

EMPIRICAL ARTICLE

Heterogenous associations between Gender-Sexuality Alliances and LGBTQ adolescents' maladjustment across individual victimization level

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Abstract

Gender-Sexuality Alliances (GSAs), which are student-initiated school clubs for LGBTQ youth and allies, can reduce victimization for lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth. This preregistered study identified heterogeneous correlates of GSAs, based on data from an anonymous survey of LGBTQ adolescents aged 13–17 years living in the United States ($N = 10,588$). In line with the healthy context paradox (Pan et al. [Child Development, 92, 2021, and 1836]), the presence of a GSA exacerbated associations between LGBTQ-based victimization and depressive symptoms, lower self-esteem, and lower academic grades—particularly in transgender youth. Inclusive settings, such as GSAs, might prevent increasing disparities by including tailored strategies to monitor and support more vulnerable, victimized LGBTQ youth.

INTRODUCTION

Sexually and gender diverse, or lesbian, gay, bisexual, transgender, and queer (LGBTQ) adolescents consistently report higher rates of mental health difficulties, including depression, anxiety, and suicidal ideation (Lucassen et al., 2017; Wittgens et al., 2022). These disparities have been explained by experiences of stigma (Meyer, 2003), such as victimization related to LGBTQ identities (de Lange et al., 2022; Kiekens et al., 2020). Settings that have been shown to successfully reduce victimization experiences for LGBTQ adolescents are Gender-Sexuality Alliances (GSAs; Day et al., 2020; Marx & Kettrey, 2016), which are student-initiated school clubs for LGBTQ youth and allies that provide social networks and support for students with all sexual and gender identities (Lessard et al., 2020; Li et al., 2019).

Although GSAs hold promise for many students, more knowledge is needed about their heterogeneous effects among youth (Poteat et al., 2017). In recent years, general

bullying research has consistently shown that many victims are emotionally worse off in relatively “healthy” social contexts, that is, schools where the average level of victimization is low or that have a clear antibullying norm (Salmivalli et al., 2021). One important question is whether this phenomenon also applies to the context of stigma: Whether experiencing LGBTQ-related victimization is particularly associated with maladjustment in inclusive settings, such as in schools with a GSA (Baams & Russell, 2021). If LGBTQ youth who remain victimized in “healthy” contexts appear to be relatively vulnerable, they would be in most need of additional support in such environments compared with LGBTQ youth in less inclusive settings.

It is vital to evaluate this “healthy context paradox” in the context of stigma-based bullying for several reasons. First, if LGBTQ youth who remain victimized appear to be relatively vulnerable in a school context with a GSA, this would help GSA practitioners identify subgroups that need tailored strategies to be recognized and helped (Salmivalli et al., 2021).

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Eventually, reducing socio-emotional and academic disparities are the core aims of GSAs. If some adolescents need more help to achieve this aim, this does not question the value of GSAs: Instead, it shows how the scope of GSAs can be further improved (Poteat et al., 2017). Second, from the broader perspective of intervention science, it is important to understand the extent to which the healthy context paradox, which has been investigated primarily in the context of generalized bullying, extends more broadly to stigma-based bullying (Salmivalli et al., 2021). This is particularly critical because stigma-based bullying has even more detrimental effects on adolescent health than generalized bullying (Earnshaw et al., 2022; Russell et al., 2012). GSAs represent an ideal setting to study this pattern, as they are among the most prevalent and evidence-based efforts to reduce victimization based on LGBTQ identities and demonstrate effect sizes similar to general school-based antibullying interventions (Marx & Kettrey, 2016).

THE HEALTHY CONTEXT PARADOX

A growing number of studies on general populations (i.e., including heterosexual, cisgender youth) indicate that “healthier” environments, such as schools that use a visible and successful general antibullying intervention, can paradoxically increase maladjustment risks for students who are victimized despite the positive environment (Garandeau & Salmivalli, 2019; Huitsing et al., 2019; Pan et al., 2021; Schacter & Juvonen, 2016). Both interpersonal and cognitive mechanisms have been shown to account for this healthy context paradox (Pan et al., 2021). First, on an interpersonal level, victims generally receive support and affection from fellow victims who are in a similar adverse position (Mcpherson et al., 2001). In a context with fewer fellow victims, there are less “similar” peers with whom to share their plight. Second, on a cognitive level, in line with social comparison theory (Festinger, 1954), victims generally feel worse when other vulnerable peers who typically affiliate with them are no longer victimized. Last, in accordance with attributional theory (Weiner, 1985), victims attribute the cause of victimization to themselves when the environment clearly rejects bullying or when few peers are victimized (Schacter & Juvonen, 2016). All these processes have been shown to result in greater self-blaming attributions and psychological problems among those who are victimized in healthier contexts, making the healthy context paradox a central topic in the academic debate about improving general bullying interventions (Pan et al., 2021). As such, it may be particularly important to focus on developing complementary, additional intervention components such as increased monitoring of victims and tailored strategies to help persistent victims (Salmivalli et al., 2021).

