Strategies for Schools to Prevent Psychosocial Stress, Stigma, and Suicidality Risks among LGBTQ+ Students

Samskruthi Madireddy*, Sahithi Madireddy

1353 Tanaka Drive, San Jose, CA 95131, USA
*Corresponding author: samskruthi.madireddy@gmail.com

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Abstract As key centers for adolescent development, schools present sites for intervention ensuring the wellbeing of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) students. Given mounting evidence on the association between LGBTQ+ identities, negative school climates, and disparities in mental health and suicidality, schools must maintain inclusive environments. This review focuses on strategies for schools to emerge as gateways to improved mental health and resilience among LGBTQ+ students. This study provides clear recommendations, including supporting anti-bullying policies, LGBTQ+-inclusive curricula, and safe spaces, for counselors, educators, school policy makers, and other stakeholders in school ecosystems to intervene professionally on behalf of LGBTQ+ students. The implications of this study help school counselors to be catalysts moving schools to better serve LGBTQ+ students.

Keywords: LGBT, suicide, mental health, students, bullying, stigma, victimization, school counselors

1. Introduction

High school environments play a crucial role in influencing students’ well-being and overall health. Conversely, LGBTQ+ students suffer high rates of discrimination, stigma, and bullying while at school due to their perceived gender expression or sexual identity, which makes them feel insecure at school [1,2]. This can lead to numerous negative educational and mental health outcomes such as high dropout rates, self-harm, abuse of alcohol and drugs, suicide, low self-esteem, isolation, and depression [3,4,5,6]. The effects of bullying also end up shaping pivotal developmental processes among these students and significantly influence mental health disparities [7,8,9]. The prevalence of victimization in schools is worrying mainly because it is linked to short-term and long-term challenges such as increased suicidality, poor psychosocial adjustment, and poor academic and health outcomes [10]. Considering these disparities between LGBTQ+ students and their cisgender-heterosexual peers, it is important to comprehend the factors that instigate these inequalities and address them through school-based prevention efforts, policies, and programs. LGBTQ+ students can fully realize their potential if they are accorded the support they need and valued as school community members. Accomplishing this requires schools to focus on fostering positive academic, emotional, and social development for all students while eliminating sexuality-based and gender-based biases.

School interventions that tackle discrimination against LGBTQ+ students can foster inclusivity and enhance the well-being of students. This study reviews the existing literature on risk factors and protective factors for LGBTQ+ youth in schools and explains common findings regarding interventions to prevent risks associated with homophobia and transphobia. By cataloging evidence-based practices for schools to support LGBTQ+ youth, this review provides clear recommendations for counselors and other stakeholders within school ecosystems.

2. School Risk Factors

LGBTQ+ students’ exposure to victimization and bullying at school has been associated with many negative academic and health outcomes such as poor individual and school-level academic performance, poor physical and psychosomatic health, psychological stress, mental health challenges, absenteeism due to fear, depression, and suicidal ideation [11,12,13]. According to the 2013 National School Climate Survey from the Gay, Lesbian, and Straight Education Network (GLSEN) involving 7,898 students from 6th to 12th grade across 2,770 school districts, 55% of LGBTQ+ students did not feel safe at school due to their sexual orientation and 38% felt unsafe due to their gender expression [14]. Almost 33% of LGBTQ+ students missed one or more school days over the past month, over one-third avoided gender-segregated locker rooms and bathrooms, and over two-thirds tended to avoid participating in events at schools because they did
not feel safe [14,15]. In addition, almost three-fourths of LGBT students indicated that they had been verbally harassed and 49% revealed that they had experienced electronic harassment in the past year [14]. At the same time, 16.5% of these students revealed that they had been physically assaulted in the past year and 36% had been physically harassed [14]. Given these high rates of discrimination, it is important to foster the development of safe and supportive school environments for LGBTQ+ youth. Therefore, it is evident that schools must address all the risk factors contributing to the victimization, bullying, stress, and mental health issues that LGBTQ+ students face.

2.1. Bullying and Victimization

Victimization based on stigma severely jeopardizes the psychosocial development and overall health of LGBTQ+ students [15,16,17,18]. It poses a serious threat to these students’ mental health, and its negative effects are witnessed in their academic performance and overall well-being [19,20,21]. High levels of victimization for LGBTQ+ students are linked to reduced self-esteem, few plans for postsecondary education, increased substance abuse, high suicide risks, and increased incidences of depression [22]. According to a survey covering 10 states and 10 large urban school districts, LGBTQ+ students are more likely to be harassed, bullied, and injured by a weapon compared to their cisgender-heterosexual counterparts [23]. These findings were replicated by the 2016 Youth Risk Behavior Survey (YRBS) by Kann and colleagues, which similarly found that more than one-third of LGBTQ+ teens had been bullied in school, 23% were sexual violence victims, and 18% had faced physical violence [16]. This verbal and physical harassment, compounded by family rejection and substance use, can increase the odds of contemplating suicide [16,24]. In addition, most recent data from the YRBS suggest that LGBTQ+ students experience more physical bullying (33% vs. 17%) and cyberbullying (27% vs. 13%) than their non-LGBTQ+ peers [25]. Another study involving 11,447 high school students examined the correlation between victimization and truancy, future plans after high school, and grades for both LGBTQ+ and cisgender-heterosexual students and found that LGBTQ+ students reported lower grades, higher truancy, a greater probability of not completing high school, and reduced expectations for attending a four-year college than their counterparts [26]. These differences were partially mediated by the victimization experienced by LGBTQ+ students. These findings underscore the contribution of victimization and bullying to the academic disparities between LGBTQ+ and non-LGBTQ+ students.

