



HHS Public Access

Author manuscript

J Sch Health. Author manuscript; available in PMC 2025 January 11.

Published in final edited form as:

J Sch Health. 2024 March ; 94(3): 243–250. doi:10.1111/josh.13406.

Improving School Environments for Preventing Sexual Violence Among LGBTQ+ Youth*

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Abstract

BACKGROUND: Sexual violence (SV) is a serious public health concern, and lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+) youth report higher rates than their heterosexual and cisgender peers. This qualitative study aimed to understand LGBTQ+ students' perspectives on how middle and high school environments can better prevent and address SV.

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Human Subjects Approval Statement

The University of Washington Institutional Review Board and Office of the Youth Protection Coordinator approved the study.

Conflict of Interest

All authors of this article declare they have no conflict of interest.

METHODS: In partnership with a school-based LGBTQ+ support group in Washington State, we recruited 31 LGBTQ+ students ages 13–18 for virtual interviews (n = 24) and for providing text-based answers to interview questions (n = 7). We used inductive thematic analysis to analyze data and identify themes.

RESULTS: To prevent and respond to SV, students highlighted schools having: (1) access to gender-neutral spaces; (2) LGBTQ+ competency training for staff; (3) enforcement of school policies (eg, SV, anti-bullying) and accountability; (4) LGBTQ+-competent mental health support; and (5) comprehensive sexual health education that addresses LGBTQ+ relationships and SV.

IMPLICATIONS FOR SCHOOL HEALTH POLICY, PRACTICE, AND EQUITY: Students expressed the need for changes in school physical and social environments to address SV among LGBTQ+ youth.

CONCLUSIONS: Incorporating youth perspectives, particularly LGBTQ+ youth at high risk of SV, can help schools implement strategies that are supported by youth and thus potentially more sustainable and effective.

Keywords

LGBTQ+ youth; sexual violence; sexual and gender minorities; school climate

INTRODUCTION

Sexual violence (SV), or any form of sexual activity when consent is not obtained or freely given such as harassment to coercion and forced penetration, affects millions of individuals each year.^{1,2} In the United States, over half of women (54.3%) and nearly one third of men (30.7%) experience rape, sexual coercion, and/or unwanted sexual contact in their lifetimes.³ SV can also take on non-contact forms, such as sexual harassment, stalking, or unwanted sexual comments.^{1,2,4} SV begins early: nearly 60% of women and over 40% of men who experience unwanted sexual contact report it first occurring before age 18.³ Experiencing SV is associated with numerous short- and long-term adverse health outcomes, including depression, posttraumatic stress disorder, injury, substance use, and decreased academic achievement.^{3,5–8}

Violence against individuals who do not adhere to dominant cisgender and heterosexual norms remains common. Research has consistently shown that lesbian, gay, bisexual, trans, and queer and/or questioning (LGBTQ+) individuals experience higher rates of SV compared to their cisgender, heterosexual peers.^{9–13} Data from the 2021 National Youth Risk Behavior Survey showed that youth who identified as lesbian, gay, bisexual, questioning, or another non-heterosexual identity were more likely to report experiencing forced sexual intercourse than their heterosexual peers (20% vs 5%).¹⁴ School is an important context for these experiences, especially for adolescents who spend substantial time in school and have frequent interactions with peers.¹⁵ Indeed, representative data from the 2019 National School Climate Survey among LGBTQ+ youth underscores how prevalent harassment, assault, and feelings of lack of safety are for LGBTQ+ students at school.¹⁶ Nearly 60% of LGBTQ+ students reported feeling unsafe at school in the past year because of their sexual orientation, and 43% because of their gender expression.¹⁶

The majority (69%) of LGBTQ+ students experienced verbal harassment (eg, called names, threatened), 58% experienced sexual harassment, and 26% experienced physical harassment (eg, pushed, shoved) at school in the past year.¹⁶

