Prevention Strategies for Protecting the Health and Wellness of LGBTQ+ Youth

Created by the PROUD Youth Prevention Network

RWJBarnabas HEALTH | **Institute for Prevention and Recovery**

Introduction

The RWJBarnabas Health Institute for Prevention and Recovery's PROUD Youth Prevention Network (PYPN) strives to build and strengthen a network of community resources and prevention services, tools and training to support the health and wellness of LGBTQ+ youth in Ocean, Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester and Salem counties. PYPN promotes respect, outreach, understanding and dignity for LGBTQ+ youth.

Notes for the reader:

People identify and describe their sexual and gender identities in different ways. This toolkit uses the acronym LGBTQ+ (lesbian, gay, bisexual, transgender, queer and "+" to include all other identities) as a term meaning all non-heterosexual and non-cisgender identities. Gay and Lesbian Alliance Against Defamation (GLAAD), in collaboration with U.S.-based LGBTQ+ community organizations and leaders, created a comprehensive list of sexual orientations and gender identities used by members of the LGBTQ+ community and represented under this acronym. To access GLAAD's complete list of terms, please visit **https://glaad.org/reference/terms**. For reference, a glossary is located at the end of this toolkit.

Individuals who do not fall under the umbrella term "LGBTQ+" are referred to as either heterosexual or as "non-LGBTQ+." Additionally, individuals may be lesbian, gay, bisexual or queer and also cisgender. Heterosexual describes a person who is attracted physically and emotionally to individuals of the opposite sex, while cisgender describes a person whose gender identity matches their sex assigned at birth. Transgender describes a person whose gender identity is different than their sex assigned at birth. Gender nonconforming refers to a person whose gender identity and/or gender expression does not fit into societal norms about gender. Nonbinary describes people whose gender identity does not fit within the traditional binary of exclusively male or exclusively female.

The information presented in this toolkit discusses the LGBTQ+ community within the United States; however, all LGBTQ+ people are not the same. **Intersectionality** tells us that a person's identity is complex and that each side interacts with the others to influence the person's internal perceptions and social experiences. More specifically, intersectionality is defined as a framework for understanding how interdependent and multidimensional social identities at the individual level (e.g., race/ethnicity, gender and sexuality) are shaped by interlocking systems of privilege and oppression (e.g., heterosexism, cisgenderism and racism) at the societal level (Crenshaw, 1991). While reading this toolkit, PYPN encourages you to remember that LGBTQ+ people are impacted differently by the topics discussed and may experience different health outcomes depending on other aspects of their identities.

We encourage readers to adopt a *whole-person approach* to health while implementing some of the strategies listed. A whole-person approach utilizes an intersectional framework while implementing healthcare strategies to improve health outcomes. This approach enables us to see individuals as their full, authentic selves and acknowledges the complicated nature of identity and its impact on health. A whole-person approach requires empathy, understanding and inclusivity in all relationships and practices.

> *Whole person health involves looking at the whole person—not just separate organs or body systems—and considering multiple factors that promote either health or disease. It means helping and empowering individuals, families, communities, and populations to improve their health in multiple interconnected biological, behavioral, social, and environmental areas. Instead of just treating a specific disease, whole person health focuses on restoring health, promoting resilience, and preventing diseases across a lifespan.*
>
> **- National Center for Complementary and Integrative Health, 2021**

LGBTQ+ Mental Health

Mental health is a significant area of focus when considering the safe development and well-being of young people, especially those who are members of marginalized groups. LGBTQ+ youth are at a higher risk of suicide, substance use, anxiety and depression than their non-LGBTQ+ peers. The Trevor Project, an American nonprofit organization focused on suicide prevention efforts among LGBTQ+ youth, conducts an annual national survey to better understand the state of LGBTQ+ youths' mental health. Respondents reported that discrimination, negative experiences at school, the rise of anti-LGBTQ+ legislation and threats of physical harm are stressors that impact their mental health and feelings of safety (The Trevor Project, 2023, 2024).

In 2024, The Trevor Project's *National Survey on LGBTQ Youth Mental Health* showed that 66% of participants reported experiencing symptoms of anxiety and 53% experienced symptoms of depression. These numbers are even higher for transgender and non-binary youth: transgender and nonbinary youth are two to two and half more times as likely to experience depressive symptoms, seriously consider suicide and attempt suicide in comparison to cisgender LGBTQ+ youth (Price-Feeney et al., 2020). Youth across social identities, including youth of color and Indigenous youth, experience disproportionate rates of anxiety, depression and suicidal ideation. LGBTQ+ youth, the professionals who work with them and the families and communities they are a part of would benefit from greater access to information, tools and resources that support positive mental and emotional health.
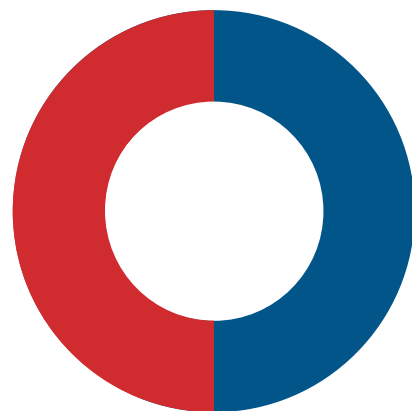
Desire for mental health care among LGBTQ+ youth:
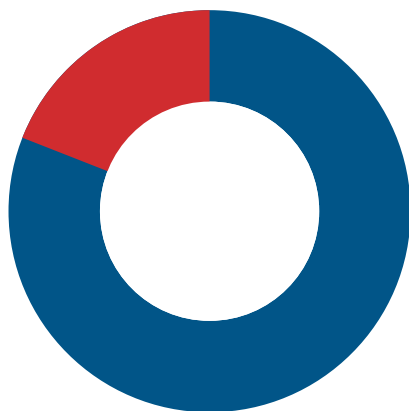
🔴 **16%** No   🔵 **84%** Yes

