




Inclusive School Policies and Practices and the Well-Being of LGBTQ+ Students in Portugal

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Abstract

Introduction The school context can be particularly problematic for youth who identify as lesbian, gay, bisexual, trans, and queer or who hold other sexual and gender-minoritized identities (LGBTQ+). To address this issue, LGBTQ+ inclusive policies and practices have been implemented in many schools around the world.

Methods A cross-sectional sample of 989 LGBTQ+ and cisheterosexual high school students residing in Portugal completed an anonymous online survey in 2020/21. Participants were asked about their perceptions of LGBTQ+ inclusive policies and practices in their school, namely, an inclusive curriculum, comprehensive policies, and information and support regarding sexual orientation and gender identity in their school. We further examined associations between these perceptions and LGBTQ+ student well-being (depression, resilience, and self-esteem).

Results Perceptions of the existence of an inclusive school curriculum were lower among LGBTQ+ students compared to their cisheterosexual peers. In addition, LGBTQ+ students who perceived the curriculum as less inclusive were more likely to report higher levels of depression and lower levels of resilience and self-esteem.

Conclusions The findings suggest that LGBTQ+ students perceive the school curriculum to be less inclusive, and this is associated with poorer well-being.

Policy Implications Concrete policies and practices that improve school climate and promote the well-being of LGBTQ+ students are paramount. These may include awareness-raising activities for students and discussion of LGBTQ+ issues in the classroom. Therefore, cultural competency training for school staff is essential.

Keywords LGBTQ+ · School policies · School curriculum · Depression · Resilience · Self-esteem

Ideally, school provides young people with a learning environment that enables them to make meaningful social connections and develop new intellectual skills (Palmer et al., 2017). However, this context can be particularly problematic for youth who identify as lesbian, gay, bisexual, trans, queer, or other sexual and gender minority identities (LGBTQ+). Bullying, victimization, discrimination and harassment are some of the issues that many LGBTQ+ students face at school and that are detrimental to their well-being and mental health (Almeida et al., 2009; Freitas et al., 2016; Greytak et al., 2016; Kosciw et al., 2020; Myers et al., 2020; Russell

& Fish, 2016; UNESCO, 2016). Cis-heteronormative school environments where LGBTQ+ identities are discriminated against or ignored have also been linked to higher rates of truancy, lower educational expectations, and lower academic achievement (Aragon et al., 2014), as well as a reduced sense of belonging and safety at school (Kosciw et al., 2018).

However, over the past decade, there has been increasing attention paid to initiatives implemented in schools to counter cis heteronormativity and its detrimental effects (Day et al., 2019; Fernandes et al., 2022; Kosciw et al., 2012, 2013; Kull et al., 2016; Palmer et al., 2017; Russell & Fish, 2016). In the present study, we intended to explore the perceptions of students in Portuguese schools regarding the existence and implementation of LGBTQ+ inclusive policies and practices. Furthermore, we aimed to explore whether there is a relationship between the perception of an inclusive curriculum and the well-being of LGBTQ+ students. Although studies have identified different facets of LGBTQ+ inclusion in the school

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context, such as peer and teacher support, gender and sexuality alliances (McDermott et al., 2023a), or diversity workshops or pride celebrations (McDermott et al., 2023b), in the present study, we will focus on the existence of an inclusive curriculum, anti-discrimination and anti-bullying policies, and the availability of information and support regarding sexual and gender minority issues.

