

Mental Health Status of Sexual Minority Youth in High School

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Abstract

A growing body of literature suggests that sexual minority youth (lesbian, gay, bisexual, transgender, or questioning; LGBTQ) face unique psychosocial stressors such as sexual harassment, discrimination, family discord, peer rejection, social isolation and school alienation. Continued exposure to these stressors negatively impacts individuals' physical, behavioral, and mental health; outcomes can include sexual risk-taking, substance abuse, school drop-out, chronic anxiety, depression, and suicide. Further, the research suggests that the effects of these negative early experiences are far reaching and undermine positive adult trajectories. Building on research identifying Gay Straight Alliances and inclusive curriculum as important buffers ameliorating the effects of sexuality-based stressors on the mental health of sexual minority youth, the current article presents evidence from contemporary literature highlighting the important role learning institutions have in creating safe and healthy environments for all youth. In addition, a variety of strategies, websites, and resources are presented to facilitate the inclusion of sexual diversity topics and activities into classroom practices and teachings.

Mental Health Status of Sexual Minority Youth in High School

The high school years are filled with memorable moments that forever mark the lives of students as they transition to adulthood. Given the plethora of corny graduation songs extolling the treasured memories of youth and the coming of age, resounding through high school auditoriums every spring across North America, it is reasonable to believe that these years are incomparably extraordinary. Iconic lyrics found in songs such as *Forever Young* (Dylan, 1973), and *Glory Days* (Springsteen, 1984), are just a few examples of the musical themes that provoke poignant memories and a longing to return to those fabulous long-gone days. For some, however, high school was, and is, more akin to *School's Out* (Copper, 1972), and wish only to lock these memories deep in the catacombs of their minds. It is ironic that the creators of these musical tributes are adults themselves and perhaps hold flawed remembrances of their own pasts, and may be far removed from the reality experienced by many adolescents.

The timeline delineating adolescent development varies across individuals; however it is progressive and typically occurs between the ages of 10 and 21; bracketing the high school years (Spano, 2004). While contrary to the coining of this stage of development as a time of opportunity and learning by McNeely and Blanchard (2010), this epoch is wrought with enormous change which can be broadly categorized as occurring intra and interpersonally, namely; physical and cognitive growth, independence from family, an increased concern for the future, sexual awareness and identity formation. A positive transition from adolescence to adulthood is predicated on a complex psychobiological interplay between internal and external influences provided by the learning opportunities and experiences occurring within the family, school, and community (McNeely & Blanchard, 2010). These authors suggest that these social roles are of primary importance in supporting the adolescent in the development of a sense of competence, confidence,

connection, character, and caring. Specifically, teens thrive when provided opportunities to learn new skills, experience success, establish and maintain positive relationships with adults and peers, explore and discover who they are, and develop empathy for others. These core skills scaffold the teen's ability to understand, manage, and navigate through the stresses associated with these changes. A positive adult trajectory is undermined when the adolescent is not provided with the opportunity and support necessary to develop these competencies. The literature is replete with examples of positive adolescent development gone awry as a result of conflict and alienation from any one or all of the social support structures naturally surrounding the individual, namely the family, the school, and the community. This lack of support may serve to exacerbate the effects of stress and jeopardize the mental health of the adolescent.

Adolescent Stress

Moulds (2003) investigated the self-reported stress of 1,137 youth in grades 7, 9, and 11 split across same-sex and co-educational schools. The students were required to report on the sources and symptoms of their stress. The study revealed that stressful events were more related to ongoing daily hassles than were major life changes, and could be grouped into three broad categories; personal characteristics, school variables, and family conflict. Additionally, Mould found that stress manifestation can be categorized into three separate domains; anxiety (eating more/less, feeling scared/anxious/worried/pressured, unable to cope with school, indecisive, don't know where to turn, feeling angry), anger (feeling cranky, defensive, picking on people, talking back, pretending to be sick), and arousal (cold sweat, feeling itchy, allowing friendships to fall apart, heart pounding/racing, stomach cramps); these domains, however, did not correlate with a specific stress source. Consequently, Mould contends that this lack of correlation provides evidence that the symptomology of stress is similar whether experienced as a result of daily

challenges or major life changes; underscoring the common thread connecting adolescents to each other and to the inherent stress associated with daily high school experiences. The APA Stress Survey (2009) reported similar stress domains as those highlighted in Mould's research. In addition, the survey compared the level of stress reported by 1,206 youth between the ages of 8 and 17 with the level perceived by 235 adults with similarly aged children. The results indicated a large discrepancy between what was indicated by youth and what was perceived by parents. Specifically, up to 45% of youth reported an increase in their level of stress over the previous year, with up to 28% identifying extreme stress. Although only 28% of parents believed that their child's stress had increased, and 2-to-5% rated this stress as extreme. The survey also revealed a lack of awareness by parents concerning the behavioral changes occurring with their child as a result of stress; specifically teens reported an increase in headaches, insomnia, and changes in appetite.

Extreme stress, according to the Chief Public Health Officer's Report (2011) is reported by 14% of adolescents, which represents significant social and economic ramifications in light of the sheer numbers. Specifically, 46% of the 7.5 million Canadians are adolescents between the ages of 12 and 19, of these, 14% are at a heightened risk for negative mental health outcomes such as, anxiety, depression, eating disorders, self-injury, suicide, aggression and bullying. These figures are not unique and are mirrored elsewhere; Smith and colleagues (2009), for example, concluded that 6% of the 30,000 youth surveyed reported experiencing such extreme levels of stress that they felt hopeless and discouraged, and had difficulty meeting school and work obligations. Heightened levels of stress prompted some youth (17%) to adopt nonsuicidal self-injury as a coping strategy, whereas others reported suicidal thinking (12%) and attempts (5%). Although these statistics are alarming, they are overshadowed by the negative mental and physical health outcomes experienced by youth who identify as, or perceived to be, a sexual minority (lesbian, gay, bisexual, transgender,

or questioning; LGBTQ). The following analysis serves to highlight the stressors experienced by LGBTQ students within the high school setting which impact their mental health status, undermine a positive academic experience, and jeopardize a successful transition to adulthood. It is important to note that although sexual minority youth (SMY) are categorized as an “at-risk” population within contemporary literature, this descriptor is not meant to pathologize, nor imply deviance. Rather, the term “at-risk” in this context, is used simply to facilitate dialogue and foster understanding of the underlying social and emotional pressures amplifying the risk to mental health within this population of youth, and not something inherent within the sexual status predisposing the individual to mental health problems (Wells, 2009).

Mental Health of SMY

SMY are subjected to daily discrimination and abuse both within and outside the school setting as a result of socially constructed norms and the political climate describing appropriate sexual orientation and expressed gender roles; specifically, the heterosexual paradigm pathologizing sexually diverse thoughts, actions, and behaviors (Wells, 2009). The health disparities between SMY and their heterosexual peers are reflective of the social discrimination experienced by the former, and not an inherent component of sexual orientation or gender role identification. Cultures normalizing sexual diversity do not evidence health disparities among its sexually diverse members. Varsey and Bartlett (2007) for example, travelled to Independent Samoa and interviewed 53 fa’afafine; the Samoan term used to describe males who identify as females. The health and well-being of the fa’afafine were similar to that reported by a control group divided equally across gender. In addition, the fa’afafine reported that as children they did not experience distress or social stigmatization as a result of their cross-gender identification. Although tolerance

for sexual diversity is not exclusive to the Samoan population, it is lacking within many Western cultures and continues to impede the growth and healthy development of SMY.

The foundations of heteronormative beliefs are woven within the fabric of early childhood learning and imprinted upon the minds of the young as a result of omnipresent messages from society in general and family in particular. Freeman (2007) found that children as young as three were proficient in describing gender appropriate toys, games, clothes, and playmates. In addition, he found that in spite of parental assurances of gender-neutral practises, his sample of 26 three to five year old preschoolers reported expected parental disapproval of cross-gender play and behavior. These messages subsume a polar view of sexual orientation and gender identity and become fixed in the social psyche. This heteronormative perspective is represented in all avenues of pop culture and social communication from television, magazines, movies, music, fashion, and video games, to literature and educational curricula, (Batchelor et al., 2004; Kim et al., 2007). The impact of which may be minimal on the development of young children when there may be an expectation and general tolerance for cross-gender role play and sexual exploration, however tolerance quickly dissipates during adolescence. For the SMY, or those perceived as such, it becomes clear that sexual diversity is tantamount to social suicide. In short, the social landscape marking adolescence is transformed into a hostile place, one which prohibits the expression of sexual and gender variation under threat of social stigma, discrimination, and violence (Birkett, Espelage, & Koenig, 2009; Kosciw et al., 2012; Taylor et al., 2011; Taylor et al., 2008; Toomey et al., 2012).

Risk Behaviors

McNeely and Blanchard (2009) define risk behaviors as those behaviors and activities which jeopardize healthy adolescent development, including but not limited to alcohol, tobacco and

drug use, and early and unprotected sexual activities. It may be argued that it is a developmental imperative that adolescents explore boundaries, challenge authority and seek out new experiences in their drive for self-discovery and independence; and it is this imperative coupled with the limited ability to think critically and make sound judgements that foster risk behaviors in the adolescent (McNeely & Blanchard, 2010; Spano, 2004). However, the mechanisms which drive the adolescent to engage in risky behaviors are more complex than what can be explained by typical adolescent development, in so far that SMY engage in a greater frequency of risky behaviors than what is evident within the heterosexual population. Specifically, when compared with heterosexual youth, SMY are more likely to have tried or continue to use; tobacco (Bontempo & D'Augelli, 2002; McLaughlin et al., 2012; Saewyc et al., 2007), alcohol (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; Button, O'Connell, & Gealt, 2012; McLaughlin et al., 2012; Poteat et al., 2009), and marijuana (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; McLaughlin et al., 2012). They are also at a higher risk for; early and unprotected sexual activity (Bontempo & D'Augelli, 2002; Saewyc et al., 2007), skipping school (Kosciw et. al., 2011; Taylor et al., 2011; Taylor et al., 2008) running away from home or experiencing homelessness (McLaughlin et al., 2012; Saewyc et al., 2007) self-injury and suicidal thoughts and attempts (Bontempo & D'Augelli, 2002; Button, O'Connell, & Gealt, 2012; McLaughlin et al., 2012; Poteat et al., 2009; Saewyc et al., 2007). For example, drawing from the self-reports of 12,644 participants (12 to 23 year olds) comprising the Growing Up Today Study, Corliss and her associates (2009) found that youth who identified as a sexual minority reported more drug use and prescription drug misuse than did their heterosexual peers. Additionally, the authors reported that, whereas the data revealed differences in drug use across sexual minority subgroup (heightened risk for bisexual youth) and gender (heightened risk for female), they noted that age was a significant

mediator for use, with the highest rate reported by 12 to 17 year old SMY regardless of gender and sexual minority subgroup status. Although it is without question that engaging in risky behaviors at any age can have deleterious and long ranging effects on health and well-being, it poses additional risk for youth at a time when neurological, physical, and emotional growth are occurring more rapidly than at any other time during the life span (McNeely & Blanchard, 2009). According to Jessor (1991) risk behaviors should not be viewed as independent behaviors but rather as a constellation or pattern of behaviors that become intransigent and transform into a generalized life-style when initial experiences occur early, further undermining positive adult trajectories. For example, individuals who engage in substance abuse may also engage in truancy, each of which contribute independently and codependently on general health status (Jessor, 1991).

In line with this view, Herrick et al., (2011) were interested in the proclivity of SMY to engage in multiple risk behaviors, suggesting that the detrimental consequences of engaging in certain combinations of behaviors are congruent with the diminished health status evidenced within this population. To that end, the authors conducted a meta-analysis of six studies comparing the tendency of SMY and heterosexual peers, to engage in sex while under the influence of alcohol or drugs. According to these results, SMY were twice as likely to engage in sexual activities when under the influence of drugs as compared to their peers. The authors argued that these results may explain the elevated rate of sexually transmitted infections, Human Immunodeficiency Virus (HIV), and early pregnancy among this population of youth. This pattern or constellation of risk behaviors create the perfect cocktail for hampering adolescent development and, according to extant literature, leveraging the gap in healthy outcomes between heterosexual and sexual minority youth (Herrick et al., 2011). This proclivity is best understood in the context of the marginalization, discrimination, and victimization characterising the social experiences of many SMY and the

resultant skew in the natural balance between risk and protective factors (Jessor, 1991).

Victimization from within the family, school, and community is a significant risk factor contributing to the overall health inequalities within this population.

Victimization of SMY

The Canadian Centre for Justice Statistics profiling youth in Canada (Statistics Canada, 2001) reported that although youth aged between 12 and 17 represented 8% of the population, they were victims of 16% of all reported violent crimes (31% of sexual and 15% of physical assaults), with 35% of perpetrators falling within the same age bracket. Additionally, information reported by Statistics Canada suggests that individuals within this age bracket are less likely to report their victimization than any other age group; as such the actual frequency of victimization is suspected to be much higher than the percentages reported here. Dauvergne, Scrim, and Brennan (2006), contend that one in ten occurrences of reported hate crimes are motivated by sexual orientation, particularly homosexuality (98%) with 56% involving violence and injury. Additionally, of all hate crimes reported in 2006, 38% involved youth between the ages of 12 and 17 as perpetrators, startlingly high when compared with the 18% of nonhate crimes perpetrated by similarly aged youth. Further, 20% of violent crimes involving youth between the ages of 12 and 17 occur most frequently in and around schools, and involve individuals familiar with each other.

Relationships

Research investigating the experiences of SMY in the development and maintenance of relationships is important given the salient role of positive relationship experiences in the sexual development and identity formation key in healthy adolescent outcomes (Jessor, 1991; McNeely & Blanchard, 2010; Spano, 2004). However some literature indicates that the marginalization and social stigma experienced by many SMY may promote the adoption of maladaptive behavior

patterns and limit accessibility to beneficial social networks, consequently driving the youth to seek support and friendship from less favorable individuals (e.g., Wells, 2009). It is important to note that although the data presented in the following studies are suggestive of an inherent dysfunction in the quality and adverse health outcomes associated with SMY relationships; this is not a forgone conclusion. Bauermeister and associates (2010), found that most of the SMY, drawn from a convenience sample of 350 15-to-19 year olds, reported moderate to high levels of satisfaction in their intimate relationships, and approximately half reported that these relationships were serious, lasting more than 3 months. This is not surprising given that SMY who have access to organizations supportive of their social and emotional needs have an increased chance of developing positive relationships without fear of sexually-based victimization. The same cannot be said for individuals who are isolated or forced to conceal their sexual status for fear of negative reprisals. Environments that preclude variant sexual exploration, subsequently repressing the SMY, may promote risk-taking and gravitation toward more deviant relationships. Priebe and Svedin (2012) investigated the on-line and off-line behavior and victimization of SMY and heterosexual peers. The sample comprised 3432 (9.5% identified as a sexual minority) Swedish students in their final year of high school. When compared to heterosexual students SMY reported significantly higher rates of victimization both on-line through social media sites and text messaging, and in person from individuals initially met on-line. Equally alarming, according to these data, was the discrepancy in time between the reported first sexual abuse experience and first in-person meeting with someone met online; 14 and 15 years old respectively. Suggesting that, contrary to what may be expected, first assault occurred not as a consequence of risky on-line to in-person meetings, but rather victimization was perpetrated by someone within the SMY's social sphere. Additionally, given that the age difference between perpetrator and victim, as reported, was less than 5 years,

provides credence to the prevalence of intimate partner violence experienced by SMY (Saewyc et al., 2007; Williams et al., 2003). For example, McLaughlin, Hatzenbuehler, Xuan, and Conron (2012) compared the adverse childhood experiences of SMY and heterosexual peers with a particular focus on family and intimate partner victimization. The data, drawn from a large representative sample comprising 15,197 young adults with an average age of 21, highlighted a significant difference between the adverse relationship experiences of SMY and those of their peers. Specifically, when compared with heterosexual peers, SMY were more likely to experience sexual and physical victimization from family and intimate partners. In addition, the authors contended that the deleterious impact of victimization from the individuals most expected to provide support and nurturing may explain, at least in part, the health disparities within this population of youth. Accordingly, SMY experiencing this form of victimization may engage in behaviors and activities which further hamper their well-being and health status. As was expected, the data supported this contention; SMY reporting victimization from either family and or intimate partner also reported experiencing homelessness (1 in 10), depression, suicidal thoughts and attempts, tobacco and drug use, and binge drinking. Saewyc and colleagues (2007) argue however that SMY subjected to repeated victimization from within the school milieu manifest similar behavior patterns and affective distress. Additionally, according to Bontempo and D'Augelli (2002), the degree of victimization experienced by the SMY manifest a similar degree of health-risk behaviors. An abundance of literature demonstrates that a hostile school environment fosters fear, school avoidance, and affective distress that directly impact the healthy development and well-being of SMY.

