



STUDIES IN ADOLESCENT DEVELOPMENT

SEXUALLY AND GENDER DIVERSE ADOLESCENTS

CRITICAL PERSPECTIVES ON RISK AND RESILIENCE

EDITED BY LAURA BAAMS AND TESSA M. L. KAUFMAN

Published for



“We need this easy-to-read, current, and comprehensive book that fills a knowledge gap. This book will appeal to a wide range of individuals from researchers, educationalists, psychologists, social workers, policymakers, and even parents who are trying to find ways to support SGD youth. It has the potential to lead to advances in practice, policy, and research.”

Harriet Tenenbaum, *Professor in Developmental and Social Psychology, University of Surrey, UK*



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SEXUALLY AND GENDER DIVERSE ADOLESCENTS

Drawing on psychology, sociology, pedagogy, and prevention sciences, this book offers a comprehensive perspective on the contemporary and complex experiences of sexually and gender diverse (SGD) adolescents worldwide.

This important book explores adolescent experiences extending to countries worldwide where issues related to LGBTQ+ rights, adolescent mental health, and social acceptance are of concern. It not only uncovers the intricate world of SGD adolescents and the complexities of resilience, risk, and critical perspectives, but it also explores health and well-being, generational dynamics, societal norms, globalization, and transformative pedagogy. Chapters cover topics including the role of family members, in-school victimization, intimate relationships, the role of social media, gender-affirming care, and generational differences.

Focusing on the latest research and moving beyond theory to provide evidence-based strategies, policies, and interventions, this is a must-buy for advanced students and researchers seeking timely and up-to-date knowledge, as well as practitioners, educators, and policymakers looking to effect positive change in the lives of SGD adolescents.

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Sexually and Gender Diverse Adolescents

Critical Perspectives on Risk and Resilience

Edited by Laura Baams and Tessa M. L. Kaufman

SEXUALLY AND GENDER DIVERSE ADOLESCENTS

Critical Perspectives on Risk
and Resilience

Edited by
Laura Baams and Tessa M. L. Kaufman

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1

SETTING THE STAGE

An introduction to the lives of LGBTQ+ adolescents

Laura Baams

Sexually and gender diverse (SGD), or LGBTQ+ adolescents, are increasingly considered a heterogeneous group, which follows from the increased recognition that sexual orientation and gender identity are multidimensional and fluid concepts. While progress has been made in recognizing and affirming the rights, identities, and expressions of SGD adolescents, challenges and disparities persist. The current narrative on SGD adolescents and their health and well-being is characterized by a growing awareness of the unique struggles they face in various domains of life, including family, education, healthcare, and their broader social and societal environments. At the same time, there is increasing attention for resilience that can empower SGD adolescents in developing a positive sense of identity and dealing with possible negative experiences.

Worldwide, many countries have witnessed a shift in societal attitudes toward sexual and gender diversity, leading to increased acceptance of LGBTQ+ individuals (Flores, 2019). These changing attitudes have created both opportunities and challenges for SGD adolescents, making the exploration of their experiences crucial to navigating this evolving landscape. Despite progress in societal acceptance, SGD adolescents continue to experience mental health disparities. Research has highlighted the prevalence of mental health issues, bullying, stigma, and discrimination experienced by SGD youth, emphasizing the need for comprehensive research and evidence-based approaches to promote their well-being. This is especially important as mental health issues among youth are of increasing global concern.

Recent advancements in laws and policies aim to protect the rights and well-being of SGD individuals, yet implementation and inclusivity gaps still exist. In recent years, there has been an increasing emphasis on the need for

inclusive practices, supportive environments, and comprehensive healthcare services tailored to the specific needs of SGD adolescents. The recognition of the diverse dimensions of sexual orientation and gender identity/expression, as well as the importance of intersectionality, has also gained prominence in research and social discourse.

This book: multidisciplinary reflections on risk and resilience for SGD adolescents

This book's multidisciplinary approach, combining insights from psychology, sociology, pedagogy, and prevention sciences, addresses the complexity of SGD adolescents' experiences. By exploring topics such as resilience, risk, inclusivity, critical perspectives, and the impact of societal factors on SGD adolescent's health and well-being, this book serves as a timely resource, offering scientific research, evidence-based approaches, and highlighting the gaps that still need to be addressed.

As SGD adolescents continue to face unique challenges as they navigate their identities, they also experience positive moments that provide resilience and joy. This book aims to contribute to their health and well-being and to create a more inclusive and supportive society for them. By providing a comprehensive analysis, we hope to offer insights and practical guidance for educators, policymakers, researchers, and families, inspiring hope and celebrating the strength and joy found within diverse journeys.

This book is structured around four core themes, each exploring a different context important for SGD adolescent's risk and resilience.

Part I: Family, peer, and school relationships

For SGD adolescents, the family context can be an important environment for risk enhancement and support and for stimulating positive identity development. For example, in addition to risk-enhancing factors (e.g., parental rejection; Son & Updegraff, 2023), research has indicated that having supportive parents can play a crucial role in mitigating the risk for mental health challenges and promoting overall well-being (Newcomb et al., 2019). Despite families being complex systems that encompass a range of experiences, existing studies have predominantly focused on negative aspects within the family home. These include instances of parental rejection and abuse (Son & Updegraff, 2023), overrepresentation in foster care (Fish et al., 2019), and exposure to adverse childhood experiences (Baams, 2018). This part of this book provides a more nuanced understanding of the factors that are important for creating a safe and supportive environment for SGD adolescents.

Family support is essential for well-being, helping SGD adolescents develop resilience to overcome adversity. The second chapter of this book

discusses effective family strategies, including identity-based socialization, which prepares adolescents for discrimination and fosters pride in their identities (Chapter 2: Kulkarni, Moore, & Farr, 2024). Queer parent family socialization and sexual orientation and gender identity socialization also promote resilience and acceptance (Kulkarni et al.). For transgender and gender diverse (TGD) youth, supportive practices include fostering gender creativity, advocating for inclusive policies, and providing access to gender-affirming resources. Families can support SGD adolescents through deliberate conversations about identity, ongoing education on queer topics, and parenting with flexibility and intentionality (Kulkarni et al.).

Perhaps the second most important context for adolescents is the school environment, in which adolescents spend most of their time and where they engage in daily, frequent interactions with peers to develop a sense of belonging and identity. Alarming, many SGD youth feel unsafe in these contexts, as reflected by persistent rates of bullying-victimization and other forms of peer rejection and harassment. The third chapter in this book examines bullying-victimization processes, emphasizing the role of group dynamics and intrapersonal processes in bullying (Chapter 3: Kaufman, Huang, & Ioverno, 2024). This chapter reviews literature from the past decade and integrates theoretical perspectives on stigma and bullying-victimization. Particularly, the findings highlight how societal stigma affects SGD adolescents' interactions with peers and teachers, facilitating bullying incidents both directly and indirectly through causing SGD adolescents' socioemotional vulnerability (Kaufman et al., 2024). On a positive note, although SGD adolescents are more likely to experience the effects of stigma and bullying-victimization, supportive school environments, inclusive policies, and Gender-Sexuality Alliances (GSAs) can provide crucial support. The fourth chapter in this book shows that inclusive policies protect and affirm LGBTQ+ youth by addressing bias-based bullying, providing professional development for school personnel, identifying safe spaces, and implementing inclusive curricula (Chapter 4: Poteat & Day, 2024). Further, although effective policies lead to better academic and health outcomes, they require proper implementation and must also address the unique needs of gender diverse students. Additionally, GSAs, which originated in the late 1980s, offer SGD youth a space for socialization, emotional support, access to resources, and advocacy. Future research should focus on effective policy implementation, professional development for school personnel, and scalable, evidence-based programs to support LGBTQ+ youth, ensuring schools become affirming spaces where all students can thrive (Poteat & Day, 2024).

In addition, friendships are also essential for SGD adolescents' social and emotional development, providing social support, a sense of belonging, and aiding in identity development. The fifth chapter in this book discusses whether SGD adolescents have the same opportunities for building

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friendships as their heterosexual, cisgender peers, highlighting the unique challenges they face due to societal stigma (Chapter 5: Kiekens & Teekens, 2024). For a better understanding of these friendships, the authors argue for a social network perspective that differentiates between egocentric and sociocentric network analyses. Egocentric research focuses on individual social networks, revealing the direct support SGD adolescents receive, while socio-centric research examines entire networks, like school environments, to understand how the position within these networks affects well-being. The authors emphasize that friendships, especially those with other SGD individuals, offer critical support and mitigate risks associated with stigmatization (Kiekens & Teekens, 2024).

The final chapter in this part of this book explores the intimate relationships of SGD adolescents, highlighting both the common experiences they share with their heterosexual, cisgender peers and the unique challenges they face (Chapter 6: Snapp, 2024). SGD adolescents, like all teenagers, seek emotional intimacy, understanding, and support. However, they often encounter additional hurdles such as safety concerns and limited opportunities. Despite these obstacles, supportive intimate relationships are crucial for their development, fostering self-discovery, self-acceptance, and mental well-being (Snapp, 2024). This chapter shows that intimate relationships aid in the development of SGD adolescents' sexual and gender identities, boosting self-esteem and resilience against societal stigma and discrimination. However, societal attitudes, legal constraints, and safety concerns, especially in certain countries, can also significantly impact their ability to form and maintain these relationships (Snapp, 2024).

Part II: Society, community, and social media

This part of the book explores the experiences of SGD adolescents outside of their immediate family and peer environment, covering important topics such as community, society, and culture. The seventh chapter of this book provides an in-depth examination of protective laws and policies that support SGD adolescents. It discusses the evolution of these policies and the varying levels of protection and inclusion they offer across different regions and contexts. This chapter highlights the critical role these legal frameworks play in safeguarding the rights and well-being of SGD adolescents, emphasizing the importance of continued advocacy and reform to address ongoing challenges and gaps in protection (Chapter 7: van der Star, 2024). Although policies and laws are usually made without considering youth's perspectives, the participation of SGD youth in politics and their communities can be important for their individual well-being and the efficacy of such policies. The eighth chapter in this book furthers the existing research by sharing

the findings of a study that focuses on high-school-aged SGD youth in the Wellington region of Aotearoa, New Zealand. The study focuses on how SGD youth engage in political life in its various forms, by challenging normative assumptions of political participation, and thus broadening understanding of how minority groups perform their citizenship, and engage in politics (Chapter 8: Fraser, 2024). The final chapter in this part of the book takes a different approach and identifies three forms of digital media use that can play a crucial role in SGD adolescents' lives: social media use, sending and receiving sexually explicit messages (i.e., sexting), and viewing pornographic content online (Chapter 9: Maes, Karsay, & Noon, 2024). This chapter discusses these three different digital media uses and reflects on how unique affordances enable SGD adolescents to gratify their needs for identity exploration, community-building, and romantic and social relationship initiation/maintenance. This chapter also provides an overview of the challenges and risks associated with SGD adolescents' use of digital media (Maes et al., 2024).

Part III: Affirming and trauma-informed care

This part of the book examines the experiences of SGD adolescents within healthcare systems. With three chapters, it highlights the unique challenges faced by SGD youth and discusses opportunities for inclusive, compassionate, and trauma-informed healthcare services. The first chapter in this part explores the largest barriers to healthcare access faced by SGD adolescents (Chapter 10: van Beusekom, Bos, & de Wit, 2024). First, this chapter discusses the impact of discrimination by healthcare providers and then the lack of understanding of SGD adolescents' healthcare needs. This chapter also offers several recommendations to create inclusive environments. The next chapter conducts a comprehensive exploration of gender-affirming care for adolescents and does so from intersectional and interdisciplinary perspectives in order to best address the unique and diverse care needs within the TGD adolescent community (Chapter 11: Loopuijt, Uilhoorn, & Verhaak, 2024). The authors emphasize the need for more inclusive care and offer a developmental perspective on the need for a broad exploration of gender identity (and care needs). Finally, this chapter outlines prominent barriers in access to care, the lack of widespread inclusivity, the need for tailored care, and more community-engaged research (Loopuijt et al., 2024). The last chapter of this book offers a new model, "developmental queer and trans actualizations," which emphasizes the direct and indirect benefits of gender and sexuality growth for SGD youth. This chapter also discusses a school-based preventive intervention as an evidence-based approach to support these developmental experiences (Chapter 12: Bailey, Perry, Goldbach, Newton, & Barrett, 2024).

Part IV: Critical perspectives on risk and resilience

The last part of this book provides critical perspectives on risk and resilience. With four chapters, this part aims to evaluate the applicability of traditional research paradigms on the contemporary generation(s) of SGD adolescents. A systematic review of the literature on sexual and gender identity milestones offers an examination of the timing of milestones among different generations of SGD individuals (Chapter 13: Baams, Caprinali, & Fischer, 2024). It also provides historical context to how different generations were impacted, both positively and negatively, by societal events and advancements. The findings show that older generations (i.e., the Silent Generation, Baby Boomers) experienced milestones later in life, possibly due to societal repression. In contrast, Millennials and Generation Z experienced earlier identity milestones with greater and positive LGBTQ+ representation (Baams et al., 2024).

The next chapter looks at aggressive behavior among sexual and gender minority adolescents (Chapter 14: Martin-Storey & Pollitt, 2024). Using multiple perspectives on aggressive behavior and the unique experiences and stereotypes of sexual and gender minority adolescents, this chapter offers a critical analysis of how aggressive behavior might develop in response to minority stressors, and the role of stereotypes of “deviance” attributed to sexual and gender minority adolescents (Martin-Storey & Pollitt, 2024). This chapter is followed by an examination of anti-gender attacks on schools, and how they might directly or indirectly impact the lives and well-being of SGD adolescents (Chapter 15: Kuhar, 2024). This chapter outlines the repercussions of anti-gender campaigns on three levels: the professional autonomy of teachers and the pedagogical process of curriculum development and execution are severely hampered; student’s access to educational resources is compromised; and existing stigmatization of SGD adolescents is not addressed and potentially even rewarded (Kuhar, 2024).

Finally, this book concludes with two chapters discussing the transformative power of education in challenging oppressive systems and promoting inclusivity. The first offers a critical reflection on measuring the efficacy of LGBTQ-targeted strategies and their impact on SGD students’ safety feelings. It uses different research perspectives to reflect on measuring safety in youth research and at the same time problematizes addressing ‘safety’ as an aim of LGBTQ-targeted strategies in school (Chapter 16: van Vliet & Rodriguez, 2024). The final chapter of this book discusses the prevalent deficit-oriented perspectives in existing research on queerness. Such perspectives assume that queer and trans youth are inherently victims, solely impacted negatively by their society. This chapter offers important insights into the ways in which critical pedagogy that engages SGD youth in critical reflection can inform critical action (Chapter 17: Marx, Dufault, & Arbeit, 2024).

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PART I

Family, peer, and school relationships



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THE PROTECTIVE ROLE OF FAMILY MEMBERS AND FAMILY SYSTEMS FOR SEXUALLY AND GENDER DIVERSE ADOLESCENTS

Nita U. Kulkarni, Abigail L. Moore, and Rachel H. Farr

Families provide vital support for adolescents during identity development by attenuating mental health risks and providing a foundation from which adolescents can thrive. In families with sexually and gender diverse (SGD) adolescents, support is especially crucial for promoting well-being and fostering positive outcomes to mitigate heightened risk factors and cultivate resilience. Here, we discuss foundational theories as they relate to family dynamics and adolescent development, explain the importance of family support and related outcomes, and provide concrete methods to support SGD adolescents.

Adolescent development, risk, and resilience

During adolescence, youth undergo physical, cognitive, and emotional changes; their bodies develop, cognitive capacity grows, and emotions become mercurial (Steinberg, 2023). Relatedly, adolescents are challenged with exploring their identity (Erikson, 1980). This developmental milestone is discussed later in this book; here, it is relevant to acknowledge that this is a crucial time when adolescents discover themselves and try to fit into societal boxes amidst many changes.

SGD youth are at higher risk for developing mental health challenges such as depression, anxiety, suicidality, and substance abuse than cisgender heterosexual youth (SAMHSA, 2014). In this chapter, we take a strengths-based approach to considering SGD youth and their mental health. Instead of focusing primarily on disadvantages and risks, we acknowledge risk factors and explore the strengths that SGD youth and their families possess with an aim towards recommendations for how families can cultivate such strengths to promote adolescent resilience.

Resilience is the ability to handle and “bounce back,” after a major stressor. Everyone possesses an inherent ability to adapt in the face of adversity, and parents can instill this skill in children. Resilience is often discussed in relation to risk and protective factors. Risk factors are predictors of undesirable outcomes, where if encountered, individuals are more likely to have “bad” outcomes in the future (Masten, 2001). Examples of risk factors include exposure to trauma, stressful life events, and discrimination. Regarding SGD youth, discrimination and bullying due to their SGD identity are risk factors, and the consequences of exposure to such risk factors include mental health outcomes. Conversely, protective factors are characteristics associated with a lower probability of negative outcomes and reduced risk factor impacts. Research suggests that protective factors for SGD adolescents include intrapersonal characteristics (i.e., meaning in life, self-efficacy), family support, peer support, trusted adults, and medical/counseling services (Chang et al., 2021; Rivas-Koehl et al., 2021). Considering queer youth face discrimination from peers and society, resilience and identification of protective factors are essential.

Potential for family to protect and support adolescent development

What makes families such unique and powerful influences on SGD adolescent resilience and development? To answer this, we explore theories of family systems, ecological systems, and developmental life course.

Family systems theory describes family as an emotional and relationship system where members influence one another on dyadic, systemic, and intergenerational levels (Bowen, 1978). In dyadic levels, relationships are between two individuals; for instance, parents influencing one another (in families with more than one parent), one parent influencing a child and vice versa, or sibling interactions (if present). These dyadic interactions are housed within the systemic level, where a family unit is impacted by the world around them (e.g., political climate, culture, community; Bowen, 1978). Intergenerational levels consider different family “generations,” such as grandparents who had their own family system and transmitted values to future generations. This lens demonstrates that families are highly interconnected and influential in each other’s lives.

Ecological systems theory examines five systems that an individual exists in and the interrelationships among systems (Bronfenbrenner & Morris, 2006). This model proposes that an individual’s immediate environment and relationships comprise the microsystem; this includes family, friends, school, and work. The microsystem is housed within the mesosystem, which contains the relationships between the factors in the microsystem (e.g., how parents interact with their child’s teacher). Family systems and ecological systems theories

both acknowledge that the family is impacted by society and culture. The exosystem and macrosystem encompass influences from the media, government, social norms, and culture on individuals and systems—for instance, government decisions could influence school policies and communication with parents. The lives of parents and adolescents are interdependent; shared relationships are influenced by socio-historical contexts.

Developmental life course theory explains how an individual's life is shaped by experiences of time and place (Elder, 1998). Broadly, individuals are influenced by the political, social, and cultural climate of their time; their experiences may differ based on what stage of development they are currently in. Developmental life course theory has often been centered in Westernized contexts. This chapter considers said Westernized contexts while acknowledging that this theory is designed to be applied to diverse socio-historical contexts (Elder, 1998). Through social media, people can quickly access information and widespread coverage of global events. Adolescents have grown up surrounded by fast-expanding technological advancements and a global COVID-19 pandemic. Acknowledging how these factors impact development is essential to inform support for SGD adolescents today.

Integrating these theories, we can illustrate why families can serve as such strong supports for adolescent development. Adolescents exist in family systems, where members influence one another. For this reason, families are often the first line of defense as well as the foundation from which adolescents learn and grow. In this first level of interaction, the family context influences nearly all adolescent experiences and therefore can serve as an immediate safe place. Family is then impacted by society and interacts with other sources of support; for example, parents can interact with teachers or an adolescent's friends to build support systems in multiple environments. Considering societal conditions, parents can facilitate conversations about current events and their impact. Specifically for SGD youth, parents can serve as protective factors and cultivate resilience when talking about LGBTQ+-centered policies, encouraging supportive friendships, and safeguarding against potential discrimination experiences.

One family strategy of interest: socialization

One empirically validated strategy parents use to instill resilience is socialization. Identity-based socialization can focus on race, gender, sexuality, religion, or any other marginalized identity and a synthesis of these identities. Intersectionality theory explains how individuals with multiple marginalized identities face unique experiences of discrimination and associated risk factors. Socialization attenuates risk by instilling pride in a child's identity and preparing them for potential discrimination (Hughes & Chen, 1997; Oakley

et al., 2017). *For the purposes of this chapter, we focus on three socialization strategies related to well-being outcomes in diverse adolescents.*

First, ethnic/racial socialization theory provides a foundation for how we conceptualize other socialization types. Most often studied among African American families, racial/ethnic socialization contains three main components: cultural socialization, preparation for bias, and promotion of mistrust (Hughes & Chen, 1997). Cultural socialization details how African American families teach their children about their culture and history. It has been associated with adolescent outcomes such as higher self-esteem, academic adjustment, adaptive coping, and psychological well-being (Umaña-Taylor & Hill, 2020). In preparation for bias, parents prepare children for potential future encounters with identity-based prejudice and discrimination, often through conversations. Promotion of mistrust describes how parents teach their children to be cautious of other groups or people from different backgrounds (Hughes & Chen, 1997). Ethnic/racial socialization overall has been associated with positive outcomes in youth of color.

Queer parent family socialization describes how LGBTQ+ (lesbian, gay, bisexual, transgender, queer, etc.) parents teach their children about queer culture, the significance of being a queer family in society, as well as how to prepare for potential discrimination for being children of queer parents (Oakley et al., 2017). Drawing from racial/ethnic socialization (Hughes & Chen, 1997), queer parent family socialization is a strengths-based approach exploring how queer parents promote resilience and well-being in their children. Two of the three main components are shared between the socialization theories, though queer parent family socialization explores proactive parenting in the place of promotion of mistrust. Queer parent family socialization does not equate the experiences of discrimination faced by people of color to anti-queer discrimination; rather, it draws inspiration from the former theory as a conceptual base.

Since queer parent family socialization aims to instill pride about family identity and teach children about queer culture, SGD adolescents with queer parents may feel empowered in disclosing their SGM identity to their parents. These “second generation” LGBTQ+ individuals (queer children of queer parents) express confidence that their parents will meet their disclosure with acceptance and joy (Kovalanka & Munroe, 2020). According to queer family theory, queer parents who use these socialization strategies demonstrate flexibility, creativity, and intentionality, which bolster resilience and positive outcomes in adolescents (Farr et al., 2022). To expand, queer parent families break stereotypical gender norms and demonstrate flexibility in earning income, engaging in household chores, and creatively conceptualizing gender and sexuality. Regarding intentionality, same-gender couples often deliberately and carefully plan their journey to having children (Patterson, 2022). Once children become adolescents, queer parents can scaffold

queer community interaction and activism (Oakley et al., 2017). For instance, parents can discuss current political events surrounding queer and trans legislation to educate their adolescent about queer issues. This intentionality and openness provide space for an adolescent to develop opinions on queer issues. The combination of flexibility in gender roles and intentionality in having, raising, and scaffolding children into queer culture fosters resilience (Farr et al., 2022; Patterson, 2022).

These theories often center on familial identities with regard to parent identity, and the final socialization theory examines how cisgender, heterosexual parents use socialization strategies to support SGD youth, even if they do not share the queer identity. Youth are presented messages about SGD individuals practically from birth, so sexual orientation and gender identity (SOGI) socialization refers to how parents, regardless of their own identity, support their child in seeking out connections with fellow queer people, having pride about their identity, and talking through discrimination their adolescent may face (Fish & Ezra, 2023). SOGI socialization also examines how these practices can be cultivated after an adolescent makes the decision to disclose their identity to family (“coming out”), arguing that choosing to engage in such processes after disclosure can facilitate adaptive processes and serve as a protective mechanism (Fish & Ezra, 2023). Even before adolescents disclose their identity, cisgender heterosexual parents can convey LGBTQ+ supportive messages (regardless of the child’s potential queer identity) through challenging negative viewpoints, educating their child about LGBTQ+ issues, acknowledging inequality, applauding change, affirming queer identities, and pointing out that queer individuals have unique strengths (Harkness & Israel, 2018).

While many socialization strategies focus on a centralized identity, they are not mutually exclusive—in fact, they can be used complementarily based on the identities of the individuals in the family system, especially if members possess multiple marginalized identities (Crenshaw, 1989). Additionally, socialization strategies can benefit all adolescents, not just adolescents with minoritized identities, by increasing cultural competency, positive outlooks towards all groups, and improvements in intergroup relations. For instance, emerging work on white parents talking about race with white children suggests that engaging in racial socialization decreases racial apathy which can lead to the aforementioned benefits (Abaied et al., 2022). Socialization strategies demonstrate how families can support and protect adolescents.

Unique considerations for transgender and gender diverse youth

When adolescents disclose a transgender or gender diverse (TGD) identity, such as non-binary, genderqueer, or agender, families can engage in socialization, resilience building, and gender creativity. Aligning with Elder’s

socio-historical location (1998), developmental processes for TGD children are shaped by simultaneous progress and backlash in the context of current anti-transgender policies in the United States (Bishop, 2023). Because these policies often overly target trans children, parents have an important role in advocating for their children.

When TGD adolescents disclose their identity, parents can foster belonging and identity safety. Transfamily theory describes how the presence of a TGD family member informs gender development in the rest of the family (e.g., parents and siblings; McGuire et al., 2016) through conversations that explore and redefine gender. Through facilitative parenting (Ehrensaft, 2007), conversations include increased gender creativity, to foster unique identity growth in TGD adolescents.

Similarly, families encourage healthy identity growth by adapting family rules to be inclusive of trans identities (McGuire et al., 2016). Engaging in these flexible practices encourages strong family relationships that support the well-being of TGD youth (Katz-Wise et al., 2018). These relationships are crucial in the current political climate in the United States as positive family relationships and facilitative parenting may mitigate stress related to experiences of gender identity-based stigma (Brown et al., 2020; Kivalanka et al., 2017).

When engaging with systems outside of the home, parents can advocate for their TGD child. Parents can do this by engaging in socialization that prepares TGD children to deal with barriers that they might face due to their identity (Mendez, 2022). These practices involve acting as translators for adolescents by providing educated answers to questions and having difficult discussions about discrimination and negative legislation within a safe environment (Katz-Wise et al., 2022). Socialization is not limited to TGD family members or to families with minoritized identities, as cisgender heterosexual adolescents can be primed to engage in effective LGBTQ+ allyship that leads to safer school environments and higher social empowerment (Russell et al., 2021).

Parents can also advocate for their TGD children by engaging with school and community administrators. This is crucial because, in schools, TGD adolescents face direct discrimination through bullying focused on identity factors and this victimization is normalized by anti-LGBTQ+ legislation (Fish & Russell, 2022). Parental intervention can occur through advocating for the use of correct names or pronouns at school or through advocacy in the local political sphere (Schlehofer et al., 2021).

Finally, parents have an opportunity to advocate for their children through their ability to engage with and provide resources such as gender-affirming care, mental health care access, and/or gender-affirming clothing (Katz-Wise et al., 2022). Even if parents cannot provide these items for financial or logistical reasons, they can educate their children and connect them with organizations

such as programs that deliver free binders and other gender-affirming apparel (Johnson et al., 2020). Overall, parents provide cues towards identity safety through socialization, advocacy, and providing resources.

Recommendations: how families can support SGD adolescents

Combining components of risk and resilience, family theories, and socialization practices, we offer three recommendations for parents when supporting SGD youth. When discussing support, we must consider the continuum of rejection to acceptance of a queer youth's identity. When an SGD adolescent discloses their identity to their family, they can be met with a variety of reactions. Family rejection produces heightened risk factors and likelihood of developing a mental health disorder, substance abuse, suicidality, and homelessness (SAMHSA, 2014). Rejecting family members tend to become less rejecting over time; often the initial rejection stems from concern and care for their adolescent. Family acceptance predicts greater self-esteem, social support, and general health status which protects against the aforementioned adverse outcomes (SAMHSA, 2014). From these statistics, we see that family plays a crucial role in the well-being of their SGD adolescent. Sometimes parents and family members may struggle to fully accept their child's LGBTQ+ identity (perhaps due to religious, moral, or other beliefs) and therefore can be less likely to engage in socialization practices. In these circumstances, we encourage families to focus on supporting the overall well-being of their adolescent; employing the following recommendations could foster a sense of belongingness and acceptance. Overall, we also see these recommendations as beneficial to practitioners who work with queer adolescents and families.

Recommendation 1: have deliberate conversations about identity

Socialization theories emphasize the importance of discussing identity. Having open conversations demonstrates acceptance and conveys a willingness to genuinely listen to an adolescent, which promotes adaptive strategies (Fish & Ezra, 2023; Oakley et al., 2017). Scaffolding conversations and representation of queer individuals at developmentally appropriate levels can promote acceptance; for example, early conversations about gender can start at birth by avoiding using gendered terms, which can progress to reading books about diverse family structures or going to Pride events in childhood, and can manifest in adolescence as conversations about queer politics and activism (Oakley et al., 2017; Steinberg, 2023). Family and ecological systems theories suggest that the family system is most proximal to an adolescent, so families should utilize that inherent power in supporting their adolescent. Conversations are powerful tools for understanding all perspectives in the family system.

Recommendation 2: engage in intentional and ongoing education

As mentioned, families who initially show rejection after an adolescent discloses their identity generally care for their child and are initially struck with confusion (SAMHSA, 2014). Often, parents do not possess the vocabulary to fully understand what their child wants or needs, so engaging in intentional education about queer youth can be a pivotal strategy in supporting an SGD adolescent. This intentional education could manifest as evidence-based family intervention videos, assessment tools, pamphlets on LGBTQ+ terms, and other family education materials from mental health providers or independent researchers; some especially helpful resources are the Family Acceptance Project (Ryan et al., 2010) and the Children's Gender and Sexual Advocacy and Education Program, which specifically trains parents on how to affirm their child's identities, handle discrimination, and advocate for their children (Menvielle & Hill, 2010). Developmental life course theory describes how societal changes impact lived experiences in cohorts of people, which can bolster new queer terminology and constructs (Elder, 1998). Because language changes over time, terms parents learn from intentional education may evolve. Thus, education must be ongoing and mindful of what is accepted by scholars and adolescents alike. By having the language to understand adolescent wants, needs, and feelings, as well as knowledge about the temporal mechanisms of changing terminology, parents can strengthen communication and convey a sense of acceptance.

Recommendation 3: parent with flexibility, creativity, and intentionality

This final recommendation encourages using parenting strategies from a young age as a proactive approach to building resilience and showing acceptance. Queer family theory demonstrates that when parents model flexibility, creativity, and intentionality, their children learn self-acceptance, general acceptance, and resilience (Farr et al., 2022). Parents can engage in this skill by avoiding gendered terms and modeling openness, acceptance, and support (Fish & Ezra, 2023). Considering lifespan development theory, constant access to news about the current political climate can convey messages to SGD adolescents that they are not accepted due to the stigma and discrimination (Elder, 1998). Therefore, parents must model and encourage acceptance of all people, to combat messaging that adolescents may face outside the home.

Conclusion

Families are essential in adolescents' development and can serve as significant protective factors. Queer youth with accepting families tend to have better health and well-being outcomes. Society is ever-changing, as are the

challenges and milestones each generation faces. Families can support their adolescents by having conversations about identity in the context of society, by intentionally educating themselves on queer topics and terms, and by modeling acceptance and support for their adolescents.

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3

A TRANSACTIONAL MODEL OF SCHOOL-BASED BULLYING-VICTIMIZATION DISPARITIES FOR SEXUALLY AND GENDER DIVERSE ADOLESCENTS

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Bullying, defined as repetitive and purposeful behavior stemming from a power imbalance (Volk et al., 2014), has profound detrimental effects on the well-being of the victims regardless of the setting where it occurs. However, schools are the most common sites for bullying, posing critical concerns since adolescents spend much of their time in these environments (Goldbach & Gibbs, 2017). Sexually and gender diverse (SGD) adolescents experience not only homophobic and transphobic aggression, but also face, on average, substantially higher levels of school-based general bullying-victimization, compared to heterosexual, cisgender adolescents.

In the United States, SGD adolescents were approximately twice as likely as heterosexual, cisgender adolescents to experience bullying at school. Specifically, around one-third of sexually diverse (32.1%) and transgender (34.6%) students reported bullying-victimization, compared to 17.1% of heterosexual and 14.7% of cisgender male students, and 20.7% of cisgender female students (Basile et al., 2019; Johns et al., 2020). Furthermore, SGD adolescents frequently encountered social exclusion (e.g., Henderson et al., 2022). Within schools, SGD adolescents face the highest risks of bullying-victimization in sex-segregated areas, such as restrooms or locker rooms (e.g., Kaufman & Baams, 2022; Murchison et al., 2019). While several reviews have described the persistent and critical nature of school-based bullying-victimization disparities for SGD adolescents (e.g., Martín-Castillo et al., 2020; Myers et al., 2020), a deeper understanding is needed of *how* and *when* stigma contributes to these disparities to target policies and intervention strategies.

Therefore, this chapter proposes a conceptual model (Figure 3.1) that explains the links between stigma and bullying-victimization disparities. It integrates theoretical perspectives and empirical support on stigma, such as

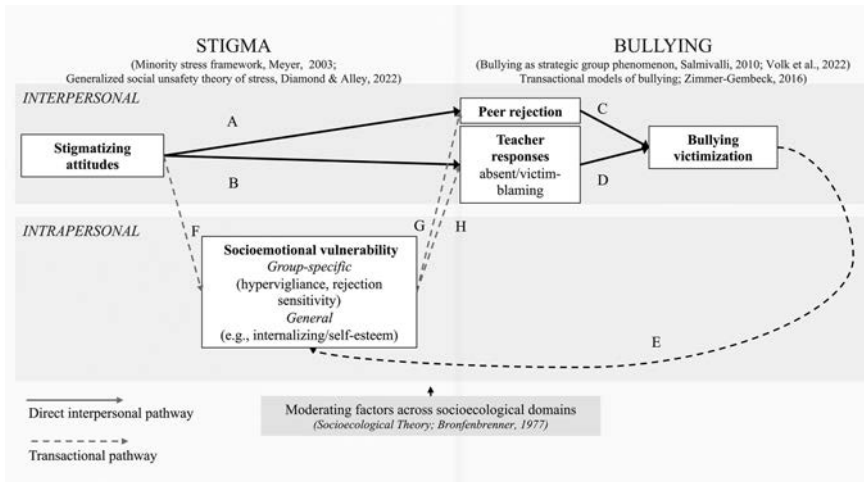


FIGURE 3.1 Conceptual model of bullying-victimization.

the Minority Stress Model (Meyer, 2003) and the Generalized Unsafety Theory of Stress (Diamond & Alley, 2022) with theory and empirical evidence on general bullying, specifically the conceptualization of bullying as a strategic group phenomenon (Salmivalli, 2010; Volk et al., 2022). The model discusses transactional pathways through (1) *direct interpersonal* and (2) *indirect intrapersonal* processes, as discussed below.

Interpersonal pathways to bullying-victimization disparities

The first pathway concerns the impact of stigma against SGD adolescents on interpersonal processes (peer and teacher interactions) within schools (Figure 3.1, left part of the model, solid arrows). When SGD adolescents' peer groups internalize societal stigma and homo/transphobic norms, they reject SGD adolescents (Arrow A). For example, SGD adolescents frequently faced stigma among peers (Kosciw et al., 2021) and reported to have less access to peer support (Lardier et al., 2017).

Additionally, stigmatizing attitudes among teachers can foster a classroom climate where discrimination is perpetuated, prejudice is normalized, and interventions against discrimination are lacking (Arrow B). In the United States, a considerable percentage of SGD adolescents heard homophobic remarks (58%) or negative comments regarding gender expression (72%) from school staff (Kosciw et al., 2021). In the Netherlands, SGD adolescents were significantly more likely to be victimized by school staff than heterosexual, cisgender adolescents (Kaufman & Baams, 2022). Moreover, a literature review showed that transgender students frequently face involuntary microaggressions when interacting with teachers (McBride, 2021). Altogether,

stigmatizing attitudes can hinder connections with peers and teachers for SGD adolescents, resulting in decreased social acceptance and support.

Relying solely on the theoretical perspectives on stigma falls short in providing a thorough understanding of how disparities in *bullying-victimization* occur among SGD adolescents. Indeed, addressing this issue requires a full comprehension of bullying dynamics (right part of the model). Using a definition and theoretical logic of bullying is common in general bullying literature, but studies on stigma rarely defined bullying and rarely differentiated it from individual discrimination. This is relevant, because bullying is acknowledged to be a unique form of peer aggression that is motivated by the need to acquire *social dominance* within peer groups (Salmivalli, 2010; Volk et al., 2022). Perpetrators do not only target victims based on their own stigmatizing attitudes but strategically select victims with a poor (neglected, rejected) sociometric status (Arrow C). This maximizes the benefits in terms of reputation that provides social resources, and minimizes the costs in terms of peer retaliation (Pan et al., 2022). For SGD adolescents, stigma among peers prevents them from being defended, as peers fear to be perceived as SGD or tend to underestimate the severity of prejudice-based bullying incidents (Baams et al., 2017; Ioverno, Nappa, et al., 2022). An additional relevant aspect of bullying is that it inherently involves a power imbalance between the perpetrator and the victim. For SGD adolescents, societal norms on sexual orientation and gender expression conformity likely shape this imbalance (Ioverno, Nappa, et al., 2022).

Moreover, teacher responses are also relevant as perpetrators avoid school discipline (Arrow D). Lack of teacher intervention sets a troubling precedent within the classroom, granting implicit consent for perpetrators to continue their bullying behaviors. Regrettably, non-intervention seems to be a prevalent reaction (Ioverno, Nappa, et al., 2022; Kosciw et al., 2021). For instance, in the United States, 63.5% of SGD adolescents reported that school staff took no action in response to instances of bullying-victimization (Kosciw et al., 2021). Stigmatizing attitudes among educators appear to play a significant role in this reluctance to help SGD adolescents during episodes of bullying-victimization compared to heterosexual, cisgender adolescents (Nappa et al., 2018). Furthermore, upon reporting instances of bullying, SGD adolescents often face adverse reactions from school staff, including victim blaming, ostracism, threats, and the imposition of punitive disciplinary measures (Horn & Schriber, 2020).