The Importance of LGBTQ+ Inclusive Policies and Practices in Schools

School policies and practices that are inclusive of LGBTQ+ youth include developing a curriculum that is inclusive of sexual and gender diversity, implementing anti-bullying and anti-discrimination policies, and providing access to information and support on sexual and gender identity issues (Day et al., 2019; Hong & Garbarino, 2012; Kull et al., 2016; Russell et al., 2010; Santos, 2020). A school curriculum should be inclusive of all groups in society (Bishop & Atlas, 2015) and as such should include historical events, references to individuals and information about LGBTQ+ identities and communities (Snapp et al., 2015a, 2015b). Such curricula can include sexuality education that includes the sexual health of sexual and gender minoritized identities, discussion of LGBTQ+ issues, and positive representation of LGBTQ+ people (Blake et al., 2001; Snapp et al., 2015a; Toomey et al., 2012). Indeed, studies have found that sexual minority youth who report learning about LGBTQ+ issues at school feel safer, perceive less harassment, miss fewer days of school, and perceive greater peer acceptance (Kosciw et al., 2012; Kosciw et al., 2014; Kosciw et al., 2020; O'Shaughnessy et al., 2004; Snapp et al., 2015a). Anti-discrimination and anti-bullying policies in the school context that specifically mention protections based on sexual orientation and gender identity may also have the potential to improve school climate and the experiences of LGBTQ+ students (Ioverno, 2023; Poteat, 2017; Russell et al., 2010). Finally, providing access to information and support services focused on sexual orientation and gender identity is another strategy aimed at improving the inclusion of LGBTQ+ youth (Russell & Fish, 2016; Russell et al., 2010). O'Shaughnessy and co-workers (2004) found that LGBTQ+ students perceive their schools as safer places when they know where to go for support on these issues within the school context.

The Portuguese Context of LGBTQ+ Equality

In the last two decades, many laws have recognized the rights of LGBTQ+ people in Portugal (Fernandes et al., 2022). These social and political advances have been accompanied by significant changes in schools. For example, in 2009, the first law on sex education was passed that specifically included

sexual orientation and gender identity (Law No. 60/2009, 2009). In 2012, a law on school ethics established an anti-discrimination policy based on sexual orientation and gender identity (Law No. 51/2012, 2012). In 2018, a law advocating for the self-determination of transgender people (Law no. 38/2018, 2018) encouraged schools to develop administrative procedures to protect students' gender identity and expression. Such procedures should specifically include the adoption of students' chosen social name and the use of restrooms according to their self-identified gender (Fernandes et al., 2022).

Nevertheless, data from the 2016/2017 National School Climate Survey (Gato et al., 2020; Pizmony-Levy et al., 2018) show that for many LGBTQ+ students in Portugal, educational institutions are environments of insecurity and discomfort, where insults and negative attitudes are common. Thus, as in many other parts of the world (McDermott et al., 2023b), there appears to be a disconnect in Portugal between enacted national laws and actual practices (Fernandes et al., 2022; Gato et al., 2020; Santos, 2020).

Inclusive School Policies and Practices and Student Well-Being

Previous research has examined differences in students' perceptions of school experiences based on their sexual orientation and gender identity. These school experiences include verbal and physical harassment, bullying, feelings of safety (Crothers et al., 2017; Greytak et al., 2016; Taylor & Peter, 2011), support from school personnel, comfort in reporting bullying to teachers (Crothers et al., 2017), academic achievement and outcomes (Aragon et al., 2014; Pearson et al., 2007), and sense of belonging and connectedness to school (Greytak et al., 2016; Pearson et al., 2007), confirming more negative perceptions and outcomes for LGBTQ+ students. However, research on potential differences in students' perceptions of inclusive school policies and practices between LGBTQ+ students and their cisheterosexual peers is almost nonexistent. However, a study conducted by Crothers et al. (2017) found no differences between cisheterosexual and LGBTQ+ students in their perceptions of school efforts to prevent LGBTQ+-based bullying and whether school staff enforced (or did not enforce) school anti-bullying policies.

Inclusive school policies and practices can be considered an important factor in the well-being of LGBTQ+ students and the development of a positive sexual and gender identity (Kaczowski et al., 2022; Keiser et al., 2019). Based on a program developed in the United States, Blake and collaborators (2001) found that risk behaviors among LGB students were lower among adolescents who attended schools with more gay-sensitive HIV curricula than among those who attended less inclusive institutions. Using a sample of self-identified sexual

and gender minority college students, Keiser et al. (2019) found that perceived inclusion of issues related to sexually minoritized identities in the sex education curriculum was associated with lower levels of depression and anxiety during and after high school. At the same time, perceived exclusion in the curriculum was associated with higher levels of mental health concerns. More recently, Kaczowski et al. (2022) analyzed the associations between LGBTQ+ supportive school practices and psychosocial health outcomes in a US sample. The authors concluded that for LGB students, increases in inclusive policies and practices were associated with lower odds of attempting suicide. However, no significant associations were found between perceptions of LGBTQ-relevant curricula and mental health.