2.2. Mental Health Issues

In addition to negative academic outcomes, victimization in high school is also linked to adverse mental health outcomes among LGBTQ+ students [27]. According to a study involving 145 LGBT students, victimization at school mediates the relationship between depressive symptoms and high school belonging and the overall feelings of psychological distress in early adulthood [27]. These findings imply that school victimization may be the reason LGBTQ+ students experience higher levels of psychological distress and depression and lower levels of school belonging compared to their cisgender-heterosexual peers [27]. Russell et al. analyzed the data covering 245 LGBT youth aged between 21 and 25 and found that victimization at school was linked to high suicidal ideation, reduced self-esteem, and low levels of satisfaction with life [28]. In addition, a UK-based Youth Chances community survey involving 1,948 LGBTQ+ university students examined both general as well as LGBTQ+-specific factors linked to mental health problems, self-harm, suicide risks, and use of mental health services [29]. The findings revealed that negative experiences on account of one’s LGBTQ+ identity can be linked to self-harm, heightened suicide risks, and mental health problems [29]. A different study also performed a secondary data analysis of 145 LGBT adults aged between 18 and 20 from 59 LGBT college and university student groups. This study found that school environment is a key determinant of students’ mental health and a hostile climate at school is linked to heightened psychological distress [27,30].

2.3. Psychological Stress and Suicide

According to 2016 national estimates by Kann and colleagues, suicide is alarmingly prevalent among sexual minority youth, with statistics indicating that almost 30% of lesbian, gay, and bisexual (LGB) high school students tried to commit suicide over the past year as opposed to 6.4% of their heterosexual counterparts [31]. Similarly, the 2015 YRBS reported that 60.4% of LGB students experienced hopelessness and sadness, about 43% contemplated committing suicide, 38.2% devised a plan to commit suicide, nearly 30% attempted to commit suicide at least once, and 9.4% were involved in a suicide attempt that lead to an injury, overdose, or poisoning [32]. Notably, bullying and victimization of LGBTQ+ students is consistently linked to depressive symptoms, suicidal ideation, and suicide attempts [33,34,35]. This is corroborated by the findings of various studies, including a nationally representative US survey (YRBS), which indicate that suicidality among LGBTQ+ students is linked to harassment, bullying, or violence based on sexual orientation in schools.

A 2004 Minnesota Student Survey involving 2,255 LGB 9th and 12th grade students found that more than 50% of LGB students had suicidal thoughts and 37.4% had attempted suicide [36]. Similarly, a 2006-2008 survey of 31,852 11th grade students in Oregon, which included 1,413 LGB students, found a 21.5% risk for attempting suicide in the LGB group as compared to a 4.2% risk within the heterosexual group over the past year [36]. A study of the data collected between 2007 and 2011 comprising 246 LGBT students aged between 16 and 20 found that suicide attempts were associated with impulsivity, a lack of social support, and victimization [36]. Robinson and Espelage conducted a large-scale study in Dane County, Wisconsin, involving 13,213 students from 30 middle schools and high schools to determine the discrepancies in mental health outcomes between cisgender-heterosexual and LGBT students [37].
Their findings revealed that compared to their non-LGBT counterparts, LGBT students were more likely to seriously contemplate committing suicide (7.7% vs. 23.1%). Even in instances where there were attempts to control the effects of victimization, lesbian and gay students were almost four times more likely to attempt suicide and bisexual students were six times more likely to attempt suicide compared to their heterosexual counterparts [38,39].

3. School Protective Factors

Although both victimization and bullying are strongly correlated to health inequities, research has demonstrated that supportive school-level initiatives can be crucial protective factors against these disparities [10,40]. A number of strategies in schools can potentially minimize educational and health inequities for LGBTQ+ students and encourage the establishment of supportive climates to protect these students from victimization and bullying [41]. Some of the strategies linked to positive school climates for LGBTQ+ students include implementing policies against bullying and discrimination, developing curricula that include LGBTQ+ activities and events, having supportive teachers and staff, creating safe spaces such as GSAs, and fostering professional development covering sexual orientation and gender identity [25,42,43]. Feeling safe and connected to the school environment are crucial protective mechanisms that can lower the probability of suicide attempts, suicidal ideation, and depression among sexual minority students [44,45].

4. Gateway to Mental Health

Since LGBTQ+ students are present in nearly every school in the country, schools can take the lead in providing access to mental health systems across all geographies, classes, ethnicities, and races [18]. Considering that schools regularly interact with the student population and often provide them with mental health services, it would be beneficial if they take part in providing mental health support for LGBTQ+ students [18]. According to statistics, students who need mental health services are 40% more likely to utilize these services when they are located within school campuses [46]. Mental health services offered at schools are reported to lower ethnic and racial disparities [47]. If schools can offer these services, they can lower the stigma associated with seeking mental health services, which is prevalent in society at large [18].

5. Better School Environment

Previous research has shown that protective school environments provide LGBTQ+ students with significant benefits [48]. Connectedness at school is associated with caring interpersonal relationships, engaged participation in activities, better academic outcomes, and lower suicidal ideation among this group of students [12,49,50]. Policies that curtail victimization in schools have also proven to have positive outcomes such as fewer incidences of suicide attempts and bullying [51,52]. In addition, LGBTQ+ students can have more positive development and decreased danger of victimization through open support from schools, the implementation of inclusive curricula, and the establishment of safe spaces such as GSAs [15,53]. Available evidence also shows that schools can play a role in lowering students’ aggressions by improving relationships between students and teachers [54].