Although the prevalence and consequences of SV are increasingly well-known, including among LGBTQ+ youth, successful interventions are lagging. The Centers for Disease Control and Prevention technical package to prevent SV, STOP SV, identifies several evidence-based strategies to reduce SV.¹⁷ While many strategies are focused on youth (eg, teaching health dating and intimate relationship skills to adolescents, promoting healthy sexuality), the strategies do not necessarily specifically address the unique needs and experiences of SV among LGBTQ+ youth. School policies and practices play important roles in victimization broadly,^{18,19} and national organizations have acknowledged the role of school environments in contributing to health disparities for LGBTQ+ students and have called for the development of strategies to address victimization.^{20,21} Prior research shows that LGBTQ+-inclusive school climates (eg, having safe spaces and/or gay-straight alliances, teaching sexual health materials inclusive of all sexual orientation and gender identities) can be protective against school-based victimization, substance use, mental health, and suicidal thoughts for LGBTQ+ youth.^{22–24}

Given the disproportionate risk for experiencing SV, persistent disparities in SV for LGBTQ+ compared to heterosexual and cisgender students, and importance of creating inclusive school climates, additional research on strategies specifically tailored to LGBTQ+ youth are needed. The purpose of our study was to understand LGBTQ+ students' perspectives on how middle and high schools can better prevent and address SV victimization and perpetration. Centering youth voices and perspectives in considering prevention and intervention strategies can enhance effectiveness and sustainability.²⁵ Youth perspectives can also inform school efforts to prevent SV among LGBTQ+ students and contribute to safer, more positive school environments and cultures.

METHODS

Participants

Between February and March 2022, qualitative data were collected as part of a formative assessment to develop a school-level primary prevention strategy for SV in Washington State middle schools.²⁶ Participants were recruited in partnership with a community organization called Pizza Klatch, whose mission is to “foster resilience in LGBTQ+ youth and create a safe and positive school experience through support, education, and empowerment.”²⁷ To accomplish this, Pizza Klatch holds lunchtime support groups for LGBTQ+ high school students in schools throughout Thurston County, Washington. The research team chose 4 high schools served by Pizza Klatch, based on those with the highest number of students participating consistently in weekly Pizza Klatch lunches and representing different geographical areas of the county. Participants were eligible if they were current high school students aged 13 to 18 who participated in Pizza Klatch. Because these data were collected to inform development of an SV prevention strategy in middle schools, we specifically asked students to reflect on their middle school experience. However, we noted that if they were not able to remember much of middle school, they could talk about their experiences in high

school as well. Thus, we interpret results as how both middle and high schools can better prevent and address SV.

Instrumentation and Procedure

Two research team members attended a Pizza Klatch support group, presented the study, answered questions, and facilitated voluntary participant sign-up. Youth permission was verbally obtained by the Pizza Klatch facilitator prior to the researchers attending. Interested youth then signed paper consent/assent forms in addition to answering demographic questions (eg, age, gender identity, sexual orientation identity, and race/ethnicity). The consent/assent forms provided an overview of the study, example questions, and free resources (eg, national hotlines). A waiver of parental consent was obtained for students under 18, since participants were high school students already engaged with Pizza Klatch and able to make their own decision about whether to participate. This ensured the safety of youth by not requiring them to disclose their LGBTQ+ identity to their parents and allowed youth who had not made such disclosures to participate. Participants received a \$50 gift card for their time.

To maximize data collection and ensure accessibility, convenience, and participant safety, 2 data collection options were provided, as research indicates that LGBTQ+ youth may prefer online or text-based survey options.²⁸ Student participants were asked to choose between a virtual interview collecting verbal qualitative responses or a text-based open-ended survey collecting written qualitative responses. Interviews were conducted on Zoom outside of school hours. Participants had the option of turning their cameras off during the interview or providing written responses using the chat feature if they were unable to talk. With participants' consent, interviews were audio-recorded. Two students opted out of recording. For the text-based option, questions identical to the interview guide were presented to participants in 3 separate questionnaires, each containing 3 to 4 questions in a secure REDCap® survey link sent using Twilio® over 1 week. This written qualitative approach was made available for youth who did not have time in their schedules for an interview or did not feel comfortable conducting a verbal interview about sensitive topics in their home.

