



HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION

# 2024 Disabled LGBTQ+ Youth Report

## A Descriptive Overview of Disabled LGBTQ+ Youth



*Last updated March 25, 2024*

### EXECUTIVE SUMMARY

Disabled LGBTQ+ youth can face challenges in their daily lives that are shaped by their lived experience of their sexual orientation and gender identity, (dis)ability status, and/or the intersection of the two.

In this analysis, HRC Foundation examines survey responses from the 2022 LGBTQ+ Youth Study roughly 3,100 LGBTQ+ youth (aged 13-17) from all 50 states and Washington, D.C. who report being diagnosed with a disability, in order to better understand the disabled LGBTQ+ youth community.

### KEY TAKEAWAYS

**+ 3 in 10 (29.7%)** of the nearly 10,500 LGBTQ+ youth enrolled in the [2022 LGBTQ+ Youth Study](#) who answered the disability question, including **33.3%** of transgender and gender-expansive youth, have ever been diagnosed with a disability by a health care provider.

**+ Disabled LGBTQ+ youth report are more likely to experience parental support for their LGBTQ+ identity than parental rejection, though rejection still remains far too common**

- **68.3%** of disabled LGBTQ+ youth have experienced at least one form of support for their LGBTQ+ identity from their parents.
- **62.5%** of disabled LGBTQ+ youth have experienced at least one form of rejection

**+ Transgender and gender-expansive youth living with a disability often do not have their gender identity affirmed at home.**

- **1 in 10 (11.5%)** trans youth are never able to dress/express their gender identity at home
- **1 in 3 (37.7%)** report family members never use their chosen name
- Almost half (**45.8%**) report that family members never use their correct pronouns

### ***Experiences at School***

**+ LGBTQ+ youth living with disabilities are more likely to feel unsafe in school than LGBTQ+ youth generally.**

- **55.1%** of disabled LGBTQ+ youth feel unsafe in at least one school setting
- Disabled transgender and gender-expansive youth are over twice as likely as disabled cisgender LGBTQ+ youth to report feeling unsafe in at least one school setting (**61.2% vs. 30.9%**).



✦ A sizeable amount of disabled LGBTQ+ youth participate in extracurriculars, particularly non-sport extracurriculars.

- A little under one in five (**18.4%**) of disabled LGBTQ+ youth are currently playing a sport, both in and out of school.
- Two-thirds are participating in some sort of non-sport extracurricular activity, including in school (**59.6%**) or out-of-school (**33.1%**).

✦ Disabled LGBTQ+ youth face bullying due to both their LGBTQ+ identities and disabilities. In the last year,

- **37.9%** of disabled LGBTQ+ youth have been bullied at school for their disability
- **59.9%** of disabled LGBTQ+ youth have been bullied at school for their LGBTQ+ identity

### ***Mental Health***

✦ Disabled LGBTQ+ youth are more likely than LGBTQ+ youth generally to screen for depression or anxiety.

- Screened Positive for Depression
  - **60.1%** of Disabled LGBTQ+ Youth
  - **55.1%** of LGBTQ+ Youth
- Screened Positive for Anxiety
  - **70.6%** of Disabled LGBTQ+ Youth
  - **63.5%** of LGBTQ+ Youth

✦ While disabled LGBTQ+ youth have higher rates of depression and anxiety, they also have higher rates of obtaining mental health care.

- Two-thirds of disabled LGBTQ+ received therapy in the last year, compared to less than half (**48.9%**) of the general LGBTQ+ youth population.
- More than a quarter (**27.3%**) of disabled LGBTQ+ youth had an unmet need for therapy, defined as wanting therapy but being unable to receive it.

✦ Many disabled LGBTQ+ youth report that they receive LGBTQ+ competent mental healthcare.

- Three quarters (**76.3%**) of disabled LGBTQ+ youth have disclosed their LGBTQ+ identity to a mental health provider.
- Disabled LGBTQ+ youth who have received therapy viewed their therapist as very (**40.2%**) or somewhat (**38.8%**) LGBTQ+ informed.

### ***Hopes, Dreams and Fears***

The vast majority of disabled LGBTQ+ youth want to be open about their LGBTQ+ identity in their future careers, but they have concerns.

