



[Image description: A pink piece of paper torn from the middle right-hand side showing an LGBTQ+ rainbow.]



Equity by Design:

The Effects of Homophobia and
Transphobia on the Mental Health of
LGBTQ+ Students

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There is growing attention on the mental health of teens and the implications of social-emotional well-being on their lives. Such attention is warranted: 1 in 6 U.S. youth, aged 6-17, experience a mental health disorder each year; 50% of all lifetime mental illness begins by age 14; and suicide is the second leading cause of death among young people aged 10-34 (National Alliance on Mental Illness, 2016, 2019). Teenagers may feel too ashamed to talk about their experiences with someone when they need help. This shame is amplified for minoritized youth, who are

mental health conditions, in that chronically stressful events can lead to mental distress (Kelleher, 2009).

While there has been attention given to how mental health affects teenagers in general, one population that demands specific attention is LGBTQ+ youth. For two decades, the Gay, Lesbian, and Straight Education Network (GLSEN) has committed to researching the school-specific experiences of LGBTQ+ youth in the U.S. In their most recent report of 2017, GLSEN acknowledges that progress they have reported over the past twenty years had slowed. They report that generally, schools are “hostile environments for a distressing number of LGBTQ students, the overwhelming majority of whom routinely hear anti-LGBTQ language and experience victimization and discrimination at school” (Kosciw et al., 2018, p. xviii). School climates directly affect students’ academic growth; students with high levels of victimization and discrimination due to sexual orientation and/or gender expression were more likely to miss school, have lower grade point averages, were more likely to report that they did not plan to pursue any post-secondary education, and were more likely to have been disciplined at school compared to those reporting low levels of victimization (Kosciw et al., 2018).

Youth who experienced the most victimization and discrimination due to

often already experiencing stigma-related prejudice and discrimination based on their race, ethnicity, gender, sexual orientation, class, and/or ability (Kelleher, 2009). Such discrimination can be directly correlated to

KEY TERMS

Heteronormativity - The presumption that heterosexuality is the norm or default sexual orientation.

LGBTQ+ - An acronym for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning. The use of the + indicates inclusivity with all gender identities and sexual orientations that differ from cisgender and heterosexual.

Mindfulness - A meditation practice in which one brings awareness to the present moment without judgment

Suicidality - A term that refers to suicidal ideation (serious thoughts about taking one’s own life), suicide plans, and suicide attempts.

sexual orientation and gender identity also had lower self-esteem and higher levels of depression (Kosciw et al., 2017). Furthermore, 39% of LGBTQ+ youth seriously considered attempting suicide in the previous year (Trevor Project, 2019a). For transgender and non-binary youth in particular, serious suicidal ideation is even more likely, affecting approximately 50%.

The consequences that homophobic and transphobic school climates have on LGBTQ+ youth are severe, in terms of mental health and education. The convergence of mental health and education lies in school climate, which, for LGBTQ+ students, is in large part defined by the homophobia and transphobia they encounter in their schools. Homophobia and transphobia can manifest in schools in both egregious actions, such as bullying, as well as more subtle inactions, such as non-inclusive curricula, both of which impact the mental health of LGBTQ+ students. The goal here is to offer specific recommendations for teachers and administrators so that they are able to reduce discrimination in schools to improve the mental health and wellbeing of LGBTQ+ students.

Homophobia and Transphobia in Schools

LGBTQ+ youth report hostile school climates, but in order to transform these educational environments, we must clearly understand what makes schools hostile. In this section, we review four of the most common transgressions: physical and verbal harassment; teacher and administrator inaction; non-inclusive curricula; and school policies and disciplinary practices. It is

important to note that while these categories are discussed separately, they do not exist independently; instead, they all interact and build upon one another (e.g., teacher and administrator inaction could support higher levels of physical and verbal harassment).