Intrapersonal pathways to bullying-victimization disparities

To fully understand bullying-victimization disparities for SGD adolescents, it is noteworthy to also consider transactional, intrapersonal processes. Often overlooked in research on stigma, but commonly acknowledged in

general bullying research, socioemotional vulnerability stemming from past experiences of stigma could contribute to bullying-victimization disparities (lower part of the model, dashed arrows). Concretely, SGD adolescents may become trapped in a vicious cycle of interpersonal rejection, socioemotional challenges, and subsequent rejection (Zimmer-Gembeck, 2016).

While transactional models are common in general bullying literature (e.g., Davis et al., 2019; Sentse et al., 2017), they also align with the minority stress framework. This framework posits that SGD youth are often chronically exposed to stigma, including bullying-victimization (Arrow E) that can contribute to stress and subsequent socioemotional challenges in SGD adolescents (Meyer, 2003; Smith et al., 2018). In addition, it aligns with the Generalized Unsafty Theory of Stress (Chapter 17, Van Vliet & Rodriguez, 2024; Diamond & Alley, 2022) that posits that many SGD adolescents develop hypervigilance due to their prior exposure to stigma (Kiekens et al., 2023). Numerous studies demonstrated the impact of bullying-victimization on adverse social and psychological health (e.g., Gallardo-Nieto et al., 2021; Martín-Castillo et al., 2020). Bullying-victimization experiences and depressive symptoms are common among SGD adolescents even before they enter middle school (Fish et al., 2023). When compared to heterosexual, cisgender adolescents, individuals later identified as SGD adolescents were approximately twice as likely to report depressive symptoms and about four times as likely to have encountered bullying-victimization at the age of 11. Thus, by the time SGD adolescents attend middle schools, they are often already socioemotionally vulnerable (Arrow F).

Such socioemotional vulnerability likely complicates SGD adolescents' peer interactions and minimizes defending peer responses, contributing to bullying-victimization (Arrow G). Further, this vulnerability affects bullying-victimization through teacher responses (Arrow H). Anxious or hypervigilant students may hesitate to recruit support from teachers or peers (Diamond & Alley, 2022; Kaufman & Baams, 2022; McCauley et al., 2024).

Altogether, transactional processes highlight the importance of considering how stigma may contribute to bullying-victimization risks both directly and indirectly through socioemotional vulnerability. While several studies showed that SGD adolescents were more likely to experience persistent victimization (Kaufman et al., 2020; Sterzing et al., 2017), indirect processes explaining within-person bullying-victimization trajectories have not yet been tested in SGD samples.

Moderating factors

Understanding heterogeneity in school-based bullying-victimization disparities can help to identify both the risk factors exacerbating these disparities and the protective factors that mitigate them. The current review explores

such factors using a socio-ecological perspective (Bronfenbrenner, 1977) building upon previous literature (e.g., Espino et al., 2023; Valido et al., 2022). Accordingly, factors across multiple domains of the social ecology may affect disparities: intra- and interpersonal (peers, family), broader environment (school/society), and time.

One particularly important contributing intrapersonal factor is intersectionality. Intersectionality acknowledges individuals' multiple social identities (e.g., ability status, ethnicity, gender, race, sexual orientation, and socioeconomic status) that contribute to stigma, and subsequent bullying-victimization (Chapter 12, Bailey et al., 2024). For example, higher risks of bullying-victimization were found among transgender boys (Watson et al., 2024), adolescents who self-identified as both SGD (Atteberry-Ash et al., 2019), those with a multiracial or a minority ethnic/racial identity (Gower & et al., 2022; Myers et al., 2020), and sexually diverse girls who perceived themselves as overweight (Johns et al., 2017).

Among the interpersonal moderators, *supportive relationships* emerged as the most extensively studied protective factors against bullying-victimization among SGD adolescents. Among these, peer support seemed most protective (Espino et al., 2023; Martín-Castillo et al., 2020).

Regarding broader contextual factors, studies generally recognized school programs, policies, and practices, like Gender-Sexuality Alliances and inclusive training for school staff, as crucial factors against bullying and its impact (Chapter 4, Poteat & Day, 2024; Espino et al., 2023; Ioverno, Bishop, et al., 2022). Moreover, supportive teachers can mitigate the impact of diverse sexual orientation disclosure on bullying-victimization (Poteat, Watson et al., 2021). What characterizes feasible strategies varies across cultures, influenced by factors such as national history, general attitudes towards issues related to SGD, linguistic diversity, and geographical landscapes of respective countries (Kosciw & Pizmony-Levy, 2016). Notably, even in safe school contexts, awareness is needed. The few ones who remain bullied in accepting contexts may feel worse than in stigmatizing climates because they have fewer others with whom to share their plight, a phenomenon known as the "healthy context paradox" (Kaufman et al., 2023).

Regarding national-level protective factors, representative data spanning 1997–2017 across 38 US states indicated that anti-discrimination laws (Chapter 7, Van der Star, 2024) reduced school-based bullying-victimization probabilities by approximately 30% among sexually diverse students, while showing no impact on heterosexual students (Fields & Wotipka, 2022). In Europe, SGD adolescents living in countries with inclusive national school policies on teacher training and curricula were less likely to experience bullying-victimization (Ioverno, 2023).

Considering the role of time, despite changes in global SOGIE acceptance, bullying-victimization disparities for SGD adolescents remained stable

according to US-based (2003–2015) and Dutch nationally representative (2014–2018) data (Goodenow et al., 2016; Johns et al., 2020; Kiekens et al., 2024). Furthermore, differences in bullying-victimization are more pronounced in middle school than in high school. While conclusions on age vary across studies due to differing classifications of “young” and “old” (Espino et al., 2023), a study on age trends showed that disparities emerged early in life (<age 11) and were stable across adolescence (Fish et al., 2023).

What’s next?

Despite increasing social acceptance, disparities in school-based bullying-victimization continue to substantially affect SGD adolescents globally, encompassing various forms of bullying and specific SGD subgroups. The following section outlines three overarching directions for future research.

Integrating stigma and general bullying perspectives

Insights from both stigma and broader bullying-victimization frameworks can be integrated to build logic models and theoretical expectations about bullying-victimization disparities.

This was noted in prior reviews (Baams, 2019; Myers et al., 2020) and applied in our conceptual model. Stigma researchers typically use the term bullying when referring to singular acts of homo/transphobic aggression; instead, bullying must refer to the group dynamic, where perpetrators seek to assert social dominance within the group by singling out vulnerable targets (Volk et al., 2022). This conceptualization requires an exploration of group dynamics and transactional pathways related to bullying-victimization disparities. In practice, despite inclusive school settings, supportive peers, and educators, SGD individuals may remain vulnerable to bullying-victimization due to intrapersonal stressors and the “healthy context paradox”. Therefore, improving middle/high school environments alone may not be enough and early prevention of stigma exposure must shield SGD adolescents from socioemotional problems. Additionally, SGD adolescents may need assistance in dealing with stigma’s impact and strategies that improve their resilience and positive identity. While peer support can help, it may be hard for the most affected SGD adolescents to find support (Poteat, Rosenbach et al., 2021). Therefore, the implementation of inclusive school policies and practices, such as the establishment of Gender and Sexuality Alliances, is crucial for offering peer support to SGD adolescents who are socioemotionally disadvantaged.

In addition to the identification of mechanisms, it is imperative to understand heterogeneity across individuals and contexts. First, considering the role of intersectionality, SGD adolescents are considered as a heterogeneous group with differential needs depending on their distinct social experiences.

Second, a developmental perspective can shed light on heterogeneous experiences across different ages (Earnshaw et al., 2022). Positive social changes in the past decades have contributed to earlier ages of coming out (e.g., adolescence) and visibility of SGD adolescents (Fish & Russell, 2022). However, coming out during this developmental phase where peer regulation peaks, and individual and social resources are underdeveloped, may make SGD adolescents more vulnerable (Fish & Russell, 2022). Altogether, intersectional and developmental perspectives can identify heterogeneous needs within SGD adolescent populations.

Methodological challenges

One recommendation for methodological improvement is to measure bullying according to its definition, encompassing its core elements such as repetition, goal-directedness, and power imbalance (Volk et al., 2014). Second, employing *longitudinal* designs is important to elucidate the underlying mechanisms predicting experiences of bullying-victimization over time, and test transactional pathways. Lastly, accounting for within- and between-persons variability may improve the process of identifying heterogeneity.

Conclusions

SGD adolescents are at heightened risk of being bullied at school compared to heterosexual, cisgender adolescents. This chapter proposes a model that integrates stigma and bullying perspectives to understand how and when stigma leads to bullying at school. It suggests that many SGD adolescents may experience a cycle of social and mental challenges, impacting personal and educational contexts. While some parts of the model were empirically supported, further research is needed, particularly focusing on indirect, transactional processes. This requires longitudinal surveys and clear definitions of bullying. Moreover, this model suggests that inclusive school programs should start from primary education and must assist SGD adolescents socioemotionally. Altogether, a broader emphasis on childhood experiences, intrapersonal characteristics, and inclusive policies, practices, and programs helps to improve the well-being and social integration of SGD adolescents.

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4

HOW LGBTQ+ INCLUSIVE SCHOOL POLICIES AND PRACTICES AND GENDER-SEXUALITY ALLIANCES SUPPORT AND EMPOWER SEXUAL AND GENDER DIVERSE ADOLESCENTS

V. Paul Poteat and Jack Day

LGBTQ+ youth contend with a range of contrasting experiences at school. A majority of LGBTQ+ youth face pervasive stressors at school, ranging from bias-based harassment (Chapter 3, Kaufman et al., 2024) to oppressive school policies (Fields & Wotipka, 2022; Kosciw et al., 2022). Such experiences of marginalization underlie health and academic concerns (Russell et al., 2021). Yet, schools are also a place where LGBTQ+ youth secure support and resources from peers and trusted adults. Furthermore, inclusive policies can go far in protecting and affirming LGBTQ+ youth (Day et al., 2019). To this end, it is imperative to identify supportive individuals, spaces, and policies in schools that can facilitate thriving among LGBTQ+ youth. In this chapter, we focus on the roles of LGBTQ+ inclusive policies and practices and gender-sexuality alliances (GSAs).

The context of school-based supports for LGBTQ+ youth

School policies, GSAs, and peers and adults in schools all are a part of the larger school ecology and have a role in shaping school experiences for LGBTQ+ youth. We draw from the relational developmental systems (RDS) paradigm (Lerner et al., 2015) to show how these sources contribute to a dynamic school environment in which LGBTQ+ youth develop. RDS positions youth and frames their development within their various social environments, some proximal and others distal in nature. Schools represent a key proximal environment in which youth develop; they are a place not only where youth learn but also where they establish friendships and have a range of social opportunities (Taylor et al., 2017). A position of RDS is that, while youth face stressors in their environment, youth also are resilient and thrive

when their environments provide support and resources that match their needs and strengths. Additionally, youth are not only simply “acted upon” by institutions and adults, but also have agency to play an active, reciprocal role in shaping their environments.

We apply this framework to our coverage of resources for LGBTQ+ youth in schools. Inclusive policies and practices can be situated within the larger school, district, and state levels. GSAs can be situated at the more immediate individual and interpersonal level. With their aim to empower LGBTQ+ youth to advocate for change in schools, GSAs provide opportunities for reciprocal influences between LGBTQ+ youth and their school environment. Adults within the school at large can also be situated at this interpersonal level. They, too, have roles in supporting LGBTQ+ youth, whether in their own application of inclusive policies and practices, or in advocating on behalf of LGBTQ+ youth for their school to adopt such policies and practices.

Inclusive school policies and practices for LGBTQ+ youth

LGBTQ+ school policies play a crucial role in contributing to safe and supportive educational environments for youth (Chapter 3: Kaufman et al., 2024). These policies and practices operate at multiple levels within schools: They signal administrative support (or lack thereof) for cultivating safer and more supportive school environments, and they ideally provide teachers and staff with the tools and resources to implement support for LGBTQ+ students (Russell et al., 2021). LGBTQ+ policies include those addressing bias-based bullying with a specific enumeration of sexual orientation and gender identity, providing professional development for school personnel, identifying safe spaces (commonly referred to as “safe zones” that indicate supportive teachers and staff), and implementing inclusive curricula within classrooms. The presence of LGBTQ+ policies not only fosters more supportive school climates, but is also associated with better academic and health outcomes for LGBTQ+ youth (Day et al., 2019; Hatzenbuehler & Keyes, 2013; Kull et al., 2016).

It is important to consider school policies within broader social contexts, as they are often a reflection of or challenge to cultural norms and value systems (Ramos et al., 2023). For example, affirming LGBTQ+ policies at the state level have been linked to improved mental health outcomes for LGBTQ+ individuals (Hatzenbuehler & Keyes, 2013). Supportive policies within schools are likely to have a more direct impact on LGBTQ+ youth living within those states, or offer much needed support in states without such policies. Conversely, schools are often the focal point of anti-LGBTQ+ legislation such as “No Promo Homo” bills proposed and passed in numerous states throughout the 1990s and early 2000s (Rosky, 2017), and more recently, “Don’t Say Gay” bills such as those passed in Florida that prohibit teachers from discussing

issues related to LGBTQ+ people in positive or affirming ways. Such policies create uncertainty and anxiety among students and educators, stifling discussions about personal identities and relationships and contributing to a hostile environment for LGBTQ+ individuals (Barrett & Bound, 2015). Even simply proposing such legislation is associated with higher rates of homophobic and transphobic bullying (Meckler et al., 2024).

Teachers serve as the nexus between implementing school policies adopted at the administrative level and enacting and enforcing the policies at the student level. Therefore, it is imperative that educators receive adequate training and support to effectively implement these policies and intervene in instances of discrimination or harassment. Additionally, providing professional development opportunities can help equip educators to identify better and address the unique experiences of LGBTQ+ youth in schools (Kosciw et al., 2022). Training that includes specific attention to issues relevant to LGBTQ+ youth builds empathy and awareness among school personnel (Greytak & Kosciw, 2010; Payne & Smith, 2011), helps teachers identify and intervene in homophobic and transphobic harassment (Greytak & Kosciw, 2014), and is associated with more positive perceptions of school climate and better academic outcomes among LGBTQ+ youth (Greytak et al., 2013; Kosciw et al., 2022). Better equipping school personnel to meet the needs of LGBTQ+ youth also facilitates the establishment of “safe spaces” or “safe zones” to help students identify spaces where they can openly ask questions or receive support contributing to more inclusive and safer school environments (Katz et al., 2016; Kosciw et al., 2022).

Although there is strong evidence regarding the benefits of inclusive LGBTQ+ policies for establishing more positive school climates and better academic and health outcomes for LGBTQ+ youth, less is known about the effective implementation of such policies. Extant research primarily relies on cross-sectional reports from students or administrators and often lacks insight into the actual implementation of these policies (Day et al., 2019). Additionally, it is important to note that schools and school districts often adopt blanket policies that do not differentiate between sexual orientation and gender identity. This blanket approach may not be effective for addressing the unique experiences and issues facing transgender and gender nonbinary students, as well as youth with multiple marginalized identities based on factors such as race, ethnicity, and ability status. It is also important to be cognizant of how LGBTQ+ policies operate in relation to other policies and practices in schools. While LGBTQ+ policies are essential for fostering positive school climates, they are most effective when paired with other supportive practices, such as establishing GSAs (Day et al., 2020; Kaufman et al., 2024). Moving forward, it is crucial to prioritize the effective implementation of these policies and ensure they are responsive to the diverse experiences of LGBTQ+ youth.

GSA as settings for LGBTQ+ support and advocacy

GSAs have their origins in the United States from the late 1980s when students and teachers or school counselors sought to create spaces where LGBTQ+ youth could receive support within an otherwise oppressive context (Uribe & Harbeck, 1992). Since that time, there has been exponential growth in the number of GSAs, now estimated to be in 44% of US secondary schools (Centers for Disease Control and Prevention, 2020). Groups comparable to GSAs have formed in other countries as well (Vella et al., 2009). Indeed, groups for LGBTQ+ youth that have similar aims and opportunities as those of GSAs have been established worldwide (IGLYO, n.d.), though many are not based within schools. The majority of GSA research has been conducted with GSAs in North America and more specifically within the United States. Still, emerging research on GSAs conducted in European countries has documented similar findings with regard to their benefits to LGBTQ+ youth (Kaufman et al., 2024).

Although GSAs are not standardized programs, they hold a common aspiration to affirm the diverse sexual orientations and gender identities and expressions of youth. GSAs provide youth with opportunities to (a) socialize and build a sense of community with peers; (b) provide social-emotional support to one another; (c) access LGBTQ+ affirming resources; (d) discuss LGBTQ+ topics and events; and (e) engage in advocacy to promote awareness of LGBTQ+ people and topics and to promote more affirming schools and communities (Griffin et al., 2004). GSAs vary in the extent to which they focus on these aims (Poteat, Yoshikawa, et al., 2023; Truong et al., 2021) as they seek to be responsive to their members' interests, needs, or strengths.

GSAs also aspire to be youth-led with support from an adult advisor who is a school staff member (Davis et al., 2024). Youth may hold formal leadership positions or take on responsibilities from meeting to meeting (e.g., facilitating a group conversation). Advisors often take on complementary roles. For instance, they may co-facilitate group conversations, advocate on behalf of youth to other school staff, or provide guidance to youth on some of their initiatives (Davis et al., 2024).

Some work on GSAs has focused on potential benefits to youth based on GSA presence or membership. Students in schools with GSAs perceive a safer climate and report greater well-being than students in schools without GSAs (Baams & Russell, 2021; Marx & Kettrey, 2016). This work has spoken to the importance of access to LGBTQ+-affirming spaces in schools. Access remains critical in areas where discriminatory school policies have sought to censor conversations and content related to LGBTQ+ issues (ACLU, 2023). Other research comparing GSA members to nonmembers has yielded mixed results with differences small in magnitude (Toomey et al., 2011; Walls et al., 2010). In the larger field of youth programs research, scholars have called for more nuanced attention to youth's involvement in these spaces (Bohnert et al., 2010).

Recent work has moved to consider variability among GSA members in their GSA experiences and to identify “active ingredients” of GSAs that may explain how they promote youth’s development. More active engagement in the GSA (e.g., involvement in conversations with peers and advisors, or in advocacy efforts) and greater perceived support from GSAs are associated with youth’s greater sense of purpose and self-esteem, and lower depressive and anxiety symptoms (Poteat et al., 2015; Wright et al., 2022). Youth feel empowered through their GSA involvement (Russell et al., 2009) and youth’s greater GSA involvement predicts decreased mental health concerns through an empowerment process (Poteat et al., 2020). Furthermore, taking on more leadership and receiving greater support from peers and advisors all predict greater well-being for GSA members (Poteat, Yoshikawa, et al., 2023).

GSAs have a particularly important role in cultivating hope. Hope reflects a positive future-orientation and a sense of agency and insight into pursuing one’s goals and overcoming obstacles that arise in the process (Snyder et al., 1996). Greater GSA involvement in general, as well as involvement in advocacy and leadership, and receipt of support from the GSA all predict increases in youth’s feelings of hope (Poteat et al., 2020, Poteat, Calzo, et al., 2023).

Many GSAs engage in advocacy to promote more affirming schools. These efforts could benefit students in the school at large, especially LGBTQ+ students. Indeed, among students who were not members of their school’s GSA, disparities between LGBTQ+ and heterosexual students in depressive symptoms were smaller in schools whose GSAs had engaged in more advocacy over the school year (Poteat et al., in press). GSA advocacy could explain why other studies have documented differences in youth’s well-being based on GSA presence at their school. Some GSAs have also partnered with other groups oriented around equity and justice to address broader interlocking forms of oppression (Shaw, 2018).

In sum, GSAs are a resource with the potential to facilitate LGBTQ+ youth’s empowerment and development. At the same time, they can face hostility from the larger social environment and challenges in meeting the wide range of needs and interests of their members. These promises and challenges underscore the need for ongoing work with GSAs to identify how to best support them as they pursue their aims.

Mutually reinforcing sources of support for LGBTQ+ youth

Sources of support for LGBTQ+ youth do not operate in isolation from one another. Although research has tended to focus on one source of support at a time, work is needed to consider how multiple sources—from school policies, to GSAs, to school staff, among others—mutually reinforce one another to benefit LGBTQ+ youth (Kaufman et al., 2024). Here we discuss several ways in which these sources can operate in concert and in a way where LGBTQ+ youth are centrally involved.

Although not yet considered in extant research, there could be a dynamic synergy between GSAs and the adoption of LGBTQ+ inclusive policies. For instance, GSAs may petition their schools and districts to implement certain policies and practices. These might include the use of inclusive course materials that represent LGBTQ+ people and communities, or ensuring that school documents and databases acknowledge and respect a student's correct name and pronouns. GSAs may provide ongoing consultation to their schools on how best to put such policies into practice, or how policies or practices could be improved. Likewise, schools can adopt policies and practices that support youth in establishing and sustaining GSAs. School administrators can show support for GSAs and their efforts (e.g., in approving or attending GSA-sponsored events) and provide opportunities for GSAs and LGBTQ+ students to share their feedback with school personnel (e.g., during school staff meetings).

All school staff have a responsibility to ensure the safety and well-being of students. Many LGBTQ+ youth seek support and mentorship from adults at school (Kosciw et al., 2022). Teacher and adult support can protect LGBTQ+ youth against victimization and promote their sense of school belonging (Kosciw et al., 2013). Adults at school play an essential role in supporting LGBTQ+ youth by ensuring that inclusive policies and practices are implemented fully and consistently, amplifying the efforts of GSAs, and by cultivating a school climate that respects and values LGBTQ+ youth.

Future directions for research and action

We suggest several ways in which future research could inform ongoing efforts to transform schools into affirming spaces for LGBTQ+ youth. Inclusive school policies are crucial to ensure the protection and support of LGBTQ+ youth (Day et al., 2019), yet most of this work has considered the presence or absence of such policies. Limited research has considered nuance in their successful adoption. Implementation science offers a framework to consider facilitators and barriers to implementing inclusive school policies. Research is also needed to promote the efforts of GSAs. Programming could be developed for GSAs (Lapointe & Crooks, 2018) to support their efforts. School personnel need access to ongoing professional development to build their awareness, knowledge, and skills in supporting LGBTQ+ youth. Although many adults express a genuine desire to support LGBTQ+ youth, they may feel unequipped to do so. A substantial commitment is needed to develop scalable, adaptable, evidence-based programs that speak to these needs. These and similar efforts could promote meaningful and positive changes in schools that create conditions that enable LGBTQ+ youth to thrive.

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5

SEXUALLY AND GENDER DIVERSE ADOLESCENTS' FRIENDSHIPS

What is to gain from a social network perspective?

Wouter J. Kieken and Thomas Teekens

Sexually and gender diverse (SGD) adolescents often face stigmatization due to their minoritized sexual and/or gender identity (Brooks, 1981; Hendricks & Testa, 2012; Meyer, 2003), which has led research to primarily focus on their negative peer relations, such as experiences with bullying and victimization (Chapter 3: Kaufman et al., 2024). This research is highly relevant considering the adverse implications negative peer relations might have for SGD adolescents' well-being (Martín-Castillo et al., 2020; Myers et al., 2020). However, less attention is given to SGD adolescents' positive peer relationships (Poteat et al., 2021), particularly the role of friendships. Studying friendships among SGD adolescents is important for two reasons: First, peers become more prominent in the lives of adolescents compared to earlier developmental periods (Veenstra & Laninga-Wijnen, 2022) and aid in the acquisition of social and emotional skills essential for normative development (Hartup & Stevens, 1999). Second, friendships are especially important for people whose identities, attractions, or expressions deviate from societal norms (Weeks, 1995).

This chapter will therefore focus on several aspects of friendships among SGD adolescents. It will first theoretically describe how friendships positively affect SGD adolescents' well-being. Then, empirical evidence is discussed about SGD's access to friendships and its benefits. Lastly, we discuss how social network research can improve our understanding of how friendships impact SGD adolescents' well-being.

Benefits of friendships

In general, people have a fundamental, strong, and pervasive motivation to form and maintain a certain minimum number of social relationships

(Van Lange et al., 2012). During adolescence, friendships can fulfill this fundamental need to belong, which might be especially relevant for SGD adolescents who face societal stigma. Research describes how friendship can affect (SGD) adolescents' well-being in two ways. First, the direct effects model postulates that an adolescent's social, emotional, and/or cognitive functioning is *directly* impacted through multiple processes (Bagwell & Bukowski, 2018). Friendships may provide emotional and instrumental support, validate feelings of self-worth, and serve as an emotional and cognitive resource. In line with this, friendships have been shown to influence the development of SGD adolescents' self-concept and self-expression (Poteat et al., 2021) and are thus important for their sexual and/or gender identity development. Second, friendships can *attenuate* the negative effects of risk factors on well-being (Bagwell & Bukowski, 2018). It can thus serve as a protective factor disrupting the association between risk factors and poorer well-being.

While different processes related to friendships may benefit SGD adolescents' well-being, friendships with SGD adolescents might be of particular importance herein. The literature on social support demonstrates this clearly. A distinction is often made between general support, understood as support that all adolescents receive, irrespective of sexual orientation or gender identity, and SGD-specific support, understood as supportive behaviors towards an SGD person after learning about their non-normative identity or behaviors that could be attributed to someone's sexual orientation or gender identity (Abreu et al., 2022). General support is provided irrespective of friends' sexual orientation or gender identity, while SGD-specific support is more often provided by SGD friends (Doty et al., 2010; Pacey et al., 2017; Ueno et al., 2009). SGD-specific support also *directly* decreased emotional distress and *attenuated* the negative effects of sexual orientation-related stress on well-being (Doty et al., 2010; Galupo et al., 2014; Ueno et al., 2009), illustrating how SGD friends might be particularly relevant in impacting SGD adolescents' well-being. SGD friends can play a similar crucial role in meeting the need to belong and supporting sexual and gender identity development through shared experiences and being able to discuss SGD-related issues (Galupo et al., 2014).

Characteristics of SGD adolescents' friendships

Research is inconclusive on the extent to which SGD adolescents have access to friends, and with that, its benefits for well-being. Sexually diverse and heterosexual adolescents report limited differences in the quantity of friends (la Roi et al., 2020; Ueno, 2005). Others underlined friendship differences by age and gender: Especially younger sexual minority girls report a lower number of friends than heterosexual adolescents (Hatzenbuehler et al., 2012), while Diamond and Lucas (2004) indicate that only younger gay boys report a lower number of friends than young heterosexual boys. Similar patterns in the number of friends for gender diverse adolescents are understudied.

Besides the number of friends, the quality of friendships is important regarding its positive impact on SGD adolescents' well-being (Bagwell & Bukowski, 2018; Bos et al., 2008). Diamond and Lucas (2004) and Ueno (2005) found no differences in connectedness with friends or levels of attachment to friends between sexually diverse and heterosexual adolescents, nor were there differences between sexually diverse adolescents and cisgender adolescents in quality of friendships (Alanko & Lund, 2020). Others found poorer relationships with peers in general, especially for gender non-conforming sexually diverse adolescents (Bos & Sandfort, 2015). Thus, there is mixed evidence for differences in both the quantity and quality of friendships between SGD and heterosexual, cisgender adolescents.

However, it is not only the quantity and quality of friendships that might affect SGD adolescents' access to the benefits of friendships for their well-being. Particularly, access to SGD friends is important as they seem to be well-equipped to fulfill the need to belong, provide (SGD-specific) support, and provide a space to develop their identity. Research among adolescents is scarce but, in general, (young) adults are more likely to have same-sexual orientation friends (Baiocco et al., 2014; Galupo, 2009; Martin-Storey et al., 2015). Furthermore, sexually diverse (young) adults were more likely, compared to heterosexual adults, to have cross-orientation friends. Especially bisexual adults are more likely to report cross-orientation friends than lesbian and gay adults (Galupo, 2007). Regardless of sexual orientation, people are more likely to have same-sex friendships, but men were, in general, more likely to report cross-sex friendships, especially sexually diverse men compared to heterosexual men (Galupo, 2007, 2009). Access to SGD friends among gender diverse (young) adults is understudied, but sexually diverse (young) adults seem to be able to find community.

Yet, while young adults have more freedom to choose their living situation and social circles, SGD adolescents often face restrictions in choosing the social contexts they traverse. This may negatively affect their ability to form SGD friendships. However, the internet can provide a means for accessing SGD friends when offline opportunities are lacking (Chapter 9: Maes et al., 2024; McNroy et al., 2019; Pacey et al., 2022). Nevertheless, online connections may not offer the same level of support as those experienced by heterosexual adolescents (Kiekens et al., 2024). While immediate social contexts may thus not always provide friendship opportunities for SGD adolescents, online communities may offer such opportunities.

Better understanding friendships among SGD adolescents through a social network approach

Up until this point, friendships have been described as an individual-level trait. That is, SGD adolescents report a total number of friendships or a certain characteristic of friendships, such as overall levels of support. However, treating friendships as a trait neglects that people are embedded in larger social contexts

of relationships, group memberships, and communities that affect individual outcomes such as well-being (Perry et al., 2018). The social network approach moves beyond this reduction to individual-level traits and takes contexts specifically into account (Perry et al., 2018). This approach focuses on the structure of a network (e.g., how and with whom are people connected), the types of connections or ties (e.g., friendship, family, bullying ties), the function of ties (e.g., the types of support accessible through ties), and tie strength (e.g., intensity and duration). Incorporating these dimensions of social context aids in the understanding of how friendships affect SGD adolescents well-being. Within network research a distinction can be made between egocentric network and sociocentric network research (Perry et al., 2018).

Ego-centric network research

Ego-centric research focuses on people (i.e., ego) and those in ego's immediate social environment (i.e., alters). Like survey research, participants are sampled from a population using regular sampling techniques. The ego answers questions about themselves (ego characteristics), the ties to alters, information about the alters (alter characteristics), the strength, type, or function of ties (tie characteristics), and the ties between alters (Perry et al., 2018). Together, this information provides an overview of ego's personal network. The result is a dataset of non-overlapping ego-networks (see Figure 5.1).

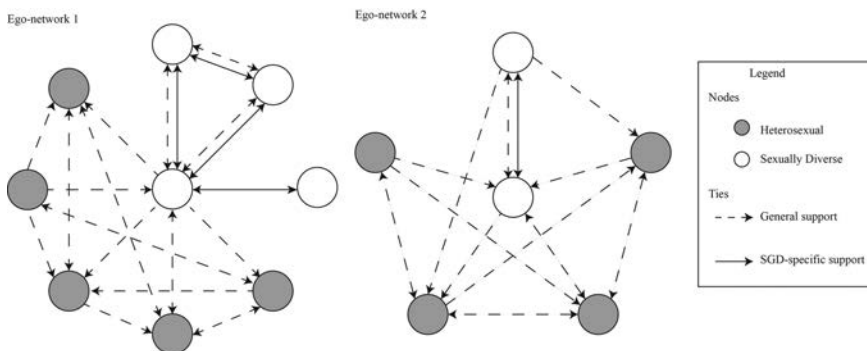


FIGURE 5.1 Two hypothetical egocentric networks. The central circles represent two egos, and other circles represent alters. Node color indicates sexual orientation. Ties show general (dashed lines) or SGD-specific support (solid lines), with arrows indicating support direction. In ego-network 1, the ego receives general support from a group of heterosexual alters and forms a group with three sexually diverse alters who provide general and SGD-specific support. One alter is isolated and only shares SGD-specific support. Ego-network 2 is less segregated by sexual orientation, with white and gray nodes interconnected, but the ego receives SGD-specific support from only one alter.

Egocentric network analysis allows researchers to predict outcomes of the ego and their connections, based on their network's characteristics. Network structure, function, and content are measured, allowing for an assessment of how these affect outcomes for the ego in regression frameworks (Perry et al., 2018). Thus, with egocentric research, information on the ego (e.g., well-being), characteristics of the alters (e.g., sexual orientation and gender identity), and the type of relation (e.g., friends, family) can be obtained to examine how network characteristics (e.g., percentage of SGD friends, type of support present in network, density of the support network) affect ego's well-being. This is especially relevant because research indicates that such characteristics of networks matter in affecting SGD adolescents' well-being (Doty et al., 2010; Neal & Veenstra, 2021). In addition to individual ego-level outcomes, egocentric network analysis can also assess outcomes on the level of the relationship. For instance, are supportive relationships with family members more likely to occur when friendship ties with peers are less present in a SGD adolescents' personal network?

Past research illustrates how egocentric network studies enhance our understanding of how SGD adolescents' friendships are formed and could affect their well-being. For instance, a study on sexual minority youth examined mechanisms behind sexual orientation-based segregation in their friendship networks (Ueno et al., 2012). The findings revealed that sexual minority and straight friends were more likely to know peers of the same-sexual orientation than each other, highlighting sexual orientation-based segregation. This segregation resulted from structural constraints. That is, the different social contexts sexual minority and heterosexual friends traverse, shorter durations of knowing sexual minority friends, and non-overlapping friendships between sexual minority and heterosexual friends. This demonstrates how egocentric research can clarify the mechanisms shaping SGD adolescents' friendship networks.

Sociocentric network research

Where egocentric research focuses on the personal networks of ego's, sociocentric research starts with a predefined network, for instance all students within a school. Therefore, sociometric studies are also called *whole network studies*. Students are surveyed to assess with whom they are connected, and every student is a respondent and is responded to by other students. This results in a single "complete" network where all ties between pairs of students in the school are identified (Perry et al., 2018). A key difference with egocentric research is that the network is not obtained from the perspective of one ego, but through the complete network (Robins, 2021), reducing individual bias and gaining specificity. This allows, for instance, to assess whether friendship ties are perceived one-sidedly, or whether they are reciprocated (see Figure 5.2).

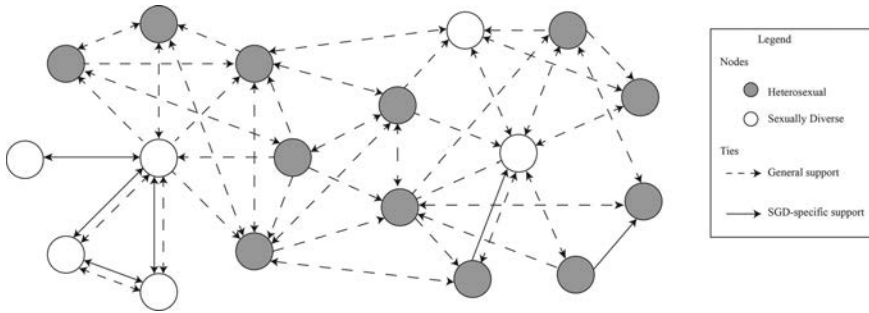


FIGURE 5.2 Hypothetical network of a school class ($n = 18$). It raises questions about transitivity in support ties (i.e., are two people who give support to a third more likely to support one another), indicated by the number of triangles. The network includes one nearly isolated sexually diverse individual, a clique of three closely connected sexually diverse individuals, and two sexually diverse individuals who blend into the structure.

All analyses possible with egocentric data can be done in sociocentric research, as the complete network comprises each ego-network. Additionally, sociocentric research considers how one's position in the network influences them (i.e., how are people influenced by the network), how people affect the structure of the network (i.e., who do people select in the network), and how individual outcomes and network structures (co-)evolve over time (Robins, 2021). Thus, with sociocentric research, information on network members (e.g., their well-being, sexual orientation, and gender identity), and the type of ties between network members (e.g., friends, close friends) can be obtained to examine how individual characteristics and network positions affect SGD adolescents' well-being.

Past research exemplifies how sociocentric network studies improve our understanding of how SGD adolescents' friendships impact their well-being. Most of these studies have relied on the same data (Hatzenbuehler et al., 2012, 2015; Martin-Storey et al., 2015; Ueno, 2005) with few exceptions (Gillig & Bighash, 2019). Ramirez et al. (2023) found three key differences in friendship networks between sexually diverse and heterosexual adolescents in a rural school. Sexually diverse adolescents were less socially integrated (i.e., less connected to highly connected peers and more often found in the peripheries of the school friendship network), had sparser friend groups (i.e., friends were less connected to each other), and were more prone to social isolation (i.e., being avoided), especially boys. These findings are concerning given the higher rates of cigarette smoking and marijuana use among less socially integrated adolescents (Ragan & Osgood, 2023).

Research avenues and limitations of the social network approach

What is to gain from a social network perspective? First, focusing on the quantity, quality, and variation of SGD adolescents' friendship ties to peers will deepen our understanding of the direct and indirect effects friendships may have on well-being and identity formation processes of SGD adolescents. An egocentric network approach will deepen our understanding of how friendship relationships offer the necessary support and opportunity for SGD adolescents to thrive (Poteat et al., 2021). Second, expanding the scope towards a sociocentric approach opens up many untapped research avenues, allowing an assessment of how (school) contexts, well-being, and friendships interact. For instance, assessing the relationship between support within friend groups and stigmatization of minority groups in larger school settings may offer critical insights in the intersection of minority status and friendship formation. Moreover, it enables the examination of how Gender and Sexuality Alliances in schools affect the position of SGD students in school friendship networks. Additionally, qualitative evidence suggests that disclosure decisions are influenced by perceived relationship structures in schools (Lasser & Tharinger, 2003), raising questions about whether adolescents' *mental maps* of their school networks affect disclosure decisions. Last, the limited existing social network research focuses on sexually diverse rather than gender diverse adolescents. Such research is necessary to better understand how the social context affects gender diverse adolescents.

Egocentric and sociocentric methods also carry limitations. First, people often cannot accurately estimate overall levels of support, while network research relies on such judgments. Second, participant burden can be relatively high, as respondents answer questions about several separate relationships, although methods to alleviate respondent burden have been developed (Stark & Krosnick, 2017). Third, with sociocentric data collection, respondents and alters are identifiable to one another and to the researcher, impacting social desirability. Therefore, more measures need to be taken to guarantee confidentiality. Last, the statistical analysis of whole networks involves acknowledging strict dependencies in the data. Recent advances made it possible to statistically model network mechanisms, for instance, Stochastic Actor-Oriented Models (Snijders et al., 2010), Exponential Random Graph Models (Lusher et al., 2012), and cross-classified multi-level models (Vacca et al., 2022).