The High School Experience of SMY

In the Phase One Report of the First National Climate Survey on Homophobia in Canadian Schools, 685 high school students from across Canada reported on their perception of school safety for SMY; youth (73% SMY and 49% heterosexual) identified at least one unsafe place in school for youth who identified as or were perceived to be a sexual minority (Taylor et al., 2008). In the Final Report of the survey, Taylor et al., (2011) concluded that of the 3,607 students surveyed across Canada 64.2% of SMY felt unsafe at school and identified physical education change rooms (48.8%), wash rooms (43.1%), and hallways (42.%) as being the least safe areas. These students also felt unsafe when travelling to and from school (31.4%), when on the school property (31.1%), in the cafeteria (30%), and when on the bus (29%). Further, as a result of this fear, 30.2% of SMY reported missing at least one day of school and 4.8% had missed over 10. Although the data here represent experiences of SMY from across Canada, they are by no means exclusive to the Canadian ethos. GLSEN (Kosciw et al., 2012) reports that 31.8% of SMY surveyed across America admit to avoiding school due to fear of victimization (considered here as an umbrella term that encompasses a number of tactics used to suppress, discriminate, abuse, and subjugate another person or group of people). Given that school participation is linked to academic success these findings paint an abysmal future for youth who identify as, or perceived to be, a sexual minority. Additionally, there is a poor likelihood of change particularly in light of the results from a meta-analysis conducted by Friedman et al., (2011) involving 37 research studies conducted across North America. Inclusion criteria consisted of studies whose primary focus involved comparing the experiences of SMY and their heterosexual counterparts with parental abuse, physical abuse, and peer victimization. Not only were the studies consistent in the disparities between groups of SMY and their heterosexual peers across variables, consistency was evident across time as well. Namely, the frequency of

victimization experienced by SMY has remained constant from the early 1990's to the first decade of 2000. Bullying and sexual harassment are two tactics that shape the high school experience of victimization for many SMY.

Bullying and Sexual Harassment

Contrary to the commonly held belief that bullying is an inherent, albeit unpleasant, component of high school that youth, from across generations and continents, navigate successfully and subsequently transition into stronger and more resilient adults; bullying experiences increase the risk for a myriad of psychopathological problems that extend past the adolescent years and impact adult health trajectories across all bullying subgroups; victim, perpetrator, and victim-perpetrator (Nansel et al., 2001; Peplar & Craig, 2007). Described across research and educational platforms, bullying involves repeated acts of aggression from one or more individuals against another who is perceived as weaker. Bullying acts are intended to harm whether directly through physical or verbal assaults, or indirectly such as social exclusion and spreading rumors (Gruber & Fineran, 2008; Nansel et al., 2001; National Crime Prevention Centre, 2008). Research identifies delinquency, externalizing and internalizing behaviors, and an elevated risk for adult criminality as potent risk factors associated with childhood bullying behavior. Anxiety, depression, social difficulties, and somatic symptoms are commonly experienced by youth who are repeatedly victimized (Arseneault et al., 2010; Nansel et al., 2001; National Crime Prevention Centre, 2008; Rigby, 2000). The question whether bullying behavior (victim, perpetrator, and victim-perpetrator) is the antecedent for, or consequence of, psychopathological distress was investigated by Kim and colleagues (2006). Additionally, these researchers investigated whether there were characteristics unique to each of three bullying subgroups; victim, perpetrator, and victim-perpetrator. Prospective data were compiled twice over a 10 month period for 1655 seventh and eighth grade Korean middle

school students. Survey's indicated that bully subgroup status remained relatively consistent over time, specifically, 14% of students identified as victims, 17% identified as perpetrators, and 9% identified as victim-perpetrator at baseline, and 11%, 17%, and 7%, respectively, at time two. Comparisons between data points revealed an increase in social problems for victims, increased aggression for perpetrators, and increased aggression and externalizing behaviors for victim-perpetrators. An interesting finding noted in the data was the increased level in severity of aggression perpetrated by the victim-perpetrator subgroup when compared to that of the perpetrator subgroup. As well, the students identified as victim-perpetrator also disclosed more somatic problems at baseline than both of the other subgroups. These trends have been noted in other studies (e.g., Arseneault et al., 2010; Nansel et al., 2001), and have been posited as reflecting a retaliatory behavior following experiences of victimization.

The particular inter and intrapersonal dynamics of the bullying phenomenon is multifaceted with each layer worthy of independent investigation, however a thorough analysis is beyond the scope of the present discussion, suffice to say that the bullying relationship has deleterious effects on the health status of all those involved. Walton (2004), for example, describes the occurrences of school shootings, gang beatings perpetrated by youth against youth, and youth suicide as rooted in bullying experiences. Reported extensively in the media, events such as these are not geographically bound to any one area in particular, but have occurred globally, and according to Walton, has prompted international efforts to develop strategies aimed at eliminating, or at the very least, curbing bullying at the school level. In spite of these efforts, bullying is an active ingredient flavoring the adolescent experience and remains a significant impediment to the mental and physical health of youth. Nansel and associates (2001) investigated the prevalence of bullying across the United States. Utilizing data from a representative sample of 15,686 students from

grades six through ten, who had completed the World Health Organization's Health Behaviour in School-Aged Children Study (HBSC), these researchers reported that 29% of the sample experienced moderate to frequent episodes of bullying; victim (10.6%), perpetrator (13.0%), and victim-perpetrator (6.3%). The Executive Summary of the Chief Public Health Officer's Report (Public Health Agency of Canada, 2011), highlighted the bullying involvement of students from grades six through ten as an ongoing concern for the mental health of Canadian youth. Specifically, census data indicated that 36% of youth experience victimization, 39% bully others, and 20% of students identify as both victim and bully. In a presentation at the Canadian Public Health Association Conference in June of 2012, Craig, and associates (2012) reported on data obtained from 26,078 Canadian youth who participated in the HBSC. The presenters highlighted the consistency in the frequency of bullying involvement of youth over the past decade as evidence to the inefficient measures adopted by the Canadian government, both at the federal and provincial level, to adequately address this problem. Further, they emphasised that according to reports from the World Health Organization's HBSC compilation of data ranked across 35 countries from least to most reported bullying variables, Canada ranked consistently 26th and 27th across all bullying categories.

Although some research has implicated sociodemographic and intrapersonal characteristics as salient determinants for victimization (e.g., Arseneault et al., 2010) and, although the intention is not to fault the victim, it never the less reflects a very microscopic view of conditions inherent in, and around, the victim. A broader perspective of the bullying pandemic involves investigating the mechanisms which foster the victimization of some individuals by others. Within this broader construct, scientific literature points to the hegemonic doctrine evident across sociopolitical strata, that reflects the power duality between the majority and minority among groups of individuals; the

rich and poor, the black and white, the weak and strong, and the right and wrong. Walton (2008) suggests that the failure to address the social and political underpinnings of bullying is akin to maintaining its occurrence. Additionally contributing to this failure is the ubiquitous use of the term “bullying” to refer to all negative behaviors involving the victimization of one against another, particularly in the school setting. This tendency effectively clouds the important distinction between bullying behavior motivated by typically trivial or superficial differences (fashion, interests, body type and size) between individuals, and those which carry undertones of discrimination based on, for example; race, religion, gender, or sexual orientation, subsequently diminishing the role that social norms and expectations have on perpetrating the victimization of some individuals (Gruber & Fineran, 2008). More importantly, negating the distinct differences between bullying and victimization based on hate for, and discrimination against, a specific population of individuals, effectively diminishes the victim’s right for legal redress; victims of bullying are not protected under the law, whereas victims of discrimination are. Historically, according to Walton, it is the socially marginalized that are most at risk for victimization and include those individuals who identify as, or are perceived to be, LGBTQ. According to extant literature, and in spite of their minority status within the population, LGBTQ youth continue to be overrepresented as victims of both bullying and sexual harassment (Kosciw et al. 2012; Saewyc et al. 2007; Taylor et al. 2011; Taylor et al. 2008).

Building on the view that sexual harassment and bullying are two distinct phenomena; Williams, Connolly, Pepler, and Craig (2003) investigated the frequency of both forms of victimization experienced by a sample of 260 matched pairs of SMY and heterosexual peers drawn from 3,636 students from 17 high schools across Toronto, Kingston, and Montreal. SMY reported more bullying, sexual harassment, and intimate partner violence than did their peers. Gruber and

Fineran (2008) compared the frequency of both types of victimization experienced by SMY and their heterosexual peers, and the differential impact each had on mental health. The authors expected that SMY would be the most vulnerable to both forms of victimization when compared with their peers; however they proposed that sexual harassment would occur less frequently than bullying but would have a more deleterious impact on mental health. As a gauge for health and well-being, these researchers analysed the reported levels of self-esteem, mental and physical health, trauma symptoms, and substance abuse across groups. Their sample was drawn from two schools, a middle school and a high school, in a suburban community of New England and comprised 522 students; 9% identified as a sexual minority. As was expected, bullying occurred more frequently than sexual harassment with SMY reporting significantly higher rates of both forms of victimization across groups. Additionally, the data revealed that although both bullying and sexual harassment correlated with negative mental health outcomes, sexual harassment was associated with more pervasive outcomes (trauma symptoms, and substance abuse) that were not predicted by bullying experiences. These outcomes were evident across the sample with victims reporting sexual harassment from both genders; however sexual-based rumors and name calling were cited as the most upsetting and typically initiated by same-sex perpetrators.

In an earlier study by D'Augelli, Pilkington, and Hershberger (2002) 350 sexual minority high school and college students from across several states and provinces in North American and New Zealand, reported on their experiences of sexual orientation victimization (SOV), and perceived mental health status. The majority of the sample reported frequent experiences of SOV (verbal and physical assaults, threats, chasing, throwing objects, destroying property, social exclusion), both indirectly (witnessed) and directly (experienced). Verbal assaults and threats of violence were reported most often at 59% and 24% (direct experience), respectively and 34% and

21% (witnessing) respectively. Not surprisingly, 27% reported extreme fear of verbal assaults, and 44% experienced extreme fear of physical violence. Mental health indicators correlated significantly with frequency of victimization and traumatic stress symptoms. Specifically, youth who reported frequent experiences with victimization also reported depression, anxiety, sleep disturbances, sexual abuse symptoms, sexual problems, and suicidality. Additionally, youth reported daily tobacco use (31%), weekly alcohol use (23%), and monthly marijuana use (70%). Given the increased representation of LGBTQ issues in contemporary media and pop-culture venues (Padva, 2008), the authors postulated that frequency of victimization experiences would differ across groups. Accordingly, it was expected that college students would report experiencing greater frequency of past high school victimization than would current high school youth sensitized through exposure of LGBTQ issues. In spite of the perceived increase in tolerance for, and acceptance of, sexual diversity, the data did not support this assumption. Sexual minority high school students reported more victimization than the college students. Further, the authors were able to demonstrate that the level of victimization reported across the entire sample was predicated on the degree of gender atypicality and disclosure of sexual minority status. It may be postulated that given the nature of this targeted sample, these results may not be representative of the experiences of SMY in general. However, a number of research studies utilizing community samples of youth, report similar findings; see Friedman et al., (2011), and Kosciw et al. (2012) for example, subsequently providing credibility to the positive correlational trend between degree of disclosure and victimization reported in this study. A possible explanation could be that although the media may influence an individual's decision to disclose their sexual minority status, they remain ineffectual at reshaping heteronormative thinking in general, and consequently increases the risk for victimization of "open" SMY. Social learning theorists may argue that the influential role

that modeling has on learning is, in part, predicated on the individual's sense of connection with, or desire to be like, a character portrayed in the media (Bandura, 2001). The positive representation of sexually and/or gender diverse characters in the media may inspire SMY to disclose their sexual status, while having little influence on the individual who is not similarly connected. Regardless of the degree of "openness", bullying and sexual harassment are a tangible reality for high school youth who identify as, or are perceived to be, a sexual minority, and although many youth have experienced, or anticipate, physical assault as a result of their sexual orientation or gender identification, victimization often takes the form of verbal assault, denigration, and rumormongering.

Name-Calling

In spite of the adage that only "sticks and stones" are effective bone-breaking tools while name-calling is, at worse, merely an annoyance, and in spite of the limited research available to draw from, name-calling has a damaging impact on the mental health and well-being of the recipient (Crozier & Dimmock, 1999). Name-calling can serve as a tool to solidify friendships as well as a method of choice to form alliances delineating favored characteristics from the unfavorable; from *buddy* and *BFF* (best-friends-for-life), to *fatty* and *fagot* (Crozier & Dimmock, 1999). Although it remains true that it is the perception of the recipient that defines the function of the name, name-calling often serves to denigrate, besmirch, and hurt. Ironically, name-calling is one of the most prevalent forms of bullying and sexual harassment, from the playground to the school yard, and yet garners the least amount of attention from the scientific and educational communities. Simply stated, the lack of available research investigating the etiology of name-calling underscores the ambivalent view held by many regarding the impact that name-calling has on mental health. Crozier and Dimmock (1999) investigated the prevalence of name-calling and its

effects on a sample of school children drawn from two elementary schools in South Wales. The children, aged between eight and eleven years old, completed questionnaires describing their experiences with name-calling (specific nicknames, where it occurred, how it made them feel, and how they responded). The authors categorized nicknames according to specific themes, and reported that the most frequently called nicknames referred to a person's appearance or had sexual connotations, for example *fatty* and *poffa*, respectively. Most of the students reported daily experiences with name-calling occurring primarily at recess (62%), lunch time, during class and outside school (60%). The majority of students stated that the name-calling caused them to cry, feel hurt, sad, and depressed. Building on those results, Thurlow (2001) investigated the prevalence of name-calling and the perceived maliciousness attached to particular names as reported by a sample of 377 grade nine students from five high schools in two major cities in the United Kingdom. The students generated a list of 5,956 names and reported on the vitriolic quality of each, names were subsequently categorized into nine groups according to theme; Homophobic, Racist, and Top-5 (contemporary swear words and their derivatives), for example. The author noted that although Homophobic names accounted for only (10%) of all reported items (Sexist 28%, Racist 7%), they were commonly compounded with Top-5 items (queerish motherfucker for example) and yet rated by the students as less serious than for example, Racist slurs. In spite of the large repertoire of homophobic names reported, the most prevalent was Gay along with a variety of compounds and derivatives.