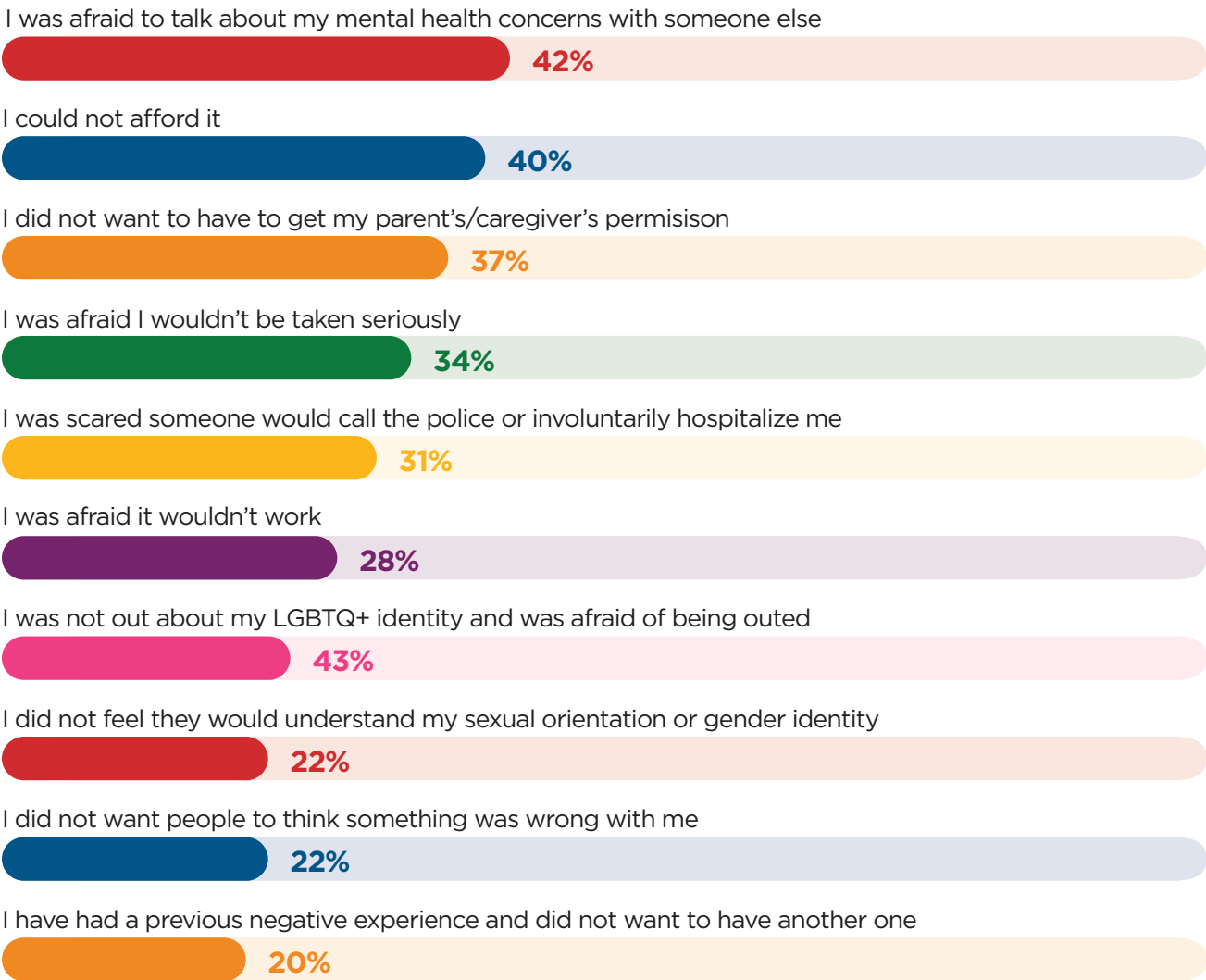### Access to mental health care among LGBTQ+ youth:

🔴 **50%** wanted but **DID NOT** receive care   🔵 **50%** wanted and received care

Source: thetrevorproject.org/survey-2024/

Access to Care

When seeking mental health services, LGBTQ+ youth have notable difficulty accessing resources and providers. In 2024, The Trevor Project found that 84% of LGBTQ+ youth reported wanting mental health care, and 50% of those youth were unable to access care. Understanding the reasons why LGBTQ+ youth are seeking mental health services and identifying the barriers they experience while trying to access them is essential to understanding and addressing the needs of this community.

LGBTQ+ young people who wanted mental health care but were unable to get it cited the following top ten reasons:

I was afraid to talk about my mental health concerns with someone else
42%

I could not afford it
40%

I did not want to have to get my parent's/caregiver's permisison
37%

I was afraid I wouldn't be taken seriously
34%

I was scared someone would call the police or involuntarily hospitalize me
31%

I was afraid it wouldn't work
28%

I was not out about my LGBTQ+ identity and was afraid of being outed
43%

I did not feel they would understand my sexual orientation or gender identity
22%

I did not want people to think something was wrong with me
22%

I have had a previous negative experience and did not want to have another one
20%

Source: thetrevorproject.org/survey-2024/

Experienced symptoms of **anxiety**

67%   Ages 13 - 17

65%   Ages 18 - 24

Experienced symptoms of **depression**

57%

49%

Source: thetrevorproject.org/survey-2024/

Suicide Risks

LGBTQ+ youth are not inherently at higher risk for suicide due to their sexual or gender identities. Rather, stigmatizing beliefs against the LGBTQ+ community creates a social climate where discrimination and violence have devastating consequences for LGBTQ+ youth's mental health. When asked if they had experienced sexual or gender identity-based discrimination in the past year, 60% of all LGBTQ+ youth surveyed reported that they had, with rates increasing to 65% for transgender or gender nonconforming youth (The Trevor Project, 2024). The same survey reveals that 39% of all respondents seriously considered suicide in the past year and 12% attempted suicide, including 14% of transgender and nonbinary youth (The Trevor Project, 2024). **LGBTQ+ youth are four times more likely to attempt suicide compared to their peers** (Johns et al., 2019; Johns et al., 2020). Risk factors for suicide include the deeply complicated effect of minority stress, lack of social support and affirming spaces, violence, bullying and discrimination (The Trevor Project, 2021).

Minority Stress Model: the stressors associated with being a member of a stigmatized group of people can cause harm to a person's physical and emotional health, as well as to their health behaviors and overall well-being.

