

Protective Factors for Sexual and Gender Minoritized Youth

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Abstract

Sexual and gender minoritized youth (SGMY) experience disproportionate rates of negative health and behavioral health outcomes relative to their heterosexual and cisgendered peers. Ample research has been dedicated to understanding the risk factors that may contribute to this disparity, however, less is understood regarding what protective factors may exist for this population. The purpose of this paper is to identify protective factors' present throughout multiple levels of SGMY's ecology and demonstrate how these protective factors may be important for the promotion of SGMY's health and well-being. This paper utilizes multiple theories previously used to explore SGMY disparities, ultimately applying an adapted ecological systems framework to organize SGMY protective factors and their impacts. Application of this theoretical lens is vital to understanding the complex interaction of factors that influence SGMY development.

Keywords: ecological systems theory; LGBTQ+ youth; protective factors; sexual and gender minority youth

Diversity of one's gender identity and sexual orientation is a common human experience and can be found throughout many cultures (Ross-Reed et al., 2019). Gender Identity can be defined as a person's deeply felt and inherent sense of being male, female or an alternative gender (American Psychological Association, 2015). Individuals whose gender identity and gender expression align with their assigned sex at birth are considered cisgendered (e.g., a person assigned male at birth identifying and expressing as a male) and individuals who do not fit into this category may identify as transgendered, non-binary, non-conforming, or genderqueer (American Psychological Association, 2015).

Sexual orientation can be defined as a component of one's identity that includes their sexual and emotional attraction to certain qualities (American Psychological Association, 2015). Individuals whose sexual orientation does not maintain heteronormativity include those who identify as lesbian, gay, bisexual, queer, pansexual, asexual, and others (American Psychological Association, 2015).

There has been a robust amount of research dedicated to adolescents who identify as a sexual and/or gender minority (SGM) due to the disparities that persist in their health and behavioral outcomes. Mitigation of these outcomes requires the use of evidence-based methods in order to understand this social phenomenon comprehensively and to promote the health of SGMY effectively (Cala & Soriano, 2014). The following section will discuss tested models and theories

that provide a justification for the disparities observed in the data for SGMY and serve as a building block for the development of potential intervention pathways.

LITERATURE REVIEW

Sexual and Gender Minoritized Youth (SGMY) Health Disparities

It is well documented in literature that sexual and gender minorities (SGM) face health disparities when compared to their heteronormative peers. Regarding sexual and reproductive health, SGM populations are more likely to become infected with HIV, become diagnosed with a sexually transmitted disease (STD), or become involved in an unintended pregnancy (Pampati et al., 2021). They are more likely than their cisgender peers to engage in sexually risky behaviors such as foregoing contraceptive methods, having multiple romantic partners, and engaging in sexual situations at a younger age (Johns et al., 2018).

In addition to sexual risk behaviors, SGMY are more likely than their nonsexual minority peers to engage in behaviors that are associated with the leading causes of death among persons 10-24 years of age in the United States (Kann et al., 2018). According to the 2019 Youth Risk Behavior Survey (YRBS) suicide is the second leading cause of death for persons 10-24 years of age, and SGMY are four times more likely than their nonsexual minority peers to contribute to this statistic (Underwood et al., 2020). SGMY experience disproportionate rates of depression, anxiety, post-traumatic stress disorder (PTSD), and suicidality when compared to their nonsexual minority peers (Feinstein, 2019). According to national estimates, almost 30% of SGMY have attempted suicide in the past year as compared with 6% for sexual and gender majority individuals (Johns et al., 2018). The CDC has also found that up to 63% of SGM students reported feeling hopeless or sad as compared to 35% of students that did not self-disclose as a sexual or gender minority (Johns et al., 2018).

In combination with experiencing a disproportionate number of internalized issues, additional research has found that SGMY are more likely to have engaged in drug or alcohol use before their last sexual interaction, and they are at a higher risk for substance use and lifelong substance abuse due to their sexual identity or orientation (Johns et al., 2018). One meta-analysis found that SGMY have up to 190% higher odds of abusing drugs and alcohol and are up to five times more likely to face life-time substance use issues than their heteronormative peers (Johns et al., 2018).

Extensive research has discovered that SGMY face grim outcomes in comparison to their peers. SGMY are struggling more than other populations to avoid risk-taking behaviors and experience increased negative mental and physical health consequences. Researchers have proposed multiple theories as to why this phenomenon occurs.