The need to broaden conceptions of mental health, including perspectives on well-being and resilience, when studying the experiences of sexual and gender minority populations has recently been highlighted (Curran & Wexler, 2017; Fernandes et al., 2023). Resilience can be defined as a process of positive adaptation and development in a threatening context (Freitas et al., 2017), buffering the effects of minority stress (Meyer, 2015). Resilience requires the presence of significant risks and overcoming their negative effects, facilitated by protective factors (Fergus & Zimmerman, 2005; Fernandes et al., 2023; Freitas et al., 2017; Vázquez et al., 2023). Such mechanisms may be derived from internal or external resources. While research has provided numerous discussions of mental health concerns among LGBTQ+ youth (Freitas et al., 2016; Meyer, 2003; Russell & Fish, 2016), it is important to note the strength that some of these individuals gather in the face of adversity (Fernandes et al., 2023).

Another important aspect of resilience relates to a positive evaluation of the self. In fact, self-esteem and the integration of sexual and gender minority status into the self-concept are central to overcoming the negative consequences of victimization (Whidden et al., 2020). Contextual protective factors, such as social support and constructive school experiences, can have a positive impact on youth self-esteem. In a recent study that examined the relationship between LGBTQ+ policies and resources on campus and the mental health of LGB college students (Woodford et al., 2018), the authors found that the presence of for-credit LGBTQ+ courses was associated with higher levels of self-esteem.

The Present Study

The present study focuses on perceptions of LGBTQ+ inclusive policies and practices and their association with mental health and well-being in a sample of Portuguese high school students. First, considering previous research (e.g., Aragon et al., 2014; Crothers et al., 2017; Greytak et al., 2016; Pearson et al., 2007; Taylor & Peter, 2011), we aimed

to assess differences in perceptions of LGBTQ+ inclusive policies and practices between LGBTQ+ students and their cisheterosexual peers. We expected that LGBTQ+ students would report more negative perceptions of LGBTQ+ inclusive school policies and practices relative to their cisheterosexual peers (Hypothesis 1).

Second, considering minority stress theory (Meyer, 2003, 2015) and literature on the importance of inclusive curriculum as a protective factor for student well-being (e.g., Blake et al., 2001; Snapp et al., 2015b), we examined differences in indicators of mental health and well-being, such as depression, self-esteem, and resilience, among LGBTQ+ students as a function of their perceptions of the presence of an inclusive curriculum on LGBTQ+ issues. We hypothesized that LGBTQ+ students who perceived the absence of an inclusive curriculum would be more likely to report higher levels of depression and lower levels of self-esteem and resilience than their LGBTQ+ peers who perceived an inclusive curriculum (Hypothesis 2).

Method

Participants

As part of a larger research project, the original database contained a total of 1,604 individuals. For the present study, we excluded participants who did not (i) consent to participate ($n=44$), (ii) respond negatively to a trap question ($n=25$), and (iii) respond to instruments and items required to measure the variables of interest ($n=546$). The final sample yielded a total of 989 participants, of whom 482 identified as LGBTQ+ (49%) and the remaining 502 identified as cisheterosexual (51%). Participants ranged in age from 14 to 19 years ($M=16.2$; $SD=1.30$). As can be seen in Table 1, in terms of participants' sex assigned at birth, gender identity, and sexual orientation, most respondents were female, cis-gender female, and heterosexual, respectively. The majority of participants attended secondary school between the 10th and 12th grades and were born in Portugal. Religious values were of neutral importance to the participants, and their socioeconomic status was average ($M=4.95$; $SD=1.76$).