Myer & Frost, 2013

LGBTQ+ youth who **considered suicide** in the past year

| 46% | Ages 13 - 17 |
| 33% | Ages 18 - 24 |

LGBTQ+ youth who **attempted suicide** in the past year

| 16% | Ages 13 - 17 |
| 8% | Ages 18 - 24 |

Source: *thetrevorproject.org/survey-2024/*

39% of LGBTQ+ young people seriously considered attempting suicide in the past year, including
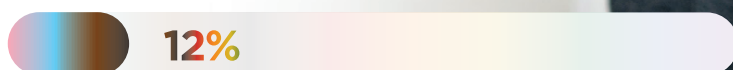
46% of transgender and nonbinary young people.

LGBTQ+ youth of color reported higher rates than white peers.

Source: *thetrevorproject.org/survey-2024/*

More than 1 in 10 (12%) LGBTQ+ young people **attempted suicide** in the past year.

12%

Source: *thetrevorproject.org/survey-2024/*

Strategies

Affirming Identities

Affirming an LGBTQ+ youth's identity is a primary preventative measure that can be done in homes, schools, communities and healthcare spaces. When engaging in affirmative practices, differences in human experience are treated as a natural part of human diversity rather than something to be stigmatized or discriminated against (SAMSHA, 2023). LGBTQ+ youth who had access to affirming homes, schools, community events and online communities reported lower rates of suicide attempts compared to those who did not have access to those spaces (The Trevor Project, 2023). Affirming practices can be implemented in both face-to-face and virtual environments.

Examples of affirming practices are:

- Using a person's correct pronouns

- Understanding and respecting confidentiality

- Creating and participating in environments that are inclusive of all people

- Educating yourself and those around you on current LGBTQ+ terminology

  - Education can come from public sources, such as school curricula or media, but also from members of the LGBTQ+ community sharing their personal experiences

Mindful Conversation with LGBTQ+ Youth

Having conversations with LGBTQ+ youth in your communities enables you to identify ways to enhance support and create positive change. When conversing, remember that all youth have intersectional identities.

- Minimize invasive questions that are not pertinent to anyone besides the youth. This includes questions about gender-affirming surgeries, body parts and sexual activity.

- As with all important conversations, be respectful, listen attentively to LGBTQ+ youth and verbally affirm and validate their experiences whenever possible.

- Refrain from judgment statements, interrupting or making assumptions. Establishing trust is more likely if a youth feels safe and can speak freely in conversation.

- Confidentiality is critical when speaking with LGBTQ+ youth. Respecting confidentiality is essential when fostering safety, allowing youth to feel comfortable sharing their stories in their own time.

> **Intersectionality in a nutshell:**
>
> One person could be gay, Chinese, male, from New Jersey, and from a wealthy background. Another person might be straight, an Irish immigrant, female, and middle-class. Each of these examples showcase five different aspects of identities.

- When adults convey they are a safe person for youth to come to in times of need, they must disclose the limits of their confidentiality. **Adults have a duty to keep youth safe by reporting to child protective services if the youth discloses they are victims of abuse or that they are going to hurt themselves or someone else. Youth may be angry or upset if a trusted adult reports a concern, but ensuring their safety when there is an imminent risk of harm to themselves or others takes precedence over maintaining confidentiality.**

LGBTQ+ young people reported the following top ten actions as ways people in their life can best show their support and acceptance

Trusting that I know who I am
88%

Standing up for me
81%

Not supporting politicians that want to advocate for anti-LGBTQ+ legislation
77%

Looking up things about LGBTQ+ identities on their own to better understand
62%

Respecting my pronouns
59%

Showing support for how I express my gender
57%

Asking questions about LGBTQ+ identities to better understand
56%

Accepting my partner(s)
55%

Showing support on social media
44%

Having or displaying pride flags
43%

Source: *thetrevorproject.org/survey-2024/*

Suicide Prevention

Positive factors that protect LGBTQ+ youth against suicide include **parental support, affirmative school environments, emotional connectedness to family and school, engaging in emotional resiliency within anti-LGBTQ+ environments, positive role models and social support** (Center for Disease Control and Prevention, 2023).

- Work to strengthen these factors in a young person's life.

- A Gay/Straight Alliance or Genders/Sexualities Alliance (GSA) in schools significantly decreases feelings of depression and increases feelings of well-being in LGBTQ+ students (Toomey et al., 2011).

- Administrators and caregivers should ensure students can access a GSA through their school.

  - Using a youth's proper pronouns is an affirmative practice that increases feelings of acceptance and support.

  - Advocate for gender-affirming healthcare, as having access to it decreases feelings of depression and lowers suicidal ideation and risk of suicide among transgender and gender non-conforming youth (The Trevor Project, 2020).

Substance Use

Youth who identify as LGBTQ+ are twice as likely as their heterosexual peers to experience issues with substance use. They are also more likely to engage in polysubstance use (i.e., using multiple substances at the same time), which places them at an even higher risk of harm. The Partnership to End Addiction (2023) found that 60-70% of youth who have a mental health disorder have a co-occurring substance use disorder (SUD). While identifying as LGBTQ+ is not a risk factor for substance use, exposure to stigma, bullying, lack of social acceptance and violence are risk factors that should be considered when applying substance use prevention measures.

LGBTQ+ youth are more likely than their cisgender peers to experience prejudice, family conflict and rejection, minority stress, child abuse, gender stereotyping and peer pressure. Consequently, patterns of substance use among LGBTQ+ populations differ from those of heterosexuals (National Institute on Drug Abuse (NIDA), 2020). In 2021, The Trevor Project's National Survey on LGBTQ+ Youth Mental Health found that in the past year, the majority (56%) of respondents reported using alcohol, 34% reported using cannabis, 11% reported using a prescription drug not prescribed to them and 11% reported daily or regular use of alcohol and/or cannabis. The Human Rights Campaign and Partnership for Drug-Free Kids (2015) writes, **"Research indicates that, compared to heterosexuals, young adults who are lesbian, gay, bisexual or queer have 1.3 times the odds of heavy alcohol use, 1.6 times the odds of marijuana use, 2.9 times the odds of injection drug use, and 3.3 times the odds of cocaine use. Being LGBQ affects girls' substance use risk more dramatically than boys', though boys are more likely to use drugs and alcohol overall. There is some evidence that bisexual youth are particularly likely to use alcohol and other drugs."**

Rehabilitative programs that include specific LGBTQ+ programming have higher success rates for LGBTQ+ people upon completion, but only 7% of rehabilitative programs in the country currently offer such treatment (NIDA, 2023). Advocating for more programs that address the LGBTQ+ community's unique needs is important to helping LGBTQ+ youth with substance use disorders.