Rejection Sensitivity Model

One theory as to why sexual and gender minority (SGM) populations experience additional negative health consequences is the theory of rejection sensitivity, which posits that SGM individuals face increased exposure and sensitivity to rejection from their family, peers, schools, and communities (Feinstein, 2019). Surveys conducted by the Trevor Project found that SGMY feel under supported by their environment and this rejection is linked to their poor health and behavioral outcomes (2021). One report found that only 1 in 3 SGMY reported their home to be affirming of their sexual identity and many felt compelled to not self-disclose in

anticipation of rejection (Madireddy & Madireddy, 2022). In line with rejection in the home, the Trevor Project also found that 68.7% of surveyed SGMY reported experiencing verbal harassment due to their sexual or gender identity (Trevor Project, 2021). Additionally, 59.1% felt unsafe at school, and 90% felt uncomfortable disclosing their sexual or gender identity with health professionals (Trevor Project, 2021). This increased experience and perception of rejection for SGMY translates to a high-risk situation when considering self-disclosure about their sexual or gender minority identity.

One study found that disclosing one's sexual orientation can be associated with increased well-being, reduced stress, and better relationships; however, SGMY often do not get to reap these benefits due to the rejection they receive from their social environments (Charbonnier et al., 2018). Avoidance of disclosing one's identity and fear of facing discrimination because of it, is strongly associated with negative psychological and physical health outcomes for SGMY (Charbonnier et al., 2018).

The rejection sensitivity (RS) model conceptualizes a framework for understanding how sensitivity to perceived rejection from external sources can translate to internal distress for sexual minority individuals. SGM individuals develop RS as a self-defense mechanism against social threat and rejection; however, they may experience a self-fulfilling prophecy by maladaptively behaving out of fear and anxiety (Feinstein, 2019). SGMY may also experience or expect rejection of their identity in multiple contexts of their lives from their friends, family, the media, politics, etc. The RS model helps to explain how these experiences may influence SGM population's health outcome disparities (Baams et al., 2019).

Sexual Minority Stress Theory

In conjunction with the RS model, sexual minority stress theory strives to understand why sexual and gender minority (SGM) individuals experience decreased levels of well-being by identifying the specific stressors they may face due to their minority status. Minority stress includes the stigma-related experiences SGM groups experience such as family/peer rejection, violence victimization, social isolation, discrimination, and identity concealment (Pachankis et al., 2022). Sexual minority stress theory was developed by Winn Kelly Brooks in 1981 and posits that sexual minority groups are at an increased risk of experiencing negative health outcomes due to the extreme and unique stress they face from lack of social and cultural acceptance (Rich et al., 2020). These unique minority stressors are embedded in all levels of a SGM individual's ecology (Marraccini et al., 2022). Minority stress theory has inspired 40 years of sexual minority research and is widely acknowledged as the most plausible explanation underlying SGM populations' mental health disparities (Pachankis et al., 2022).

Resilience Theory

Resilience has been defined as the "processes undertaken to avoid, successfully cope with, and overcome the negative health consequences and trajectories attributed to risk factors, like social adversity, trauma, tragedy, threats, and other major sources of stress" (Meanley et al., 2022, p2). In other words, resiliency can be conceptualized as one's ability to "get back up" after "taking a hit." Resilience theory focuses on understanding and promoting factors that are considered protective for individuals against negative outcomes. Resilience theory places an emphasis on the strengths present at different levels of an individual's ecology. It stands in

contrast to deficit-focused research which is often criticized for perpetuating negative stigmas against sexual minority populations (Meanley et al., 2022).

Protective factors include both individual assets such as knowledge, skills, self-efficacy, etc., and external resources such as parental support, school climate, and social policy (Fergus & Zimmerman, 2005). Resilience-supportive approaches consider factors that help individuals and their communities avoid negative outcomes, improve psychological wellbeing, and foster community support (Meanley et al., 2022). Utilizing a resilience lens that leverages protective factors facilitates SGMY opportunities for mitigating health disparities and exposure to social risk factors (Meanley et al., 2022).