- Only half (**50.9%**) think they will be able to be their authentic self when applying for jobs
- Three-quarters (**75.4%**) of LGBTQ+ youth, and **81%** of transgender and gender-expansive youth, are afraid they will be discriminated against at future jobs for being LGBTQ+



## INTRODUCTION

In 2022, HRC and the University of Connecticut surveyed almost 13,000 LGBTQ+ identified youth (age 13-18) from all 50 states and the District of Columbia about their experiences in today's society. The results of HRC's [2023 LGBTQ+ Youth Report](#) and other supplemental reports delve into respondents' well-being, experiences at home and at school, hopes for the future, and other aspects of their daily lives.

**In the present report, we focus on the specific experiences of the approximately 3,100 youth surveyed who had been diagnosed with a disability, of which the vast majority were transgender and gender-expansive.** A report on disability and its intersections with LGBTQ+ identity, race and other considerations is planned to release at a future date.

More Americans, both [youth](#) and [adults](#), are proudly and openly identifying as LGBTQ+ than ever before, and public acceptance for non-discrimination protections is the highest it has ever been. In spite of this, the LGBTQ+ community has begun seeing an intensifying wave of attacks, aimed at pushing LGBTQ+ Americans back into the closet and out of all aspects of daily life. Each recent year has seen an increase in anti-LGBTQ+ state legislation, with more anti-LGBTQ+ bills introduced—and passed—than ever before.

Most of these bills directly target LGBTQ+ youth, and transgender, non-binary, gender non-conforming, and other non-cisgender gender-expansive (referred to as “transgender and gender-expansive youth” throughout this report for brevity) youth. Transgender and gender-expansive youth are being targeted by extremists working to strip LGBTQ+ Americans of their basic freedoms, dignity and respect. Anti-LGBTQ+ legislative attacks were so pervasive in 2023, the Human Rights Campaign issued a [National State of Emergency](#) for the first time in our 40+ year history – and 2024 is shaping up to be even worse.

The analysis shows that disabled LGBTQ+ youth have remained steadfast and proud of their individual LGBTQ+ identities despite challenges with rejection, mental health and overarching bias and stigma. At the end of the report, actionable guidelines are provided to help guide parents, caregivers, school administrators, educators, counselors and other youth-serving professionals on how they can support disabled LGBTQ+ youth. It is important to follow the lead of disabled LGBTQ+ youth and implement the actionable guidelines to create safe, affirming, and welcoming spaces for disabled LGBTQ+ youth.

## ABOUT THE DATA

In this report, HRC Foundation uses data from the HRC Foundation and University of Connecticut's 2022 LGBTQ+ Teen Survey, a survey over 12,000 LGBTQ+ youth aged 13-17, to observe some of the experiences disabled LGBTQ+ youth. More than 10,000 (n=10,450) self-reported on their disability status.

This report focuses on the subsample of 3,105 LGBTQ+ youth who report they have been diagnosed with a disability. Visit the [Methodology Appendix](#) for a full discussion on research methodology.