Recommendations for network research with SGD adolescents

Detailed guidelines exist on how to design and conduct egocentric (Perry et al., 2018) and sociocentric research (Robins, 2021). Here, we outline important considerations when designing a network study focusing on SGD adolescents. In egocentric research, an important element is the name

generator. This is the question used to elicit members of the ego-network (i.e., the alters) and its design greatly influences the structure, function, and composition of the ego-network (Perry et al., 2018). When examining SGD adolescents' friendship networks, it is crucial to determine, for instance, whether the used name-generator focuses on both online and offline friends, considering the importance of online communities for SGD adolescents (McInroy et al., 2019; Pacey et al., 2022).

In designing a sociocentric network study, one should be aware of the number of SGD respondents present in the predefined network. In school contexts, the number of SGD adolescents might be relatively low while participant burden is high, raising feasibility issues of designing a sociocentric study focusing on SGD adolescents in the school context specifically. Previous research therefore relied on existing full network data collection efforts (Hatzenbuehler et al., 2012, 2015; Martin-Storey et al., 2015; Ramirez et al., 2023; Ueno, 2005). Alternatively, when more recent data is needed, one should consider setting up a broader study where one of the aims focuses on SGD adolescents. Alternatively, when focusing on SGD-specific processes, a predefined and well-bounded network of SGD adolescents could be feasible to study longitudinally (Gillig & Bighash, 2019). As a ballpark estimate, Snijders et al. (2010) indicate that meaningful analysis of such networks would require between 20 and 100 members. If one wants to determine whether or how friends might influence SGD adolescents' well-being or behavior, longitudinal sociocentric network data is needed. Such data allows research to go above and beyond correlational research and has the potential to greatly impact knowledge on how friendships affect SGD adolescents.

Conclusion

This chapter had several aims. First, it explored how SGD adolescents benefit from friendships, highlighting their role in belonging, support, and identity development, which may positively impact well-being and mitigate risk factors. The role of SGD friends herein was underlined as well, as they are, for instance, more likely to provide SGD-specific support. Second, it examined whether SGD adolescents have access to friendships. SGD adolescents may find friends both offline and online and are more likely to have cross-orientation friends. There was mixed evidence on whether SGD adolescents had fewer friends or different friendship quality compared to heterosexual, cisgender peers. Lastly, it highlighted the importance of egocentric and sociocentric network research in understanding how friendship networks affect SGD adolescents' well-being, allowing for the study of social context characteristics beyond individual traits. This approach helps clarify mixed findings on the number and quality of friends, advancing our understanding of how friendships benefit SGD adolescents' well-being.

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6

INTIMATE RELATIONSHIPS OF SEXUALLY AND GENDER DIVERSE ADOLESCENTS

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Adolescence is a normative and developmentally appropriate time for all young people to explore intimate relationships (Harden, 2014; Tolman & McClelland, 2011; Welsh et al., 2000). In comparison to heterosexual cis-gender youth, sexually and gender diverse (SGD) adolescents face additional hurdles to the development of intimate relationships, often due to concerns about safety (Babcock et al., 2024) and accessibility (Watson et al., 2017). Despite the challenges that SGD adolescents face, they also benefit from supportive and positive intimate relationships (Ivanski & Kohut, 2017; Shepardson et al., 2016; Tolman & McClelland, 2011). In this chapter, we focus on how intimate relationships foster healthy development among SGD adolescents. SGD adolescents experience similar social, emotional, and physical needs as any other teen, including the need for emotional intimacy, understanding, and support as they navigate the challenges of adolescence (Snapp et al., 2023). As such, intimate relationships play a crucial role in the lives of SGD youth, serving as a key element in their path to self-discovery and self-acceptance (Hammack et al., 2022).

Types of intimate relationships

Intimate relationships in adolescence and young adulthood often fall within two categories: casual and committed (Howard et al., 2015). While these relationships serve different purposes, research on LGB youth found that youth in monogamous relationships have more relationship satisfaction than those in non-monogamous relationships, and the level of commitment also matters. Those who see the relationship as lifelong versus long-term or short-term have higher relationship satisfaction (Pereira & Esgalhado, 2021). Relationship

satisfaction for LGB youth may be explained by attachment research, which has found that a commitment in intimate relationships implies that there is an investment from all partners, which can create security, trust, and an attachment bond (Hazan & Zeifman, 1994; Jorgensen-Wells et al., 2021). Still, some SGD adolescents find emotional intimacy, in multiple consensual, intimate partnerships, through understanding and support provided by these relationships (Hammack et al., 2019; Tatum et al., 2024). Finally, SGD adolescents, unlike heterosexual cisgender youth, must always contend with societal oppression as they navigate their intimate relationships (Pereira & Esgalhado, 2021). As a result, SGD adolescents will also have to navigate the constant stressors associated with being a sexual and/or gender minority as they explore various forms of intimate relationships.

The supportive nature of intimate relationships for SGD adolescents

Intimate relationships give SGD adolescents a strong support system to navigate societal challenges and foster personal growth and self-discovery (Hammack et al., 2022; Whitton et al., 2018). While all youth may rely on intimate relationships for support, SGD adolescents may find intimate relationships especially supportive specifically in contexts where they expect to be rejected because of their identities (Baams, Bos, et al., 2014). Yet, romantic involvement can also have additional benefits for SGD adolescents who confront more than family rejection.

Some evidence suggests there is a positive correlation between mental health and romantic involvement among SGD adolescents (Ceatha et al., 2021; Sarno et al., 2022; Whitton et al., 2020). When SGD adolescents are in a relationship that involves emotional and sometimes physical intimacy, mutual affection, and a sense of commitment, their levels of stress, anxiety, and depression are lower (Sarno et al., 2022; Whitton et al., 2018). The sense of belonging and validation that these relationships offer helps SGD adolescents reduce feeling isolated and lonely (Diamond & Alley, 2022; Hammack et al., 2022; Whitton et al., 2018). This highlights the important role that these intimate relationships play in promoting mental well-being. Having a supportive and understanding partner can greatly empower SGD adolescents to better navigate the challenges and discrimination they face in society. This support contributes to a stronger sense of identity and overall well-being (Hammack et al., 2022; Whitton et al., 2018).

Additionally, adolescents in the SGD community benefit psychologically from romantic relationships since they can boost self-esteem and alleviate loneliness (Ceatha et al., 2021; Hammack et al., 2019; Sarno et al., 2022; Whitton et al., 2020). Having an intimate relationship can offer emotional support, making SGD youth feel understood, valued, and accepted (Baams,

Overbeek, et al., 2014; Hammack et al., 2022). Acceptance plays a crucial role in the lives of SGD adolescents, as it empowers them to stand against negative peer pressure and develop a strong sense of self-worth, even in the face of prejudice and stigma (Diamond & Alley, 2022; Hammack et al., 2019).

For all youth, intimate relationships may begin as friendships. Achieving confidence and self-esteem begins with finding friends who can relate and support them (Chapter 5, Kiekens & Teekens, 2024; Greene et al., 2015). For SGD youth, friendships provide comfort and support, allowing them to form emotional bonds, which may lead to sexual feelings (Byron et al., 2021; Hammack et al., 2022). Friendships often progress into romantic relationships due to the trust and caring that develops between them. Intimate relationships become stronger as a result (Greene et al., 2015). SGD youth may benefit from this shift from friendship to intimate relationships, as it can provide them with a safe environment to explore their desires within the safety of friendships (Byron et al., 2021). SGD adolescents need a safe space where they can authentically be themselves. When they feel truly understood and accepted, they feel a sense of belonging (Byron et al., 2021; Hammack et al., 2022). By facilitating personal growth, SGD youth can navigate their identities and experiences without fear of judgment (Byron et al., 2021; Hammack et al., 2022; Snapp et al., 2023). Intimate relationships provide a secure foundation for SGD adolescents to explore and form bonds (Diamond & Alley, 2022; Hammack et al., 2022; Whitton et al., 2020), and these relationships affect the strength and longevity of their adult social networks (Yang et al., 2016).

Intimate relationships support identity development

Intimate relationships also play an important role in the development of sexual and gender identities among SGD adolescents (Ceatha et al., 2021; Hammack et al., 2022; Umberson & Karas Montez, 2010; Umberson et al., 2020) especially because SGD adolescents fear victimization, rejection, and judgment during this critical period (Mustanski et al., 2011). Because sexual and gender identity development may co-occur, intimate relationships are opportunities for SGD adolescents to explore multiple aspects of their identities simultaneously (Hanna-Walker et al., 2022). Intimate relationships can provide a nurturing environment for SGD youth to embrace and discover their identities and promote self-assurance and self-approval, which enhances their confidence (Hammack et al., 2022; Whitton et al., 2018). The support given to SGD youth from intimate partners fosters an environment of open communication and self-expression, which is crucial for the healthy exploration of both sexual and gender identities (Umberson et al., 2020). This acceptance can be empowering for SGD teens, who may not always receive validation from society. Receiving acceptance of their identities from a partner can be a significant boost to the self-esteem of SGD youth, as it reassures them that

it's okay to be themselves (Diamond & Alley, 2022; Hammack et al., 2022; Whitton et al., 2018). It can also help SGD teenagers overcome sexual and/or gender identity-related pressures and obstacles by reducing the negative impacts of discrimination and stigma (Umberson et al., 2020).

Motivations for intimate relationships

In addition to the aforementioned benefits of intimate relationships for SGD adolescents, there are additional motives that influence young people's pursuit of intimate relationships (Gillespie et al., 2022; Snapp et al., 2023). While the majority of the past research on intimate relationship motivations focused on heterosexual relationships (e.g., Cooper et al., 1998; Thorpe & Kuperberg, 2021), emergent work has begun to explore these motives among SGD adolescents and young adults (Gillespie et al., 2022; Snapp et al., 2023; Tarantino & Wesche, 2024). In Gillespie et al.'s (2022) research on 18–23-year-old LGB+ young adults, their first sexual experiences were motivated by several factors including: *relationship progression*, *societal/social pressures/expectations*, and *a desire to explore their sexual identity*. Additional research on hookup motives for SGD young adults identified six motives that were present in their pursuit of intimate connections: (a) *pleasure* (both for self and partner), (b) *emotional connection and intimacy*, (c) *self-affirmation* of attractiveness or self-worth, (d) *coping* with stress and negative emotions, (e) *easy access* to partners and adhering to *cultural norms* around hookups, and (f) *multifaceted* motives that combine at least two of the previous motives. Most recently, LGB+ young women discussed their motivations for sex through their definitions of sex. Similar to Snapp et al.'s (2023) work, Tarantino and Wesche (2024) found that LGB+ women were motivated to please their partner as well as themselves. So pleasure was both inherent in their desire for sex and part of their definition of sex. Understanding the motivations of intimate relationships for SGD adolescents can be useful as hookups for sexual minority women have been found to help lesbian and bisexual women cope with minority stress (Jaffe et al., 2021).

While there is little research on gender diverse youth and their intimate relationship motivations, a newly published study examined dating motivations in trans and non-binary adults (M age = 27) and found that the majority of participants used dating apps to “find love” and the fewest used them for “casual sex” (Perez & Pepping, 2024). Given the age range of this sample and the limits in measurement of dating motivations, further research is needed that specifically asks gender diverse youth their motivations for seeking intimate relationships and that also considers how they meet their relationship needs in the context of transphobia (see Murchison et al., 2023).

Society, technology, and safety: additional factors that impact SGD adolescents' intimate relationships

SGD adolescents must also contend with changing attitudes about sexual orientation and gender identity in their homes, communities, and countries, which can impact their health and well-being (Russell & Fish, 2016). For example, in the United States, despite the legalization of same-sex marriage in 2015, there are 23 states that ban both medication and medically necessary surgery for transgender youth (Movement Advancement Project, 2024a). There are also 12 states that ban students from using the bathroom or facility (e.g., locker room) that matches their gender in K-12 schools (Movement Advancement Project, 2024b). While these bans are harmful for SGD's mental health (Horne et al., 2022), being an SGD adolescent in some countries can result in harsh punishment and even the death penalty. In at least 65 countries in the world it is illegal to have consensual same-sex sexual activity, and for 12 of those countries, it can be punishable by death (Human Dignity Trust, n.d.). In 14 countries, being trans or expressing gender non-conforming behavior is also criminalized and highly policed (Human Rights Watch, n.d.). Under such conditions, it is not just risky, but potentially life-threatening for SGD adolescents to explore their SGD identities and pursue intimate relationships (Jones et al., 2020). Given these conditions, we know very little about SGD adolescents in these countries and how they navigate not just their identities but the normative developmental processes of pursuing, exploring, and developing intimate relationships. In response to these repressive and oppressive policies, global and regional organizations with multiple stakeholders are working to disrupt these policies and pass non-discriminatory laws that protect SGD adults and youth (Roberts & Marx, 2018).

In spite of changing views and laws that impact SGD youth's lives, technology has improved access to potential intimate partners for all adolescents, including SGD adolescents (Owens et al., 2023). Hookup and dating apps have made searching and finding potential intimate relationships easier for SGD than in previous generations (Wu & Trottier, 2022).

Despite this improvement, not all SGD adolescents will feel safe moving beyond the online initiation of an intimate connection (e.g., flirting) to an in-person meeting (Babcock et al., 2024). Emergent research in the United States on queer young adults' hookup experiences has shown that bisexual cisgender young women, in particular, apply different safety strategies when hooking up with those who identify as cis male compared to someone who identifies as cis female. For example, when their partners are cis male, they take more precautions such as sharing the address of their meetup with friends before they go out, and they are more likely to use condoms for sexually transmitted infections (STI) protection with cis males than if their partner is cis female (Babcock et al., 2024). Additionally, sexual minority adolescent men

may choose to stop using apps if they are bombarded by unwanted sexually explicit messages (Owens et al., 2023). Trans youth may also take additional precautions as they navigate transphobia (Araya et al., 2021) and the potential of being viewed as fetishes and sex objects on online dating and hookup apps (Lloyd & Finn, 2017; Platt & Bolland, 2017). The use of these precautions by SGD is warranted: Research has shown that sexual minority young adults have higher rates of physical dating violence, sexual violence, and unwanted pursuit victimization than heterosexual young people (Edwards et al., 2015), and transgender and gender expansive youth also have higher rates of dating violence than cisgender youth (Garthe et al., 2021).

Summary and conclusions

SGD youth need healthy, intimate relationships for their mental and physical well-being, and the relationships they form as teenagers can impact the success of their adult social relationships (Yang et al., 2016). Intimate relationships for SGD adolescents can serve as protective factors and support sexual and gender identity development especially when SGD adolescents face rejection for their identities (Mustanski et al., 2011). Similarly, several factors can motivate SGD adolescents and young adults to pursue intimate relationships that exceed beyond support to pleasure and connection. Yet, the development of intimate relationships for SGD adolescents can be hindered if not forbidden by oppressive and punitive bans and laws that penalize SGD adolescents and jeopardize their ability to safely explore their intimate lives.

Queer relationship scholars call for a “queer paradigm shift” that “embrace[s] diversity, fluidity, and possibility” in research but also in practice (Hammack et al., 2019, p. 556). This paradigm shift will no doubt positively support SGD adolescents and holds the possibility of giving space to non-SGD adolescents to fully explore intimate relationships without the constraints of normative scripts. For scholars, a queer paradigm shift encourages all researchers, even those who do not intentionally study SGD youth, to *queer* their research questions and move beyond (hetero)normative scripts about intimate relationships—which can yield far more accurate, rich, and diverse data about young people’s intimate lives. Practitioners can also leverage the supportive nature of intimate relationships in their clients’ lives while also encouraging SGD adolescents to understand their own desires and needs in the context of these relationships. Finally, given the disparities in dating and intimate partner violence, practitioners could provide guidance on healthy relationships and warning signs for violence. Drawing on the strengths of SGD youth, practitioners and scholars can empower SGD youth to engage in meaningful and supportive intimate relationships that foster their healthy development.

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PART II

Society, community, and social media



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7

THE LEGAL EPIDEMIOLOGY OF GLOBAL LAWS AND POLICIES SHAPING RISK AND RESILIENCY IN SEXUALLY AND GENDER DIVERSE ADOLESCENTS' HEALTH AND WELL-BEING

Arjan van der Star

The lives and health of sexually and gender diverse (SGD) adolescents are shaped by the broader environments they live and grow up in, including the prevailing legal and policy milieus they are exposed to. That is, SGD adolescents' well-being and development are directly impacted and restricted by the legal and policy climates that exist within their jurisdiction of residence, as documented in the legal epidemiology literature. Globally, these climates have been rapidly evolving in recent years (Mendos et al., 2020), with significant effects on mental, behavioral, and physical health among SGD individuals (Van der Star, 2020; Hatzenbuehler et al., 2024). On the one hand, laws and policies that discriminate based on diverse sexual orientations and gender identities can directly hamper and harm the development and health of SGD adolescents. For instance, recently introduced laws and policies that restrict access to gender-affirming services for gender-diverse youth across multiple countries (e.g., Russia, Sweden, Norway, the United Kingdom, and several US states) are impacting the ability of those youth to live authentically, which may have direct negative consequences for their psychosocial health (e.g., Turban et al., 2020; Van der Miesen et al., 2020). Several other countries recently introduced new legislation that bans any public expression of opinion or public gatherings that may promote same-gender relationships (e.g., Russia, Georgia, Poland, Hungary, Brazil, and Uganda), effectively restricting any form of open SGD identification and expression for adolescents, among other groups (e.g., Buyantueva, 2018; Voyles & Chilton, 2019). Also, policies and bills prohibiting classroom discussion about sexual orientation or gender identity in school environments may restrict youth in their ability to develop a positive self-image (Edwards et al., 2023; Foist, 2024). On the other hand, protective laws and policies that are inclusive towards SGD adolescents

may aid in shielding against sexual orientation and gender identity-based discrimination, preventing any negative health sequelae that may be associated with sexual and gender minority stigma exposure and allowing SGD adolescents to flourish (e.g., Hatzenbuehler & Keyes, 2013; Seelman & Walker, 2018). Besides the direct effects of national or state laws and policies on the lives of SGD adolescents, the legal and policy climates of the locales they reside in may also have indirect effects, as well as accumulating and long-lasting effects that may carry over into adulthood (White Hughto et al., 2015; Van der Star, 2020).

This chapter, first, discusses the theoretical framework that can be used to describe how laws and policies affect the lives of SGD adolescents, borrowing from socio-ecological frameworks and the minority stress theory. It further delineates how such laws and policies may have immediate positive and/or negative effects on SGD adolescents' well-being and health during the sensitive developmental period of adolescence and how those effects may accumulate, persist, and/or wane across the life course. Second, this chapter describes several empirical studies that have examined the legal epidemiology of how specific laws, policies, or general legal and policy climates at the state and/or national level shape the lives of SGD adolescents globally. Finally, concluding remarks are provided, including recommendations for future research.

Theories linking laws & policies to SGD adolescent health

For several years, laws and policies that discriminate against or protect SGD adolescents have been identified and framed in the public health and psychology literature as structural determinants of health and well-being (Van der Star, 2020). In this context, negative laws and policies can be regarded as structural or institutionalized forms of sexual and gender minority stigma (Van der Star, 2020). Structural stigma has been defined as “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized” (Hatzenbuehler & Pachankis, 2016). In fact, both sexual and gender minority stigma have been recognized as multilevel constructs, which have been used to identify sexual minority stigma-related risk factors that contribute to sexual orientation and gender identity-based health disparities across societies (White Hughto et al., 2015; Hatzenbuehler & Pachankis, 2016; Van der Star, 2020). Existing scholarship, however, has predominantly focused on examining these factors as independent, stand-alone risk factors, neglecting the interconnected nature of stigma exposure across different levels (Van der Star, 2020). Sexual minority stigma and gender minority stigma are likely better understood as multilevel socio-ecological systems that exist within societies and cultures, emphasizing the interplay between structural (e.g., laws and policies), interpersonal

(e.g., victimization and harassment), and intrapersonal (e.g., internalization of stigma and the concealment of a stigmatized identity) stigma-related factors (Van der Star, 2020). Drawing on the minority stress and socio-ecological theories (Bronfenbrenner & Evans, 2000; Krieger, 2001; White Hughto et al., 2015; Hatzenbuehler & Pachankis, 2016; Van der Star, 2020), three central tenets of the socioecology of such stigma exposure have recently been proposed, namely (1) a chronosystem with immediate, accumulating, or lasting effects across spatiotemporal contexts, (2) a nested multilevel system with cross-level effects, and (3) mechanistic pathways linking stigma exposure to health (Van der Star, 2020). The first tenet of the stigma chronosystem focuses on how exposure to sexual and gender minority stigma, including discriminatory or protective laws and policies, may fluctuate across history and space, with varying health effects across the life course among SGD adolescents that may accumulate, last, and/or wane with time (Van der Star, 2020). The second tenet of cross-level stigma effects purports how stigma-related factors across different socio-ecological levels (e.g., structural, interpersonal, or intrapersonal) may not affect health in isolation but influence one another in a unique interplay to impact health (Van der Star, 2020). For instance, laws and policies discriminating against SGD adolescents may sustain structural climates that may further promote, or fail to protect against, victimization at the interpersonal level, which in turn may induce hypervigilance among SGD adolescents as they conceal their identities in an attempt to avoid further victimization across various social environments, such as their schools (Van der Star, 2020). The third tenet is mechanisms linking stigma exposure to health through a set of various pathways, including social, biological, behavioral, cognitive, and emotional mechanisms. These mechanisms have been described in more detail elsewhere (e.g., Hatzenbuehler, 2009; Fredriksen-Goldsen et al., 2014; Van der Star, 2020). These tenets from the framework on the socioecology of sexual and gender minority stigma can further explain how laws and policies shape the lives of SGD individuals during adolescence and into adulthood, including ways in which risk and resiliency transpire and evolve across the life course of SGD individuals.

Laws & policies shaping SGD risk & resilience across the life course

The first tenet on the chronosystem of sexual and gender minority stigma may be particularly pivotal for understanding how laws and policies shape the health and lives of SGD individuals during adolescence and beyond. Childhood and adolescence, during which sexual and gender identity formation is typically initiated (D'Augelli, 2006; Puckett et al., 2022), may represent a sensitive period in which sexual and gender minority stigma, including structural factors such as laws and policies or otherwise, may have an elevated

negative impact on the health and well-being of SGD adolescents, compared with other developmental stages in sexual and gender minorities' lives (Mayer, 2009). These experiences of sexual and gender minority stigma, in their different forms, may exhibit period-specific and long-lasting effects on SGD adolescents' health throughout their life courses and may accumulate or wane with time, depending on situational exposure, historical context, socio-political climates, and the perpetuation of such stigma through cross-level effects (Van der Star, 2020).

Initial empirical evidence supporting how structural sexual and gender minority stigma exposure at the national and/or state level may fluctuate across history and space, how its effects on the health and lives of SGD individuals may vary throughout the life course, and how exposure to structural stigma during adolescence may have sustained effects for SGD individuals into adulthood, comes from several research studies. In these studies, researchers have assessed historical changes in structural stigma climates and exposure over time by examining either shorter-term variability or long-term changes in structural climates, and their associations with SGD adolescent health (Van der Star, 2020). For example, increased political campaigning leading up to a voter referendum on same-gender marriage in California was associated with accelerated rates of homophobic bullying in schools (Hatzenbuehler et al., 2019), while the introduction of same-sex marriage policies was linked to fewer suicide attempts among sexual minority adolescents (Raifman et al., 2017). The majority of the studies seeking to adopt a life course perspective on sexual and gender minority stigma have relied on self-reported recollections of lifetime experiences of harassment and victimization and their sustained effects on health (Plöderl et al., 2010; Robinson et al., 2013; Livingston et al., 2020) and how such prior experiences may predispose sexual minorities to future exposure to interpersonal stigma (Van der Star, Pachankis, et al., 2021). One study from Sweden, however, linked a ten-year transition towards more equitable legislation and accepting social attitudes to decreased victimization and psychological distress among the Swedish sexual minority population (Hatzenbuehler et al., 2018). Some other studies have examined the accumulating and sustained effects of sexual minority stigma on health and found that exposure to several forms of sexual and gender minority stigma, once reduced, may have lingering effects on mental health among sexual minority young adults through factors such as enacted, anticipated, and internalized stigma and identity concealment (Pachankis et al., 2018). Yet, another study reported improved outcomes among SGD adolescents, ages 16 to 20 years, with the passage of time (Birkett et al., 2015). Longer exposure to structural sexual minority stigma, including discriminatory laws and inequitable policies, during sexual minorities' younger lives was found to gradually give rise to poor behavioral health and instill accumulating intrapersonal-level stigma reactions (Pachankis et al., 2017; Pachankis et al., 2021; Van der

Star, Bränström, et al., 2021). The accumulating harmful effects of early-life exposure to structural sexual minority stigma among sexual minority migrants from across the globe may also wane with time when exposed to a structural climate with more equitable laws, policies, and population attitudes (Van der Star, Bränström, et al., 2021). Yet, there is a paucity of longitudinal empirical research that prospectively examines these life course effects of laws and policies among SGD adolescents.

Not only may laws and legislation dynamically affect SGD adolescents' risk for poor health, physical, mental, and behavioral outcomes across their life courses, but structural stigmatizing climates may also hamper the acquisition of resiliency and coping skills among SGD adolescents with age, with consequences for their health that may stretch into adulthood (Van der Star, 2020; Blake, 2023). That is, the lack of protective laws or the presence of discriminatory policies may restrict access to key sources of resiliency for SGD adolescents, including access to community, social capital, and support, cultivating family, engaging in spirituality and faith; all identified as key resources during SGD adolescents' development (Edwards et al., 2023). Indeed, structural stigma, including laws and policies, as per its definition, may restrict access to opportunities and resources for SGD adolescents (Hatzenbuehler & Pachankis, 2016). For instance, non-discrimination laws and policies may protect against interpersonal forms of stigma and may aid in curating safe spaces for SGD adolescents, which then may feel welcoming enough for them to utilize as a resource. Non-discrimination laws and enumerated anti-bullying state laws protecting SGD adolescents have been linked with higher rates of school districts promoting student-led SGD community clubs (Harper et al., 2022). For SGD adolescents transitioning into the workforce, non-discrimination laws aimed at preventing workplace discrimination may also shape access to job opportunities, promotion, and their ability to retain a job and thrive in a safer workplace environment. In this way, such legislation may directly promote access to economic resources and impact sources of resiliency that depend on financial access, such as health-related costs, including psychotherapy, saving for gender-affirming care, retirement planning, and planning to travel (Edwards et al., 2023). In contrast, SGD adolescents may also acquire resiliency and coping skills through exposure to structural, interpersonal forms of stigma, as they may "build on emotional pain inflicted by external adversities to carve out pathways to resilience" (Van Wagenen et al., 2013; Meyer, 2015; Asakura, 2017). This hypothesis, however, has been contested given that victimization in childhood and adolescence has been consistently associated with worse health outcomes in adulthood (e.g., Hager & Leadbeater, 2016; Van der Star, Pachankis, et al., 2021), while self-esteem and resilience among certain SGD subgroups may still improve with age despite continued exposure to victimization (Kozziara et al., 2022). Laws and policies, yet, do have the ability to further restrict the ability of SGD adolescents to explore their

authentic selves through self-exploration and self-expression, with the recent introduction of bills restricting SGD adolescents from openly discussing their orientation and identity in schools (e.g., Buyantueva, 2018; Voyles & Chilton, 2019), hampering them in developing a positive self-image and identity as a key source of resiliency (Edwards et al., 2023; Foist, 2024). Resilience among SGD adolescents may hence depend on the spatiotemporal context and structural sexual and gender minority climates they are exposed to, with acquired coping skills and resiliency potentially dynamically carrying over from adolescence into adulthood.

Empirical studies on national/state laws & SGD adolescent health

Over the past decade, the number of published empirical studies examining the association of discriminatory or protective legislation and policies towards SGD individuals with several mental, physical, and behavioral health outcomes has been rapidly expanding (Hatzenbuehler et al., 2024). These studies generally have investigated these laws and policies towards SGD individuals through the lens of structural stigma and either have focused on single legislative efforts and laws or aimed to quantify the larger structural, legal climates across locales through composite indices (Hatzenbuehler et al., 2024). Close to 100 studies have examined the legal epidemiology of structural sexual and gender minority stigma, with the large majority of studies conducted in the United States and focused on sexual minority adults (Hatzenbuehler et al., 2024). Yet, several other studies investigated laws and policies across other countries, including Africa, Asia, Europe, and the United Kingdom, but also across within-country contexts, such as Australia, Canada, Italy, Netherlands, New Zealand, Russia, and Sweden (Hatzenbuehler et al., 2024). Only a handful of studies, exclusively from the United States, have examined the effects of structural sexual and gender minority stigma on health outcomes among SGD adolescent samples.

Empirical studies that elucidated the effects of discriminatory or protective legislation and policies towards SGD adolescent populations on their health during this development period between childhood and adulthood can be largely grouped into five main categories. This chapter will aim to summarize empirical literature across these categories. First, policies and laws targeting transgender and other gender-diverse (TGD) youth may have direct and indirect health consequences. Some policies explicitly deny TGD youth access to transition-related health services (e.g., puberty blockers, gender-affirming surgeries, and hormone therapy), while other policies that ban TGD youth from participating in athletics as their affirmed gender may have less obvious health consequences (Barbee et al., 2022; Jackson et al., 2023). Second, laws and policies that include protections against bullying-victimization or hate crimes by enumerating sexual orientation or gender identity as a protected basis

for such victimization may help not only shield against such victimization but also the associated health consequences among SGD adolescents (e.g., Hatzenbuehler & Keyes, 2013; Seelman & Walker, 2018). Third, laws that legalize same-gender marriage may have broader health consequences associated with improved equality among SGD adolescents (e.g., Raifman et al., 2017). Fourth, apart from single, stand-alone policies and laws, the broader structural legal climate for SGD adolescents may have a compounded effect on various health outcomes (Van der Star, 2020). That is, single laws and policies do not exist within a vacuum but are part of a broader legal and social climate, which may have wider consequences for SGD adolescent health. Lastly, there may also be laws and policies that do not directly target SGD adolescents but may still shape their health. For example, a 2016 California law prohibiting tobacco product sales to individuals under 21 years of age was linked to decreased disparities in tobacco product use between sexual minority and heterosexual adolescents (García-Ramírez et al., 2022). This fifth category of laws and policies will not be discussed in this chapter.

Studies on laws & policies targeting TGD adolescents

One study by Goldenberg et al. (2020) described how several protective policies targeting TGD individuals, including protections against discrimination, related to health insurance coverage, and the ability to change legal documents, were associated with increased access to gender-affirming medical services, such as hormone treatments and psychotherapy or counseling. However, this study was conducted in a sample of TGD adults and not adolescents. Yet, another study did model the relationship between state-level restrictions and access to gender-affirming services among TGD youth and adolescents (Borah et al., 2023). This study found that the presence of enacted state legislation, executive actions, funding provisions, or other policies aimed at limiting access to puberty suppressants for TGD youth and adolescents substantially increased their drive time to clinics providing such gender-affirming medical care (i.e., puberty-suppressing medications and hormones; Borah et al., 2023).

Studies on laws & policies prohibiting SGD victimization

Several studies have investigated the association between policies and laws that aim to protect against bullying-victimization or hate crimes and health outcomes among SGD adolescents. One study examined how anti-bullying policies inclusive of sexual orientation were linked to a reduced risk for suicide attempts among lesbian, gay, and bisexual adolescents between the ages of 16 and 17 years, living in Oregon (Hatzenbuehler & Keyes, 2013). This study quantified the proportion of school districts across 34 Oregon counties that have anti-bullying policies protecting specifically against bullying based on

sexual orientation (Hatzenbuehler & Keyes, 2013). Three additional studies examined similar associations using the national school-based Youth Risk Behavior Survey in the United States (Meyer et al., 2019; Seelman & Walker, 2018; Liang et al., 2023). These studies examined how laws on the state level that enumerate sexual orientation in their anti-bullying statutes were associated with increased feelings of safety, a lower risk of attempting suicide, a lower risk for any suicide attempt requiring medical attention, and a lower risk of forced sexual intercourse among sexual minority and heterosexual youth, ages 12 or 14 to 18 years, across the United States in 2015 (Meyer et al., 2019), as well as lower risk for bullying-victimization and fear-based absenteeism among sexual minority boys but not girls between 2005 and 2015 (Seelman & Walker, 2018). In the third study, Liang and colleagues (2023) found that these anti-bullying laws were significantly associated with reduced rates of past-year suicide attempt planning and attempting suicide among sexual minority adolescents between 2009 and 2019. Yet, not all findings were replicated between the studies. In fact, Seelman and Walker (2018) did not find support for the effects of these policies on in-school threats, injuries, or suicidality. One additional study used the Youth Risk Behavior Survey but studied the association between hate crime laws that enumerate sexual orientation as a protected class. This study found that such state laws were associated with reduced rates of attempting suicide rates among sexual minority and heterosexual youth, ages 14 to 18 years, between 2015 and 2018 (Prairie et al., 2023). The listed laws may not only have these direct effects on health-related outcomes; they may also have intermediate effects by promoting safer school climates for SGD adolescents. Non-discrimination laws and enumerated anti-bullying state laws protecting SGD adolescents have been associated with increased rates of school districts recommending or requiring a Gender-Sexuality Alliance club for each school: a student-led club promoting safety, community, education, and support for SGD youth and their allies (Harper et al., 2022).

While these legal protections against SGD victimization have been examined on a state or national level (or aggregated from the school district level), they may also exist on the school level (Hatzenbuehler et al., 2024). For example, educational institutions' policies that include provisions that prohibit bullying based on sexual orientation or gender identity have been associated with reduced rates of bullying (Day et al., 2020) and significant reductions in suicide attempt rates among SGD adolescents (e.g., Goodenow et al., 2006; Chapter 4; Poteat & Day, 2024).

Studies on laws & policies legalizing same-gender marriage

The introduction of same-gender marriage has been linked to several health outcomes among SGD adults (Hatzenbuehler et al., 2014). Although marriage equality is more likely to directly impact the lives of SGD adults

and their ability to marry their romantic partners, a few studies have also examined the effects of legal recognition of same-gender marriage on the health and well-being of SGD adolescents, as a key equality indicator. Using data from the Youth Risk Behavior Surveillance Survey between 1999 and 2015, one study found a significant reduction in the rate of suicide attempts among sexual minority and heterosexual adolescents in the United States, ages 14 to 18 years, comparing attempt rates from before the implementation of same-gender marriage policies with rates after these policies were implemented (Raifman et al., 2017). However, these findings were not replicated and have been disputed by other authors. Anderson and colleagues (2021) found no association between marriage equality policies and the likelihood of suicide planning, suicidal ideation, or depression.

Not only may same-gender marriage laws have direct health consequences for SGD adolescents, but the negative public narratives surrounding these laws and leading up to their implementation may also affect the societal climate and public safety of SGD adolescents, with ramifications for their well-being. One study found that rates of homophobic bullying among sexual minority and heterosexual adolescents in California, ages ten to 18 years, increased between 2001 and 2008 leading up to the passage of Proposition 8 in California; a voter referendum that sought to restrict marriage to heterosexuals in 2008 (Hatzenbuehler et al., 2019). In the years 2009 to 2014, following the voter referendum, the rates of homophobic bullying, not otherwise explained, decreased again (Hatzenbuehler et al., 2019).

Studies examining broader SGD legal & policy climates

Besides the possible impact of stand-alone laws or policies (e.g., the introduction of same-gender marriage) or single categories of laws or policies (e.g., restrictions to accessing gender-affirming medical care or protection against bias-based victimization) on SGD adolescents' health and development, the health impact of the overall structural climate towards SGD individuals might be broader. Structural sexual and gender minority stigma is understood as the overall milieu that is reflected by societal-level conditions, cultural norms, and institutional policies that together hamper opportunities, resources, and the health of SGD individuals (Hatzenbuehler & Pachankis, 2016). While structural stigma is often operationalized as discriminatory laws, inequitable policies, and negative population attitudes, these aspects of structural stigma arguably do not operate in a vacuum (Van der Star, 2020). That is, in most modern democracies, population attitudes are expected to shape laws and policies through elections (Van der Star, 2020). Hence, it is important to also investigate the effects of overall legal and structural climates on the health and well-being of SGD adolescents, through composite indices or tally of multiple relevant laws and policies targeting SGD individuals and/or population attitudes

towards them. Several studies have examined the association between broader legal and policy climates and SGD adolescent health. One such study assesses how combined state tallies of SGD youth equity laws in the United States were associated with substance use among SGD adolescents, aged 13–17 years old (Watson et al., 2021). The SGD youth equity laws included non-discrimination laws, anti-bullying laws, laws banning “conversion therapy,” and laws that prohibit schools and educators from discussing SGD topics, for which states could receive positive or negative scores (Watson et al., 2021). This study found that more equitable SGD laws at the state level were associated with a higher likelihood of binge drinking and alcohol use, but a lower likelihood of bullying victimization and cigarette use among SGD adolescents (Watson et al., 2021). A separate study demonstrated how such a state tally of SGD laws was linked to increased rates of depressive symptoms, heavy drinking, perceived burdensomeness, thwarted belongingness, self-harm, and suicide attempt among adolescent and young adult sexual minority males (English et al., 2023). Another study on binge drinking found that similar state-level policies in the United States focused on SGD youth equity, in contrast, were associated with a lower likelihood of binge drinking among both male and female sexual minority adolescents, aged 12 to 18 years (Chien et al., 2022). Consistent with the findings from Watson and colleagues (2021), a separate study also found a significant association between higher scores on a state-level tally of SGD equity laws and lower risk for cigarette use among sexual minority adolescents in the United States, ages 9 to 14 years, but not their heterosexual peers (Hatzenbuehler et al., 2014). Using the same sample and methodological approach, the investigators also found greater sexual orientation-based disparities in marijuana and illicit drug use in higher-stigma states among these adolescents, compared with states with lower levels of structural stigma, with the risk being highest among sexual minority youth (Hatzenbuehler et al., 2015). Higher levels of structural sexual minority stigma, similarly operationalized as a tally of state laws and policies affecting equality for sexual minorities, were significantly associated with an increased disparity in the likelihood of attempting suicide in the past year between sexual minority and heterosexual adolescents in the United States, ages 14 to 18 years (Aivadyan et al., 2023). Using the same 2017 Youth Risk Behavior Survey data, Pearson and colleagues (2021) found that higher scores on a state-level tally of SGD equity laws and policies were associated with smaller disparities in bullying victimization, suicidal ideation, and suicide attempts between sexual minority and heterosexual adolescents, both boys and girls, with one notable exception for suicide attempts among female adolescents. A study among sexual minority female adolescents in the United States, ages 9 to 14 years, found that the likelihood of having an STI diagnosis, but not teen pregnancy, was associated with lower state-level structural sexual minority stigma, when looking at a combination of non-discrimination policies and population attitudes towards sexual minorities, among other indicators (Charlton et al., 2019). Similarly,

when examining a composite index on the presence of non-discrimination and anti-bullying school policies, in addition to the presence of gay-straight alliances in schools and the proportion of same-sex couples across 34 counties in Oregon, structurally unsupportive climates towards sexual minorities were linked to increased tobacco use among sexual and gender minority youth (Hatzenbuehler et al., 2011).