Physical and Verbal Harassment

Physical and verbal harassment is often, but not solely, initiated by LGBTQ+ students' peers (Kosciw et al., 2018). Verbal harassment for LGBTQ+ youth includes being called names and derogatory labels and being told one is going to hell, and physical harassment includes being beaten up or having food thrown at them (Higa et al., 2014). These kinds of harassment can also be sexual in nature (Mitchell et al., 2014).



[Image description: Graphic of a woman-presenting individual with an afro, holding a Pride flag, crouching on the ground. She is being pointed at, from both sides of the image, signaling taunting.]

LGBTQ+ youth who experience harassment reported that teachers and administrators

often fail to intervene, which is a non-supportive response that sends a message to the aggressors that their behavior is okay (Higa et al., 2014). This inaction occurs even when students report harassment and assault (as opposed to it being witnessed by school staff), with some staff even telling students to ignore it (GLSEN, 2018). Because of this, LGBTQ+ students might not report harassment or assault out of belief that effective intervention is not likely to occur, or because the situation could get worse if reported (Kosciw et al., 2018).

Staff Inaction

It is important to reflect on *why* school staff were unlikely to respond to witnessed or reported harassment of LGBTQ+ students.



[Image description: White man-presenting adult wearing a suit and tie, standing with his hands over his ears.]

One reason for a lack of intervention is because some teachers feel doing so would be outside of their job description (Blackburn, Clark, & Schey, 2018). To them, teaching is defined specifically as the transmission of content-area knowledge and skills, and anything outside of state

content-area standards, high stakes testing, district curriculum guides, and lesson plans was outside their obligations. Even if teachers believe advocating for LGBTQ+ students to be important and worthwhile, it can be at tension with what is seen as the purpose of school (Blackburn et al., 2018). Intervening can be viewed as taking a political stance; i.e., by saying something, teachers assume that they are politically aligning themselves to an LGBTQ+ ‘agenda’ (Walker, 2018).

Pervasive heteronormativity can also cause a lack of intervention (McCabe, Dragowski, & Rubinson, 2013). Heteronormativity refers to the assumption that the ‘normal’ state of being is heterosexual, and, consequently, couples of the same gender are a variation of the norm or even deviant. Because schools are microcosms of society, members of these communities “are exposed to and inherit societal schemas that reinforce the normative and accepted expressions of gender and (hetero)sexuality” (McCabe et al., 2013, p. 9). A lack of intervention can occur because school counselors do not always identify homophobic remarks as biased or harassing behavior. Phrases like “that’s so gay” were considered normal remarks that were not necessarily targeting LGBTQ+ individuals. Teachers believed that students did not understand the implications of these words and were using them as synonyms for “dumb” or “weird” (McCabe et al., 2013, p. 20). Such language, even if not targeted toward LGBTQ+ students, still causes them distress (McCabe et al., 2013). Even when teachers have positive attitudes toward LGBTQ+ students and want to intervene on their behalf, heteronormativity is a barrier in their doing so as evidenced by such

microaggressions (McCabe, et al., 2013).

Non-Inclusive Curricula

Teachers can also affect school climate for LGBTQ+ students with their curricula. GLSEN (2018) found that “only 19.8% of LGBTQ students were taught positive representations about LGBTQ people, history, or events in their schools” and 18.4% had actually been taught *negative* content about LGBTQ+ topics (Kosciw et al., 2018, p. xxii). Furthermore, representation was lacking outside of classrooms: only 41% of students said there were resources in the library about LGBTQ+-issues, and about half of students with internet access at school were able to access LGBTQ+-related information online via school computers, which suggests that this topic is regularly censored (Kosciw et al., 2018).

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Similar to educators’ reasoning for not responding to homophobic and transphobic harassment, non-inclusive curricula can be attributed to how teachers perceive the role of teaching. For example, Blackburn et al. (2018) report that “teachers who saw teaching as ‘staying within the curriculum’ were less likely to integrate this content or even address related topics or questions in their classrooms” (p. 137). These teachers do not have what they termed “buy-in,” meaning that gender and sexuality-inclusive curricula was not “necessary and important” to them (Blackburn et al., 2018, p. 148). In addition to buy-in, teachers need to have a certain level of efficacy: they have to know

what to do, why to do it, and *how* to do it, but many school staff do not get LGBTQ+-specific training (Dykes & Delpont, 2017; Kull, Greytak, Kosciw, 2019).