5.1. Counselors and Teachers

Counselors, school staff, and teachers can enhance LGBTQ+ students’ well-being and experience at school [55]. If students perceive school staff as being supportive, then they can easily identify one adult with whom they can confidently share their worries, and this can help mitigate the negative health, social, and psychological challenges that they face and enable them to attain better academic outcomes [15,53,56]. Moreover, counselors, school staff, and teachers’ interventions to curb the bullying and harassment against LGBTQ+ students are linked to fewer incidences of truancy, assault, and harassment among this group of students [57]. A Canada-based study of LGB students recently observed that the presence of a supportive teacher attenuates the relationship between victimization and substance use [17,58]. In addition, three studies across a nationally representative sample of high school students also found that when parents and teachers show empathy toward LGBTQ+ students, the suicidality rate among these students drops [59]. Students feel a stronger sense of belonging at school when counselors and teachers take keen interest in their social and academic lives, and this may lead to fewer cases of bullying [60]. In related findings, students who have at least one adult on campus that they trust to be supportive have better outcomes [61].

All staff at school are responsible for the well-being of LGBTQ+ students, but school counselors may be best positioned to support the mental well-being of these students [62,63]. Various studies show that out of all school administrators, LGBTQ+ students consistently feel most comfortable talking to school counselors about their gender identity and/or sexual orientation [64]. This was evidenced in a 2016 study from Kosciw and colleagues, where 51.7% of LGBTQ students felt comfortable conversing with school counselors, which was substantially higher when compared to security officers (24.2%), assistant principals (24.3%), and principals (25.1%) [62].

Sparse or inconsistent staff intervention when it comes to LGBTQ+ students’ needs typically increases incidences of assault and harassment [15,56]. Among students who report such incidents, 62% said that school staff neither responded appropriately nor took tangible measures [14]. This can be attributed to school counselors lacking appropriate resources and training to address LGBTQ+ students’ concerns [65]. When school personnel become more confident in intervening in incidents that involve gender and sexuality stigma, students attain improved outcomes [66,67]. Professional development regarding
LGBTQ+ students has also been reported to increase empathy and intervention when LGBTQ+ students are victimized [68]. Table 1 illustrates the recommendations for school counselors to prepare the school to support LGBTQ+ students and Table 2 illustrates the recommendations for school counselors to effectively support LGBTQ+ students [15,22,62,69,70].

5.1.1. Principals

School principals can make a significant contribution by creating awareness about LGBTQ+ students’ needs and rights among students, teachers, counselors, and school personnel [69,71]. They can revise their school policies and handbooks to explicitly protect LGBTQ+ students through discussing the language and names used at school and devising appropriate discipline codes to ensure that these policies are implemented. Principals should also create a school culture that encourages everybody to accept and respect diversity. All of these can be achieved by establishing a planning committee to set up an in-service training dealing with such concerns of tolerance. Students can also be part of these inclusion efforts by taking part in planning student assemblies that cover these topics and to be active participants in LGBTQ+ community events. In addition, school principals can also consider forming a curriculum committee that finds resources that can be used to create a curriculum that celebrates diversity. These steps can move the school closer to its goal of respecting all community members without incubating gender identity or sexual orientation biases. Table 3 lists recommendations for principals to effectively support LGBTQ+ students.

Table 1. Recommendations for School Counselors to Prepare the School to Support LGBTQ+ Students

| Recommendations |
|-----------------|
| 1. Develop and implement comprehensive anti-bullying policies: School counselors should support students by making sure that schools enact anti-bullying policies that particularly safeguard students against victimization on the basis of sexual orientation. |
| 2. Help educate the concerned stakeholders: School counselors should educate school personnel, families, and students about anti-bullying policies, appropriate student behavior, procedures for reporting violations, and consequences for violations. |
| 3. Provide professional development: School counselors should join hands with school administrators to deliver professional development and identify local trainers to educate school personnel on LGBTQ+ issues, ways of intervening when bullying or harassment is reported, and strategies that can help them become better allies to LGBTQ+ students. |
| 4. Task force: School counselors should spearhead a bullying task force at the school level to examine the school’s ecosystem of bullying and develop programs that guarantee the well-being of LGBTQ+ students. |
| 5. Develop inclusive curricula in consultation with teachers: School counselors should help design curricula addressing the bullying of LGBTQ+ students. |
| 6. Work with local organizations: School counselors should also develop relationships with local organizations that focus on LGBTQ+ students. Counselors can use such partnerships to improve school education efforts by preparing workshops and inviting guest speakers to discuss the harassment and bullying of LGBTQ+ students. |

Table 2. Recommendations for School Counselors to Support LGBTQ+ Students

| Recommendations |
|-----------------|
| 1. Support a GSA: School counselors should collaborate with students and allies to set up a GSA or other safe spaces and inform administrators of the rights of students to create a GSA as per the Equal Access Act. |
| 2. Provide affirmative counseling: The school counselors should carefully listen to this group of students to identify the impacts of transphobia and homophobia on their well-being, realize the complexities associated with their intersectional identities, and accord them holistic support just like other students. |
| 3. Collaborate with families: Families should be given reliable and comprehensive information on gender expression, gender identity, and sexual orientation. School counselors should support families by enabling them to have conversations with their children about these topics, advocate for their children’s rights, and support them. |
| 4. Support transgender and gender diverse students: School counselors must work together with these students to pave the way for their self-acceptance and self-exploration. |
| 5. Be an ally: Support and allyship are crucial for LGBTQ+ students’ well-being; therefore, counselors should provide appropriate allyship for these students. |
| 6. Empower LGBTQ+ students: School counselors should empower LGBTQ+ students to share their school-based harassment and bullying experiences with school staff. Taking such initiative can help these students establish a personal bond with school personnel, thereby fostering a better understanding about the mental and physical health effects of LGBTQ+ bullying among staff. |

