

# “Don’t Say Gay”: New Bills Will Negatively Affect Health Outcomes for LGBTQ Youth

## Introduction

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Since 2021, 42 states have considered a minimum of 280 bills that negatively affect over 59 million young people across the nation.<sup>1</sup> Florida’s 2022 “Parental Rights in Education” bill (House Bill 1557),<sup>2</sup> more commonly and appropriately monikered as the “Don’t Say Gay” (DSG) bill, is the most prominent in a long line of legislative efforts to censor discussion relating to gender identity and sexual orientation. DSG contains purposefully vague language, ultimately reducing public schools’ ability to discuss topics related to the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community.<sup>3</sup>

DSG is not a Florida-only issue. In 2022, at least eight states have signed anti-LGBTQ bills into law and 28 have introduced them.<sup>4</sup> For example, Louisiana and South Carolina both enacted bills limiting discussion on gender identity and sexual orientation.<sup>5,6</sup> Missouri, Indiana, and Kentucky also have bills banning training on gender and sexual diversity.<sup>7-9</sup>

These censorship laws have one main goal: expunge LGBTQ community presence in the public sphere. Supporters of these restrictive laws claim to support academic performance and students’ well-being, yet these bills endanger the physical and mental health as well as sexual health education and academic performance of LGBTQ students and non-LGBTQ students.

There is myriad research demonstrating how laws like DSG will exacerbate already high rates of violence, sexual harassment, bullying, HIV, sexually transmitted infections (STIs), and mental health issues for LGBTQ students. The purpose of this summary report is to illustrate how DSG bills and their copycats are an affront on all students’ public health.

## Policy Considerations

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### Effects on Physical Health

*LGBTQ students report higher rates of interpersonal violence victimization and HIV/STIs compared to their heterosexual peers. DSG-related bills will only exacerbate rates of bullying, sexual violence, victimization, and infections. To improve students’ physical health, lawmakers should instead promote LGBTQ inclusivity in the classroom.*

The Centers for Disease Control and Prevention (CDC) defines interpersonal violence victimization as any act of aggression perpetrated by another person, including dating

violence, sexual violence, and bullying.<sup>10</sup> According to the CDC, students identifying as lesbian, gay, or bisexual reported higher rates of dating violence, sexual violence, and bullying, than their heterosexual peers.<sup>10</sup> The 2019 National School Climate Survey found that more than two-thirds of LGBTQ students reported verbal harassment, more than half report sexual harassment, and over a quarter report physical harassment.<sup>11</sup> The high rates of violence victimization among LGBTQ youth, coupled with high risk sexual behaviors seen among all high school students, will only lead to further increases in negative health outcomes such as unintended pregnancy, HIV, and STIs.

High risk sexual behaviors are more commonly seen among LGBTQ youth than heterosexual youth. Two-thirds of sexually active LGBTQ students report not using condoms during their last sexual encounter compared to only one-third of heterosexual students.<sup>12</sup> Given the lack of condom use, as well as high rates of sexual harassment, it is imperative that LGBTQ students receive social support to reduce inequities that predispose them to an increased risk of interpersonal violence victimization and HIV/STIs.<sup>13</sup> By taking away a school's opportunity to provide comprehensive sexual health education that includes gender identity and sexual orientation, lawmakers fuel existing negative health behaviors that lead to increased risk of HIV and STIs.

Research demonstrates that promoting LGBTQ inclusivity in the classroom lowers rates of bullying, sexual violence, and victimization among students.<sup>11</sup> LGBTQ students attending schools with a curriculum on LGBTQ people, history, or events are less likely to report victimization based on sexual orientation.<sup>11</sup> Another study reports a significant association between increased LGBTQ-inclusive education and lower rates of students being bullied for their sexual orientation.<sup>14</sup> Despite the evidence supporting the benefit of inclusive education, DSG-focused legislators propose and pass laws that harm the very students they claim to protect.

### Effects on Mental Health

*Laws that censor discussion on gender identity and sexual orientation in school lead LGBTQ students to experience anxiety, depression, and suicidal ideation. Studies show that over 40 percent of lesbian, gay, and bisexual students had a plan for suicide. Schools should instead be a refuge for vulnerable students who cannot get support from their families.*

Mental health experts agree that laws censoring discussion on gender identity and sexual orientation increase sentiments of shame.<sup>15</sup> When young LGBTQ students are not exposed to LGBTQ discussions, they often portray feelings of internalized shame and suffer from mental health issues.<sup>16-18</sup> Research demonstrates that LGBTQ students report higher rates of mental health issues, including anxiety, depression, and suicidal ideation.<sup>19, 20</sup> Especially alarming, over 40 percent of LGBTQ students had a plan for suicide, a striking 30 percent more than their cis-gender, heterosexual peers.<sup>19, 21</sup>

The school environment plays a huge role in students' mental health. Students attending schools in which they report higher rates of victimization are more likely to experience mental health issues.<sup>16</sup> On the other hand, schools with LGBTQ-inclusive curriculum report a significant decrease in depressive symptoms and suicidal ideations for all students—LGBTQ and non-LGBTQ—compared to schools without LGBTQ-inclusive education.<sup>14</sup>

