of LGBTQ young people. That is, if things are getting better, we should see a narrowing of sexual and gender minority-related disparities across various indicators of youth wellbeing. On the other hand, if there is in fact a developmental

collision, we may see an increase in minority-specific stress, and stable if not widening disparities in health between heterosexual and sexual minority youth.

First, regarding minority-specific stressors, the focal point in studies of youth has been school-based victimization and bullying. However, there are few studies that compare rates of bullying over time, and the findings are somewhat mixed. On one hand, an online survey of U.S. LGBTQ youth, showed a decrease in homophobic name-calling and bullying from 2005 to 2015 (Greytak, Kosciw, Villenas, & Giga, 2016). In contrast, an analysis of population-level trends from the Massachusetts Youth Risk Behavior Survey data showed that between 1999 to 2013, although there were declines in all school bullying and violence-related experiences over time among all males and heterosexual females, reductions were not consistent for lesbian and bisexual girls. Further, there were no declines in sexual orientation disparities over time (Goodenow et al., 2016). Finally, a recent meta-analysis of 18 independent studies of the association between sexual orientation and school-based victimization showed a contemporary positive trend over time: there were stronger associations between sexual orientation and school victimization in more recent studies, such that sexual minorities reported higher rates of school victimization in recent years (Toomey & Russell, 2016). Overall, the findings may not be contradictory: the overall prevalence of homophobic name-calling and bullying could be declining for sexual minorities (especially boys), yet it may be more concentrated among or focused on sexual minorities compared to heterosexuals.

Regarding trends in sexual minority youth wellbeing, until recently the ability to examine trends in sexual minority youth health have been stymied by the exclusion of sexual minority status measures in population based data. These limitations still remain present for gender minority youth. Fortunately, there have been some long-standing local efforts to systematically document sexual minority youth health, largely through school-based health surveys (e.g., the Massachusetts and Minnesota Youth Risk Behavior Survey, and the British Columbia Adolescent Health Survey). These data provide the opportunity to examine up to 15 year trends in the extent to which sexual orientation disparities in mental and behavioral health, and the theoretical mechanisms associated with them, have changed.

Overall, findings run counter to the common expectations that things are better. Despite an increase in social acceptance of and laws protecting LGBQ people, studies show that sexual orientation differences in substance use, mental health, victimization, and family support have largely remained unchanged, and for some subgroups of sexual minority youth, are widening. Specifically, general population trends indicate that substance use (Fish et al., 2017; Fish & Baams, in press; Homma, Saewyc, & Zumbo, 2016; Watson, Lewis, Fish, & Goodenow, 2018) and mental health (Peter, Edkins, Watson, Adjei, Homma, & Saewyc, 2017; Watson, Peter, McKay, Edkins, & Saewyc, 2018) symptomology are declining for all youth, but that these declines are less pronounced for sexual minority youth. Similar analyses also find that sexual minority youth continue to experience disparities in school safety, peer victimization, and perceived parental support (Goodenow, Watsons, Adjei, Homma, Saewyc, 2017; Watson et al., 2015).

Although findings from these trend studies highlight the pervasiveness of sexual-orientation-related disparities in substance use and, to a lesser degree, mental health among youth, the overall story is far from simple. Among the more consistent patterns is that instances of widening sexual orientation-related disparities are largely concentrated among girls, whereas the few instances of narrowing disparities are largely evident for boys. Such sex differences may reflect the fact that sexual orientation-related disparities are more consistent and robust among girls/women than boys/men (Hughes, Kantor, & Wilsnack, 2016; Marshal et al., 2008). With the exception of just two of these studies (Fish & Baams, in press; Fish et al., 2018), studies are geographically limited to specific states or provinces. In fact, the same jurisdictions that were among the first to include questions about sexual orientation on youth surveys (i.e., Minnesota and Massachusetts in the United States, and British Columbia in Canada) were also places that were early adopters of other forms of social and legal recognition for sexual and gender minorities. Thus, findings may reflect local and state-level policies that may be unique to those specific jurisdictions. Rates of decline may differ for youth across states based on the local or regional policy or sociopolitical context, but national data have not been available to test trends on a larger scale; these types of investigations, including comparisons across socially and politically diverse policy contexts, have been limited with respect to youth wellbeing.

We acknowledge a number of other factors that may be at play for understanding these broad trends. One basic change is that more youth endorse sexual minority identity labels in recent compared to earlier cohorts. For example, data from the British Columbia Adolescent Health Survey show that in 1998, 2.0% of males identified as bisexual (1.1%) or gay (0.9%), and 2.2% of females identified as bisexual (1.9%) or lesbian (0.3%); 15 years later in 2013, those percentages increased to 2.5% (1.4% bisexual, 1.1% gay) and 4.9% (4.0% bisexual, 0.9% lesbian/gay), respectively (Fish, et al., 2017). Thus, more youth from recent cohorts identify as sexual minorities, so changes in disparities over time must be understood in the context of this overall shift or growth in the LGB youth population. Further, much of the total growth in the size of the LGB youth population over the last decades has to do with growing numbers of youth who identify as bisexual, particularly among adolescent females. There has been longstanding awareness that bisexual youth are among those with particularly high levels of health and behavior risk (Marshal et al., 2008, 2011; Pollitt, et al., 2018). It may be that the growing disparities that are evident, particularly among sexual minority females, are partly due to vulnerabilities among groups of sexual minorities (especially bisexual females) who are more likely or willing to understand and report their identities today than was the case among cohorts from prior decades. Such patterns would suggest not that disparities are widening for sexual minority females, but rather that prior estimates excluded some youth who were at higher risk. Thus prior studies likely provide under-estimates of the sexual minority youth population risk and vulnerability. The point is, these shifts in the sexual minority youth population do not discount the longstanding evidence of mental and behavioral health disparities.