However, the harmful impact of being victimized in a healthy context might not only be relevant in the context of generalized bullying, but also—or particularly—in the

context of stigma-based bullying. In contrast to generalized bullying, stigma-based bullying does not only serve the function of improving one's own social position in the peer group (Volk et al., 2014), but also of enforcing social norms of heterosexuality and traditional, binary gender roles (Earnshaw et al., 2022). Stigma-based bullying can, thus, be considered a form of discrimination. The postulated mechanisms of the healthy context paradox are, even without considering the context, often already present among marginalized groups such as LGBTQ youth (Meyer, 2003), in that they are chronically in a minority position and considered inferior to the majority group of heterosexual, cisgender peers, frequently leading to more social isolation and internal attributions of stigma (Hatzenbuehler, 2009). When GSAs that attempt to reduce stigma and that are expected to take their stance cannot help them, or the GSA's activities only help their LGBTQ peers, victimized LGBTQ adolescents likely only feel more hopelessness and possibly engage even more in self-blaming attributions (Baams & Russell, 2021). Altogether, being victimized in a school with a GSA might further exacerbate minority stress among LGBTQ adolescents.

Regarding heterogeneity within the LGBTQ population, the healthy context paradox is likely more common among transgender adolescents than cisgender sexually diverse peers. Relatively few adolescents identify as transgender, which leaves victimized transgender adolescents in a school with a GSA with (almost) no fellow victimized transgender peers to share their plight with, or to compare their problematic situation to—especially because GSAs seem particularly beneficial for transgender adolescents (Greytak et al., 2013; Ioverno & Russell, 2021). Moreover, transgender adolescents might be most hopeless when being victimized despite the GSA because their histories of stigma and lack of support are generally more severe compared with cisgender sexually diverse adolescents (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 ethn racial identity revealed the sample to be White (66%), Latino/a (10%), African American (5%), Asian American (4%), and 16% from other ethn racial identities (e.g., Biracial/Multiracial [14%], which consisted of participants you checked more than one ethn racial 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 $\alpha = .90$.

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 $\alpha = .91$.

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 $\alpha = .91$.

Analytic strategy

Analyses were performed in *Mplus* 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 \times 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	GSA	min-max
							M (SD)	M (SD)	
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.

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

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)										
	<i>b</i>	95% CI	β	<i>R</i> ²	<i>b</i>	95% CI	β	<i>R</i> ²	<i>b</i>	95% CI	β	<i>R</i> ²					
General population LGBTQ (<i>N</i> = 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	-0.02; 0.04	0.09
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	-0.06; 0.05	
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	0.05; 0.13	
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	0.02; 0.06	
GSA	0.19	0.18; 0.21	0.33		0.12	0.11; 0.14	0.24		0.13	0.10; 0.16	0.17		0.09	0.06; 0.12	0.16	0.06; 0.12	
Cisgender LGBTQ (<i>N</i> = 6858)																	
Victimization	0.14	0.11; 0.16	0.14	0.10	0.06	0.04; 0.08	0.11	0.06	0.04	0.02; 0.07	0.07	0.07	0.03	-0.01; 0.07	0.04	-0.01; 0.07	0.09
GSA	-0.09	-0.14; -0.06	-0.07		-0.09	-0.13; -0.06	-0.07		-0.02	-0.06; 0.02	-0.01		-0.02	-0.08; 0.04	-0.01	-0.08; 0.04	
Victimization × GSA	0.02^a	-0.02; 0.05	0.02		0.02^a	-0.01; 0.05	0.03		0.02^a	-0.01; 0.05	0.03		0.04^a	-0.01; 0.09	0.04	-0.01; 0.09	
Simple slopes																	
No-GSA	0.14	0.12; 0.17	0.25		0.06	0.04; 0.09	0.14		0.04	0.01; 0.06	0.08		0.02	-0.02; 0.06	0.06	-0.02; 0.06	
GSA	0.16	0.14; 0.18	0.26		0.09	0.07; 0.11	0.16		0.09	0.05; 0.13	0.11		0.04	0.00; 0.07	0.07	0.00; 0.07	
Transgender LGBTQ (<i>N</i> = 3654)																	
Victimization	0.13	0.10; 0.17	0.13	0.11	0.07	0.05; 0.10	0.07	0.07	0.02	-0.02; 0.06	0.02	0.05	-0.03	-0.09; 0.03	-0.03	-0.09; 0.03	0.08
GSA	-0.09	-0.15; -0.04	-0.09		-0.06	-0.11; -0.02	-0.06		-0.01	-0.08; 0.06	-0.01		0.04	-0.05; 0.14	0.02	-0.05; 0.14	
Victimization × GSA	0.06^b	0.02; 0.10	0.06		0.07^b	0.05; 0.10	0.04		0.10^b	0.04; 0.14	0.09		0.16^b	0.08; 0.23	0.15	0.08; 0.23	
Simple slopes																	
No-GSA	0.14	0.10; 0.17	0.30		0.07	0.05; 0.10	0.21		0.02	-0.02; 0.06	0.11		0.00	-0.05; 0.06	0.10	-0.05; 0.10	
GSA	0.19	0.17; 0.22	0.35		0.15	0.09; 0.21	0.25		0.15	0.09; 0.21	0.18		0.09	0.04; 0.14	0.16	0.04; 0.14	

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).

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 (Garandau & 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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CONFLICT OF INTEREST STATEMENT

The authors have no conflicts of interest relevant to this article to disclose.

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