Ecological Systems Theory

Effective approaches for improving outcomes in sexual and gender minoritized youth (SGMY) should also consider and utilize Bronfenbrenner's ecological systems theory (1979) to comprehensively understand the variables affecting these individuals and their relationships. Bronfenbrenner's theory posits that an individual's development is influenced by factors on a multilevel scale and that evaluation of each level is valuable for the development of intervention and prevention methods (Hong et al., 2011). The social ecological model describes the overlapping environmental contexts that influence an individual and how the factors within these contexts correlate with risk or protection over time (Gower et al., 2018). It is important to promote protective factors at each context level which can disrupt the stigma SGM face due to their sexual orientation or gender identity, and promote support and resiliency (Madireddy & Madireddy, 2022). More research is needed to understand the specific protective factors that exist within each level of the ecological systems model and how each protective factor can help to improve SGMY outcomes.

In sum, the increased health and behavioral disparities faced by SGMY compose a complex social phenomenon that requires the utilization of these theories and models to effectively develop prevention and intervention methods. Extensive research suggests negative health and behavioral outcomes are experienced within all levels of SGM individuals' ecology and how they are correlated with specific risk and protective factors. Ample research has also been directed at understanding how risk-factors such as rejection, stress, and minority status negatively affect SGM individuals; however, less research has been conducted regarding protective factors that exist within each environmental contextual level that may buffer the unique risk factors SGMY face (Madireddy & Madireddy, 2022). The sections below describe Bronfenbrenner's ecological systems model (see Figure 1) in depth and its application to Johns et al.'s (2018) adapted model applied to protective factors for SGMY (see Figure 2).

THEORETICAL LENS

Bronfenbrenner's ecological systems theory (1979) places an emphasis on the environmental contexts that impact an individual's development and envisages these contexts as different levels that are interdependent with one another (Cala & Soriano, 2014). Bronfenbrenner originally termed this theory as an "ecological model of human development" where ecology can be defined as the fit between an individual and their environment (Eriksson et al., 2018). The better 'goodness of fit' with their environment, the more likely an individual is to survive and experience positive developmental outcomes. Ecological models are aptly suited for health

behavior research as they consider a system-wide range of variables that may promote healthy behaviors and positive outcomes (Eisenberg et al., 2019).

In Bronfenbrenner's ecological framework, the individual's environment is conceived as a set of nested structures: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Reifsnider et al., 2005). These structures overlap one another and include factors that either confer risk or promote protection for an individual's development over time (Gower et al., 2018). The microsystem encompasses the immediate settings and relationships with which the individual interacts on a daily basis (Eriksson et al., 2018). This includes their home setting, school, family members, peers, and other trusted adults (Cala & Soriano, 2014). The mesosystem is composed of the interrelationships among groups within the microsystem. For example, the conceptualization of the relationship between an individual's home and peer group would be cited in the mesosystem of the model (Eriksson et al., 2018). The exosystem contains the social structures that exert an influence on the individual's micro- and meso-systems, rather than directly on the individual (Eriksson et al., 2018). The exosystem contains the social

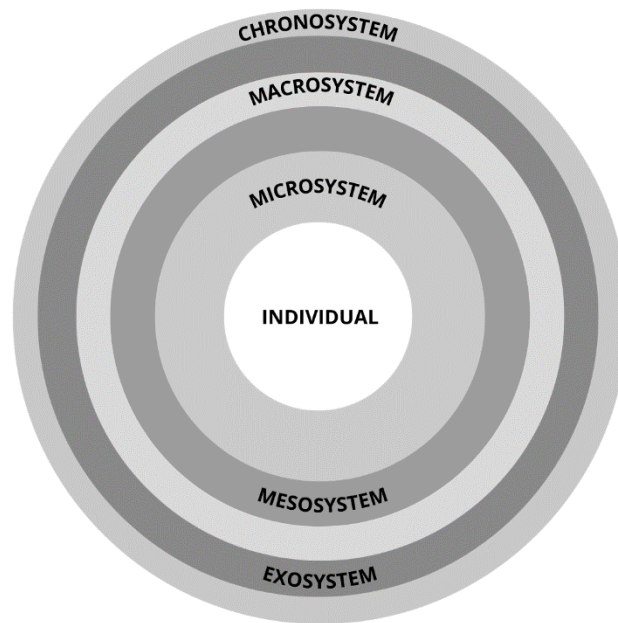


Figure 1 Bronfenbrenner's Ecological System Model

Note. Adapted from Davis, B., & Francis, K. (2022). "Ecological Systems Theory" in *Discourses on Learning in Education*. <https://learningdiscourses.com>.