Strategies

Tailored Education on Substance Use

- When talking with LGBTQ+ youth about substance use, ensure the materials and education provided reflect their identities and experiences and include relatable examples and imagery.
- Highlight how social and cultural aspects of LGBTQ+ identity can create unique challenges for LGBTQ+ youth regarding substance use.
  - For example, some LGBTQ+ individuals might turn to substances as a coping mechanism or to self-medicate when dealing with the negative impacts of stigma.
- Provide education about the risks of specific substances used within LGBTQ+ communities, such as alcohol or cocaine.

Familiarize Yourself with Available Resources

- The Substance Abuse and Mental Health Services Administration (SAMSHA) highlights current substance use trends and offers tips and tools to support youth.
- The National Institute on Drug Abuse (NIDA) has lesson planning guides, tips on how to have effective conversations about substance use with teens and information on substance use's impact on developing brains and bodies.
- Research state and community organizations/resources that work to support LGBTQ+ youth (Partnership to End Addiction, 2023).

Enhance Coping Skills

- Resiliency is the ability to overcome adversity (e.g., bullying and discrimination) and is recognized as a protective factor for LGBTQ+ youth.
  - Protective factors, including acceptance, inclusive policies and representation, increase resiliency and help LGBTQ+ youth develop healthy coping skills (The Trevor Project, 2019).
    - These protective factors have also been shown to lower the risk of substance use among transgender youth (Watson et al., 2019).
- Social support heightens feelings of acceptance and positively impacts the overall well-being of LGBTQ+ youth.
  - Increase opportunities for community connectedness by encouraging activities that promote socializing, such as sports or community betterment projects. Support from multiple sources can be a protective factor, reducing the risk of substance use (Watson et al., 2019).
- Talk with LGBTQ+ youth about what they do to relax and cope when faced with negative feelings. Encourage them to explore their interests and help them find new outlets for self-expression and relaxation.
- Normalize and encourage professional therapeutic support when needed.

Safety and Stigma

Stigma is a specific set of negative beliefs society holds against a group of people, with profound implications for the individual and society (Clair, M., 2018). Stigma contributes to violence, bullying, lack of social acceptance, physical abuse, persistent feelings of sadness and hopelessness, rates of suicide and the heightened risk for HIV experienced by LGBTQ+ youth (Centers for Disease Control and Prevention, 2023).

Anti-LGBTQ+ laws are being proposed yearly across the United States, revealing a politically unsafe landscape for LGBTQ+ individuals despite the increasing presence of social support for the LGBTQ+ community (American Civil Liberties Union (ACLU), 2024). LGBTQ+ youth report that hearing about laws and policies that work to ban students and faculty from discussing LGBTQ+ topics at school has a negative impact on their mental health (The Trevor Project, 2023). Regardless of whether or not discriminatory laws and policies are signed into effect, simply introducing them is enough to harm the emotional well-being of LGBTQ+ youth.

Transgender and gender-nonconforming youth face increased stigma in the areas of school sports participation and restroom usage. When transgender students are denied the chance to participate in sports teams or use restrooms that coincide with their gender, their feelings of belonging decrease and their mental health is put at risk (American Psychological Association (APA), 2023). In 2022, 29 states implemented anti-transgender sports legislation, or legislation that requires all students interested in sports to participate in teams that align with their sex assigned at birth (APA, 2023). The physical abilities of transgender youth vary in the same ways as they do in cisgender youth, indicating that participating in sports regardless of sex assigned at birth does not pose a threat to fairness in sports activities (ACLU, 2020). Inclusivity in sports creates a culture of acceptance and respect in diverse student bodies. In contrast, forcing transgender youth to participate on teams that do not match their gender reinforces stigma and invalidates their identities. Similar effects are created when schools force transgender youth to use bathrooms that align with their sex assigned at birth. Unfortunately, academic research on the lived experience of non-binary and transgender youth is minimal, which furthers the gap between their reality and the public's ability to understand the depth of their experiences.

The repercussions and perpetuation of stigma can be seen in heightened rates of bullying. In addition to serving as a threat to emotional and physical safety, bullying interferes with a student's ability to learn and leads to increased rates of school absenteeism (U.S. Department of Health & Human Services, 2021). Bullying – as a symptom of stigma – is pervasive across the impersonal space of social media. LGBTQ+ individuals are more likely to report being targets of online hate-based harassment and speech than any other demographic. This is especially dangerous, given that studies show online harassment and bullying lead to real-world violence (Anti-Defamation League, 2022; Amnesty International, 2023).

LGBTQ+ young people who attempted suicide in the past year, who:
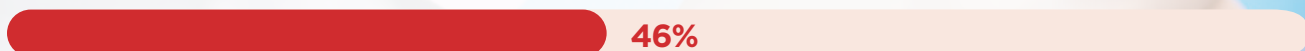
Were not bullied

6%
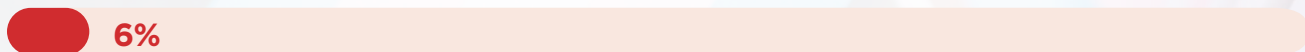
Experienced either in-person or online (cyber) bullying

18%

Rates of LGBTQ+ young people who have felt discriminated against in the past year

Due to their sexual orientation

46%

Due to their gender identity

65%

Source: thetrevorproject.org/survey-2024/

The Human Rights Campaign (2022) used the following example to illustrate how online hate can create real-life consequences for LGBTQ+ youth:

1. "Hate speech accounts… post an inflammatory message full of disinformation about gender-affirming care and call out a specific hospital or doctor by name."

2. "The doctor and hospital almost immediately begin receiving a barrage of harassing and threatening messages online."