The inclusion of homophobic pejoratives into the adolescent lexicon is widely accepted and although the terms themselves may not necessarily be directed at an individual or group of individuals perceived to deviate from sexual or gender norms per se, they are descriptors of what is considered distasteful, wrong, and deviant and as such have a deleterious effect on individuals who

identity as a sexual minority. GLSEN (Kosciw et al., 2012) reported that 84.9% of SMY heard phrases such as “that’s so gay” regularly, and 91.4% found these phrases very distressing. Similarly, 71.3% of these students experienced, directly and indirectly, derogatory name-calling, and most alarming, 56.9% reported hearing these remarks from teachers and other school staff. Taylor and Peter (2011) reported similar findings following a large scale survey on homophobia in Canadian schools. Of the more than 3,700 students, 70% reported hearing homophobic terms and phrases such as “that’s so gay”, 48% experienced homophobic name-calling directly or indirectly, and 10% reported hearing these derogations from teachers and other school staff. The pervasiveness and vitriolic nature of homophobic language within the school milieu does not only impact SMY, but fosters feelings of malaise throughout the school community as is evidenced by the 58% of heterosexual students that reported distress at hearing homophobic derogations. This is surprising considering that homophobic pejoratives are part of the adolescent lexicon, however the authors suggest that these youth may have family members or friends that are a sexual minority, they may have been subjected to victimization because they are perceived as a sexual minority by their peers, or they may recognize the toxic quality that homophobic pejoratives have on their peers and the school environment as a whole.

Sticks and stones do in fact hurt, but as the heart-wrenching poem by Koyczan (2013) articulates, name-calling is the invisible and insidious form of bullying that no band aid, splint, or cast can heal, leaving scars that last a life-time. Worse still, and in spite of their malignancy, are the particular epithets that have become part of the adolescent lexicon that SMY must traverse through every second of every day, and without doubt, contribute to the affective distress manifest in this population of youth.

Affective Distress in SMY

The factors responsible for the disparity in mental health between sexual minority and heterosexual youth are no doubt complex and involve multiple disadvantages including the absence of positive social support and friendship, salient to healthy adolescent development, in the lives of SMY. Accordingly Hatzenbuehler, McLaughlin, and Xuan (2012) postulated that SMY experience less favorable social networks than their heterosexual peers. Based on data drawn from Wave 1 of the Add Health Study (N=14,212), SMY were less connected, more isolated, and had lower social status among their peers, amplifying their risk for affective distress. Cohn and Leake (2012) concurred with this analysis adding that the particular characteristics of the living environment can negate the development of positive social networks for SMY. These authors postulated that SMY living within rural settings are at a heightened risk for affective distress possibly as a result of the resources and available support services rare in less urbanized environments. Data drawn from a rural subsample of all three waves of the ADD Health Study corroborated this assertion; SMY experienced less social connection and belonging within family, school, and peer networks than did their heterosexual counterparts. Additionally, their data revealed a positive correlation between increased feelings of disconnect and degree of depression, anxiety, and panic-related symptoms reported by SMY.

Even though it is difficult to determine the particular sequela of each outcome implicated in hampering the mental health of SMY, it is without dispute that the increased exposure of multiple risk factors create a maelstrom of negative influences and impede the healthy development of the individual and, according to a wide body of literature, are frequently connected to feelings of such intolerable distress that the individual is at a heightened risk for engaging in maladaptive, and even life-threatening, behaviors; namely, nonsuicidal self-injury, and suicidality.

Depression and Anxiety

The increased manifestation of depression and anxiety within LGBTQ populations, both young and old, relative to heterosexual populations, are well documented and undisputed, while the particular risks responsible for facilitating negative mental health outcomes remain largely unaddressed in research literature. Disentangling this trajectory is of primary importance in order to establish an empirically supported theoretical base for developing effective strategies mitigating negative mental health outcomes. The psychological mediation framework, proposed by Hatzenbuehler (2009), attempts to unravel the trajectory from sexual minority status to psychopathology by highlighting the role that stress plays on the psychological processes involved in healthy development. In short, Hatzenbuehler argues that the elevated stress experienced by sexual minority individuals, relative to their heterosexual peers, renders them more vulnerable to multiple internalizing (for example, anxiety and depression) and externalizing (for example, substance abuse and sexual promiscuity) psychological problems via the impact stress has on cognitive (hopelessness, pessimism), social (social isolation, diminished social support), and emotion regulation (rumination, maladaptive coping) mechanisms. Accordingly then, actual or anticipated victimization, as a harbinger for stress, can be viewed as the trigger which sets in motion a series of psychological processes culminating in elevated rates of psychopathology evidenced in SMY.

In testing this model, Martin-Storey and Crosnoe (2012) examined differences in the social, cognitive, and regulatory processes between sexual minority and heterosexual youth and their reported experiences of harassment and depression. It was expected that SMY would experience heightened levels of harassment (stressor) related to their sexual status, leading to deficits in self-concept (cognitive), parental support, friendship quality, school quality (social), and self-regulation

(regulation), which would be associated with increased levels of depression. The authors utilized data from the Study of Early Child Care and Youth Development (SECCYD) and comprised a final sample of 957 children assessed at 4 time periods from the ages of one month to 15 years old. Data were collected through interviews with multiple informants as well as youth self-reports, and across multiple settings (phone interviews, home and lab visits). Results provided tentative support for the psychological mediation framework such that analysis indicated that harassment due to sexual minority status was directly linked with poorer self-concept, lower self-regulation, and lower levels of school attachment. Subsequently, negative perceptions of the school environment and lower self-concept predicted increases in depressive symptoms. Although deficits in self-regulation; a common marker for depression, was not associated with depressive symptoms in this study, despite being implicated as an outcome of harassment due to sexual minority status. The authors suggested that this may be a reflection of the instrument used for measuring the regulation construct such that rumination and suppression (associated with depressive affect) were not assessed; the scale comprised primarily of aggressive behaviors and tendencies.

Emotion regulation, as measured by levels of rumination and emotional awareness, was analysed in an earlier study by Hatzenbuehler, McLaughlin, and Nolen-Hoeksema (2008), and resulted in the identification of emotion dysregulation as a predictor for increased levels of depression and anxiety in SMY. The sample consisted of 1,071 youth equally distributed across grades 6-to-8 from two schools in a small urban community in central Connecticut. The entire sample participated in the cross-sectional analysis of differences in symptomology between sexual minority and heterosexual youth at baseline. Of this sample, 854 participated at baseline and seven month follow-up, and were therefor used for both longitudinal and mediational analysis. As was expected, SMY exhibited higher levels of depression, anxiety, and rumination, along with lower

levels of emotional awareness at baseline and follow-up as compared with their heterosexual peers. Additionally, baseline value of emotion regulation was a strong predictor for depression and anxiety at time two when controlling for these symptoms at baseline. The data also supported the mediation model such that, sexual minority status was not associated with time two depressive or anxious symptomologies when controlling for emotion regulation, depression, and anxiety levels at time one. In short, emotional dysregulation was evidenced as a determinant of the mental health status of the SMY in this study. The researchers conceded that although the particular source sparking this process; sexual minority status–emotional dysregulation–affective distress, was unaddressed in this study, they suggested that chronic stress associated with anticipated and actualized victimization, and experienced at alarming rates by SMY, is the likely catalyst and an important starting point when addressing the psychosocial needs of this vulnerable population.

How victimization experiences distinguish particular groups of youth from others was investigated by Poteat and colleagues (2009). The researchers were primarily interested in the mediating effect of victimization on depression and substance abuse between groups of youth based on gender, sexual and racial minority status. The authors argued that based on the shared experiences of marginalization, heterosexual racial minority and sexual minority youth would report similar levels of victimization and therefore manifest similar levels of depression and substance abuse. The participants comprised 14,439 students, evenly distributed across grades, and ranged in ages from 14 to 19 years old. The sample, drawn from 18 schools across a midwestern county in the United States, reported on their experiences with victimization, substance abuse, depression, and suicidal thoughts. Although gender did factor in levels of reported internalizing (greater for girls) and externalizing (greater for boys) behaviors, level of victimization served to mediate this relationship, and contrary to what the authors expected, was elevated for SMY across

groups, regardless of racial status; most at-risk were the youth questioning their sexual identities. This is surprising given the potential for victimization as a result of a dual-minority identity, however similar findings are reported by Taylor et al., (2011) and Kosciw et al., (2012). One possible explanation may be similar to what has been noted in patterns of name-calling behavior. Specifically, some research has indicated that adolescents perceive racial discrimination and victimization as more “*taboo*” than victimization based on sexual orientation and gender expression (Crozier & Dimmock, 1999). As a result, ethnically and racially diverse LGBTQ youth are targeted for their sexual minority status and not ethnicity or race and as such report similar levels of victimization as those reported by LGBTQ nonminority youth, while heterosexual youth in general, report similar levels of victimization regardless of racial or ethnic status. Research has indicated, however that while LGBTQ youth of color are subjected to similar levels of victimization related to their actual or perceived sexual minority status as that experienced by non-minority LGBTQ youth, there are distinct nuances differentiating these populations. Namely, SMY of color are less likely to; report positive experiences with LGBTQ inclusive curricula, be knowledgeable of LGBTQ resources, and are less likely to be connected with other LGBTQ individuals, compared to nonminority SMY (Taylor et al., 2011). The circumstances behind why SMY of color are more disconnected from LGBTQ resources and supports remain unaddressed, highlighting the imperative for research targeting the unique challenges faced by this population of youth.

Without negating the importance of understanding the unique within-group distinctions that comprise the SMY population, it is fundamental that the shared characteristics and experiences responsible for amplifying risk for affective distress are a research priority within the educational and scientific communities. Expanding the knowledge base of the causes and effects of chronic

stress on psychological processes and subsequent mental health disparities among these youth, would drive preventative strategies and mitigate the psychopathological concerns evident in this population. Currently, nonsuicidal self-injury and suicidality (suicidal thoughts, attempts, and completions) are prevalent among SMY, reflecting the shared experience of extreme affective distress, and a call for immediate action.

Nonsuicidal Self-Injury

Nonsuicidal self-injury (NSSI) is characterized by the deliberate and self-directed injury to the body that is not otherwise socially sanctioned, and performed without the intent to die (Klonsky & Muehlenkamp, 2007; Nixon, Cloutier, & Jansson, 2008). Methods of self-injury include, but are not limited to, cutting, scratching, burning, picking, and banging the skin (Hawton & Rodham, 2006; Klonsky & Muehlenkamp, 2007; Nixon, Cloutier, & Jansson, 2008; Ross & Heath, 2002). While historically considered symptomatic of a variety of psychiatric disorders and limited to particular populations of individuals, NSSI is currently recognized as a coping strategy embedded within the adolescent culture and presents an ongoing concern for the mental and physical health of youth engaging in this behavior. Individuals as young as 11 and 12 have been reported to engage in NSSI (Cloutier et al. 2009; Hankin & Abela, 2011), however the most frequently reported age of onset hovers around 15 years old and can continue into adulthood (Hawton et al. 2002; Muehlenkamp et al., 2009; Nixon et al., 2008; Ross & Heath, 2002). Determining the prevalence of NSSI within the adolescent population remains a challenge given the secretive nature of the behavior, however clinical as well as community studies highlight an alarming trend. For instance, the Public Health Agency of Canada (2011) reports that adolescent self-injury (NSSI and suicide attempts) accounts for up to 36% of injury related hospitalizations. Similarly, Cloutier and colleagues (2010) reported that over the course of one year, 11,642 youth required emergency room

services and of those, 468 accounted for self-injurious acts and 91% met criteria for NSSI. Data drawn from community samples are equally concerning and in spite of some variability across studies, for example from 13.9% (Ross & Heath, 2002) to 32% (Muehlenkamp et al., 2009), it is generally agreed that approximately 15% of adolescents engage in NSSI (Klonsky & Muehlenkamp, 2009). The motivation that drives an individual to self-injure is of primary import for establishing both the etiology and phenomenology of NSSI and has been tackled by many experts (e.g., Klonsky, 2007). Research methods utilizing self-reports of experiences and perceived functions of NSSI as well lab studies combining the physiological and psychological effects of proxy self-injury, point consistently to the role that affect regulation plays in driving and maintaining this behavior (for a full review see Klonsky, 2007). Namely, negative affect precipitates self-injury and subsequently the self-injurious act reduces negative affect.

Building on this understanding, Klonsky (2009) investigated the most frequently reported affective state preceding NSSI, consequences, and function served by the behavior in a sample of 39 nonclinical young adults who had disclosed multiple episodes of NSSI. The majority of participants reported that they engaged in self-injury primarily to lessen feelings of negative affect; release emotional pressure, lessen intolerable emotions, and gain control of feelings. As a secondary motivation, some participants also reported feelings of self-loathing and a desire to punish the self. The most frequently reported consequences ranged from physical scars and pain, to feelings of calm and reduction in anxiety and stress. Statistical analysis comparing affective states before and after self-injury, as rated along a five point scale, indicated that affective states associated with high arousal, for example anxiety, were associated with the greatest affective change following NSSI, for example calm. Additionally, Klonsky found that the participants reporting the greatest affective change also reported the highest frequency of NSSI episodes,

consequently providing evidence that self-injury is negatively reinforced via the lessening of negative affect. Moran and colleagues (2012) reported that anxiety and depression (negative affect) predicted NSSI in adolescence and conversely, adult-onset NSSI was predicted by anxiety and depression in adolescence. Similarly Bakken and Gunter (2012) reported that NSSI and suicidal thinking were consistently associated with negative affect such as depression, and depression was associated with experiences of victimization.

Although a comprehensive review of the NSSI literature is beyond the scope of the present discussion; and the studies presented thus far merely scrape the surface of an ever growing body of knowledge describing the prevalence and correlates of adolescent NSSI, they do however provide compelling evidence implicating affect as a significant risk for engaging in self-injurious behaviors. Additionally, when coupled with Hatzenbuehler's (2009) psychological mediation paradigm, these results provide a tentative explanation for the heightened frequency of NSSI among SMY relative to their heterosexual peers; such that SMY are distinctly vulnerable to victimization and mental health disparities via the impact affective distress has on psychosocial processes. For instance, Bakken and Gunter (2012) reported a significant difference in the prevalence of NSSI between SMY and heterosexual peers drawn from a sample of 2,639 high school students. Overall, SMY reported higher levels of both NSSI (18%) and suicidal ideation (17%) when compared to their heterosexual counterparts (5% across both variables). Additionally, NSSI and suicidal thinking were consistently linked to depression, and depression in turn was associated with victimization. These results are not surprising given the amplified risk of victimization and resultant stress among SMY, well documented in extant literature, and the detrimental impact these experiences have on psychosocial development and consequently render this population of youth as particularly

vulnerable to multiple health risks. Research with a focus on NSSI among SMY remains nascent; however some experts report findings in support of this perspective.