Table 3. Recommendations for Principals to Support LGBTQ+ Students

| Recommendations |
|-----------------|
| 1. Make sure that school environments consider multicultural situations and are inclusive of LGBTQ+ students and caregivers |
| 2. Extend their support to multiculturalism |
| 3. Instruct teachers to focus on LGBTQ+ students |
| 4. Ensure a robust support system at school for LGBTQ+ teachers and students |
| 5. Provide LGBTQ+ students with equal access to all activities at school |
| 6. Facilitate staff training on the inclusion of LGBTQ+ students |
| 7. Take appropriate steps to ensure the inclusion of LGBTQ+ teachers and students |
| 8. Address contentious issues pertaining to LGBTQ+ teachers and students |
5.2. Spaces and Groups

Among LGBTQ+ students in particular, a supportive school environment has been linked to decreased rates of truancy, substance use, suicidal ideation, and depression [57]. The implementation of safe spaces in school, such as a student-led GSA, is one of the measures that contribute to a positive school climate and has been recognized as a supportive resource for LGBTQ+ students [72,73]. The main function of this group is to provide a space for advocacy to lower harassment and prejudice within the school environment while fostering increased self-empowerment and self-esteem for LGBTQ+ students [74,75,76,77]. LGBTQ+ students attending schools equipped with a GSA are known to be more likely to feel safe about their sexual orientation and experience fewer cases of victimization and bullying than those who attend schools without GSAs [25,78,79]. A meta-analysis quantitatively synthesized 15 primary research studies involving 62,923 respondents to examine the linkage between the presence of GSA and students’ accounts of victimization at school, with various study-level factors acting as controls [10]. According to the findings of this meta-analysis, the presence of GSAs is linked to substantially lower homophobic victimization, homophobic remarks, and safety-related fears reported by students [10].

The visibility of GSAs additionally allows LGBTQ+ students to easily identify supportive school staff [57]. Regardless of whether or not they individually engage in the GSAs, LGBTQ+ students in schools with GSAs record positive perceptions about their school experiences and better mental health in the long term [80,81,82]. One study surveyed 240 sexual and gender minority high school students nationwide, where 53% of the respondents had GSAs in their schools, asking questions about their school environments [83]. The results from the survey revealed that supportive staff and overall school environment are crucial for positively impacting sexual and gender minority students’ mental health [83]. LGB students were less suicidal and had a lower likelihood of discrimination in schools where GSAs and relevant policies had been in place for at least three years, and the effect of duration was particularly strong for GSAs [45]. Therefore, GSAs play a variety of supportive roles, including: (a) providing individual support and counseling; (b) establishing safe spaces for students to discuss matters on gender identity and sexuality; (c) enhancing LGBTQ+ visibility across school; and (d) ensuring that schools are safe for LGBTQ+ students [10]. However, beyond GSAs, there are a number of other strategies that can help create a positive school climate such as teaching inclusive curricula in classrooms.

5.3. Recommendations for Curriculum

Teaching curricula that reflect the histories and experiences of LGBTQ+ individuals also contributes to the creation of a supportive environment for LGBTQ+ students [73,84]. When LGBTQ+ inclusive curricula are taught in classrooms, both LGBTQ+ and cisgender-heterosexual students report greater safety, fewer instances of victimization and use of homophobic slurs, and more acceptance of LGBTQ+ students by their peers [31,85,86]. Inclusive curricula may also potentially lower health risks for LGBTQ+ students [87,88,89]. However, currently, LGBTQ+ topics are not prioritized in school curricula [61,90]. GLSEN’s National School Climate Survey conducted in 2009 showed that only 17.9% of 7,000 LGBTQ+ students indicated that their school curricula included information on LGBTQ+ topics [22,91]. LGBTQ+ inclusive curricula are crucial as they encompass information about this community, including historical events and people, and are known to make students feel accepted and safe, thereby lowering their victimization in school [22,48].

According to a 2015 YRBS and 2014 School Health Profiles, students in states that have a higher proportion of schools with LGBTQ+ inclusive curricula have a lower likelihood of negative mental health outcomes and victimization at school [92]. Additional research suggests that the inclusion of LGBTQ+ topics within elementary schools positively impacts the learning environment for students [93]. LGBTQ+ inclusive curricula have also been linked to higher peer support. For instance, two-thirds of LGBTQ+ students indicated that their classmates supported the LGBTQ+ community when inclusive curricula were emphasized in schools [22,84]. In another finding supporting the importance of inclusive curricula, more than 75% of LGBTQ+ students in schools that had adopted inclusive curricula reported that their classmates accepted LGBTQ+ individuals compared to 39.6% of those who did not have such curricula [22]. A 2008 Preventing School Harassment survey involving 1,232 LGBTQ+ and cisgender-heterosexual students in middle schools and high schools also found that there is a direct correlation between inclusive curricula and higher individual and school safety, as well as fewer cases of bullying [73,84].