3. "Offline, doctors and hospitals named in social media harassment campaigns face harassment and threats at their homes and workplaces. In the most extreme examples, doctors face death threats and hospitals face bomb threats, halting care for all patients."

4. "Extremist politicians looking to rile up the most extreme members of their base join in spreading the same transphobic rhetoric from their platforms, in some cases, going so far as to introduce legislation to regulate children's hospitals and gender-affirming care providers."

5. "Hospitals halt gender-affirming services or remove online resources and websites in order to protect the safety of their patients and staff."

Strategies

Advocacy
- Speak up for LGBTQ+ youth in your community. Your advocacy can have a positive influence on experiences with bullying, family relationships or other interpersonal issues.
- Share information about the impact of stigma and advocate for stigma-free zones in your community.
- Advocate for policies and legislation, locally or nationally, that protect the LGBTQ+ community's health and safety.

Prevent and Address Bullying
- A safe and supportive school climate can prevent bullying. Determine if your community's schools welcome students who are members of marginalized communities.
- Education should be provided that highlights the importance of acceptance and non-tolerance for hate or violence.
- Bullying policies and best practices grounded in inclusivity and respect should be formed in any setting where youth congregate.
- Ensure youth and adults have the tools to interrupt and speak up against bullying. Bystander intervention training and upstander workshops can help achieve this.

Build Safe and Inclusive Environments
- Display items signifying allyship and nontolerance for bullying and harassment (i.g., pride flags and other LGBTQ+ signage).
- Establish a GSA and nurture existing ones in schools. Create groups in your organization specifically intended to serve the LGBTQ+ community.
- Establish a gender-neutral bathroom in your building to ensure everyone can access safe and affirming options.
- Develop a culture that allows the comfortable exchange of pronouns between all people. Encouraging everyone to share their pronouns is a small way to affirm LGBTQ+ identities and communicate to young people that they are in an accepting space without singling anyone out (Alvarez, 2022).

Evidence-Based Practices

Family Acceptance

Family acceptance is an essential source of validation and self-esteem for LGBTQ+ youth; family members who support the identities of LGBTQ+ youth can create better health outcomes for those youth. LGBTQ+ youth are likely to feel unsafe being themselves openly around unsupportive family members. Anticipating how family members will react and how they will cope with that reaction can impact how engaged LGBTQ+ youth are in other aspects of their lives. They may decide to come out later in life as a way to protect themselves from unsupportive family, which can exacerbate feelings of anxiety and discomfort about their identity. Home should be the foundation of safety in all individuals' lives. When a LGBTQ+ youth is rejected in their home, the risk for depression, suicide and substance use increases.

One study examined a group of 232 LGBTQ+ youth with varying levels of familial support – high, low and peer support only – and to what degree, each is associated with seven categories of mental health outcomes, including loneliness, depression, anxiety, somatization, general symptom severity, symptoms of major depressive disorder (MDD) and suicidality (McConnell et al., 2015). LGBTQ+ youth who experience peer support but lack family support have similar mental health outcomes in six out of seven categories as those who experience no support at all (McConnell et al., 2015). Family rejection, in comparison to rejection from non-family, has a significant negative impact on LGBTQ+ youth's physical and mental health. Better health outcomes are frequently associated with parenting that incorporates open, mutual and low-conflict communication (Newcomb et al., 2019).

LGBTQ+ youth can lead healthy and fulfilling lives when accepted and celebrated by those closest to them. When family members accept their LGBTQ+ child for who they are, the family becomes their most significant source of safety and strength. The outcomes of caregiver and family support are extraordinary, protecting against substance use and suicidal ideation by reducing the impact of stress, enhancing self-esteem, increasing social support and improving general health status in LGBTQ+ youth (Green et al., 2021; Padilla et al., 2010; Ryan et al., 2010).

What works for one family may not work for another. There is limited research on how the role of culture impacts the parent-child relationship when the child identifies as LGBTQ+. Taking an intersectional approach to advocating for positive family dynamics is necessary in making sure all LGBTQ+ youth feel supported by family members in a way that makes sense and is sustainable (Newcomb et al., 2019).

Peer Support

Classmates, teammates and friends who act as allies and a system of support drastically improve the life experiences of LGBTQ+ youth and young adults. Support from peers and friends inside and outside the classroom contributes to well-being. Youth who participate in LGBTQ+ affirming clubs at school, such as GSAs, receive support directly from other LGBTQ+ youth and have a strengthened sense of belonging.

Studies show that GSA clubs improve school safety and well-being and increase feelings of hope for LGBTQ+ youth (Poteat et al., 2023; Toomey et al., 2011). When youth are provided with safe spaces that encourage self-esteem and authenticity, they have greater success in their academics and extracurricular activities. GSAs exemplify the role that peer support has in creating positive environments for all youth.

Sports have significant benefits for youth; sports and team-oriented activities help youth build relationships, develop leadership skills, improve physical health, protect youth against substance use and ultimately result in better mental health outcomes. LGBTQ+ youth who are excluded from these opportunities may experience increased mental health problems in addition to feelings of hopelessness, loneliness and stress (Hunter & Boyle, 2020). Gender-affirming healthcare practitioners support the inclusion of transgender youth in athletics, citing the benefits to transgender youth's well-being when involved in sports with their peers (Hughes et al., 2022).

Building Resilience

Fostering resiliency is essential if LGBTQ+ youth are to cope with both the typical challenges of adolescence and LGBTQ+-specific issues. Encouraging this trait is vital for LGBTQ+ youth to cope with typical adolescent challenges and LGBTQ+-specific issues.. Promoting familial acceptance, peer support, safe spaces and LGBTQ+ protective legislation is key to making this happen.

Celebrating all parts of a youth's identity, such as being from a marginalized racial or ethnic group or a member of the LGBTQ+ community, is essential to promoting a sense of belonging and resilience. Resilience can protect against the compounded impact of minority stress and stigma and create more opportunities for youth to focus on what they are passionate about.

> Encourage youth to see their inherent strengths and celebrate their interests, natural skills and talents. All youth have resiliency; some just need a hand inrecognizing it.