In a study surveying 246 SMY, between 16 and 20 years old, drawn from a variety of sources (flyers, youth groups serving sexual minority populations, and peer recruitment), Liu and Mustanski (2012) investigated the risk factors associated with NSSI and suicidal ideation longitudinally over five time points across six month intervals. Suicidal ideation and NSSI was reported by 37.4% and 15.4% of respondents respectively. History of suicide attempt as well as victimization uniquely predicted NSSI and suicidal ideation across time. When suicide attempt history was replaced with depression, the results were identical. Specifically, victimization and depression predicted NSSI. In a similar study conducted by Walls and colleagues (2010), 47.2% of the 265 sexual minority youth and young adults surveyed reported engaging in NSSI in the year prior to the study. Victimization related to the family environment was not significantly related to NSSI whereas victimization occurring in or around the school environment was a strong predictor, as were homelessness, depression, and history of suicide attempt. Nickels and associates (2012) reported that up to 41.2% of the SMY participating in their study, endorsed NSSI, 66.4% reported experiencing victimization related to their sexual status, 81.7% reported experiences of hopelessness such that it interfered with regular activities, and 38.9% had attempted suicide at least once during the year prior to the study. The majority of respondents (72.5%) identified the need for emotional release as the motivation for self-injury, however multiple motivations were also identified by some youth and included; the need to feel something (51.9%), self-hate (48.9%), and loneliness (47.3%). Similar motivations have been reported elsewhere (eg., Klonsky, 2009), and are not surprising given that loneliness and apathy are characteristically associated with depression, and NSSI may reflect efforts to reduce these negative emotions. As well, self-hate, as a motivation

for NSSI, has been posited to reflect an internalized expression of hate towards the self in response to experiences of social exclusion and denigration (e.g., Klonsky, 2009; Klonsky & Muehlenkamp, 2009). This view may be particularly relevant for SMY in the process of developing personal identities within an environment that is often highly contemptuous and demoralizing (Klonsky, 2007).

Whereas many of the factors conferring risk for self-injury remain unidentified; a testament to the complexity of this behavior, victimization and negative affect are consistently reported in extant literature as associated with NSSI (e.g., Walls, et al., 2010). Given that these psychosocial characteristics have also been identified as leveraging risk for suicidal thoughts and behavior, the possibility that NSSI serves as a prelude to suicide cannot be ignored. Cloutier and colleagues (2010) found that of the 234 youth requiring emergency medical intervention for deliberate self-harm, 19 were identified as having engaged in NSSI as well as having attempted suicide, and approximately 40% of the NSSI only group presented with a level of suicidal ideation that required psychiatric intervention. Similar conclusions were reported by Whitlock and colleagues (2013) following an examination of the relationship of NSSI to suicidal thoughts, behavior, and attempts. These authors were particularly interested in whether this relationship was linear in nature, what factors differentiate individuals who engage in NSSI and demonstrate concurrent or later suicidality from those who do not, and whether NSSI reduces inhibition to suicidality. Utilizing a prospective design, survey data were compiled annually over three years from a sample of 1,466 college students. The results indicated that NSSI was equally likely to precede, proceed, or co-occur with suicidal thinking and behavior. However history of NSSI; incident frequency greater than 5, tripled the risk for concurrent or later suicidality. Additionally, the authors reported that youth at elevated risk for joint NSSI and suicidality were more depressed, less socially connected, and perceived less

meaning in their lives. Despite a significant body of research evidencing the distinct characteristics describing NSSI from suicidality, there is a growing understanding that these behaviors, at least for some individuals, are not mutually exclusive, underscoring the imperative to view NSSI as an important risk for suicide. Accordingly, SMY, as a consequence of heightened levels of affective distress, are more likely to manifest a history of NSSI and as such are at a heightened risk for suicide as compared with heterosexual youth.

Suicide

Adolescent suicide is a tragic global phenomenon that represents the second leading cause of death among youth aged 10 to 24, second only to automobile accidents (Canadian Mental Health Association, 2000; World Health Organization, 2000). The Public Health Agency of Canada (2002), reports that in 1998 73% of hospital admissions of youth aged 15 to 24 were for attempted suicides and of the 3,699 Canadians who died as a result of suicide 562 were committed by youth within this age bracket and 46 were committed by youth under the age of 15. These numbers are disturbing and likely only a conservative estimate possibly reflecting the difficulty medical examiners have in determining suicide intent postmortem or the reluctance of family members to ascribe suicide as the cause of death due to fear of stigma or shame and consequently many suicides remain unidentified (Public Health Agency of Canada, 2002; World Health Organization, 2000). Extant literature highlights gender differences in suicide outcomes such that boys die more often whereas girls make more attempts (Greydanus et al., 2009; Public Health Agency of Canada, 2002). The WHO (2000) suggests that this gap likely reflects the method used for suicide, whereby boys tend to use more lethal methods such as hanging, firearms, and explosives, girls are more likely to use cutting and substance overdose. Regardless of gender, culture and geographic differences, adolescents around the world who seriously contemplate, attempt, and complete suicide are

connected by feelings of extreme distress and the belief that death is the only viable solution to ending intolerable pain (Greydanus et al., 2009).

Even though thoughts of suicide are not uncommon for youth navigating the complexities of adolescence and the inherent stresses associated with their changing role from child to adult, some youth are at an increased risk for breaching the gap between thought and action. For instance, of the 29,000 high school students who participated in the Adolescent Health Survey, 12% considered suicide, 5% made an attempt and of these, 26% reported that injury was serious enough to warrant medical attention (Smith, et al., 2009). Adolescent suicide is a complex behavior not easily explained; however literature identifies an imbalance between factors which protect against suicide and those which confer risk as an important starting point for understanding and addressing suicidality in youth (Canadian Mental Health Association, 2000; World Health Organization, 2000). Accordingly, adolescents who are supported by significant adults, socially connected and perceive positive meaning in life are resilient to the stresses marking adolescent development and are at minimal risk for suicide and other health harming behaviors. Alternatively, risk is heightened for youth who lack positive adult support, are disconnected from peers and their social environment, and perceive little meaning in their life (Safren & Heimberg, 1999; Whitlock et al., 2013). Subsequently these negative experiences contribute to increased levels of affective distress and hinder the development of healthy coping behaviors, and typically characterize the experiences of marginalized youth in general, and SMY in particular.

In spite of the nascent research comparing the prevalence and correlates of suicide between sexual minority and heterosexual youth, findings consistently highlight the pervasiveness of suicidality among SMY compared with their heterosexual counterparts, and the contributing role of depression and victimization in determining negative outcomes. For instance, Smith and colleagues

(2009) reported that 28% of SMY compared to 4% of heterosexual youth had attempted suicide. In an earlier investigation, Safren and Heimberg (1999) compared levels of psychosocial distress and suicidality between sexual minority and heterosexual youth aged 16 to 21. Youth were drawn from various recreational organizations serving SMY and youth at risk to ensure that stress levels were equivalent across groups. SMY reported increased levels of depression, hopelessness, past and present suicidality as compared with heterosexual youth. When controlling for sexual status, group differences in levels of depression, hopelessness, and past and present suicidality was associated with stress, social connection, and coping. Similarly Marshal et al., (2011) reported a significant increase between levels of depression and suicidality between sexual minority (28%) and heterosexual youth (4%) following a meta-analysis of 20 research studies investigating these variables in isolation and in combination. These results are consistent with empirical reports highlighting the deleterious effects on mental health that hostile and denigrating environments have on socially marginalized youth. Contrary to risk factors that may be more intransigent to external influence, such as psychiatric or medical conditions, environmental factors contributing to the development of adolescent depression are often amenable to prevention and intervention through psycho-education, stress management, and social support (Safren & Heimberg, 1999; WHO, 2000). Conversely, adolescents experiencing debilitating stress and adversity, such that they view death as a viable solution, do not typically disclose their distress and when intervention is provided, treatment compliance is often negligible. For instance Renaud and colleagues (2009) found that of their sample of 55 adolescent suicide completers, 22 had received psychiatric treatment but were characterized as noncompliant to treatment plan (missed appointments, refusal of hospitalization, and medication noncompliance) and over 20% had no history of suicide attempt and did not receive medical attention prior to their death. Psychological autopsy reports indicated that suicide, among

this sample, was most often associated with depressive, disruptive, and substance abuse disorders; unfortunately the authors did not investigate possible reasons for noncompliance nor the underlying factors precipitating these suicides. Exploring the associations between risk factors, precipitating events, and treatment resistance may reveal important relationships that remain otherwise unnoticed. For example, SMY experiencing extreme affective distress associated with sexual harassment may be fearful of disclosing this information due to potential breaches in confidentiality, stigmatization, and possible indifference, and as a result may present as noncompliant. In this case, at least, prevention efforts that include attention to the environmental conditions perpetrating victimization may garner more active participation from the individual and a more optimistic outcome. It is important to note that these examples serve to illustrate the potential etiological differences in suicidality across groups of youth, and certainly not intended to imply that suicide prevention is a simple task. Suicide is a complex behavior involving layers of interacting variables that necessitate multiple strategies and these strategies, in turn, are leveraged by the open communication and active participation of the individual in crisis. Unfortunately, there is a large body of research that highlights the general reluctance of youth to seek support and guidance from school personnel for issues that are critical to the well-being of the individual and to fostering a healthy school community, and consequently represents a major impediment to identifying risk and preventing an array of negative outcomes.

Help Seeking in SMY

Given the prevalence of bullying within the school milieu and the subsequent mental and physical health implications for the victim, bully, and the entire school community, it is imperative that school personnel be aware of hostile activity and work towards resolving conflict and addressing all forms of violence and emotional distress experienced by one student or the entire

student body. An important component undermining this task is the reluctance of students to approach school personnel for support and guidance, choosing instead to keep silent or share concerns with others that may not be positioned to adequately address the problem, namely family and friends. Heath and colleagues (2010) for instance investigated the help-seeking behavior in a large community sample of middle and high school youth who reported engaging in NSSI. The researchers found that only 13.5% of youth were willing to seek support from school resources while most were more likely to disclose to family and friends. Fekkes, Pijpers, and Verloove-Vanhorick (2005) reported similar findings in a study utilizing a large sample of Dutch elementary students. Specifically, and in spite of the high frequency of bullying experiences, students were more likely to tell their parents (67%) than to approach teachers for help (53%). Of the students who did seek help from teachers, they reported that in spite of teacher's efforts to address the bullying behavior, it continued and at times got worse. This is not surprising given that the students, identified as bullies, also reported that they had rarely been approached by teachers or parents regarding their bullying behaviors. In a study by Williams and Cornell (2006), students reported that they would not discuss personal problems with their teachers and indicated that they did not believe that teachers cared about them. Of this sample only 53% reported a willingness to inform teachers of bullying experiences. Similarly, the Federal Bureau of Investigations (FBI) contends that despite the fact that youth are often witness to the violent threats or behavior of another student, they rarely report their concerns to teachers or school administration, due to the fear of reprisals, avoiding the moniker "snitch" by peers, or the disbelief that plans will be acted upon (O'Toole, 2000).

School climate plays an important role in perpetrating these beliefs resulting in an atmosphere that negates trust and open communication between school personnel and students.

When students hold the belief that the school condones bullying, whether through inaction, ignorance, or inconsistent management, they are not likely to report concerns to school personnel. Consistent with this view are the results of a study conducted by Aceves and colleagues (2010). These researchers found that when students perceived teachers to be effective in their management of student conflict, they were more likely to report victimization. Additionally, they reported that although boys were more likely to retaliate aggressively to victimization and less likely to report to school personnel, gender differences were mitigated by the perception of teachers as effective and fair. Interestingly, these students responded similarly to vignettes depicting minor (peer harassment) and major (weapons threat) victimization scenarios. Similar findings presented by Eliot and colleagues (2010) purport that help seeking among youth is correlated with school climate. These researchers investigated the role that student perceptions of teacher support and fairness would have in determining help-seeking behavior in 7318 grade nine students from high schools in Virginia. The authors found that individual and school level characteristics influenced a student's willingness to seek help from school personnel. Specifically, girls were more likely to report bullying and other violent acts or threats but racial minority youth were least likely to report or seek help relative to other nonminority youth. Perceived positive school climate mitigated gender differences but did not have a similar influence on help seeking in racial minority youth. A possible explanation for this distinction between minority and nonminority youth may be attributable to the subjectivity of the characteristics determining the quality of school climate. In short, the qualities comprising a positive school environment may be perceived and experienced differently according to racial membership. Similar disparities have been identified in racial minority SMY in their negative perceptions and experiences of the benefits of LGBTQ curricula relative to the positive reports from nonminority SMY (Kosciw et al., 2012; Taylor et al., 2011).

Alternatively it may be that the factors contributing to the increased reluctance of racial minority youth from sharing concerns or seeking support from the adults in the school are engendered by actual, perceived, or anticipated discrimination, and a reality shaping the lives of all youth characterised by a minority status.

Despite the high prevalence rates of victimization and the ensuing negative mental and physical health conditions experienced by SMY, research suggests that these individuals are not likely to either report their victimization to police (Statistics Canada, 2001) nor are they likely to seek health services from the school or other outside medical institutions. Williams and Chapman (2011) argued that SMY face a number of barriers that preclude seeking assistance for physical and mental health concerns, adding to the already discrepant health status between SMY and their heterosexual peers. These authors analysed a number of health and help seeking behaviors in a nationally-representative school-based sample of 18,924 adolescents (7.5% SMY) between the ages of 11 and 21. The results indicated that not only do SMY experience a greater degree of adverse mental and physical health conditions than their peers, they are less likely to have these needs met by medical care professionals, and even less likely to seek support for mental health issues from school personnel. The two most frequently reported reasons for this avoidance involved concerns over confidentiality and fear of stigmatization. The positive correlation between degree of “outness” and degree of victimization reported in some literature substantiate these fears which may serve to influence help-seeking (D’Augelli et al., 2002; Nichols et al., 2012; Walls et al., 2010). Furthermore, conclusions drawn and reported in a number of community surveys highlight teacher characteristics as significant barriers precluding help seeking from school personnel (e.g., Kosciw et al., 2012). For instance in a survey published by GLSEN, 60.4% of SMY did not report their experiences of victimization to school personnel, and 36.7% of those who did seek help, reported

that nothing came of it. These numbers are not surprising considering 56.9% of this sample of students also reported that they regularly heard homophobic derogations from school staff (Kosciw et al., 2012). These findings are not unique to the GLSEN sample; up to 23% of SMY participating in a national survey of Canadian high school students reported similar experiences from teachers and school personnel (Taylor et al., 2011). In an earlier study, Elze (2003) reported that 25% of SMY respondents perceived school administrators as ineffective at managing homophobic victimization, including derogatory remarks and jokes from teachers. It is not surprising therefore that SMY are not likely to seek help from individuals who are perceived to be ineffective at managing victimization.