5.4. School Policies

Providing LGBTQ+-specific resources and implementing anti-bullying policies on campuses have also been associated with improved academic performance and better mental health outcomes among LGBTQ+ students [31,94,95,96]. This may be attributed to the implementation of anti-harassment guidelines that influence these students to have positive perceptions about their environment and a lower likelihood of being harassed [97]. Schools that have policies against bullying on the basis of gender identity and sexual orientation report significantly lower abuse and bullying of LGBTQ+ students [14,87,94,98]. Anti-bullying policies rooted in evidence are known to have an impact similar to inclusive curricula on improving the mental health and academic achievements of LGBTQ+ students, creating safer school environments, and lowering cases of bullying [78]. It is also worth noting that beyond having these policies in place, full implementation and strict enforcement are necessary to guarantee maximum protection for LGBTQ+ students [99,100]. In a meta-analysis of 30,934 youth aged between 7 and 16 across 14 anti-bullying interventions, researchers found that school-based anti-bullying programs effectively prevent bullying, school violence, and victimization [101]. However, a 2005 study by GLSEN and the National Association of Secondary School Principals observed that although most schools
have policies against bullying on the basis of gender identity or sexual orientation, fewer than half of them actually enforce those policies [69]. To address the issue of LGBTQ+ victimization, experts recommend enforcing comprehensive anti-harassment and bullying policies that explicitly include sexual orientation and gender identity protections, as well as well-defined systems to report violations of these guidelines [95].

6. Strategies to Prevent Bullying and Suicide

In a 2010 study by Blumenfeld and Cooper, LGBTQ+ respondents suggested that schools should establish internet-based methods for students to report cyberbullying anonymously to create more opportunities for intervention and take swift action when bullying is reported [55]. Such policies play an important role in curbing the harassment of LGBTQ+ students and prove that schools are serious about ending the menace of cyberbullying. School employees should be trained about their respective states’ guidelines on cyberbullying, including laws protecting gender expansive and sexual minority students. It is also necessary to create and enforce non-discrimination policies that can be applied to all students in schools [102]. At the same time, it is important to include LGBTQ+ students in devising policy statements to legitimize schools’ mission to support the education and well-being of all students. School policies must reflect this mission and ensure that all students are treated fairly and get equal access to mental health and educational services. Both students and school personnel must also be aware of these anti-bullying policies, and the consequences of violating them need to be consistently implemented whenever intimidation, victimization, and harassment occur [102]. A random survey of 8th, 9th, and 11th grade students from 325 schools found that schools that made use of supportive practices had significantly lower prevalence of physical and relational bullying, as well as victimization based on sexual orientation [78]. Therefore, it can be surmised that a safe and supportive environment is a crucial element of a comprehensive public health strategy for preventing suicide among students [97,103]. Table 4 illustrates the specific policies that schools can implement to prevent bullying and suicide among LGBTQ+ students [16,30,78,97].

7. Implications

The findings of this review have significant implications for how school counselors, educators, and school policymakers can intervene on behalf of LGBTQ+ students in their practice. Counselors have the potential to drive significant changes in the school’s climate through their position of trust with students and their expertise about mental health. As such, they can be effective advocates on behalf of students through educating colleagues by delivering professional development, intervening in bullying and supporting preventative policies, supporting GSAs, and designing inclusive curricula with teachers. These evidence-based strategies allow counselors to be catalysts moving schools to better serve LGBTQ+ students in collaboration with teachers, school administrators, and other personnel.

8. Conclusion

High schools are a key center for adolescent development, and they present significant opportunities for interventions aimed at ensuring the well-being of LGBTQ+ students. Setting up safe and supportive school environments can protect LGBTQ+ students from victimization and discrimination while fostering resilience and increasing achievement. Establishing such an environment involves training counselors and teachers on how to intervene effectively against bullying. LGBTQ+ students feel safer in schools that have anti-discrimination policies that include sexual orientation and gender identity, GSAs and other support groups, LGBTQ+-inclusive curricula, and teachers who engage in professional development with regard to supporting LGBTQ+ students. A safe, enabling, and supportive school environment is a key element of a public health strategy that can prevent suicidality among LGBTQ+ students.

| Table 4: Recommendations to Prevent Bullying and Suicide |
|----------------------------------------------------------|
| 1. Implement explicit policies that prohibit bullying, physical violence, and discrimination on the basis of gender identity and sexual orientation |
| 2. Have GSAs or similar groups that establish a safe space for LGBTQ+ students |
| 3. Offer information on organizations addressing LGBTQ+ suicide |
| 4. Implement programs on LGBTQ+ issues targeted toward encouraging teen and preteen participation |
| 5. Train school personnel on LGBTQ+ cultural competence |
| 6. Provide families with informational programs on topics related to sexual orientation and gender identity |
| 7. Provide extracurricular programs that underscore the importance of diversity |
| 8. Accept LGBTQ+ teachers, students, and school personnel |
| 9. Cultivate an inviting, nurturing, and inclusive environment via outreach and classrooms |
| 10. Adopt inclusive curricula representing LGBTQ+ students, including via health education. |
| 11. Offer LGBTQ+-inclusive resources on campus and referrals for external LGBTQ+-specific services |
| 12. Provide accessible information on LGBTQ+ topics through library and media resources |
| 13. Conduct regular reviews of media and print materials with LGBTQ+ individuals |
| 14. Support staff who advocate for LGBTQ+ rights |
| 15. Provide gender-neutral bathrooms and maintain equity in dress codes, particularly for events such as school dances and prom |
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The authors declare no conflict of interest.

References

[1] Asplund, N. R. & Orduway, A. M. (2018) School counseling toward an LGBTQ-inclusive school climate: Implementing the SCARE model. Journal of LGBTQ Issues in Counseling, 12(1), 17-31.

