



JUNE 2025

SPOTLIGHT RESEARCH BRIEF:

**Exclusionary school discipline and student
health and wellbeing**

UC Law SAN FRANCISCO
CENTER FOR RACIAL AND
ECONOMIC JUSTICE

Exclusionary school discipline and student health and wellbeing: A spotlight research brief

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1. AT A GLANCE.

Education is well-accepted as a key social determinant of health that can positively or negatively impact a person's short- and long-term wellbeing. Commonly referred to as the health-education gradient in the literature, research indicates that increased education access, opportunities, and success serve as strong predictors for positive social, psychological, and physical health, health literacy, and higher levels of income and financial resources. Critical to promoting positive educational and wellbeing outcomes for children and adolescents is limiting their early life exposure to health-harming practices and policies in schools. This brief summarizes new multidisciplinary research evidencing the negative effects of exclusionary school discipline on student health and wellbeing, including depression, anxiety, stress, persistent feelings of hopeless and sadness, school absence, suicidal ideation, drug use, and poor midlife health. It is intended as a resource to support education policymakers, K – 12 school leaders and administrators, teachers, and school-based health professionals in making evidence-based decisions about practices and policies that positively shape the educational and health futures of students across the country.

2. WHY EDUCATION PRACTICES AND POLICIES MATTER TO HEALTH.

As a fundamental social determinant of health, numerous studies have evidenced the importance of the health-education gradient¹—how education and schools play a central role in children and adolescents' lifelong health and wellbeing—when developing effective whole-child education policies, practices, and interventions. From research examining education as health-affirming² (e.g., increased life expectancy for high school graduates) to evidence of a health-harming³ relationship (e.g., higher rates of disease and premature mortality) understanding the connections between education and health is central to supporting teachers, promoting inclusive classrooms, addressing student behavior, and ensuring educational access and attainment.

High school graduation increases a person's average lifespan by 6 to 9 years.⁴

Additionally, since schools are vital to the promotion of critical protective health factors⁵, research identifying the relationship between health and education promotes strategic

Exclusionary school discipline and student health and wellbeing: A spotlight research brief

investments in increasing school connectedness⁶, promoting peer connectedness⁷, and developing positive school climates.⁸ Protective health factors serve both educational and health goals by buffering children and adolescents against individual- and community-level factors by which health disparities emerge and persist. For example, school connectedness reduces harmful health outcomes often associated with traumatic symptoms, including emotional distress, suicidal ideation and behavior, substance use, weapon-related violence, and early sexual activity.⁹

School protective health factors promote healthy development and reduce risks of health-harming behaviors in childhood, adolescence, and young adulthood.¹⁰

Despite more than two decades of multidisciplinary research demonstrating the harmful immediate and downstream effects of exclusionary school discipline—including school pushout and dropout¹¹, increased juvenile and adult criminal system involvement¹², and truancy¹³—the use of suspensions and expulsions has persisted¹⁴ in K – 12 schools across the country. Not only has exclusionary school discipline been found to limit exposed student’s overall school performance through lost learning time, absenteeism, and academic disengagement¹⁵, it also increases their risk of future classroom disruptions and peer exclusion.¹⁶

U.S. Department of Education data released in 2025 shows that preschool children with disabilities served under IDEA represented 23% of preschool enrollment, but 41% of preschool children who received one or more out-of-school suspensions and 74% of preschool children who were expelled.¹⁷

Analysis of district¹⁸, state¹⁹, and national²⁰ school discipline data affirms disparate exposure rates by student populations, with the highest prevalence among students who experience adverse experiences, Black, Latina/o/x and American Indian/Alaska Native students, students with disabilities, multilingual learners, LGBTQ+ students, and low socioeconomic status students. Such disparities in exposure can compound existing health disparities²¹ and further undermine children’s academic success and achievement. Additionally, the pandemic compounded the existing student mental health crisis²² leaving students even at greater risk for exclusion for behaviors rooted in stress, anxiety, and depression.