Even though disconcerting, the tendency for some teachers to align themselves with heteronormative imperatives should not be considered as representing malevolent intent on the part of the teacher but rather an expression of one or many possible beliefs or fears not typically addressed in teacher training programs. Following several years of experience as educators of preservice teachers, Robinson and Ferfolja (2001) highlight the general viewpoints held by their students regarding topics of sexual orientation and gender expression within the context of student life and education. The overarching perception was that sexual minority issues were not relevant to their role as educators but rather fell within the domain of family or therapeutic discussion. Additionally and in spite of their participation within this social justice and diversity course, believed that the onus of fitting-in and therefore avoiding victimization belonged to the individual; in effect pathologizing the SMY and perpetrating heteronormative bias. Some preservice teachers also indicated a fear of personal stigmatization by professional colleagues, administrative supervisors, and parents resulting from overt support for sexual diversity and gender expression. In a survey investigating preservice teachers' knowledge, attitudes, and perception of homosexuality,

Mudrey and Medina-Adams (2006) reported that increased knowledge did not produce decreases in negative attitudes, perceptions, and affect in their sample of 200 preservice teachers enrolled in university teacher training programs as full-time or part-time students and at the beginning, middle, or end of their training. Puchner and Klein (2011) suggested that a gap exists between teachers' reported tolerance for sexual diversity within their classrooms, and their willingness to engage students in topics of sexual diversity. The authors queried 15 high school teachers, from nine schools in the American Midwest, about their thoughts and practises regarding sexuality in general and homosexuality in particular. In spite of being aware of the developing sexuality within their student population and concerned with the bullying of SMY within the school, the majority of teachers actively avoided or redirected discussions initiated by students regarding sexual orientation and gender expression. One teacher voiced pleasure that his school library had a fictional book depicting a gay character or theme; however sexual orientation was not incorporated into this classroom lesson, and in general, teachers typically suggested that students discuss these issues with parents or health-education teachers. Dessel (2010) found that an antigay intervention in the form of intergroup dialogue produced positive changes in attitudes, feelings, and behaviors in public school teachers toward homosexuality and sexual minority youth and parents. Several teachers reported that following facilitated dialogue with members of the LGBT community, they felt more empathy for the challenges faced by sexual minority individuals, were more comfortable supporting SMY and addressing issues of discrimination and harassment, and planned to incorporate materials and resources into the classroom. Developing a similar protocol for preservice teacher education may provide the much needed intergroup interaction to mitigate fears and misconceptions about homosexuality and foster a sense of efficacy and responsibility in responding to the needs of SMY. Although systemic changes disrupting heteronormative thinking

across school boards, communities, and government decision making bodies, will not likely result from intergroup dialogue, this method of intervention may be an important first step in creating supportive relationships between SMY and their teachers. When the school climate is positive and students can identify supportive adults within the school milieu, health risks are significantly reduced for SMY; for example depression, suicidality, and cutting (Birket et al., 2009; Nickels et al., 2010; Walls et al., 2010).

The high school environment, for many SMY, is hostile, dismissive, and exclusively heterosexual; creating an atmosphere that is not only conducive to, but one which normalizes, the victimization of SMY as manifest through peer rejection, verbal, physical, and sexual violence, bullying, harassment, name calling, and alienation from school staff and support services. With some variation across research studies, negative health outcomes are evident across sexual minority subgroups, gender, socioeconomic class, and ethnicity (Button, O'Connell, & Gealt, 2012; Taylor et al., 2011; Taylor et al., 2008). SMY as a population, are at a heightened risk for substance abuse (Corliss et al., 2010; McLaughlin et al., 2012); anxiety, depression, early sexual risk-taking, self-injury, social isolation, homelessness, and suicide (McLaughlin et al., 2012; William & Chapman, 2011). The documented health disparities between sexual minority and heterosexual youth are significantly reduced when the school climate is shaped by values espousing equality and respect for the unique development of the individual student.

Positive School Climate

The Chief Public Health Officer's Report (2011) documented the heightened risk for anxiety, depression, eating and substance abuse disorders, aggression, bullying, self-injury, and suicide as significant concerns for 14% of the 7.5 million Canadian youth subjected to extreme levels of stress. Additionally, and contrary to what may be expected, extreme stress is most often

associated with negative daily events and hassles rather than major life changes (Moulds, 2003). Given that 20% of violent hate crimes involve youth, occur in and around the school environment, and are most often motivated by homophobia, (Dauvergne, Scrim, & Brennan, 2006), youth who identify as or are perceived to be a sexual minority experience extreme levels of stress as a result of not only anticipated and experienced victimization, but a systemic covert victimization characteristic of the heteronormative culture shaping the high school environment. Adolescents who naturally conform to the social norms describing appropriate sexual orientation and gender identity, are more likely to experience opportunities to explore their nascent independence, connect with peers, develop intimate relationships, and be guided by supportive adults in the development of a positive sense of self as they transition to adulthood when compared with SMY (McNeely & Blanchard, 2010). As a marginalized population, SMY living and learning under the shadow of oppression, discrimination, and hostility; a developmental journey most often devoid of positive adult and peer support, recognition, and affirmation, experience extreme levels of stress impacting the psychological, cognitive, social, and emotion regulation processes key to healthy development which characterizes the mental and physical health disparities between sexual minority and heterosexual youth (Hatzenbuehler, 2009). Accordingly SMY are at a heightened risk for social isolation, homelessness, truancy, substance use and abuse, risky sexual activity, anxiety, depression, self-injury, and suicide (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; Button, O'Connell, & Gealt, 2012; Kosciw et al., 2011; McLaughlin et al., 2012; Poteat et al., 2009; Saewyc et al., 2007; Taylor et al., 2011; Taylor et al., 2008).

In addition to the invisibility inherent in social marginalization, climate surveys from across North America and other industrialized nations highlight the increased frequency of bullying and sexual harassment experienced by SMY compared to their heterosexual counterparts and include,

but are not limited to, threats of physical assault, physical and verbal assault, name calling, social isolation, and rumor mongering (Kosciw et al., 2012; Saewyc et al., 2007; Taylor et al., 2011; Taylor et al., 2008). As a result of victimization, many SMY avoid school regularly due to fear, impacting their grade-point average and academic achievement and undermining future economic potential (Black, Fedewa, & Gonzalez, 2012; Kosciw et al., 2012). Further, SMY choose to remain silent regarding their victimization rather than seek support from school personnel for fear of public disclosure and the potential increase in victimization (Friedman et al., 2011; Kosciw et al., 2012), or due to the perception that school personnel are not supportive and at times perpetrate victimization through ignorance, indifference, or the careless use of derogatory epithets (Elze, 2003; Kosciw et al., 2012; Taylor et al., 2011; Williams & Chapman, 2011; Williams & Cornell, 2006). Alternatively, health risks such as depression, suicidality, and self-injury, are significantly reduced for SMY when teachers and other school personnel are perceived as supportive and fair in their management of student conflict and intolerance of antigay victimization (Birkett et al., 2009; Nickels et al., 2010; Walls et al., 2010). Accordingly teachers and other school personnel are uniquely positioned to make positive changes within the school milieu and in so doing, mitigate the challenges and stressors associated with an LGBTQ status by employing classroom and school wide strategies reflective of a positive school climate.

A positive school climate encompasses a value system that is built on respect, equality, and the belief in the fundamental right of all members of the school to feel safe, valued, and connected to each other and the larger school community; conditions salient to the well-being and academic success of all learners (McNeely & Blanchard, 2010). Conversely, student growth, well-being, and motivation to learn are diminished, when schools foster conditions conducive to hegemonic systems of division that negatively shape peer and adult relationships and promote discrimination

and victimization; experiences particularly tangible for many of the estimated two million LGBTQ students (Human Rights Watch, 2001). Despite the fact that several government bodies, administrative boards, and schools have implemented strategies and programs which promote a positive school climate there is very little research investigating their impact on SMY, and given the heightened experience of school victimization for these students and the associated adverse implications on mental, physical, and academic well-being, the efficacy of safe school programs, particularly for this population of youth, is paramount (Black, Fedewa, & Gonzalez, 2012).

The most common strategies employed by schools include those that target individual groups of youth at risk for personal or academic challenges, or universal strategies targeting the whole school that aim to create a sense of caring and responsibility in all members by addressing health risk topics in the curriculum, teacher training, and policy development, while others aim to foster personal empowerment through peer tutoring or community learning (Goodenow, Szalacha, & Westheimer, 2006). Goodenow, Szalacha, and Westheimer (2006) compared the benefits of these programs on the health and well-being of 202 SMY from 52 high schools participating in the Massachusetts Youth Risk Behaviour Survey (MYRBS). When controlling demographic and school characteristics, SMY reported more experiences with victimization including forced sexual contact and intimate partner violence, missed school due to fear, felt extreme levels of sadness and hopelessness, made one or more suicide attempts in the previous year, and perceived staff as unapproachable. The authors found that SMY in schools that incorporated programs targeting youth at risk for academic or personal challenges as well as those that provided community learning programs, reported higher rates of victimization and suicide than SMY in schools where a universal approach was employed. It is noteworthy that school policies prohibiting sexual harassment and bullying created a sense of safety for the general student body but did not produce a similar sense of

safety for SMY nor mitigated the frequency of victimization or number of suicide attempts. Similar findings have been reported by GLSEN (Kosciw et al., 2012) and Egale Canada Human Rights Trust (Taylor et al., 2011). Although certainly beneficial, policies alone do not address the unique challenges faced by SMY nor the underlying impetus for LGBTQ victimization. A possible explanation could be that even though many government bodies have developed laws prohibiting violence and discrimination based on sexual orientation or gender expression, and mandated school boards to develop policies demonstrating adherence to the tenets of these laws, and to outline the mechanism for the accountability and reporting on the safety of students, individual interpretation from divergent governing boards and school administrators, teachers, and parents potentially dilute the essence of these laws. For instance, the Quebec Minister of Education, Recreation, and Sports introduced Bill 56, *An Act to prevent and stop bullying and violence in schools*, involving a series of amendments to the *Education Act* and the *Act Respecting Private education* outlining the roles that schools must take to ensure a safe and positive learning experience for all students (Québec Minister of Education, Recreation, and Sports). Given that there are over 3000 schools governed by more than 70 school boards recognized in the province of Quebec (Québec Minister of Education, Recreation, and Sport, 1998), it is unlikely that the interpretation and application of this bill would be consistently applied particularly in schools governed by a conservative or religious body of decision makers.

Goodenow, Szalacha, and Westheimer (2006) found however that in schools where similar policies were endorsed in conjunction with teacher training in LGBTQ issues and student-run groups were supported, SMY perceived teachers as approachable and caring and reported less victimization and suicide attempts. A similar conclusion was reported by Black, Fedewa, and Gonzalez (2012) in a review of 17 empirical studies investigating the outcomes of safe school

programs and practises designed to improve the learning environment for SMY. The authors concluded that the most beneficial interventions for SMY were those that were universally applied and designed to target the psychological, social, and physical health of SMY and comprised inclusive strategies, antidiscrimination and harassment policies, and supportive environments. Specifically, and in accordance with other reports (see Kosciw et al., 2012 for example), positive outcomes were more pronounced in schools where there were clearly defined and consistently applied antiviolence and discrimination policies in place, a Gay-Straight Alliance (GSA) was organized and supported by the administration, training was provided for the school community, and curricula included LGBTQ material and resources. Despite the possible inconsistency of antiviolence and discrimination policies, teachers and other school personnel can employ supportive strategies that bolster safe school policies and improve the life of all students regardless of sexual orientation or gender expression by organizing and supporting the development of a GSA, ensuring access to accurate health information and resources relevant to SMY, and incorporating LGBTQ components into the curriculum.

Taylor and colleagues (2011) emphasised that approximately 14% of a school's student body identify as a sexual minority, which when juxtaposed with the absence of both LGBTQ representation in the curriculum and the provision of relevant health information, perpetuates the marginalization and stigmatization of a significant number of youth. The Human Rights Watch (2001) underscores the critical need for schools to provide accurate health information for SMY particularly given the increased risk for negative health outcomes. Denial of this information is tantamount to negligence and is reflective of discriminatory practises, such that schools typically provide health information that reflects the needs of heterosexual youth, while disregarding those of sexual minorities. On the other hand, expanding the health education curriculum to include

information on sexual diversity would not only promote healthy behavior for SMY but would serve to demystify LGBTQ status, promote tolerance, and begin to dismantle the heterosexism that drives homophobic violence.

Similarly, Blackburn and Buckley (2005) suggest that excluding LGBTQ literature from the curricula is akin to fostering the belief that LGBTQ persons are nonexistent or simply have not contributed anything worthy of learning. The researchers contacted 600 public secondary schools across the United States and asked if their English language arts curriculum included materials that addressed *same-sex desire*, and if so, what materials were used. Only 212 schools responded and of these, 18 said that they used texts, films, and other materials. Within this group, only a few schools used materials that represented LGBTQ issues within the context of diversity and equality, while most incorporated materials that depicted exclusively negative representations of LGBTQ individuals focusing on violence, death, and HIV. The authors reported that of the 212 schools that responded to their queries, 194 were adamantly opposed to both the research itself and the inclusion of any LGBTQ materials in the curriculum, citing biblical passages, stressing that it was inappropriate and a waste of their time, or suggesting that the community where the school was situated was highly conservative and would not tolerate inclusion of such material. These results are not surprising given that GLSEN (2011) reported that few SMY experience LGBTQ-inclusive curricula, however benefits are immeasurable for those students who experience positive representation; they feel safer, are less victimized, less likely to skip school, and feel more connect with the school community. Sanchez (2005) stressed that providing youth with opportunities to see themselves reflected in a positive light, recognize, and be inspired by the accomplishments of LGBTQ individuals leverages the development of a positive self-identity, confidence, and empowerment while also fostering a broader world view and respect for diversity among all

students. Further, Sanchez stresses that offering SMY a variety of relevant literature, both fiction and nonfiction, creates a safe haven for exploring personal identities, resolving problems, and fostering the understanding that others share similar feelings and have overcome similar challenges; they are not alone. In addition to the intrapersonal benefits of literature, the provision of material and resources addressing sexual diversity broadcasts the message that all youth are valued members of the school community, and in so doing promotes school connectedness, mitigating the negative effects of disconnection and social isolation (GLSEN, 2011). Another way that teachers and other school personnel can demonstrate advocacy for the well-being of SMY is to encourage and support the organization of a Gay-Straight Alliance (GSA).

GSAs are recognized student-led groups comprised of SMY and heterosexual allies whose primary mission is to provide support and a safe space for LGBTQ youth (Kosciw et al., 2012; Taylor et al, 2011). Although empirical research is nascent, available reports concur that the outcomes are positive for youth in schools that support a GSA. Kosciw and colleagues (2012) and Taylor and colleagues (2011) reported that of the thousands of SMY surveyed, youth in schools that had GSAs indicated feeling more connected to their school, felt less isolated, and were less fearful. These youth also reported being more open about their sexual orientation and gender identity, perceived staff as approachable, and viewed their school as less hostile. GSA benefits have also been reported to include increases in academic standing, personal empowerment and agency (Black, Fedewa, & Gonzalez, 2012). Additionally, some literature highlights the protective quality of a GSA on the mental and physical stresses commonly experienced by SMY. For instance Heck, Flentje, and Cochran (2011) compared the reported frequency of victimization, alcohol use, depression, psychological distress, and school connectedness in students attending a high school with a GSA and those without. Results indicated that students who attended a high school with a

GSA reported less alcohol consumption, less victimization, lower levels of psychological distress and depression, and an increased sense of connection with their school. In an earlier study, Walls, Kane, and Wisneski (2010) investigated the effects on SMY attending schools with versus without a GSA, and whether membership in a GSA predicated positive outcomes. Responding to an on-line survey, 293 LGBTQ youth between the ages of 13 and 22 reported on their levels of victimization, sense of safety, high school completion, knowledge of a safe adult, truancy due to fear, GPA (Grade Point Average), and the presence of and participation in a GSA. The authors were surprised to note the lack of significant difference on all variables between membership and nonmembership in a GSA with the exception of the increased GPA outcomes for SMY who were members of a GSA. Significant differences were identified however between the variables based on the presence or absence of a GSA. Specifically, SMY in schools with a GSA reported lower rates of truancy, lower drop-out rates, were aware of a safe adult, and felt safer in school when compared to their counterparts in schools without a GSA. Contrary to other research reports, levels of victimization did not differ across groups, which may indicate that while victimization remained constant, the presence of a GSA mitigated the negative impact victimization had on the school experience and reported health status of the respondents. The authors conceded that it is also likely that the quality and enforcement of antidiscrimination and bullying policies across schools may have influenced the level of victimization regardless of the presence or absence of a GSA. The benefits of supporting a GSA within a school are not limited to providing support and a safe place for SMY and their allies to connect socially, while certainly crucial to improving the school experiences and mental health of SMY, GSAs may also provide the framework for activating social change across a broader context; from the individual, the school, the community, and beyond.

