

## RESEARCH



FACTS and

## FINDINGS

A collaboration of Cornell University, the University of Rochester, and the Center for School Safety

## How are LGBT Youth Faring in New York State?

### Results from the 2015 LGBT Health and Human Services Needs Assessment Survey

by Somjen Frazer, Strength in Numbers Consulting Group

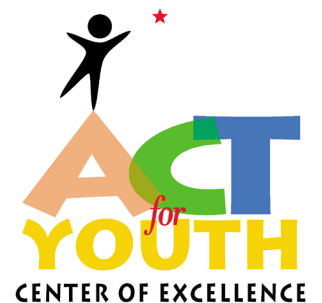
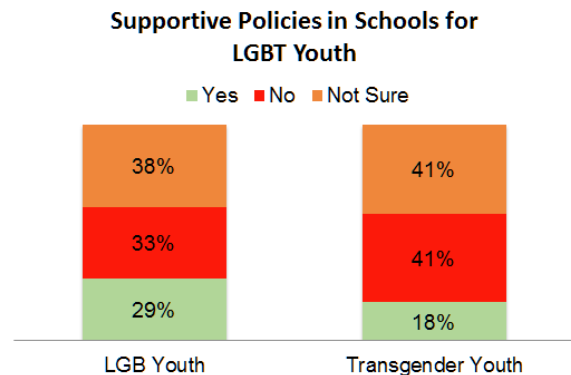
Lesbian, gay, bisexual, and transgender (LGBT) youth face unique challenges to their health and well-being. Victimization at school and rejection from families of origin are prevalent for LGBT youth and are associated with poor health outcomes (Institute of Medicine, 2011). Further, clinicians who lack knowledge and understanding of LGBT youth may compound these health challenges by failing to recognize the connections between the stress LGBT youth experience in homophobic or transphobic environments and the health outcomes that result. However, when educators, parents, and health professionals support LGBT youth, they help to build their resilience and mitigate the challenges of “coming out.”

This article describes how LGBT youth characterize their mental and physical health, as well as associations between health and the school, family, and health care climates LGBT youth experience in New York State. Data on youth are derived from focus groups and a survey of 3,792 LGBT individuals completed as part of the 2015 LGBT Health and Human Services Needs Assessment. Of those who participated in the survey, 524 were age 16-21.

### The School Environment

*“[My] biggest stressors are family and school”* – Focus group participant

**Strength in Numbers Consulting Group** is an LGBT-led consulting firm whose mission is to contribute to the strategy, growth, and effectiveness of nonprofits, foundations, and government organizations by providing high quality research, capacity building, philanthropic strategy, and evaluation services. Strength in Numbers is committed to combining rigorous, credible research processes with efforts to enhance community participation and representation. Visit Strength in Numbers at: [www.siNCG.com](http://www.siNCG.com)

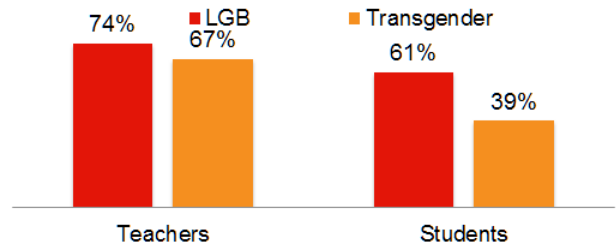


Like other young people, LGBT youth face stressors in their school environments. In addition to the normal stressors of adolescence, LGBT youth may experience hostile climates in school (Chesir-Teran & Hughes, 2009). However, affirming and protective climates and teachers and the presence of Gay-Straight Alliances can mitigate these factors (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2013; McGuire, Anderson, Toomey, & Russell, 2010; Toomey, Ryan, Diaz, & Russell, 2011).

In this survey, just 29% of LGB youth and 18% of transgender youth who were enrolled in school indicated that there were supportive policies in place for them at their schools. While these policies may be on the books through New York State’s Dignity for All Students Act, many LGB (38%) and transgender (41%) youth said they were not sure whether their schools had established such policies.

In contrast, most of the LGBT youth in our sample are experiencing support from their teachers. The majority said that teachers are supportive (74% of LGB and 67% of transgender students). Most LGB students (61%) also find support from their peers in school. However, students who are transgender are less likely to have the support of other students – only 39% described their peers as “supportive” or “very supportive.”