Procedure

The present study was conducted with data collected as part of the FREE—Fostering the Right to Education in Europe project, a cross-national study that aims to explore European schools' responses to issues of sexual and gender identity among young people. The data collected for the FREE project resulted from a questionnaire available online between September 2020 and July 2021, the duration of one school year. Informed consent was presented on the first page. Individuals were informed that their

Table 1 Sociodemographic characteristics of the participants ($N=989$)

	<i>n</i>	%
Sex assigned at birth		
Male	238	24.1%
Female	751	75.9%
Gender identity		
Cisgender woman	650	65.7%
Cisgender man	227	23%
Transgender woman/MFT	4	0.4%
Transgender man/FTM	17	1.7%
Non-binary/gender queer	43	4.3%
Intersex	4	0.4%
Questioning/not sure	33	3.3%
Other	11	1.1%
Sexual orientation		
Heterosexual	521	52.9%
Lesbian or gay	88	8.9%
Bisexual	162	16.4%
Queer	27	2.7%
Questioning/not sure	81	8.2%
Asexual	16	1.6%
Pansexual	60	6.1%
Other	29	2.9%
Grade		
7th grade	1	0.1%
8th grade	12	1.2%
9th grade	109	11.1%
10th grade	254	25.8%
11th grade	258	26.2%
12th grade	349	35.5%
Country of birth		
Portugal	940	95.1%
Other	48	4.9%

participation was voluntary, that they could stop at any time, and that the questionnaire included some potentially distressing questions about feelings, negative events, social support, substance use, self-harm behaviors, and victimization. At the end of the questionnaire, participants were given a list of support services related to COVID-19 and suicide hotlines in case they needed support. All questions took approximately 20 to 30 min to complete. This study was approved by the ethics committee of the Faculty of Psychology and Education Sciences of the University of Porto. Adolescents under the age of 18 were able to participate without parental consent to protect their sexual orientation or gender identity—a waiver was obtained from the ethics committee for the participation of adolescents between the ages of 16 and 18.

Measures

Sociodemographic Characteristics

Sociodemographic questions included information about participants' sex assigned at birth, gender identity, sexual orientation, school grade, and country of origin. The Family Affluence Scale II (FAS II; Boudreau & Poulin, 2009) was used to assess socioeconomic status. A total score was calculated, with scores ranging from 0 to 9. The instrument is scored in categories ranging from low affluence (0–2), medium affluence (3–5), and high affluence (6–9).

Sexual and Gender Identity

Questions developed by The GenIUSS Group (2014) were used to assess participants' sexual and gender identity. A two-step approach was used to assess participants' gender identity. Youth were asked to identify the sex they were assigned at birth (male/female) and the term that best expressed their current gender identity (man, woman, queer, transgender woman, transgender man, intersex, questioning, or other). Because some transgender participants may identify their gender as male or female (as opposed to transgender), a single measure would be insufficient to capture all transgender respondents (Tate et al., 2013). For this reason, including a measure of sex assigned at birth may be useful to capture a larger number of transgender youth (The GenIUSS Group, 2014). In addition, the term intersex can be understood as a medical condition assigned at or after birth, or as an identity label. However, because the term “intersex” is not allowed on birth certificate forms, it was not included in the question about sex assigned at birth. Instead, it was included in the gender identity measure. Respondents were also asked to identify the term that best described their current sexual orientation (heterosexual, gay/lesbian, bisexual, queer, questioning/I'm not sure, pansexual, asexual, or other). For data analysis purposes, participants who identified as cisgender and heterosexual were combined into the same group, referred to as “cisheterosexual”; the remaining respondents were included in the “LGBTQ+” group.

LGBTQ+ Inclusive Policies and Practices

To determine whether schools have inclusive policies and/or practices, this section of the questionnaire included several questions. Participants were asked about their knowledge of three main topics: (1) three questions about school policies regarding bullying, harassment, or aggression, and the inclusion of (i) sexual orientation and (ii) gender identity and expression in such policies (0=no/don't know; 1=yes); (2) inclusive curriculum—two questions about the discussion of LGBTQ+ issues in the classroom regarding (i) transgender

