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Heterogene associaties tussen allianties tussen gender en seksualiteit en de onaangepastheid van LHBTQ-adolescenten op het niveau van individueel slachtofferschap

TML Kaufmann, LM Lessard, RJ Watson

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Abstract

Gender-Sexuality Alliances (GSA's), door studenten geïnitieerde schoolclubs voor LGBTQ-jongeren en bondgenoten, kunnen het slachtofferschap van lesbische, homoseksuele, biseksuele, transgender- en queer (LGBTQ)-jongeren verminderen. Deze vooraf geregistreerde studie identificeerde heterogene correlaten van GSA's, gebaseerd op gegevens van een anonieme enquête onder LGBTQ-adolescenten van 13-17 jaar die in de Verenigde Staten wonen (*N* = 10.588). In overeenstemming met de gezonde contextparadox (Pan et al. [Child Development, 92, 2021 en 1836]), verergerde de aanwezigheid van een GSA de associaties tussen LGBTQ-gebaseerd slachtofferschap en depressieve symptomen, een lager zelfbeeld en lagere academische cijfers - vooral bij transgenderjongeren. Inclusieve instellingen, zoals GSA's, kunnen toenemende ongelijkheden voorkomen door op maat gemaakte strategieën op te nemen om meer kwetsbare, tot slachtoffer gemaakte LGBTQ-jongeren te monitoren en te ondersteunen.

INVOERING

Seksueel en genderdiverse of lesbische, homoseksuele, biseksuele, transgender en queer (LGBTQ)-adolescenten melden consequent hogere percentages geestelijke gezondheidsproblemen, waaronder depressie, angst en zelfmoordgedachten (Lucassen et al., 2017 ; Wittgens et al , 2022). Deze ongelijkheden zijn verklaard door ervaringen met stigmatisering (Meyer, 2003), zoals slachtofferschap gerelateerd aan LHBTQ-identiteiten (de Lange et al., 2022 ; Kiekens et al., 2020). Instellingen waarvan is aangetoond dat ze met succes slachtofferervaringen voor LGBTQ-adolescenten verminderen, zijn Gender-Sexuality Alliances (GSA's; Day et al., 2020 ; Marx & Kettrey, 2016)), door studenten geïnitieerde schoolclubs voor LGBTQ-jongeren en bondgenoten die sociale netwerken en ondersteuning bieden aan studenten met alle seksuele en genderidentiteiten (Lessard et al., 2020 ; Li et al., 2019).

Hoewel GSA's veelbelovend zijn voor veel studenten, is er meer kennis nodig over hun heterogene effecten bij jongeren (Poteat et al., 2017). In de afgelopen jaren heeft algemeen pestonderzoek consequent aangetoond dat veel slachtoffers emotioneel slechter af zijn in relatief 'gezonde' sociale contexten, dat wil zeggen scholen waar het gemiddelde niveau van slachtofferschap laag is of die een duidelijke antipestnorm hebben (Salmivalli et al., Salmivalli et al., 2021). Een belangrijke vraag is of dit fenomeen ook van toepassing is op de context van stigmatisering: of het ervaren van LHBTQ-gerelateerd slachtofferschap vooral geassocieerd wordt met onaangepastheid in inclusieve settings, zoals op scholen met een GSA (Baams & Russell, 2021). Als LHBTQ-jongeren die slachtoffer blijven in 'gezonde' contexten relatief kwetsbaar blijken te zijn, zouden ze in dergelijke omgevingen meer behoefte hebben aan extra ondersteuning dan LHBTQ-jongeren in minder inclusieve omgevingen.