**LGBT Youth Who Say Teachers and Students are "Supportive" or "Very Supportive" in Their School**



## Family Rejection

*“[It can be] confusing because you have one side of your family saying like, ‘Be yourself’ and then the other is like, ‘Don’t tell people though, don’t put it on Facebook.’”*

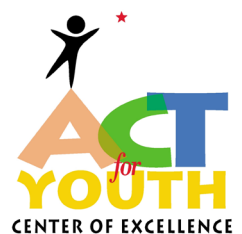
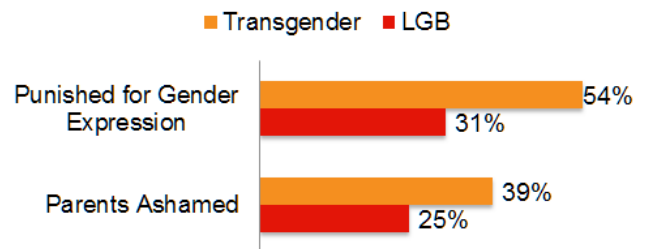
– Focus group participant

Research suggests that LGBT youth commonly experience rejecting behaviors from their parents and that these behaviors have negative health consequences (Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). In our sample, 25% of LGB youth and 39% of transgender youth (age 16-21)

reported that their parents said they were ashamed of them, while nearly one in three (31%) LGB youth and over half (54%) of transgender youth said that their parents punished them for being too masculine or too feminine. Family rejection took other forms, too: nearly one-third of participants (32%) were told not to tell neighbors or friends that they were LGB.

Further, 22% of LGB youth had been told that being gay is against their religion or is considered sinful, while 11% of LGB youth and 14% of transgender youth had been taken to a therapist or religious leader who tried to change their sexual orientation or gender identity. Widely considered harmful to youth, so-called “conversion” or “reparative” therapy has recently been all but banned in the state by the governor’s executive order (New York State, 2016).

**LGBT Youth Who Experience Rejecting Behaviors from Parents**



## The Health Care Environment

*When a clinician asked “Oh, do you have sex with men?” the young person responded “No, actually . . . I have sex with women.” The young person reported that “. . . all the questions stopped. It was like even he was uncomfortable talking to me, like he didn’t know what to say so I guess he just didn’t have the information to give me.”*

– Focus group report

*“I was telling [a psychiatrist] my therapist is not legally allowed to [prescribe medication] – ‘That’s why I’m here.’ He said, ‘Well, what are you going to therapy for?’ I said to him, ‘For gender dysphoria.’ He’s like, ‘What’s that?’ When I told him what it was, he immediately closed the folder with the intake orders and said, ‘I’m sorry, I don’t treat your kind. You have to leave.’”*

– Focus group participant

In addition to experiences of ignorance or bias in health care settings like those described above, youth in focus groups raised concerns about confidentiality. One in five sexual minority youth (21%) and two in five transgender youth (41%) expressed this concern on the survey.

Only one in ten (11%) LGB youth said that it was a “problem” or “major problem” that their parents took them to see an unsupportive health care provider; however, 18% of transgender youth agreed with this statement. Among transgender youth, 27% said that their parents had refused to take them to see a provider to address gender confirming medical treatment.

## LGBT Youth and Health

LGBT young people have higher rates of depression, anxiety, and other mental health problems than the general population (Baams, Grossman, & Russell, 2015; Meyer, 2003; Shrier, Harris, Sternberg, & Beardslee, 2001; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004), as well as some increased risk of physical health problems (Lick, Durso, & Johnson, 2013). In our sample, half of the youth (age 16-21) indicated that they experience frequent mental distress, while almost 39% screened positive for probable depression. Smaller numbers of LGBT youth reported fair or poor overall health (14%) or frequent poor physical health (11%).

Those youth (age 16-24) who had experienced family rejection were much more likely to report poor mental health, depression, and poor overall health, as were those who had been punished for their gender expression and those who had been told by their parents that being gay is a sin. LGBT youth whose families were ashamed of them were twice as likely to have frequent mental distress (46% vs. 63%), 1.6 times as likely to have depression (37% vs. 48%), and twice as likely to have fair or poor health (12% vs. 22%) in contrast to their LGBT counterparts who did not have this experience. LGBT youth who had been punished for their gender expression were almost twice as likely to be depressed (49% vs. 35%) and almost three times as likely to have fair or poor health (24% vs. 10%). Sexual minority youth

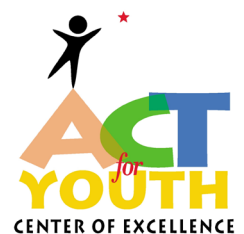
## Survey Sample

Young respondents to this survey (age 16 to 21) were diverse in terms of gender, race, and sexual orientation. Just over one-quarter (29%) were age 16 or 17 and the remainder (71%) were age 18-21. Seventy-six percent were white, with 14% Latino/Hispanic and 11% black or African American. More identified as female (43%) than male (36%), and many youth identified as transgender (21%) or gender nonconforming (23%).