We had 39 students sign up to participate, of which 31 students selected Zoom interviews and 8 selected the text-based option. Of the 31 students who signed up for interviews, 24 completed the interview, 6 did not attend their interview, and 1 had incorrect contact information. Of the 8 students who selected text-based responses, 7 completed the surveys, and 1 did not respond to any questions. In total, 31 students participated.

Interviews lasted 30–60 minutes on Zoom, and each were conducted with 2 research team members (1 facilitator, 1 notetaker). The facilitator reviewed consent/assent information and mandatory reporting requirements with participants as the interview began. PowerPoint slides with the interview questions were shared on screen with the participant to facilitate the conversation, allow participants to read along, and provide relevant resources (eg, national hotlines). Interview and survey questions assessed risk and protective factors for SV in schools, particularly for LGBTQ+ youth. Participants were asked about their school culture and experience, their definition of SV, perceptions of why LGBTQ+ youth experience or perpetrate SV, and SV risk and protective factors in schools.

The University of Washington Institutional Review Board and Office of the Youth Protection Coordinator approved the study. All research team members who participated in interviews had a background check and completed the University of Washington youth research training.

Data Analysis

Recorded interviews were transcribed and checked for accuracy. Transcriptions and text-based responses were uploaded into Dedoose qualitative analysis software.²⁹ We used a codebook approach to thematic analysis to identify themes.^{30,31} Two team members created an initial inductive codebook by independently reading through multiple transcripts. The codebook was reviewed by and discussed with the larger research team. Two team members then double-coded 9 transcripts using the initial codebook, refining the codebook as needed. The remaining interviews were randomly split between 2 team members to code, using the final codebook. The research team met regularly throughout the coding process to discuss code application, edit codebook definitions, and discuss discrepancies in coding until consensus was reached. During these meetings, we also determined by consensus that we had reached saturation (ie, no new themes were identified).³² We then grouped together related codes, using an iterative, consensus-based approach to develop higher-level themes and interpret findings. As a trustworthiness check, results were shared with Pizza Klatch leaders for feedback to verify the themes and conclusions identified by our team.

RESULTS

The majority of the 31 participants were in 9th (45%) or 10th (32%) grades, and over half of students were 14 (35%) or 15 (23%) years old (Table 1). Over a third of participants identified as non-binary (39%) with woman (23%), transgender (19%), and not sure or questioning (19%) as the next most common gender identities. Nearly half of participants identified as bisexual (26%) or queer (23%). The majority of participants (81%) identified as White and 16% as Black or African American.

We identified 5 key themes from students, centered on how middle and high schools can better prevent and respond to SV among LGBTQ+ youth and the importance of schools making necessary changes. We highlight them below with illustrative quotes.

Access to Gender-Neutral Spaces

Many students brought up the need for access to gender-neutral spaces like locker rooms and restrooms since they identified those as spaces where SV commonly occurs. Using a space designated for a gender that a student does not identify with is not gender-affirming and often required students to make choices about personal safety. One trans student described their experience in a locker room: “I usually change in the [bathroom] stalls of the locker room. But there’s not many of those. So there’s a lot of space where people are changing. And people can make fun of each other’s bodies or touch each other inappropriately in there, because that’s the space where you see more of that stuff.”

Several students noted that increased supervision by staff in spaces where SV is more likely to occur may be helpful. Providing rationale for wanting a gender-neutral locker

room, 1 student said: “I know that generally for a lot of trans males ... they chose to go into the girls’ locker room rather than the boys over safety. But they were always misgendered for it constantly and everyone kind of hated it when that happened.” Thus, gender-neutral locker rooms and restrooms were seen as potential safe spaces for trans and gender nonconforming students, particularly to avoid being misgendered or harassed, or to prevent using a bathroom with individuals who act as bullies. However, these gender-neutral spaces were not always available or accessible. Trans and gender nonconforming students described safety and physical barriers to accessing a bathroom at school if gender-neutral bathrooms were not available: “Although a lot of the sexual violence that I’ve heard of has always been in the bathrooms ... the gender-neutral bathrooms have been locked for about two months now. So I know quite a bit of people who have not been able to use the bathroom at school because there’s only two gender-neutral bathrooms besides the nurse’s office. And I know a lot of people that don’t want to go into the nurse’s office just [to] use the bathroom.”