Conclusions & future research directions

Laws and policies that target SGD individuals directly impact the lives and health of SGD adolescents during a critical development period. These laws and policies, when designed to protect against stigma and promote equality, may further bolster physical, mental, and behavioral health and promote resiliency and access to resources for SGD adolescents, and aid in reducing health disparities among SGD individuals and cisgender heterosexual individuals, not only in adolescents but also into adulthood. Yet, when laws and policies are discriminatory in nature, they may restrict the opportunities, resiliency, and health of SGD adolescents and further perpetuate stigma at the interpersonal and intrapersonal levels, further amplifying the negative health impact of such laws and policies.

The research on the legal epidemiology of these laws and policies is still in its infancy, particularly when focusing on the SGD adolescent population. To further this field, future research should (1) expand towards other geographies outside of the United States, and to a smaller extent Europe, (2) examine the interplay of risk and resilience related to the exposure to laws and policies that target SGD adolescents, (3) focus on identifying what laws and policies might be particularly relevant for SGD adolescent health (e.g., marriage equality laws perhaps being most relevant to adult populations), (4) study structural sexual and gender minority stigma as a multidimensional construct including laws, policies, and opinion, (5) investigate sexual and gender minority stigma across multiple levels of exposure (e.g., macro, exo, interpersonal, and intrapersonal), (6) focus on the longitudinal assessments of mechanisms that may underlie the effects of laws and policies on SGD health, and (7) examine how exposure to laws and policies that target SGD adolescents may have sustained effects on their health in adulthood.

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8

SEXUALLY AND GENDER DIVERSE ADOLESCENTS' POLITICAL PARTICIPATION

Brodie Fraser

Political participation is a keystone of enfranchisement and allows citizens to engage with the state. It is primarily concerned with representation, and is perceived to be a marker of a healthy democracy (McVey & Vowles, 2005). Normative definitions of political participation summarize it as “all voluntary activities by individual citizens intended to influence either directly or indirectly political choices at various levels of the political system” (Kaase & Marsh, 1979, p. 42). However, this is a narrow view of political participation; it makes room for public participation, but does not provide space to conceptualize private and informal modes of participation, which have historically been the domain of women and young people under the voting age (Wood, 2012). By focusing on the realm of the formal political system, definitions of political participation inherently exclude informal and personal politics that are “related to issues of identity, agency and participation, and more commonly the domain of children and young people” (Wood, 2012, p. 338). Politics can be seen and enacted in the everyday; it does not exist purely in the formal realm. New grammars of political action and identity have not replaced our traditional conceptualizations of the political; they are, instead, modernizing—and broadening—how we view political participation.

It is thus necessary to look at alternative forms of participation—such as community engagement, activism, and education—and what they mean for democracy. This will allow for a more diverse and all-encompassing view of political participation, and ensure that participation in politics is opened up to all, regardless of the privilege they may hold. Verba and Nie (1972) argue that priority preferences are unequally communicated when people are unequally active. If norms of participation inherently give voice to privileged groups, then how can the priorities of marginalized demographics be adequately

represented? Participation in democracy extends beyond electoral participation, and developing alternative means of participation to increase engagement will be necessary to improve the equality of preference communication.

The current study focuses on high-school-aged young people under the voting age (i.e., 13–17 years old). While young people of this age are not yet able to vote, they are still political actors. International literature shows that young people are interested in politics, seek recognition from the political system, and engage in informal and everyday modes of participation (Harris et al., 2010). Belonging and active participation in school and community settings can cultivate future participation in formal modes of participation, and interest in civic issues results in a greater willingness to participate in socio-cultural activities (Reichert, 2020; Riggers-Piehl et al., 2023; Wood, 2022). For young people "... a lack of voting rights does not necessarily preclude opportunities for active political participation ..." (Smith et al., 2005, p. 428). Young people are seeking out ways they can express their citizenship and political ideas. These forms of action, however, are not necessarily understood and institutionalized like voting is. It is imperative to study how young people are engaging in civic life, as teenagers are not fundamentally removed from the socio-political sphere. The parameters that are stipulated by the inherently exclusionary conception of institutionalized political activity serve to alienate youth. Despite this, it is possible to move beyond these limitations and advance a research agenda that utilizes these under-examined modes of participation that youth are engaging in.

This research focuses on sexually and gender diverse (SGD) young people. While there is little literature on SGD *youth* participation, literature more broadly on SGD communities' engagement in formal modes of participation indicates that SGD communities are highly active in democratic processes, often favor progressive political agendas, and that the presence of openly SGD politicians is directly linked to an increase in SGD-friendly legislation (Cravens, 2022; Hunklinger, 2021; Reynolds, 2013). SGD group consciousness is associated with non-electoral forms of participation, such as volunteering, donating money, and attending protests (Cravens, 2022). Literature on the role of SGD stigma and discrimination finds that such stigma can motivate those who are already active in formal modes of participation, motivate informal modes of participation in contexts where marginalized groups can easily organize; and can motivate SGD activism (Cravens, 2022; Dunn & Szymanski, 2018; Page, 2018).

This research was conducted in the Wellington region of Aotearoa New Zealand (henceforth Aotearoa). Aotearoa is a colonial state which has an uncodified constitution, unicameral parliament, and unitary central government (Levine, 2021). The country's founding constitutional document is Te Tiriti o Waitangi—The Treaty of Waitangi. Signed in 1840 between Indigenous Māori and the Crown, there are important and significant differences

between the te reo Māori and English versions (Godfery & Hayward, 2021). The national electoral system uses mixed-member proportional, a form of proportional representation, which elects a combination of electorate and list Members of Parliament, including several of whom represent specific Māori electorates (Arseneau & Roberts, 2021). In March 2024, 92% of the eligible population were enrolled to vote, and of enrolled voters, 77.5% voted in the 2023 general election (New Zealand Electoral Commission, 2023, 2024).

Regarding the political climate for SGD people, homosexuality was decriminalized 1986, sexual orientation was listed as a prohibited ground of discrimination in 1993, and same-sex civil unions were legalized in 2004 (ILGA World, 2024). Same-sex marriage was legalized in 2013 (ILGA World, 2024), three years before this research was conducted. Recent relevant legislation includes Acts that: have enabled the expungement of convictions for historical homosexual offences; will make it easier for transgender and gender diverse people to change their identity documents; and have criminalized 'conversion' practices (ILGA World, 2024). This latter piece of legislation was heavily championed by young activists (Lal, 2021).

SGD youth in Aotearoa feel it is important to be politically active in the SGD community, leading to high rates of participation in the community (Fenaughty et al., 2022). Research shows they are proud of their SGD identities, and have connections within the community (Fenaughty et al., 2022). SGD youth are slightly more likely to volunteer than non-SGD youth (Fenaughty, Sutcliffe, Clark, et al., 2021; Fenaughty, Sutcliffe, Fleming, et al., 2021). Trans and gender diverse youth are slightly more likely to volunteer than sexual minority youth (Fenaughty, Sutcliffe, Clark, et al., 2021; Fenaughty, Sutcliffe, Fleming, et al., 2021). Regarding intention to enroll to vote, trans and gender diverse youth were slightly less likely to be planning to enroll compared to cisgender youth (Brink et al., 2023). Sexual minority youth were slightly more likely to be planning to enroll to vote than their heterosexual counterparts (Brink et al., 2023). This chapter furthers the international and national research by sharing the findings of a modest study conducted with high-school-aged SGD youth about how they engage in political life. This research challenges normative assumptions of political participation, and thus broadens understandings of how minority groups perform their citizenship, and engage in politics.

Methods

This research was conducted for my master's thesis, which was the first in Aotearoa to look at political participation amongst SGD youth (Fraser, 2017). An anonymous online survey was conducted amongst SGD high-school-aged youth in the Wellington region. Ethics approval was granted by Victoria University of Wellington's human ethics committee, reference 22972. To reach

as many young people as possible, details of the survey were shared with all high schools in the region, local government representatives, Members of Parliament, SGD support organizations, and youth organizations in the region. This was done via social media, email, and face-to-face meetings. The survey link and a copy of the information sheet were sent with a brief letter explaining the research purposes, asking recipients to distribute the survey. The opening of the survey provided the information sheet, selection criteria, and consent form; participants consented by clicking through to the body of the survey. As part of ethics approval, the survey was fully anonymous and did not collect any personal data beyond a question asking the extent to which participants identified with an SGD identity; therefore, demographics are not able to be reported. This was due to the smallness of the SGD community in Wellington, and the young age of participants. Ethics requirements also meant participants were able to skip over any questions they did not wish to answer; some questions were missing responses. Overall, there were 91 respondents who identified with an SGD identity to some extent.

The survey ran from 10 August 2016 to 10 November 2016 and asked a range of questions on topics such as feelings of belonging to the SGD community, political activity, community engagement, and perceived political efficacy. These were designed to explore the normative *and* alternative ways young people can participate in politics. The survey placed a large emphasis on community engagement; community ties are important in fostering habits of engagement and participation (Fisher, 2012). A five-point Likert scale was provided for each question, allowing respondents to indicate to what extent they agreed with each statement. Chi-squared and Fishers' exact tests were used to explore the relationship between variables; $p < .05$ indicates significance, and $p < .10$ is trending towards significance.

Results

The results are presented below, first by looking at descriptive data about political interest and efficacy. I then move on to the results of tests looking at the relationships between some key variables. Table 8.1 shows that most participants did not view their SGD identity as political; 78.88% of participants answered the question with 'not at all,' 'very little,' or 'somewhat.' As far as interest in politics goes, the data revealed a tendency towards being interested in politics, but the majority of participants responded with the neutral answer of 'somewhat.'

Table 8.2 shows the relationship between the extent respondents felt as though they belonged to the SGD community and different forms of community involvement. There is a statistically significant relationship between

TABLE 8.1 Political interest and efficacy

<i>Question</i>	<i>Not at all</i>	<i>Very little</i>	<i>Somewhat</i>	<i>A lot</i>	<i>Completely</i>
To what extent do you view this identity (SGD identity) as being political?	20 22.22%	22 24.44%	29 32.22%	10 11.11%	9 10%
Generally speaking, how interested are you in politics?	4 4.40%	13 14.29%	32 35.16%	26 28.57%	16 17.58%
As a member of the SGD community, to what extent do you feel as though you have the ability and power to create political change?	12 13.95%	23 26.74%	30 34.88%	17 19.77%	4 4.65%
As a young person under the voting age, to what extent do you feel as though you have the ability and power to create political change?	19 22.35%	40 47.06%	18 21.18%	3 3.53%	5 5.88%

feelings of belonging to the SGD community and community involvement. Those who felt they belonged to the SGD community were more likely to feel as though they were able to create change as an SGD person, attend events in the community, educate others about SGD issues, and engage with the community and related organizations.

Table 8.3 explores if those who are more interested in politics were more likely to engage in political and community activity. Being interested in politics had a statistically significant relationship with feeling as though one's SGD identity is political, boycotting buying products for political reasons, discussing politics on social media, feeling as though they have the ability to create change as an SGD person, and attending events in the SGD community. The other tests reported were trending towards significance.

Table 8.4 explores the link between levels of political activity and perceived ability to create change. Perceived ability to create change as an SGD person was significantly related to attending events in the SGD community,

TABLE 8.2 Relationship between SGD community belonging and community involvement

<i>Form of engagement</i>	<i>P value</i>	<i>% of those who do not at all feel belonging to the community, and never engage in this action</i>	<i>% of those who feel they belong to the community a lot or completely, and engage in this action half the time or more</i>
Ability to create change as an SGD person	<.001	40.0	74.1
Attending events in the SGD community	<.001	20.0	75.0
Educating others about the SGD community	<.001	40.0	89.1
Engaging with a community organization	.033	20.0	58.9
Engaging with the SGD community	<.001	20.0	76.8

TABLE 8.3 Relationship between interest in politics and political/community engagement

<i>Form of engagement</i>	<i>P value</i>	<i>% of those who are never interested in politics, and never engage in this action</i>	<i>% of those who are interested in politics half the time or more, and engage in this action half the time or more</i>
Feeling as though one's SGD identity is political	.012	75.0	25.0
Boycotting buying products for political reasons	.019	33.3	43.8
Discussing politics on social media	<.001	100.0	47.9
Feeling as though one has the ability to create change as an SGD person	.008	66.7	66.7
Attending events in the SGD community	.022	66.7	60.0
Engaging with a community organization	.063	66.7	54.3
Engaging with one's school community	.053	0.0	64.4
Engaging with the community one lives in	.099	100.0	37.1

TABLE 8.4 Relationship between ability to create change as an SGD person and community engagement

<i>Community engagement</i>	<i>P value</i>	<i>% of those who never feel they can create change, and never engage in this action</i>	<i>% of those who feel they can create change half the time or more, and engage in this action half the time or more</i>
Attending events in the SGD community	.003	41.7	66.7
Educating people about the SGD community	.011	16.7	82.0
Engaging with the SGD community	<.001	41.7	72.5
Engaging with the community one lives in	.064	58.3	39.2
Engaging in other communities (e.g., sporting, cultural, and religious)	.073	41.7	45.1

educating others about SGD issues, and engaging with the SGD community. None of the tests run against the perceived ability to create change as a young person under the voting age were statistically significant.

Discussion and conclusion

This research shows that SGD identity and belonging can be a vehicle to political action for young people, even if they do not necessarily view their SGD identity as political. Furthermore, these young people felt they had greater political efficacy as members of the SGD community than as young people, and interest in politics was linked to greater political action. Feelings of political efficacy as SGD people was linked to engagement with, and in, the SGD community.

The SGD community in Aotearoa is small but vibrant. SGD young people are active in their communities and have high rates of volunteering (Clark et al., 2014; Fenaughty et al., 2022). They engage in activism in their schools, and have a strong connection to their SGD identities (Fenaughty et al., 2022; McGlashan & Fitzpatrick, 2017). The results showed that when these young people felt they belonged to the SGD community, they were more likely to be active in it, and feel as though they have political efficacy as SGD people. Community belonging thus facilitates political activity for these young people. Community belonging is crucial in facilitating political engagement, and

Aotearoa-based research has also shown that care practices and community belonging positively influence well-being for SGD young adults volunteering in their community (Sligo et al., 2022).

While this research did not explicitly investigate the relationship between political climate, SGD inclusion, and SGD participation, it was interesting that there was no statistically significant relationship between interest in politics and feelings of political efficacy. Furthermore, participants had a slightly higher rate of interest in politics than they did of perceived efficacy as SGD people.

It appears that interest in politics is not then affected by feelings of efficacy. Despite the relatively safe climate in Aotearoa, and ongoing betterment of SGD rights and protections, it appears as though SGD youth do not feel particularly efficacious. It could be that there is less urgency to participate because of our relatively inclusive context. Further research is needed to investigate this.

Respondents felt they had a greater ability to create change as SGD people than as young people under the voting age. This could be due to perceptions of efficacy and institutionalized forms of participation. Understanding how to encourage efficacy is imperative, as people with high levels of political efficacy are more likely to be involved in civic life (Wood, 2023). Existing research illustrates that Aotearoa youth feel a sense of disconnect from political spaces due to their age, and that their contributions in such spaces are not equally valued (Hay et al., 2023). Such experiences reinforce norms of formal participation and youth citizenship, thus impacting young people's feelings of efficacy (Hay et al., 2023). It is possible, then, that SGD spaces are more welcoming to the input and participation of young people, thus increasing perceptions of efficacy in SGD contexts—more research is needed to tease this out.

In many Western nations such as Aotearoa, citizenship is intertwined with individualism and neoliberal values (Wood, 2013). Essentially, the neoliberal state views active citizenship as participation that allows individuals to develop the ability to contribute to global economies (Wood, 2013). In teaching citizenship in such a way, we are educating young people to focus their political action on the individual level, which does not account for the alternative ways people engage in political life. This neoliberal model of citizenship is prone to further marginalizing minority youth. Wood (2013) argues that these narratives of citizenship uphold an abstract conception of belonging that fails to engage with the variety of ways young people understand and enact citizenship. Thus, we need to be aware of underlying biases in our norms of participation that can serve to marginalize different groups. Efforts to increase youth participation focus on attempts to get youth 'civically engaged,' which place the issue of political disengagement on young people themselves (Kennelly & Dillabough, 2008). To address this, strategic efforts

to construct more inclusive political environments must be undertaken (Kennelly & Dillabough, 2008). Establishing inclusive political environments will benefit youth *and* other groups who are marginalized within participation norms.

While the research informing this chapter is only small, it contributes to our understanding of the civic and political lives of SGD youth. The findings show greater belonging to the SGD community facilitates greater political and community engagement, and leads to a greater sense of political efficacy. Encouraging and bolstering community and the myriad forms of participation it facilitates are necessary to develop habits of active citizenship. SGD community organizations, particularly youth focused ones, need the funding and training to be able to engage with a diverse range of SGD youth, supporting them to become empowered political actors. SGD youth have active political lives, and those who are interested in politics are particularly active. More research and targeted policy are needed to ensure that *all* SGD youth—not just those who already have an interest in politics—are empowered to participate in civic and political life in ways that speak to their specific skills and interests.

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9

THE OPPORTUNITIES AND CHALLENGES OF DIGITAL MEDIA USE FOR SEXUALLY AND GENDER DIVERSE ADOLESCENTS

Chelly Maes, Kathrin Karsay, and Edward John Noon

Digital media use of sexually and gender diverse adolescents

In recent years, communication scholars have demonstrated the ubiquity of digital media in adolescents' everyday lives. Owing to the rapid adoption of mobile devices, most adolescents are constantly online, and online spaces may be essential for sexually and gender diverse (SGD) adolescents. Indeed, given the risk of discrimination and stigmatization in offline contexts (Kosciw et al., 2020), digital media can offer 'safer' environments for SGD adolescents to satisfy their social and psychological needs.

The most recent data regarding SGD adolescents' digital media use suggests that most (89.2%) young people spend at least two hours per day online (McInroy et al., 2019). Furthermore, on average, SGD adolescents report nearly four hours more daily screen time than their non-SGD peers. Specifically, they spend more time using social media, texting and video-chatting peers, and browsing the internet (Nagata et al., 2023). With this in mind, the current chapter will focus on four particular digital media uses that can play a significant role in the lives of SGD adolescents: social media use, engagement in sexting, and viewing of pornography.

First, social media platforms are particularly popular among SGD adolescents (McInroy et al., 2019). Research suggests that over a quarter (28.1%) of GD adolescents spend one to two hours on social media daily, while 20.2% spend three to five hours daily (Herrmann et al., 2024). Among sexually diverse adolescents, young people report an average of nearly four hours of social media use per day (Gillig, 2020). Furthermore, SGD adolescents tend to have smaller online social networks than non-SGD peers, are more likely to have friends they know only online, and perceive these online friends as

significantly more socially supportive than their in-person friends (McInroy et al., 2019). In this chapter, we discuss a relatively broad range of activities on social media, including SGD youth's engagement with self-presentation, exposure to others' self-presentations, their membership in online SGD communities, and interactions with other SGD peers and (potential) romantic partners (e.g., online dating).

A second digital media use that may inform the lives of SGD adolescents is sexting, which often occurs via instant messaging tools (commonly integrated into social media platforms). Sexting is defined as "the sending of self-made sexually explicit messages, pictures, or videos through the computer or mobile phone" (Van Ouytsel et al., 2019, p. 1). Research by Van Ouytsel et al. (2019) found that 6.9% of SGD adolescents have ever sent a sext, while 8.2% of SGD adolescents have ever received a sext. Some research even suggests that SGD adolescents send and receive more sexts compared to their non-SGD peers (e.g., Kim et al., 2020).

Finally, in addition to producing their sexual material online, SGD adolescents also consume pornography. However, determining the frequency of pornography use among SGD adolescents is challenging due to scant research. Many studies do not specify participants' sexual orientation or gender identity, and when they do, they often do not separate prevalence rates for SGD adolescents (Böthe et al., 2019). The few existing studies reveal contradictory findings: while some studies find no significant differences in pornography frequency between SGD and non-SGD adolescents, others suggest SGD adolescents watch pornography three times more frequently (Böthe et al., 2019).

Digital media affordances

Three affordances—accessibility, anonymity, and asynchronous communication—might drive SGD adolescents to utilize digital media to help overcome offline barriers. Digital media provide access to diverse information and content that may not be available offline due to the absence of in-person support and/or fear of discrimination and victimization (Craig & McInroy, 2014). For SGD adolescents lacking offline support or hesitant to disclose their identities in person, the online environment offers a safe space to build community connections and access identity-specific information (Craig & McInroy, 2014). The online realm allows them to connect with similar others, such as peers and potential romantic partners, who might be harder to find offline due to their minority status (McInroy et al., 2019). This phenomenon aligns with the homophily principle, wherein SGD youth may seek companionship, relationships, and community-building online with individuals who share similar identities and experiences (Chapter 5: Kiekens & Teekens, 2024; McInroy et al., 2019), thus creating opportunities for offline interactions with people they initially met online (Hillier et al., 2012).

Digital media provide unique opportunities for SGD adolescents through two forms of anonymity: source and audiovisual autonomy (Peter & Valkenburg, 2011). Source anonymity allows SGD adolescents to view or distribute sensitive content (e.g., coming out) without revealing personal information, which is especially beneficial for those still exploring their gender and sexual identity. For instance, when searching for pornography, adolescents can explore emerging sexual feelings without the risk of being discovered. Audiovisual anonymity refers to anonymity in online communication (Peter & Valkenburg, 2011). When SGD adolescents use social media or engage in sexting, they can choose to only communicate through linguistic/textual/verbal content or to use visual and/or audio cues. The ability to control one's anonymity is especially significant for SGD adolescents as they are often reluctant to share certain sexual or gender identity information.

Lastly, digital media enable SGD adolescents to communicate asynchronously, offering them privacy and control over sensitive discussions through instant messaging or social media posting. With digital media, SGD adolescents have the freedom to explore and discuss their sexual and gender identity and experiences at their own pace and within their control. For example, SGD youth have reported using multiple accounts, tailoring the content to specific audiences, and censoring locations or content on social media (Berger et al., 2022).

SGD adolescents' beneficial experiences in the digital media environment

The affordances of digital media can support SGD adolescents to engage in critical developmental tasks, including the formation of their sexual or gender identity. For SGD adolescents, coming out and openly disclosing one's identity is essential for psychological well-being, yet offline environments often harbor negativity (Kosciw et al., 2020). Digital platforms are crucial for exploring identities, with some suggesting online spaces are vital for healthy identity formation (Haimson, 2018). Self-presentation practices online, where individuals strategically communicate their image, are crucial for identity formation. Indeed, SGD adolescents emphasize the significance of being able to control and tailor the visibility of gender and sexual identity-related self-presentations, creating safe and supportive environments for identity exploration during crucial developmental stages (Gaiani, 2022). Research shows how engagement with positive-valenced self-presentations on Instagram can foster self-acceptance over time (Noon et al., 2024).

Engaging with content shared by other digital media users can further help SGD youth learn about diverse sexual and gender minority identities. For example, transgender and gender diverse adolescents report using social media to gather essential information from other SGD peers for gender identity

expression and exploration (Herrmann et al., 2024). Moreover, pornography content can play a role in validating and shaping the sexual orientation and gender identity of SGD adolescents (Böthe et al., 2019). Exposure to pornography may prompt youth to become aware of their attraction to same-sex or both same- and mixed-sex individuals, acknowledge this attraction, and eventually accept this attraction, contributing to a deeper understanding and clarification of their sexual preferences (Böthe et al., 2019).

Initiating and exploring romantic and sexual relationships is another crucial milestone for SGD youth. Here, SGD youth often encounter unique hurdles compared to their heterosexual peers. Being a minority, they face limited options for potential partners. In the offline context, stigma and risk of harm also hinder relationship establishment (Lever et al., 2008), making online spaces vital for intimate connections. Hence, research shows that SGD youth are more inclined to seek romantic partners online (Rice et al., 2015). However, there's a lack of research on the developmental aspects of intimate relationships facilitated by sexting among SGD youth (van Ouytsel et al., 2019).

Lastly, when it comes to SGD youth's social development, scholars emphasize that SGD youth tend to spend more time alone and have smaller social circles than their peers (Perales et al., 2020). However, they often perceive online environments as safer places to seek friendships and have more online friends than heterosexual peers (McInroy et al., 2019). Some youth even have exclusive online friends, while others shift those friendships to their offline lives (Hillier et al., 2012). Such online friendships can provide significant support and feelings of connectedness, offering a venue for community-building and increasing social capital. At the same time, these offline friendships can also help cope with stigma and discrimination when offline support is lacking (McInroy et al., 2019).

SGD adolescents' harmful experiences in the digital media environment

While digital media can aid SGD youth in achieving developmental milestones and addressing societal challenges, research also highlights associated risks. Studies reveal that in addition to facing heightened risks of offline bullying (DeSmet et al., 2018), SGD youth are disproportionately targeted for cyberbullying in online environments compared to their heterosexual and cisgender peers (Abreu & Kenny, 2018; Desmet et al., 2018). Cyberbullying involves aggressive behaviors through digital platforms aimed at causing harm (e.g., posting mean comments on social media) (Abreu & Kenny, 2018). Not only do SGD youth experience cyberbullying more frequently than their peers, but they also endure more severe psychological consequences, including increased suicidality and depression (Abreu & Kenny, 2018). Significant barriers then hinder SGD youth from reporting cyber-victimization, such as

fears concerning losing device access, disbelief, retaliation from bullies, and potential outing during the reporting process (Abreu & Kenny, 2018).

Concerning sexting among SGD youth, addressing non-consensual sharing is crucial. This involves the unauthorized dissemination of sexually explicit media beyond the intended recipient, constituting digital sexual violence (Maes et al., 2023). Sextortion, wherein individuals are coerced into unwanted sexual behavior through the threat of exposing explicit media, is related (Henry & Powell, 2018). SGD youth are particularly vulnerable to such digital sexual violence, with higher rates compared to their heterosexual peers (Van Ouytsel et al., 2019). For instance, studies have shown that SGD youth are at increased risk of having sexually explicit content shared without consent, with sixfold odds among those assigned male at birth and twofold odds among those assigned female at birth (Priebe & Svedin, 2012). Additionally, SGD youth are twice as likely to experience sextortion and sexting under pressure compared to heterosexual peers (Patchin & Hinduja, 2020).

Finally, SGD youth face increased vulnerability to online grooming, where older individuals exploit them for sexual purposes (e.g., production of child pornography). Their heightened vulnerability arises from their minority status and associated challenges such as lack of offline support, bullying, and family conflict (Craig et al., 2020). Perpetrators exploit these vulnerabilities. Reports indicate disproportionate targeting of SGD youth compared to non-SGD peers (Thorn, 2023). Most SGD adolescents (93%) view online grooming as common in their digital experiences (Thorn, 2023). While victimization poses serious health risks (e.g., 25% report extreme distress or fear; Madigan et al., 2018), its impact on SGD youth remains underexplored.

Implications of SGD adolescents' digital media use for overall well-being

Given the varied experiences SGD adolescents have with digital media, its impact on their well-being is worthy of consideration. While there is no academic consensus on a definition of well-being, it typically encompasses more than just the absence of mental illness and includes factors like life satisfaction and self-esteem (WHO, 2022). Although direct links between digital media use and well-being are not firmly established, growing evidence suggests positive effects on SGD youth (see Berger et al., 2022 for a systematic review). Quantitative studies indicate correlations between social media use and reduced mental illness symptoms (Berger et al., 2022). Moreover, exposure to SGD YouTubers was positively correlated with social connectedness, which was positively correlated to self-esteem (Bond & Miller, 2024).

Notably, meaningful online interactions with peers, groups, and role models can enhance the well-being of SGD youth. Emotional and informational

support within their community has been reported to provide validation and support (Austin et al., 2020; Berger et al., 2022; Craig et al., 2014). For instance, greater social support on social media correlates with reduced loneliness and paranoia, while learning about sexuality online can decrease anxiety and hostility (Ceglarek & Ward, 2016).

Relatedly, SGD youth often feel empowered through digital media, leading to enhanced well-being, healing, and personal growth (Austin et al., 2020). Online social interactions are considered particularly beneficial for those experiencing isolation, victimization, or mental health issues (Berger et al., 2022). Compared to heterosexual peers, sexual minority youth also use social media more frequently to form new connections and meaningful relationships, thereby increasing social capital and improving well-being (Escobar-Viera et al., 2020). While evidence among SGD youth is limited, social capital has been associated with improved well-being.

Digital spaces also provide opportunities to cope with negative experiences. On the one hand, SGD youth can seek refuge from stigma and aggression, turning to digital media for entertainment and distraction (Craig et al., 2020). For instance, entertainment and social connection were the primary motivations for viewing SGD YouTube videos (Bond & Miller, 2024). On the other hand, repeated encounters with negativity online are also seen as an opportunity to build resilience (Craig et al., 2021). With the support of the online community in particular, SGD individuals reported being able to attribute meaning to negative experiences.

Despite bearing the potential to build resilience and empowerment, SGD youth generally report that exposure to online negativity, discrimination, or cyberbullying can lead to poor well-being outcomes, causing feelings of exhaustion and difficulty sleeping (Craig et al., 2020; McConnell et al., 2017). Interestingly, while many studies reported the beneficial impact of receiving support online, one study found that offering online support was associated with increased distress. Thus, given the mixed results, findings suggest that the effects of digital media on SGD adolescents' well-being mainly depend on *how* they are used and the *type of content* young people engage with.

Conclusions and suggestions for future research

In conclusion, research has demonstrated the opportunities (e.g., offering a space to explore one's identity) and risks (e.g., online grooming) digital media offer for the development and well-being of SGD adolescents. As such, there is an apparent necessity for additional studies on SGD youth's experiences in the digital environment. We identified several critical areas for future research to address. Firstly, studies on SGD adolescents' digital media use have largely adopted cross-sectional designs. By following such

designs, the literature has only examined the unidirectional nature of beneficial and harmful experiences on digital media. Hence, there is a need for more daily diary and longitudinal research exploring SGD adolescents' daily digital media uses and the long-term impact of digital media use on their offline experiences (e.g., offline friendship/romantic relationship formation), development, and well-being. Future research could also employ a mixed methods approach, combining quantitative with qualitative insights, to better understand the nuanced experiences of SGD adolescents' digital media use.

Secondly, we noted a Western, Educated, Industrialized, Rich, and Democratic (WEIRD) bias in research samples. Findings from such samples might not apply to youth who live in more conservative countries, particularly regarding sexuality (e.g., Russia, Moldova, Indonesia). Digital experiences of SGD adolescents in conservative countries likely differ significantly from those in sexually liberal nations. In conservative contexts, SGD youth may rely more on digital media for support, connections, and identity exploration in safer online spaces. Cross-cultural studies can shed light on cultural variations in these experiences. By comparing usage patterns, coping strategies, and support-seeking behaviors between conservative and liberal countries, researchers can identify culturally relevant factors affecting well-being. Future research should adopt an intersectional approach to explore how race, ethnicity, socioeconomic status, and disability intersect with sexual and gender identity, influencing digital media use, resource access, and experiences of online discrimination or marginalization.

Third, existing well-being measures lack operationalizations tailored to the unique experiences of SGD adolescents. Research could, therefore, develop and validate comprehensive well-being measures tailored to the unique experiences of SGD adolescents (e.g., internalized homophobia or identity-related self-acceptance). These measures should encompass both positive and negative indicators of well-being, including psychological, social, and emotional dimensions, to provide a more holistic assessment of their overall well-being in the context of digital media use.

Finally, there is a critical need for interventions to enhance media literacy among SGD adolescents, empowering them digitally. These interventions should foster critical thinking, resilience, and self-advocacy, helping SGD youth navigate the digital landscape confidently. They must address specific digital risks like cyberbullying, hate speech, and anti-LGBTQ content by educating about online safety, promoting healthy coping mechanisms, and providing support avenues. Additionally, interventions should leverage digital media for SGD adolescents' development, offering resources for community-building, peer support, and access to affirming information. Collaborations with digital platforms, policymakers, and advocacy groups are essential to prioritize SGD adolescents' online safety and well-being.

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PART III

Affirming and trauma-informed care



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10

NAVIGATING HEALTHCARE CHALLENGES FOR SEXUALLY AND GENDER DIVERSE ADOLESCENTS

Understanding barriers and promoting equity

*Gabriël van Beusekom, Henny M. W. Bos, and
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Research emphasizes the distinct health needs of sexually and gender diverse (SGD) adolescents, often exacerbated by the stress of discrimination and prejudice (Meyer, 2013). This chapter addresses the barriers that SGD adolescents encounter within formal healthcare settings and proposes strategies to overcome these barriers.

SGD adolescents experience more mental health problems (Fish et al., 2020) and are more vulnerable to substance use disorders compared to their cisgender heterosexual peers (Conner et al., 2023). They also experience greater physical health challenges than their heterosexual cisgender peers, such as higher rates of overweight and obesity (Grammer et al., 2019), and increased risks of HIV infection and other sexually transmitted infections (Pitasi, 2021).

The health disparities between SGD adolescents and their heterosexual and/or cisgender peers arise from factors such as stress related to minority identities, internalization of societal stigmas, and inadequate support from family and community (Meyer, 2013). These disparities are further compounded by barriers in healthcare. For example, while SGD adolescents utilize mental health services more frequently than their heterosexual peers (Baams et al., 2018), their utilization of these services is lower than expected given the mental health challenges they report (Dunbar et al., 2017). Additionally, sexually diverse adolescents are less likely than heterosexual adolescents to seek regular check-ups or routine physical exams (Reisner et al., 2021).

Understanding healthcare barriers for SGD adolescents is essential for promoting equity and ensuring access to essential services. This chapter outlines patient, provider, and systemic barriers within formal healthcare settings for SGD adolescents. Recommendations are provided at each level to address these barriers and foster affirming care.

Patient-level barriers

This section describes healthcare barriers for SGD adolescents, particularly non-disclosure of sexual orientation and gender identity (SOGI) and confidentiality concerns.

Non-disclosure of SOGI

Disclosing SOGI in healthcare settings is crucial because not knowing a patient's SOGI can restrict adolescents' access to appropriate care and exacerbate health problems (Gleason et al., 2023; McKay & Watson, 2020). For instance, among Black SGD adolescents, non-disclosure of SOGI was associated with limited knowledge and usage of pre-exposure prophylaxis (PrEP), impacting HIV prevention efforts (Quinn et al., 2019).

Many adolescents choose not to disclose their SOGI to their healthcare providers. A study by the Human Rights Campaign, which surveyed over 10,000 LGBT-identified adolescents living in the United States, found that 67% of LGB and 61% of transgender adolescents choose not to disclose their SOGI to their healthcare provider (Human Rights Campaign, 2018). Reasons for non-disclosure often include fear of negative reactions from providers, such as abuse or refusal of care (Mirza & Rooney, 2018).

While many adolescents choose not to disclose their SOGI to healthcare providers out of fear of negative reactions, some studies suggest that adolescents do feel comfortable sharing this information. For example, a US study conducted in emergency departments found that most SGD adolescents felt comfortable disclosing their SOGI to healthcare providers (Haider et al., 2017). Similarly, a Dutch study highlighted that SGD adolescents and young adults who had experienced suicidal ideation appreciated healthcare providers asking about their SOGI and acknowledging the potential impact of their SGD status on their lives (De Lange et al., 2021). Disclosing SOGI to healthcare providers can lead to discrimination but may also offer protective benefits. Research among gender diverse adolescents in the United States shows that those who disclosed their SOGI to all providers had lower depression symptoms compared to those who disclosed to only some, suggesting a correlation between full disclosure and improved mental health outcomes (McKay & Watson, 2020). Sharing SOGI with healthcare providers may thus also help adolescents cope with social pressures and stress.

In addition to the challenges SGD adolescents face in disclosing their SOGI, many healthcare providers do not routinely inquire about their adolescent patients' SOGI (Emmen et al., 2015). These discussions typically occur within conversations about sexual health, with providers spending an average of only 36 seconds on this topic (Richardson et al., 2017). Reasons cited for providers refraining from asking about SOGI varied across studies; some

believed it could make adolescents uncomfortable, while others considered it irrelevant for treatment or chose not to emphasize it (Emmen et al., 2015; Newsom et al., 2022).

Fears about confidentiality

SGD adolescents may struggle with balancing the need for parental consent to access services while maintaining privacy about their health or SOGI. In Northern Ireland, SGD adolescents avoided mental health services for fear their families would discover their mental health problems or SOGI (Higgins et al., 2020). While disclosing SOGI to healthcare providers does not automatically inform parents, minors typically need parental consent for mental health services in the United Kingdom. This requirement can make SGD adolescents worry about their parents learning about their health status or SOGI (Higgins et al., 2020). Concerns about parental involvement and confidentiality can hinder access to care, especially when negative reactions or lack of family support are anticipated (Acevedo-Polakovich et al., 2013).