people or related issues and (ii) LGB people or related issues, both measured on a Likert scale ranging from 1 (*never*) to 6 (*more than once a week*); two questions about the way the respective topics were discussed, concerning (i) transgender people or related issues and (ii) LGB people or related issues, where in both questions the items “mostly negative” and “neutral/equally positive and negative” were aggregated (0 = *mostly negative/neutral/equal parts positive and negative*; 1 = *mostly positive*); two related questions about learning in school about acceptance of LGBTQ+ people and gender identity: “Have you ever learned anything at school about anti-LGBTQ+ bullying and/or acceptance of LGBTQ+ students?” (0 = *no*; 1 = *yes*); “Have issues related to gender identity been included?” (0 = *no*; 1 = *yes*); inclusion of different sexual orientations in sex education classes (0 = *no*; 1 = *yes*); (3) information and support in school regarding sexual orientation and gender identity (0 = *no/I don't know where to go*; 1 = *I know where to go*).

Depression

The Patient Health Questionnaire 2-item (PHQ-2) depression screener (Richardson et al., 2010), one of the most widely used standard brief screening instruments for depression, was administered. The PHQ-2 is the short form of a 9-item scale that uses DSM-IV criteria to assess mental health and assesses core depressive symptoms. Respondents are asked to indicate how often they have experienced depressive symptoms in the past two weeks, indicating the frequency of (1) depressed mood and/or (2) lack of pleasure in usual activities, using a 4-point Likert scale ranging from 0 (*not at all*) to 3 (*almost every day*). The resulting scores are then summed to produce a total score that can range from 0 to 6. A cut-off point of ≥ 3 , defined for the statistical purposes of the present study (risk for depression), has been established in research (Richardson et al., 2010) as having the highest sensitivity and specificity for detecting possible cases of major depression in adolescent participants. Good internal consistency was found for this scale ($\alpha = 0.82$).

Self-esteem

We used a four-item version of the Rosenberg Self-Esteem Inventory (RSES; Rosenberg, 1965; Santos & Maia, 2003) to assess the extent to which respondents feel about their self-attitudes, resulting in a measure of global self-esteem (e.g., “I have a positive attitude toward myself”). The four items are scored on a 4-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). Two of the items used are positively worded, while the rest are negatively worded. Taking this into account, the negatively worded items were reverse coded and an average score was calculated, with higher scores indicating higher levels of self-esteem. The RSES showed good internal consistency in the present study ($\alpha = 0.88$).

Resilience

The Brief Resilience Scale (BRS; Smith et al., 2008) was used to measure this variable. This scale consists of six items designed to assess the ability to bounce back or recover from stress. Respondents are asked to indicate their level of agreement with the statements presented using a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). Higher scores indicate higher levels of resilience. The BRS showed good internal consistency in the present study ($\alpha = 0.86$).

Data Analysis

First, descriptive statistics were used to examine the distribution of scores for all continuous variables as well as categorical variables, namely, those related to an inclusive curriculum and inclusive policies. Chi-square and Mann–Whitney tests were used to (1) explore differences between LGBTQ+ and cisheterosexual participants in their perceptions of LGBTQ+ inclusive policies and practices and (2) identify differences in mental health and well-being outcomes among LGBTQ+ participants as a function of their perceptions of the existence of an inclusive curriculum. Phi coefficients and r values were used to measure effect sizes.

Results

Before conducting our analyses, we checked for outliers, and since no severe cases were identified, no participants were excluded. The results of the Kolmogorov–Smirnov test indicated a violation of the normality assumption of the distribution of all scores. However, the skewness and kurtosis values were within the normal range (Table 2).

As can be seen in Table 3, significant associations were found only between participants' sexual and gender identity status and perceptions of (i) sex education classes being inclusive of different sexual orientations and (ii) school learning experiences about LGBTQ+ acceptance or anti-LGBTQ+ bullying. LGBTQ+ participants were less likely to perceive that sex education was inclusive of different sexual orientations and that they had learned about LGBTQ+ acceptance. Overall, Hypothesis 1 was partially supported.

Next, we examined differences in mental health and well-being outcomes as a function of LGBTQ+ students' positive and negative perceptions of the presence of an inclusive LGBTQ+ curriculum (sexual orientation-inclusive sex education and school learning about acceptance of LGBTQ+ students or anti-LGBTQ+ bullying).