LGBTQ+ Competency Training for School Staff

Most students identified unmet needs for supportive and trustworthy staff, including a lack of training and respect for LGBTQ+ students. One student specified: “There was one teacher, and no matter how many times I tried, she would not call me by my preferred name. Which was both incredibly frustrating and it felt really bad.” The substantiated need for training, in part, stemmed from school staff who contributed to reinforcing dominant cisgender and heterosexual norms within the school. One student said: “Unfortunately, it’s sad to see, but even teachers, not only students, but teachers will even join in on some of the very heinous things that people will say to other people.” Students noted that actions from staff need not be complicated and emphasized the importance of simply normalizing the existence of LGBTQ+ students. One student recounted remembering a teacher “very well because she didn’t do anything extraordinarily out of pocket, but she just acknowledged the existence of LGBTQ people in a positive light rather than a negative light.”

Enforcement of School Policies (eg, SV and Anti-Bullying Policies) and Accountability

Students described needs for stronger disciplinary action and transparency around what happens after they report SV incidents. They shared how the lack of transparency or apparent inaction against SV perpetration results in students thinking reports will be ignored: “Without that open line of communication, victims sometimes they think it’s not worth [reporting].” Students described reporting instances of SV that were minimized by school staff. One student noted reports were not taken seriously: “If you don’t have physical proof of someone harassing or bullying you, they’ll be like, ‘Oh, we can’t do anything.’ Or say that it’s just drama.” This led to feeling discouraged: “But when schools give up like that, it becomes really discouraging for students and staff and teachers.” While some students expressed wanting more traditional forms of punishment and discipline (eg, detention, suspension), some perceived this as inadequate, requesting counseling and anti-oppression education for students who perpetrate SV, to more holistically address the root causes of violence perpetration.

LGBTQ+-Competent Mental Health Support for Students

Many students identified needs for additional mental health support in schools, specifically from licensed professionals. One student noted there were “enough counselors but not therapists” and that students need them and “actively say they want therapists, but have a lack of insurance or money to pay said therapist.” Providing access to therapists in schools could alleviate some of these barriers to seeking help. Students also noted that the support provided needed to be LGBTQ+-competent given a distrust toward school counselors with topics about their gender or sexuality and concerns about being outed to their parents, even inadvertently. One student said: “We had counselors at my school to talk to, but I felt a little bit afraid they’d tell my parents.” Another student noted that counselors telling parents was common: “I know that sometimes things are told to counselors, but as far as I’m aware, it’s pretty often that a counselor, whether they’re supposed to, allowed to or not, will go and tell a parent ... I think it’s kind of awful that that happens a lot, but counselors should probably have a bit of a better understanding [of what] they can and can’t do. Because a lot of kids don’t want to go to them about anything and at all, because they’re scared of what their parents might find out.”

Comprehensive Sexual Health Education that Explicitly Addresses LGBTQ+ Relationships and SV

Many students thought the existing sexual health education was not inclusive of LGBTQ+ experiences nor did it explicitly include SV prevention content, such as healthy relationships, consent, and bystander training. Students highlighted that SV incidents were often unique to LGBTQ+ youth. In particular, bisexual, lesbian, and feminine-presenting nonbinary youth and girls were described as receiving identity-based harassment. One student noted: “I’ve seen a lot of instances with lesbians, of cisgender, heterosexual men saying things like, ‘Oh, you like women? You don’t like men? Well, I could change that’, or, ‘One round with me and maybe you’ll change your mind’.” Students noted the need for representation of LGBTQ+ identities: “It calls to mind just rights and protections for those people and how they fit in and how they’re represented.”