structures that exert an influence on the individual's micro- and meso-systems, rather than directly on the individual (Eriksson et al., 2018). The exosystem, according to Eriksson et al. (2018), consists of the major institutions of society, such as places of employment, media, and public organizations. The exosystem may also be conceived to include neighborhoods, small cities, the accessible educational system, and health systems (Cala & Soriano, 2014). The macrosystem echoes the cultural characteristics of the current historical and social moment (Cala & Soriano, 2014). The macrosystem may contain laws, regulations, norms, and taboos, that describe the current society's blueprint (Eriksson et al., 2018). The belief systems, ideology, and language of a particular society may also be included in the discussion of an

individual's macrosystem (Reifsnider et al., 2005). Lastly, the fifth level of Bronfenbrenner's ecological systems theory is called the chronosystem. This level includes normative and nonnormative changes in the individual's environment that occur throughout their lifetime such as marriage, divorce, school entry, or relocation (American Psychological Association, 2015).

It is evident that effective approaches for improving outcomes in sexual and gender minoritized youth (SGMY) should consider the utilization of Bronfenbrenner's ecological systems theory in order to comprehensively understand the key relationships and contextual variables within these individual's ecosystems (1979). One study found that more than 50% of effective interventions were likely to include goals that targeted multiple facets of youth's life, such as individual coping skills, family dynamics, and the school context (Gavin et al., 2010). Researchers and practitioners argue that the health disparities experienced by sexual minoritized adolescents must be viewed by this wider social context to be effectively addressed (Saewyc et al., 2014). Effective approaches for improving outcomes for sexual minoritized youth should consider these multiple levels and interacting factors to effectively buffer the unique challenges they face.

SYNTHESIS OF THEORETICAL LENS

Johns et al.'s (2018) combined previous research (Ivankovich et al., 2013) and Bronfenbrenner's ecological systems model to create a systematic mapping of protective factors among sexual and gender minoritized youth (SGMY) to better understand how to positively impact their health and behavioral outcomes. As noted by Johns et al.'s (2018), extensive research has focused on factors that contribute to negative outcomes in SGMY, but less is understood about the protective factors that exist in SGMY's individual, relationship, community, and societal ecological environmental contexts that may contribute to positive outcomes (Johns et al., 2018).

Consideration of these protective factors may help practitioners specify multi-level intervention pathways, identify missing links between our current understanding of risk factors and outcomes, and highlight the dynamic relationship between factors at each level of an individual's ecology (Johns et al., 2018). The development of an adapted ecological framework serves to map protective factors for SGMY within a socioecological framework and inform future studies of protective factors for SGMY (Johns et al., 2018).

Johns et al.'s (2018) socioecological framework contains nested structures that frame the individual's environment in systems similar to Bronfenbrenner's; however, these groupings are adjusted to focus on health promotion specifically for SGMY. The following section will use this theoretical framework to describe and organize potential protective factors that exist in the *individual*, *relationship*, and *community* level of the model for SGMY in order to help inform future prevention and intervention efforts (Johns et al., 2018).

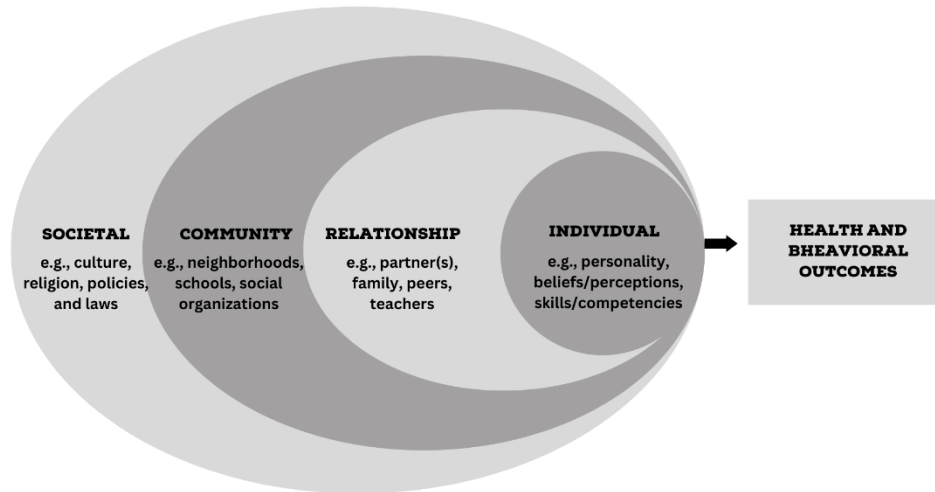


Figure 2 Contextual Protective Factors Organized Within Bronfenbrenner's Socioecological Model

Note. Adapted from Johns et al.'s (2018) describes this conceptualization as a visual depiction of the different types of protective factors that can be arranged within Bronfenbrenner's socioecological model wherein factors at each level may collaboratively influence individual health and behavioral outcomes (Johns et al., 2018).