Just over one in ten (11%) young respondents were disabled. The sample was geographically diverse, with most participants (74%) hailing from outside New York City. Seven percent were foreign born.

The most common sexual orientation selected was bisexual (31%), followed by pansexual (27%). Smaller numbers of youth identified as gay (23%), queer (20%), or lesbian (13%).

Respondents could check more than one race and ethnicity, sexual orientation and gender identity categories; thus, totals may add to more than 100%. There are important limitations to these data, including the fact that people of color are under-represented in this dataset compared to the population of New York State.



were more than twice as likely to have fair or poor health if their parents had told them that being gay was a sin or against their religion (23% vs. 11%).

## Implications and Resources

Clearly, there is still much to be done to combat stigma and support health among LGBT youth. In each of the social contexts we examined, there are steps providers can take to positively influence the health and well-being of LGBT youth.

### Schools

**Create, enforce, and raise awareness about school policies that protect LGBT students.** While the presence of clear policies that protect all students from bullying and harassment related to their sexual orientation and gender identity is very important to ensure youth safety, the large number of students who were not sure whether such policies exist indicates the need for greater education about those policies.

- New York State Education Department: Dignity for All Students Act  
<http://www.p12.nysed.gov/dignityact/>
- GLSEN: Policies that Matter  
<http://www.glsen.org/policy>

### Families

**Encourage parents and other family members to support youth who are coming out and to avoid rejecting behaviors that have long-term negative consequences to young people's health.** Despite having their children's best interests at heart, many parents exhibit harmful, rejecting behaviors during the coming out process. Working with parents to understand the consequences of these behaviors and learning how to respond positively can have important favorable influences on health.

- PFLAG: Our Daughters and Sons  
<https://www.pflag.org/resource/our-daughters-and-sons>
- Advocates for Youth: Ten Tips for Parents of a Gay, Lesbian, Bisexual, or Transgender Child  
<http://www.advocatesforyouth.org/parents/173-parents>

### Health Care

**Educate clinicians and staff about inclusiveness as well as the issues LGBT youth face.** Clinicians and clinic staff may not have had an opportunity to learn about what is needed to support LGBT health – and youth are paying the price. However, resources are increasingly available to help motivated health care providers improve their practice.

- National LGBT Health Education Center  
<http://www.lgbthealtheducation.org/>

### A Note on Terminology

Sexual minority youth are those whose sexual identity, orientation, or practices differ from the majority of the surrounding society. The term is primarily used to refer to lesbian, gay, and bisexual individuals, but in this report also includes those who identify with other non-heterosexual sexual orientations, such as “asexual” or “pansexual.”

Discussions of sexual orientation are often limited to four categories: gay, lesbian, bisexual, and heterosexual. However, the LGBT community also includes other sexual orientations, such as queer and pansexual. People do not need to be sexually active in order to have a sexual orientation.



- Society for Adolescent Health and Medicine: LGBT Health  
<http://www.adolescenthealth.org/Topics-in-Adolescent-Health/LGBT-Health.aspx>
- New York Promoting and Advancing Teen Health  
[www.nypath.org](http://www.nypath.org)

## All Providers

### Signal to youth that your office or classroom is a safe space for them to discuss gender and sexuality openly and without judgment.

Youth work professionals can support LGBT youth by creating a positive climate to discuss issues affecting their lives. Encourage youth to discuss experiences they may have had in school, with family, or in a health care setting, especially if you can intervene or offer resources that may ameliorate the situation. All youth benefit from positive relationships with adults whom they trust.

- Human Rights Campaign: Growing Up LGBT in America (and follow-up reports)  
<http://www.hrc.org/youth-report>
- GLAAD: Tips for Allies of Transgender People  
<http://www.glaad.org/transgender/allies>
- ACT for Youth: LGBTQ Inclusion in Youth Program Environments  
[http://www.actforyouth.net/publications/results.cfm?t=pm\\_lgbtq\\_0613](http://www.actforyouth.net/publications/results.cfm?t=pm_lgbtq_0613) ★