Het is om verschillende redenen van vitaal belang om deze "gezonde contextparadox" te evalueren in de context van op stigma's gebaseerd pesten. Ten eerste, als LGBTQ-jongeren die slachtoffer blijven relatief kwetsbaar blijken te zijn in een schoolcontext met een GSA, zou dit GSA-beoefenaars helpen subgroepen te identificeren die op maat gemaakte strategieën nodig hebben om te worden herkend en geholpen (Salmivalli et al., 2021) . Uiteindelijk zijn het verminderen van sociaal-emotionele en academische ongelijkheden de kerndoelen van GSA's. Als sommige adolescenten meer hulp nodig hebben om dit doel te bereiken, trekt dit de waarde van GSA's niet in twijfel: in plaats daarvan laat het zien hoe de reikwijdte van GSA's verder kan worden verbeterd (Poteat et al., 2017). Ten tweede is het vanuit het bredere perspectief van interventiewetenschap belangrijk om te begrijpen in welke mate de gezonde contextparadox, die voornamelijk is onderzocht in de context van gegeneraliseerd pesten, zich breder uitstrekt tot op stigma gebaseerd pesten (Salmivalli et al., 2021). Dit is met name van cruciaal belang omdat op stigmatisering gebaseerd pesten zelfs nog meer nadelige gevolgen heeft voor de gezondheid van adolescenten dan algemeen pesten (Earnshaw et al., 2022 ; Russell et al., 2012). GSA's vormen een ideale setting om dit patroon te bestuderen, aangezien ze tot de meest voorkomende en op feiten gebaseerde inspanningen behoren om slachtofferschap op basis van LGBTQ-identiteiten te verminderen en effectgroottes vertonen die vergelijkbaar zijn met algemene antipestinterventies op school (Marx & Kettrey, 2016).

DE GEZONDE CONTEXTPARADOX

Een groeiend aantal onderzoeken onder algemene bevolkingsgroepen (d.w.z. inclusief heteroseksuele, cisgenderjongeren) geeft aan dat 'gezondere' omgevingen, zoals scholen die een zichtbare en succesvolle algemene antipestinterventie gebruiken, paradoxaal genoeg het risico op onaangepastheid kunnen vergroten voor leerlingen die het slachtoffer zijn ondanks de positieve gevolgen van pesten. omgeving (Garandeau & Salmivalli, 2019 ; Huitsing et al., 2019 ; Pan et al., 2021 ; Schacter & Juvonen, 2016). Er is aangetoond dat zowel interpersoonlijke als cognitieve mechanismen verantwoordelijk zijn voor deze gezonde contextparadox (Pan et al., 2021). Ten eerste krijgen slachtoffers op interpersoonlijk niveau over het algemeen steun en genegenheid van medeslachtoffers die zich in een vergelijkbare ongunstige positie bevinden (Mcpherson et al., 2001). In een context met minder medeslachtoffers zijn er minder 'gelijkaardige' leeftijdsgenoten om hun benarde situatie te delen. Ten tweede, op cognitief niveau, in overeenstemming met de theorie van sociale vergelijking (Festinger, 1954), voelen slachtoffers zich

over het algemeen slechter wanneer andere kwetsbare leeftijdsgenoten die doorgaans met hen verbonden zijn, niet langer het slachtoffer zijn. Ten slotte, in overeenstemming met de attributietheorie (Weiner, 1985), schrijven slachtoffers de oorzaak van het slachtofferschap aan zichzelf toe wanneer de omgeving pesten duidelijk afwijst of wanneer weinig leeftijdsgenoten het slachtoffer zijn (Schacter & Juvonen, 2016) .). Van al deze processen is aangetoond dat ze leiden tot meer zelfbeschuldigende attributies en psychologische problemen bij degenen die het slachtoffer zijn in een gezondere context, waardoor de gezonde contextparadox een centraal onderwerp wordt in het academische debat over het verbeteren van algemene pestinterventies (Pan et al., 2021). Als zodanig kan het bijzonder belangrijk zijn om te focussen op het ontwikkelen van complementaire, aanvullende interventiecomponenten zoals meer monitoring van slachtoffers en strategieën op maat om hardnekkige slachtoffers te helpen (Salmivalli et al., 2021) .