Confidentiality concerns are particularly significant for SGD adolescents from culturally marginalized backgrounds. These adolescents may experience increased discrimination as a result of the intersection of their SOGI with other aspects of their identity. For example, an English study showed that Muslim gay male adolescents and adults perceived their dual identities—Muslim and gay—as incompatible in healthcare settings (Semlyen et al., 2018). Participants reported that healthcare providers shared their religious beliefs and disregarded their patients' SOGI identities, asserting that being both Muslim and gay simultaneously is not possible. Disclosing SOGI posed risks for both their religious and sexual identities, including fears of confidentiality breaches and community stigmatization (Semlyen et al., 2018).

Provider-level barriers

The next section discusses provider-level barriers, including prejudice, discrimination, and lack of knowledge about specific issues and needs of SGD adolescents.

Experiences with prejudice and discrimination in healthcare settings

SGD adolescents often anticipate or face discrimination during interactions with healthcare providers (Apali et al., 2020; Gleason et al., 2023). A study focusing on SGD populations in the United States at elevated risk for HIV found that nearly half of SGD adolescents and young adults (aged 18–34) reported experiencing at least one instance of LGBTQ+ discrimination by healthcare providers in their lifetime (Gleason et al., 2023). SGD adolescents

noted instances of poor communication and disrespectful behavior from physicians regarding their SOGI (Snyder et al., 2017), such as dismissive use of chosen names and assumptions about their HIV status and mental health needs (Apali et al., 2020).

Gender diverse adolescents, in particular, face considerable discrimination in healthcare settings (Chapter 11, Loopuijt et al., 2024). According to Gleason et al.'s (2023) study on SGD adolescents and young adults, 67% of transgender males reported experiencing lifetime LGBTQ+ discrimination from healthcare providers. This compares to 57.8% of transgender females, and 39.3% and 33.7% of cisgender and non-binary adolescents, respectively. Such negative encounters can lead SGD adolescents to delay or avoid seeking care. For instance, a Turkish study (Apali et al., 2020) found that nearly all SGD adolescents postponed seeking care due to fears of encountering LGBTQ+ discrimination from healthcare providers.

Lack of healthcare providers' knowledge

SGD adolescents often stress that healthcare providers lack knowledge about their specific needs, particularly those of gender diverse adolescents (De Lange et al., 2021). This lack of knowledge can lead to overlooked aspects of their SOGI, treatment refusal, and misconceptions about SGD adolescents (Zelin et al., 2019). Common misconceptions from healthcare providers include the assumption that all their patients are heterosexual (LGBT Youth Scotland, 2023). Such misconceptions can hinder SGD adolescents from receiving essential information and affect the quality of their healthcare (Arbeit et al., 2016; Benson & Hergenroeder, 2005). For example, healthcare providers might underestimate STI risks among lesbian-identified adolescents due to the misconception that STI prevalence is low among lesbian women, despite many engaging in sexual contact with men, potentially increasing STI risks like HPV during parallel or subsequent female-to-female sexual contact (Benson & Hergenroeder, 2005). Additionally, healthcare providers often lack knowledge about the sexual anatomy of transgender adolescents, which can affect their choice of diagnostic methods. For example, instead of using urine tests for Chlamydia testing in transgender male adolescents who may still have vaginal anatomy, providers may consider vaginal swabs, as this approach can provide more accurate results (Lefkowitz & Mannell, 2017).

Healthcare providers may fail to recognize and address psychological issues related to SOGI in adolescents. In a study involving Dutch healthcare providers, nearly half of those who had worked with SGD adolescents did not recognize specific SGD-related issues and disregarded the potential relation between SOGI and the psychological challenges adolescents experience (Emmen et al., 2015). Moreover, only a minority of Dutch healthcare providers

addressed the SGD status of adolescents, such as setting SGD-related objectives or referring them to specialized services (Emmen et al., 2015).

The lack of knowledge about SGD adolescents' distinct needs can be attributed to healthcare providers receiving little training in SGD health issues. A study of 176 medical schools in Canada and the United States revealed that the median reported time dedicated to teaching LGBT-related content was only five hours (Obedin-Maliver et al., 2011). Similarly, healthcare providers consistently indicate feeling ill-equipped to address SGD adolescents' specific health needs (Hughes et al., 2018; Zelin et al., 2019). For example, in an English study, mental health professionals expressed mixed feelings about their competence in addressing mental health problems among SGD adolescents (Hughes et al., 2018). While more than half felt competent, many were hesitant to discuss SGD issues and lacked skills for working with SGD adolescents experiencing suicidal thoughts (Hughes et al., 2018).

Lastly, with the increasing recognition of diverse sexual orientations and gender identities, especially among adolescents, healthcare providers may struggle to stay up-to-date on these evolving SOGI identities. SGD adolescents might use terms such as "non-binary" and "pansexual," which healthcare providers may not be familiar with, potentially leading to a lack of understanding among healthcare professionals.

Systemic-level barriers

This section discusses systemic barriers, focusing on healthcare accessibility and availability challenges for SGD adolescents.

Lack of accessibility and availability

Research over the past two decades consistently shows that SGD adolescents make up 20%–40% of the homeless adolescent population in North America, despite comprising only 5%–10% of the general population (Fraser et al., 2019). SGD adolescents without stable housing are at increased risk of engaging in survival sex, exposing themselves to further violence, abuse, and STIs (Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018). Additionally, a quarter of SGD adolescents and young adults in the United States lack health insurance (Gleason et al., 2023), putting them, along with those without stable housing, at heightened risk of having unmet health needs (Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018).

Prolonged waiting lists can be a significant barrier to timely and accessible healthcare for SGD adolescents, particularly gender diverse adolescents. In a Dutch study, parents expressed concerns about wait times for gender-affirming care ranging from 4 to 18 months (De Lange et al., 2021). Transgender

adolescents often require both mental healthcare and gender-affirming care, with some systems mandating mental healthcare before gender-affirming care. In the Netherlands, transgender adolescents need a referral for gender clinic intake, where waiting lists can exceed two years. Consequently, they may seek mental health care elsewhere, emphasizing the need for tailored services (Chapter 11, Loopuijt et al., 2024; De Lange et al., 2021).

Accessibility barriers for SGD adolescents also extend to their perceptions of healthcare effectiveness. A study among young SGD adolescents from the Republic of Ireland indicates that a quarter of adolescents believed mental health services would not help them, citing past experiences or reluctance due to stigma and family dynamics (Higgins et al., 2020). Research among SGD students suggests that those who did not utilize campus mental health services often cite skepticism about their effectiveness and a preference for off-campus services (Conner et al., 2023), possibly due to a preference for SGD-affirmative care, which may not be widely available on campus (Dunbar et al., 2017).

Recommendations

Based on the literature discussed earlier, this section describes recommendations across patient, provider, and systemic levels (see also Table 10.1 for a summary of these recommendations).

Patient-level recommendations

Encouraging disclosure of SOGI

Disclosing SOGI is important because it allows healthcare providers to tailor care specifically to the needs of SGD adolescents, ensuring they receive appropriate and supportive medical attention. However, many SGD adolescents do not disclose their SOGI to healthcare providers due to fear of negative reactions or because they perceive it as irrelevant (Emmen et al., 2015; Human Rights Campaign, 2018). Healthcare providers should therefore create a safe and non-judgmental environment where SGD adolescents feel comfortable disclosing their SOGI. This could involve training providers to ask open-ended questions about SOGI as part of routine care.

Protecting confidentiality

Concerns about confidentiality can deter SGD adolescents from seeking care, especially if they fear repercussions from their families or communities (Higgins et al., 2020). Healthcare organizations could implement policies and practices that assure SGD adolescents that all their health information will be kept confidential unless there are safety concerns. This may involve clarifying

TABLE 10.1 Recommendations for affirmative care for SGD adolescents

<i>Level</i>	<i>Recommendation</i>	<i>Action needed</i>
Patient-level	Encouraging disclosure of SOGI	Develop trust-building initiatives and educational campaigns in healthcare settings to encourage SGD adolescents to disclose their SOGI, emphasizing its importance and benefits.
	Protecting confidentiality	Implement clear policies ensuring confidential healthcare access for SGD adolescents, aligned with legal and ethical standards regarding parental consent.
Provider-level	Training on SGD issues and cultural competency	Mandate training on SGD health issues, including cultural competency, for all healthcare providers.
	Creating affirmative care environments	Establish guidelines and protocols in healthcare settings to promote inclusive environments, addressing discrimination and ensuring respectful treatment of SGD adolescents.
Systemic-level	Improving accessibility and availability of services	Advocate for policy changes to reduce wait times for gender-affirming care and increase funding for accessible healthcare services for SGD adolescents.
	Addressing structural barriers	Campaign for legislative reforms to ensure SGD adolescents can access healthcare services independently of parental consent where appropriate, safeguarding their rights and health.

confidentiality policies during initial consultations and ensuring that information about SOGI is not disclosed without explicit consent from the adolescent.

Provider-level recommendations

Provide ongoing training

Healthcare providers often lack the knowledge and skills to meet the specific needs of SGD adolescents, which can lead to misunderstandings and inadequate care (Emmen et al., 2015; Hughes et al., 2018). Healthcare training programs should include comprehensive education on SGD health issues, including specific training on communication skills and cultural competency related to SOGI. Providers should be trained to recognize and address (intersectional) stigma and discrimination faced by SGD adolescents.

Creating affirmative care environments

SGD adolescents frequently encounter discrimination and negative attitudes from healthcare providers, which can prevent them from seeking care (Apali et al., 2020; Gleason et al., 2023). Healthcare organizations could implement policies and practices that promote affirmative care, such as establishing non-discrimination policies, displaying visible signs of support for LGBTQ+ patients, and training staff to use inclusive language and respectful communication.

Systemic-level recommendations

Improving accessibility and availability of services

SGD adolescents face barriers to accessing timely and appropriate healthcare services (De Lange et al., 2021), particularly those without stable housing or health insurance (Fraser et al., 2019). We advocate for policies that reduce waitlists for gender-affirming care and mental health services tailored to SGD adolescents. This may include expanding resources for LGBTQ+ youth centers or integrating comprehensive SGD healthcare services into mainstream healthcare systems.

Addressing structural barriers

Structural barriers, such as requirements for parental consent, lack of health insurance, and unstable housing for SGD adolescents, contribute to disparities in healthcare access (Higgins et al., 2020; Rafferty & Committee on Psychosocial Aspects of Child and Family Health, 2018). Policy changes are necessary to improve SGD adolescents' autonomy in accessing healthcare, including reforms in laws concerning parental consent for minors seeking health services, as dictated by the regulations of each country.

Conclusion

SGD adolescents have unique healthcare needs, but they often do not receive appropriate care. This chapter has identified barriers they face in formal healthcare settings across patient, provider, and systemic levels. Discrimination by healthcare providers is a major barrier, leading to inadequate care or avoidance of services. Providers frequently lack a thorough understanding of SGD adolescents' needs, especially those who are gender diverse, and may default to assumptions of a heterosexual and cisgender identity. Common concerns among SGD adolescents include fear of disclosing their SOGI, worries about confidentiality, and affordability of healthcare. To promote inclusive environments for SGD adolescents, it is crucial to address waitlist barriers

and establish safe spaces where adolescents feel comfortable disclosing their SOGI. Providers should receive ongoing training on SOGI health issues and implement affirmative care policies.

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11

GENDER-AFFIRMING CARE FOR TRANSGENDER AND GENDER DIVERSE ADOLESCENTS

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The need for the provision of tailored healthcare for transgender and gender diverse (TGD) individuals has gained significant traction within mainstream media, grassroots activism, as well as academia. This, in order to address the unique (health) needs of TGD adolescents. Simultaneously, mounting criticism and fear over providing gender-affirming care (GAC) for TGD adolescents causes a troubling narrative to emerge: children are seen both as vulnerable and in need of protection, yet also portrayed as threats requiring regulation, fueling a pervasive moral panic around TGD identities (Elster, 2022). This dual portrayal stems from societal conceptions that symbolically link children to heteronormativity, familial norms, and whiteness, perpetuating harmful stereotypes and policies that restrict access to essential healthcare for TGD individuals (Elster, 2022). However, among the many aspects of healthcare for TGD individuals, offering GAC is a cornerstone in ensuring the health and well-being of TGD people, especially for adolescents navigating the complexities of gender identity development. It is important to situate the health needs of TGD adolescents within the broader context of general adolescent care. TGD adolescents, a population characterized by diverse experiences and identities, face unique and distinct challenges within healthcare (Call et al., 2021). The current state of GAC reveals both progress and persistent barriers. While significant strides have been made in the provision of care, such as gender-affirming hormone therapy (GAHT) and surgical procedures, gaps exist in addressing the multifaceted and diverse needs of TGD adolescents in the broader healthcare context.

Intersectional, biopsychosocial, and interdisciplinary approaches to the configuration of GAC are increasingly recognized as essential and necessary in understanding the complexity of care needs and its interrelationship with

other needs (Das et al., 2023; Exposito-Campos et al., 2023). Intersectionality offers an alternative to the single-axis frameworks that have failed to account for how different aspects of a person's identity intersect and interact, thereby influencing their experiences of oppression and privilege (Crenshaw, 1989). We advocate for interdisciplinary and holistic approaches to TGD adolescents' care, considering biopsychosocial factors within the broader context of adolescent care.

A note on language

Recognizing the entwined relationship between language and history in the provision of GAC is paramount (Vincent, 2018). Language shapes our understanding and can reflect societal attitudes towards TGD people. Employing inclusive terminology validates diverse gender identities (Choudrey, 2022). Terms like "transgender and gender diverse" encompass various identities, avoiding binary divisions (Coleman et al., 2022; Lorusso et al., 2024). Staying informed about preferred terminology is crucial for respectful and affirming care.

Historically, language has both facilitated understanding and support within GAC provision, but has also contributed to the ongoing pathologization of TGD identities. Despite shifts in diagnostic terms, medicalization persists. In their latest versions, the Diagnostic Manual of Mental Disorders (DSM-5) by the American Psychiatric Association (APA) and the International Classification of Diseases (ICD-11) by the World Health Organization (WHO), have shifted from pathologizing perspectives by omitting distress as a mandatory criterion and placing the diagnosis within sexual health rather than mental disorders (APA, 2013; WHO, 2019). "Gender dysphoria" describes distress from a mismatch between the assigned sex at birth and experienced gender, while "gender incongruence" indicates a persistent misalignment between an individual's experienced gender and the assigned sex at birth. Understanding the historical context of language helps provide affirming care for TGD individuals.

Overview GAC

In the following section, we offer an overview of GAC which includes care for psychosocial and medical needs. This overview includes the main components of GAC, but is non-exhaustive.

Gender-affirming care

It is crucial to recognize the multifaceted nature of GAC for adolescents considering the diverse gender related questions that may arise. While medical

GAC is essential, it represents just one aspect of comprehensive GAC. Social transition, for instance, is a crucial part in affirming one's gender. This might include sharing one's gender identity with others, changing one's name, pronouns, and gender expression. Social transition allows individuals to align their external presentation with their internal gender identity (Maung, 2024). This may, however, be accompanied by the potential for stigma and discrimination (Arijs et al., 2023). In these instances, some caregivers may consider withdrawing their child from social affirmative action's due to concerns about their well-being. Nevertheless, especially within adolescent care contexts, the supportive role of caregivers is paramount in fostering and safeguarding the mental health of TGD adolescents, even in the face of potential discrimination (Call et al., 2021; Ryan et al., 2010). Some gender-affirming actions, while not permanently altering anatomy, significantly impact the shape and visual appearance of bodies, influencing how individuals wish to be perceived and interacted with. Such actions may include binding, tucking, packing, or utilizing breast forms (Sparks, 2022). These actions can offer tangible means for TGD adolescents to affirm their identities and navigate their gender exploration.

Gender-affirming care, psychosocial needs

Over the past two decades, research has consistently shown that individuals with marginalized genders or sexualities experience notable health disparities compared to their heterosexual or cisgender counterparts. This is attributed to the stress resulting from their disadvantaged social position (Pachankis et al., 2023). This stress, known as *minority stress*, refers to the additional stress experienced by individuals from stigmatized groups due to social prejudice, discrimination, and internalized negative attitudes (Meyer, 2003). Considering this, a minority stress framework (MSF) is crucial for comprehending the psychological impact of various types of discriminatory actions on TGD individuals. For instance, TGD individuals are more likely to face barriers due to non-inclusive healthcare, leading to disparities in physical and mental health outcomes (Chapter 10, van Beusekom et al., 2024; Lorusso et al., 2024; Maung, 2024).

Even more striking is the literature that highlights the unique and overlapping experiences of discrimination faced by individuals with multiple marginalized identities. For instance, individuals who are TGD *and* members of a racialized group may experience intersecting forms of stigma-related stress. While multiple minority stress focuses on individual experiences of various forms of discrimination, intersectionality on the contrary not only analyzes oppression, but also elucidates the construction of privilege (Jackson et al., 2021).

As such, in providing psychological care for TGD adolescents, it is crucial to address both distal and proximal sources of stress, as characterized by

the MSF, that may be experienced by TGD individuals. Distal sources originate from societal structures and norms, such as discriminatory laws, politics, and social attitudes. Proximal stressors encompass internalized stressors like internalized transphobia, the need for concealment, and fear of discrimination or bullying (Hendricks & Testa, 2012). These stressors significantly impact mental health and resilience, contributing to the disparities in mental health observed among TGD populations (Kuper et al., 2020).

Psychologists can play a pivotal role in supporting TGD individuals in navigating prejudice and discrimination, including addressing minority stressors such as internalized transphobia. However, a major barrier to offering adequate psychological support for TGD people is the general lack of knowledge about gender diversity and associated stress, like minority stress, among practitioners. Despite awareness of the mental health vulnerabilities of TGD adolescents, research on affirmative psychological interventions for this population remains limited (Exposito-Campos et al., 2023). Nevertheless, there are promising results regarding the applicability of general psychological interventions to specifically the broader LGBTQ population. Affirmative interventions build upon the MSF and suggest positive effects of interventions on general mental health, suicidality, risk behavior, coping skills, self-esteem, acceptance, and social support.

Gender-affirming care, medical needs

The healthcare needs of TGD adolescents are diverse. Some seek comprehensive medical GAC, others specific interventions, and some none at all, highlighting the need for tailored care. Medical GAC for adolescents includes puberty blockers and, mostly for those over 16, GAHT. Gender-affirming surgeries are typically performed from age 18. Puberty blockers and GAHT can impact an adolescent's future ability to have children. Therefore, it's crucial to talk about these potential effects with the adolescent before starting medical GAC.

The initiation of a pathway of medical GAC typically involves a referral to a specialized gender clinic. These clinics are often situated within academic hospitals and consist of multidisciplinary teams that include, among others, clinical psychologists, psychiatrists, endocrinologists, plastic surgeons, nurses, and social workers. Upon referral, individuals often encounter a waiting period, ranging from several months to several years, due to insufficient care availability compared to demand. This backlog has tangible and detrimental effects on the mental health of those awaiting care (Van de Grift et al., 2024). Once the waiting period concludes, the intake phase begins, involving multiple consultations aimed at providing the care team with a comprehensive understanding of the adolescent's gender identity, developmental history, current experiences, steps already taken for

social affirmation and intervention preferences within the scope of medical GAC possibilities. Ideally, this phase culminates in a mutual understanding between the adolescent, parents, and healthcare team regarding the most suitable treatment for the adolescent's present and future well-being, integrating the perspectives of all parties. The majority of gender clinics adhere to the Standards of Care outlined by the World Professional Association for Transgender Health, which includes recommendations for initiating medical GAC (Coleman et al., 2022).

Medical GAC for adolescents, typically known as the Dutch Protocol (De Vries et al., 2011), encompasses an array of interventions to address the unique needs of TGD individuals. Puberty blockers, exemplified by gonadotropin-releasing hormone analogs, offer a reversible avenue to halt endogenous puberty progression, granting TGD adolescents an essential window for gender exploration without committing to irreversible physical changes. This window is provided as puberty blockers do not alter long-term pubertal development but rather pause endogenous puberty. These medications, extensively studied and utilized for conditions like childhood precocious puberty, have demonstrated safety and efficacy, with negligible long-term side effects (Coleman et al., 2022). Recent investigations highlight the mental health benefits of pubertal suppression, demonstrating reduced emotional and behavioral problems and lower rates of suicidal ideation among transgender youth who received puberty blockers compared to those who did not (Turban et al., 2020; Van der Miesen et al., 2020).

GAHT is typically initiated in mid-to-late adolescence and signifies a pivotal step in alleviating gender dysphoria and associated psychological distress. There are no strict guidelines regarding the optimal age to start GAHT. However, the Endocrine Society recommends considering it for age 16 and above, while acknowledging that it may be appropriate to start earlier in certain compelling circumstances. Longitudinal studies underscore the beneficial effects of GAHT, with TGD individuals reporting diminished gender dysphoria, depression, anxiety, and stress (Colizzi et al., 2014; Kuper et al., 2020; Nguyen et al., 2018). The critical role of adolescence in shaping gender identity is underscored by Dutch longitudinal clinical follow-up studies, which affirm the enduring compliance and low numbers of regret among adults who underwent puberty suppression and GAHT during adolescence (Arnoldussen et al., 2019; De Vries et al., 2014).

Ethical considerations

Navigating the ethical landscape of GAC for TGD adolescents is complex, especially amidst rising anti-trans legislation and attacks. Key considerations

include informed consent, understanding the complexity of gender identity, and bioethical principles like beneficence (doing good), non-maleficence (do not harm), respect for autonomy, and justice. These principles ensure interventions benefit TGD adolescents without causing harm, supporting their overall well-being (Maung, 2024). Informed consent is a significant ethical challenge. Some scholars support adolescents' capability to understand and consent to GAC (e.g., Clark & Virani, 2021), while others express concerns (e.g., Levine et al., 2022). This discussion highlights the need to respect adolescents' autonomy in medical decisions.

The perspective on medical pathways is tied to views on gender identity. Some scholars (e.g., Ashley, 2019) argue that puberty blockers offer a vital starting point for exploring gender identity, encouraging exploration, while other authors caution that this approach might lead adolescents to decide too early on a medical pathway, potentially guiding their development in a specific direction. This general lack of (shared) understanding regarding the complexity of gender identity and its fluidity, along with no existing comprehensive model for gender dysphoria (Vrouenraets et al., 2015), complicates ethical considerations. Healthcare providers must balance mental health, the role of peers, and societal expectations to determine beneficent care. Approaches to GAC demand a sensitive, informed, and continually reassessed approach to best supporting TGD adolescents. Overall we observe that the normative context of GAC influences decision-making, guideline development, and treatment (Gerritse et al., 2018).

Current challenges and avenues for change

Guaranteeing access to care, ethical considerations, and extending multi-method scientific support for GAC are the main challenges for the future. To address these issues, we have formulated general recommendations, as well as specific suggestions to improve care for and research about TGD adolescents.

Community engagement and ethical considerations

- Recognizing TGD community expertise and involving them in research to develop culturally sensitive tools and assessments.
- Prioritize ethical considerations by maximizing benefits, minimizing harm, ensuring transparency, and actively respecting and uplifting TGD communities. This includes respecting their autonomy and amplifying their voices in both research and care.
- Integrate TGD experts in specialist GAC centers to enhance inclusivity and understanding (Veale et al., 2022).

Improving access and quality of care

- Improve access to quality care for TGD adolescents to address healthcare settings perpetuating inequities (Burgwal & Motmans, 2021).
- Address discrimination and complex care navigation through focused research and interventions (Berg & Edwards-Leeper, 2018).
- Utilize primary care settings for collaborative care exploration and referrals facilitated by general practitioners.
- Ensure healthcare providers have sufficient GAC training (e.g., knowledge on the MSF, GAC trajectory).
- Promote representation of TGD individuals among healthcare professionals in general care and GAC (Burgwal & Motmans, 2021).

Comprehensive and inclusive research

- Conduct longitudinal studies to understand GAHT and surgeries' risks and benefits for TGD individuals (Veale et al., 2022).
- Involve TGD individuals in designing culturally sensitive tools and assessments.
- Research into the social determinants of health of TGD people, and understanding the unique needs of TGD people (Pachankis et al., 2023; Reisner et al., 2016)
- Advance interdisciplinary, intersectional, and long-term research for GAC (De Vries et al., 2011, 2014; Kuper et al., 2020; Van der Miesen et al., 2020; Vincent, 2018).
- Emphasize community-engaged approaches to assess the impacts of GAC (Horton, 2024; Veale et al., 2022).

Conclusion

In conclusion, the urgent call for inclusive, compassionate, culturally competent, and interdisciplinary approaches to GAC cannot be overemphasized. Extensive waiting lists for care access, risking TGD adolescents' health, highlight this need. GAC must extend beyond specialized centers and integrate seamlessly into general healthcare, requiring comprehensive care across psychological, social, and legal dimensions. We emphasize a comprehensive approach to GAC, acknowledging the importance of medical GAC while also observing the imperative of improving and expanding the domains in which psychosocial support is available. Increasing TGD healthcare provider presence in professional teams is vital. Research should embrace community engagement, interdisciplinary methods, and multi-method longitudinal studies on GAC outcomes. Further research into barriers faced by multiple marginalized TGD adolescents, including racism and classism, is imperative. Meeting the diverse needs of the TGD community is essential for truly inclusive healthcare services.

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12

DEVELOPMENTAL QUEER AND TRANS ACTUALIZATIONS

A clear pathway to promoting health and well-being for sexually and gender diverse youth

Sasha Bailey, Yael Perry, Jeremy Goldbach, Nicola C. Newton, and Emma L. Barrett

Sexually and gender diverse (SGD) youth experience great euphoria, joy, and vitality from their unique, and sometimes interactive, experiences of gender and sexuality (Beischel et al., 2022; Edwards et al., 2023). Notwithstanding, pronounced mental health disparities have been repeatedly highlighted among SGD youth relative to their cisgender, heterosexual peers (Bailey, Newton, Perry, Davies, et al., 2024; Bailey, Newton, Perry, Lin, et al., 2024).

The predomination of minority stress as an explanation for SGD youth mental health disparities

Models of minority stress have commonly been drawn upon to explain mental ill-health disparities affecting SGD youth. Minority stress theory posits that SGD inequities in mental ill-health are largely attributable to the proximal, interpersonal, and structural stigma and discrimination resulting from societal norms of cisnormativity and heterosexism which invoke strict rules and expectations of having a gender congruent to the one presumed for you at birth (cisnormativity) and being attracted to the ‘other’ gender (heterosexism).

Classical minority stress theories have circulated since the late 20th century. One of the first popularized treatises on minority stress was articulated by Virginia Brooks in 1981 within the context of sexuality diverse women. From this point in time, many scholars generated modified versions of this minority stress model, the most notable being Ilan Meyer’s seminal 2003 work within the context of sexuality diverse people and particularly gay and bisexual cisgender men (Meyer, 2003). Notably, in 2012, Testa and colleagues introduced the ‘gender minority stress’ model, applying previously

sexuality-specific models of minority stress to the contexts of trans and gender diverse (trans) communities. Youth-specific models of sexuality minority stress and gender minority stress have since been developed (Hidalgo et al., 2019; Schrager et al., 2018). More recently, scholars have compared social science-oriented models of SGD minority stress with psychology-oriented models of traumatic stress (Salomaa et al., 2023). Though this exercise may prove useful in certain clinical contexts, diagnostic operationalizations of trauma often fail to capture those chronic, pervasive minority stressors experienced daily by SGD youth, such as being bullied, rejected, misgendered, or invisibilized (Pantalone et al., 2020). Minority stressors often also constitute ‘microaggressions,’ a term originally applied in the context of the oppression of racial and ethnic minorities (Pierce et al., 1977), referring to momentary, casual, and daily indignities through words, actions, or environmental cues, with or without intention, that communicate negative, hostile, and derogatory slights and insults towards SGD youth (Sue et al., 2007). Indeed, recent evidence suggests these chronic minority stressors may impact mental health more substantially than individual, highly distressing events which meet clinical definitions of trauma exposure, such as single incident sexual or physical assault (Bailey, Newton, Perry, Davies, et al., 2024; Pantalone et al., 2020).

Trauma-informed approaches to SGD youth mental health

SGD youth experience significantly higher rates of traumatic events and traumatic stress, that is, in response to states of affairs wherein physical or emotional harm is inflicted on an individual, intentionally or unintentionally, bearing long-lasting effects on one’s functioning (Huang et al., 2014). As a result, the application of trauma-informed approaches has garnered significant attention in the field of SGD youth mental health. The Substance Abuse and Mental Health Services Administration (SAMHSA) technical guidebook on trauma-informed care (Huang et al., 2014) is often cited to define trauma-informed approaches in a range of contexts. This definition posits that trauma-informed approaches acknowledge the widespread impacts of trauma and recognize associated signs and symptoms. Importantly, trauma-informed approaches respond in a way that actively resists re-traumatizing the person who has experienced the trauma. Whereas minority stress theories are oriented around the role of individual and societal roles in stigmatizing SGD youth, more generally, trauma-informed approaches center on acknowledging trauma and recognizing its impacts more broadly. Despite this, minority stress and trauma-informed theories share a mutual acknowledgment of and emphasis on the profound and long-lasting detrimental impacts trauma and SGD identity-related discrimination can have on SGD youth.

While this is often clinically relevant, this deficit focus on the negative impacts experienced by SGD youth can detract from the positive,

developmental milestones which SGD are deterred, prohibited, or prevented from achieving. These milestones allow for SGD youth to more fully evolve and actualize those aspects of identity related to gender and sexuality, such as disclosing information about one's gender and/or sexuality for the first time, or having one's first queer relationship or first openly trans relationship. We suggest that this impairment of gender and sexuality-specific development is just as critical for SGD youth mental health as the negative events causing such impairment.

De-centering the roles of minority stress and trauma: developmental approaches to understanding gender and sexuality

Although the role of stress and trauma cannot be understated, we assert that any model of SGD youth health and well-being should begin with an ardent acknowledgment and honoring of how SGD youth's genders and sexualities provide internal, external, and social experiences of joy, euphoria, and vitality (Beischel et al., 2022; Edwards et al., 2023). Henceforth, in conjunction with focusing on minority stressors and traumatic events, it is also useful to focus on a set of common developmental events or experiences encountered by SGD youth during the positive growth and development of their gender and sexuality. This represents a concerted effort to maintain strengths-based positive narratives of SGD youth.

In the literature, these formative experiences are commonly termed 'milestones,' however, there is no expectation, linearity, or single way for SGD youth to grow their genders and sexualities at specific times or under certain conditions. Hence, to discuss developmental experiences is to discuss common events incurring gender and sexuality growth, rather than prescribed milestones per se. Moreover, these developmental experiences are not necessarily rapidly occurring discrete events at one point in time but rather can also occur gradually or iteratively over an extended period of time (Bailey et al., 2023). The growth of one's gender and/or sexuality lies precisely in how SGD youth are compelled to confront, question, and answer parts of their identities. Through this process of interrogation, conviction in one's gender and/or sexuality is developed and affirmed. SGD youth are provided an opportunity to expand the boundaries of how they understand themselves, acquiring more confidence and satisfaction with those elements of their gender and/or sexuality that are now being increasingly actualized in the real world, outside of their self-perception. This actualization serves to reconcile SGD youth's understanding of themselves with how the world understands them and therefore makes the world a safer, better place to live in.

The flexibility of this framework inherently adopts a lifespan approach insofar as it is not prescriptive of age cut-offs requisite for any of these

developmental experiences. Nor are impairments necessarily incurred if these developmental events are not experienced and does not imply SGD youth will assign equal value to developmental events. Certainly, some developmental experiences of gender and sexuality may differ in importance and timing between people as there is no singular linear trajectory of gender and sexuality development that is a benchmark indicator of positive SGD youth development (Bishop et al., 2020). Indeed, there are cohort effects associated with timing of these developmental experiences of gender and sexuality. For example, a recent study found that younger generations of sexuality diverse youth aged 18 to 26 years realize their same-sex attraction and sexual identity, engage in first same-sex experience, and disclosure information about their sexuality to friends and family at earlier ages relative to their older peers in either the 32- to 43-year-old and 50- to 60-year-old age brackets (Bishop et al., 2020). Research has shown disclosing information about one's sexuality is positively associated with mental health among sexuality diverse youth however intentionally not disclosing information about one's gender (sometimes referred to as 'stealth') may be protective in certain circumstances for gender diverse youth (Rood et al., 2017). For example, going "stealth" in a workplace may be done to avoid potential gender-based discrimination and violence.

Developmental approaches to understanding gender and sexuality importantly incorporate notions of intersectionality. Historically, these have been applied to SGD youth mental health by positing that SGD youth with genders and/or sexualities intersecting with other diverse identities experience proportionately higher rates of stigma and mental ill-health (Crenshaw, 1991; Watson et al., 2024). Moving beyond minority stress models to strengths-based developmental approaches is important to prioritize nurturing the self-determination and freedom of expression of gender and sexuality of SGD youth, avoiding a stand-alone focus on risk factors and mental health difficulties associated with experiences of minority stress (Gahagan & Colpitts, 2017). SGD youth who experience gender and sexuality minority stress moderated through other identity-based stresses, such as disability, culture, neurodivergence, are presented with proportionately greater opportunities to evolve and grow. Though associated with an increased risk of minority stress, these other minority identities embodied alongside gender and sexuality represent strengths and areas for additional growth. By this logic, this middle path dual model posits that higher mental ill-health inequities documented among SGD youth with additional minority identities relative to their more privileged SGD peers are in part due to how SGD youth experience additional, intersectional developmental experiences of gender and sexuality and are thus more prone to distal influences deterring, prohibiting, and preventing these moments of growth.

Formative developmental experiences of gender and sexuality across the lifespan paradoxically represent both opportunities for positive identity

development and the risk of increased minority stress and trauma. Table 12.1 displays common experiences of gender and sexuality which SGD youth find important for their gender and sexuality development, deriving from consultative review of the available literature and curation by authors with lived experience of queerness and/or transness (SB and JG).

Promoting queer and trans actualizations within SGD youth

It is important to frame how those involved in promoting the mental health of SGD youth could go about encouraging and facilitating this growth. In sum, we propose key assumptions and guiding principles underpinning the promotion of queer and trans actualizations corresponding to the different levels of SGD youth lives (Table 12.2): These are strengths-based mechanisms and guiding principles for promoting the development of SGD youth's gender and sexuality.

The notion of queer and trans actualization is not too far departed from traditional trauma-informed approaches, particularly the six principles of trauma-informed approaches. To be aware and sensitive of one's past exposure to adversity is to shift the therapeutic focus of discussions on responses and ways for coping with having experienced said adversity and reducing the root causes of this adversity. Similarly, to support SGD youth with their developmental experiences of queer and trans actualizations is to acknowledge the longer, more challenging road to achieving the structural change needed to effectively prevent the occurrence of identity-related minority stress. Addressing these structural causes of minority stress and trauma among SGD youth is important for achieving swift, unperturbed developmental queer and trans actualizations for *all* SGD youth.

To actualize one's gender and/or sexuality is to pursue a middle path; consciously nurturing SGD youth's genders and sexualities *in spite of* the structural injustices of minority stress and trauma. To support developmental queer and trans actualizations is to meet SGD youth where they are in their gender and sexuality developmental trajectories, assuring them who they are and can be one day regardless of how slow and difficult this might be at times. To center SGD youth's developmental experiences of queer and trans actualizations is to emphasize that SGD youth possess all the resources they need to determine their own path to health and well-being. Developmental experiences of queer and trans actualizations postulate a potential pathway to health and well-being for SGD youth, in addition to those indirect pathways to health and well-being mediated by minority stress and trauma (Figure 12.1). Through de-centering how minority stress and trauma prevent, deter, and slow SGD youth from being who they are, this model prioritizes the personal growth and self-determination of SGD youth despite these adversities.

TABLE 12.1 Common developmental experiences of gender and sexuality

<i>Proximal (P) or Distal (D)</i>	<i>Common developmental experiences of gender and sexuality^a</i>
Proximal	First experience of queer ^b joy (Edwards et al., 2023)
Proximal	First experience of gender euphoria (Beischel et al., 2022)
Proximal	First self-realization of queer attraction (Hall et al., 2021; Savin-Williams, 2018)
Proximal	Questioning one's own sexuality (Hall et al., 2021) and/or gender (Tatum et al., 2020)
Proximal	First feeling of transness (sometimes terms as 'dysphoric' ^c feelings) (Tatum et al., 2020)
Proximal	First self-realization of (first) queer identity (self-identifying) (Hall et al., 2021; Savin-Williams, 2018)
Proximal	First self-realization of (first) trans identity (self-identifying) (Scandurra et al., 2021)
Proximal	First private expression of trans identity (Restar et al., 2019)
Proximal/Distal	First public expression of trans identity (Restar et al., 2019)
Proximal	Self-acceptance of queer identity (Edwards et al., 2023; Savin-Williams, 2018)
Proximal	Self-acceptance of trans identity (Scandurra et al., 2021)
Distal	Sharing information about gender (Scandurra et al., 2021) or sexuality (Hall et al., 2021) for the first time ^d ('inviting in' ^e) with specific people typically associated with especially high stakes: <ul style="list-style-type: none"> • Heterosexual, cisgender friends • A family member/s, namely parent/s and sibling/s • A close friend/s • Significant other/s
Distal	Sharing information about gender (Scandurra et al., 2021) or sexuality (Hall et al., 2021) for the first time ('inviting in') with wider world: <ul style="list-style-type: none"> • Friends • Significant other/s • Other family members • School community • Work colleagues • Sports coach and teammates • Cultural community • Faith community

(Continued)

TABLE 12.1 (Continued)

<i>Proximal (P) or Common developmental experiences of gender and sexuality^a</i>	
<i>Distal (D)</i>	
Distal	Having first queer <i>romantic</i> relationship (Hall et al., 2021; Savin-Williams, 2018)
Distal	Having first <i>romantic</i> relationship as a trans person with another person who knows you are a trans person (Restar et al., 2019)
Distal	Having first queer consensual <i>sexual</i> relationship (Hall et al., 2021; Savin-Williams, 2018)
Distal	Having first consensual <i>sexual</i> relationship with another person who knows you are a trans person (Restar et al., 2019)
Distal	First participation in queer and trans community setting, online or offline (McInroy et al., 2019)
Distal	First felt gender and/or sexuality is embraced by: <ul style="list-style-type: none"> • Friends • Significant other/s • Parent/s • Siblings • Other family members • School community • Work colleagues • Sports coach and teammates • Cultural community • Faith community
Distal	Incremental and completed social gender affirmation (Puckett et al., 2022)
	Preferred pronouns and name
	Clothing expression

Distal	Incremental and completed medical gender affirmation, which may or may not include but is not limited to: <ul style="list-style-type: none"> • Gender-affirming hormone treatment, including masculinizing hormones, feminizing hormones, and puberty blockers (Puckett et al., 2022; Restar et al., 2019; Tatum et al., 2020) • Gender-affirming surgeries (Puckett et al., 2022; Tatum et al., 2020) • Other gender-affirming allied health services required, including speech and voice therapy
Distal	Incremental and completed legal gender affirmation (Tatum et al., 2020, namely updating of legal name, pronouns, and gender marker on identity documents and correspondence from: <ul style="list-style-type: none"> • Government • School • Sport settings • Medical settings • Banks and other financial institutions (e.g., insurance companies)

^a It is important to note that there is no prescribed chronological order of the events outlined in this table. It is not the intention of this table to imply linear trajectories to healthy gender and sexuality development; rather, to give a high-level description of common developmental experiences in the lives of SGD youth. Furthermore, events and experiences are used interchangeably as these moments of gender and sexuality growth may occur over time instantly or more progressively over time.