School Policies and Disciplinary Practices

School policies and disciplinary practices can also contribute to homophobic and transphobic school culture. Kosciw, Greytak, Zongrone, Clark, and Truong (2018) found that a majority of LGBTQ+ students cited an anti-bullying/harassment policy at their school, but only 12.6% of students had a policy that specifically gave attention to sexual orientation and gender expression. In turn, many students experienced discrimination in the form of discipline. Discriminatory disciplinary policies included being:

- “disciplined for public displays of affection that were not disciplined among non-LGBTQ students;”
- “prevented from wearing clothes considered ‘inappropriate’ based on their legal sex;”
- “prohibited from discussing or writing about LGBTQ topics in school assignments;”
- “prohibited from including LGBTQ topics in school extracurricular activities;”
- “prevented from attending a dance or function with someone of the same gender;”
- “prevented from wearing clothing or items supporting LGBTQ issues;” and
- “prevented or discouraged from participating in school sports because they were LGBTQ” (pp. xix-xx).

Furthermore, The Trevor Project’s (2019a) study found that 58% of transgender or non-

binary youth were discouraged from using a bathroom that corresponds to their gender identity. In schools where Gay-Straight Alliances (GSAs) existed, some students were prohibited from promoting the clubs (Kosciw et al., 2018). In schools where there was no GSA, LGBTQ+ students also experienced resistance from both staff and



[Image description: Profile shot of a feminine-presenting person of Color with a large afro, at a Pride demonstration.]

students to start one, which can be illegal if the school has other extracurricular groups and the GSA is student initiated with a staff sponsor (Higa, et al., 2014).

Homophobic and transphobic school climates often leave LGBTQ+ students feeling unsafe to disclose their sexual orientation or gender expression, both around fellow students and to their schools' teachers, staff, and administration. The Trevor Project (2019a) reported that less than half of LGBTQ+ respondents were out

to an adult at school, with youth even less likely to disclose their gender identity in comparison to sexual orientation. This feeling of unsafety is correlated to LGBTQ+ students' school attendance; in fact, 33.9% of students who disclosed that they were considering dropping out of school said they were doing so because of "the hostile climate created by gendered school policies and practices" (Kosciw et al., 2018, p. xxi). Feeling unsafe in one's identity not only negatively impacts academic performance, but it also takes a toll on mental health. In addition to feelings of social isolation, youth have reported negative internalized feelings in relation to their identities (Higa et al., 2014). Research illustrates that the compounding of all of these risk factors, especially when limited positive factors counterbalance them, increase vulnerability of LGBTQ+ youth, thus increasing their likelihood of anxiety, depression, and suicidal ideation (The Trevor Project, 2019b).

Homophobia, Transphobia, and Mental Health

LGBTQ+ people and those perceived to be LGBTQ+ can be traumatized by homophobia and transphobia and thus experience negative consequences to their mental health (Hatchel et al., 2018; Meyer, 2003; Wilkerson, Schick, Rominjnders, Bauldry, & Butame, 2017). Known as the minority stress model (Meyer, 1995), this concept directly contradicts prejudice that indicates that either trauma causes people to be LGBTQ+ or that being LGBTQ+ is

¹We recognize that dichotomous notions of gender, such as using the language of boys and girls, can exclude other gender identities. When we use this language, we do so because that is what was used in the study being referenced. We include the word cisgender to acknowledge the exclusion.

actually a mental illness by showing that the discrimination LGBTQ+ people are subject to is actually the problem. Such understanding is especially important given the inclusion of homosexuality in the first edition of the American Psychological Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). Although this classification was removed from the second edition of the DSM, the related stigma and victimization has persisted (Waldo, Hesson-McInnis, D'Augelli, 1998).