As can be seen in Table 4, statistically significant differences were observed in depression, with participants who

Table 2 Descriptive statistics for mental health and well-being variables

	<i>N</i>	<i>M</i>	<i>SD</i>	Min	Max	<i>Sk</i>	<i>Ku</i>	<i>KS</i>
Resilience	985	2.70	0.90	1	5	0.30	−0.28	<0.001
Self-esteem	984	2.40	0.80	1	4	0.19	−0.59	<0.001
Depression	986	2.90	2.00	0	6	0.23	−1.17	<0.001

Table 3 Differences in perceptions of LGBTQ+ inclusive policies and practices between LGBTQ+ and cisheterosexual participants

LGBTQ+ inclusive policies and practices	LGBTQ+		Cisheterosexual		χ^2 (1)	<i>phi</i>
	<i>n</i>	%	<i>n</i>	%		
School policy—gender identity and expression					3.13	0.11
Yes	30	20.4%	45	30%		
No/don't know	117	79.6%	105	70%		
School policy—sexual orientation					0.04	0.02
Yes	28	19%	31	20.7%		
No/don't know	119	81%	119	79.3%		
School information and support—SOGI					0.45	0.02
No/I don't know where to go	145	30.2%	162	32.4%		
I know where to go	335	69.8%	338	67.6%		
Sex education—inclusive of different sexual orientations					26.71***	0.21
Yes	87	31.6%	174	52.9%		
No	188	68.4%	155	47.1%		
School learning experiences—acceptance of LGBTQ+ /anti-LGBTQ+ bullying					41.63***	0.21
Yes	141	29.3%	248	49.6%		
No	341	70.7%	252	50.4%		
School learning—gender identity					0.77	0.05
Yes	99	70.2%	182	74.9%		
No	42	29.8%	61	25.1%		
How topics are discussed in class—transgender people					0.29	−0.03
Mostly negative, neutral/equally positive and negative	105	52.%	115	48.9%		
Mostly positive	97	48%	120	51.1%		
How topics are discussed in class—lesbian, gay, or bisexual people					0.16	−0.02
Mostly negative, neutral/equally positive and negative	134	47.5%	132	45.5%		
Mostly positive	148	52.5%	158	54.5%		
LGBTQ+ inclusive policies and practices	LGBTQ+		Cisheterosexual		<i>U</i>	<i>r</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Topics discussed in class—transgender people	1.75	1.07	1.83	1.09	114,632	−0.04
Topics discussed in class—lesbian, gay, or bisexual people	2.11	1.24	2.03	1.14	117,682.50	−0.02

* $p < 0.05$; *** $p < 0.001$

did not perceive sex education classes as inclusive being more likely to be depressed than their peers who perceived these classes as inclusive. Statistically significant differences were also observed in levels of resilience, with participants who had learned about acceptance of LGBTQ+ identities in school having higher levels of resilience than their peers who had not learned about these aspects. Finally, those who perceived that sex education classes were inclusive of different sexual orientations reported higher levels of self-esteem than their peers. Overall, Hypothesis 2 was partially supported.

Discussion

The present work sought to examine possible differences in youth perceptions of LGBTQ+ inclusive policies and practices in schools between LGBTQ+ students and their cisheterosexual peers, and to explore differences in LGBTQ+ students' well-being as a function of their perceptions of the existence of an LGBTQ+ inclusive school curriculum. Although our first hypothesis was not fully supported, LGBTQ+ students reported more negative

Table 4 Differences in mental health and well-being outcomes of LGBTQ+ students as a function of positive and negative perceptions of LGBTQ+ inclusive policies and practices