^b Here, ‘queer’ is used as an umbrella term for sexuality diverse youth. Though recent times have seen an increasing application of the term to SGD youth broadly and indeed there is considerable overlap between SGD youth, wherein many sexuality diverse youth also have diverse gender identities and vice versa, the authors have opted for two separate umbrella terms ‘queer’ and ‘trans’ to refer to sexuality and gender diverse youth, respectively. The tradition of using ‘queer’ and ‘trans’ as distinct umbrella terms reflects contemporary community preferences experienced by the first author (SB). These increasingly widespread community preferences posit that queer as an all-inclusive umbrella term disproportionately privileges certain subgroups of sexually diverse people and risks invisibilizing trans communities.

^c Here, feelings of dysphoria and transness are not specific to those experiences of having a gender different from the one presumed for oneself at birth but also experiences of having no gender or multiple genders.

^d For the first time in one’s lifetime.

^e It is important to note that sharing gender and sexuality information with others, inviting them in, may occur during a single, discrete occasion or take place over multiple occasions through time. This depends on the nature of the identity being shared, past experiences leading up to the current embodiment of that identity, and whether and how this identity overlaps with other identities.

TABLE 12.2 Assumptions and guiding principles underpinning the promotion of queer and trans actualizations

<i>Assumptions</i>	<i>Implications</i>	<i>Recommendation</i>
Gender and sexuality are powerful sources of joy, euphoria, and vitality (Beischel et al., 2022; Edwards et al., 2023) above and beyond the harm inflicted by existing in a cis- and heteronormative society.	SGD youth can undergo developmental queer and trans actualizations irrespective of their experiences of minority stress and trauma.	Always strive to promote joy, euphoria, and vitality from one's gender and/or sexuality, alongside responding to experiences of minority stress and trauma.
Experiences of minority stress reduce likelihood of SGD youth sharing information about their gender and sexuality (Chang et al., 2022). It is a privilege and an honor to know about SGD youth's experiences of gender and sexuality growth and development. SGD youth do not owe others information regarding their gender and sexuality. Information about SGD youth's genders and sexualities should not only be treated with respect, humility, and confidentiality, but also with value, excitement, and cherishment.	SGD youth have complete autonomy and self-determination over if, when, and how they complete developmental queer and trans actualizations.	Receive information about SGD youth's gender and sexuality in non-judgmental, non-presumptuous, and humble manner, ensuring all information is treated with appropriate confidentiality.
When SGD youth share information about their gender and/or sexuality, (Bishop et al., 2020; Scandurra et al., 2021) they are 'inviting you in' to their past, current, and future developmental experiences of queer and trans actualizations, giving you an opportunity to see them for who they are, and affirm and support them in their authentic lives.	The provision of insights into SGD youth's past, current, and future developmental experiences of queer and trans actualizations should be received with humility and affirmation. Others should reassure SGD youth that the completion of queer and trans actualizations is virtually inevitable irrespective of when they occur.	Celebrate SGD youth's sharing of information about their gender and sexuality. Honor this new information in future interactions through communicative awareness and respect about this information.

(Continued)

TABLE 12.2 (Continued)

<i>Assumptions</i>	<i>Implications</i>	<i>Recommendation</i>
	Others should also remind SGD youth of the positive benefits of developmental queer and trans actualizations, namely expanded self-concept, self-conviction, self-empowerment, and self-determination.	Do not shy away from using this information to affirm and support SGD youth to promote trust and reassurance.
Mutual aid, that is, the horizontal giving and receiving of emotional, institutional, bodily, and financial peer support, is important for building hope, wisdom, and imagination within SGD youth (Holloway et al., 2023).	SGD youth should be encouraged to participate safely in SGD community activities and connect with other SGD youth to promote queer and trans actualizations.	Where possible and appropriate, encourage SGD youth to connect with SGD communities, especially SGD youth, in-person and online.
Queer and trans people and their allies are the majority in the world, and those less accepting of their identities are the minority (Adamczyk & Liao, 2019). This majority societal attitude towards SGD is one of cohesion, inclusion, and connectedness.	A core tenet of queer and trans actualizations is that SGD youth are loved and belong in the world. This fundamental principle resonates throughout SGD youth development of their gender and sexuality, empowering them to complete their various queer and trans actualizations.	De-pathologize queer and trans experiences by reassuring SGD youth that the majority of society accepts and loves SGD youth for who they are. Use collective first-person terms like 'we' and 'us' to demonstrate solidarity when acknowledging minority factions of individuals with less accepting views.

An exemplar case study: the Proud and Empowered intervention

Serving as an exemplar for approaches to cultivating developmental queer and trans actualization is the *Proud and Empowered!* (P&E) intervention (Goldbach, Rhoades, Mamey, et al., 2021; Goldbach, Rhoades, Rusow, et al., 2021), a world-first school-based mental health prevention program for SGD youth with benefits for non-SGD youth and wider school climate.

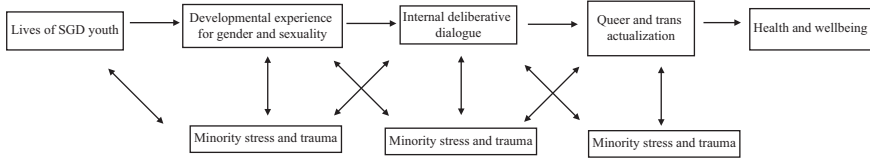


FIGURE 12.1 Representation of the model of developmental queer and trans actualizations which posits a clear pathway to SGD health and well-being in addition to pathways moderated through minority stress and trauma.

P&E was developed through a five-staged development process comprising a meta-analysis of core sets of minority stress domains; development and validation of the Sexual Minority Adolescent Stress Inventory (SMASI) involving interviews, focus groups, and an expert panel with key informants, as well as life history interviews, modified Delphi consensus and a survey with SGD youth; iterative session-building workshoping focus groups with SGD youth; and acceptability testing, program revision feasibility, and pilot testing with SGD youth (Goldbach, Rhoades, Mamey, et al., 2021). *P&E* comprises a ten-week manualized, curriculum-based program for SGD youth followed by a four-week advocacy-, action-, and future-oriented planning program, ‘Make Space’ for SGD youth and non-SGD ‘allies,’ delivered by a lay (non-clinician) SGD community member who is a member of the study team, in co-facilitation with a trained selected school staff member/s. Through its clever design and proportionate dosage of therapeutic content to SGD youth and their allies, *P&E* aims to promote self-conviction and self-determination of SGD youth about their genders and sexualities, with full cognizance of the minority stress and trauma routinely faced by SGD youth in the world, especially within their school environment.

<i>Session number</i>	<i>Session title</i>	<i>Pedagogical link to developmental queer and trans actualizations</i>
<i>P&E</i> Session 1	Introduction, Meeting Each Other	Predisposing cohort to potential growth experiences relating to gender and sexuality throughout the program duration, intentionally creating open space for fluidity and growth through pronoun and name experimentation. Peer-led, deliberately cultivating queer and trans majority space, giving space to being queer/trans as the norm, rather than a deviation from normal.

(Continued)

<i>Session number</i>	<i>Session title</i>	<i>Pedagogical link to developmental queer and trans actualizations</i>
<i>P&E Session 2</i>	Introduction to Stress and Coping	Importance but not centrality of minority stress as a determinant of queer and trans health. Discussion regarding how this can impact growth experiences of gender and sexuality, learning how to identify our feelings about this and express them to others.
<i>P&E Session 3</i>	Coming Out, Disclosures, and Decision-Making	SGD youth are encouraged to identify salient life experiences relating to their gender and sexuality, with particular emphasis on disclosing information about one's gender and sexuality to others.
<i>P&E Session 4</i>	Families of Origins and the Family We Create	Discussing how rather than coming out, we invite others into our curated world of queer and trans actualizations. This may or may not include biological families.
<i>P&E Session 5</i>	Peers and Relationships	Ways to safely manage undergoing developmental experiences of queer and trans actualizations with friends and new people, how to respond to peer pressure and set boundaries in relationships.
<i>P&E Session 6</i>	Education-Related Stress and Resilience	Centering the autonomy and self-determination of the SGD youth to identify trusted adults to talk to protect and promote well-being at school.
<i>P&E Session 7</i>	Spirituality, Faith, and Religion	Identify how spirituality and religion may intersect with developmental experiences of gender and sexuality, particularly inviting others in and feeling queer and trans joy.
<i>P&E Session 8</i>	Social Justice, Power, and Oppression	Defining 'power' and 'oppression,' recognizing one's privilege, and thinking through ways in which social justice, particularly that relating to SGD youth, can be pursued.
<i>P&E Session 9</i>	Health and Wellness	Defining health and wellness and identifying potential facilitators of this which can be accessed in an SGD-affirming, inclusive way.
<i>P&E Session 10</i>	LGBTQ+ History	Through gaining an understanding of major SGD historical events, people, and places, SGD youth are well-placed to visibilize and celebrate SGD representation throughout time.

Indeed, focusing on affirming content can change mental health for SGD youth. In efficacy studies of *P&E*, when compared to the control group, participants in the treatment condition reported significant reductions in post- vs pre-intervention minority stress, anxiety, and depressive symptoms relative to a school class education as usual control condition (Goldbach, Rhoades, Rusow, et al., 2021). Moderation analyses showed that the intervention significantly moderated the relationship between minority stress (as measured by the SMASI) (Schrager et al., 2018) and PTSD ($b = -1.28, p = .032$), depression ($b = -0.79, p = .023$), and suicidality ($b = 0.14, p = .012$) symptoms; those in the intervention condition had mitigated relationships between measures of stress and health outcomes compared to those in the control condition (Goldbach, Rhoades, Rusow, et al., 2021). Results suggest that *P&E* helps to reduce mental health symptoms and exposure to minority stressors through a focus on empowerment and coping strategies. In addition to *P&E*, other evidence-based health and well-being programs for SGD youth are documented in the literature which promotes developmental queer and trans actualizations (Craig, 2013; Craig, Eaton, et al., 2021; Craig, Leung, et al., 2021). Notwithstanding, the ability of *P&E* to be implemented by a lay non-clinician who themselves is SGD is unique and reflects a top-down approach towards emulating the philosophy of developmental queer and trans actualizations.

Conclusion

Gender and sexuality can be a source of joy, euphoria, and vitality for SGD youth above and beyond the harms inflicted by minority stress and trauma. Focusing on the key steps that SGD youth can take to actualize these gender and sexualities represents a clear pathway to which they can achieve health and well-being, in addition to those indirect pathways mediated through minority stress and trauma. By being aware of how developmental queer and trans actualizations occur at individual, interpersonal, social, community, and system levels, efforts to promote SGD youth health and well-being will be more effective and, most importantly, more meaningful.

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PART IV

Critical perspectives on risk and resilience



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13

NAVIGATING TIME

A systematic review of the timing of sexual and gender identity milestones

Laura Baams, Anna Caprinali, and Mirjam Fischer

Understanding the unique experiences of LGBTQ+ or sexually and gender diverse (SGD) adolescents requires examining how different generations—or birth cohorts—experience identity milestones. Identity milestones encompass significant moments or experiences in an individual’s journey of self-discovery and exploration, particularly in relation to their sexual orientation and gender identity (Martos et al., 2015). These milestones may include experiences such as self-awareness of one’s sexual orientation or gender identity, coming out to others, forming connections with LGBTQ+ communities, and achieving a sense of authenticity and affirmation in one’s identity (Martos et al., 2015). Disclosing a sexual orientation or gender identity to someone else for the first time is often seen as the most important point in a person’s identity development trajectory. This is simplistic and negates the emotions and experiences that often precede it, such as self-reflection, hesitation, and self-identification. Furthermore, coming out is not a one-time event. Rather, coming out in a hetero- and cisnormative society is a recurring experience, especially so if individuals reinterpret or reevaluate their identities over their own life course. Moreover, identity milestones may look differently across cultural and religious contexts, and some SGD individuals may avoid milestones to protect certain relationships and avoid negative responses.

While acknowledging the fluidity and multidimensionality of sexual orientation and gender identity (Galupo et al., 2017; Hu & Denier, 2023), SGD adolescents might have a more similar approach to identity milestones to their same-generation LGBTQ+ peers than LGBTQ+ individuals from older generations. This is because each generation differs in their attitudes towards sexuality and gender, shaping the way individuals from different generations

develop their sexual and gender identities (Bishop et al., 2020; Floyd & Bakeman, 2006). By highlighting common themes and differences across five generations of SGD individuals, the current systematic review aims to foster insights into the evolving landscape of identity formation and expression among SGD adolescents over time.

Each generation is embedded within a unique sociohistorical context, shaped by evolving societal attitudes, legislative changes, and cultural shifts regarding sexuality and gender identity (Bishop et al., 2020; Floyd & Bakeman, 2006; Grov et al., 2018; Martos et al., 2015). Exploring these generational differences—as defined in Table 13.1—gives us valuable insights into the varied paths people take as they grow and develop.

In the United States and Europe, the experiences of the Silent Generation, Baby Boomers, and Generation X are deeply intertwined with historical challenges and landmark events, characterized by periods of heightened stigma, discrimination, and limited legal protections for LGBTQ+ individuals (Dunlap, 2016; Fredriksen-Goldsen, 2011). Studying their identity development shows how societal norms during their early years shaped them, emphasizing the strength needed to overcome challenges in reaching milestones.

Conversely, from the rise of inclusive language to the growth of online resources and support networks, Millennials navigate a landscape profoundly different from that of preceding generations. Further, examining the contemporary experiences of Generation Z provides a window into the digital age's transformative impact on identity development. For this cohort, digital platforms serve as vital spaces for self-expression, connection, and support, reshaping traditional notions of community and belonging (Bishop et al., 2020; Puckett et al., 2022). At the same time, it is crucial to understand the unique challenges faced by Generation Z, such as cyberbullying and online harassment, which underscores the importance of adapting support systems to meet the evolving needs of today's youth. Studying these changes shows how societal context affects identity development, stressing the importance of risk and resilience. In this chapter, we conducted a systematic review of existing research on identity milestones among SGD adolescents in the United States and Europe to examine the relationship with defining sociocultural changes across time.

TABLE 13.1 Five generations and birth cohorts included in the systematic review

<i>Generation</i>	<i>Born between</i>
Silent Generation	1925 and 1945
Baby Boomers	1946 and 1964
Generation X	1965 and 1981
Millennials	1982 and 1996
Generation Z	1997 and 2012

Historical context of sexuality and gender identity

In this section, we deliberate on how historical context may affect identity development in several ways across generations of SGD individuals (Michelson, 2019). In times when strict gender roles and heteronormativity were dominant, those diverging from these norms often faced exclusion, discrimination, and harm, affecting their self-esteem, sense of belonging, and mental health (Baams et al., 2015; Bower-Brown et al., 2021). Historical events like rising LGBTQ+ rights movements and legal changes are key in shaping how people are able to express their identities. For example, laws decriminalizing homosexuality or legalizing same-sex marriage promote acceptance of LGBTQ+ identities in societies (Chapter 7, Van der Star, 2024), encouraging individuals to express who they are openly. Conversely, periods of backlash, discrimination, or social conservatism may create hostile environments that impede individuals' ability to explore and express their identities safely. For example, historical traumas, such as the HIV/AIDS epidemic, which affected LGBTQ+ communities disproportionately, or state-sanctioned persecution, can leave lasting scars on LGBTQ+ communities, shaping collective memory and influencing how individuals navigate their identities in the present (Michelson, 2019).

Over time, views on sexuality and gender have varied due to cultural, religious, and political factors. The 20th century witnessed significant shifts in societal attitudes towards sexuality and gender identity, driven by factors such as industrialization, urbanization, and the emergence of modern psychological and medical disciplines (Bullough & Bullough, 1997). The medicalization of homosexuality, for example, led to the pathologization of non-heteronormative identities, with practices such as conversion therapy and institutionalization being common (Herek, 2010).

For the Silent Generation, their adolescence and young adulthood were marked by post-war societal norms that emphasized conformity and traditional gender roles. This period was characterized by limited visibility and acceptance of LGBTQ+ identities, potentially leading individuals to delay or suppress their recognition and acceptance of their sexual and gender identities. Yet, the 20th century also marked a pivotal period in the fight for LGBTQ+ rights and acceptance, characterized by several key events. One of the earliest significant moments was the decriminalization of homosexuality in certain Western countries. For instance, in 1967, the United Kingdom partially decriminalized same-sex relationships with the Sexual Offenses Act, followed by similar reforms in other Western nations such as Canada and the United States. These legal changes laid the groundwork for subsequent activism and advocacy efforts (Michelson, 2019). For the Baby Boomers, who came of age during this period, these reforms signaled a shift towards greater acceptance and visibility of LGBTQ+ identities. This generation also witnessed the rise of

the LGBTQ+ rights movement, including landmark events such as the Stonewall Riots in New York City in 1969.

The Stonewall Riots were a turning point for LGBTQ+ rights, sparking activism against discrimination and police harassment. This event led to more LGBTQ+ advocacy and set the stage for the modern LGBTQ+ rights movements. In 1973, the American Psychiatric Association's decision to remove homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM) marked a distinct achievement following LGBTQ+ activism and a crucial shift in medical and psychological perspectives on sexual orientation. This change challenged the pathologization of homosexuality and contributed to greater acceptance and understanding of sexual diversity.

For Generation X, the 1980s and 1990s were their formative adolescent years, which were marked by both significant challenges and progress. The HIV/AIDS epidemic hit LGBTQ+ communities disproportionately hard, exacerbating stigma towards them but also fostering a sense of unity and activism among communities. This crisis eventually led to increased advocacy for better healthcare, research, and prevention efforts. The generation's response to the epidemic helped to create more supportive environments and improve visibility for LGBTQ+ individuals, laying the groundwork for subsequent advancements in rights and acceptance.

For Millennials and Generation Z, the 21st century has seen significant strides towards LGBTQ+ rights and acceptance in the Western world during their formative adolescent years. Major legal wins, such as the legalization of same-sex marriage in the Netherlands in 2001, shortly followed by several other European countries, mark the result of years of activism. These advancements have contributed to a more inclusive environment where younger generations can recognize and explore their identities earlier. Yet, despite these gains, issues like ongoing discrimination and disparities in several life domains such as healthcare (Chapter 10, Van Beusekom et al., 2024; Chapter 11, Loopuijt et al., 2024), schools (Chapter 3, Kaufman et al., 2024; Chapter 4, Poteat & Day, 2024), and families of origin (Chapter 2, Farr et al., 2024) remain, showing the ongoing need for advocacy and equality efforts.

Overall, the impact of historical context on identity development underscores the interconnectedness between individual experiences and broader sociocultural contexts. For different generations, this means the timing of identity milestones may have shifted. Older generations faced more societal pressure to conform to hetero- and cisnormativity than relatively younger generations and had far more limited LGBTQ+ visibility than is the case today. In contrast, younger generations benefit from a more inclusive environment, potentially leading to earlier recognition and exploration of their identities.

Method

Search strategy

The search strategy for this systematic review involved comprehensive searches across four electronic databases: ERIC, APA PsycINFO, Medline, and SocINDEX. A combination of search terms related to generational differences, sexual and gender diversity, and identity milestones was used to ensure a thorough retrieval of relevant literature (see Table 13.2).

The search was conducted on 17 November 2023, and repeated on 1 May 2024. To enhance the efficiency of the screening process, ASReview software was utilized to facilitate title and abstract screening based on predefined inclusion and exclusion criteria.

Two independent reviewers conducted the initial screening, with conflicts resolved through discussion or consultation with a third reviewer as needed. Full-text screening was subsequently conducted on potentially eligible studies to determine final inclusion in the systematic review.

Studies were included if they met the following criteria: (1) Focused on SGD individuals of different generations, age groups, or birth cohorts with clear distinctions between generations; (2) examined age at identity milestones; (3) used empirical data; and (4) were published in English. Exclusion criteria included studies that focused solely on clinical populations, were not peer-reviewed, included a qualitative study design, or were published in languages other than English. We repeated the search with additional search terms (see Table 13.2) on 4 July 2024. This resulted in an additional 303 hits, of which 86 abstracts were screened. This did not result in additional results for the systematic review.

TABLE 13.2 Search terms used

Generational differences	"age group" OR cohort* OR generation*
Sexual and gender diversity	Lgb* OR lesbian OR gay OR homosexual OR bisexual OR pansexual OR transgender OR queer OR "sexual minority" OR "sexually diverse" OR "gender minority" OR "gender diverse" OR "non-binary" OR "gender fluid"
Identity milestones	"identity development" OR "identity milestone" OR "developmental milestone" OR "coming out" OR "disclosure" <i>Additional search on 4 July 2024:</i> "awareness" OR "self-identification" OR "self-real*" OR "first wondered about" OR "first role model" OR "first sexual" OR "first relationship" OR "first roman*" OR "first recogni*"

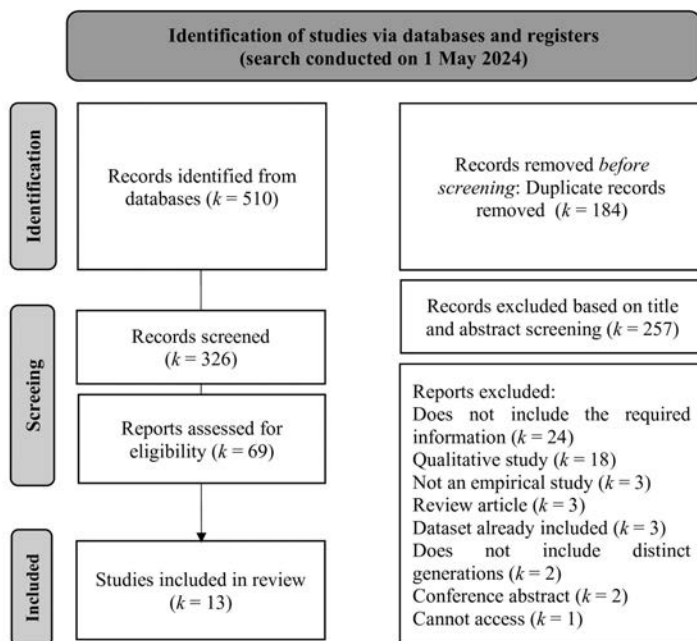
Results

Descriptive statistics of included studies

A total of 326 studies were identified of which 13 were included in the current review (see Figure 13.1 for a PRISMA flow diagram).

Patterns in sexual identity milestones across generations

Our systematic review (see Table 13.3) highlights a trend of decreasing ages at which individuals first consider a non-heterosexual orientation and experience same-sex attraction. The Silent Generation, born during a period of strict social norms and limited LGBTQ+ visibility, tended to explore non-heterosexual attractions later, with an average age of 16.6. In contrast, Late Generation X and Millennials explored their sexual orientations at younger ages, with averages of 11.8 and 12.2, respectively.



From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. doi: 10.1136/bmj.n71

FIGURE 13.1 Study selection. Studies included in the systematic review that assessed age at identity milestones for SGD individuals of different generations, age groups, or birth cohorts.

TABLE 13.3 Ages at sexual identity milestones by generations for included studies

	<i>The Silent Generation</i>	<i>Baby Boomers</i>	<i>Generation X</i>	<i>Late Generation X/Xennials</i>	<i>Millennials</i>	<i>Gender/sex of participants</i>	<i>Country</i>
	<i>Born between 1925 and 1945</i>	<i>Born between 1946 and 1964</i>	<i>Born between 1965 and 1981</i>	<i>Born between 1970 and 1985</i>	<i>Born between 1982 and 1996</i>		
<i>Wondered about being lesbian</i>							
Parks and Hughes (2007)	19.1	15.8	14.4	–	–	Women	United States
<i>First same-sex attraction</i>							
Bishop et al. (2020)	–	13.08	12.25	–	11.75	Assigned female or male at birth	United States
Dunlap (2016)	19.1	17.1	16.9	14.3	12.3	Women	United States
Dunlap (2016)	11.5	9.7	10.8	10.6	11.1	Men	United States
Grov et al. (2018) ^a	–	12	11	11	12	Men	United States
Martos et al. (2015)	–	10.17	11.51	11.44	–	Women and men	United States
Rosati et al. (2020)	–	16.63	16.61	–	13.99	Transgender/non-binary/genderqueer people, cisgender women and men	Italy
<i>First self-realization</i>							
Bishop et al. (2020)	–	18.81	16.32	–	13.86	Assigned female or male at birth	United States
Costa et al. (2022)	–	18.35	16.98	15.56	–	Men	Portugal

(Continued)

TABLE 13.3 (Continued)

	<i>The Silent Generation</i>	<i>Baby Boomers</i>	<i>Generation X</i>	<i>Late Generation X/Xennials</i>	<i>Millennials</i>	<i>Gender/sex of participants</i>	<i>Country</i>
	<i>Born between 1925 and 1945</i>	<i>Born between 1946 and 1964</i>	<i>Born between 1965 and 1981</i>	<i>Born between 1970 and 1985</i>	<i>Born between 1982 and 1996</i>		
Dunlap (2016)	27.9	22.6	21.2	18.2	15.2	Women	United States
	19.3	18.1	14.6	15.7	13.8	Men	United States
Fredriksen-Goldsen (2011) ^b	22.56	20.25	–	–	–	Transgender people, women, and men	United States
Grov et al. (2006)	24.90	23.09	21.06	18.86	15.88	Women	United States
	20.31	19.26	17.31	16.87	15.01	Men	United States
Grov et al. (2018) ^a	–	19	18	17	15	Men	
Martos et al. (2015)	–	16.02	17.11	15.28	–	Women and men	United States
Parks and Hughes (2007)	27.1	22.5	19.5	–	–	Women	United States
Rosati et al. (2020)	–	24.08	24.43	–	19.13	Transgender/non-binary/ genderqueer people, cisgender women and men	Italy
First role model							
Dunlap (2016)	31.2	23.3	20.3	17.2	15.2	Women	United States
	25.5	21.8	19.3	18.0	15.1	Men	United States

First non-heterosexual encounter							
Dunlap (2016)	21.0	17.7	16.4	13.4	12.0	Women	United States
	18.2	16.5	16.5	15.3	13.1	Men	United States
First community event							
Dunlap (2016)	30.9	25.3	23.1	19.9	17.4	Women	United States
	26.6	24.4	21.1	20.2	17.9	Men	United States
First same-sex sex							
Bishop et al. (2020)	–	19.30	18.46	–	16.40	Assigned female or male at birth	United States
Dunlap (2016)	27.5	24.0	21.8	19.0	16.0	Women	United States
	17.3	17.6	16.1	17.6	16.3	Men	United States
Grov et al. (2018) ^a	–	19	18	18	17	Men	United States
Grov et al. (2006)	28.43	23.0	21.33	18.78	16.85	Women	United States
	18.95	18.64	17.86	17.86	16.08	Men	United States
Martos et al. (2015)	–	21.17	19.48	16.55	–	Women and men	United States
First romantic relationship (same-sex)							
Dunlap (2016)	29.2	25.6	23.0	20.7	16.8	Women	United States
	27.2	25.1	23.1	21.8	17.7	Men	United States
Parks and Hughes (2007)	30.3	25.7	22.0	–	–	Women	United States
First disclosure							
Costa et al. (2022) _Women	–	41.04	28.80	–	20.75	Women	Portugal

(Continued)

TABLE 13.3 (Continued)

	<i>The Silent Generation</i>	<i>Baby Boomers</i>	<i>Generation X</i>	<i>Late Generation X/Xennials</i>	<i>Millennials</i>	<i>Gender/sex of participants</i>	<i>Country</i>
	<i>Born between 1925 and 1945</i>	<i>Born between 1946 and 1964</i>	<i>Born between 1965 and 1981</i>	<i>Born between 1970 and 1985</i>	<i>Born between 1982 and 1996</i>		
Fredriksen-Goldsen (2011) ^b	29.4	26.76	–	–	–	Transgender people, women, and men	United States
Groves et al. (2006)	27.38	25.53	22.93	20.11	16.87	Women	United States
	24.11	22.50	20.54	19.84	16.94	Men	United States
Groves et al. (2018) ^a	–	22	21	19	17	Men	United States
Rosati et al. (2020)	–	25.24	24.95	–	19.26	Transgender/non-binary/genderqueer people, cisgender women and men	Italy
First disclosure (non-family)							
Dunlap (2016)	30.6	24.7	21.8	19.0	16.1	Women	United States
	26.3	22.9	20.1	19.1	16.4	Men	United States
Parks and Hughes (2007)	29.8	24.0	20.3	23.8	–	Women	United States
First disclosure (friends)							
Bishop et al. (2020)	–	24.41	20.58	–	15.91	Assigned female or male at birth	United States

First disclosure (family)

Bishop et al. (2020)	–	26.48	22.21	–	16.88	Assigned female or male at birth	United States
Dunlap (2016)	36.1	28.4	25.7	20.7	17.2	Women	United States
	33.9	28.2	24.4	20.7	17.3	Men	United States
Martos et al. (2015)	–	25.18	22.92	18.41	–	Women and men	United States
First disclosure (other LGB individuals)							
Martos et al. (2015)	–	23.00	21.05	17.52	–	Women and men	United States
First disclosure (straight friend)							
Martos et al. (2015)	–	24.98	21.74	18.04	–	Women and men	United States

^a Grov et al. (2018) also included individuals born between 1990 and 1996. Their average age at first same-sex attraction was 11, age at first self-realization was 14, and ages at first same-sex sex and first disclosure was 16.

^b Fredriksen-Goldsen (2017) also included individuals born before 1934. Their average age at first self-realization for this group was 19.39 and the average age at first disclosure was 29.28.

Similarly, self-realization and self-identification as sexually diverse typically occurred at an average age of 24.8 for the Silent Generation and 15.7 for Millennials. The rise of LGBTQ+ rights movements and increased media representation during the late 20th and early 21st centuries likely influenced the decreasing ages at which individuals encountered their first role model (from 28.4 for the Silent Generation to 15.2 for Millennials), met someone who is not heterosexual (from 19.6 for the Silent Generation to 12.6 for Millennials), or attended community events (from 28.8 for the Silent Generation to 17.7 for Millennials). The rise of LGBTQ+ rights movements and media representation may have created a more inclusive climate, providing younger generations with greater access to supportive communities and role models. Conversely, the finding that many sexually diverse adolescents from contemporary cohorts still grow up initially thinking they are heterosexual (not realizing their identities until mid-adolescence). This aligns with theoretical perspectives such as queer theory (Jagose & Genschel, 1996), which posits the ubiquity of heteronormative notions and binary views of identity engrained at all levels of society, from institutes over language and thoughts.

Binary gender differences in the age of first same-sex relationships or sexual experiences have historically existed, with gay and bisexual men typically reporting younger ages compared to lesbian and bisexual women. However, this gap has narrowed across generations, as seen in Millennials, where both men and women have similar ages for these milestones (average age for first same-sex intimate relationship: women 16.6, men 16.8). This convergence may reflect broader societal shifts towards the sexual liberation of women in particular, such as the sexual revolution of the 1960s, which also encouraged greater openness and exploration among youth, regardless of sexual orientation and gender.

The age at which individuals disclose their sexual orientation to others has decreased over time, from 29.7 for the Silent Generation to 17.5 for Millennials, reflecting increasing societal acceptance of LGBTQ+ identities. Typically, disclosure to friends precedes disclosure to family members, indicating a trend towards greater openness and acceptance among peers. Landmark events, such as the legalization of same-sex marriage in several countries, have contributed to this shift by promoting greater acceptance and support for coming out. However, there are exceptions, like a study by Costa et al. (2022) among sexually diverse women, which found an average age of first disclosure of 20.8 for Millennials in Portugal.

Patterns in gender identity milestones across generations

When comparing generations' experiences with gender identity milestones, adolescents typically acknowledge their gender as "different" at a young age, often during childhood or early adolescence (average ages of 11 for Baby

TABLE 13.4 Ages at gender identity milestones by generations for included studies

	<i>Baby Boomers</i>	<i>Generation X</i>	<i>Millennials</i>	<i>Generation Z</i>	<i>Country</i>	<i>Gender/sex of participants</i>
	<i>Born between 1946 and 1964</i>	<i>Born between 1965 and 1981</i>	<i>Born between 1982 and 1996</i>	<i>Born between 1997 and 2012</i>		
First recognized different due to gender						
Puckett et al. (2022)	13.89	9.35	11.56	11.47	United States	Transgender and gender diverse people
Wilkinson et al. (2018)	8.03	7.89	8.64	–	United States	Transgender or gender non-conforming people
Scandurra et al. (2021)	–	11.03	9.72	10.49	Italy	Binary and non-binary transgender people
First recognized transgender/gender nonconforming (GNC) identity						
Puckett et al. (2022)	25.67	23.72	19.04	15.18	United States	Transgender and gender diverse people
Scandurra et al. (2021)		25.86	20.89	17.39	Italy	Binary and non-binary transgender people
Wilkinson et al. (2018)	20.19	17.02	15.58	–	United States	Transgender or gender non-conforming people

(Continued)

TABLE 13.4 (Continued)

	<i>Baby Boomers</i>	<i>Generation X</i>	<i>Millennials</i>	<i>Generation Z</i>	<i>Country</i>	<i>Gender/sex of participants</i>
	<i>Born between 1946 and 1964</i>	<i>Born between 1965 and 1981</i>	<i>Born between 1982 and 1996</i>	<i>Born between 1997 and 2012</i>		
First disclosure as transgender/GNC						
Scandurra et al. (2021)	–	26.78	21.83	17.28	Italy	Binary and non-binary transgender people
First began living as transgender/GNC part time						
Puckett et al. (2022)	39.91	30.29	20.77	16.12	United States	Transgender and gender diverse people
First began living as transgender/GNC						
Puckett et al. (2022)	49.90	33.81	22.17	16.94	United States	Transgender and gender diverse people
Wilkinson et al. (2018)	38.66	23.77	18.33	–	United States	Transgender or gender non-conforming people
First gender-related medical care						
Puckett et al. (2022)	50.86	35.60	23.09	17.62	United States	Transgender and gender diverse people

Boomers and Generation Z). However, unlike changes seen in sexual identity milestones, there is not a clear decrease in the age of this realization across generations, which may be tied to the already relatively early ages observed here. In addition, this implies that the timing of this milestone may be more about individual experiences and self-awareness than societal trends.

Conversely, there is a noticeable drop in the age when individuals first actively identify as transgender or gender non-conforming, like trends in sexually diverse adolescents (from 22.9 for Baby Boomers to 16.3 for Generation Z). This may reflect the growing transgender rights movement and increased representation of transgender people in media and public discussions. This phenomenon can be understood considering affirmative and developmental models, such as those proposed by Cass (1984), which emphasize self-acceptance and support in identity formation. As such, the decreasing ages at which individuals identify as transgender or gender non-conforming may indicate a greater societal acceptance of diverse gender identities and an earlier progression towards affirmation. Similarly, gender schema theory (Bem, 1981) posits that individuals develop mental frameworks for understanding gender through socialization, potentially contributing to the earlier identification of gender non-conformity among contemporary cohorts.

Like with sexual identity milestones, current cohorts of transgender youth typically identify as transgender in mid-adolescence, showing a shared journey in discovering and confirming their gender identity. Also, the age at which they first disclose their transgender identity to others, after they first recognize *themselves* as transgender, has consistently dropped across generations (from 26.8 for Generation X to 17.3 for Generation Z), happening after they first recognize *themselves* as transgender. This mirrors the patterns seen in sexually diverse adolescents, indicating broader changes towards more openness and acceptance of various gender identities.

Additionally, there are significant drops in the age at which people start living as their affirmed gender (from 42.8 for Baby Boomers to 16.5 for Generation Z) and seeking gender-affirming healthcare (from 50.9 for Baby Boomers to 17.6 for Generation Z). These decreases can be linked to medical progress and a better understanding of transgender healthcare requirements, as well as increasing availability and access to gender-affirming care. Legal changes, like broader coverage for gender-affirming healthcare and safeguards against gender identity discrimination, have also made it easier for transgender youth to access supportive services across different generations.

Conclusion

Common challenges faced by LGBTQ+ young people across generations include discrimination and stigma at school and in the workplace (Kaufman & Baams, 2022; Tatum, 2018), family rejection and homelessness (Baams

et al., 2019), disparities in health and healthcare access (Baams et al., 2018; Zeeman et al., 2019).

The analysis of generational differences in sexual and gender identity milestones reveals several key findings. In recent generations, most people first consider a non-heterosexual orientation for themselves or experience their gender being “different” during early adolescence. Since this realization regarding sexuality and gender has historically coincided with larger societal trends, such as societal acceptance of sexual and gender diversity, this may indicate that this relationship has plateaued for recent cohorts of sexually and diverse adolescents. By contrast, there is a clear decline in the age at which individuals recognize and self-identify as a LGBTQ+. This trend may also suggest an increasing normalization of sexual and gender diversity and reflect broader societal shifts towards increased visibility and acceptance of sexual and gender diversity.