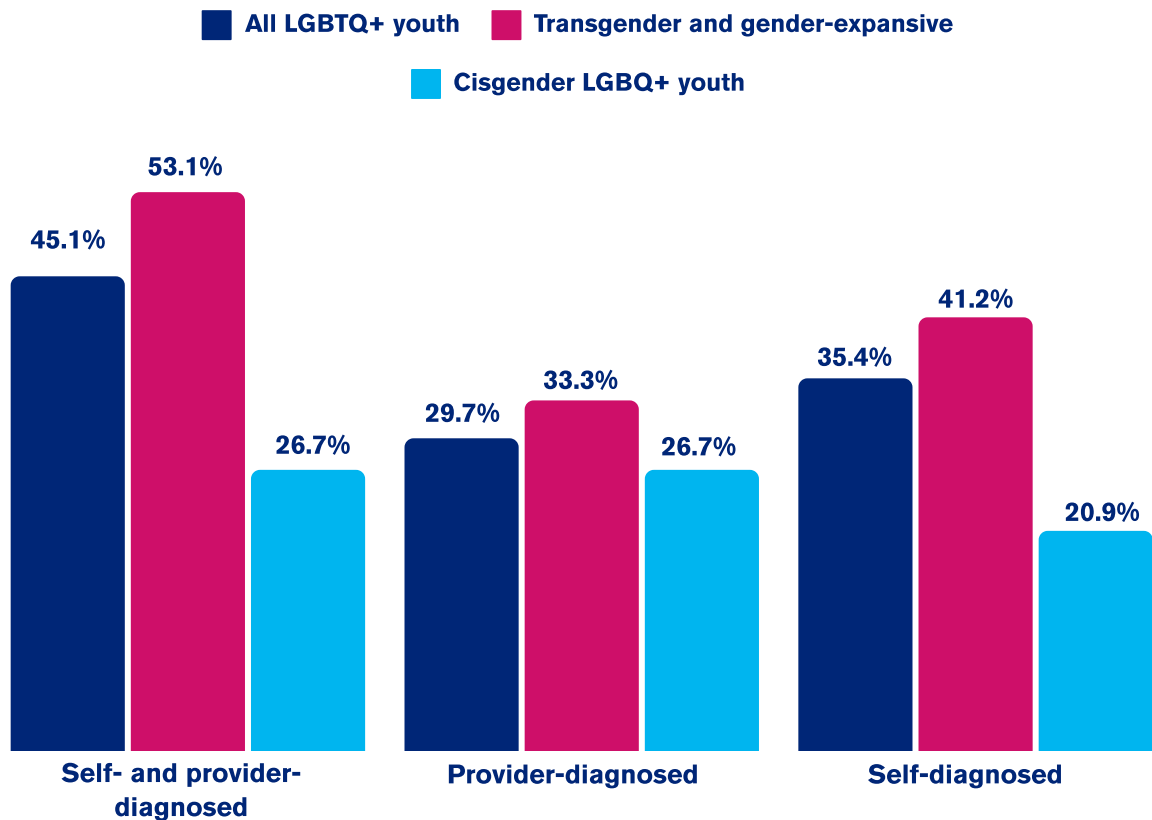
## LGBTQ+ YOUTH WITH DISABILITIES

### Rates of Disability

In the present study, disability is self-reported by participants one of two ways: Self-diagnosed (“Do you consider yourself to have a disability”) and diagnosed by a provider (Were you ever told by a doctor, healthcare provider or mental health care provider that you have a disability?).

Overall, almost half (45.1%) of LGBTQ+ youth in the sample self-reported having a disability (either self-diagnosed or provider-diagnosed), including more than half (53.1%) of transgender and gender-expansive youth, and more than a quarter (26.7%) of cisgender LGBTQ+ youth (Table 1). For the purpose of this report, unless otherwise indicated, “youth with a disability” is limited to the 29.7% of LGBTQ+ youth who report having a disability diagnosed by a provider (Figure 1).

Figure 1: Rates of Disability Among LGBTQ+ Youth by Gender Identity



The reason for focusing on provider diagnosed disability is that formal documentation of a disability is required to access specific services, resources, and/or accommodations such as Individualized Education Programs (IEP), which are used to provide disabled students the ability to thrive in school.