	Depression		Risk for depression		$\chi^2 (1)$	phi
	Not depressed					
	<i>n</i>	%	<i>n</i>	%		
Sex education— inclusive of different sexual orientations					6.94**	0.17
Yes	49	56.3%	38	43.7%		
No	72	38.5%	115	61.5%		
School learning experiences— acceptance of LGBTQ+/anti- LGBTQ+ bul- lying					0.01	0.01
Yes	56	40%	84	60%		
No	133	39.1%	207	60.9%		
	Resilience		<i>U</i>		<i>z</i>	<i>r</i>
	<i>M</i>	<i>SD</i>				
Sex education— inclusive of different sexual orientations			7310		− 1.21	− 0.07
Yes (<i>n</i> = 86)	2.63	0.84				
No (<i>n</i> = 187)	2.53	0.81				
School learning experiences— acceptance of LGBTQ+/anti- LGBTQ+ bul- lying			20,679.50*		− 2.15	− 0.10
Yes (<i>n</i> = 139)	2.64	0.88				
No (<i>n</i> = 340)	2.45	0.80				
LGBTQ+ inclusive curriculum	Self-esteem		<i>U</i>		<i>z</i>	<i>r</i>
	<i>M</i>	<i>SD</i>				
Sex education— inclusive of different sexual orientations			6680.50*		− 2.45	− 0.03
Yes (<i>n</i> = 87)	2.42	0.83				
No (<i>n</i> = 188)	2.17	0.74				
School learning experiences— acceptance of LGBTQ+/anti- LGBTQ+ bul- lying			21,835.50		− 1.45	− 0.07
Yes (<i>n</i> = 141)	2.30	0.78				
No (<i>n</i> = 338)	2.19	0.74				

For clarity purposes, we used mean scores and standard deviations when reporting the results of the Mann–Whitney test

* $p < 0.05$; ** $p < 0.01$

perceptions than their cisheterosexual peers about the inclusion of different sexual orientations in sex education and school learning about acceptance of LGBTQ+ students or anti-LGBTQ+ bullying. Similarly, regarding our second hypothesis, LGBTQ+ students who perceived the school curriculum as not inclusive of LGBTQ+ issues were more likely to be at risk for depression and to have lower levels of resilience and self-esteem.

When exploring differences in perceptions of inclusive curriculum between LGBTQ+ and cisheterosexual teachers, Meyer (2015) found that the former were more engaged and sensitive to social justice, human rights, and the inclusion of sexual and gender minority identity issues in the classroom due to their own minoritized identities and experiences. Thus, it can be suggested that similar conclusions would apply to the present study. Given that LGBTQ+ students were asked about the inclusion of sexual and gender minoritized identity topics in the curriculum in relation to their own personal experiences and the known invisibility of these discussions (Pizmony-Levy et al., 2018; Santos et al., 2018), their perceptions were more negative than those of their cisheterosexual peers.

Additionally, it is important to note that no associations were found between participants' sexual and gender identities and their perceptions of school policies that mention sexual orientation and gender identity. Similarly, in a study conducted by Crothers et al. (2017) that focused on LGBTQ+ students, their heterosexual peers, and teachers' perceptions of bullying, the authors found no differences in perceptions between LGBTQ+ youth and their heterosexual allies regarding schools' efforts to prevent bullying and whether school staff enforced school anti-bullying policies.

Although, to the best of our knowledge, previous studies have not addressed differences in perceptions between LGBTQ+ and cisheterosexual students regarding inclusive policies and practices, our findings appear to be consistent with research that has examined related variables. In fact, studies have shown that LGBTQ+ youth have more negative perceptions of their school experiences, namely their sense of belonging and connectedness to school (Greytak et al., 2016; Pearson et al., 2007), feelings of safety (Greytak et al., 2016; Taylor & Peter, 2011), support from school staff (Crothers et al., 2017), and academic performance and outcomes (Aragon et al., 2014; Pearson et al., 2007), compared to their cisheterosexual peers.

Hypothesis 2 was not fully supported, as no significant differences in the well-being of LGBTQ+ students were observed as a function of their perceptions of the existence of an inclusive curriculum. Nevertheless, consistent with our predictions and similar to the findings of Keiser et al. (2019), LGBTQ+ participants who reported that sex education classes were not inclusive of different sexual orientations

were more likely to be at risk for depression than their peers who responded positively to this question.