The Silent Generation and Baby Boomers, raised in conservative time periods with limited LGBTQ+ visibility, experienced later milestones likely due to societal repression. Events like the Stonewall Riots of 1969 and the 1970s’ LGBTQ+ rights movements influenced Baby Boomers’ possibilities towards identity exploration. However, many continued to face challenges in expressing their identity due to stigma and discrimination. Generation X, amidst the HIV/AIDS epidemic, saw the devastating impact on the LGBTQ+ community, leading to increased awareness and activism. Next, the marriage equality movement provided advocacy opportunities, leading to legal victories. Millennials, amidst the digital revolution, used online communities for identity exploration, benefiting from increased access to information and support. Generation Z, born into digital technology, experienced earlier identity milestones with greater LGBTQ+ representation. Recognizing the historical context is vital for creating inclusive environments and supporting young people.

Looking ahead, Generation Alpha, born from approximately 2010 onwards and raised in the digital age (McCrindle & Fell, 2021), is likely to not only experience greater visibility and acceptance of LGBTQ+ identities, but may also experience an increase in backlash and newer phenomena such as online harassment. Moreover, a growing group of adolescents from Generation Alpha identifies as non-binary and fluid identities. Whether our conclusions about identity milestones fit their experience with identity development and their engagement with identity milestones remains to be seen. Importantly, non-binary individuals show great diversity in their identity milestones (Tatum et al., 2020), suggesting there is no one “master narrative” (Nagoshi et al., 2024, p. 1035).

Overall, our findings underscore the importance of continued research and support for LGBTQ+ young people. While progress has been made, disparities in access to healthcare and supportive resources persist, particularly

for marginalized communities within the LGBTQ+ population. Additionally, ongoing advocacy efforts are crucial for challenging discrimination, promoting healthcare access, and advocating for legal recognition and protection of sexual and gender identities. By fostering greater visibility, understanding, and acceptance of LGBTQ+ individuals, we can work towards creating more inclusive and supportive environments for everyone to live authentically and thrive.

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14

HURT PEOPLE HURT PEOPLE

Understanding actual and perceived aggressive behavior among sexually and gender diverse adolescents

Alexa Martin-Storey and Amanda Pollitt

Stigma and resulting rejection and discrimination associated with sexual and gender minority status (defined here as people whose sexual identity, attraction, and/or behavior, or gender identity does not align with cisgender, heterosexual norms) positions sexual and gender minority adolescents as being the victims of aggression (Katz-Wise & Hyde, 2012; Martín-Castillo et al., 2020; Meyer, 2003; Toomey & Russell, 2016). Research on the consequences of these experiences among sexual and gender minority adolescents has typically focused on internalizing problems (i.e., depressive and somatic symptoms), substance use problems, eating psychopathology, and general distress (Connolly et al., 2016; Plöderl & Tremblay, 2015). And, while these mental health outcomes are well-documented, research finds that reciprocal aggressive behavior is even more commonly documented among general populations in response to experiencing aggression (Leary et al., 2006; McDougall et al., 2001). This outcome has not been strongly studied in sexual and gender minority populations.

To better understand aggression perpetration among sexual and gender minority populations, we consider two different processes. First, from the perspective of “hurt people hurt people,” we examine how negative interpersonal experiences such as peer victimization and intimate partner violence both provoke proximate aggressive responses and compromise psychosocial functioning in ways that increase aggressive behavior in the long term. This approach needs to be tempered, however, by research on how stereotypes characterizing sexual and gender minority people as “deviant” (Anzani et al., 2024; Blumstein & Schwartz, 1974) may color perceptions of the behaviors of sexual and gender minority adolescents. Second, then, we also discuss how sexual and gender minority adolescents may be perceived by others as

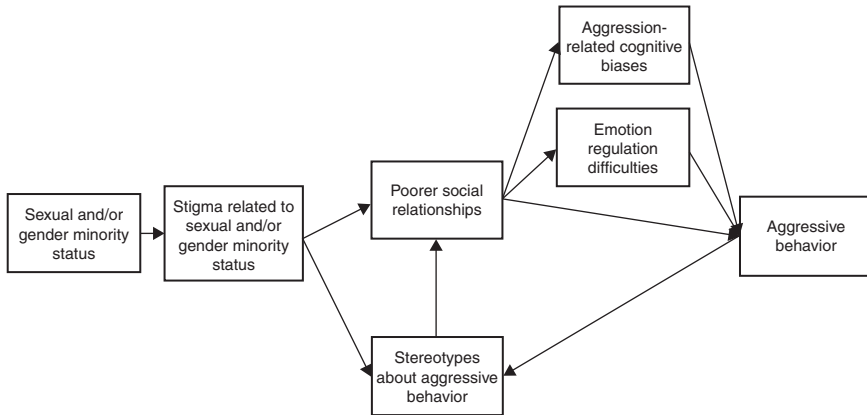


FIGURE 14.1 Conceptual model linking sexual and gender minority status to aggressive behavior.

more aggressive, which in turn would have consequences for their subsequent behavior. Focusing on insights from minority stress and developmental psychopathology literatures, we propose a model (see Figure 14.1) for understanding the links between sexual and gender minority status and both actual and perceived aggressive behavior and aggressive behavior disorders.

Aggressive behavior among sexual and gender minority adolescents

Aggressive behaviors are behaviors that are intended to harm others (Powell et al., 2016) and are generally conceptualized as reactive (i.e., the individual responds aggressively to stimuli in their environment) or instrumental (i.e., the individual employs aggressive behavior in order to obtain a goal). It should be noted that whether aggressive behaviors are considered acceptable is highly context dependent (i.e., trying to scare off a bully compared to trying to extort money from a peer). Externalizing behavior problems refer to a broad category of persistent behaviors in which the individual responds to stressors with aggressive, hostile, or anti-social behavior (American Psychological Association, 2018). Clinically, externalizing behaviors are primarily captured by two aggressive behavior disorders: Oppositional defiant disorder and conduct disorder (American Psychiatric Association, 2013, p. 5). Oppositional defiant disorder is characterized by anger, irritable mood, and argumentative or defiant behavior lasting at least six months. Conduct disorder reflects a persistent pattern of behavior in which the individual violates the basic rights of others or in which age-appropriate social norms are violated. In general, aggression and oppositional behavior declines from childhood to adolescence, although some related behaviors such as status violation increase during this period (Bongers et al., 2004).

A very limited literature has examined aggressive behavior and aggressive behavior disorders among sexual and gender minority youth. Sexual minority youth (defined by either identity or sex of sexual partners) were more likely to have conduct disorder (Fergusson et al., 1999; Ocasio et al., 2022, 2022; Perales & Campbell, 2019), were more likely to have symptoms of oppositional defiant disorder and conduct disorder (Li et al., 2021; Marshal et al., 2012), and reported higher levels of externalizing behaviors than their heterosexual peers (Williams et al., 2005). Research has also examined interpersonal aggressive behaviors among sexual minority adolescents, most notably bullying and dating violence perpetration. Some work suggests that sexual minority youth report higher levels of bullying perpetration than their heterosexual peers in general (Goldbach et al., 2021; Kurki-Kangas et al., 2020), and greater likelihood of being in high victimization-perpetration groups for dating violence (Martin-Storey et al., 2021). However, this research does not generally show higher rates of exclusive perpetration among sexual minority individuals (Norris et al., 2022), instead suggesting that greater vulnerability for perpetration is accounted for by greater risk for victimization (Martin-Storey et al., 2021).

Even less research has focused on aggression and aggressive behavior disorders among gender-minority youth. The sparse literature available does not indicate a higher risk of aggressive behavior or aggressive behavior disorders among transgender youth (Rider et al., 2019; Tenhola & Kaltiala, 2022). A limited body of research, however, does suggest higher bullying perpetration among both non-binary and binary transgender youth when compared to cisgender youth (Heino et al., 2021; Lawrence et al., 2023), and higher membership in dating violence victimization-perpetration groups among gender minority youth (Martin-Storey et al., 2021), although perpetration is highly related to victimization experiences.

Frameworks for understanding risk for aggression and aggression-related disorders among sexual and gender minority populations

Minority stress models posit that disparities in mental and physical health between sexual and gender minority compared with heterosexual cisgender populations largely reflect differences in experiences of stigma and discrimination (Brooks, 1981; Meyer, 2003; Timmins et al., 2017), particularly in the context of poor social relationships (Pollitt et al., 2017). And, in line with minority stress models, at least one study suggests that discrimination mediates the association between sexual minority status and subsequent self-reported externalizing behaviors (Morgan et al., accepted). And, while this finding needs replication, it places vulnerability to aggressive behavior among sexual minority adolescents within a minority stress framework.

Hatzenbuehler's psychosocial mediation framework and social safety theory both specify mechanisms by which stigma and discrimination underscored by minority stress theory may increase risk for negative health and mental health outcomes (Diamond & Alley, 2022; Hatzenbuehler, 2009). The psychosocial mediation framework proposes that minority stressors impact social, cognitive, and regulatory processes that in turn shape health outcomes (Hatzenbuehler, 2009). Social safety theory focuses on how stigma diminishes an individual's sense of security, increasing vigilance, and the subsequent vigilance-related stress negatively influences health (Diamond & Alley, 2022).

Starting at more distal factors, the psychosocial mediation framework highlights how stigma negatively impacts interpersonal processes. Both sexual and gender minority adolescents report lower levels of parental support (Montano et al., 2018), higher levels of parental maltreatment, (McGeough & Sterzing, 2018; Thoma et al., 2021), and higher levels of peer victimization than their heterosexual and/or cisgender peers (Martín-Castillo et al., 2020; Toomey & Russell, 2016). These same interpersonal processes are also linked to the development or exacerbation of aggression and aggressive behavior disorders. For example, lower levels of parental support and higher levels of parental maltreatment are important developmental precursors for aggressive behavior disorders (Jaffee, 2017; Mccarty et al., 2005). Aggressive behavior is also a proximal response to peer victimization (Bettencourt & Farrell, 2013). Quantitative studies on aggressive behavior among sexual and gender minority youth often suggest that higher levels of aggressive behaviors among sexual minority populations are accounted for by their greater vulnerability to victimization (Martin-Storey et al., 2021; Russell et al., 2001). Qualitative work suggests that sexual and gender minority adolescents themselves link peer victimization to their (defensive) aggressive behavior in school contexts (Horn & Schriber, 2020). Chronically experiencing peer victimization, moreover, is also linked to the development of aggressive behavior disorders over time (Reijntjes et al., 2011). Continued exposure to peer victimization may thus increase the likelihood of aggression among sexual and gender minority adolescents.

The psychosocial mediation framework and social safety theory both posit that these negative social processes increase vulnerability for aggressive behavior via their impact on cognitive and regulatory processes. Hostile attribution bias (where individuals attribute malevolent intent to actors in neutral situations), increased attentional bias to threat (where the individual shows difficulty in disengaging from or directing attention away from potentially dangerous stimuli), as well as emotion regulation are all associated with increased likelihood of aggressive behavior, and are prospectively linked with negative social experiences (Compas et al., 2017; Manning, 2020; Martinelli et al., 2018). More research is needed to understand the extent to which these cognitive and regulatory processes account for differences in aggressive behavior between sexual and gender minority and cisgender heterosexual adolescents.

Stereotypes of aggressive behavior among sexual and gender minority adolescents

The models discussed above explain why the differences in aggression and aggressive behavior disorders observed between sexual minority and heterosexual youth may occur via the ways in which stigma impacts social, cognitive, and regulatory processes. And, despite the plausibility of these mechanisms, an important question remains regarding the extent to which sexual and gender minority youth engage in higher rates of aggressive behavior or are merely perceived as being more aggressive. Deviance has long been central to sexual minority status-related stereotypes. Evidence of the persistence of these stereotypes can be seen in research showing that adolescents rate lesbian (but not bisexual) girls and bisexual (but not gay) boys as more aggressive than their heterosexual peers (Ghavami & Peplau, 2018). Sexual and gender minority adolescents who are stereotyped as being higher in aggression may be particularly vulnerable to being perceived as aggressive. The previously mentioned study, for instance, found that Black and Latino bisexual boys were perceived as higher in aggressive behavior than their white peers (Ghavami & Peplau, 2018). Perceptions of sexual minority adolescents as more aggressive may contribute to their disproportionately higher punishment at school compared to heterosexual peers, a finding which cannot be accounted for by differences in their engagement in punishable behavior (Poteat et al., 2016).

The types of behaviors considered to be aggressive or non-compliant also need to be considered when examining the prevalence of aggressive behavior disorders among sexual and gender minority youth. In cissexist or heterosexist environments, gender expressions outside of traditional binaries or romantic interests outside of heterosexist norms can be met with both institutional and social sanctioning (Reddy-Best & Choi, 2020; Snapp et al., 2015). Unwillingness or inability to follow norms around gender and gender expression as well as oppositionality and hostility when forced to do so may increase the likelihood that sexual and gender minority youth may meet criteria for aggressive behavior disorders related to rules-following. Higher levels of family rejection and maltreatment also increase the likelihood that sexual and gender minority youth experience financial instability and precarious housing (Rosario et al., 2012), increasing the need to engage in “delinquent” behaviors (e.g., theft, running away from home) traditionally included in assessments conduct disorder.

Finally, being stereotyped as aggressive may increase both the likelihood of having one’s behaviors interpreted as aggressive by others, and of actually engaging in aggressive behavior. While the links between being stereotyped as aggressive and subsequent aggressive behavior have not been examined among gender and sexual minority adolescents, work on other marginalized adolescents suggests that adolescent awareness of meta-stereotypes relating to

aggression is linked longitudinally with aggressive behavior, even accounting for current aggressive behavior (Issmer & Wagner, 2015). Following from social safety theory (Diamond & Alley, 2022), aggressive behavior as a response to being stigmatized as aggressive may reflect how stereotype awareness increases vigilance and activates cognitions related to aggressive behavior (i.e., hostile attributions). Behaving aggressively in light of meta-stigma awareness may be protective, whereby the individual acts aggressively as a deterrent to potential perpetrators (Issmer & Wagner, 2015). More research is needed to understand the complex and dynamic links among stigma, aggression, and victimization among sexual and gender minority adolescents.

Conclusion

Both limited existing literature as well as theory explaining physical and mental health disparities between sexual and gender minority adolescents and their heterosexual cisgender peers suggest the relevance of examining aggressive behaviors and aggressive behavior disorders across sexual and gender identity. More research is needed to understand the developmental contexts of this aggressive behavior and the consequences of this behavior for outcomes among sexual and gender minority youth. These preliminary findings have practical implications for better supporting sexual and gender minority adolescents. The first practical implication is the importance of preparing service providers who work with youth with aggressive behavior disorders to better support sexual and gender minority adolescents. Services for adolescents with aggressive behavior problems are intensive and costly (Georgiades et al., 2019), and sexual and gender minority adolescents with histories of conduct problems, and particularly sexual minority boys, report victimization and discrimination in service use settings (Chilliak et al., 2024). Such experiences could exacerbate aggressive behavior, reduce the effectiveness of services, and worsen outcomes. Addressing stereotypes and stigma about these populations, emphasizing the importance of gender expression for the well-being of young people, and contextualizing the additional challenges that sexual and gender minority adolescents experience at school and home may help educators better support sexual and gender minority youth.

Second, directly addressing school-based experiences and policies that increase institutional heterosexism and cissexism may also be important for reducing aggressive behavior among sexual and gender minority youth. This can include better accommodating gender expression within existing dress codes and prioritizing restorative justice practices with regards to bullying (Snapp et al., 2015). Youth note how inadequate responses by adults at school put them in a position of having to defend themselves, and how these defensive behaviors lead to subsequent punishment (Horn & Schriber, 2020). Better addressing stereotypes of aggressive behavior among sexual and gender

minority youth and equipping educators to address cissexist and heterosexist bullying may break the cycles that are associated with aggressive behavior among sexual and gender minority adolescents and should be the focus of future research. Ultimately, understanding aggressive behavior both as a response to minority stressors, as well as an element of stereotypes attributed to sexual and gender minority adolescents provides two different approaches to supporting positive development.

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15

ANTI-GENDER MOVEMENTS

Implications for educational practices and student welfare

Roman Kuhar

In preparation for the European elections in June 2024, the Slovenian radical right-wing party Slovenska demokratska stranka (SDS) proposed amendments to the Slovenian Criminal Code. These amendments include the prohibition of discussing homosexuality or any divergence from one's sex at birth within the educational process. The proposal did not come as a surprise to those familiar with the local political landscape; the party draws inspiration from the politics of Viktor Orbán in Hungary, where a similar law has been enacted. Comparable laws exist in Russia, Bulgaria, certain US states, and similar proposals are pending worldwide.

These proposals are part of global anti-gender mobilizations, which view “gender ideology” (also termed as “gender theory” or “genderism”) as the root cause of the world's moral decline and a departure from traditional values and biological truths. “Gender” has become a phantasmagoric site, akin to a conspiracy theory, purportedly aimed at eradicating traditional notions of masculinity and femininity (Graff & Korolczuk, 2022; Kuhar & Paternotte, 2017).

One of the key battlegrounds for anti-gender actors is the educational sphere, particularly inclusive sex education. They argue that “gender ideology” has contaminated curricula, leading to the sexualization and indoctrination of students with radical feminist ideas and pro-homosexual propaganda. As a result, they seek to mobilize “concerned parents” to halt the spread of so-called “gender ideology” in schools (Kuhar & Zobec, 2017).

While opposition to sex education is not a new phenomenon, it is evident that contemporary protests against inclusive education are growing in number and gaining global traction. This situation of “gender wars” will—like any conflict—inevitably produce its losers. We argue that it is the current

generation navigating through the educational system who stand to lose the most.

In this chapter we first explore how the concept of “gender” emerged in scientific debates, what are the origins of anti-gender mobilizations, how they target the educational sphere, particularly sex education, and, finally, what are the consequences of these attacks on students with non-normative gender and sexual identities.

Gender and anti-gender: concepts and conspiracies

In 1968, American psychiatrist Robert Stoller published the seminal work “Sex and Gender: On the Development of Masculinity and Femininity,” in which he introduced the now widely accepted distinction between sex and gender (Stoller, 1968). This distinction moves beyond biological determinism, challenging the notion that “biology is destiny.” It was further popularized by feminist scholars who solidified the understanding of sex as referring to biological differences between males and females and gender as referring to the social roles, behaviors, activities, norms, and expectations assigned to individuals based on their sex (Rubin, 1975).

There is vast empirical evidence that supports this distinction. Studies, for example, indicate that people treat toddlers differently based solely on their perceived sex, demonstrating early gender socialization (Halim & Ruble, 2010). Cross-cultural anthropological studies reveal significant variations in gender roles, further supporting the concept of gender as distinct from biological sex (Upton, 2012). Additionally, transgender studies provide empirical evidence that gender identity can be separate from biological sex (Fausto-Sterling, 2012).

Despite various interpretations, the concept of “gender” has been a central topic in scientific debates for at least the past 60 years, serving as a vital tool to discuss identities and the social rules and expectations that shape them. The term “anti-gender,” however, does not represent a scholarly critique of these debates, despite potentially sounding like one. Instead, “anti-gender” is a political mobilization that uses the concept of “gender” discursively and strategically to incite fear, anxiety, and aversion among the general population (Kuhar & Paternotte, 2017).

To understand the roots of this movement, it is essential to consider the significant political changes in the mid-1990s. During that time the term “gender” was introduced into United Nations official documents, replacing the term “sex.” This change, initiated by feminist groups, aimed to promote equality between men and women. Feminists argued that while biological differences (sex) are immutable, cultural and social norms (gender) can and should be changed to achieve gender equality. Conversely, some countries in the United Nations, particularly the Vatican, opposed this change. They

instead advocated for the concept of “sex complementarity,” asserting that men and women, though deserving of equal respect, cannot be equal due to biological differences. The Vatican also feared that “gender equality” would legitimize homosexuality and same-sex partnerships (Case, 2016).

As the idea of gender equality gained acceptance, the Vatican perceived it as its diplomatic failure and began to critique the concept of “gender equality.” In 1997, the first book discussing the perceived dangers of gender, titled “Gender Agenda,” was published (O’Leary, 1997). This book began promoting conspiracy theories about a supposed radical plan by feminists to create a “post-gender” society. What began as a clash between two concepts—“sex complementarity” and “gender equality”—eventually transformed into a global mobilization against “gender ideology.” Today, these mobilizations involve a variety of actors, including concerned parents, nationalist groups, radical right-wing organizations, and religious groups, many of whom are unaware of the movement’s origins in the Roman Catholic Church (Kuhar & Paternotte, 2017).

“Gender ideology” functions as an empty signifier (Mayer & Sauer, 2017). It means that it does not pertain solely to the issue of gender. Rather, anti-gender advocates strategically exploit the ambiguity of the term “gender ideology” to oppose a broad spectrum of issues, including marriage equality, gender-based violence, reproductive rights, and sex education. These advocates perceive these issues as conflicting with their neoconservative worldview.

In the continuation of our discussion, we will focus on one of their targets—comprehensive sex education in schools. We will first examine the psychological and behavioral effects of such education and its legal dimensions, and then provide examples of anti-gender protests against it.

Sex education as the target of protests

Empirical evidence demonstrates that sex education, when delivered as objectively, critically, and pluralistically as any other school subject, has positive effects on the well-being and development of all students. For instance, a review of 27 studies on the effectiveness of school-based sex education revealed that these interventions significantly improve adolescents’ sexual health behaviors and overall well-being (Niland et al., 2024). Similarly, a review of studies on comprehensive sex education (CSE) in the United States found that school-based CSE can reduce homophobia and homophobic-related bullying, enhance understanding of gender and gender norms, improve knowledge and skills supporting healthy relationships, build child sex abuse prevention skills, and decrease dating and intimate partner violence (Goldfarb & Lieberman, 2021). Additionally, studies have shown that negative psychological outcomes in LGBTQ young adults can be explained by school victimization (D’Augelli et al., 2002; Toomey et al.,

2013), underscoring the need for LGBTQ-inclusive curricula addressing gender identity and expression alongside sexual orientation (Snapp et al., 2015). Conversely, anti-gender opponents of such education primarily object to these programs due to their inclusion of non-heterosexual and non-cisgender content. They claim that sex education before puberty is detrimental to children—a claim not supported by existing studies—and assert their human right to educate and raise their children according to their own religious and philosophical beliefs.

Such protests, however, are not new. In the 1970s, a group of Danish parents protested the introduction of sex education in school by keeping their children home from school. This dispute escalated to the European Court of Human Rights. In its landmark ruling, the Court stated that while parents have the right to educate their children according to their beliefs, this right does not extend to withholding educational opportunities from children. The Court's decision established that the right to education supersedes parental values conflicting with public education's principles. The European Court rejected the parents' lawsuit, highlighting that public schools must address topics objectively, critically, and pluralistically, without indoctrination (Right To Education Initiative, 2023).

In similar subsequent judgments the European Court of Human Rights has consistently emphasized that parents cannot dictate school curricula. Despite these rulings, anti-gender actors continue to challenge sex education and equality-related curricula, viewing institutions like the European Court of Human Rights as threats. They perceive these institutions as part of a leftist, Marxist, pro-feminist, and pro-LGBT conspiracy. The following section details the organization of their protests.

Anti-gender attacks on schools

Within the anti-gender narrative, three potent notions emerge, interacting to spark parental mobilization. The first notion asserts that parents hold the sole authority to raise their children according to their personal values, suggesting that schools should serve merely as conduits of information rather than also fulfill an educational role. The second notion posits that children are asexual beings, thus any discussion on such matters is construed as an attempt to sexualize them. The third notion claims that children in schools are being uncritically led to accept feminist and LGBTIQ beliefs and ideologies, while school environments have been co-opted by LGBT activists intending to indoctrinate children (Kuhar & Zobec, 2017).

Anti-gender attacks on the educational process are grounded in the framework of the politics of fear (Wodak, 2015). This approach involves creating and amplifying threats or dangers, real or perceived, to persuade or coerce public support for certain policies, ideologies, or actions that might otherwise

be unacceptable. These actors utilize “fear appeal arguments” (Walton, 2000) as devices of persuasion. Consequently, these protests are not based on scientific critical thinking about the topics discussed in schools but are rooted in parents’ particular (often religious) value systems. They strategically aim to stimulate an emotional response by portraying children as being abducted by state institutions and their policies.

A commonly employed fear-based tactic involves creating moral panic (Robinson, 2008). This galvanized parents into taking action (Ridei et al., 2021). This strategy includes forming parent groups that demand pre-information about the content and methods of school discussions, advocating for parental consent before their children participate in certain classes. An example of this is the “Leave My Children Alone” campaign in Spain and Latin America (Estivalet & Dvoskin, 2021; Lage Carbone, 2024; Venegas, 2022). Additionally, parents are urged to report any material they perceive as allegedly promoting “gender ideology” (Gusmeroli & Trappolin, 2021). In Italy, special hotlines were introduced for parents to report instances of “gender ideology” or related content in textbooks (Garbagnoli, 2017). The Brazilian anti-gender movement, inspired by similar groups in Australia, the United States, and Canada, such as “Campus Watch,” called on parents to identify teachers they believed were promoting an ideological agenda (Estivalet & Dvoskin, 2021). In Canada, in 2023, a “One Million March for Children” aimed to “encourage government and school boards to remove content related to sexual orientation and gender identity, pronouns, gender ideology, and mixed-gender bathrooms from schools,” reflecting a widespread strategy among anti-gender groups to protest against inclusive education (Gelineau, 2023). This approach mirrors notable instances in the United States, where books addressing sexuality, race, and gender issues are removed from school libraries, accused of promoting concepts like “radical race theory,” “gender ideology,” and similar ideas (Sarles, 2022).

Publicly exposing schools and organizing protests is another method used by anti-gender groups to influence school curricula. These protests target specific content or broadly criticize certain schools, branding them as problematic. For example, in France, anti-gender activists petitioned against the screening of “Baiser de la lune” in one school, a film depicting a romance between two male fish (Stambolis-Ruhstorfer & Tricou, 2017). In Slovenia, a young anti-gender YouTube influencer in 2024 accused her former high school of indoctrination for exposing 17-year-old students to a lecture on the everyday lives of gays and lesbians, leading to social media paranoia and some parents choosing not to enroll their children to that school (Stražičar, 2024).

Other forms of protest include campaigns like the one in Italy in 2014, where anti-gender activists urged parents to withdraw their children from school monthly in opposition to perceived “gender ideology” indoctrination

(Garbagnoli, 2017). Similar initiatives were reported in France (Stambolis-Ruhstorfer & Tricou, 2017), Croatia (Hodžić & Štulhofer, 2017), and Germany (Rohde-Abuba et al., 2019), often targeting teachings that acknowledge various gender identities and sexual orientations.

Another strategy employed in attacks on schools is the strategic misuse of scientific studies or the deliberately inaccurate translation of international documents, as noted in Macedonia during an anti-gender campaign against sex education (Kvinna till Kvinna, 2022). Closely related is the appeal to common sense. Anti-gender campaigns use rhetoric advocating a strictly heteronormative biological understanding of sexuality, upholding a binary gender framework. By employing simplistic and seemingly obvious language, they cultivate fear and disdain for anything challenging the biological binary and the scientific discourse on sex and gender (Estivalet & Dvoskin, 2021). This approach also strategically links homosexuality with pedophilia, particularly in contexts where homosexuality is highly stigmatized. For instance, in Chile, the campaign “Do Not Mess With My Children” argued that discussing LGBT topics in schools promotes a gay lobby agenda, leading to the “homosexualization of children” and the “normalization of pedophilia.” Their materials graphically depicted children fleeing from oversized syringes symbolizing an “ideological vaccine” used for indoctrination (Ojeda & Astrudillo, 2023). Similar initiatives, called “Stop Sexualization of Our Children” and “Stop Paedophilia” were recorded in Poland (Szelewa, 2021).

Finally, strategic litigation is another tactic used by anti-gender groups. These groups employ litigation to enact laws and regulations aimed at banning or restricting what they label as “gender ideology.” Through legal avenues, they challenge the scientific foundations underlying school education. Notable examples include the “anti-gay” laws in Hungary (Gera, 2023), Romania (Brodeală & Epure, 2021), and Russia (Wilkinson, 2014), as well as Florida’s law in the United States prohibiting the teaching of sexual orientation and gender identity from kindergarten through third grade (Belsha, 2022; Goldberg et al., 2024).

Recommendations and conclusion

Anti-gender actors are often highly persistent in exerting pressure on teachers to avoid discussing certain topics, such as LGBT issues or sexuality. By invoking their human rights to educate their children in accordance with their religious and philosophical beliefs, they make it difficult to oppose them. Schools, too, are often reluctant to face the “scandals” these actors can create. However, it is important to emphasize that the European Court of Human Rights has, in several rulings, clarified that the right of parents to ensure their children’s education in line with their religious and philosophical convictions

does not mean that public schools cannot address certain topics. The Court has highlighted that it is the duty of public school teachers to present these topics in an objective, critical, and pluralistic manner. This means that children should not be indoctrinated and that different value positions must be allowed and respected, if they do not lead to discrimination or exclusion. Crucially, the foundation of public school education should be science, not personal opinions or the particular values of parents. Educational policies should therefore ensure that curricula explicitly promote inclusivity by preventing exclusion based on sexual orientation or gender expression, while also empowering teachers and respecting their professional authority. It is essential to clearly distinguish between personal values and the legal standards that govern education, ensuring that curricula are founded on universal principles like respect for human rights and the rule of law, rather than individual opinions. Schools should also emphasize respect for diversity in their internal regulations, providing a clear framework to address intolerance or violence and reinforcing their commitment to creating a safe, inclusive learning environment.

Currently, empirical studies on the specific consequences of anti-gender attacks on schools—such as the effects on students' attitudes towards SGD peers—are lacking. As these protests have emerged relatively recently, their long-term impacts are yet to be fully measured and will require future investigation. Research should prioritize understanding the sustained psychological and social consequences of anti-gender campaigns on students, especially those with non-normative gender and sexual identities, as well as the effects on teachers' professional autonomy, including the prevalence of self-censorship when addressing topics related to gender and sexuality. Additionally, there is a pressing need for cross-national comparative studies to examine how varying legal frameworks shape educational processes and influence the success of anti-gender mobilizations. In this context, policy research is crucial to exploring potential reforms that would protect educators and strengthen the resilience of inclusive curricula, particularly in the face of politicized attacks on educational content and practices.

Despite these research gaps, certain consequences of these campaigns are already observable. The repercussions of anti-gender campaigns resonate on at least three levels.

Firstly, they affect the professional autonomy of teachers and the pedagogical process of curriculum development and execution. The educational profession has established clear, professionally grounded practices in this field, supported by rulings from the European Court of Human Rights. When anti-gender campaigns succeed in expunging certain content from school curricula or creating unease around these discussions, it indicates the effectiveness of their political pressure, indirect curriculum interference, and the success in marking certain topics as ideological and unfit for school

discussions. This leads to self-censorship within educational institutions, muting and stigmatizing discussions vital to the democratic fabric of society and the equal treatment of its members. Teachers, too, start to self-censor, fearing backlash and threats. Under personal attacks and possibly a lack of institutional support, they become significant casualties of these campaigns, skirting around subjects that might provoke objections from some parents. Additionally, anti-gender mobilization has further marginalized gender studies at universities, even leading to the revocation of accreditations for such programs, as seen in Hungary (Barát, 2019).

Secondly, the ramifications are evident among students. Their right to education and access to comprehensive, professionally curated information on various aspects of life, including gender and sexuality, is compromised. If these topics are excluded from the classroom out of fear of anti-gender backlash, it results in a less tolerant society and increased misunderstanding of those deemed “different.” Moreover, when such content is excluded, the vacuum is filled by alternative sources, chiefly social media and, in the case of sexuality, online pornography. As a result, students are bombarded with distorted and out-of-context information about themselves, their bodies, gender, and sexuality (Setty, 2022). Furthermore, an increase in minority stress can be anticipated (Meyer, 2003). Anti-gender campaigns can significantly negatively impact the groups they target, contributing to increased prejudice, discrimination, and adverse mental health outcomes for these individuals. Attempts to introduce anti-LGBTQ legislation and campaigns can intensify structural stigma and create a more hostile social climate (Ayoub & Page, 2020; Hatzenbuehler et al., 2024).

Lastly, SGD adolescents, who traditionally report higher levels of bullying-victimization and feelings of social unsafety at school compared to their heterosexual and cisgendered counterparts, are particularly affected. Anti-gender campaigns contribute to the further stigmatization of these adolescents. In the hetero- and cisnormative educational environment promoted by anti-gender activists, these youths do not receive equitable information about their genders and/or sexual identities, exacerbating their stigmatization. Public protests against schools addressing transgender and/or same-sex issues send a stark message to these young individuals that they are unwelcome, unaccepted, and at the center of intense cultural conflict. Following the social safety perspective (Diamond & Alley, 2022) on the health effects of stigma, it is these children, despite anti-gender rhetoric claiming to protect “our children,” who are the greatest casualties of such campaigns.

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16

COLLECTIVE LIBERATION THROUGH CRITICAL PEDAGOGY

Refocusing on queer discovery, joy, and freedom

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The promise of education—for sexually and gender diverse (SGD) adolescents and their cisgender, heterosexual peers—lies in its potential to fundamentally alter the material conditions that shape our lives. Since its earliest roots, education has been seen as a democratizing force that serves to create an informed and galvanized populace (Dewey, 1903; Strand, 2020). Too often, though, education is used as a tool of coercion and silencing, as educators instill in their students compliance with the status quo (Freire, 1970). The collective liberation of queer and trans people is inherently tied to the liberation of all those oppressed by white supremacy and racism, ableism, classism, ageism, sexism, and other asymmetrical systems of power. Education can fulfill its potential to fundamentally alter these systems of power when educators push back on models of teaching that reinforce relationships of dominance and reproduce models of inequity and instead adopt teaching practices that prioritize the development of critical consciousness through critical pedagogy (Freire, 1970; Giroux, 2018).

Critical consciousness, as defined by Freire (1970), is the awareness of social and political oppression, coupled with the capacity to take action to challenge and transform oppressive systems. It involves a process of reflection and action that leads individuals to critically analyze their social reality and strive for liberation (Darder, 2011; Giroux, 1985). Critical pedagogy, then, is the educational approach that aims to help learners to meaningfully engage with their social context, understand the role of power and privilege in shaping their world, and take action together to make changes. As young people develop awareness of the contradictions and falsehoods they are taught (e.g., the myth of meritocracy), they begin to work to change their environments, and through taking action to make a change, their understanding of power,

privilege, and oppression deepens. Importantly, learners work to understand their own oppression as well as the oppression of others, such that collective liberation becomes possible as coalitions form. Thus, critical pedagogy can be a way for both SGD and cisgender, heterosexual learners to better understand the oppression of SGD people and take action to transform these systems of oppression to improve the material conditions of SGD people's lives.

This vision of the radical potential of education draws on a firmly rooted belief in the assets of youth—indeed, critical pedagogy is grounded in the idea that youth can harness their own power to reform and heal the world. This view of youth as powerful change-agents stands in direct contrast to the way youth—especially marginalized youth—are often seen and treated. Much of the research on SGD adolescents has been shaped by deficit-based views of queerness that presuppose that SGD youth are always already only victims who are damaged by their society. This leads to research that relies on unspoken assumptions that SGD youth are passive victims whose most salient features are the presence, absence, or severity of mental health concerns (Bryan, 2019; Talburt, 2006). In contrast, critical pedagogy provides a framework for researchers, educators, and adolescents themselves to better understand the agency and power that SGD individuals can cultivate, without ignoring the harms that heterosexist and cissexist environments enact on them. Indeed, critical pedagogy provides a fruitful avenue for researchers to examine the ways that SGD adolescents experience discovery, joy, and freedom as they work to understand and change the broken world they have inherited.

A brief history of critical pedagogy

For many years, education and research have been considered inherently apolitical endeavors, detached from the realm of ideology and partisan interests. This myth of apolitical teaching and research asserts that educators and scholars should strive for neutrality, objectivity, and impartiality in their academic pursuits, divorcing themselves from the influence of political ideologies or societal biases (Culp et al., 2023). Bolstered by neoliberal encroachment upon K-12 and higher education, this misguided desire for apolitical pedagogy has led to a swarm of legislation aimed to defund diversity, equity, and inclusion initiatives; limit educators' freedom to discuss the realities of racism, slavery, and the treatment of Indigenous peoples; and bar educators from instruction that acknowledges the realities of sexual orientation and gender diversity (López et al., 2021; Sexuality Information and Education Council of the United States et al., 2022). The tenets of critical pedagogy, in contrast, operate from an understanding that educational practices and scholarly inquiry are inherently political acts embedded within broader social, cultural, and historical contexts (Apple, 2021). Indeed, critical pedagogy contends

that educators and scholars have a responsibility to engage with the political dimensions of their work, challenge dominant narratives, foster inclusive learning communities, and advocate for social justice.

At its core, critical pedagogy is the application of critical theory to the world of education. Scholars of the Frankfurt School in the 1930s focused on the importance of utilizing theory to not only describe and understand the world, but also to change the world, focusing particularly on the role of theory in liberating those who are marginalized and oppressed (Best et al., 2018). Paulo Freire, a Brazilian educator whose seminal works form much of the groundwork for critical pedagogy, worked closely with impoverished and systematically marginalized communities as an adult educator and was profoundly shaped by the dialogue he had with his students. Freire argued that traditional education often perpetuated inequalities by treating students as passive recipients of knowledge, rather than active participants in their own learning. By engaging his students in non-hierarchical activities which engaged their own strengths, Freire observed a process he termed *conscientização* (or *conscientization*), a growing awareness of the social, political, and economic forces that shaped their reality and formed oppressive systems. Through conscientization, individuals develop a deeper understanding of their own agency and potential to challenge and transform oppressive systems, leading to empowerment and collective action for social change (Freire, 1970). This work became solidified into a more formal pedagogical approach of problem-posing education that empowers learners to critically reflect on their social conditions, challenge hegemonic structures, and engage in praxis (Freire, 1970). Praxis is the embodiment of theory through transformative action; critical reflection informs critical action, and critical action brings further critical reflection. Critical consciousness thus manifests through praxis (Freire, 1970).