Immediate Mental Health Impacts

LGBTQ+ students experience immediate negative mental health outcomes as a result of homophobic and transphobic school climates (Poteat, Rivers, & Scheer, 2016). Cisgender boys and girls can be affected differently; for example, cisgender boys reported higher levels of anxiety and depression when they were the target of homophobic epithets, whereas cisgender girls were more likely to withdraw socially¹ (Poteat & Espelage, 2007). Questioning middle school students reported higher rates of depression and suicidality in comparison to both heterosexual and LGBTQ+ students (Birkett, Espelage, & Koenig, 2009). One current limitation in contemporary research is data on specific mental health outcomes (e.g., the number of LGBTQ+ youth who suffer from anxiety versus depression). This gap could be because it is more difficult to research sensitive concerns like mental health in minors. Further, while half of all lifetime mental illnesses develop by age 14, there is a 10-year average delay between onset of symptoms and intervention (National Alliance on Mental Illness, 2016). Therefore, many LGBTQ+ youth might lack

official diagnoses or understandings about their mental health.


Long-Term Mental Health Impacts

Research illustrates that mental health impacts are not temporary or passing, and they can occur beyond the time of victimization (Poteat et al., 2014), including into adulthood. LGBTQ+ college students had higher rates of anxiety in comparison to heterosexual students (Borgogna, McDermott, Aita, & Kridel, 2019). More specifically, "pansexual and demisexual individuals had the highest levels of depression and anxiety, whereas those who



[Image description: Wordle with the following words visible: internalised homophobia, secrecy, sexual orientation, negative beliefs, prejudices, stigma, intolerance, mental health, shame, lesbian, systemic oppression, religion, negativity, horizontal hostility, bullying, coming out, and society.]

identified as gay/lesbian had the smallest when compared with heterosexuals" (Borgogna et al., 2019, p. 60). Higher education institutions can have homophobic and transphobic climates similar to K-12 schools; however, adverse mental health



outcomes in adulthood can also occur as a result of prior victimization and can be a form of posttraumatic stress (D'Augelli, Pilkington, & Herschberger, 2002). When questioned about the mental health effects of previous victimization, more cisgender girls reported anxiety and depression, while more cisgender boys reported suicidal thinking (D'Augelli et al., 2002).

Suicidality

Suicidality can impact LGBTQ+ youth of any age; the LGBTQ+ versus heterosexual suicide is most discrepant at younger ages. Almost a quarter of 12- to 14-year-olds who died by suicide were LGBTQ+, while only 8% of adults ages 25-29 who died by suicide were LGBTQ+ (Ream, 2019). Of LGBTQ+ youth who had experienced suicidal ideation, about half said that their sexual orientation was related, while another 22% said it was very related (D'Augelli et al., 2002). Research shows “a hostile school climate is linked to a higher risk for depression, which in turn is associated with higher rates of suicide” for LGBTQ+ youth (Peter, Taylor, & Campbell, 2016, p.197).

Practitioner Application

The phrase “it gets better,” popularized by a campaign initiated by Dan Savage in 2010, is commonly recited as a response to these issues. This phrase implies that, yes, kids are mean, but life will improve for LGBTQ+ students after high school. Sometimes life *does* improve, but that does not mean that we should allow homophobia and transphobia to continue. Peter et al. (2016) write,

telling youth ‘it gets better’ is not an adequate response to a situation

that students experience as a state of emergency. It was simply not enough for youth like Jamie, who could not wait three more years to escape school bullies. (p. 209)

And often, homophobia and transphobia continue beyond the institution of school into other social institutions. Distress can get better for most LGBTQ+ adolescents as they become young adults, but such change requires a decline in overt victimization (Birkett, Newcomb, & Mustanski, 2015). Social support or positive relationships are not enough to buffer psychological distress when victimization has occurred or is still happening (Birkett et al., 2015). Further, Birkett et al. (2015) write, “therefore, to protect the psychological health of LGBTQ youth and young adults, early interventions which target victimization are needed; only when LGBTQ youth no longer experience victimization will it get better” (p. 285). Not making immediate changes to hostile school climates for LGBTQ+ youth is inexcusable, especially given the amount of research that illustrates specific action-items that can transform schools into safe spaces.