Students expressed the need for inclusive sexual health education curricula that explicitly discusses the intersections of sexual health, SV prevention, and LGBTQ+ populations. Some students commented that the lack of SV education may result in students being unaware of definitions of SV and how SV manifests in multiple ways: “Education about how SV is not just groping and rape and stuff, that and telling people that it’s more than just that and spreading these kinds of jokes and rumors can be harmful. I guess that would make people a lot more aware of what they’re doing.” Without discussion of the violence LGBTQ+ youth experience and representation of LGBTQ+ relationships in curricula, students identified how SV can be normalized. One student described: “There’s not enough teaching on what happens when you’re sexually assaulted or what is sexual violence ... I feel some people experience it and don’t even realize that they’re experiencing it because they think it’s just normal ... especially among queer people who aren’t addressed in those conversations.”

Students also described how the lack of comprehensive sexual health education reinforces a dominant cisgender and heterosexual normative culture. One student described their sexual

education unit: “It was mostly about what happens when somebody was biologically male and somebody’s biological female when they have penetrative sex. And what occurs from that: pregnancy or the transfer of sexually transmitted diseases and sexually transmitted infections. And then it was just talked about different contraceptive options, like condoms or pills. But the bottom line was what I had gotten out of that lesson that they were trying to teach us was don’t have sex right now. Abstain completely from it right now to prevent all these other things from happening that you’re not prepared for. Just abstain from it.” Participants suggested that the lack of representation of LGBTQ+ relationships could lead to a gap in awareness and lack of identification of SV. One student said: “I don’t like the fact that I’ve heard about sex-ed classes and how they’re normally just taught about straight relationships ... which I don’t like how people make it seem it’s more normal ... I haven’t had a sex-ed class before, but I think they only teach people about how to have protective sex and everything, but only for straight relationships. So LGBTQ kids are just kind of left hanging, not knowing what to do.”

DISCUSSION

Our study highlights multiple factors schools should consider in preventing and responding to SV from the perspectives of LGTBQ+ students. Students identified existing gaps and inadequacies in the structures set up to address SV. Students provided actionable recommendations for improving schools’ ability to address SV. These include access to safer physical spaces, additional training for staff, enforcement of school policies, increased mental health support, and comprehensive sexual health education. These strategies require recognition that LGBTQ+ youth face additional barriers to comprehensive education on SV and experience obstacles to accessing support.³³ Listening to and incorporating youth perspectives, particularly the unique experiences of LGBTQ+ youth at high risk of SV, can help schools implement strategies that are supported by youth and thus potentially more effective and sustainable in addressing the issues they described.^{25,34}

IMPLICATIONS FOR SCHOOL HEALTH POLICY, PRACTICE, AND EQUITY

Students emphasized the importance of having access to safe physical school spaces, such as gender-neutral restrooms and locker rooms. This aligns with national data showing that nearly half of LGTBQ+ youth avoided gender-segregated restrooms and/or locker rooms because they felt unsafe or uncomfortable.¹⁶ Prior research has shown that restrictions on restroom and locker room use (eg, restricting trans and nonbinary youth from using restrooms aligning with their gender identity) can be harmful for youths’ psychological well-being, mental health, and risk of sexual assault.^{35–37} In addition to having gender-neutral spaces, some students voiced desires for supervision by school staff in locations where SV is more likely to occur.³⁸

Students also highlighted the need for trustworthy and supportive school staff, including in the reporting and disciplinary process. Research with LGTBQ+ youth and school health professionals around bullying in Massachusetts similarly showed a lack of knowledge of reporting processes, transparency, and accountability for students causing harm.^{39,40} Students’ perceptions of the lack of transparency and accountability may be a result of the

response and inaction of school leadership to address incidents of interpersonal violence; 60% of LGBTQ+ students who reported incidents of harassment and assault to school staff said that school staff did nothing or told the student to ignore it.¹⁶ As a result, most students do not report incidents to school staff, largely because they do not trust that effective interventions would occur.¹⁶ Clear reporting and response protocols are needed, along with staff training, to understand how to support LGBTQ+ students experiencing SV. Staff training is also important given the important role staff play in fostering LGBTQ-supportive and affirming school climates, which have been shown to be associated with less bullying, harassment, and violence.^{18,23,41}