To encourage resilience in LGBTQ+ youth, make tangible actions that signify you are a "safe person" (i.e., hang a pride flag or wear a pin or sticker). Examples such as these communicate to young people that they are safe to be themselves around you.

The goal of building resilience is not to ensure that LGBTQ+ youth are strong and independent in every situation but that they can identify safe people and healthy ways to cope with challenges that arise. Remember that while implementing resilience-building strategies, resilience in LGBTQ+ youth cannot be fully understood without including their voices (Williams et al., 2022). Making an effort to have open and welcoming discussions with the LGBTQ+ youth in your life is a way to let them know you value their perspective. Respectful communication validates and affirms LGBTQ+ youth wherever they are in their self-discovery journey.

Resources

RWJBarnabas Health Proud Centers

PROUD Center at IM Faculty Practice
Community Medical Center
99 Highway 37 West, Toms River, NJ 08755
732-557-2833 | rwjbh.org/cmcproudcenter

Community Medical Center offers specialized primary care services for the LGBTQ+ community at the PROUD Center at IM Faculty Practice. The Center is committed to providing a safe and supportive environment where you can get the medical care you need at all stages of your life. PROUD stands for Promoting Respect, Outreach, Understanding and Dignity. Its goal is to provide health services to the LGBTQ+ community in an evidence-based, culturally competent manner. The Center currently provides care for people age 18 and older.

Babs Siperstein PROUD Center
Robert Wood Johnson University Hospital Somerset
128 Rehill Avenue, Suite 1100, Somerville, NJ 08876
908-243-8647
rwjbh.org/our-locations/outpatient-rehab-center/babs-siperstein-proud-center/

Robert Wood Johnson University Hospital Somerset offers specialized primary care services for lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA) adults at our Babs Siperstein PROUD Center.

PROUD Gender Center
181 Somerset St, 2nd Floor, New Brunswick, NJ 08901
1-833-BH-PROUD (1-833-247-7683)

At Robert Wood Johnson University Hospital, it is a top priority to optimize the health and well-being of every patient. The LGBTQIA Program is firmly rooted with that purpose in mind.

At the Center, a multidisciplinary team of family medicine physicians, gynecologists, urologists, endocrinologists, plastic surgeons and otolaryngologists provide specialized care for LGBTQ patients.

Statewide Organizations

Garden State Equality
1408 Main St., Asbury Park, NJ 07712
973-509-5428 | gardenstateequality.org

Garden State Equality provides community programs, education, training, and resources for LGBTQ+ people in New Jersey. They provide information on LGBTQ+ policies and ways to take action.

PFLAG
pflag.org

Parents and Friends of Lesbians and Gays (PFLAG) has a website and chapters nationwide that provide support for queer youth and their families. In-person and virtual support options, including meetings, articles, and videos, are available.

The Pride Center of New Jersey
85 Raritan Ave, Suite 100, Highland Park, NJ 08904
732-846-2232 | pridecenter.org

The Pride Center hosts programs, support and social groups, and activities that cater to the needs of the LGBTQ+ population in NJ.

QSpot
1601 Asbury Ave, Asbury Park, NJ 07712
732-455-3373 | qspot.org

QSpot is a community center in Asbury Park, NJ, prioritizing the health, well-being, and pride of New Jersey's LGBTQ+ and allied communities. They provide resources, referrals, education, and multiple groups, such as a book club and recovery meetings.

Tyler Clementi Foundation
646-598-8204 | tylerclementi.org

The Tyler Clementi Foundation was founded in 2011 to prevent bullying and encourage upstanding behaviors. They use education and advocacy to reinforce inclusion and acceptance in all communities.

GLSEN (Gay, Lesbian, and Straight Education Network)
Every other year, GLSEN conducts a school climate survey.
glsen.org/research/2021-national-school-climate-survey

- This in-depth survey covers school discrimination, staff intervention, discriminatory policies and practices, and the effects of a hostile school environment on school performance.
- The survey highlights the importance of inclusive practices, supportive school policies, and peer support for LGBTQ+ students.

GLAAD
glaad.org
GLAAD is an organization dedicated to promoting and ensuring accurate and inclusive representation of LGBTQI+ individuals and events in the media as a means of removing LGBTQ+ discrimination.

Hetrick-Martin Institute
hmi.org
The Hetrick-Martin Institute creates a safe and supportive environment for lesbian, gay, bisexual, transgender, questioning, intersex and asexual (LGBTQIA+) youth between the ages of 13 and 24 and their families to reach their full potential.

Kaleidoscope
Voorhees, NJ
844-657-7476
centerffs.org/our-services/community-connections/kaleidoscope

Kaleidoscope is a community-based LGBTQ+ program that offers in-person and virtual connections. The program offers self-defense classes, LGBTQ+ affirming resources, and group meetings in Camden, Mercer, Essex, Morris, and Sussex counties in New Jersey. The addresses for meetings and classes are available on their Facebook page.

Newark LGBT Community Center
5 Washington Street, 1st Floor
Newark, NJ 07102
newarklgbtqcenter.org

The Newark LGBTQ Community Center is a volunteer-run, community-based organization committed to providing safe space, programs, and services that support the well-being of the LGBTQ+ community and our allies in the Newark, area.

Sam & Devorah Foundation for Trans Youth
10 Fairmount Avenue, Chatham, NJ 07928
samdevorah.org

Founded in March 2016 to honor the memory of Sam Harel Price, a junior at Oberlin College, the mission of Sam & Devorah Foundation for Trans Youth is to support trans and non-binary youth by offering safe spaces and programs where they can connect, thrive, and be empowered.

References

Álvarez, B. (2022, October 5). Why Pronouns Matter. neaToday. https://www.nea.org/nea-today/all-news-articles/why-pronouns-matter.

American Civil Liberties Union. (2024). Mapping Attacks on LGBTQ Rights in U.S. State Legislatures in 2024. American Civil Liberties Union. https://www.aclu.org/legislative-attacks-on-lgbtq-rights-2024.

American Psychological Association. (2023). Transgender Exclusion in Sports: Suggested Discussion Points With Resources to Oppose Transgender Exclusion Bills. https://www.apa.org/topics/lgbtq/transgender-exclusion-sports.