De schadelijke impact van het slachtoffer worden in een gezonde context kan echter niet alleen relevant zijn in de context van algemeen pesten, maar ook – of in het bijzonder – in de context van op stigmatisering gebaseerd pesten. In tegenstelling tot algemeen pesten, dient pesten op basis van stigma niet alleen om de eigen sociale positie in de peer group te verbeteren (Volk et al., 2014), maar ook om sociale normen van heteroseksualiteit en traditionele, binaire genderrollen af te dwingen (Earnshaw et al., 2022). Stigma-gebaseerd pesten kan dus worden beschouwd als een vorm van discriminatie. De gepostuleerde mechanismen van de gezonde contextparadox zijn, zelfs zonder rekening te houden met de context, vaak al aanwezig bij gemarginaliseerde groepen zoals LHBTQ-jongeren (Meyer, 2003) .), in die zin dat ze chronisch in een minderheidspositie verkeren en als inferieur worden beschouwd ten opzichte van de meerderheidsgroep van heteroseksuele, cisgender leeftijdsgenoten, wat vaak leidt tot meer sociaal isolement en interne attributies van stigma (Hatzenbuehler, 2009) . Wanneer GSA's die stigma proberen te verminderen en van wie wordt verwacht dat ze hun standpunt innemen hen niet kunnen helpen, of de activiteiten van de GSA alleen hun LHBTQ-genoten helpen, voelen slachtoffer LHBTQ-adolescenten waarschijnlijk alleen maar meer hopeloosheid en gaan ze mogelijk nog meer in op zelfbeschuldigende attributies (Baams & Russel, 2021). Al met al kan het slachtoffer worden op een school met een GSA de stress van minderheden onder LGBTQ-adolescenten verder verergeren.

Wat heterogeniteit binnen de LGBTQ-populatie betreft, komt de gezonde contextparadox waarschijnlijk vaker voor bij transgender-adolescenten dan bij cisgender seksueel diverse leeftijdsgenoten. Relatief weinig adolescenten identificeren zich als transgender, waardoor transgender-adolescenten die het slachtoffer zijn geworden op een school met een GSA zitten met (bijna) geen mede-geslachtelijke transgendergenoten om hun benarde situatie mee te delen of hun problematische situatie mee te vergelijken, vooral omdat GSA's bijzonder gunstig lijken voor transgender-adolescenten (Greytak et al., 2013 ; Ioverno & Russell, 2021). Bovendien kunnen transgender-adolescenten het meest hopeloos zijn als ze ondanks de GSA het slachtoffer worden, omdat hun geschiedenis van stigmatisering en gebrek aan steun over het algemeen ernstiger is in vergelijking met cisgender seksueel diverse adolescenten (Atteberry-Ash et al., 2019; Day et al. , 2018) . .

In addition to extending the healthy context paradox to the context of stigma-based bullying, another important next step is to extend the focus to academic outcomes. Victimization experiences are known to impair academic functioning, potentially because their social and emotional consequences decrease adolescents' motivation and attention span (Laith & Vaillancourt, 2022). If the healthy context paradox can exacerbate these negative feelings, this likely also interferes with adolescents' academic functioning.

To address these gaps in the literature, the current study utilized a nationwide sample of LGBTQ youth (ages 13–17) in the United States to investigate whether the presence of a GSA in adolescents' schools exacerbates the associations between victimization based on one's sexual or gender identity and psychological maladjustment (depressive symptoms; H1a, low self-esteem; H1b) and academic maladjustment (lower academic grades, H2). This pattern is potentially most apparent among transgender adolescents compared with cisgender counterparts (H3). All hypotheses have been preregistered to ensure scientific integrity (https://osf.io/ayhg4).

METHOD

Participants and procedure

Data stem from an anonymous web-based survey of LGBTQ adolescents ages 13 to 17 years conducted in April–December 2017. Adolescents lived in the United States and were able to read English. Youth were recruited through social media posts on Facebook, Instagram, and Twitter—these posts and Tweets were shared with many youth-serving organizations, “re-tweeted” by youth influencers (e.g., Tyler Oakley), and were posted as paid advertisements on Facebook. For compensation, youth were offered Human Rights Campaign–branded wristbands and entry into a $50 gift card drawing. Participants provided informed assent; parental permission was waived to avoid disclosure of the adolescent's LGBTQ identity. The study protocol was approved by the Institutional Review Board at the University of Connecticut.

Of the 29,291 participants who began the survey, 8985 screened ineligible, and 3006 were removed because they abandoned the survey before completing the first section. Probable mischievous (n = 175) and duplicate (n = 22) responses were manually identified and removed, leading to the final sample. Furthermore, 6524 participants did not answer the question about the presence of a GSA in their school or did not know for sure whether their school had one, resulting in the final sample of N = 10,588 participants. Of note, missing data in this study are due to very early termination (e.g., a participant only provided a few demographic details and nothing more), thus making it impossible to utilize advanced missing data techniques such as multiple imputation.