Conclusion

There is no doubt that there have been dramatic, large-scale social changes toward legal recognition and rights and social acceptance of sexual and gender minorities, but many of

the objective legal and social changes represent statutes largely for adults, and may not be as simple as unidirectional, positive progress for young people. From our point of view, it is concerning that these changes have led to a common perception that things are better for sexual and gender minority youth today than they were for prior generations. That narrative is seductive, but inconsistent with new evidence, and, we argue, with contextual and developmental understandings of the lives of contemporary sexual minority youth.

We argue that we are witnessing a developmental collision for sexual minority youth. Societal-level trends in LGBTQ social awareness and acceptance have created the possibility for younger cohorts of sexual minorities to come out at younger ages than ever before. Yet this seemingly emancipatory change is complicated by a collision of persistent inequalities related to sexuality and gender with ontological or developmental forces in the lives of youth. Contemporary sexual minority youth now come out during developmental periods when most are emotionally and financially dependent on their families, and are compelled to attend schools. Notably, developmental research has identified significant challenges related to homophobia and rejection for sexual minority youth in both family and school contexts. Today's sexual minority youth come out during a period characterized by heightened peer regulation, especially regarding discrimination or stigma related to sexual orientation and gender identity or expression. In the context of these tensions, we highlight recent research that points to stable or even widening sexual orientation-related adolescent mental and behavioral health disparities: Rather than improving, the status of sexual minority youth health and wellbeing is stable at best. Thus, concerns for the wellbeing of sexual and gender minority youth – and all marginalized groups of young people – is more relevant than ever.

In the United States and around the world there has been backlash to advances for legal rights and protections for sexual and gender minorities, along with many other disadvantaged or marginalized groups. At the time of this writing, across branches of the current U.S. federal (Trump) administration, there have been new efforts to limit the scope of protections for sexual and gender minorities. For example, new rules and regulations would ban transgender troops in the military, weaken protections for federal employees, and invalidate prior guidance that advocated for the safety of transgender students in schools. Some U.S. states are pursuing legislation that would require teachers, social workers, and counselors to “out” transgender youth to parents. Thus LGBTQ issues have always been contested, but the changes of the prior decade were largely felt as change toward acceptance and inclusion. The context today has shifted in ways that challenge such optimism, and renew longstanding concerns regarding the wellbeing of contemporary sexual and gender minority youth.

Current trends in sexual orientation-related mental and behavioral health disparities appear to be heading in the wrong direction – findings that are especially urgent when we take a life course view (Rosario et al., 2014). Adolescence is the most developmentally vulnerable time for mood disorder onset, suicidality, and the establishment of substance use behavior that, once established, make people more vulnerable to these symptoms and behaviors through the rest of the life course (Merline, et al., 2004; Rosario et al., 2014). That is, the developmental collision that we identify may leave LGBTQ youth today at greater risk across their lives, continuing the vexing patterns of LGBTQ population health disparities.

Many have written about the steps schools can take to create safe and supportive settings for all youth. There are multiple practical and policy approaches that teachers, administrators, and education policy-makers can take that ameliorate the collision we describe (Russell & Horn, 2016). Beyond schools, we know little about the role of community organizations and programs that serve LGBTQ youth, many of which play a powerful role in the lives of young people through supporting youth advocacy for social change. And although we know that parental and family acceptance matters for the wellbeing of LGBTQ youth (Ryan et al., 2010), we are only just beginning to learn about strategies parents and families can take to actively prepare LGBTQ youth to face stigma and discrimination in their lives (Toomey, Shramko, Flores, & Anhalt, 2018). Finally, there are too few opportunities for youth to engage directly in critical analysis of the inequalities that structure their lives, or of the prejudices that shape their peer, school, community, or national culture. Yet young people are among those we are active participants – or leaders – in movements to ensure safe and supportive communities where all youth thrive.

Some may challenge our arguments, saying that we are promulgating a narrative of risk and vulnerability for sexual minority youth. Our point is not to argue that most LGBTQ youth are vulnerable (indeed most LGBTQ youth thrive), or that adolescence is necessarily defined by negative peer regulation, exclusion, or homo- and trans-negativity: Indeed there is clear evidence that young people, including sexual and gender minority youth, can and do lead in social justice and inclusion (Ginwright, Cammarota, & Noguera, 2006; Poteat et al., 2017; Terriquez, 2015). Naming vulnerability or discrimination in the lives of youth is not the same as perpetuating it. Rather, it affords the potential for the adults and institutions that support youth – and youth themselves – to understand and identify those vulnerabilities, and accept responsibility for addressing them.

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