Freire's ideas gained international recognition and sparked a movement, both in Latin America and in other communities resisting social and economic injustices. Scholars and educators around the world were inspired by Freire's emphasis on dialogue, collaboration, and the recognition of learners' experiences and perspectives. They began to adapt and expand upon his theories, applying them to various educational contexts and advocating for transformative change within schools.

Throughout the latter half of the 20th century, critical pedagogy continued to evolve and move to other disciplines, with scholars such as Henry Giroux, bell hooks, and Peter McLaren making significant contributions to the field. Giroux, in particular, emphasized the role of education in fostering democratic citizenship and social justice, critiquing the neoliberalization of schools and advocating for a curriculum that promotes critical thinking, creativity, and civic engagement (Giroux, 2018). Giroux's concept of critical pedagogy as a form of cultural politics emphasized the role of education in

challenging dominant ideologies and fostering social change. Importantly, bell hooks' writing highlights the interconnected oppressive forces of racial, economic, gender, and other systems in shaping students' experiences and opportunities, which she observed first-hand as a Black woman attending both segregated and recently integrated schools in Kentucky (bell hooks, 2014). Peter McLaren roots his scholarship in Marxist theory, emphasizing the importance of education in challenging capitalism and fostering social change. He has advanced critical pedagogy by advocating for a curriculum that exposes students to the contradictions of capitalist society and encourages them to become agents of change through critical consciousness and activism (McLaren, 2005).

In the 21st century, critical pedagogy has remained relevant and influential, as educators confront new challenges posed by globalization, digital technology, and the increasing corporatization of education. Scholars continue to explore and expand upon the theoretical foundations of critical pedagogy, while also developing practical strategies for implementing its principles in diverse educational settings. Recent scholars have applied queer theory and queer thought to critical pedagogy. Dana Stachowiak and Leila Villaverde apply a genderqueer lens to critical pedagogy, challenging binaries such as oppressed *or* emancipated and teacher *or* student, and urge the field to go beyond binary analyses and explore nuances of identity (Stachowiak & Villaverde, 2020). Silvia Christina Bettez and Christina Maria Dominguez critique the focus in critical pedagogy on raising individual critical consciousness and advocate for critical community-building, drawing on the work of scholars who are feminist, queer, and/or scholars of color (Bettez & Dominguez, 2020). Critical community-building approaches consider how classroom communities engage in consciousness-building as a group and are responsible for collective change (Bettez & Dominguez, 2020).

Interwoven in these discussions—and arguably into all iterations of critical pedagogy—is the focus on praxis (Freire, 1970), taking action to address structural change. Critical pedagogy, then, not only focuses on the fact **that** learners have the power to shape their world but also on **how** learners can take action to change the structures of power in their lives. In the critical pedagogy approach that Freire termed *problem-posing* (Freire, 1970), young people actively engage in critical inquiry, rather than passively accepting as truth that which others have offered. One of the cornerstones of problem-posing education within critical pedagogy is that learners identify real-world problems in their lives and gain knowledge and skills to address those problems. Teachers, then, work with students to cultivate collective action. For example, through conversations with trans college students, Johnson and Mugdal (2024) identified that for many students in UK secondary schools, trans people were only discussed in a medicalized framework during sex education. This denied all students opportunities to develop an understanding of the real and complex

lives of trans people. A problem-posing approach to addressing the lack of trans visibility in many school curricula could look like a teacher posing a question of where students see trans people represented in their learning, where they do not, and why (Johnson & Mugdal, 2024). If students identify a problem with a lack of trans representation in their school curriculum, they could collaborate to create trans-affirming curricula for their school. In this way, problem-posing education encourages teachers to help learners experience the process of making meaningful change. In his discussion of the future of critical pedagogy, Peter McLaren points to the enduring need for engaged and active communities to take down and remake structures that serve to oppress us and notes that critical pedagogy remains a vibrant resource for fostering resistance (McLaren, 2020).

In an era marked by growing inequality and social unrest, the transformative potential of critical pedagogy remains as compelling as ever, offering a framework for educators to engage students in meaningful dialogue, reflection, and action towards a more just and equitable society. As critical pedagogy continues to evolve, it remains rooted in the praxis of education as not merely a tool for transmitting knowledge, but an opportunity for social transformation and liberation. By empowering learners to critically analyze and challenge the status quo, critical pedagogy cultivates active, informed communities capable of creating a more just and equitable world together. Importantly, critical pedagogy situates this power in the hands of the oppressed, but it invites all learners from all areas of relative privilege to engage in collaborative liberatory work.

Bringing critical pedagogy and queer adolescent research together

Much of the research on SGD adolescents focuses on documenting deficits, highlighting the ways in which they are damaged and victimized by society. Although this work may be necessary, especially to demonstrate the deleterious effects of bullying, victimization, marginalization, and structural discrimination, it also presents a fairly uniform view of SGD adolescents that may be limited in its scope and may inadvertently serve to reinforce negative stereotypes about SGD adolescents (Bryan, 2019; Talburt, 2006). Highlighting critical pedagogy for SGD adolescents may be one promising way to focus on the assets and strengths of this group, and it could encourage researchers to study how SGD adolescents (as well as peers and trusted adults) are and can be agents of change-taking action against these systems of oppression.

As we strive to incorporate the tenets of critical pedagogy into our work with SGD adolescents, we thought it would be instructive to offer examples from scholarship that has endeavored—albeit imperfectly—to bring these two fields together.

Example one: TransTok

One such project is TransTok, an interdisciplinary exploration of trans and gender expansive (TGE) young people's use of TikTok to share their understandings of their gender. This research was explicitly designed to focus on TGE adolescents' development and is a collaborative effort between a researcher who focuses mainly on TGE development (Dr. Robert Marx) and a researcher who focuses mainly on youth's deployment of social media for civic engagement (Dr. Ellen Middaugh). Research assistants sampled trending hashtags on TikTok that related to TGE experiences (e.g., #nonbinary, #genderfluid, #transjoy), downloaded creators' videos, and coded them for purpose, execution, and technique. The initial goal of this research was to document the variety of expressions TGE youth employed on TikTok, offering qualitative insight into the ways that young people were expanding and exploding their understandings of the gender binary. As the research, which is still ongoing, progressed, the research assistants noted that many of the videos were not only focused on youth's expression of their gender identity, but also demonstrated aspects of their own political awareness. As a research team, we began to note that TGE youth's videos displayed key tenets of critical pedagogy. For example, many young TGE people's videos shared a 'story time' or a 'day in the life' wherein they offered insight into their own personal narratives. This level of reflection went beyond our expectations—as we thought the videos would mainly entail a young person explaining their gender(s)—and instead entered the realm of critical self-reflection, a component of critical pedagogy. These young people were critically reflecting on their own beliefs and assumptions, noting the normative ways they had been taught to 'do' gender and highlighting the ways that they resist those practices.

Further, their analyses of their own genders acknowledged the broader social contexts that shaped their experiences as they critically analyzed power dynamics, systems of oppression, and structural inequalities within their communities and beyond.

Young creators' social media content also often evidenced their development of the action components of critical consciousness. Many videos were explicitly political, focusing on the ways that anti-trans and anti-LGB bills and policies would impact their lives. Rather than accepting the status quo or assimilating negative messages about themselves into their self-conceptions, these young people demonstrated a clear understanding of the social and political inequalities that shaped their lives. These TGE young people analyzed their social reality in these videos, and their challenging of dominant, heteronormative narratives enabled them to envision alternative possibilities for social change. Importantly, this critical consciousness included empowerment, as the young people recognized the agency that they had and called for action that would change the material conditions of their lives.

Interestingly, several of these videos engaged in problem-posing approaches (Freire, 1970). In these videos, the TGE young people questioned, analyzed, and critiqued the social, political, and economic systems that shape their lives. They explored complex issues, considered multiple perspectives, and developed a deeper understanding of the world around them. Central to problem-posing practice is the use of dialogue to reach deeper levels of understanding, and many of these social media posts were explicitly dialogic in nature, with TGE young people responding to comments, other users' videos, or other people in their lives, using these interactions as a way to deepen their understanding of themselves and their world. Finally, these videos were examples of young people engaging in praxis, connecting their learning to real-world problems to effect change.

Example two: critical pedagogy in GSAs

Another example of meaningful research that brings critical pedagogy to the world of SGD adolescent development is the important work of Dr. J. B. Mayo, Jr. His work on critical pedagogy as enacted with Gay-Straight Alliances (GSAs; also termed Gender and Sexuality Alliances) offers a practical insight into the ways researchers can explicitly engage in asset-based inquiry to understand SGD youth's experiences of learning (Mayo, 2013). His qualitative case study based on a year of situated ethnography within a GSA in the Midwest explicitly focused on the knowledge, reflection, and activism enacted within the organization. GSAs are student-led, faculty-advised after-school clubs for SGD adolescents and their cisgender, heterosexual allies (Griffin et al., 2004). Research has documented that these meetings are spaces of social support, education, and activism, and that participation is associated with better mental health outcomes for youth (Baams & Russell, 2021; Chapter 4, Poteat & Day, 2024; Poteat et al., 2020). Mayo's work offers a new lens to understand what GSAs do and what they could be—a 'third space' in which critical pedagogy is enacted as SGD youth develop critical consciousness.

Mayo documented how the GSA advisor explicitly created programming that was problem-posing in nature, as they allowed students to pick material that felt most relevant to their lives and engaged students in inquiry-based practice to better understand queer history and contemporary politics. As the club consumed media together, the advisor posed questions to foster students' analysis, rather than telling them what to think about the biopic *Milk*, the comedy of Wanda Sykes, or Proposition 8, which aimed to outlaw queer marriage. This instruction employed aspects of critical pedagogy such that students were drivers of their own education and were able to seek out answers that were relevant and important to their own lives. Through this process, students gained insight into many aspects of historical and contemporary injustices.

One of the key aspects of critical pedagogy is the promotion of empowerment and activism—that is, helping students to see that they have agency and can shape their material conditions rather than accepting the lives that hegemonic forces within society demand of them. Mayo's work highlights a push for activism within the GSA as an outgrowth of inquiry-based learning: As students gained insight into historical and contemporary injustices affecting SGD people, they in turn took a variety of actions meant to improve the lives of those who are oppressed by current power structures. For example, GSA students went to the State Capitol to lobby legislators to adopt a variety of policies that protect SGD individuals (including marriage equality), shared their stories with pre-service teachers to improve their practices with SGD youth, and led activities for their high school to increase awareness of bullying and to celebrate the queer experience. In interviews, GSA members mentioned the ways that practices within the GSA offered them opportunities to push back against homophobia and anti-queer sentiments rampant around them. Through critical pedagogy, these students accessed the space and care to cultivate their own beliefs about the world and then to act in accordance with those beliefs for the betterment of their community.

Critical pedagogy within the GSA that Mayo studied involved explicit, critical reflection led through discussions of what they called *Big Gay Moments* (BGMs). These moments included navigating complicated family dynamics with cousins who used homophobic slurs, openly opposing anti-queer legislation at the State Capitol, and serving as a vocal ally to a queer student who was experiencing difficulties in school. As students were encouraged to discuss their BGMs, the advisor made central the importance of self-critique within the process of reflection. Students shared BGMs that revealed their own insecurities and fears of scrutiny; they acknowledged that they were agentic, empowered individuals and also that they still harbored preconceived notions and thought patterns developed by cissexist, heterosexist hegemonic forces. The contradictions and difficulties that students shared as they processed their BGMs demonstrated their own courageous, active engagement as learners guided by critical pedagogy. They were not passively consuming information but were instead actively making their own meaning and applying their new knowledge to their reflections and actions. Learning through critical pedagogy is not neat and simple; it is multidirectional, personal, and can be much messier than educators and researchers alike are taught to imagine. Furthermore, although this chapter has focused on the ways in which critical pedagogy that engages SGD youth in critical reflection can inform critical action, the theory of praxis posits that critical action will also foster critical reflection. More work is needed on these messy, multidirectional dimensions of critical pedagogy with SGD youth.

Conclusions and ways forward

Critical pedagogy offers us—as researchers, teachers, practitioners, and people who care about justice in our world—an opportunity to understand the strengths that SGD young people bring to their own lives, while still acknowledging the cissexist, white supremacist world that may have harmed them. By adopting a lens that challenges dominant narratives and power structures, critical pedagogy enables researchers and educators to recognize and amplify the diverse strengths and agency of SGD youth. Through fostering critical consciousness, critical pedagogy empowers queer adolescents to navigate societal norms and challenges, develop a positive sense of identity, and advocate for their rights and well-being. By centering the experiences of trans and queer adolescents, research using critical pedagogy can facilitate deeper understandings of identity, power, oppression, education, and action. Furthermore, through critical pedagogy, researchers, educators, and SGD youth themselves can engage in ongoing reflection, dialogue, and action (critical praxis) to promote individual and collective transformation. Ultimately, by embracing critical pedagogy, researchers and educators can play a crucial role in affirming the strengths and potential of queer adolescents and fostering a more just, equitable, and inclusive educational landscape for all. By focusing on the ways that SGD youth are able to become engaged, active, empowered learners who work to actively shape and improve their world, we are better able to cultivate and document the discovery, joy, and freedom that is available to SGD youth. Although research on SGD youth's negative experiences and outcomes remains important as we work to address issues of inequity, critical pedagogy allows us a way to celebrate SGD youth and collaborate with them as they take action to understand and change the broken world they have inherited.

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17

ARE WE MAKING THEM FEEL SAFER? A DIALOGUE ON LGBTQ-TARGETED SCHOOL-BASED SAFETY STRATEGIES

Ruby van Vliet and Chelsea A. Rodriguez

Sexually and gender diverse (SGD) adolescents disproportionately report feeling unsafe in the school environment (e.g., Kosciw et al., 2022). This is far from a new phenomenon (Griffin & Ouellett, 2003), and both research and practice have developed strategies over the last decades to improve the school experiences of SGD secondary school students (Black et al., 2012). Enumerated anti-bullying policies, inclusive curricula, Gender and Sexuality Alliances (GSAs), and teacher and staff training are the most common strategies used to promote a safe school environment for SGD students (Chapter 4, Poteat & Day, 2024; Russell et al., 2021). While not universally adopted in all national or regional contexts, safety-centered school strategies such as these have become fundamental in the daily operations and structure of today's schools; however, determining the effectiveness of these strategies in improving feelings of safety has proven to be challenging, and studies have shown that the implementation and normalization of these strategies has not necessarily resulted in improved feelings of safety for these students (Diamond & Alley, 2022).

This conundrum led to a series of conversations over coffee between the authors of this chapter, concerning the subject of SGD student safety and the challenges of determining the effects of LGBTQ-targeted¹ school safety strategies. The first author (RvV) had recently conducted a meta-analysis² on the topic, and was puzzled by the results: Why did her meta-analysis on these widely accepted strategies for increasing SGD adolescents' feelings of school safety find only small effect sizes? The second author (CAR), coming from the theory and history of education, offered possible explanations based on the history of those LGBTQ-targeted school-based strategies and the challenges of implementing social reform efforts into the school environment. CR asked: What do you mean by 'safety'? Is 'safety' really the aim of these strategies?

And, if so, is safety a satisfactory goal for SGD adolescents in school today? These questions only left the authors feeling more curious, leading them to develop their conversation into an interdisciplinary exploration of the topic. This chapter presents a structured form of that dialogue, using theoretical and methodological reflections to make sense of the empirical results of the meta-analysis at the heart of this discussion.

This chapter begins with a state-of-the-art concerning SGD students' feelings of safety in the school environment, presenting both contemporary and historical overviews of the problem at hand and the solutions that have been offered. Then, both authors discuss the challenges of measuring the efficacy or success of LGBTQ-targeted safety strategies from different research perspectives: One (RvV) through a reexamination of common results in quantitative studies, and the other (CR) through the lenses of educational history and theory, before jointly problematizing 'safety' as a measured outcome. Finally, this chapter concludes with a joint discussion over the main takeaways and questions from this exercise and paths for future research concerning school safety strategies and the SGD adolescents they are meant to support.

School safety feelings and LGBTQ-targeted school strategies: an overview

In many cases, SGD students experience their school environment as unsafe (e.g., Kosciw et al., 2022). This can largely be attributed to a disparity in bullying-victimization experiences, but SGD students also often lack important elements of social safety in the school environment, such as a sense of belongingness, recognition, and protection (Myers et al., 2020; Diamond & Alley, 2022). These experiences of unsafety at school among SGD students are significantly associated with poorer mental health outcomes (Wilson & Liss, 2022) and increased substance abuse (Bishop et al., 2023). Considering these consequences, it seems essential that schools implement strategies targeting SGD students and their feelings of safety.

In the school setting, there are four main types of strategies used to increase the feelings of safety among SGD students: Enumerated policies, inclusive curricula, GSAs, and teacher training on SGD (Chapter 4, Poteat & Day, 2024; Russell et al., 2021). At an organizational level, anti-bullying policies have been expanded to include explicit protections for SGD students. These enumerated policies can pertain to national or regional laws and policies, as well as school-specific policies. Enumerated policies provide both SGD students and their teachers with clarity regarding their rights to safety at school (Russell et al., 2021) and signal that bias-based bullying will not be tolerated, giving teachers clear guidelines on when they should intervene and how incidents should be reported (Swanson & Gettinger, 2016). The second strategy, inclusive curricula, involves the recognition of sexual and gender

diversity within the curriculum, for example by discussing queer people or LGBTQ-related events in history, science, mathematics, and literature classes (Russell et al., 2021; Abreu et al., 2022). This strategy not only allows SGD students to have their lived experiences recognized in the school space, but also increases awareness of the unsafe situations youth might encounter while educating *all* students on how to identify these conditions. The third strategy concerns student-initiated and student-led extracurricular clubs like GSAs which offer SGD students a space to seek and offer mutual support (Poteat et al., 2020). In addition, GSAs have the potential to improve school safety by promoting empowerment and advocacy, thereby reducing sexual prejudice which is often associated with homophobic bullying and microaggressions (Horn & Szalacha, 2009; Poteat et al., 2018). Lastly, research has stressed the importance of teacher and personnel training on sexual and gender diversity (Russell et al., 2021). These trainings can be initiated by the school board or requested by staff members, but the intensity and depth often vary. Typically, the focus of these trainings is on increasing staff members' knowledge about sexual and gender diversity and enhancing their competency to offer support to students.

These four types of strategies are now commonplace in schools across the Western world, though they are not universally implemented and are often contested by conservative actors and voices (Griffin & Ouellett, 2003; National Academies of Sciences, Engineering, and Medicine, 2020). To understand these strategies and their current iterations, it is helpful to look back at the original context from which they arose: namely, the United States during the 1990s and early 2000s (Sadowski, 2016). This context, and the dominant social attitudes concerning sexual and gender diversity and the role of schooling in American society at that time, has shaped both how we understand safety in schools and how we understand the agency of the students these policies are intended to protect. By 1989, lesbian and gay adolescents were identified as an 'at-risk' group by American youth researchers in multiple studies: As a peer group, they experienced increased risk of dropping out of school, homelessness, violence, drug and alcohol abuse, and suicide (Griffin & Ouellett, 2003; Roberts & Marx, 2018). Policymakers and youth advocates decided to utilize school-based programs as a means of improving the lives of these adolescents, publishing their specific recommendations in the 1992 report: "Making Schools Safe for Gay and Lesbian Youth: Breaking the Silence in Schools and in Families," which included school strategies such as Gay-Straight Alliances,³ Safe Spaces, and enumerated anti-bullying policies (Sadowski, 2016). Crucially, politics shaped these strategy recommendations to place an emphasis on 'safety' over breaking the silence or affirming/de-stigmatizing SGD adolescents. Inclusive curriculum was left out of the original recommendations, and safety was elevated to the primary goal to increase the likelihood of the strategies actually being implemented,

and to limit the political arguments against them (Jennings, viii, in Sadowski, 2016). While many Americans and politicians could (and did) argue against strategies that “legitimized” or “encouraged” so-called “homosexuality,”⁴ few could meaningfully argue against the idea that all children should be safe at school (Sadowski, 2016). This political choice, while ultimately successful in getting strategies adopted in schools, has shaped the way we understand these strategies even today. Safety was positioned not as the baseline, but as the overall aim of subsequent strategies; and although inclusive curriculum and staff training have been gradually adopted, safety is still the dominant paradigm when it comes to LGBT-targeted school strategies (Griffin & Ouellett, 2003; Roberts & Marx, 2018).

When we attempt to interpret and understand school-based safety strategies, it is important to remember we are specifically discussing strategies implemented in school spaces, which are sites of contestation and cultural debate (Zimmerman, 2002). In public debates between researchers and policymakers over how to best improve the safety of SGD adolescents, school spaces have been dually positioned as acute sites of harassment and violence on one hand, and as spaces of transformative potential on the other, where social ills such as heterosexism, homophobia, transphobia, and their consequences can be cured (Tyack & Cuban, 1995; Griffin & Ouellett, 2003). Today, school safety strategies are widely adopted and normalized, but this tension between schools as sites of concurrent danger and protection perseveres and complicates efforts to address disparities in the school space. The practices and structures which make schools identifiable to us as schools are inherently heteronormative and resistant to change, making efforts to shape non-heteronormative school spaces challenging and often controversial (Tyack & Cuban, 1995; Talburt, et al., 2004). Efforts to improve the school environment which challenge the traditional status quo of how schools should be structured (e.g., gendered bathrooms, dress code policies), how students should behave (e.g., normative behavior, obedience), and what should be taught (e.g., traditional subjects versus sex education) have often been denounced by opponents as politically motivated or detrimental to the education of other students (Kumashiro, 2008).

Measuring the efficacy of LGBTQ-targeted school safety strategies

After exploring the current literature on LGBTQ-targeted school strategies, we observed some clear challenges in quantitatively measuring their efficacy regarding students’ feelings of safety. First, the likelihood of a strategy being implemented can vary depending on school characteristics that might also relate to school safety more generally. One clear example is that schools with more experienced teachers are more likely to have a GSA (Baams et al., 2020).

Studies measuring the relationship between an LGBTQ-targeted strategy and school safety feelings should thus account for such characteristics. Second, the extent to which strategies are executed also varies. Differences in success are dependent on the extent to which strategies are carried out in schools (e.g., Poteat et al., 2018). Simply measuring the presence of an inclusive curriculum, for example, does not consider whether topics related to sexual and gender diversity are presented in a positive, natural or negative manner (Snapp et al., 2015). Lastly, we observe a dichotomy between measuring students' individual perceptions of safety (e.g., 'do you feel safe at school?') and assessing the safety climate for SGD students (e.g., 'is your school safe for LGBT+ students?'). This dichotomy illustrates the difficulty in defining school safety as a measurable outcome. Methodological issues like these make it challenging to quantitatively measure the efficacy of LGBTQ-targeted strategies.

In the history and theory of education, however, there are other ways to measure the success of a school policy or strategy. Meeting slated outcomes or objectives is certainly one way, but the longevity of a policy, as well as faithful implementation of the strategies based on their original design, can also be considered as a forms of success (Tyack & Cuban, 1995). It therefore matters that LGBTQ-targeted strategies have remained an essential part of the policy structures of schools over the last 30 years. It would be shortsighted to say that the presence of these strategies has had no positive impact on the lives of SGD adolescents (Sadowski, 2016; Russell et al., 2021; McDermott et al., 2023). In fact, as with many other school reforms and policies over the last century, school safety strategies may not be demonstrating stated outcomes for their intended aim (safety), but are resulting in other positive consequences. For example, teachers express they feel the implementation of LGBTQ-targeted strategies encourages them to support SGD students (Swanson & Gettinger, 2016); and, SGD students attending schools with these strategies are less likely to report homophobic or transphobic remarks (Russell et al., 2021).

At the same time, as reflections of the societies they are born from, schools continue to act as disciplining institutions that tend to enforce (hetero and cis) normative structures and processes, even if inclusive or anti-discrimination policies are brought into and normalized in the school space (Roberts & Marx, 2018). In the United States since the 1990s, schools have been tasked with protecting SGD students, but the complex institutional nature of the school environment presents obstacles to that aim (Labaree, 2012). Leaving aside the difficulties of measuring the efficacy of school-based strategies, the implementation of school strategies offers an additional challenge because schools tend to change policies more than policies change schools (Tyack & Cuban, 1995). Much like the population of SGD adolescents, school environments are far from monolithic, and consist of a complex network of actors and stakeholders who impact how, when, and to what degree a strategy or

policy is implemented (Tyack & Cuban, 1995). Having enumerated policies without administrator or teacher buy-in and enforcement, for example, naturally limits the impact those policies can have on preventing bullying. Budget or resource limitations often also make it difficult to make structural changes or provide staff training to implement strategies effectively in rural or under-served schools (De Pedro et al., 2018; Pont & Kools, 2018).

Problematizing ‘safety’ in school safety strategies

There is value in questioning whether adhering to the original aim and design of these safety strategies is really serving today’s SGD adolescents in the ways they need. The main problem is that ‘safety’ as a concept in school safety strategies is frequently used and emphasized by practitioners and researchers with little reflection on its meaning(s) or history as an aim, and there is no consensus on when this ambiguous aim is actually measurably achieved. It’s already been discussed how safety was made a central element of these strategies due to the political context of the 1990s, but the use of protective, threat-based language has a real impact on the lived experience of SGD students in schools (Roberts & Marx, 2018). Emphasizing concepts like safety in school policies can reinforce institutional barriers to inclusion and belonging by designating ‘victim’ status on the entire spectrum of SGD adolescents, normalizing their alterity (otherness) in relation to other students (Kleinman, 2000). Designating SGD students collectively as an at-risk group also ignores critical differences in the lived experiences between these adolescents and the intersections of other factors like race and class in their feelings of safety and victimization (Roberts & Marx, 2018).

When schools and teachers emphasize safety above all else, a strategy often reserved for SGD students, the underlying message is that their identities are (and will be) constantly under threat, whether they feel that way already or not (Sadowski, 2016). The language and words we use in school policies and strategies matter, and while protecting SGD students is a noble aim, the history and ambiguity of ‘safety’ as a concept limits how effective school safety strategies can be in practice. This long-standing emphasis on safety above all else for SGD adolescents in schools may actually be counter-productive to achieving what these students actually need: A school environment which reflects their lived experiences and realities and where they feel they belong alongside their peers.

When quantitative research moves away from the at-risk approach, the measured outcomes of LGBTQ-targeted strategies are shifted from safety feelings towards youths’ resilience and students’ potential to resist and change oppressive and heteronormative school structures (Robinson & Schmitz, 2021). In addition, this research approach goes beyond the measurement of school strategies through binary predictors, such as absence/presence of or

positive/negative, making it possible to explore the depth of implementation of LGBTQ-targeted strategies more complexly and better assess students' agency and experiences (Schey, 2021). For example, scholars might recognize the potential of a GSA to offer a counter space where a community can be built within the school, and examine how this empowers students and equips them with the tools to serve as "agents of social change" (Russell et al., 2009, p. 900; Poteat et al., 2018; Robinson & Schmitz, 2021). Thus, by recognizing the context surrounding the LGBTQ-targeted strategies and the (intersectional) context of the study's participants, scholars can quantitatively demonstrate potential outcomes of the strategies that enable students to challenge cisheterosexism in the school environment.

Discussion

As with all good discussions, this dialogue between authors over the efficacy of school safety strategies produced a number of intriguing questions: Why is school safety so difficult to measure for SGD adolescents? Can we really measure student safety feelings meaningfully? And should 'safety' be the aim of these school strategies, considering the emphasis this puts on students as 'victims' and the missed opportunity to address the intersectionality of their school experiences? In this chapter, we have attempted to offer methodological and theoretical reflections on the challenges of measuring the efficacy of LGBTQ-targeted strategies in schools and problematized whether safety is really the outcome we should be measuring.

The challenges of quantitatively measuring LGBTQ-targeted strategies might offer one answer to why (RvV) found such small results for the increase of school safety feelings when schools have implemented a strategy. The institutional history and routines of schooling must be considered when shaping and implementing these strategies to better mitigate the impacts of heteronormative obstacles which are inherent to the traditional schooling system. However, this does not mean that crafting effective strategies in the school space is impossible; rather, it means that simply bringing strategies into the school environment is not enough.

The limited efficacy of LGBTQ-targeted school safety strategies in quantitative studies does not mean that SGD students do not benefit at all from these strategies in the school space. Previously discussed factors, such as teacher intervention and school belongingness, have shown promising results in LGBTQ-targeted school safety strategies (Moyano & Sánchez-Fuentes, 2020). The continued longevity of these strategic efforts can still be considered a success, but we should investigate the discursive implications of safety as an aim, and the impact protectionist language has on how SGD adolescents are seen (and see themselves) as potential victims above all else in the school environment. Hence, the language we use in crafting the studies and surveys that aim to assess the effectiveness of

LGBTQ-targeted school safety strategies should be questioned. Additionally, we should reconsider the primary needs and challenges of contemporary SGD adolescents, whose social and cultural contexts are markedly different from that of their American peers in the 1990s. It would be shortsighted to say that their lived experiences and opportunities for self-fulfillment are as limited as that of their peers during the 1990s and early 2000s. From this discussion, safety is an important baseline, but not enough of an aim for SGD adolescents today. Once we acknowledge this, we can employ quantitative measurements that move away from the at-risk approach and explore the alternative potential of LGBTQ-targeted strategies while simultaneously better-addressing students' intersectional experiences.

Moving forward, there are several questions this exercise was not able to answer, which would be interesting cases for future research: What does fully realized safety for the range of SGD adolescents look like in schools, and at what point can we consider it mission accomplished? How can we best overcome the heteronormative and institutional barriers SGD students face through school-based strategies? We must continue to pay more attention to exploring the viability of alternative outcomes other than safety, such as belongingness, agency, and self-actualization, for example.

If nothing else, this interdisciplinary dialogue has demonstrated the value of incorporating different perspectives in education and youth research. What began as a conversation over coffee developed into an in-depth reassessment of the challenges and practices of researching SGD adolescents in the school environment. Bringing together the results of contemporary youth research and historical perspectives on schooling has motivated us to extend our gaze beyond safety as a primary outcome of targeted school strategies. It leaves us convinced that through interdisciplinary collaboration, researchers can look beyond dominant frames and paradigms in their fields (such as safety) to improve research approaches for exploring how SGD students can benefit optimally from their school environment.

Notes

- 1 For readability, throughout this chapter, LGBTQ-targeted strategies will be used to refer to strategies targeting SGD students.
- 2 The results of the referenced meta-analysis are forthcoming and will be published in a peer-reviewed journal.
- 3 When founded, the now called Gender and Sexuality Alliances were called Gay-Straight Alliances. This name was changed in April 2016 to "move beyond the labels of gay and straight, and the boundaries of a binary gender system," as cited from the GSA Network website.
- 4 At the time, sexual and gender diversity was not understood as complexly as today, and the vocabulary to identify and understand queer identities was very limited. Homosexuality was often the blanket term used in debates and media to discuss any and all people who experienced same-sex attraction.

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PART V

Conclusion



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18

PATHWAYS TO INCLUSION

Navigating risk and resilience for sexually and gender diverse adolescents

Tessa M. L. Kaufman

This book provides a comprehensive and in-depth examination of the various factors influencing the lives of sexually and gender diverse (SGD) adolescents. Through a collection of empirical studies and theoretical insights, it explores the complex interplay of family, peer, school, societal, and health-care contexts. The chapters in this book highlight both the risks and resilience factors that shape the experiences of SGD youth, offering valuable guidance for researchers, practitioners, and policymakers dedicated to improving identities and well-being of this vulnerable yet resilient population. This chapter summarizes key implications across the four core themes of this book, each exploring a different context important for SGD adolescents' risk and resilience.

Part I: Family, peer, and school relationships

Acknowledging the key importance of family acceptance support for SGD youth, educating families about sexual and gender diversity is vital. Programs and resources that provide information about SGD identities can help families understand and affirm their adolescents. Further, developing support groups and counseling services for parents of SGD adolescents can help them navigate their feelings and provide better support to their children. Finally, encouraging open, honest, and non-judgmental communication within families can help SGD adolescents feel seen, valued, and understood. Workshops and family therapy sessions can facilitate such conversations. To target such interventions, future research must examine effective family strategies that enhance resilience in SGD adolescents.

In addition to family support, increasing *students'* understanding and acceptance can be enhanced through incorporating LGBTQ+ topics into the school curriculum. This includes history, literature, and social studies classes that highlight the contributions and experiences of LGBTQ+ individuals. Further, creating and facilitating safe or brave spaces within schools, such as Gender and Sexuality Alliances (GSAs), can provide crucial support for SGD students. Training teachers and staff to be allies and implementing comprehensive and inclusive sexuality education can ensure that SGD adolescents receive accurate and relevant information. Moreover, schools should provide access to mental health services that are affirming of sexual and gender diversity. This includes hiring counselors who are trained to address the specific needs of SGD students. Implementing these practical measures can create a more inclusive, supportive, and affirming environment for SGD adolescents, helping them to thrive in their intimate relationships and overall development. Implementation processes determine the impact of practical measures, and future research must examine facilitators and barriers in the implementation of school efforts to address the specific needs of all adolescents.

To foster healthy *intimate* relationships for SGD adolescents, practitioners can leverage supportive relationships and help them understand their desires and needs. Additionally, practitioners should provide guidance on healthy relationships and warning signs of violence, empowering SGD youth to engage in meaningful and supportive connections. Future research should investigate how the dynamics of SGD youth's intimate relationships can be leveraged to provide better support and resilience for SGD adolescents.

Part II: Society, community, and social media

Zooming out to more distal environmental factors, supportive *laws and policies* can enhance the health and resiliency of SGD adolescents, reduce health disparities, and improve access to resources. Conversely, discriminatory policies can restrict opportunities, perpetuate stigma, and negatively impact the health of SGD adolescents. Future research should investigate the impact of supportive laws on risk and resilience, consider structural stigma as a multi-dimensional construct, and assess the long-term effects of such laws on SGD adolescent health into adulthood. Moreover, recognizing the importance of active political engagement of SGD adolescents themselves, research must examine whether *all* SGD youth—not just those who already have an interest in politics—can be empowered to participate in civic and political life in ways that speak to their specific skills and interests.

Recognizing the increased importance of *social media* in SGD youth's lives, targeted and tailored interventions should be designed to improve media literacy and online safety for SGD adolescents—by focusing on critical thinking, resilience, and self-advocacy, while addressing risks like cyberbullying and

hate speech. Additionally, practitioners should educate on online safety and healthy coping mechanisms, while also leveraging digital media for empowerment, community-building, and access to affirming information. Future research should adopt an *intersectional* approach to examine how race, ethnicity, socioeconomic status, and disability intersect with sexual and gender identity, shaping digital media use, access to resources, and experiences of online discrimination or marginalization.

Part III: Affirming and trauma-informed care

It is crucial to address the unique healthcare challenges faced by SGD adolescents by creating inclusive and safe environments and implementing affirmative care policies. Providers must receive ongoing training to better understand SGD-specific needs, reducing discrimination and assumptions based on heterosexual and cisgender norms. There is an urgent need to integrate gender-affirming care (GAC) into general healthcare, beyond specialized centers, to ensure comprehensive support across medical, psychological, social, and legal dimensions. Prioritizing the reduction of extensive waiting lists and increasing the presence of transgender and gender diverse (TGD) healthcare providers will enhance care, accessibility, and quality. Research should adopt community-engaged, interdisciplinary approaches to study GAC outcomes, focusing on the barriers faced by multiple marginalized TGD adolescents, such as racism and classism, to foster truly inclusive healthcare services.

Moreover, there is a need to adopt a *positive* perspective on gender and sexuality as sources of joy and vitality for SGD youth, offering pathways to health and well-being beyond the harms of minority stress and trauma. By understanding how queer and trans actualizations occur across various levels—individual, interpersonal, social, community, and systemic—efforts to support SGD youth will be more effective and meaningful.

Part IV: Critical perspectives on risk and resilience

Traditional research paradigms do not always apply to the contemporary generation(s) of SGD adolescents. Current, and probably future generations of SGD adolescents realize and accept diverse sexual and gender identities at younger ages than previous generations and experience an important role of digital platforms in shaping their identity milestones, providing new avenues for self-expression and community-building. These generations are likely to see increased visibility and acceptance of LGBTQ+ identities but may also face backlash and challenges like online harassment. This generation is notable for a growing number of adolescents identifying as non-binary, highlighting the diversity in identity milestones and the absence of a singular “master narrative” for their experiences.

Further, traditional research paradigms on correlates of stigma exposure tend to focus exclusively on internalizing problems, while a comprehensive approach to studying *aggressive behaviors and disorders* across different identities is necessary to understand these disparities and the unique challenges faced by these youth. Addressing institutional heterosexism and cissexism in schools is vital for reducing aggressive behaviors among sexual and gender minority youth. Implementing measures like accommodating gender expression in dress codes and restorative justice practices can challenge harmful stereotypes and support positive development. Future research should focus on understanding aggressive behavior as both a response to minority stressors and a result of stereotypes, aiming to break the cycles of aggression and promote positive development.

Emphasis is also required on the global rise of *anti-gender movements* and their implications for educational practices and student welfare. Anti-gender campaigns lead to self-censorship among educators and reduce students' access to comprehensive information on gender and sexuality. These campaigns undermine educators' autonomy and further SGD adolescents, marginalizing them in educational settings. This underscores the importance of inclusive education for fostering tolerance and equity and warns against the detrimental impact of politicized attacks on educational content and practices.

In investigating how school experiences of SGD adolescents can be improved, critical pedagogy provides a valuable framework for recognizing and supporting the strengths and resilience of SGD youth by challenging dominant narratives and power structures. It fosters critical consciousness, empowering queer adolescents to navigate societal norms and advocate for their rights. This educational approach highlights the importance of broader outcomes like belongingness, agency, and self-actualization, beyond just safety.

In summary, adopting a comprehensive perspective and engaging in interdisciplinary collaboration can lead to a deeper understanding of SGD youth's experiences. This approach is essential for creating inclusive, supportive environments that promote their growth and well-being, moving towards a more equitable and just society for all SGD individuals.

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