Individual

According to Johns et al.'s (2018) model, individual level protective factors consist of an individual's beliefs, perceptions, skills, and competencies with the aim to improve one's physical and emotional well-being. The beliefs and perceptions found to act as protective factors for SGMY included self-esteem, positive sense of self, a positive body image, and self-efficacy (Johns et al., 2018). Improving these beliefs and perceptions in SGMY was positively associated with less engagement in risky sexual behaviors and lowered rates of suicidality. Protective skills and competencies for SGMY included personal mastery, ability to use technology for informational support, problem-solving skills, and self-advocacy skills (Johns et al., 2018). These specific skills allowed SGMY to navigate the unique challenges they face with stigma and discrimination, improved their ability to find resources in their communities, and improved their ability to stand up for themselves when faced with harassment (Johns et al., 2018).

In line with Johns et al.'s (2018) suggestions, the Collaborative for Academic, Social, and Emotional Learning (CASEL) has also identified five core social emotional learning competencies that programs should consider focusing on for the promotion of positive health behaviors for SGMY: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (2020). The development of these foundational skills has been found to buffer against the additional and unique stressors sexual minority youth experience and to improve their behavioral and health related outcomes (National Academies of Sciences, Engineering, and Medicine, 2020).

Effective approaches for health promotion of SGMY at an individual level should aim to increase the individual's toolbox of knowledge and skills in order to positively shape their behavior and reduce the likelihood of negative health and behavioral outcomes (Schaalma et al., 2004). One proposed approach for strengthening these protective factors is cognitive behavioral therapy

(CBT) strategies tailored to sexual orientation and gender identity minority individuals (Hobaica et al., 2018). One example that has been proven effective at reducing depression in SGMY is a computerized CBT program, Rainbow SPARX, is rooted in minority stress theory and focuses on CBT strategies such as relaxation, behavioral activation, problem solving, thought restructuring, and encouraging hope (Hobaica et al., 2018). This program was adjusted to be inclusive of sexual minority youth and tailored to be specific to their unique challenges and perceptions. The effectiveness of this program serves as an example of encouragement to other programs as they consider inclusive program approaches (Hobaica et al., 2018).

As previously discussed, it is theorized that SGM individuals experience poor health and behavioral outcomes due to their status as a sexual/gender minority (see sexual minority stress theory) and the increased rejection (see rejection sensitivity model) of their identity from their environment. In combination with improving SGMY's social emotional and psychological competencies, improving their access to sex and relationship education that is medically accurate and inclusive of LGBT topics is vital to reducing SGM health disparities. Gender and sexual minoritized youth face severe consequences due to the lack of accessible and accurate sexual health information (Haley et al., 2019). The current sexual education norm, which often includes an abstinence-only curriculum (AOC) and a focus on heteronormativity, further inhibits understanding and acceptance of one's gender identity and sexual orientation. One survey found that heteronormative and cisnormative sex education underprepared sexual minority youth for sexual encounters, delayed understanding of their identity, and promoted ignorance about gender and sexual minority youth (Hobaica et al., 2019). Inclusive and medically accurate sex education that is representative of sexual and gender minorities may help reduce these outcomes and contribute to earlier sexual identity acceptance, increased normalization, decreased gender dysphoria, and improved health outcomes for sexual minority youth (Hobaica et al., 2019).

Overall, protective factors on the individual level focus on fostering the development of personal beliefs, perceptions, knowledge, skills, and competencies to help leverage the individual's strengths against risk factors such as stigma, discrimination, and rejection. The development of these assets has been shown to reduce negative outcomes for SGMY and emphasizes the importance of the individual context as focus for intervention efforts.

Relationship

Relationships serve as an important opportunity for individuals to gain support, feel cared for, and to foster resiliency. One qualitative study found that feeling a sense of belonging with one's peers and families can prevent suicidality in sexual and gender minority (SGM) adolescents (Madireddy & Madireddy, 2022).