Additionally, LGBTQ+ students who reported learning about acceptance of LGBTQ+ people or anti-LGBTQ+ bullying were more likely to report higher levels of resilience than their peers; again, consistent with previous research (Woodford et al., 2018), LGBTQ+ participants who perceived inclusion of different sexual orientations in sex education classes were more likely to report higher self-esteem. These findings may further support the understanding of an inclusive curriculum as a protective factor for the mental health and well-being of sexual and gender minoritized students. In fact, our findings appear to be consistent with previous research showing the positive influence of an inclusive curriculum on students' experiences, such as greater perceived acceptance from peers, feelings of safety, hearing fewer homophobic remarks, and experiencing less victimization and bullying (Fernandes et al., 2023; Kosciw et al., 2014; Kosciw et al., 2020; O'Shaughnessy et al., 2004; Snapp et al., 2015a; Snapp et al., 2015b). Furthermore, our findings are consistent with previous research showing that LGBTQ+ students who perceive a lack of an inclusive curriculum are less likely to report that their peers are accepting of LGBTQ+ people (Kosciw et al., 2020). Minority stress theory (Meyer, 2003, 2015) may also provide an explanation for why LGBTQ+ students who perceive a lack of inclusion in the curriculum are more likely to report negative well-being outcomes.

Limitations and Future Directions

Despite its innovative nature, the present study has several limitations that should be considered when interpreting the results. First, we relied on self-report measures, which may introduce bias. In addition, such bias can also be considered with regard to the use of single-item measures to assess perceived inclusivity and exclusivity of policies and practices. Future research could focus on developing and validating appropriate scale measures of LGBTQ+ inclusive policies and practices, particularly in the context of an inclusive curriculum. Second, our findings were modest given the small effect sizes of the differences examined. Third, there are other aspects of LGBTQ+ student inclusivity in the school context that impact mental health and well-being that were not measured in our study and should be considered in future studies, such as peer and teacher support, the existence of gender and sexuality alliances, among others (McDermott et al., 2023a). Fourth, given the correlational nature of the study, we cannot establish cause-effect relationships in our findings. More complex models should be tested in the future. For example, moderation analyses can be conducted to examine the buffering role of protective factors (such as resilience and perceptions of an inclusive curriculum) on

the relationship between stigma and mental health (Meyer, 2003, 2015). Additionally, due to the small percentage of transgender and non-binary youth in our sample, we were unable to investigate the specific role of gender identity. Finally, given the lack of research on potential differences in perceptions between LGBTQ+ students and cisheterosexual youth regarding inclusive policies and practices, our conclusions must be interpreted with caution. In fact, there is ample room to explore differences in these types of perceptions and their nature. From an ecological perspective (Bronfenbrenner, 1997), we must consider that LGBTQ+ inclusive policies and practices are part of a larger system. For example, it would be interesting to explore differences in perceptions with regard to different national regions or different subgroups of LGBTQ+ participants in order to better understand the experiences of LGBTQ+ students in Portuguese schools.

Policy Implications

It is important to bring LGBTQ+ issues into the school context, promoting a more inclusive curriculum that ultimately improves the well-being of sexual and gender minoritized students. Such initiatives can be implemented not only in the classroom but also through lectures and awareness-raising activities (Pizmony-Levy et al., 2018) that benefit both LGBTQ+ and cisheterosexual youth (Santos, 2020). In addition, promoting training and awareness-raising for teachers and other school staff to ensure that educators are competent and knowledgeable about sexual and gender diversity is also critical to developing a more inclusive education (Fernandes et al., 2022; Plöderl et al., 2010).

Conclusion

The results of this study provide new insights into the invisibility of sexual and gender minoritized identities in school and the negative consequences of a cis-heteronormative curriculum on the well-being of LGBTQ+ students. Students with minoritized sexual and gender identities do not perceive that these issues are discussed in the classroom, which is associated with poorer mental health and well-being. Taken together, these findings suggest the importance of concrete policies and practices that improve school climate for LGBTQ+ students.

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Data Availability The datasets for this article are not publicly available to protect the participants' confidentiality.

Declarations

Conflict of Interest The authors declare no competing interests.

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