Amnesty International. (2023, February 9). Hateful and abusive speech towards LGBTQ+ community surging on Twitter surging under Elon Musk. https://www.amnesty.org/en/latest/news/2023/02/hateful-and-abusive-speech-towards-lgbtq-community-surging-ontwitter- surging-under-elon-musk/.

Anti-Defamation League. (2022). Online Hate and Harassment: The American Experience 2022. Center for Technology and Society. https://www.adl.org/sites/default/files/pdfs/2022-09/Online-Hate-and-Harassment-Survey-2022.pdf.

Bauer, G. R., Churchill, S. M., Mahendran, M., Walwyn, C., Lizotte, D., & Villa-Rueda, A. A. (2021). Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods. SSM - population health, 14, 100798. https://doi.org/10.1016/j.ssmph.2021.100798.

Centers for Disease Control and Prevention. (2023, June 6). LGBTQ+ Youth: Addressing Health Disparities with a School-Based Approach. LGBT Health.

Chang, S. C., Singh, A., & Dickey, L. M. (2018). A Clinician's Guide to Gender-Affirming Care: Working with transgender & gender nonconforming clients. New Harbinger Publications, Inc.

Clair, M. (2018). Stigma. In J.M. Ryan (Ed.), *Core Concepts in Sociology* (pp. 318–322). Wiley Blackwell.

Crenshaw, K. (1991). *Mapping the margins: Intersectionality, identity politics, and violence against women of color.* Stanford Law Review, 43(6), 1241–1299.

Green, A. E., Price-Feeney, M., & Dorison, S. H. (2021). Association of Sexual Orientation Acceptance with Reduced Suicide Attempts Among Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning Youth. LGBT Health, 8(1), 26–31. https://doi.org/10.1089/lgbt.2020.0248.

Hamidullah, S., Thorpe, H. H. A., Frie, J. A., Mccurdy, R. D., & Khokhar, J. Y. (2020). Adolescent Substance Use and the Brain: Behavioral, Cognitive and Neuroimaging Correlates. Frontiers in Human Neuroscience, 14(298). https://doi.org/10.3389/fnhum.2020.00298.

Human Rights Campaign Foundation & Partnership for Drug-Free Kids. (2015). Preventing Substance Abuse Among LGBTQ Teens. Human Rights Campaign. https://assets2.hrc.org/files/assets/resources/YouthSubstanceAbuse-IssueBrief.pdf.

Human Rights Campaign. (2022, December, 13). New Human Rights Campaign Foundation Report: Online Hate & Real World Violence Are Inextricably Tied. Press Releases. https://www.hrc.org/press-releases/new-human-rights-campaign-foundation-report-online-hatereal- world-violence-are-inextricably-linked.

Hunter, D. J., & Boyle, K. (2020). A healthier way to meet people: the experiences of LGBT people exercising with a peer group. British Journal of Nursing, 29(18), 1068–1073. https://doi.org/10.12968/bjon.2020.29.18.1068.

Johns, M. M., Lowry, R., Haderxhanaj, L. T., Rasberry, C. N., Robin, L., Scales, L., Stone, D., & Suarez, N. A. (2020). Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students — Youth Risk Behavior Survey, United States, 2015–2019. MMWR Supplements, 69(1), 19–27. https://doi.org/10.15585/mmwr.su6901a3.

Wellbeing Symposium. LGBT Health, 6(4), 146–155. https://doi.org/10.1089/lgbt.2018.0109.

Wellbeing Symposium. LGBT Health, 6(4), 146–155. https://doi.org/10.1089/lgbt.2018.0109.

Johns, M. M., Lowry, R., Haderxhanaj, L. T., Rasberry, C. N., Robin, L., Scales, L., Stone, D., & Suarez, N. A. (2020). *Trends in Violence Victimization and Suicide Risk by Sexual Identity Among High School Students — Youth Risk Behavior Survey, United States, 2015–2019.* MMWR Supplements, 69(1), 19–27. https://doi.org/10.15585/mmwr.su6901a3

McConnell, E. A., Birkett, M. A., & Mustanski, B. (2015). Typologies of Social Support and Associations with Mental Health Outcomes Among LGBT Youth. LGBT Health, 2(1), 55–61. https://doi.org/10.1089/lgbt.2014.0051.

Meyer, I. H., & Frost, D. M. (2013). *Minority stress and the health of sexual minorities.* In C. J. Patterson & A. R. D'Augelli (Eds.), Handbook of psychology and sexual orientation (pp. 252–266). Oxford University Press.

National Institute on Drug Abuse. (2020). LGBTQI+ People and Substance Use. Research Topics.
    https://nida.nih.gov/research-topics/substance-use-suds-in-lgbtq-populations.

Newcomb, M. E., LaSala, M. C., Bouris, A., Mustanski, B., Prado, G., Schrager, S. M., & Huebner, D. M. (2019). The Influence of Families on LGBTQ
    Youth Health: A Call to Action for Innovation in Research and Intervention Development. LGBT Health, 6(4), 139–145.
    https://doi.org/10.1089/lgbt.2018.0157.

Padilla, Y. C., Crisp, C., & Rew, D. L. (2010). Parental acceptance and illegal drug use among gay, lesbian, and bisexual adolescents:
    results from a national survey. Social Work, 55(3), 265–275. https://doi.org/10.1093/sw/55.3.265.

Partnership to End Addiction. (2023, September 20). Why LGBTQ+ youth are at increased risk for Substance Use & How You Can Help.
    https://drugfree.org/article/reducing-substance-use-risk-among-lgbtq-youth/.

Poteat, V. P., Calzo, J. P., Sherwood, S. H., Marx, R. A., O'Brien, M. D., Dangora, A., Salgin, L., & Lipkin, A. (2023). Gender-Sexuality Alliance
    meeting experiences predict weekly variation in hope among LGBTQ+ youth. Child Development, 94, e215–e230.
    https://doi.org/10.1111/cdev.13923.

Price-Feeney, M., Green, A. E., & Dorison, S. (2020). Understanding the Mental Health of Transgender and Nonbinary Youth.
    Journal of Adolescent Health, 66(6). https://doi.org/10.1016/j.jadohealth.2019.11.314.