[2] Stargell, N. A., Jones, S. J., Akers, W. P., & Parker, M. M. (2020). Training school teachers and administrators to support LGBTQ+ students: A quantitative analysis of change in beliefs and behaviors. Journal of LGBTQ Issues in Counseling, 14(2), 118-133.

[3] Jae, A. Puckett, J. A., Horne, S. G., Surace, F., Carter, A., Noffsinger-Frazier, N., Shulman, J., Detrie, P., Ervin, A., & Mosher, C. (2017). Predictors of sexual minority youth’s reported suicide attempts and mental health. Journal of Homosexuality, 64(6), 697-715.

[4] Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Zewdu, D., McManus, T., et al. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school student-19 states and large urban school districts, 2017. Morbidity and Mortality Weekly Report, 68(3), 65-71.

[5] Mueller, A. S., James, W., Abruin, S., & Levin, M. L. (2015). Suicide ideation and bullying among US adolescents: Examining the intersections of sexual orientation, gender, and race/ethnicity. American Journal of Public Health, 105(5), 981-985.

[6] Seelman, K. L., & Walker, M. B. (2018). Do anti-bullying laws reduce in-school victimization, fear-based absenteeism, and suicidality for lesbian, gay, bisexual, and questioning youth? Journal of Youth and Adolescence, 47, 2301-2319.

[7] Eisenberg, M. E., Gower, A. L., McMorris, B. J., Rider, N., Shea, G., & Coleman, E. (2017). Risk and protective factors in the lives of transgender/gender non-conforming adolescents. Journal of Adolescent Health, 61(4), 521-526.

[8] Veale, J. F., Watson, R. J., Peter, T., & Saewyc, E. M. (2017). Mental health disparities among Canadian transgender youth. Journal of Adolescent Health, 60(1), 44-49.

[9] Watson, R. J., Park, M., Taylor, A. B., Fish, J. N., Corliss, H. L., Eisenberg, M. E., & Saewyc, E. M. (2020). Associations between community-level LGBTQ-supportive factors and substance use among sexual minority adolescents. LGBTQ Health, 7(2), 82-89.

[10] Marks, R. A., & Kettrey, H. H. (2016). Gay-straight alliances are associated with lower levels of school-based victimization of LGBTQ+ youth: A systematic review and meta-analysis. Journal of Youth and Adolescence, 45(7), 1269-1282.

[11] Arseneault, L. (2017). The long-term impact of bullying victimization on mental health. World Psychiatry, 16(1), 26-27.

[12] Day, J. K., Perez-Brumer, A., & Russell, S. T. (2018). Safe schools? Transgender youth’s school experiences and perceptions of school climate. Journal of Youth and Adolescence, 47, 1731-1742.

[13] Steiner, R. J., & Raszberry, C. N. (2015). Brief report: Associations between in-person and electronic bullying victimization and missing school because of safety concerns among U.S. high school students. Journal of Adolescence, 43, 1-4.

[14] Kosciew, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). The 2015 national school climate survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation’s schools. New York: GLSEN.

[15] Abreu, R. L., Black, W. W., Mosley, D. V., & Fedewa, A. L. (2016). LGBTQ+ youth bullying experiences in schools: The role of school counselors within a system of oppression. Journal of Creativity in Mental Health, 11(3-4).

[16] Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health care disparities among lesbian, gay, bisexual, and transgender youth: A literature review. Carees 9(4), e1184.

[17] Huebner, D. M., Thoma, B. C., & Nielands, T. B. (2015). School victimization and substance use among lesbian, gay, bisexual, and transgender adolescents. Prevention Sciences, 16(5), 734-743.

[18] Wofford, N. C. (2017). Mental health service delivery to sexual minority and gender non-conforming students in schools: A winniciiane approach. Child and Adolescent Social Work Journal, 34, 467-478.

[19] Eisenberg, M. E., Mehus, C., Saewyc, E., Corliss, H., Gower, A. L., Sullivan, T. R., Porta, C.M. (2018). Helping young people stay aloof: A qualitative study of community resources and supports for LGBTQ adolescents in the U.S. and Canada. Journal of Homosexuality, 65, 960-989.

[20] Goodenow, C., Watson, R. J., Adjie, J., Homma, Y., & Saewyc, E. (2016). Sexual orientation trends and disparities in school bullying and violence-related experiences, 1999-2013. Psychology of Sexual Orientation and Gender Diversity, 3, 386-396.

[21] Gower, A. L., Valdez, C. A. B., Watson, R. J., Eisenberg, M. E., Mehus, C. J., Saewyc, E. M., Corliss, H. L., Sullivan, R., & Porta, C. M. (2019). First-and second-hand experiences of enacted stigma among LGBTQ youth. The Journal of School Nursing, 1-10.

[22] Kosciew, J. G., Greytak, E., Giga, N., Villenas, C., & Danisichewski, D. (2016). The 2015 national school climate survey: The experiences of lesbian, gay, bisexual, transgender, and queer youth in our nation’s schools. New York: GLSEN.

[23] Olsen, E. O., Kann, L., Vivolo-Kantor, A., Kinchen, S., & McManus, T. (2014). School violence and bullying among sexual minority high school students, 2009-2011. Journal of Adolescent Health, 55(3), 432-438.

[24] Hatzenbuehler, M. L. (2017). Advancing research on structural stigma and sexual orientation disparities in mental health among youth. Journal of Clinical Child and Adolescent Psychology, 46(3), 463-475.

[25] Gower, A. L., Nie Rider, G., McMorris, B. J., & Eisenberg, M. E. (2018). Bullying victimization among LGBTQ youth: Current and future directions. Current Sexual Health Reports, 10(4), 246-254.