Along with training staff, students identified modifiable school-level factors to prevent and address SV. The first was increased mental health support, specifically, accessible LGBTQ+-competent therapists.⁴² One particular issue for LGBTQ+ students is fear of being “outed,” which serves as a barrier to seeking support around SV.^{16,39} More broadly, students expressed desire for sexual health education inclusive of sexual orientation and gender identities, including broadening how healthy relationships and sexual behavior are discussed beyond heterosexual and cisgender interactions and relationships, thus helping LGBTQ+ youth recognize unhealthy behaviors earlier in their relationships.^{23,43–45}

Limitations

Although qualitative studies are not typically meant to be representative, this study was conducted in 1 county in Washington State and may not be generalizable. Similar to other studies among LGBTQ+ populations, the majority of participants were White, and additional studies using an intersectional lens are needed to explore the experiences of LGBTQ+ youth of color.^{46,47} Since the interviews were conducted over Zoom or via text, it is possible that students without internet access or computer literacy were unable to participate. However, these modes of data collection may have allowed students to be more candid than they may have been in person.

Conclusions

This study highlights avenues for schools to more comprehensively and effectively address SV among LGBTQ+ students. Research in more diverse populations of LGBTQ+ students and in diverse geographic regions in addition to robust evaluations of the recommended strategies could help to better equip schools to address SV. The perspectives of LGBTQ+ students in identifying issues and solutions to SV should be central. As 1 student noted: “I appreciate you asking us these questions. I felt like nobody cared about queer and trans youth and what we’re dealing with in schools until today ... so thank you for this.” This study underscores the importance of lived experiences in identifying solutions to SV and the necessity of including youth voice in implementing policies and programs that directly influence their well-being.

Acknowledgments

This study was funded by a cooperative agreement with the Centers for Disease Control and Prevention (U01CE003210). The opinions expressed in this work are those of the authors and do not necessarily represent those of the funders. The authors would like to thank Taylor Allen for her assistance on this research. The authors

would also like to express gratitude to the youth who participated in this study for openly sharing their perspectives and experiences with the research team.

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Table 1.

Demographic overview of participants (n = 31)

Demographic Characteristic	Participants n (%)
Grade	
9th	14 (45.2%)
10th	10 (32.3%)
11th	2 (6.5%)
12th	5 (16.1%)
Age (years)	
14	11 (35.5%)
15	7 (22.6%)
16	5 (16.1%)
17	4 (12.9%)
18	4 (12.9%)
Gender identity*	
Nonbinary	12 (38.7%)
Woman	7 (22.6%)
Transgender	6 (19.4%)
Not sure or questioning	6 (19.4%)
Man	5 (16.1%)
Agender	1 (3.2%)
Prefer to self-describe	3 (9.7%)
Sexual orientation identity*	
Bisexual	8 (25.8%)
Queer	7 (22.6%)
Pansexual	5 (16.1%)
Asexual	5 (16.1%)
Lesbian	3 (9.7%)
Gay	2 (6.5%)
Prefer to self-describe	2 (6.5%)
Race/ethnicity*	
American Indian or Alaska Native	1 (3.2%)
Asian or Asian American	1 (3.2%)
Black or African American	5 (16.1%)
Hispanic or Latino/Latina/Latinx	2 (6.5%)
Native Hawaiian or Pacific Islander	2 (6.5%)
Middle Eastern or North African	-
White	25 (80.6%)
More than 1 race or ethnicity, did not disclose	2 (6.5%)

* Participants could select all that apply, so percentages add up to >100%.