Parents are the most widely researched interpersonal protective factor for SGMY (Gower et al., 2018); the family context has been found to be one of the strongest socioecological support systems for shaping the health of an individual (Madireddy & Madireddy, 2022). Within the family context, factors such as cohesion and parental support were found to be protective for SGMY and were positively associated with higher self-esteem, sexual self-efficacy, improved mental health, and improved sense-of self (Johns et al., 2018). Additionally, parents of SGMY that are accepting and supportive were found to be protective against suicidality, substance abuse, and poor emotional well-being (Ross-Reed et al., 2019). Positive parent-child

relationships (i.e., a relationship wherein the child feels safe, feels they can trust their parents, and feels they can accurately predict their parents' reactions) were additionally found to be protective for SGMY (Mills-Koonce et al., 2018). Finally, SGMY who's families were supportive and are able to carry out open discussions about their gender identity and sexual orientation were found to promote SGMY self-esteem and reduce negative mental health outcomes (Madireddy & Madireddy, 2022). Overall, protective factors within the family unit include parental acceptance, support, cohesion, and the ability to engage in positive conversations about sexual and gender diversity. These protective factors were even found to buffer the negative effects of LGBT-related experiences of victimization that occurred outside of the home (Mills-Koonce et al., 2018).

Unfortunately, more than 50% of parents react negatively to their child's disclosure as a SGM and undermine their child's self-esteem and self-confidence, the consequences of which can be deadly (e.g., substance abuse, depression, self-injury, suicide ideation, and suicide attempts) (Mills-Koonce et al., 2018). It is important for parents to remember that support and acceptance, specifically from one's parents, is consistently the strongest factor impacting SGM adolescents' outcomes (Mills-Koonce et al., 2018). When parents, even accidentally, reject their child due to their sexual orientation or gender identity, they are rejecting a core component of who their child is as a person. This significance cannot be understated (Mills-Koonce et al., 2018).

SGMY do not always get to benefit from having supportive parents. However, the effects of low familial support on SGMY may be mitigated by the presence of supportive peer relationships (Ross-Reed et al., 2019). Ross-Reed et al. (2019) found supportive peer relationships to be protective against psychological distress for SGMY who experienced low familial support Youth spend a large portion of their time with peers. Understanding the effects of peer relationships may be key to understanding SGMY's psychosocial development (Espelage et al., 2019). Johns et al.'s (2018) found that SGMY who reported higher quality peer relationships also reported fewer psychological symptoms, and youth who were able to increase peer support within their friend networks reported less depression, loneliness, and isolation (Johns et al., 2018). Additionally, peer support and the presence of a caring friend has been found to be protective against substance use for SGMY (Ross-Reed et al., 2019). A different study conducted by Johns et al.'s (2018), "Systematic Mapping of Relationship-Level Protective Factors and Sexual Health Outcomes Among Sexual Minority Youth: The Role of Peers, Parents, Partners, and Providers," found that peer norms about condom use and safer sex were found to be protective in reducing sexual risky behaviors in SGMY (2018).

Within SGM-peer relationship literature, there is a focus on bullying and discrimination and its contribution to negative outcomes for SGMY. However, a resilience lens instead focuses on peer relationships that are protective for SGMY, e.g., peers that engage in active bystander behaviors in the presence of homophobic bullying. One study found that individuals that engage in active bystander behaviors in the presence of homophobic bullying are protective for SGMY and promote resiliency against bullying's consequences (Espelage et al., 2019). These peers exhibit individual characteristics such as leadership, courage, altruism, and justice sensitivity. Future interventions should consider a focus on increasing these prosocial behaviors in SGMY's peers to promote active bystander behaviors and reduce homophobic bullying for SGMY (Espelage et al., 2019). In sum, the promotion of caring and supportive peer and family relationships for

SGMY has been shown to improve positive outcomes for SGMY. Therefore, a focus on protective factors within those interpersonal relationship contexts is key to facilitating SGMY's healthy development.

Community

Johns et al.'s (2018) conceptualized an ecological model where the school system, neighborhoods, and social organizations are included in the *Community* level of the individual's ecology (2018). Minority stressors are embedded across all levels of sexual and gender minority (SGM) student's ecology; however, the school context continues to be a focal point for prevention and intervention strategies (Marraccini et al., 2022). Therefore, this section will primarily focus on the school context for SGM youth.