The power of a GSA to change deeply ingrained prejudices and influence change across the entire school community was investigated by Griffin, Lee, Waugh, and Beyer (2008). Based on the Massachusetts' Safe Schools Program, the authors analysed the roles that GSAs played across 22 participating schools. In these schools, GSAs clustered around four broad roles; counseling and support, safe space; primary vehicle for raising awareness/increasing visibility and educating about LGBTQ in the school; and part of broader school efforts to raise awareness/increase visibility and educate about LGBTQ in the school and community. In determining the broader function of the GSAs across schools the authors conducted interviews with GSA members and nonmembers, principals, counsellors, teachers, and community members, they attended GSA meetings where permitted, reviewed availability of LGBTQ resource materials, and documented LGBTQ activities and projects. Of the 22 schools, the function of the GSA in two schools was primarily to provide counseling and support in a safe place for individuals experiencing issues with sexual orientation and gender identity. GSA advisors were counselors, the meetings were therapeutic in nature and did not address school climate, given that members were perceived as having adjustment issues. Six schools had GSAs that functioned as a safe space and were primarily social in nature. These GSAs organized social events for members but did not welcome the participation of nonmembers. In these schools, SMY of color and those needing support reported that the GSA did not meet their particular needs and therefore were not members. Even though these groups provided a safe place to meet and socialize with other youth, they did not address school climate or safety issues, and did not attempt to engage the general school population in LGBTQ issues. Nine schools organized their GSAs as the primary vehicle for raising awareness, providing education, and increasing visibility of LGBTQ issues in the school. These GSAs held regular meetings that were social, educational, as well as political, members campaigned for staff training, and organized school wide

events and assemblies for the purpose of increasing awareness of LGBTQ issues, although support for the individual was secondary. These groups were highly dependent on dynamic youth and adult support and consequently visibility and activism fluctuated from year to year as leaders changed or left. Additionally, these GSAs focused exclusively on the school community and did not lobby other community organizations for partnership or support. The authors found that five school GSAs functioned as one component of a broader school effort to raise awareness, increase visibility, and educate the school population as well as the community on LGBTQ issues. The authors noted that these GSAs were part of a comprehensive school effort involving the administration, teachers, students, parents, and community organizations dedicated to dismantling LGBTQ prejudice and discrimination across a broader context; not limited to the school environment. Efforts included such things as the creation of task forces to monitor school safety, mandated LGBTQ inclusive curriculum, comprehensive antidiscrimination and harassment policies, regular school assemblies, community events, and activities. These schools embraced the ideology of social justice and equality for all members and as such typically included nondiscriminatory hiring practises and employment benefits for all school personnel and their partners irrespective of sexual status. The GSAs in these schools were able to focus attention on the needs of their members while other school and community organizations attended to the task of building awareness, tolerance, and respect for sexual diversity across a broader range. It is without question that schools that embrace and actively pursue the tenets of social justice form the standard by which all educational institutions should aspire. However there remain a quagmire of barriers that persist in undermining permanent and positive change for LGBTQ individuals and continue to influence a school's willingness to adopt LGBTQ inclusive practises.

According to Mayberry (2012) heteronormative doctrines persist and continue to shape the school experience of many SMY in spite of the growing number of GSAs across North American schools, thereby evidencing the limited capacity for GSAs to facilitate social justice beyond the school. The author interviewed 20 people (12 GSA members, 4 advisors, 2 high school principals, and 2 administrators) from 4 high schools in southeastern US, to determine if the GSAs have been able to build alliances with community organizations. She argued that even though GSAs have had beneficial outcomes for individuals (higher GPAs, lower truancy, less social isolation and psychological distress and less engagement in health-hampering behavior), these benefits do not extend beyond the individual. The interviews revealed that GSA members felt a sense of empowerment and confidence and as a consequence felt better equipped to stand up to antigay slurs and speak out against heteronormative practises in their schools. These youth also felt that the GSA provided a safe forum to discuss issues as well as to connect with others for support and friendship. GSA members organized school wide projects and activities to build awareness of LGBTQ issues and increase visibility. Mayberry found that, in spite of the admitted support for the GSA by school personnel and administration, LGBTQ issues were not addressed in staff meetings or targeted as important goals for professional development. Parental resistance was reported as the most significant barrier to extending social activism beyond the school boundaries. This resistance was a reality expressed by both the GSA members and school personnel alike to such a degree that GSAs were renamed as social justice clubs to avoid negative reprisals from families as a consequence of being perceived as a sexual minority, or a supporter of homosexuality. Accordingly, Mayberry argued that fear of public disclosure precluded the building of community partnerships and diminished the potential to effect change beyond the school. Certainly risking the negative backlash, anger, and potential rejection of parents as well as the larger community is a

contingency avoided by most. However Mayberry neglects to recognize the significant potential that the GSA has in fostering the strength and courage to stand up for social justice and the necessary evolution that positive change requires particularly when challenging social norms. For instance, Russell, Muraco, Subramaniam, and Laub (2009) compared the civil, women's, and gay rights movements with the evolution of the GSA, and suggested that empowerment was, and is, an important catalyst setting the stage for social activism and change. These authors interviewed 15 GSA youth leaders from three different regions across California and asked them how membership in a GSA fostered a sense of empowerment and the effect it had on their lives. Youth described feelings of empowerment as a result of gaining and using knowledge to understand their rights, influence the opinions of others, and take a stand against discrimination. Some believed that they gained a sense of personal empowerment that fostered feelings of competency and personal agency. These youth reported that they developed the confidence to help others overcome isolation and the courage to fight for justice. Still other youth reported that they had gained a sense of relational empowerment as a result of the support, connection, and solidarity among members of the GSA. Despite the fact that the development and support of a GSA is not a panacea for eliminating heterosexism in the school, it does provide a safe venue where SMY can overcome feelings of isolation and psychological distress, and gain the confidence and courage to stand against injustice. The value of a GSA goes beyond that which is experienced by the members themselves, such that, the school broadcasts the message that all youth are valued and respected equally; nurturing a socially just-minded school citizenry.

Conclusion

SMY face a number of challenges that impact their healthy development and render them more vulnerable to risk behaviors and subsequent physical and psychopathological distress. Often

these conditions impede a healthy adult trajectory and can be irreparable and even life threatening. Although it is expected that young children explore sexual roles and identities it is a social imperative that these explorations cease during adolescence and social norms describing appropriate sexual orientation and gender expression be adopted and exercised. For SMY failure to comply with this imperative marks the beginning of a turbulent and hostile high school experience that hampers the development of a positive self-image and obstructs healthy peer and adult relationships, heightens fear and stress, fosters isolation and maladaptive coping strategies, and undermines successful school accomplishment and future economic potential. As a stigmatized population SMY are forced to grow up under the shadow of discrimination and victimization that is shaped by the heteronormative values implicitly and explicitly enforced within the school environment and the community as a whole.

Many SMY, experience a daily barrage of vitriolic name-calling that often spills into bullying, physical violence, and social isolation. Even when malice is not the intent, SMY must tolerate thoughtless disparaging remarks from both students as well as school personnel; ultimately chipping away at their sense of worth and well-being and provoking perpetual fear and stress. These negative conditions undermine healthy cognitive, social, and emotional development and jeopardize sound decision making, subsequently fostering the adoption of maladaptive and health hampering behaviors and activities. The numbers which describe the gap in negative health outcomes between sexual minority and heterosexual youth although alarming, are enlightening in so far that they represent an important starting point for directed intervention and change. Namely, strategies that mitigate school violence, build connectedness, and foster mental and physical well-being are characteristic of effective safe school programs.

Safe school programs that specifically address LGBTQ issues, in conjunction with comprehensive antiviolence and discrimination policies have been demonstrated to effect positive change in the school experience of SMY. Antiviolence and discrimination policies that are disseminated across the school community and consistently applied by all personnel, demonstrates intolerance for sexual harassment and bullying and nurtures a sense of safety and trust between students and school personnel, and increases school engagement. Buffering the effects of safety policies is the inclusion of practises that characterize an LGBTQ supportive environment; provision of LGBTQ resource materials, inclusive curriculum, and a GSA. As all youth, SMY benefit from the availability of resource materials supporting healthy living practises, as such provisions particular to the needs of LGBTQ youth encourages personal agency, builds knowledge, promotes healthy practises, and fosters feelings of value, respect, and affirmation. Incorporating LGBTQ components into the curriculum provides all youth with increased knowledge and respect for diversity and promotes social activism. For SMY, seeing oneself reflected in the curriculum creates a sense of connection with others, helps to understand and solve personal issues, builds pride, and encourages the development of a positive self-image. Further, GSAs not only provide youth with a safe place for friendship and support, but also provide the framework for developing a sense of personal empowerment through increased knowledge, confidence, and agency. Membership within a GSA improves academic standing, promotes school connectedness, and fosters a sense of safety within the school environment. With the support of adult advocates, GSA members organize school and community wide activities and projects to promote LGBTQ visibility and awareness and lobby for support and affiliation with other community organizations. Through these efforts the entire school community can begin to adopt a broader perspective and respect for human sexual diversity and gender expression. When schools actively embrace the tenets of equality and social

justice, they produce healthy and engaged learners that develop into productive and socially responsible global citizens.

Recommendations

- Learn the signs and take a proactive stand against LGBTQ stigmatization and victimization:
 - **Human Rights Watch.** Hatred in the hallways: Violence and discrimination against lesbian, gay, bisexual, and transgender students in US schools.
<http://www.hrw.org/reports/2001/uslgbt/toc.htm>
 - **Every Class in Every School:** The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools.
<http://www.mygsa.ca/sites/default/files/resources/EgaleFinalReport-web.pdf>
 - **The 2011 National School Climate Survey:** The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. Gay, Lesbian, and Straight Education Network. (GLSEN) www.glsen.org/research
 - **No Homophobes.com:** website that monitors homophobic language on social media sites.
<http://www.nohomophobes.com/#!/today/>
- Learn the anti-discrimination and harassment policies and procedures mandated by your school board and the Québec and Canadian Charters of Human Rights and Freedoms.
 - **Québec Minister of Education, Recreation, and Sport.** Violence in the schools – Let's work on it together! Bill 56: An act to prevent and stop bullying and violence in schools, Government of Québec.
http://www.mels.gouv.qc.ca/violenceEcole/index_en.asp?page=projetLoi
 - **Justice Québec:** Québec policy against homophobia overview.
<http://www.justice.gouv.qc.ca/english/publications/rapports/homophobie-br-a.htm>
 - **Canadian Human Rights Act**

<http://laws-lois.justice.gc.ca/eng/acts/H-6/page-1.html#docCont>

- **Sexual orientation and legal rights:** An article documenting the evolution of sexual minority rights across Canada. Prepared by Mary Hurley; Law and Government Division, 2003.

<http://publications.gc.ca/Collection-R/LoPBdP/CIR/921-e.htm>

- Ensure that there LGBTQ resources and materials are available to youth to promote healthy living practises, foster feelings of connection, and personal agency.

- **KidsHelpPhone.ca:** A bilingual resource and support site for youth with pages dedicated to providing LGBTQ youth with information and links to other helpful sites.

http://www.kidshelpphone.ca/Teens/InfoBooth/LGBTQ.aspx?gclid=CJ2y_fL_kLgCFYKd4Aod-WkAVw

- **It Gets Better Project:** An organization dedicated to inspiring hope and encouragement for LGBTQ youth, through videos, blogs, and links to other resource sites.

<http://www.itgetsbetter.org/>

- **Youth Resource.org:** A web site created by and for LGBTQ youth that provides answers to a variety of health questions, options to contact a peer educator, and a list of helpful links.

<http://www.youthresource.com/>

- **Sexual Information and Education Council of the United States:** A website that provides a selection of printable resources for LGBTQ youth about health and

sexuality and for parents with suggestions on discussing sex issues with their children.

<http://www.siecus.org/index.cfm?fuseaction=Page.viewPage&pageId=593&grandparentID=477&parentID=591>

- **LGBTQ Youth Centre:** An organization supporting Montreal LGBTQ youth.

Lists a network of drop in centres and local events for LGBTQ youth, their families, and allies.

<http://www.lgbtqyouthcentre.ca/>

- **Scarleteen:** A sexuality and education support website for teens and young adults.

The site provides interactive message boards that are staffed by sexuality experts, printable fact sheets, and referral services. The language is raw and the questions can be explicit, however the content is comprehensive and informative.

http://www.scarleteen.com/about_scarleteen

- **2Spirit.com:** A site for 2 spirited and LGBTQ aboriginal youth that provides information, resources, and links to other sites.

<http://www.2spirits.com/>

- **Affirm United:** A site developed by the United Church of Canada that is dedicated to the inclusion of all people into the church and society. Provides information, church events, and resource sheets.

<http://affirmunited.ause.ca/>

- **Brethren Mennonite Council for Lesbian, Gay, Bisexual, and Transgender**

Interests: An organization that advocates an open and inclusive church and society.

The site provides a variety of resource materials and literature, and organizes events and activities.

<http://www.bmcigbt.org/tcn.shtml>

- **Dignity Canada:** An organization developed by Roman Catholic followers who are working with other catholic organizations to reform the current exclusion practices of the Catholic Church. The site is theological in nature and provides information and resources, and organizes meetings for worship and social activities.

<http://www.dignitycanada.org/>

- **The Jewish Mosaic:** The National Centre for Sexual and Gender Diversity: an organization promoting the inclusion of all peoples into the Jewish faith. The site provides a wealth of information, fact sheets, and resources.

http://www.jewishmosaic.org/page/load_page/1

- **Salaam:** Queer Muslim Community: although this site offers limited information, it does provide a large list of other organizations that cater to LGBTQ individuals of Middle Eastern heritage.
<http://salaamcanada.org/links/>
- **Project 10:** A local organization and help line that provides support services as well as information, resources, and organizes social events activities. There is a variety of helpful links to local drop-in centres, help-lines, and organizations.
<http://p10.qc.ca/about-2>
- **Montreal Youth Coalition Against Homophobia:** A web site that provides a variety of information and local resources and organizations.
<http://www.coalitionjeunesse.org/en/>
- **PFLAG Canada:** A web site provided a wide selection of resources for LGBTQ youth, families, allies, and educators.
<http://www.pflagcanada.ca/en/index.html>
- Incorporate LGBTQ inclusive curriculum to promote school connectedness and a positive self-image and build visibility and awareness of LGBTQ individuals, contributions, and issues among all students.
 - **GLSEN Educational Resources:** A wide variety of curriculum ideas, activities, and education guides for developing respect and awareness of sexual diversity within a classroom.
<http://www.glsen.org/principals>

- **Safe School Coalition:** A web site that touches upon a wide selection of topics for educators and youth along with a variety of curriculum lesson plans according to grade and topic.
<http://www.safeschoolscoalition.org/index.html>
- **Advocates for Youth: Rights, Respect, Responsibility:** A website that provides information, resources, and links to many other LGBTQ websites.
<http://www.advocatesforyouth.org/for-professionals/curricula-and-education-programs>
- **Safe School Coalition: Guidelines for identifying bias in school curriculum and materials:** A simple tool to help identify bias in the curriculum.
<http://www.safeschoolscoalition.org/identifyingbias.html>
- **A Cool Place for Queer Teens:** This site provides a bibliography of a variety of fiction and non-fiction literature for LGBTQ teens.
<http://www.bidstrup.com/biblio.htm>
- Encourage and support SMY and allies in the development of a GSA to foster feelings of school connectedness, empowerment, increased educational engagement, safety, and social activism.
 - **Why Start a Gay-Straight Alliance: Promoting Safe Schools for All:** an information pamphlet for youth promoting awareness and understanding of sexual orientation and gender expression and suggested steps for developing a GSA. The pamphlet is an addendum to this document and should be distributed freely to all students.