Inclusive Curricula

Schools with LGBTQ+-inclusive curricula have safer school climates with less homophobia and transphobia (Kosciw et al., 2018). Inclusive curricula have positive applications in students’ lives, including “their safety, well-being, learning, achievement, and ability to understand others” (Snapp, Birdge, Licon, Moody, & Russell, 2015). Alternatively, students who were taught inclusive curricula were less likely to hear homophobic epithets such as “that’s so gay” or negative remarks about

their gender expression, feel unsafe because of their sexual orientation, or miss school (Kosciw et al., 2018). Conversely, students were more likely to perform better academically, and, finally, felt a greater belonging in their school community (Kosciw et al., 2018).

As previously noted, teachers need to know what inclusive curricula entails, its importance, and how to implement it in their classrooms (Blackburn et al., 2018). Inclusive curricula should not be approached from the assumption that all students are straight and homophobic; rather, teachers should allow for the possibility that some students are LGBTQ+ and/or queer-friendly (Clark & Blackburn, 2009). Through this interpretation, LGBTQ+-content in classrooms can serve as both windows *and* mirrors; i.e., it allows students to “look through windows” to learn both about the experiences of people with different

Social support or positive relationships are not enough to buffer psychological distress when victimization has occurred or is still happening.

identities than themselves, and can help them see themselves represented through mirror images (Bishop, 1990).

There are a number of resources for teachers who want to develop inclusive curricula for all grade levels and content areas. For example, a language arts teacher can teach texts like *Aristotle and Dante Discover the Secrets of the Universe* through a critical literacy lens (Boyd & Zecena, 2018). Social studies teachers can highlight the roles LGBTQ+ figures and

events played in U.S. and world history, investigating and thinking critically about LGBTQ+ -relevant current events (Maguth & Taylor, 2014). In science classrooms, teachers can teach about biology by challenging gender binaries and expand the information around sex and chromosomes to also include gender and gender identity (GLSEN, n.d.). Math teachers can use inclusive language in word problems and use statistics to analyze LGBTQ+ demographic trends (GLSEN, n.d.). Teachers should not and do not have to work alone; organizations such as [GLSEN](#), [Teaching Tolerance](#), and [Facing History and Ourselves](#) all have compiled resources for teachers.

GSA and Other Extra-Curriculars

Another way schools can have a positive impact on LGBTQ+ students' mental health is through the support of GSAs and other inclusive extracurricular organizations. In addition to illustrating to students that their identities are welcomed in schools, these organizations provide students with social supports, such as community and coalition. Research indicates that a lack of social support is correlated to higher rates of depression in LGBTQ+ youth (McDonald, 2018). While social supports are not enough to fully mitigate the impacts of victimization, having social support is still ideal (Birkett, et al., 2015). GSAs, for example, provide opportunities for LGBTQ+ students to build relationships with LGBTQ+ peers and non-LGBTQ+ allies. In addition, they also reduce experiences of victimization at school (Marx & Kettrey, 2016). Given these benefits, it is unsurprising that LGBTQ+ youth who participate in GSAs have more favorable outcomes in terms of depression and general psychological distress (Heck,



Flentje, & Cochran, 2013). Groups similar to GSAs have also demonstrated positive benefits; for example, Hatch Youth, a group where LGBTQ+ youth had unstructured social time, education around LGBTQ+ topics, and peer-support groups, reported improved social support after attending for six months. These same participants reported lower depression symptoms and higher self-esteem (Wilkerson et al., 2017). It is important, however, for other organizations (i.e., organizations not themed around LGBTQ+ topics) at the school to be inclusive of LGBTQ+ students. Some students may feel in danger when participating in GSAs for fear of their sexual orientation or gender identity being revealed to the larger student body (Peter et al., 2016). Additionally, students of Color have reported that GSAs have not felt inclusive, and have instead felt their LGBTQ+ identities to be better supported in spaces that nurture their racial identities—as well as their sexual and gender identities (McCready, 2010).