Florida's DSG bill is just one example that extends beyond just censoring discussion on LGBTQ topics; DSG jeopardizes mental health counseling and support for all students. The bill targets school-provided mental health and counseling services by prohibiting schools from providing care or even monitoring students' mental health without first involving the parents.<sup>3</sup> School-provided mental health counseling is often a place of refuge for vulnerable students who are unable to have difficult conversations about mental health, gender identity, or sexual orientation with their parents or caregivers.<sup>15</sup> Under this bill, schools need parental/caregiver approval for each step of the counseling process—access, screening, and treatment—before a student can even begin to receive help.<sup>3</sup> Bills in other states require parental/caregiver approval to participate in Gay-Straight Alliances on campus and must be notified if a student asks or chooses to identify their gender identity or sexual orientation.

The language in DSG and its doppelgangers are dangerous to LGBTQ inclusivity and free rhetoric in education, ultimately undermining the importance of accessing school-based counseling and mental health care.

### Effects on Education

*Sexual health education rarely includes information inclusive to LGBTQ students. In addition, LGBTQ students experience negative school environments more often than their heterosexual peers, which lead to poorer academic performance. Bills like Florida's DSG further perpetuate hostile school environments. Inclusive education helps all students feel safe in school and develop healthy perspectives.*

In one survey assessing attitudes toward school, LGBTQ youth reported negative or hostile school environments at a higher frequency compared to their non-LGBTQ peers.<sup>22</sup> Reports of a hostile or negative school environment are not exclusive to LGBTQ students; another study found that students felt safer at school if their education had LGBTQ-inclusive topics.<sup>23</sup>

A systemic review of sexual health education studies found that main topics in the lessons—such as pregnancy prevention—are heterosexually-focused and not relevant to LGBTQ students.<sup>24</sup> On the other hand, heterosexual students are able to translate lessons about LGBTQ sexual health to their own experiences, reducing stigma and judgement and improving self-esteem and mental health outcomes for LGBTQ youth.

DSG-related bills will further reduce already limited sexual health education that often leaves LGBTQ students behind.

LGBTQ students who receive relevant, inclusive sexual health education engage in lower risk behaviors.<sup>25</sup> In 1993, Massachusetts developed a program to improve school life for lesbian, gay, and bisexual students with tailored bullying policies, alliance groups, counseling, and inclusive sexual health education. Students who received this education were less likely than both heterosexual students, as well as gay, lesbian, and bisexual students without relevant sexual health education, to have unplanned pregnancies, miss school, or make plans to commit suicide.

Having sensitive education improves the school experience for LGBTQ students.<sup>26</sup> Schools that have effectively minimized bullying can drastically reduce negative outcomes among LGBTQ youth such as depression, substance abuse, and truancy. Schools must seriously consider the needs of their LGBTQ students to protect their mental and physical health.

In addition, LGBTQ students are more likely to face poorer academic performance and attendance compared to their non-LGBTQ peers.<sup>22</sup> According to the Gay and Lesbian Education Network, the grade point average of students who report harassment over their gender identity or sexual orientation at school is nearly half a grade lower than the average.<sup>27</sup> DSG-related legislative efforts are promoted to improve students' ability to focus on education, but these bills do exactly the opposite.

DSG-focused bills only fuel already hostile school environments and lead to further decreases in academic performance and school safety.

## Call to Action

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Instead of supporting DSG bills that facilitate feelings of depression, suicidality, isolation, and alienation, legislators should promote bills that facilitate a safe school environment by adopting LGBTQ inclusive curriculum and allowing students to participate in programs that positively address gender identity and sexual orientation.

AHF calls on local, state, and federal legislators to:

1. Create comprehensive, evidence-based curriculum guidelines with LGBTQ topics to support inclusivity at schools and reduce violence.
2. Create and support programs designed to train school employees about how to provide support for vulnerable LGBTQ students who may seek support from teachers and counselors.
3. Adopt and implement clear and comprehensive non-discrimination policies that protect and affirm students' sexual orientation, gender identity, and gender expression.

## Conclusion

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DSG and related bills put LGBTQ students at an increased risk for lower academic performance, negative mental and physical health outcomes, and increased risk for suicide. LGBTQ youth already experience high rates of homelessness, pregnancy, and sexually transmitted infections. Compared to their non-LGBTQ peers, young gay and bisexual males have disproportionately high rates of sexually transmitted infections, young lesbian and bisexual females are more likely to have ever been pregnant, and transgender youth are more likely to have attempted suicide.<sup>28-30</sup> In a survey administered by the Trevor Project in 2021 to 34,759 LGBTQ youth between the ages of 13 and 24 years, between one-quarter and two-thirds reported homelessness and housing instability. In addition, only one-third of LGBTQ youth felt they had an affirming family.<sup>31</sup>

LGBTQ students need support and should be able to find refuge at school. If DSG bills continue to pass across the United States, the results will be catastrophic, leading to further increases in interpersonal violence, decreases in mental health, worsening educational outcomes, and higher rates of HIV/STIs.

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