Just over a third of the sample identified as gay or lesbian (37%), 34% identified as bisexual, 4% identified as queer, and 22% identified as another sexual identity. Furthermore, regarding gender identity, 65% identified as cisgender and 35% as transgender. Self-reported ethnoracial identity revealed the sample to be White (66%), Latino/a (10%), African American (5%), Asian American (4%), and 16% from other ethnoracial identities (e.g., Biracial/Multiracial [14%], which consisted of participants you checked more than one ethnoracial identity, Native-American [0.4%], Middle Eastern/Arabian [0.3%]). For detailed sample descriptives, see Table S1.

Measures

Presence of a Gender-Sexuality Alliance (GSA)

Participants self-reported whether their school had a Gender-Sexuality Alliance (0 = no; N = 3869 [36.5%], 1 = yes; N = 6719 [63.5%]). Participants could also answer "don't know", which was coded as missing data; notably, treating this answer as "no" did not change the conclusions. Although we did not assess the extent to which the GSA was active or had resulted in a safer school climate, the item was associated with multiple indicators of LGBTQ-supportive school climate, including the discussion of more positive messages (r = .14, p < .001) and less negative messages (r = –.11, p < .001) in sex education classes, and with higher school safety, lower school suspensions, and less average victimization based on LGBTQ identities (Lessard et al., 2020).

Victimization based on LGBTQ identities

Participants were first asked whether they had been teased or bullied because of their actual or perceived LGBTQ identities at school. Response options included "0 = no," "1 = yes, because I am LGBTQ and I have told others," and "2 = yes, because someone thought I was LGBTQ." Participants who reported any victimization (i.e., not "no") were subsequently asked a second question: "Has this happened to you within the past year?" (0 = never, 1 = rarely, 2 = sometimes, 3 = often, and 4 = very often). This was the final measure to be used. Participants who did not report any bullying in their lifetime based on the first question were assigned a score of 0.

Depressive symptoms

Depressive symptoms were measured using the average across 10 items from the 11-item Kutcher Adolescent Depression Scale (Brooks et al., 2003); the suicide/self-harm item was not administered because the researchers obtained a parental waiver of consent, which was only allowable with exclusion of this item. Participants were asked to rate how often they experienced each symptom over the past week. Example items included "Feelings of worthlessness, hopelessness, letting people down, not being a good person" and "Feeling that life is not very much fun, not feeling good when usually would feel good, not getting as much pleasure from fun things as usual." Items were rated on a 4-point scale (0 = hardly ever to 3 = all the time), Cronbach's α = .90.

Low self-esteem

Low self-esteem was assessed as the average across all 10 items of the Rosenberg Self-Esteem Scale (Rosenberg, 1965). A sample item was: "I feel that I have a number of good qualities." Responses were rated on a 4-point scale (0 = strongly disagree to 3 = strongly agree) but recoded so that higher values represented lower self-esteem. Cronbach's α = .91.

Low academic performance

A single item adapted from the Longitudinal Study of American Youth (Miller, 2021) asked adolescents: "Which of the following best describes your grades?" Higher values indicated lower grades (1 = mostly A's to 5 = mostly F's). An alternative academic maladjustment measure was lower GPA (1 = above 4 to 6 = below 2).

Covariates: To assess sexual orientation, adolescents chose their sexual identity from one of 12 different options, which were reduced to "Gay or Lesbian", "Bisexual", "Queer", and "Something Else," which accompanied the other options (e.g., pansexual and omnisexual) for parsimony. Gender identity was dichotomized as cis- or transgender (Watson et al., 2020)—for details, see Appendix (SI) 1 and Table S1. Self-reported ethnicity was represented by four dummy variables (African American, Latino, Asian, and Other Ethnic), using White adolescents as the reference group because this was the largest ethnic group in the sample. Parental level of education and adolescent age were also included in all analyses. Last, location was assessed as the self-reported region of the United States where adolescents lived and recoded into four regions: Northeast, Midwest, South, and West.