[26] Aragon, S. R., Poteat, V. P., Espelage, D. L., & Koenig, B. W. (2014). The influence of peer victimization on educational outcomes for LGBTQ and non-LGBTQ high school students. Journal of LGBT Youth, 11, 1-19.

[27] Heck, N. C., Lindquist, J. M., Machek, G. R., & Cochran, B. N. (2014). School belonging, school victimization, and the mental health of LGBTQ young adults: Implications for school psychologists. School Psychology Forum, National Association of School Psychologists, 3(1), 28-37.

[28] Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. Journal of School Health, 81, 223-230.

[29] Gnan, G. H., Rahman, Q., Ussher, G., Baker, D., West, E., & Rimes, K. A. (2019). General and LGBTQ-specific factors associated with mental health and suicide risk among LGBTQ students. Journal of Youth Studies, 22(10), 1393-1408.

[30] Birkett, M., Russell, S. T., & Corliss, H. L. (2014). Sexual-orientation disparities in school: The mediational role of indicators of victimization in achievement and truancy because of feeling unsafe. American Journal of Public Health, 104, 1124-8.

[31] Johns, M. M., Poteat, P., Horn, S. S., & Kosciew, J. (2019). Strengthening our schools to promote resilience and health among LGBTQ youth: Emerging evidence and research priorities from the state of LGBTQ youth health and wellbeing symposium. LGBTQ Health, 6(4).

[32] Aramolatte, R., Bogan, D. R., Hoard, T., & Mawson, A. R. (2017). Suicide risk factors among LGBTQ youth: Review. JSM Schizophrenia, 2(2), 10-11.

[33] Birkett, M., Newcomb, M. E., & Mustanski, B. (2015). Does it get better? A longitudinal analysis of psychological distress and
victimization in lesbian, gay, bisexual, transgender, and questioning youth. *Journal of Adolescent Health*, 56(3), 280-285.

[34] Espelage, D. L., Merrin, G. J., & Hatchel, T. (2018). Peer victimization and dating violence among LGBTQ+ youth: The impact of school violence and crime on mental health outcomes. *Youth Violence and Juvenile Justice*, 16(2), 156-73.

[35] Mustanski, B., Andrews, R., & Puckett, J. A. (2016). The effects of cumulative victimization on mental health among lesbian, gay, bisexual, and transgender adolescents and young adults. *American Journal of Public Health*, 106(3), 527-533.

[36] Greydanus, D. E. (2017). Suicidality and the lesbian, gay, bisexual, and transgender (LGBT) youth: A review. *International Journal of Child Health and Human Development*, 10(4), 367-376.

[37] Robinson, J., & Espelage, D. L. (2011). Inequalities and educational psychological outcomes: The role of childhood victimization on educational success in high school. *Educational Researcher*, 40(7), 315-330.

[38] Samaroo, A. (n.d.). Effects of an LGBTQ+ identity and support systems on mental health: A study of 4 theories. *Modern Psychological Studies*, 22(2), 20-27.

[39] Ybarra, M. L., Mitchell, K. J., Kosciw, J. G., & Korchevaros, J. D. (2015). Understanding linkages between bullying and suicidal ideation in a national sample of LGB and heterosexual youth in the United States. *Prevention Sciences*, 16, 451-462.

[40] Wilson, M. N., Asbridge, M., & Langille, D. B. (2018). School connectedness and protection from symptoms of depression in sexual minority adolescents attending school in Atlantic Canada. *Journal of School Health*, 88, 182-189.

[41] Marshall, A., Ybarber, W. L., Sherwood-Laughlin, C. M., Gray, M. L., & Estell, D. B. (2015). Coping and survival skills: The role school personnel play regarding support for bullied sexual minority-oriented youth. *Journal of School Health*, 85, 334-340.

[42] Gretyak, E. A., Kosciw, J. G., & Boesen, M. J. (2013). Putting the “T” in “Resource”: the benefits of LGBT-related school resources for transgender youth. *Journal of LGBT Youth*, 10(1-2), 45-63.

[43] Miller, S. J., Burns, L., & Johnson, T. S. (2013). Generation Bullying: Prevention and intervention strategies for our most vulnerable students. New York, NY: Peter Lang.

[44] Galliker, R. V., Rostosky, S. S., & Hughes, H. K. (2004). School belonging, self-esteem, and depressive symptoms in adolescents: An examination of sex, sexual attraction status, and urbanicity. *Journal of Youth and Adolescence*, 33(3), 235-245.

[45] Saewyc, E. M., Konishi, C., Rose, H. A., & Homma, Y. (2014). School-based strategies to reduce suicidal ideation, suicide attempts, and discrimination among sexual minority and heterosexual adolescents in western Canada. *International Journal of Child, Youth & Family Studies*, 3(1), 89-112.

[46] Williams, K. A., & Chapman, M. V. (2015). Mental health service use among youth with mental health need: Do school-based services make a difference for sexual minority youth? *School Mental Health*, 7, 120-131.

[47] Lyon, A., Ludwig, K., Vander Steop, A., Gudmundsen, G., & McCallauy, E. (2013). Patterns and predictors of mental healthcare utilization in schools and other service sectors among adolescents at risk for depression. *School Mental Health*, 5(3), 155-165.

[48] Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual Review of Clinical Psychology*, 12, 465-487.

[49] Ryan, W. S., Legate, N., & Weinstein, N. (2015). Coming out as lesbian, gay, or bisexual: The lasting impact of initial disclosure experience for identity, 14, 549-569.