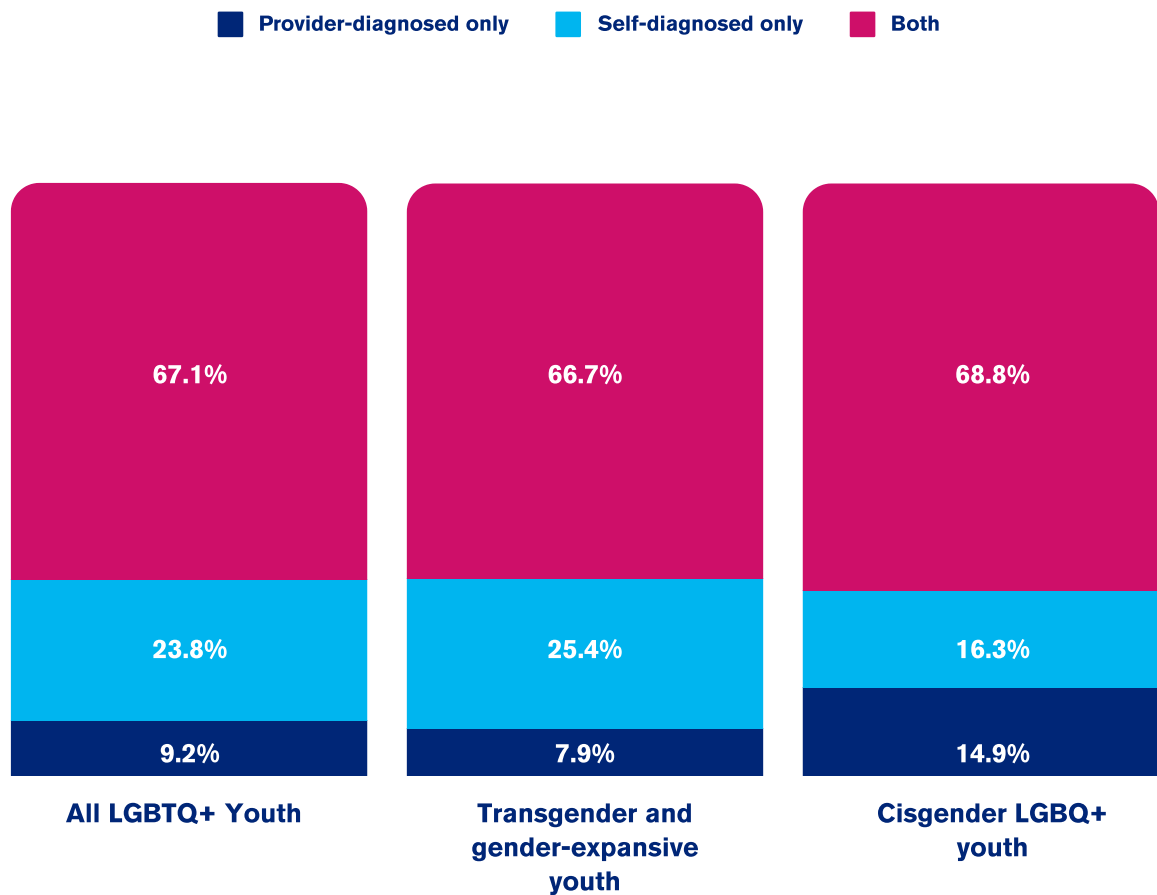
However, it should be noted that the ability to access diagnostic testing and obtain an official diagnosis is not universal. Previous research has shown that youth from marginalized backgrounds, including racial or ethnic minorities and those lacking adequate health insurance, are all less likely to access diagnostic testing, and thus are less likely to be included in grouping or services that necessitates formal diagnosis.



This disparity in ability to receive a diagnosis is reflected in the fact that a slightly higher proportion of LGBTQ+ youth report a self-diagnosed disability (**33.4%**) than a provider-diagnosed one, particularly among transgender and gender-expansive youth (**Figure 1**). In addition, a sizeable proportion (almost a quarter) considered themselves to have a disability yet lacked a formal diagnosis—something that was significantly more common among transgender and gender-expansive youth (**25.4%**) than cisgender LGBTQ+ youth (**16.3%**; Table 1; Figure 2).

However, **two-thirds** of those who self-reported a disability (either provider or self-diagnosed) were consistent in both considering themselves to have a disability and having received a diagnosis for that disability from a provider. In addition, the type of disability reported did not differ substantially between those reporting a provider-diagnosed disability, and those considering themselves to have a disability.

**Figure 2: Disability Type Among Those Self-Reporting a Disability**



**Types of Disability**

Disability refers to conditions that can impair the body or mind and make it more difficult or impossible to do certain activities or functions of daily living. The Centers for Disease Control & Prevention (CDC) [states](#) that a range of disabilities can impact a person's vision, movement, thinking, remembering, learning, communicating, hearing, mental health and social relationships.

## ABOUT GENDER DYSPHORIA

In recent years, some legal and policy experts have considered gender dysphoria to be a type of disability. Gender dysphoria refers to clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify, and is often diagnosed in transgender and gender-expansive individuals. Not every transgender and gender-expansive person has gender dysphoria, nor is gender dysphoria required to 'be' trans. In the present study, we do not assess for gender dysphoria, nor do we include it as a type of disability

Respondents were asked what type of disability they had, selecting as many as apply from the following options: Physical disability; Developmental or learning disability ; Psychiatric disability/mental illness; Another type (see Methodology for a full list of write-in responses, and how they were recoded). The most common (about three-quarters), type of disability reported among LGBTQ+ youth were mental health disabilities such as depression or anxiety, something that one in four Americans can experience in their lifetime.