Measures used in sensitivity analyses

An alternative measure of *victimization* ("general victimization based on LGBTQ identities") was used in the sensitivity analyses and consisted of two items that asked adolescents: "How often have you been teased or treated badly by other students at your school because of your sexuality?" and "How often have you been teased or treated badly by other students at your school because of your gender?" (0 = never, 1 = rarely, 2 = sometimes, 3 = often, and 4 = very often). The two items were combined by taking the maximum score; for example, if adolescents answered 1 on the sexuality question but 2 on the gender question, they were assigned a score of 2. Notably, this measure differed from the measure used in the main analyses because it did not ask for experiences limited to the past year.

Furthermore, we used an additional indicator of maladjustment that assessed the frequency in which participants eat as a means of avoidance or to cope with negative emotions. This measure of "*eating to cope*" was, although initially included in the preregistration, not included in the main analyses for reasons of parsimony and because little is known about the role of eating behaviors in the examined associations. Yet, eating to cope seems an important correlate of school safety among LGBTQ youth (Lessard et al., 2020) and we therefore added the results to the supplemental analyses. We used the average of 5 items from the coping subscale of the Motivations to Eat Scale (Jackson et al., 2003). Items were rated on a 5-point scale (0 = almost never/never to 4 = almost always/always). Cronbach's α = .91.

Analytic strategy

Analyses were performed in M*plus* 8.1. We conducted linear regression analysis that included effects of GSA, past-year school victimization based on LGBTQ identities, and their interaction, on the outcome maladjustment variables: depressive symptoms, low self-esteem, and low academic performance, respectively (H1 and H2). In addition to interaction effects, we estimated simple slopes (using MODEL CONSTRAINT) of victimization on the outcome variable across individuals in schools without a GSA versus those in schools with a GSA. Furthermore, to test H3—whether the findings would be stronger among transgender youth—we performed gender-stratified analyses and tested whether the coefficient of the interaction variable (victimization × GSA) in the transgender group fell outside the confidence intervals of the interaction variable coefficient in the cisgender group. Control variables included sexual orientation (lesbian/gay, bisexual, queer, vs. other), gender (transgender vs. cisgender), ethnoracial identity (African American, Latino, Asian, other, vs. White), parental education, region of the United States, and age.

Full information maximum likelihood estimation (FIML) was used to handle missing data. We included all outcome variables in one model, thus, tested a total of three models (full population, cisgender population, and transgender population). To reduce the risk of false discovery rates (FDR) because of multiple testing with four outcome variables, we used an FDR-controlling procedure when determining statistical significance (Benjamini & Hochberg, 1995). *p*-Values across the outcomes were ordered from smallest to largest, ranking them $I = 1$ to $i = n$. A threshold of significance (critical value) was established according to the formula: critical value (p_i) = $\frac{i}{m}$ Q (m = number of tests, Q = percentage of false discoveries 5% = .05). Each ranked *p*-value was then compared with its corresponding critical value. This procedure resulted in the following critical values: $p(1) \leq .0125$, $p(2) \leq .025$, $p(3) \leq .038$, and $p(4) \leq .050$. Each ranked *p*-value was then compared with its corresponding critical value: that of the highest ranking *p*-value that was below its corresponding critical value. Thus, the lowest *p*-value was compared with $p(1) \leq .0125$, the second lowest to $p(2) \leq .025$, and so on.

In addition to the main analyses, we also performed several sensitivity analyses. We estimated (1) multigroup regressions with GSA as grouping variable, testing associations between victimization, and the maladjustment outcomes across the GSA groups. In doing so, we additionally (2) conducted the analyses separately across sexual orientation subgroups to explore whether differences would emerge. Furthermore, we (3) replicated the analyses with the *general* victimization measure instead of the *past-year* victimization measure; and (4) with eating to cope as an alternative indicator of maladjustment.

RESULTS

Descriptive analyses (Table 1; for descriptive analyses across sexual and gender identity subgroups see Table S2) showed small-to-moderate intercorrelations between the key variables, with correlations between victimization and maladjustment being somewhat stronger in the sample with a GSA. Schools with a GSA, compared with those without a GSA, had lower average levels of victimization, depressive symptoms, and self-esteem, and did not differ in academic maladjustment.

TABLE 1. Correlations between key variables and descriptives.