## References

- Baams, L., Grossman, A. H., & Russell, S. T. (2015). Minority stress and mechanisms of risk for depression and suicidal ideation among lesbian, gay, and bisexual youth. *Developmental Psychology, 51*(5), 688–696. <http://doi.org/10.1037/a0038994>
- Chesir-Teran, D., & Hughes, D. (2009). Heterosexism in high school and victimization among lesbian, gay, bisexual, and questioning students. *Journal of Youth and Adolescence, 38*(7), 963–975. <http://doi.org/10.1007/s10964-008-9364-x>
- Hatzenbuehler, M. L., Birkett, M., Van Wagenen, A., & Meyer, I. H. (2013). Protective school climates and reduced risk for suicide ideation in sexual minority youths. *American Journal of Public Health, 104*(2), 279–286. <http://doi.org/10.2105/AJPH.2013.301508>
- Institute of Medicine. (2011). *Lesbian, gay, bisexual and transgender health issues and research gaps and opportunities*. Washington, DC: Institute of Medicine. Retrieved from <http://iom.edu/Activities/SelectPops/LGBTHealthIssues.aspx>
- Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8*(5), 521–548.
- McGuire, J. K., Anderson, C. R., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: a mixed method investigation of student experiences and school

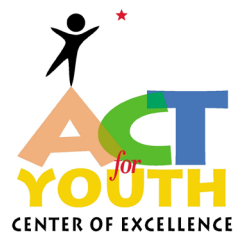
### About the LGBT Health and Human Services Needs Assessment

This article is part of a larger project to assess the health and human service experiences and needs of LGBT people in New York State. The project was funded by the AIDS Institute and the LGBT Health and Human Services Network, which is currently housed in the LGBT Community Center in New York City. The research was done by Strength in Numbers Consulting Group with an advisory body of diverse Network members to give input and approval.

Data sources include (1) 22 focus groups with over 150 people, conducted from November 2014 to April 2015, (2) an online convenience sample survey of 3,792 LGBT people who live, work, or receive services in New York State, conducted June to August 2015, and (3) analyses of population-based secondary data.

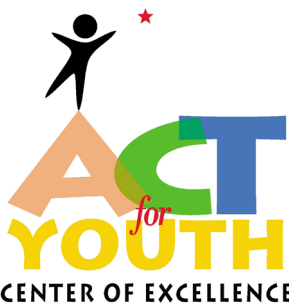
For regional fact sheets, a report on the full dataset, a full report on methodology, and a copy of the original survey instrument, visit Strength in Numbers Consulting Group:

[www.SiNCG.com/work-samples](http://www.SiNCG.com/work-samples)



responses. *Journal of Youth and Adolescence*, 39(10), 1175–1188.  
<http://doi.org/10.1007/s10964-010-9540-7>

- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–97. <http://doi.org/10.1037/0033-2909.129.5.674>
- New York State. (2016, February 6). Governor Cuomo announces executive actions banning coverage of conversion therapy. Retrieved from <https://www.governor.ny.gov/news/governor-cuomo-announces-executive-actions-banning-coverage-conversion-therapy>
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346–352. <http://doi.org/10.1542/peds.2007-3524>
- 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*, 23(4), 205–213. <http://doi.org/10.1111/j.1744-6171.2010.00246.x>
- Shrier, L. A., Harris, S. K., Sternberg, M., & Beardslee, W. R. (2001). Associations of depression, self-esteem, and substance use with sexual risk among adolescents. *Preventive Medicine*, 33(3), 179–189.
- 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. <http://doi.org/10.1080/10888691.2011.607378>
- Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A., & Johnson, K. D. (2004). Mental disorder, subsistence strategies, and victimization among gay, lesbian, and bisexual homeless and runaway adolescents. *Journal of Sex Research*, 41(4), 329.



Bronfenbrenner Center for  
Translational Research  
Beebe Hall  
Cornell University  
Ithaca, New York 14853  
t. 607.255.7736  
f. 607.255.8562  
[act4youth@cornell.edu](mailto:act4youth@cornell.edu)

[www.actforyouth.net](http://www.actforyouth.net)

[www.nysyouth.net](http://www.nysyouth.net)

## *The ACT for Youth Center of Excellence*

The ACT for Youth Center of Excellence connects youth development research to practice in New York State and beyond. Areas of focus include positive youth development in programs and communities, adolescent development, and adolescent sexual health. Visit us: [www.actforyouth.net](http://www.actforyouth.net)

The Center of Excellence is also home base for the ACT Youth Network. Visit our youth site: [www.nysyouth.net](http://www.nysyouth.net)

Receive announcements of new publications and youth development resources by subscribing to the *ACT for Youth Update*, an e-letter that appears 1-2 times each month. Subscribe on the ACT for Youth website: [www.actforyouth.net/publications/update.cfm](http://www.actforyouth.net/publications/update.cfm)

The ACT for Youth Center of Excellence is a partnership among Cornell University Bronfenbrenner Center for Translational Research, Cornell University Cooperative Extension of New York City, the Center for School Safety, and the University of Rochester Medical Center Adolescent Medicine Division.