Exclusionary school discipline and student health and wellbeing: A spotlight research brief

The pandemic affected the mental health of everyone involved in schooling and shaped not only student behavior but also the perception and response to misbehavior.²³

3. EXCLUSIONARY SCHOOL DISCIPLINE AND STUDENT HEALTH AND WELLBEING: WHAT DOES CURRENT RESEARCH SHOW?

This brief highlights new multidisciplinary research evidencing previously underexamined health-harming effects of early exposure to exclusionary school discipline including depression, anxiety, stress, persistent feelings of hopeless and sadness, school absence, suicidal ideation, drug use, and poor midlife health. In affirming and extending the existing evidence base, these studies expose the importance of aligning education law and policy with health-affirming practices that promote positive student mental, behavioral and physical health. Additionally, this research increases contemporary understandings of how early life exposure to exclusionary school discipline may diminish core educational learning objectives, undermine investments in multi-tiered systems of support and non-punitive evidence-based interventions, and fail to promote school safety—all of which substantially harms children and adolescent’s social, emotional, and academic development and success.

*In 2022, population and public researchers conducted a systematic review of quantitative studies of punitive school discipline in health and social science literature from 1990 – 2020. The review consolidated existing health-education gradient research specific to school discipline with a primary takeaway—exposure in childhood is harmful and adversely impacts the health of students. The literature linked punitive school discipline to multiple short- and long-term negative health outcomes, including persistent depressive symptoms, antisocial behavior, toxic stress, physiologic dysregulation, premature biological aging, substance abuse, and death by suicide. The review concluded with the finding that the research supports “**demands to move away from punitive school discipline towards health-affirming interventions to promote school connectedness, safety, and wellbeing.**”²⁴*

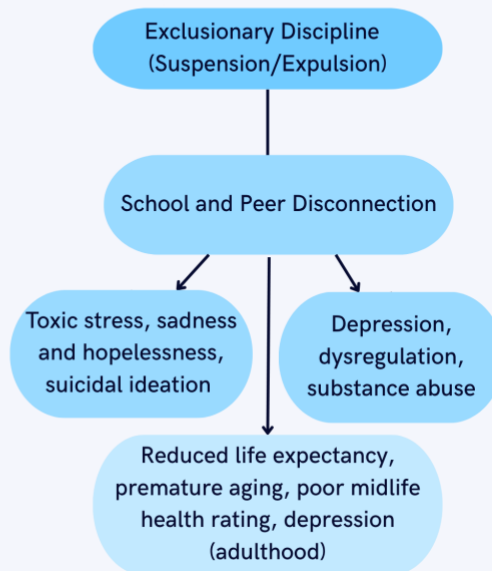
Exclusionary school discipline and student health and wellbeing: A spotlight research brief

Exclusionary Discipline and Health

KEY TAKEAWAYS

- Exposure to exclusionary discipline is associated with immediate negative mental and physical health outcomes.
- Exposure to exclusionary discipline is associated with long-term negative mental and physical health outcomes.
- Exclusionary discipline diminishes protective health factors in childhood and adolescence.
- Supportive, trauma-informed, non-exclusionary disciplinary approaches are critical to support children's health and wellbeing.

HOW EXCLUSIONARY DISCIPLINE IMPACTS HEALTH



RESEARCH SUMMARIES

Longitudinal Relationships Among Exclusionary School Discipline, Adolescent Substance Use, and Adult Arrest: Public Health Implications of the School-to-Prison Pipeline, 2023²⁵

- **Study:** analysis of three waves of the National Longitudinal Study of Adolescent to Adult Health data (80 schools; approximately 20,000 students).
- **Population:** 7 – 12 grade students and adults aged 24 – 32.
- **Findings:** reciprocal relationship exists between adolescent substance use and exclusionary school discipline—students exposed to school discipline had 1.59 times greater odds of reporting subsequent substance abuse. Adolescent substance use and exclusionary school discipline are associated with increased odds of adult arrest and criminal legal system exposure (between 2.46 and 3.60 times).
- **Conclusion:** exclusionary school discipline may be developmentally inappropriate and harm adolescent health.
- **Recommendation:** the school-to-prison pipeline is a critical target for investments in public health prevention and intervention.