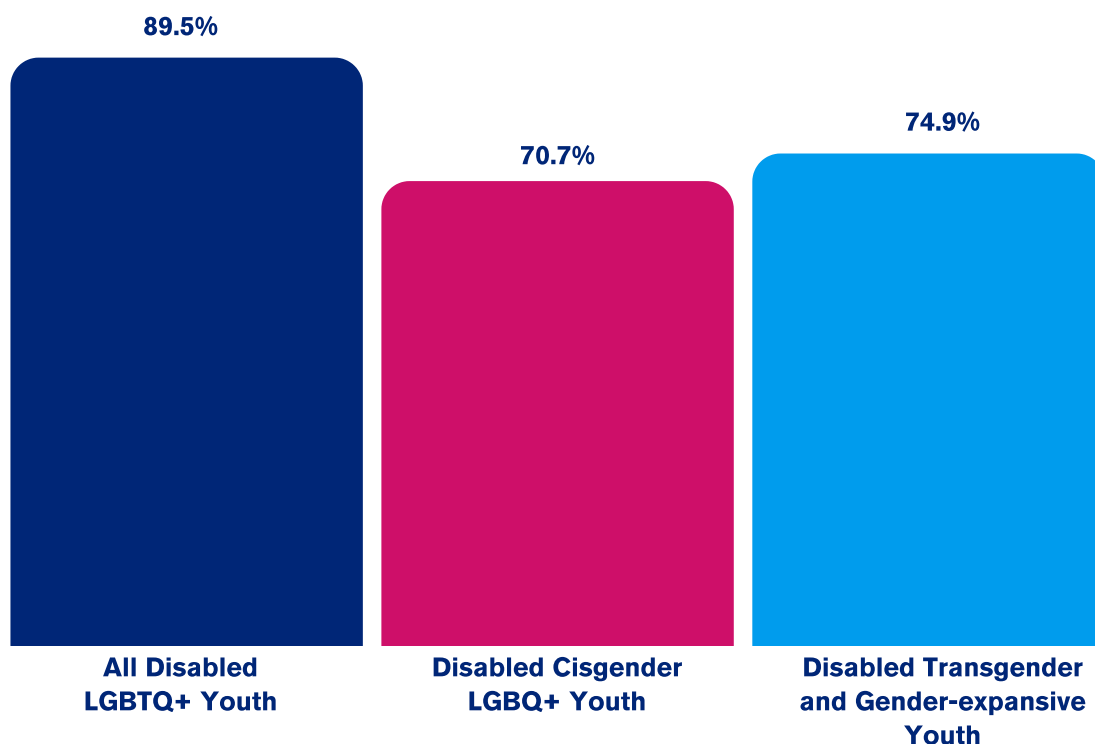
About **six in ten (62.5%)** transgender and gender-expansive youth, as well as **half (50.7%)** of cisgender LGBTQ+ youth, reported a cognitive disability, such as a neurodevelopmental disorder or learning disability. Furthermore, **a quarter (26.9%)** of transgender and gender-expansive youth, and a **fifth (22%)** of cisgender LGBTQ+ youth, reported a physical disability (Table 3).

## DISABLED LGBTQ+ YOUTH AT HOME

### *Outness to Immediate Family*

The vast majority of disabled LGBTQ+ youth are out to at least one member of their immediate family (parents, guardians or siblings). Transgender and gender-expansive youth are more likely than cisgender LGBTQ+ youth to be out (Table 2; Table 3; Figure 3).