Variables	1.	2.	3.	4.	5.	6.	No-GSA M (SD)	GSA M (SD)	min–max
1. Victimization	–	0.28**	0.19**	0.07**	0.05*	0.23**	1.47 (1.35)[a]	1.12 (1.21)[b]	0–4
2. Depressive symptoms	0.32**	–	0.65**	0.17**	0.13**	0.27**	1.43 (0.77)[a]	1.28 (0.74)[b]	0–3
3. Low self-esteem	0.23**	0.68**	–	0.15**	0.11**	0.28**	1.61 (0.66)[a]	1.51 (0.65)[b]	0–3
4. Low grades	0.15**	0.23**	0.20**	–	0.74**	0.10**	1.58 (0.79)[a]	1.55 (0.76)[a]	1–5
5. Low GPA (sensitivity measure)	0.15**	0.20**	0.18**	0.76**	–	0.09*	2.30 (1.05)[a]	2.27 (1.05)[a]	1–6
6. Transgender	0.23**	0.27**	0.28**	0.14**	0.13**	–	0.33 (0.47)	0.36 (0.48)	0–1

Note: Numbers above the diagonal represent individuals in schools without a GSA, numbers below the diagonal represent individuals in schools with a GSA. Different letters (a, b) in superscript refer to significant mean differences across GSA presence groups (for observed differences, all $p < .001$).

*$p < .05$; **$p < .001$.

Hypotheses testing

Linear regression analyses (Table 2; see Table S3 for coefficients of all covariates) showed, in support of our hypotheses, significant interaction effects—no effects were affected by multiple testing according to our FDR-controlling method. The interactions effects indicated that the presence of a GSA exacerbated the associations between victimization and depressive symptoms, low self-esteem (H1), and low academic grades/GPA (H2). The effects were small, but consistent (β's ranging from .04 to .08). In other words, more victimized adolescents were slightly worse off, emotionally and academically, in schools with a GSA compared with those in schools without a GSA. Simple slopes analyses showed that the associations between victimization and maladjustment outcomes were also significantly 2%–5% stronger for adolescents with a GSA versus those without a GSA in their school.

TABLE 2. Linear regression analyses of victimization based on LGBTQ identities measure × GSA presence on adjustment outcomes.

	Psychological maladjustment								Academic maladjustment							
	Depressive symptoms				Low self-esteem				Low grades				Low GPA (sensitivity measure)			
	b	95% CI	*β*	R^2	*b*	95% CI	*β*	R^2	*b*	95% CI	*β*	R^2	*b*	95% CI	*β*	R^2
General population LGBTQ (N = 10,588)																
Victimization	**0.14**	0.12; 0.16	0.27	0.17	**0.07**	0.05; 0.08	0.18	0.13	**0.04**	0.02; 0.06	0.07	0.07	0.01	–0.02; 0.04	0.01	0.09

	Psychological maladjustment								Academic maladjustment							
	Depressive symptoms				Low self-esteem				Low grades				Low GPA (sensitivity measure)			
	b	95% CI	*β*	R^2	*b*	95% CI	*β*	R^2	*b*	95% CI	*β*	R^2	*b*	95% CI	*β*	R^2
GSA	**−0.09**	−0.12; −0.06	−0.06		**−0.06**	−0.09; −0.04	−0.05		−0.00	−0.04; 0.03	0.00		−0.00	−0.06; 0.05	0.00	
Victimization × GSA	**0.03**	0.01; 0.05	0.04		**0.03**	0.01; 0.05	0.05		**0.05**	0.02; 0.08	0.06		**0.09**	0.05; 0.13	0.08	
Simple slopes																
No-GSA	**0.16**	0.14; 0.18	0.30		**0.09**	0.08; 0.11	0.22		**0.04**	0.02; 0.06	0.12		**0.04**	0.02; 0.06	0.12	

Note: Bold values represent significant effects. Different letters (a, b) in superscript refer to significant mean differences across gender identity groups (found for all outcomes). Fit statistics for full model: Sample-size adjusted Bayesian information criterion = 413,887; Akaike's information criterion (AIC) = 413,069; RMSEA = 0.033 (90% CI = 0.028; 0.038). Cisgender model: Sample-size adjusted Bayesian information criterion = 256,598; Akaike's information criterion (AIC) = 255,985; RMSEA = 0.040 (90% CI = 0.034; 0.047). Transgender model: Sample-size adjusted Bayesian information criterion = 134,591; Akaike's information criterion (AIC) = 135,126; RMSEA = 0.028 (90% CI = 0.020; 0.038).