- **MYGSA.ca:** A website supporting the development of inclusive school environments by providing information and resources for developing a GSA. There are pages dedicated to helping teachers, allies, parents, and LGBTQ youth organize activities and events in their schools and communities to build awareness and respect for sexual and gender diversity.

<http://www.mygsa.ca/>

- **GLSEN:** An organization dedicated to helping others create safe and supportive schools for LGBTQ youth. The site provides a large variety of educational resources, suggested school projects and activities, and links to other supportive organizations.

<http://www.glsen.org/gsa>

References

- Aceves, M., Hinshaw, S. P., Mendoza-Denton, R., & Page-Gould, E. (2010). Seek help from teachers or fight back? Student perceptions of teachers' actions during conflicts and responses to peer victimization. *Journal of Youth Adolescence*, 39, 658-669.
doi:10.1007/s10964-009-9441-9
- American Psychological Association (2009). Stress in America 2009, 1-18. Retrieved January 18, 2013 from <http://www.apa.org/news/press/releases/stress-exec-summary.pdf>
- Arseneault, L., Bowes, L., & Shakoor, S. (2010). Bullying victimization in youth and mental health problems: "Much ado about nothing?" *Psychological Medicine*, 40, 717-729.
doi:10.1017/S0033291709991383
- Bakken, N. W., & Gunter, W. D. (2012). Self-cutting and suicidal ideation among adolescents: Gender differences in the causes and correlates of self-injury. *Deviant Behavior*, 33, 339-356. doi:10.1080/01639625.2011.584054
- Bandura, A. (2001). Social cognitive theory of mass communication. *Media psychology*, 3, 265-299. doi:10.1207/S1532785XMEP0303_03
- Batchelor, S. A., Kitzinger, J., & Burtney, E. (2004). Representing young people's sexuality in the 'youth' media. *Health Education Research*, 19, 669-676. doi:10.1093/her/cyg082
- Bauermeister, J. A., Johns, M. M., Sandfort, T. G., Eisenberg, A., Grossman, A. H., & D'Augelli, A. R. (2010). Relationship trajectories and psychological well-being among sexual minority youth. *Journal of youth and adolescence*, 39, 1148-1163. doi:10.1007/s10964-010-9557-y
- Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth Adolescence*, 38, 989-1000. doi:10.1007/s10964-008-9389-1

- Black, W. W., Fedewa, 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. doi:10.1080/19361653.2012.714343
- Blackburn, M. V., & Buckley, JF. (2005). Teaching queer-inclusive English language arts. *Journal of Adolescent and Adult Literacy*, 49, 202-212. doi:10.1598/JAAL.49.3.4
- Bontempo, D. E., & D’Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths’ health risk behavior. *Journal of Adolescent Health*, 30(5), 364-374. Retrieved March 13, 2013 from http://ac.els-cdn.com/S1054139X01004153/1-s2.0-S1054139X01004153-main.pdf?_tid=748b6a54-2baa-11e2-87fb-00000aab0f02&acdnat=1352602367_4578688c0fadf022922da6f168660348
- Button, D. M., O’Connell, D. J., & Gealt, R. (2012). Sexual Minority Youth Victimization and Social Support: The Intersection of Sexuality, Gender, Race, and Victimization. *Journal of Homosexuality*, 59(1), 18-43. doi:10.1080/00918369.2011.614903
- Canadian Mental Health Association (2000). Reflections on youth suicide. *Canadian Mental Health Association Pamphlet Series*. Retrieved April 8, 2013 from http://www.canadiancra.com/PDF's/CMHA_mh_pamphlet_29.pdf
- Cloutier, P., Martin, J., Kennedy, A., Nixon, M. K., & Muehlenkamp, J. J. (2010). Characteristics and co-occurrence of adolescent non-suicidal self-injury and suicidal behaviours in pediatric emergency crisis services. *Journal of Youth and Adolescence*, 39, 259-269. doi:10.1007/s10964-0099465-1

- Cohn, T. J., & Leake, V. S. (2012). Affective Distress Among Adolescents Who Endorse Same-Sex Sexual Attraction: Urban versus rural differences and the role of protective factors. *Journal of Gay and Lesbian Mental Health*, 16, 291-305. doi: 10.1080/19359705.2012.690931
- Cooper, A. (1972). *School's Out from the album School's Out*. Album label Warner Brother's. Alice Cooper, Michael Bruce, Glen Buxton, Dennis Donaway, & Neil Smith (writers), Bob Ezerin (producer). Retrieved May 25, 2013 from [http://en.wikipedia.org/wiki/School's_Out_\(song\)](http://en.wikipedia.org/wiki/School's_Out_(song))
- Corliss, H. L., Rosario, M., Wypij, D., Wylie, S. A., Frazier, A. L., & Austin, S. B. (2010). Sexual orientation and drug use in a longitudinal cohort study of US adolescents. *Addictive Behaviors*, 35, 517-521. doi:10.1016/j.addbeh.2009.12.019
- Craig, W. M., Schumann, L., Edge, M. E., Teske, C. (2012). Are bullying and victimization on the rise in Canada? *Promoting Relationships and Preventing Violence*. Retrieved January 8, 2013 from <http://prevnet.ca/BullyingFacts/BullyingStatistics/tabid/122/Default.aspx>
- Crozier, W., & Dimmock, P. S. (1999). Name-calling and nicknames in a sample of primary school children. *British Journal of Educational Psychology*, 69, 505-516. doi:10.1348/000709999157860
- Dauvergne, M., Scrim, K., & Brennan, S. (2006). Hate crime in Canada. *Canadian Centre for Justice Statistics Profile Series, Statistics Canada*. Catalogue no. 85F0033M – No.17, 1-20 Retrieved February 8, 2013 from <http://www.statcan.gc.ca/pub/85f0033m/85f0033m2008017-eng.pdf>
- D'Augelli, A. R., Pilkington, N. W., & Hersherberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high

- school. *School Psychology Quarterly*, 17, 148-167. Retrieved January 13, 2013 from <http://psycnet.apa.org/journals/spq/17/2/148.pdf>
- Dessel, A. B. (2010). Effects of intergroup dialogue: Public school teachers and sexual orientation prejudice. *Small Group Research*, 41, 556-592. doi:10.1177/1046496410369560
- Dylan, B. (1973). *Forever Young* from the album Planet Waves Asylum Records, Rob Fabroni (Producer); Ram's Horn Music. Retrieved May 25, 2013 from <http://www.bobdylan.com/us/songs/forever-young>
- Eliot, M., Cornell, D., Gregory, A., & Fan, X. (2010). Supportive school climate and student willingness to seek help for bullying and threats of violence. *Journal of School Psychology*, 48, 533-553. doi:10.1016/j.jsp.2010.07.001
- Fekkes, M., Pijpers, F. I. M., Verloove-Vanhorick, S. P. (2005). Bullying: Who does what, when and where? Involvement of children, teachers and parents in bullying behaviour. *Health Education Research*, 20, 81-91. doi:10.1093/her/cyg100
- Freeman, N. K. (2007). Preschoolers' perceptions of gender appropriate toys and their parents' beliefs about genderized behaviors: Miscommunication, mixed messages, or hidden truths? *Early Childhood Education Journal*, 34, 357-366. doi: 10.1007/s10643-006-0123-x
- Friedman, M. S., Marshal, M. P., Guadamuz, T. E., Wei, C., Wong, C. F., Saewyc, E., & Stall, R. (2011). A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. *American Journal of Public Health*, 101, 1481-94. doi:10.2105/AJPH.2009.190009
- GLSEN (2011). Teaching respect: LGBT-inclusive curriculum and school climate (Research Brief). New York, NY: GLSEN. Retrieved January 13, 2013 from <http://www.glsen.org/cgi-bin/iowa/all/news/record/2235.html>

- Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools, 43*, 573-589.
doi:10.1002/pits.20173
- Griffin, P., Lee, C., Waugh, J., & Beyer, C. (2008). Describing roles that Gay-Straight Alliances play in schools. *Journal of Gay and Lesbian Issues in Education, 1*(3), 7-22.
doi:10.1300/J367v01n03_03
- Gruber, J. E., & Fineran, S. (2008). Comparing the impact of bullying and sexual harassment victimization on the mental and physical health of adolescents. *Sex Roles, 59*(1), 1-13.
doi:10.1007/s11199-008-9431-5
- Hankin, B. I., & Abela, J. R.Z. (2011). Nonsuicidal self-injury in adolescence: Prospective rates and risk factors in a 2 ½ year longitudinal study. *Psychiatry Research, 186*(1), 65-70.
doi:10.1016/j.psychres.2010.07.056
- Hatzenbuehler, M. L. (2009). How does sexual minority status “Get under the skin”? A psychological mediation framework. *Psychological Bulletin, 135*, 707-730.
doi:10.1037/a0016441
- Hatzenbuehler, M. L., McLaughlin, K. A., & Nolen-Hoeksema, S. (2008). Emotion regulation and internalizing symptoms in a longitudinal study of sexual minority and heterosexual adolescents. *Journal of Child Psychology and Psychiatry, 49*, 1270-1278.
doi:10.1111/j.1469-7610.2008.01924.x
- Hatzenbuehler, M. L., McLaughlin, K. A., & Xuan, Z. (2012). Social networks and risk for depressive symptoms in a national sample of sexual minority youth. *Social Science & Medicine, 75*, doi:10.1016/j.socscimed.2012.05.030

- Hawton, K., & Rodham, K. (2006). *By their own young hand: Deliberate self-harm and suicidal ideas in adolescents*. London, UK: Jessica Kingsley
- Hawton, K., Rodham, K., Evans, E., & Weatherall, R. (2002). Deliberate self-harm in adolescents: Self report survey in schools in England. *British Medical Journal*, 325, 1207-1211.
Retrieved April 13, 2013 from
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC135492/pdf/1207.pdf>
- Heath, N. L., Baxter, A., L., Toste, J. R., & McLouth, R. (2010). Adolescents' willingness to access school-based support for nonsuicidal self-injury. *Canadian Journal of School Psychology*, 25, 260-275. doi:10.1177/0829573510377979
- Heck, N. C., Flentje, A., & Cochran, B. N. (2011). Offsetting risks: High school Gay-Straight Alliances and lesbian, gay, bisexual and transgender (LGBT) youth. *School Psychology Quarterly*, 26, 161-174. doi:10.1037/a0023226
- Herrick, A. L., Marshal, M. P., Smith, H. A., Sucato, G., & Stall, R. D. (2011). Sex while intoxicated: a meta-analysis comparing heterosexual and sexual minority youth. *Journal of Adolescent Health*, 48, 306-309. doi:10.1016/j.jadohealth.2010.07.008
- Human Rights Watch, (2001). Hatred in the hallways: Violence and discrimination against lesbian, gay, bisexual, and transgender students in US schools. *Human Rights Watch*, New York.
Retrieved June 3, 2013 from <http://www.hrw.org/reports/2001/uslgbt/toc.htm>
- Jessor, R. (1991). Risk behavior in adolescence: a psychosocial framework for understanding and action. *Journal of Adolescent Health*, 12, 597-605. doi:10.1016/1054-139x(91)
- Kim, J. L., Sorsoli, C. L., Collins, K., Zylbergold, B. A., Schooler, D., & Tolman, D. L. (2007). From sex to sexuality: Exposing the heterosexual script on primetime network television. *Journal of Sex Research*, 44, 145-157. doi:10.1080/00224490701263660

- Kim, Y. S., Leventhal, B. L., Koh, Y. J., Hubbard, A., & Boyce, W. T. (2006). School bullying and youth violence: causes or consequences of psychopathologic behavior? *Archives of General Psychiatry*, 63, 1035-1041. doi:10.1001/archpsyc.63.9.1035
- Klonsky, D. E. (2007). The functions of deliberate self-injury: A review of the evidence. *Clinical Psychology Review*, 27, 226-239. doi:10.1016/j.cpr.2006.08.002
- Klonsky, D. E. (2009). The functions of self-injury in young adults who cut themselves: Clarifying the evidence for affect-regulation. *Psychiatry Research*, 166, 260-268. doi:10.1016/j.psychres.2008.02.008
- Klonsky, D. E., & Muehlenkamp, J. J. (2007). Self-injury: A research review for the practitioner. *Journal of Clinical Psychology*, 63, 1045-1056. doi:10.1002/jclp.20412
- Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. *Gay, Lesbian, and Straight Education Network (GLSEN)*, New York, NY. Retrieved February 3, 2012 from www.glsen.org/research
- Koyczan, S. (2013). *To This Day Project*. Retrieved March 28, 2013 from <http://www.youtube.com/watch?v=ltun92DfnPY>
- Liu, R. T., & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine*, 42, 221-228. doi:10.1016/j.amepre.2011.10.023
- Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., Thoma, B. C., Murray, P. J., D'Augelli, A. R., & Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health*, 49, 115-123. doi:10.1016/j.jadohealth.2011.02.005

- Martin-Storey, A., & Crosnoe, R. (2012). Sexual minority status, peer harassment, and adolescent depression. *Journal of Adolescence*, 35, 1001-1011. doi:10.1016/j.adolescence.2012.02.006
- Mayberry, M. (2013). Gay-Straight Alliances: Youth empowerment and working toward reducing stigma of LGBT youth. *Humanity and Society*, 37, 35-54. doi:10.1177/0160597612454358
- McLaughlin, K. A., Hatzenbuehler, M. L., Xuan, Z., & Conron, J. K. (2012). Disproportionate exposure to early-life adversity and sexual orientation disparities in psychiatric morbidity. *Child Abuse and Neglect*, 36, 645-655. doi:10.1016/j.chiabu.2012.07.004
- McNeely, C., & Blanchard, J. (2010). *The teen years explained: A guide to healthy adolescent development*. Johns Hopkins University Press. Retrieved January 3, 2013 from http://www.jhsph.edu/research/centers-and-institutes/center-for-adolescent-health/publications_resources/teen-years.html
- Moran, P., Coffey, C., Romaniuk, H., Olsson, C. Borschmann, R., Carlin, J. B., & Patton, G. C. (2012). The natural history of self-harm from adolescence to young adulthood: A population-based cohort study. *The Lancet*, 379, 236-243. doi:10.1016/S0140-6736(11)61141-0
- Moulds, J. D. (2003). Stress manifestation in high school students: An Australian sample. *Psychology in the Schools*, 40, 391-402. doi:10.1002/pits.10093
- Mudrey, R. & Medina-Adams, A. (2006). Attitudes, perceptions, and knowledge of pre-service teachers regarding the educational isolation of sexual minority youth. *Journal of Homosexuality*, 51(4), 63-90. doi:10.1300/J082v51n04_04
- Nansel, T. R., Overpeck, M., Pilla, R. S., Ruan, W. J., Simons-Morton, B., & Scheidt, P. (2001). Bullying behaviors among US youth. *JAMA: the Journal of the American Medical Association*, 285, 2094-2100. doi:10.1001/jama.285.16.2094