Exclusionary school discipline and student health and wellbeing: A spotlight research brief

Report of Unfair Discipline at School and Associations with Health Risk Behaviors and Experiences — Youth Risk Behavior Survey, United States, 2023²⁶

- *Study:* analysis of 2023 Youth Risk Behavior Surveillance data.
- *Population:* 9 – 12 grade students (20,103 students).
- *Findings:* for all metrics analyzed, an association between unfair discipline and higher prevalence of every health risk behavior and experience exists—e.g., being bullied or skipping school due to feeling unsafe; poor mental health and persistent feelings of sadness and hopelessness; suicidal thoughts and behaviors, and prescription opioid misuse. More than 50% of participants reported persistent feelings of sadness or hopelessness, approximately one fourth to one third seriously considered attempting suicide, and more than one in ten students attempted suicide.
- *Conclusion:* unfair discipline is associated with health risk behaviors and experiences with disproportionality in population based on race, gender, and sexual identity.
- *Recommendation:* educators should reassess disciplinary practices and develop interventions that equitably promote safe, supportive, and inclusive environments for children and adolescents' health and wellbeing.

The Long Arm of School Punishment: The Role of School Suspension on Self-Rated Health from Adolescence to Midlife, 2024²⁷

- *Study:* analysis of five waves of National Longitudinal Study of Adolescent to Adult Health (132 schools; more than 20,000 students).
- *Population:* 7 – 12 grade students.
- *Findings:* exposure to exclusionary discipline played a significant role during critical developmental period—those suspended from school reported significantly poorer self-rated health in adolescence than their non-suspended peers. Negative health gap persisted over time, with suspended youth showing a more rapid increase in reports of fair or poor health into midlife.
- *Conclusion:* exposure to suspension from school has immediate and long-term health repercussions for adolescents.
- *Recommendation:* future studies are essential understand the school suspension-health relationship.

Exclusionary school discipline and student health and wellbeing: A spotlight research brief

The Long-term Consequences of School Suspension and Expulsion on Depressive Symptoms, 2024²⁸

- *Study:* analysis of four waves of National Longitudinal Study of Adolescent to Adult Health (132 schools; more than 20,000 students).
- *Population:* 7 – 12 grade students
- *Findings:* exclusionary discipline acts as a chronic developmental stressor— school suspension and expulsion were linked to higher depressive symptoms in adolescence compared to peers with no disciplinary history. Exclusionary discipline creates mental health risks that intensify with age.
- *Conclusion:* school suspension and expulsion are early life stressors that shape depressive symptoms from adolescence to adulthood. Findings complement and extend the substantial body of literature highlighting the role of adverse childhood experiences (ACEs) on mental health.
- *Recommendation:* educational systems should reevaluate reliance on punitive measures that contribute to negative mental health and exclusionary discipline should be addressed as a significant public health issue with targeted policy reforms aimed at ensuring equity in school disciplinary practices.

Exclusionary school discipline and student health and wellbeing: A spotlight research brief

4. Key terms and definitions.

The following terms and concepts are used in this brief. These definitions are presented to clarify meaning and content presented.

Social determinants of health: the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems that shape the conditions of daily life. The social determinants of health are defined in five key domains—economic stability, education, social and community context, health and health care, and neighborhood and built environment.

Health-education gradient: the causal effect of education on health and health-related behaviors.

School discipline: the rules and strategies applied in schools to address student behavior. School discipline is governed by national and state law and local district and school policies.

Exclusionary school discipline: the removal of a student from their usual educational setting, either temporarily or permanently most commonly through suspensions and expulsions.

Discipline disparities: when students who belong to a given group are disciplined at a higher rate than students who are not a member of that group.

Childhood adversity: traumatic experiences that can have a profound effect on a child's developing brain and body with lasting impacts on a person's health throughout their lifespan.

Protective health factors in schools: individual or environmental characteristics or conditions that promote the health and emotional wellbeing of children and adolescents.

Toxic stress: occurs when there is excessive or prolonged activation of stress response systems in the brain and body.

Behavioral health: a state of mental, emotional, and social wellbeing or behaviors and actions that affect wellness.

Mental health: a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Exclusionary school discipline and student health and wellbeing: A spotlight research brief

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About the Center for Racial and Economic Justice at UC Law SF: The Center for Racial and Economic Justice (CREJ) works to advance equity and justice through legal education, research and scholarship, and academic-community partnerships and collaborations. To learn more about CREJ visit: <https://www.uclawsf.edu/academics/centers/center-racial-economic-justice/>.

Endnotes

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Exclusionary school discipline and student health and wellbeing: A spotlight research brief

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