[50] Whitaker, K., Shapiro, V. B., & Shields, J. P. (2016). School-based protective factors related to suicide for lesbian, gay, and bisexual adolescents. *Journal of Adolescent Health*, 58(1), 63-68.

[51] Demissie, Z., Rasberry, C. N., Steiner, R. J., Brener, N., & McManus, T. (2018). Trends in secondary schools’ practices to support lesbian, gay, bisexual, transgender, and questioning students, 2008-2014. *American Journal of Public Health*, 108(4), 557-564.

[52] Hatzenbuehler, M. L., Schwab-Reese, L., Ranapurwala, S. I., Hertz, M.F., Ramirez, M. R. (2015). Associations between antibullying policies and bullying in 25 states. *JAMA Pediatrics*, 169(10), e125411.

[53] Seelman, K. L., Forge, N., Walls, N. E., & Bridges, N. (2015). School engagement among LGBTQ+ high school students: The roles of safe adults and gay-straight alliance characteristics. *Children and Youth Services Review*, 57, 19-29.

[54] Orpinas, P., Horne, A. M., & Staniszewski, D. (2003). School bullying: Changing the problem by changing the school. *School Psychology Review*, 32, 431-444.

[55] Abreu, R. L. & Kenny, M. C. (2018). Cyberbullying and LGBTQ youth: A systematic literature review and recommendations for prevention and intervention. *Journal of Child & Adolescent Trauma*, 11, 81-97.

[56] Black, W. F., Fedews, A. L., & Gonzalez, K. A. (2012). Effects of “Safe School” programs and policies on the social climate for sexual-minority youth: A review of the literature. *Journal of LGBT Youth*, 9, 321-339.

[57] Hackimer, L., & Proctor, S. L. (2015). Considering the community influence for lesbian, gay, bisexual, and transgender youth. *Journal of Youth Studies*, 18(3), 277-290.

[58] Darwich, L., Hymel, S., & Waterhouse, T. (2012). School avoidance and substance use among lesbian, gay, bisexual, and questioning youths: The impact of peer victimization and adult support. *Journal of Educational Psychology*, 104, 381-392.

[59] Stone, D.M., Luo, F., Lippy, C., McIntosh, W.L. (2015). The role of social connectedness and sexual orientation in the prevention of youth suicide ideation and attempts among sexually active adolescents. *Suicide Life Threat Behav*, 45, 415-430.

[60] Moran, T. E., Chen, C. Y., & Tryon, G. S. (2018). Bully victimization, depression, and the role of protective factors among college LGBTIQ+ students. *Journal of Community Psychology*, 46(7), 871-884.

[61] Graybill, E.C. and Proctor, S.L. (2016). Lesbian, gay, bisexual, and transgender youth: Limited representation in school support personnel journals. *J Sch Psychol.*, 54: 9-16.

[62] Abreu, R. L., McEachern, A. G., Hall, J. G., & Kenny, M. C. (2018). Promoting LGBTQ+ students’ well-being in schools. *Counseling Today*, 33-37.

[63] Moe, J., Bacon, K., & Leggett, E. (2015). School counselors as allies: The relationship between sexual orientation competence and open and affirming service for LGBTQ+ youth. *Journal of LGBT Issues in Counseling*, 9(2), 74-91.

[64] Hall, W. J., McDougal, A. M., & Kresica, A. M. (2013) School counselors’ education and training, competency, and supportive behaviors concerning gay, lesbian, and bisexual students. *Professional School Counseling*, 17, 130-141.

[65] Gess, J. M., & Doughty Horn, E. A. (2018). Queering counselor education: Situational analysis of LGBT+ competent faculty. *Journal of LGBT Issues in Counseling*, 12(2), 101-118.

[66] Collier, K. L., Bos, H. M., & Sandfort, T. G. (2015). Understanding teachers’ responses to enactments of sexual and gender stigma at school. *Teaching and Teacher Education*, 48, 34-43.

[67] Liboro, R. M., Travers, R., & St John, A. (2015). Beyond the binaries and polesmics: Canadian catholic schools addressing LGBT youth issues. *The High School Journal*, 98, 158-180.

[68] Beck, M. J., Rausch, M. A., & Wood, S. M. (2014). Developing the fearless school counselor ally and advocate for LGBTQQ+ youth: Strategies for preparation programs. *Journal of LGBT Issues in Counseling*, 4(4), 361-375.

[69] Stufl, D. L. & Graff, C. M. (2011). Increasing visibility for LGBTIQ+ students: What schools can do to create inclusive classroom communities, *Current Issues in Education*, 14(1).

[70] Shi, Q., & Doud, S. (2017). An examination of school counselors’ competency working with lesbian, gay and bisexual and transgender (LGBT) students. *Journal of LGBT Issues in Counseling*, 11(1), 2-17.

[71] Beck, M. J. (2016). Bolstering the preparation of school counselor-principal teams for work with LGBT youth: Recommendations for preparation programs. *Journal of LGBT Issues in Counseling*, 10(1), 2-15.

[72] Chong, E. S. K., Poteat, V. P., Yoshikawa, H., & Calzo, J. P. (2019). Foster care self-efficacy to address transgender and racial diversity issues: The role of gay-straight alliances. *School Psychology Quarterly*, 34(1), 54-63.

[73] Taylor, J. (2019). Mental health in LGBTQ+ youth: Review of research and outcomes. *National Association of School Psychologists*, *Conquers*, 48(3).

[74] Formby, E. (2017). How should we ‘care’ for LGBT+ students within higher education? *Pastoral Care in Education*, 35(3), 203-220.
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