Second, results of gender-stratified analyses showed that all effects were only present among transgender adolescents (supporting H3); no interaction effects were observed in the cisgender group, but in the transgender group the interaction effects were significant for all outcomes. These effects were also small (β's ranging from .04 to .15) but consistent, and simple slope analyses showed that adolescents with a GSA were 4–7% worse off in terms of emotional and academic maladjustment when they were more victimized, compared with peers who reported no-GSA presence. In line, the sample-size adjusted Bayesian information criterion (BIC), Akaike's information criterion (AIC), and RSMEA statistic showed the best fit in the models estimated in the transgender subgroup.

Sensitivity analyses: Alternative victimization measure and subgroup analyses

We replicated the analyses with multigroup models that estimated the victimization-maladjustment associations across GSA versus no-GSA groups (see Table S4) while holding all other parameters constant across groups. The same results (both supporting H1, H2, and H3) were obtained as the linear regression analyses. Furthermore, separate analyses across sexual orientation subgroups showed no substantial differences in any subgroup, except that there were no significant findings among the subgroup of adolescents who identified as queer; nevertheless, it is possible that this lack of significant effects might be due to power issues given the relatively low prevalence among the queer subgroup (see Table S4).

We replicated the main analyses using a measure of general victimization based on LGBTQ identities instead of past-year victimization as alternative victimization instrument (see Table S5). Results were similar to the main analyses, with two exceptions: (1) the result for depressive symptoms was nonsignificant, and (2) the effects were not different between cisgender versus transgender adolescents (H3). In addition, effects with eating to cope as alternative outcome measure (Table S6) were similar to the main results (H1) showing that those who were victimized in schools with a GSA were more likely to eat to cope, but showed no differences between cis- and transgender youth (H3).

DISCUSSION

Gender-Sexuality Alliances can improve the lives of many LGBTQ youth. This study comprised of a nationwide sample of LGBTQ adolescents identified a vulnerable population in schools with a GSA, namely those who were victimized despite the presence of a GSA. In line with the "healthy context paradox" (Pan et al., 2021) theoretical perspective, our findings showed that the presence of a GSA in LGBTQ adolescents' schools exacerbated the extent to which LGBTQ-based victimization was associated with depressive symptoms, lower self-esteem, and lower academic grades. This consistent interplay between victimization and GSA presence explained a small proportion of the variance in maladjustment outcomes between adolescents. The pattern was observed across different outcomes, two different measures of victimization, and sexual orientation subgroups. Regarding gender identity, the associations were particularly observed among transgender adolescents, and not among their cisgender sexually diverse peers; however, this gender difference was only observed when adolescents were asked for victimization experiences in the *past year*, and not when the time frame was not specified. Altogether, our cross-sectional findings are a first step in suggesting that, in line with previous research on general antibullying interventions (Salmivalli et al., 2021), it could be especially painful to be marginalized in a relatively safe, inclusive setting. Of course, this does not imply that inclusive contexts are harmful, but it underscores the heightened urgency to include tailored strategies for those vulnerable individuals who need to be identified and supported in inclusive settings.

Our findings contribute to existing knowledge in various ways. First, they show that the healthy context paradox can be observed in the context of stigma-based bullying, in addition to antibullying interventions tackling general victimization (Garandeau & Salmivalli, 2019; Huitsing et al., 2019). The healthy context paradox proposes that being victimized is even more problematic in a "healthy" setting, because remaining victims evaluate their own situation more negatively if there are fewer others in their position. Moreover, it states that these individuals feel more socially isolated when there are fewer fellow victims who share their plight and support them (Pan et al., 2021). In the context of stigma, these processes might be heightened. Compared with general populations, many LGBTQ youth *already* feel disadvantaged and it is possible that the "inclusive" environment exacerbates this perception by further placing those who remain victimized in a worse position than their nonvictimized peers (Salmivalli et al., 2021). LGBTQ youth who remain victimized might now not only evaluate their position negatively compared with heterosexual, cisgender peers, but also compared with fellow LGBTQ adolescents who are helped by a GSA and not facing

victimization. Such comparative judgments may make these adolescents feel even worse about their own situation and might isolate them further if they receive less support from fellow LGBTQ-victimized peers: “At least, we are in this together” no longer holds (Pan et al., 2021).