**Figure 3: Outness to Immediate Family Among Disabled LGBTQ+ Youth**

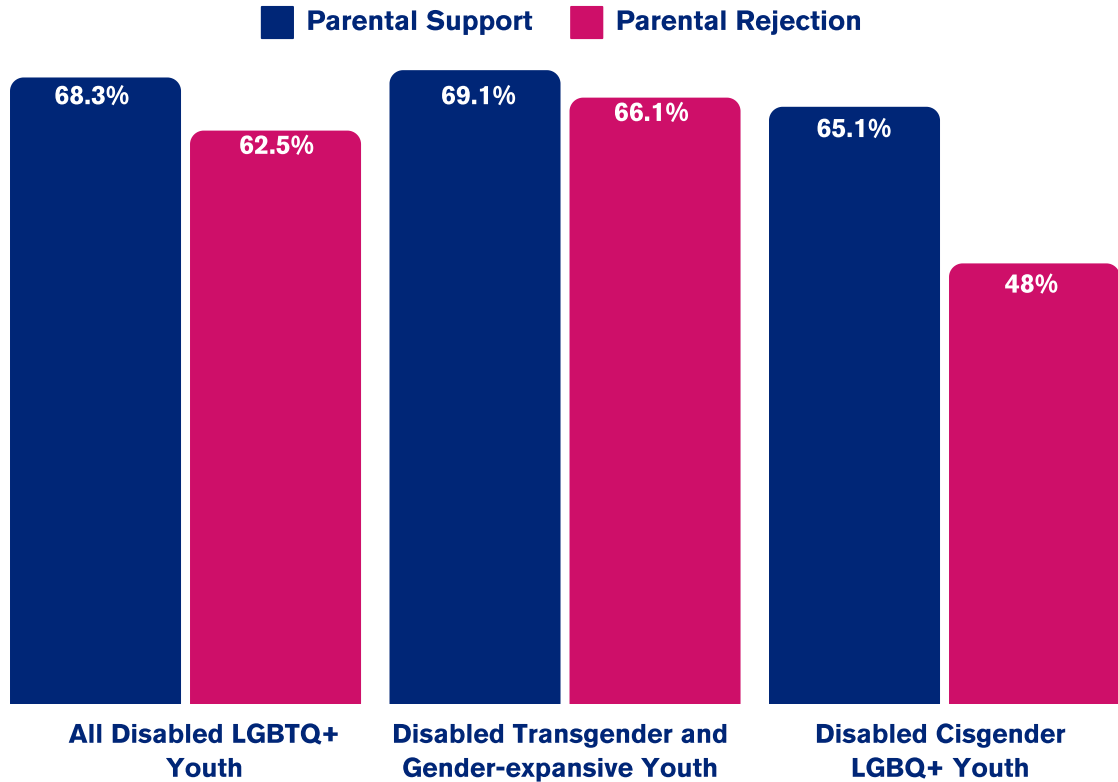




### Parental Support and Rejection

More disabled LGBTQ+ youth report experiencing at least one form of parental support, than one form of parental rejection, for their LGBTQ+ identity. However, many still face rejection, an experience that is far more common an experience for disabled transgender and gender-expansive youth than it is for disabled cisgender LGBTQ+ youth (Table 4; Table 5; Figure 4).

Figure 4: Parental Rejection and Support Among Disabled LGBTQ+ Youth



Notably, though the survey **only assessed instances of parental rejection and support regarding respondents' LGBTQ+ identity**, disabled LGBTQ+ youth can face rejection from parents because of their disability as well. For example, parents may feel shame for their child's disability, feel shame about their LGBTQ+ identity, or feel both at once.

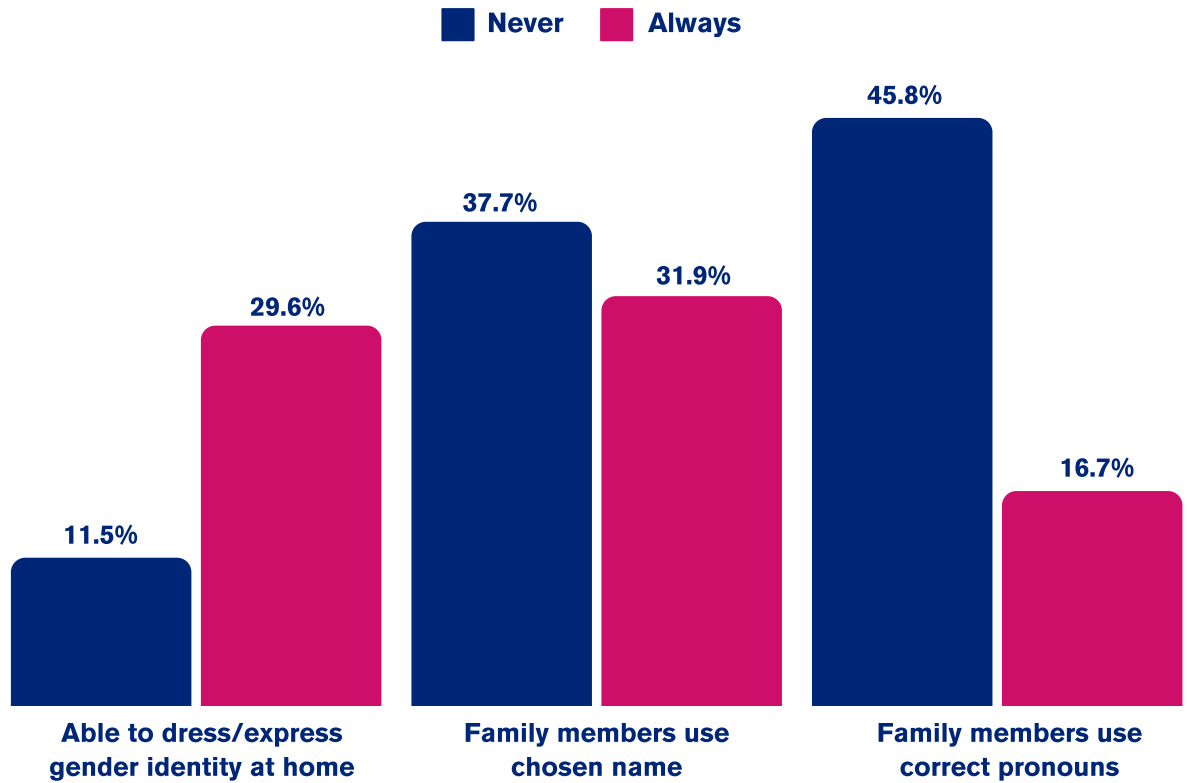
Some parents may also view their child's LGBTQ+ identity as a disability, even though being an LGBTQ+ person is not a disability or mental illness. Thus, it is important to keep in mind that many of the youth in this sample may have still experienced parental rejection or support for their disability, which is not reflected above.

