

LGBTQIA+ YOUTH INCLUSIVITY AND AFFIRMATION

The Michigan Organization on Adolescent Sexual Health (MOASH) supports the full inclusion and equitable treatment of young people in all aspects of society in a manner both cognizant and respectful of their gender identity and sexual orientation.¹ Specifically, MOASH supports the implementation of inclusive and affirming sexual health education and services in schools and healthcare facilities to improve the mental and physical health of LGBTQ+ youth. Non-discrimination and other protective policies at the state and local levels, which ensure LGBTQ+ youth safety, are essential to improve the mental and physical well-being of all students.

Why we stand for this:

- > Adolescence is an important time for identity and self-concept formation for all students, including LGBTQ+ youth. It is especially important that these youth receive positive messaging and affirmations about themselves at this stage in order for them to develop into thriving adult individuals who can recognize and engage in healthy relationships.
- > Safe and supportive environments for LGBTQ+ youth benefit all youth by signaling the inherent worth and dignity of all people. Affirmation and inclusivity of all their identities demonstrates to others—including racial, ethnic, religious, immigrant, and other minority groups—a commitment to create a climate where all people are welcomed and protected.

¹ For glossaries of terms used to describe sexual orientation and gender identity, we recommend referencing the Human Rights Campaign and National LGBTQ Task Force/Michigan Radical Sex Ed Initiative's documents on the subject.

² Meyer, I. H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychology of Sexual Orientation and Gender Diversity*, 1(S), 3-26. doi:10.1037/2329-0382.1.s.3

³ Centers for Disease Control and Prevention (2020). Michigan, High School Youth Risk Behavior Survey, 2019 [Data set]. Retrieved from <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MI>

⁴ Gay, Lesbian, & Straight Education Network (2017). The 2017 National School Climate Survey: The Experience of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools [PDF]. Retrieved from <http://live-glsen-website.pantheonsite.io/sites/default/files/2019-10/GLSEN-2017-National-School-Climate-Survey-NSCS-Full-Report.pdf>

⁵ Herrick, A., Kuhns, L., Kinsky, S., Johnson, A., & Garofalo, R. (2013). Demographic, Psychosocial, and Contextual Factors Associated With Sexual Risk Behaviors Among Young Sexual Minority Women. *Journal of the American Psychiatric Nurses Association*, 19(6), 345-355. doi:10.1177/1078390313511328

- > Receiving the HPV vaccination does not increase sexual activity among young people (a common misperception that has been a barrier to improving vaccination rates). There are no additional barriers to receiving the HPV vaccine. As with all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), HPV vaccines are covered by insurance or via Medicaid and other programs (e.g., Vaccines for Children).
- > Structural and cultural forces can have a significant impact on an individual's health, attitudes, and behaviors. The stress of homophobia, transphobia, stigma, discrimination, and unchallenged heteronormativity can manifest in an increased susceptibility to adverse physical, mental, and social health outcomes²Being intentional about inclusivity is one way to improve the cultural climate to 2 prevent these outcomes and reduce disparities.

Data and statistics:

- > Data from the 2019 Michigan High School Youth Risk Behavior Survey (MiYRBS):³

Question ("What percentage of students..."):	Heterosexual Students (%)	LGB students (%)	LGBTQ+ youth at greater risk?
Were threatened or injured with a weapon on school property	6.0	13.9	Yes
Did not go to school because they felt unsafe at school or on their way to or from school	7.6	18.1	Yes
Were bullied on school property	19.2	36.0	Yes
Were electronically bullied	16.3	30.4	Yes
Felt sad or hopeless	31.6	68.0	Yes
Seriously considered attempting suicide	14.9	42.8	Yes
Attempted suicide	5.4	21.5	Yes

⁶ Centers for Disease Control and Prevention (2017). Lesbian, Gay, Bisexual, and Transgender Health: LGBT Youth. Retrieved from <https://www.cdc.gov/lgbthealth/youth.htm> *The authors of this study specifically refer to "anti-LGBTQ" practices, though MOASH recognizes this acronym as an incomplete picture of non-cis/het students *It is worth noting that these protective effects are reported more for white LGBTQIA+ students than LGBTQIA+ students of color. Educators should take care to ensure the work they are doing for youth is rooted in anti-racism and includes culturally appropriate programming.

> Data from the 2017 National School Climate Survey:⁴

- 68% of LGBTQIA+ students said they didn't report an experience of harassment because they believed their school staff wouldn't be supportive
- 60.4% of LGBTQIA+ students who did report a harassment incident said that school personnel did nothing about it or told them to ignore it
- Over 6 in 10 of LGBTQIA+ students reported that their school engaged in LGBTQ*-related discriminatory policies or practices, with 62.2% saying that they personally experienced this anti-LGBTQ discrimination.
- When inclusive practices were implemented in their school (GSA clubs, anti-harassment policies, etc.), LGBTQIA+ students reported fewer homophobic and transphobic remarks, lower levels of victimization, a greater sense of safety, higher GPAs, greater school attendance, and greater connection to their peers and community.*

> A failure to use inclusive language in health education classes and healthcare settings indicates to LGBTQ+ young people that the information and services are not applicable or available for them. This alienation puts them at increased risk for STI transmission, unintended pregnancy, and dating and/or sexual violence.⁵

> Perceived and enacted discrimination against LGBTQ+ youth puts them at increased risk for bruises, cuts, or other bodily trauma as a result of violence; increased substance use and abuse; psychological stress, low self-esteem, and mental disorders including depression, anxiety, and suicidality; social isolation and ostracization; and coercive and/or abusive romantic and sexual partners.⁶

> When LGBTQIA+ youth perceive support (from friends, family, teachers, health professionals, and others), negative health effects are significantly reduced and/or neutralized.