Alternatively, it is possible that victimized LGBTQ youth do not only compare themselves to fellow LGBTQ peers, but also to heterosexual, cisgender peers who are helped by GSAs. In previous research, although counterintuitive, GSAs were shown to be more successful in terms of school functioning (academic grades and school climate) for non-LGBTQ adolescents than for LGBTQ adolescents (Baams & Russell, 2021), potentially because many GSAs are initiated by predominantly heterosexual, cisgender members. When victimization decreases for peers who are already in a socially more advantaged position, LGBTQ youth feel even more disadvantaged (Baams & Russell, 2021). This could particularly be the case for transgender, compared with cisgender, adolescents, who are typically in the most marginalized and minority position, and who might feel even more worse off in terms of social isolation and hopelessness when a GSA that is assumed to help them, helps others more (Day et al., 2018; Greytak et al., 2013).

Strengths, limitations, and future directions

Using data from a large sample of LGBTQ adolescents in the United States, this paper extends research on an important phenomenon that is observed in general antibullying interventions to the context of stigma-based victimization, while focusing on the currently most implemented strategy to tackle LGBTQ-oriented victimization: GSAs. However, this paper has also several limitations that can be addressed in future research. First, GSAs are not standardized like other school-based programs, and the average patterns that we observed might be heterogeneous across GSA settings depending on, for example, structures, practices, and interactions (Poteat et al., 2017). This could also explain why our effects were small. It would, thus, be important to study whether, for example, certain characteristics of GSAs may be especially successful in accessing all victimized LGBTQ peers and provide support (Calzo et al., 2020). Second, it is possible that some of the current findings were not related to GSA presence but instead were associated with other confounding school factors that are present in schools that start GSAs. However, there is no clear evidence that schools with GSAs are more advantaged (Baams et al., 2020). Furthermore, this would not change our conclusions that in schools with GSAs, victimized LGBTQ students are more vulnerable. Finally, given the cross-sectional nature of the current study, longitudinal data are needed to understand the direction of the effects, although victimization and adjustment likely affect each other reciprocally (Kaufman et al., 2020).

Altogether, future research can test how the current findings differ across *contextual* characteristics of GSAs and the schools in which they are embedded, and can examine which *individual* characteristics are associated with victimization in schools with a GSA. Moreover, when evaluating initiatives or interventions, researchers cannot settle for mean-level effects, but should also focus on heterogeneity in such effects for different subgroups (Kaufman et al., 2021; Salmivalli et al., 2021). Furthermore, researchers can unravel the mechanisms that underlie the patterns, such as social comparisons and received support, using longitudinal data. Last, universal samples that also include heterosexual, cisgender adolescents could reveal whether victimized LGBTQ youth feel particularly worse if their school's GSA is more effective for either *non*-LGBTQ peers or for their fellow LGBTQ peers whom they identify with.

Conclusions

While this study focused on GSAs in particular, GSAs only serve as one of the many possible examples of indicators of “healthy contexts” that can be detrimental for LGBTQ youth who retain their socially disadvantaged position via victimization. Both researchers and practitioners should be aware that inclusive environments in general, whether reflective of a GSA or another inclusive setting or policy, could be painful for the few individuals who remain marginalized. This does not mean that initiatives to build inclusive environments, such as school-wide strategies, are harmful. Instead, it implies that such settings should structurally include efforts that identify those who need additional support as well. For example, GSAs could benefit from tailored strategies to monitor victimization (Kaufman et al., 2021; Salmivalli et al., 2021) and to include youth more actively in GSAs. Eventually, not only some, but all LGBTQ youth deserve to feel included, and inclusive settings hold the key to achieve this feat.

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BELANGENCONFLICT VERKLARING

De auteurs hebben geen belangenconflicten die relevant zijn voor dit artikel bekend te maken.

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