### Disabled Transgender and Gender-expansive Youth at Home

Furthermore, transgender and gender-expansive youth living with a disability often do not have their gender identity affirmed at home, specifically when it comes to having their pronouns used correctly (Table 3; Figure 5).



**Figure 5: Gender Affirmation At Home Among Disabled Transgender and Gender-expansive Youth**



However, transgender and gender-expansive youth living with a disability are slightly more likely than trans youth overall to report their family is affirming their gender identity and expression. For example, among all transgender and gender-expansive youth in the survey, 41% report their family never uses their chosen name, and 49.5% report their family never uses their chosen pronoun.

## DISABLED LGBTQ+ YOUTH AT SCHOOL

### *Outness at School*

Virtually all disabled LGBTQ+ youth were out about their LGBTQ+ identity to someone at school. Disabled LGBTQ+ youth are more likely to be out to their peers rather than an adult like a teacher or coach. Similar trends are seen for transgender and gender-expansive youth and cisgender LGBTQ+ youth (Table 6). Among disabled LGBTQ+ youth:

- **98.9%** are out to at least one LGBTQ+ friend
- **95.1%** are out to at least one non-LGBTQ+ friend
- **86.8%** are out to at least one classmate
- **73%** are out to at least one teacher
- **26%** are out to at least one athletic coach



## School Safety

LGBTQ+ youth living with disabilities are more likely to feel unsafe in school than LGBTQ+ youth generally. Overall, **55.1%** of all LGBTQ+ youth living with a disability report feeling unsafe in at least one school setting – compared with **46.1%** of LGBTQ+ youth overall.

This pattern holds true for each setting assessed (Table 9). For example:

- **Half (50.2%)** of disabled LGBTQ+ youth feel unsafe in locker rooms – compared to **39.6%** of LGBTQ+ youth overall
- **A third (33.6%)** feel unsafe in bathrooms – compared with **a quarter (26.2%)** of LGBTQ+ youth overall

Gender identity also intersects with disability to negatively impact school safety:

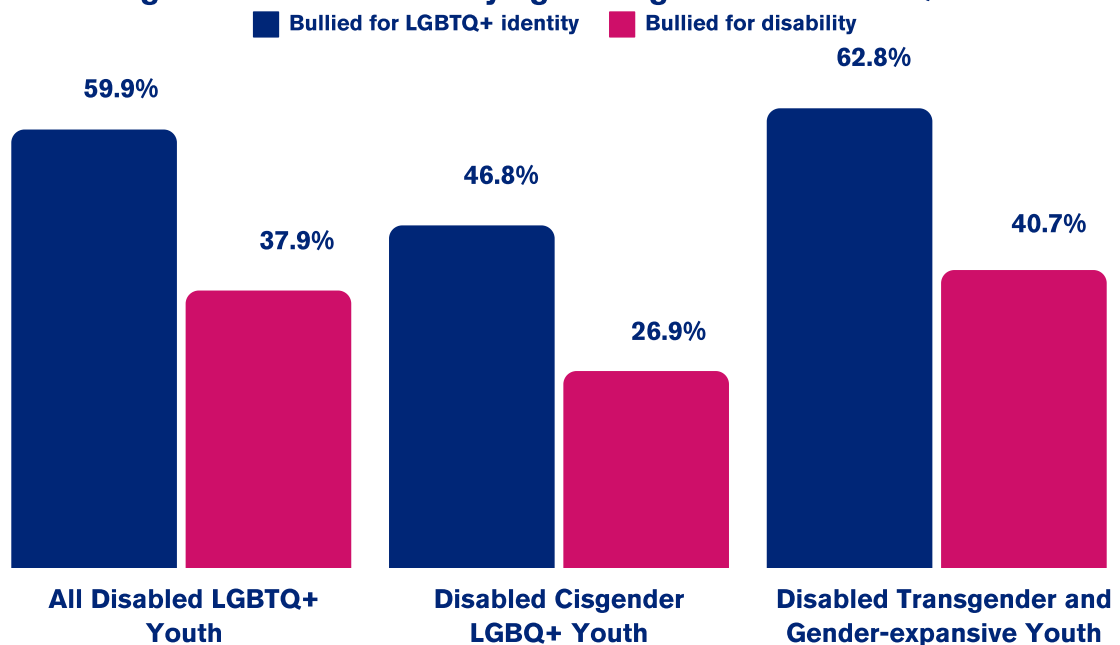
- Disabled transgender and gender-expansive youth **are over twice as likely** as disabled cisgender LGBTQ+ youth to report feeling unsafe in at least one school setting (**61.2% vs. 30.9%**).