Ryan, C., Russell, S. T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults.
    Journal of Child and Adolescent Psychiatric Nursing: Official Publication of the Association of Child and Adolescent Psychiatric
    Nurses, Inc, 23(4), 205–213. https://doi.org/10.1111/j.1744-6171.2010.00246.x.

Strangio, C., & Arkles, G. (2020, April 30). Four Myths About Trans Athletes, Debunked. American Civil Liberties Union.
    https://www.aclu.org/news/lgbtq-rights/four-myths-about-trans-athletes-debunked.

Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). Moving Beyond Change Efforts: Evidence and Action to
    Support and Affirm LGBTQI+ Youth. SAMHSA Publication No. PEP22 03-12-001. Rockville, MD: Center for Substance Abuse
    Prevention. https://store.samhsa.gov/sites/default/files/pep22-03-12-001.pdf.

Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2011). High School Gay-Straight Alliances (GSAs) and Young Adult Well-Being: An
    Examination of GSA Presence, Participation, and Perceived Effectiveness. Applied Developmental Science, 15(4), 175–185.
    https://doi.org/10.1080/10888691.2011.607378.

The Trevor Project. (2019, May 30). Fostering the Mental Health of LGBTQ Youth.
    https://www.thetrevorproject.org/research-briefs/fostering-the-mental-health-of-lgbtq-youth/.

The Trevor Project. (2020, January 29). Gender-Affirming Care for Youth.
    https://www.thetrevorproject.org/research-briefs/gender-affirming-care-for-youth/.

The Trevor Project. (2021, December 15). Facts About Suicide Among LGBTQ+ Young People.
    https://www.thetrevorproject.org/resources/article/facts-about-lgbtq-youth-suicide/.

The Trevor Project. (2023). 2023 U.S. National Survey on the Mental Health of LGBTQ Young People.
    https://www.thetrevorproject.org/survey-2023/assets/static/05_TREVOR05_2023survey.pdf.

The Trevor Project. (2024). 2024 U.S. National Survey on the Mental Health of LGBTQ+ Young People.
    https://www.thetrevorproject.org/survey-2024/.

U.S. Department of Health and Human Services (DHHS). (2019, September 24). LGBTQI+ Youth. StopBullying.gov.
    https://www.stopbullying.gov/bullying/lgbtq.

Watson, R. J., Veale, J. F., Gordon, A. R., Clark, B. A., & Saewyc, E. M. (2019). Risk and protective factors for transgender youths' substance use.
    Preventive Medicine Reports, 15. https://doi.org/10.1016/j.pmedr.2019.100905.

National Center for Complementary and Integrative Health. (2021). Whole Person Health: What You Need To Know.
    https://www.nccih.nih.gov/health/whole-person-health-what-you-need-to-know.

Williams, R., Pride, C., Anaya, J., Nimmons, E.A., Salcido, Jr., R., & Stone, A.L. (2022). Centering the Voices of Queer Youth in Defining
    Resilience. Journal of Critical Thought and Praxis, 11(3), 1-17. https://doi.org/10.31274/jctp.12940.

Wamsley, L. (2021, June 2). A Guide to Gender Identity Terms. NPR.
    https://www.npr.org/2021/06/02/996319297/gender-identity-pronouns-expression-guide-lgbtq.

Glossary

Ally: a cisgender person who supports/advocates for communities outside of their own identity

Asexual: a person who has little or no sexual attraction or has minimal interest in sexual activity

Cisgender: a person whose sex assigned at birth is the same as their gender identity

Coming Out: the process of disclosing one's gender identity or sexual orientation to others

Gender-Affirming Surgery: surgery that changes primary and/or secondary sex characteristics to align with a person's gender identity

Gender Binary: a system in which gender is classified into two categories of male or female

Gender Dysphoria: refers to feelings of distress or discomfort that a person feels regarding a disconnect between their sex assigned at birth, gender identity and/or primary sex characteristics

Gender Expression: how an individual presents their gender identity through dress, appearance and behaviors

Genderfluid: a person whose gender is not rigid and can change in presentation

Gender Identity: a person's innate feelings of who they are in relation to their gender

Gender Nonconforming: individuals whose gender identity or expression does not correlate to their sex assigned at birth

Gender Role: the outward behaviors or appearance of an individual which others read as being male, female or other

Gender/Sexualities Alliance: formerly known as a Gay/Straight Alliance, a school club for LGBTQ+ students and allies

Genderqueer: a person who does not identify within the gender binary

Hormone Therapy (hormone replacement therapy, HRT): a medical intervention that individuals may undergo to make their physical body more masculine or feminine

Intersectionality: a theoretical framework rooted in the premise that human experience is jointly shaped by multiple social positions (e.g. race, gender) and cannot be adequately understood by considering social positions independently

Intersex: individuals who are born with ambiguous primary sex characteristics

Passing: the idea of someone who is not cisgender being recognized as their presenting gender identity

Queer: an umbrella term to describe a spectrum of sexual orientations or gender identities

Sex (assigned at birth): sex marker given to a child based on primary sex characteristics observed at birth. Intersex individuals may be assigned the wrong sex at birth due to unobservable sex characteristics

Sexual Orientation: a person's sexual attraction to others

Trans: an umbrella term that refers to the transgender community

Transgender: an adjective and umbrella term that refers to individuals whose sex assigned at birth is different from their gender identity

Transition: the process of a person changing their gender identity and/or expression from their sex assigned at birth

Two Spirit: individuals of Native American descent who identify as having a spirit that is both masculine and feminine

RWJBarnabas HEALTH | **Institute for Prevention and Recovery**

Sources:

Bauer, G. R., Churchill, S. M., Mahendran, M., Walwyn, C., Lizotte, D., & Villa-Rueda, A. A. (2021). Intersectionality in quantitative research: A systematic review of its emergence and applications of theory and methods. SSM - population health, 14, 100798. https://doi.org/10.1016/j.ssmph.2021.100798,

Chang, S. C., Singh, A., & Dickey, L. M. (2018). A Clinician's Guide to Gender-Affirming Care: Working with transgender & gender nonconforming clients. New Harbinger Publications, Inc.