School contexts hold unique opportunities to support preventative and interventive programs through the promotion of positive peer relationships, student-teacher relationships, and inclusive policies that consider SGMY (Marraccini et al., 2022). Additionally, schools facilitate SGM access to behavioral and health services, community resources, and most obviously, an education that is accurate and applicable to them (Marraccini et al., 2022). Substantial research has correlated a positive school climate with improvement in student's academic achievement, regardless of sexual orientation or gender identity, but sexual minority students stand to benefit even further.

Effective approaches intervening with SGMY in the school context include the implementation of antihomophobic school policies and inclusive curriculum, sexual diversity training for school educators and counselors, and the development of peer led SGM support groups. These elements promote a positive school climate that is welcoming of sexual minority youth and serves to mitigate the negative emotional and physical outcomes experienced by SGMY and improve their academic achievement (McCarty-Caplan, 2013).

Within the school context, supportive faculty, staff and sexual minority youth role models were found to be protective against negative outcomes for SGMY; however, one national survey found that 57% of sexual minority students recall hearing homophobic remarks from faculty, 82% received verbal harassment, and 63% felt unsafe or uncomfortable at school (McCarty-Caplan, 2013). Szalacha (2003) found that training staff on sexual diversity created an improved school environment for sexual minority youth and reduced their risk-taking behaviors. Well educated and trained staff can make the difference in a school context by providing valuable knowledge, support, and resources to sexual minority youth (Goodenow et al., 2006).

In addition to the lack of support from school staff, sexual minority students also face harassment from their peers at a disproportionate rate for their sexual orientation. According to the National School Climate Survey of the Gay, Lesbian, and Straight Education Network, 90% of sexual minority students reported receiving verbal harassment and 40% of them received physical harassment by other students due to their sexual orientation (Hong et al., 2011). Having explicit antihomophobic policies at school was associated with less victimization and a greater willingness to report incidents occurring against sexual minority youth (Saewyc et al., 2014). Policies and curriculum that are inclusive of gender identity and sexual orientation were found to be directly associated with lower levels of discrimination based on sexuality, and

improved levels of self-acceptance for sexual minority students (Goodenow et al., 2006). Goodenow (2006) suggested that explicitly inclusive policies be implemented in addition to Gay-Straight Alliances (GSAs), as the presence of both in a longitudinal study was shown to reduce odds of sexual orientation discrimination, and measures of suicidality (Goodenow et al., 2006). GSAs are a specific type of student-led support group that aim to provide a safe place for sexual minority students to be supported. GSAs have been proven effective at acting as a buffer against the stigma and discrimination for sexual minority students by improving the school's climate and providing sexual minority youth with a supportive community (Szalacha, 2003). GSAs are just one of the designs for school-based support groups for sexual minority youth; however, they may be uniquely effective due to their peer-led quality (Goodenow et al., 2006).

SGM inclusive programming can include GSAs, materials to increase SGM visibility such as posters or brochures, and relevant school curriculum (Espelage et al., 2019). The need for medically accurate and comprehensive sex education cannot be understated, especially for SGMY, who are particularly vulnerable. Sex education is an important factor in an individual's overall health and well-being. Receiving sex education has been proven to increase the use of pregnancy prevention methods, delay the time of first sexual intercourse, and lower rates of unintended pregnancies (Lindberg & Maddow-Zimet, 2012). Current sex education curriculum and policies in the United States can vary on a range of topics and requirements. In fact, many of the state-implemented sex education programs use an abstinence-only approach and don't require medical accuracy (Haley et al., 2019). This leaves youth, especially sexual and gender minoritized youth, without the tools and knowledge they need to have good sexual health. An abstinence-only educational approach that emphasizes heteronormativity is failing to serve a significant portion of our youth. The CDC estimates that 2.6 million students identify as a sexual minority, and it is even believed to be higher than that due to the number of individuals who are not able to openly identify as such (Kann et al., 2017). Additionally, 24% of adolescents identify their sexual orientation as nontraditional (Watson et al., 2019). According to a national study, less than 5% of these sexual minority youth report having received a sex education experience that included positive representations of LGBTQ-related topics (Kosciw et al., 2013). Gender and sexual minority youth are facing the consequences of heteronormative and cisnormative sexual education which lacks representation of sexual minority groups and is insufficient to prepare them for good sexual health (Hobaica et al., 2019). Excluding medically accurate LGBTQ-related information in sex-education programs deprives a large and particularly vulnerable portion of the youth population from the benefits of comprehensive sex education. The United Nations affirms that sexual minority youth have a right to sex education that is relevant and applicable to them (Haley et al., 2019).