- National Crime Prevention Centre (2008). Bullying prevention: Nature and extent of bullying in Canada. *Public Safety Canada*. Retrieved January 15, from <http://www.publicsafety.gc.ca/res/cp/res/2008-bp-01-eng.aspx>
- Nickels, S. J., Walls, N. E., Laser, J. A., & Wisneski, H. (2012). Differences in Motivations of Cutting Behavior Among Sexual Minority Youth. *Child and Adolescent Social Work Journal*, 29, 41-59. doi:10.1007/s10560-011-245-x
- Nixon, M., Cloutier, P., & Jansson, S. (2008). Nonsuicidal self-harm in youth: A population-based survey. *Canadian Medical Association Journal*, 178, 306-312. doi:10.1503/cmaj.o61693
- O'Toole, M. E. (2000). The school shooter: A threat assessment perspective. *National Center for the Analysis of Violent Crime, Federal Bureau of Investigation*, Quantico, VA. Retrieved May 10, 2013 from http://www.schoolshooters.info/PL/Prevention_files/school2.pdf
- Padva, G. (2008). Media and popular culture representations of LGBT bullying. *Journal of Gay & Lesbian Social Services*, 19, 105-118. doi:10.1080/10538720802161615
- Pepler, D., & Craig, W. (2007). Binoculars on bullying: a new solution to protect and connect children. *Voices for Children Report*. Retrieved March 8, 2013 from http://www.principalissues.com/wp-content/files/tools/Voices_Report-Bullying.pdf
- Poteat, V., Aragon, S. R., Espelage, D. L., & Koenig, B. W. (2009). Psychosocial concerns of sexual minority youth: Complexity and caution in group differences. *Journal of Consulting and Clinical Psychology*, 77, 196-201. doi:10.1037/a0014158
- Priebe, G., & Svedin, C. G. (2012). Online or off-line victimisation and psychological well-being: a comparison of sexual-minority and heterosexual youth. *European Child & Adolescent Psychiatry*, 21, 569-582. doi:10.1007/s00787-012-0294-5

- Public Health Agency of Canada (2011). *Executive summary: The Chief Public Health Officer's Report on the State of Public Health in Canada*, 1-7. Retrieved January 13, 2013 from <http://www.phac-aspc.gc.ca/cphorsphc-respcacsp/2011/cphorsphc-respcacsp-03-eng.php>
- Public Health Agency of Canada (2002). *A report on mental illnesses in Canada. Chapter 7 Suicidal behaviour*. Public Health Agency of Canada. Retrieved April 9, 2013 from http://www.phac-aspc.gc.ca/publicat/mii-mmacc/chap_7-eng.php
- Puchner, L., & Klein, N. A. (2011). The right time and place? Middle school language arts teachers talk about not talking about sexual orientation. *Equity and Excellence in Education*, 44, 233-248. doi:10.1080/10665684.2011.563182
- Renaud, J., Berlim, M. T., Séguin, M., McGirr, A., Tousignant, M., & Turecki, G. (2009). Recent and lifetime utilization of health care services by children and adolescent suicide victims: A case-control study. *Journal of Affective Disorders*, 117, 168-173. doi:10.1016/j.jad.2009.01.004
- Québec Minister of Education, Recreation, and Sport (1998). A new direction for success: Naming the new linguistic school board. *Government of Québec Education Reform Update*, 7. Retrieved June 2013, from http://www.mels.gouv.qc.ca/reforme/info_ref/anglais/number7.htm
- Québec Minister of Education, Recreation, and Sport. *Violence in the schools—Let's work on it together! Bill 56: An act to prevent and stop bullying and violence in schools*. Author. Retrieved March 31, 2013 from http://www.mels.gouv.qc.ca/violenceEcole/index_en.asp?page=projetLoi
- Rigby, K. (2000). Effects of peer victimization in schools and perceived social support on adolescent well-being. *Journal of Adolescence*, 23(1), 57-68. doi:10.1006/jado.1999.0289

- Robinson, K. H., & Ferfolja, T. (2001). "What are we doing this for?" Dealing with lesbian and gay issues in teacher education. *British Journal of Sociology of Education*, 22(1), 121-133.
doi:10.1080/0142569002003082 8
- Ross, S., & Heath, N. (2002). A study of the frequency of self-mutilation in a community sample of adolescents. *Journal of Youth and Adolescence*, 31, 67-77. doi:10.1023/A:1014089117419
- Russell, S. T., Muraco, A., Subramaniam, A., & Laub, C. (2009). Youth empowerment and high school Gay-Straight Alliances. *Journal of Youth and Adolescence*, 38, 891-903.
doi:10.1007/s10964-008-9382-8
- Saewyc, E., Poon, C., Wang, N., Homma, Y., Smith, A., & the McCreary Centre Society. (2007). *Not yet equal: The health of Lesbian, Gay, & Bisexual youth in BC*. Vancouver, BC: McCreary Centre Society. Retrieved March 5, from
http://mcs.bc.ca/pdf/not_yet_equal_web.pdf
- Safren, S. A., & Heimberg, R. G. (1999). Depression, hopelessness, suicidality, and related factors in sexual minority and heterosexual adolescents. *Journal of Consulting and Clinical Psychology*, 67, 859-866. Retrieved March 13, 2013 from
<http://psycnet.apa.org/journals/ccp/67/6/859.pdf>
- Sanchez, A. (2005). Open eyes and change lives: Narrative resources addressing Gay-Straight themes. *The English Journal*, 94(3), 46-48. Retrieved June 3, 2013 from
<http://www.jstor.org/stable/30046417>
- Smith, A., Stewart, D., Peled, M., Poon, C., Saewyc, E. and the McCreary Centre Society (2009). *A Picture of health: Highlights from the 2008 BC Adolescent Health Survey*. Vancouver, BC: McCreary Centre Society. Retrieved March 5, 2013 from
<http://mcs.bc.ca/pdf/AHS%20IV%20March%2030%20Final.pdf>

- Spano, S. (2004). Stages of adolescent development. *Research facts and Findings*. Retrieved January 21, 2013 from http://www.actforyouth.net/resources/rf/rf_stages_0504.pdf
- Springstein, B. (1984). *Glory Days* from the album Born in the USA. Columbia album label; Jon Landau, Chuck Plotkin, Bruce Springstein, & Steven Van Zandt (producers). Retrieved May 25, 2013 from [http://en.wikipedia.org/wiki/Glory_Days_\(song\)](http://en.wikipedia.org/wiki/Glory_Days_(song))
- Statistics Canada (2001). *Children and youth in Canada*. Canadian Center for Justice Statistics Profile Series, catalogue no. 85F0033MIE, 1-20. Retrieved February 8, 2013 from <http://www.statcan.gc.ca/pub/85f0033m/85f0033m2001005-eng.pdf>
- Taylor, C., & Peter, T., with McMinn, T.L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., Paquin, S., & Schachter, K. (2011). *Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report*. Toronto, ON: Egale Canada Human Rights Trust. Retrieved February 12, from <http://www.mygsa.ca/sites/default/files/resources/EgaleFinalReport-web.pdf>
- Taylor, C., Peter, T., Schachter, K., Paquin, S., Beldom, S., Gross, Z., & McMinn, TL. (2008). *Youth speak up about homophobia and transphobia: The first national climate survey on homophobia in Canadian schools. Phase One report*. Toronto, ON: Egale Canada Human Rights Trust. Retrieved February 12, 2013 from <http://egale.ca/youth-and-safer-schools/national-survey/phase1/>
- Thurlow, C. (2001). Naming the “outsider within”: Homophobic pejoratives and the verbal abuse of lesbian, gay and bisexual high-school pupils. *Journal of Adolescence*, 24(1), 25-38.
doi:10.1006/jado.2000.0371

- Toomey, R. B., McGuire, J. K., & Russell, S. T. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *Journal of Adolescence*, 35(1), 187-196. doi:10.1016/j.adolescence.2011.03.001
- Vasey, P. L., & Bartlett, N. H. (2007). What can the Samoan "Fa'afafine" teach us about the Western concept of gender identity disorder in childhood? *Perspectives in Biology and Medicine*, 50, 481-490. doi:10.1353/pbm.2007.0056
- Walls, N. E., Kane, S. B., & Wisneski, H. (2010). Gay-Straight Alliances and school experiences of sexual minority youth. *Youth and Society*, 41, 307-332. doi:10.1177/0044118X09334957
- Walls, N. E., Laser, J., Nickels, S. J., & Wisneski, H. (2010). Correlates of cutting behavior among sexual minority youths and young adults. *Social Work Research*, 34, 213-226. doi:10.1093/swr/34.4.213
- Walton, G. (2004). Bullying and homophobia in Canadian schools. *Journal of Gay & Lesbian Issues in Education*, 1(4), 23-36. doi:10.1300/J367v01n04_03
- Wells, K. (2009). Sieccan Newsletter. Research exploring the health, wellness, and safety concerns of sexual minority youth. *The Canadian Journal of Human Sexuality*, 18, 221-229. Retrieved February 3, 2013 from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=d26043a7-f547-48ec-91f0-c31a514fee2e%40sessionmgr12&vid=2&hid=24>
- Whitlock, J., Muehlenkamp, J., Eckenrode, J., Purington, A., Abrams, G. B., Barreira, P., & Kress, V. (2013). Non-suicidal self-injury as a gateway to suicide in young adults. *Journal of Adolescent Health*, 52, 486-492. doi:10.1016/j.jadohealth.2012.09.010

- Williams, K. A., & Chapman, M. V. (2012). Unmet health and mental health need among adolescents: The roles of sexual minority status and child-parent connectedness. *American Journal of Orthopsychiatry*, 82, 473-481. doi:10.1111/j.1939-0025.2012.01182.x
- Williams, K. A., & Chapman, M. V. (2011). Comparing health and mental health needs, service use, and barriers to services among sexual minority youths and their peers. *Health and Social Work*, 36, 197-206. Retrieved January 12, 2013 from <http://web.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=b7706fa5-54c3-497b-b524-02b2d10de806%40sessionmgr15&vid=4&hid=12>
- Williams, T., Connolly, J., Pepler, D., & Craig, W. (2003). Questioning and sexual minority adolescents: High school experiences of bullying, sexual harassment and physical abuse. *Canadian Journal of Community Mental Health (Revue canadienne de santé mentale communautaire)*, 22(2), 47-58. Retrieved January 5, 2013 from <http://www.metapress.com/content/k3773173w1307rj3/fulltext.pdf>
- Williams F., & Cornell, D. G. (2006). Student willingness to seek help for threats of violence in middle school. *Journal of School Violence*, 5(4), 35-49. doi:10.1300/J202v05n04_04
- World Health Organization (2000). Preventing suicide: A resource for teachers and other school staff. *Mental and Behavioural Disorders*, World Health Organization, Geneva, 1-18. Retrieved May 3, 2013 from http://www.who.int/mental_health/media/en/62.pdf

Not ready to commit to a
GSA but want to help
eliminate discrimination in
your school...Use your words



WORDS DO SPEAK VOLUMES

- Use appropriate terminology when discussing LGBTQ issues and/or people
- Avoid heterosexist language and assumptions such as; partner instead of boyfriend/girlfriend
- Correct other's use of derogatory words and phrases such as; lesbo, fag, and dyke
- Let people know that phrases such as "that's so gay" are insulting, hurtful, and unacceptable
- Inspire others to follow your lead

Your words are powerful tools that can build awareness, tolerance, and respect for diversity and eliminate discrimination, victimization, and bullying in your school and beyond.

Helpful websites and Resources

- OK2BM:
 - Interesting site with lots of downloadable resources to help get your GSA off the ground

www.ok2bme.ca

- MyGSA.ca:
 - A Canadian site full of helpful tips and resources for starting a GSA

www.mygsa.ca

- GLSEN:
 - An excellent site for downloads, activities, and resources for jumpstarting your GSA

www.glsen.org

References and Recommended Readings

Dauvergne, M., Scrim, K., & Brennan, S. (2006). Hate crime in Canada. Canadian Centre for Justice Statistics Profile Series, Statistics Canada. Catalogue no. 85F0033M - No.17, pp.1-20
<http://www.statcan.gc.ca/pub/85f0033m/85f0033m2008017-eng.pdf>

Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. *Gay, Lesbian, and Straight Education Network*, New York, NY. www.glsen.org/research

Taylor, C., Peter, T., McMinn, T.L., Elliott, T., Beldom, S., Ferry, A., Gross, Z., Paquin, S., & Schachter, K. (2011). Every class in every school: The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools. Final report. : *Egale Canada Human Rights Trust* Toronto, ON.
<http://www.mygsa.ca/sites/default/files/resources/EgaleFinalReport-web.pdf>

"In a gentle way you

can shake the world"



WHY START A GAY-STRAIGHT ALLIANCE?

PROMOTING SAFE
SCHOOLS FOR ALL

Sylvie Roy, M.Ed
Nancy Heath, Ph.D.
Jessica Toste, Ph.D.

SOME ALARMING STATS

- 10% of all hate crimes are directed against LGBTQ individuals and 56% are violent and result in physical injury
- The highest rates of hate crimes involve youth between the ages of 12 and 17 (31% of all sexual assaults and 15% of all reported physical assaults)
- 20% of violent crimes committed against youth occur in and around school property
- 81.9% of LGBTQ students and 26% of straight students are verbally harassed and 84.9% hear "that's so gay" every day
- 38.3% of LGBTQ students and 10% of straight students were physically assaulted because of their perceived sexual orientation
- 64% of LGBTQ students feel unsafe at school
- 49% of LGBTQ students report that change rooms are the most unsafe place in school
- From 29.8% to 53.2% of LGBTQ students miss school due to not feeling safe
- 55.2% of LGBTQ students are cyber-bullied (via text messages and social media sites)
- 60.4% of LGBTQ students do not report their abuse

WHAT DOES LGBTQ MEAN?

- **Lesbian:** a sexual orientation and/or identity of a person who is female-identified and who is emotionally and sexually attracted to some other females
- **Gay:** a sexual orientation and /or identity of a person who is male-identified and who is emotionally and sexually attracted to some other males
- **Bisexual:** a sexual orientation and /or identity of a person who is emotionally and sexually attracted to some males and some females
- **Transgender:** an identity of a person whose gender identity is not aligned with their sex assigned at birth and/or whose gender expression is non-conforming
- **Queer:** an umbrella term used to describe a sexual orientation, gender identity or expression that does not conform to dominant societal norms. While it is used as a neutral, or even a positive term among many LGBTQ people today, it is important to note that historically it has been used negatively
- **Questioning:** an identity of a person who is uncertain of their sexual orientation/identity and/or their gender identity

WHAT IS A GSA?

- It is a student run organization committed to increasing awareness of the discrimination and victimization of students who identify as or are perceived to be LGBTQ
- **LGBTQ and Straight allies** working together to organize activities, workshops, and school-wide campaigns promoting a safe and equitable education for all students

Getting a GSA Started

- **ASSESS YOUR SCHOOL CLIMATE**
 - Will there be opposition?
 - What are your school policies?
- **READ BILL 56 OF THE QUEBEC EDUCATION PLAN**
 - An Act to Prevent Bullying and Violence in school
 - The school administration is obliged to support student-run activities and initiatives whose mission is to reduce bullying and violence
- **WRITE UP A GSA PROPOSAL** (there is a good model on the MyGSA website)
 - Remember to include important statistics to boost your proposal
- **RALLY SUPPORT:**
 - Talk to school staff you think will help support your initiative
 - Approach friends for support
- **DEVELOP A PLAN OF ACTION**
 - Advertise your group
 - Organize a meeting place (providing food is a good incentive to increase attendance)
 - As a group develop ways to increase awareness of LGBTQ issues