Mindfulness

One recent and innovative study illustrated the benefits the practice of mindfulness can have on LGBTQ+ youth. Mindfulness is a practice that stems from Buddhist meditation but has gained popularity in Western popular culture. In its most basic form, mindfulness is about bringing attention to the present moment, with an attitude of nonjudgment, acceptance, and letting go (Iacano, 2019). In one case study, Amanda, a 15-year-old South Asian lesbian, reported “a significant reduction in anxiety, an improvement in concentration, feeling more empowered, and increased comfort with her sexuality at the end of [her mindfulness] treatment” (Iacano, 2019, p.

163). These benefits occurred even when Amanda still endured discrimination and internalized oppression on the basis of her sexuality and ethnicity. Mindfulness should be implemented with an LGBTQ+-affirmative foundation. Although research is growing in this area, there may also be benefits to mindfulness for the entire student body in improving school climate (Wisner, 2014).

Conclusion

Homophobic and transphobic school climates are linked to negative mental health conditions in LGBTQ+ youth and can result in poorer academic success or even dropping out. Even more concerning is the correlation these factors have to LGBTQ+ youth suicide. Still, while the research draws most of its attention to the ways LGBTQ+ mental health is negatively affected, it is also true that there are many LGBTQ+ youth who are supported, empowered by their identities, and “resilient and thriving” (The Trevor Project, 2019b, n.p.).

In order to help more LGBTQ+ youth have positive school experiences, school practitioners should identify their roles and how they can make the biggest impact. For example, teachers can consult professional development resources, such as the organizations Teaching Tolerance and Facing History and Ourselves, in order to find ways to integrate LGBTQ+-inclusive content into their curricula. School administrators can engage in their own professional development, while also providing the support the school staff needs for their own learning. School psychologists can develop mindfulness practices to use

with their LGBTQ+ students, while also providing specific mental health supports for LGBTQ+ students. With that said, research shows that talking about suicide in LGBTQ+ populations can have unintended consequences, such as making suicide seem like a logical consequence for the bullying, rejection, discrimination, and exclusion that LGBTQ+ youth endure (Gender Spectrum, 2015), so it is important that adults follow evidence-based protocol when raising awareness about LGBTQ+ mental health in schools or when providing support to students in need. School psychologists and other staff can reference the resource [Talking About Suicide & LGBT Populations](#) for further guidance.

Finally, it is important to remember that students within LGBTQ+ communities are diverse and have different needs. The needs of a transgender student differ from those of a lesbian, gay, or bisexual student. Additionally other identities, such as race, ethnicity, class, religion, and ability, can also affect a student's needs and desires. By understanding what negatively and positively impacts LGBTQ+ youth mental health, school practitioners and educators can take an active stance toward changing homophobic and transphobic school climates into places where LGBTQ+ students have their most basic needs met: their safety.



[Image description: Close up image of two people of diverse races, dressed in blue denim jeans, holding hands. One person's fingernails are painted black.]

About the Authors

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About the Midwest & Plains Equity Assistance Center

The mission of the Midwest & Plains Equity Assistance Center is to ensure equity in student access to and participation in high quality, research-based education by expanding states' and school systems' capacity to provide robust, effective opportunities to learn for all students, regardless of and responsive to race, sex, and national origin, and to reduce disparities in educational outcomes among and between groups. The Equity by Design briefs series is intended to provide vital background information and action steps to support educators and other equity advocates as they work to create positive educational environments for all children. For more information, visit <http://www.greatlakesequity.org>.

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Disclaimer

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