DISCUSSION

There is a robust amount of literature demonstrating the disproportionate amount of sexual and health-related risks to which sexual and gender minoritized youth (SGMY) are particularly vulnerable when compared with their cisgendered and heteronormative peers (Haley et al., 2019). Conceptualizing the underlying reasons for these outcomes has been shown in this treatise using the rejection sensitivity model and minority stress theory (Feinstein, 2019).

Minority stress theory proposes that sexual and gender minorities experience an additional and unique burden due to their minority status (Feinstein, 2019). The rejection sensitivity model (RS model) explains how rejection from significant sources has the ability to negatively impact

an individual's feelings, behaviors, and ability to connect with others (Feinstein, 2019). The predominance of heterosexuality, lack of support from loved ones, discrimination in medical services, and lack of community resources are all contributors to sexual and gender minoritized youth's (SGMY's) poor health outcomes (Mustanski et al., 2014). SGM populations face increased levels of rejection and stress due to their minority status. Promotion of SGMY's individual assets and external resources is essential to buffer these risk factors. Research suggests that utilizing a resilience lens that leverages protective factors against these present risks can facilitate opportunities for mitigating health disparities and minimize exposure to social risk factors (Meanley et al., 2022).

Therefore, an effective approach to intervention and prevention efforts for SGMY should consider the combined utilization of a resilience lens and ecological model to comprehensively understand and promote factors that are protective for SGMY. Johns et al.'s (2018) framework extends Bronfenbrenner's ecological systems theory and is supportive for the contextual mapping of SGMY's protective factors (Johns et al., 2018). Comprehensively understanding these protective factors may help practitioners specify multi-level intervention pathways, identify missing links between our current understanding of risk factors and outcomes, and highlight the dynamic relationship between factors at each level of an individual's ecology (Johns et al., 2018). This model is adjusted to fit for health promotion among SGMY and may serve as a useful framework in the development of intervention and prevention programs.

Protective factors emphasized at the individual level focused on the development of personal beliefs, perceptions, knowledge, skills, and competencies that were protective for SGMY. The beliefs and perceptions that were found to be protective included self-esteem, positive sense of self, a positive body image, and self-efficacy (Johns et al., 2018). Protective skills and competencies for SGMY included personal mastery, ability to use technology for informational support, problem-solving skills, and self-advocacy skills (Johns et al., 2018). Additionally, five core social emotional learning competencies were found to be protective for SGMY: self-awareness, self-management, social awareness, relationship skills, and responsible decision making (CASEL, 2020). Effective approaches for health promotion of SGMY at an individual level should aim to increase the individual's toolbox of knowledge and skills in order to positively shape their behavior and reduce the likelihood of negative health and behavioral outcomes (Schaalma et al., 2004). Protective factors emphasized on the relationship level included familial cohesion, parental support, supportive peer relationships, and individuals who engaged in active bystander behavior in the presence of homophobic bullying (Espelage et al., 2019). Parental support and acceptance were consistently found to be one of the strongest factors impacting SGMY's health and behavioral outcomes (Mills-Koonce et al., 2018).

The contextual mapping and understanding of these protective factors may inform future research and intervention efforts on effective channels for promoting resiliency for SGMY. The findings in this paper suggest SGMY need interventions at the individual, relationship, and community level to mitigate the health and behavioral outcomes they experience in comparison to their heteronormative and cisgendered peers. Interventions for the individual should consider promoting intra- and interpersonal factors found to be protective for SGMY. Intervention on the relationship level should consider ways to promote parental and peer acceptance. Interventions on a community level should largely focus on the school context, and the implementation of SGM inclusive curriculum and explicitly antihomophobic policies.

Additionally, the facilitation of peer led SGM support groups on school campuses has been proven effective at reducing negative outcomes for SGMY on the community and relationship level of SGMY's ecology. These elements in combination with additional efforts and resources have been shown in the research literature to be effective at reducing negative health outcomes for sexual minority youth.

CONCLUSION

The purpose of this paper was to apply an adapted ecological systems framework to a compilation of SGMY research in order to better organize and understand protective factors that may contribute to positive outcomes for SGMY. The mapping of SGMY protective factors within a socioecological framework may serve to inform future research and interventions that promote SGMY resiliency.

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