

FIVE THINGS | to Know about LGBTQ Youth

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Adolescence is a time of significant physical and social-emotional development for youth. For a variety of biological and social reasons, [it is also the time when](#) many lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) youth [begin to self-identify](#) as such. In the U.S., approximately [3.5 percent](#) of the adult population identify as LGBT,* a number assumed to apply to youth (and in a recent Gallup poll, young adults were [three times as likely](#) as seniors to identify as LGBT). Despite these numbers, good data and research on outcomes for LGBTQ populations are relatively new and in short supply. Even less is known about the needs of LGBTQ youth in particular. Below are five things we do know about LGBTQ youth.



But first, some terminology basics: *gender identity* refers to a person's sense of being male (a man or boy), female (a woman or girl), or other gender (e.g., transgender, bigender, or gender queer - a rejection of the traditional binary classification of gender). *Gender minorities* are individuals who identify as a gender incongruent with their biological sex. *Sexual orientation* refers to an enduring pattern of or disposition to experience sexual or romantic desires for, and relationships with, people of the other sex (heterosexual), one's same sex (homosexual), or both sexes (bisexual). *Sexual minorities* include individuals who identify as something other than heterosexual. Collectively, the moniker LGBTQ is used to describe individuals who comprise these groups (sexual and gender minorities). However, it is important to recognize that these groups are not homogenous.

1

LGBTQ youth benefit from supportive family and friends.

Support from family and friends promotes the healthy development of all youth, regardless of sexual orientation or gender identity. For LGBTQ youth and other young people who may feel marginalized, rejected, or threatened, this support may be critical to their safety and well-being. A [recent survey](#) by the Human Rights Campaign of 10,000 self-identified LGBT youth found that nine in ten youth are "out" to close friends and almost six in ten are out to their immediate family. Family

acceptance has been found to have a positive association with [self-esteem and general health](#). For sexual minority youth, family and friend support also [promotes mental health and well-being](#) and [protects against psychological distress](#) and [depression](#). [Family support](#) protects against thoughts of and attempts of suicide, substance abuse, and STDs for [sexual minority youth](#). Peer support has a strong impact across all ages, while [family support may have the strongest impact among younger youth](#). Additionally, when parents were asked about their experience [parenting an LGBTQ child](#), some reported experiencing personal growth and closer relationships, among other positive outcomes.



Support at school benefits all youth.

[Positive school climate](#) and [school connectedness](#) have an important role in promoting LGBTQ teens' well-being, as they do for other youth. A national survey of LGBTQ youth suggests that [gay-straight alliances \(GSAs\)](#), LGBTQ-inclusive curriculum, supportive staff, and comprehensive anti-bullying policies can [promote positive school climates for LGBT youth](#). LGBTQ youth in schools with [these supports](#) were more likely to feel connected to their schools and were less likely to feel unsafe, among other positive outcomes. Positive school climates significantly [reduce suicidal ideation](#) among sexual minority youth, and research suggests that the mere presence of a GSA has strong links with the [well-being of LGBT youth](#) when they enter early adulthood. In fact, the presence of a GSA is associated with [positive health outcomes](#) for all students, LGBTQ and otherwise. Having [bullying prevention policies](#) that are inclusive of sexual orientation has also been associated with reduced prevalence of suicide attempts among sexual minority youth.



Without a supportive network, adolescence can be difficult for these youth.

LGBTQ youth are at greater risk of having any of a host of negative outcomes. Many LGBT teens are verbally and physically [harassed in school](#) (for LGBTQ youth of color, the proportion is even [higher](#)), even to the point that they do not want to attend class. [Transgender students](#) often face the most hostility at school, compared to sexual minority youth. Sexual minority teens are at increased risk of [depression](#), [suicide](#), and [substance use](#). Available research indicates that lesbian and bisexual teen girls may become [pregnant](#) at [higher rates than their straight or questioning peers](#). Additionally, a disproportionate number of LGBT youth are [homeless](#). While worrisome on their own, these various risk factors are also associated with school dropout and decreased [academic achievement](#).



Data collection about LGBTQ youth is getting better.

To help us better understand the strengths, needs, and outcomes of LGBTQ youth, government, researchers, and experts in the field have made major strides in improving and standardizing data collection methods for LGBT communities. [Healthy People 2020](#), a federal, 10-year agenda to improve health outcomes nationwide, has included as one of its [objectives](#) to "improve the health, safety, and well-being of lesbian, gay, bisexual, and transgender... individuals." In 2013, as part of the efforts made by the U.S. [Department of](#)

[Health and Human Services](#) to improve health outcomes of LGBTQ people, the [National Health Interview Survey](#) included questions about sexual orientation and gender identity. Many independent researchers have been working on such data collection for years (e.g., [Williams Institute](#) at the University of California, Los Angeles, the [Center for Population Research in LGBT Health](#) at the Fenway Institute, and [the Gay, Lesbian & Straight Education Network](#)). And, for the first time, the CDC's upcoming [Youth Risk Behavior Survey](#) of high school students is including sexual orientation in its core questions.



We need more, and more-nuanced, research about LGBTQ youth.

Despite recent advances, to obtain a better picture of the LGBTQ population, and youth in particular, there is a need to include questions related to sexual orientation and gender identity on more national surveys. Most [national or state surveys](#), and several [other](#) independent [surveys](#), now ask [sexual orientation](#) questions. But only a few have questions related to gender identity, making it difficult to estimate the number of gender minority individuals in varied subgroups, their needs, and factors that could promote their well-being. And, only a few surveys focus on systematically gathering information on [LGBTQ youth](#). Aside from surveys, there are many other gaps in research about these youth. In 2011, for example, the Institute of Medicine released a [report](#) identifying research gaps and opportunities related to LGBTQ health, including topics in health services, mental health, physical health, family and interpersonal relationships, and sexual and reproductive health. Expanding research will help policies and programs promote positive outcomes for LGBTQ youth.

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*The acronyms we use were determined by the identity of the populations that were included in cited research.