## School Violence and Bullying

LGBTQ+ youth are significantly more likely than cisgender and straight youth to experience bullying at school, and to experience violence and physical and verbal harassment from their peers. Being bullied for a disability is also among one of the most common types of bullying in school. Over **six in ten (62.5%)** disabled LGBTQ+ youth had experienced physical violence or verbal harassment at school in the prior 30 days of taking the survey (Table 13). In addition, in the past year, over **half (59.6%)** of LGBTQ+ youth living with a disability, including more than six in ten (**62.8%**) transgender and gender-expansive youth, report being bullied for their LGBTQ+ identity (Table 12).

Many students with disabilities are worried about school safety, or experience bullying and harassment, due to their disability as well as their LGBTQ+ identity. In the past year, more than **a third (37.9%)** of disabled LGBTQ+ youth were bullied at school by their peers specifically for their disability (Figure 6).

**Figure 6: Prior-Year Bullying Among Disabled LGBTQ+ Youth**





Many disabled LGBTQ+ youth do not disclose bullying to teachers or staff at school. Only **one-third (32.4%)** of LGBTQ+ youth living with disabilities have disclosed bullying to a teacher or staff member at school.

A lack of staff responsiveness to reported bullying may be playing a role: Among disabled LGBTQ+ youth who reported bullying to a teacher or staff at school, **half (49.7%)** said it helped only a little (**22.1%**) or not at all (**27.6%**).

### ***Disabled Transgender Youth at School***

Gender-inclusive restrooms, locker rooms and other spaces are already rarity in schools. A growing number of state legislatures are passing laws forbidding and criminalizing schools from using chosen names and correct pronouns for transgender and gender-expansive youth. These same legislatures are also pushing to exclude transgender and gender-expansive students from accessing spaces like bathrooms and locker rooms. Barriers to accessing essential spaces can create difficult or demoralizing experiences for transgender and gender-expansive youth.

At the same time, disabled people are no strangers to inaccessible spaces. For example, a [study](#) by the U.S. Government Accountability Office found that two-thirds of school districts they studied had facilities that were not conducive for use by people with physical disabilities.

Together, these factors converge to limit the ability for disabled trans and gender-expansive to have their identities affirmed at school.

For example, only **one in five (22.8%)** disabled transgender and gender-expansive youth report always being able to use a school restroom that matches their identity, whereas over **half (54.3%)** are never able to do so (Table 15).



### ***Extracurriculars***

Participating in school sports and other extracurricular activities can have [numerous positive benefits](#) for youth (see Table 16).

- A little under **one in five (18.4%)** of disabled LGBTQ+ youth are currently playing a sport, either in and/or out of school.
- **Two-thirds (66.2%)** are participating in some sort of non-sport extracurricular activity, including in school (**59.6%**) or out-of-school (**33.1%**).

Disabled LGBTQ+ youth may be more likely to participate in non-sport extracurricular activities because they are more accommodating to their disabilities or LGBTQ+ identity. For example, according to the National Center on Health, Physical Activity and Disability (NCHPAD), 1.5 million students in public and secondary schools with a physical disability [are excluded](#) from access to participate in athletic competitions. Transgender and gender-expansive youth also are often excluded from participating in sports, as many states have [outright banned](#) them from participating in school sports and competing on sports teams.

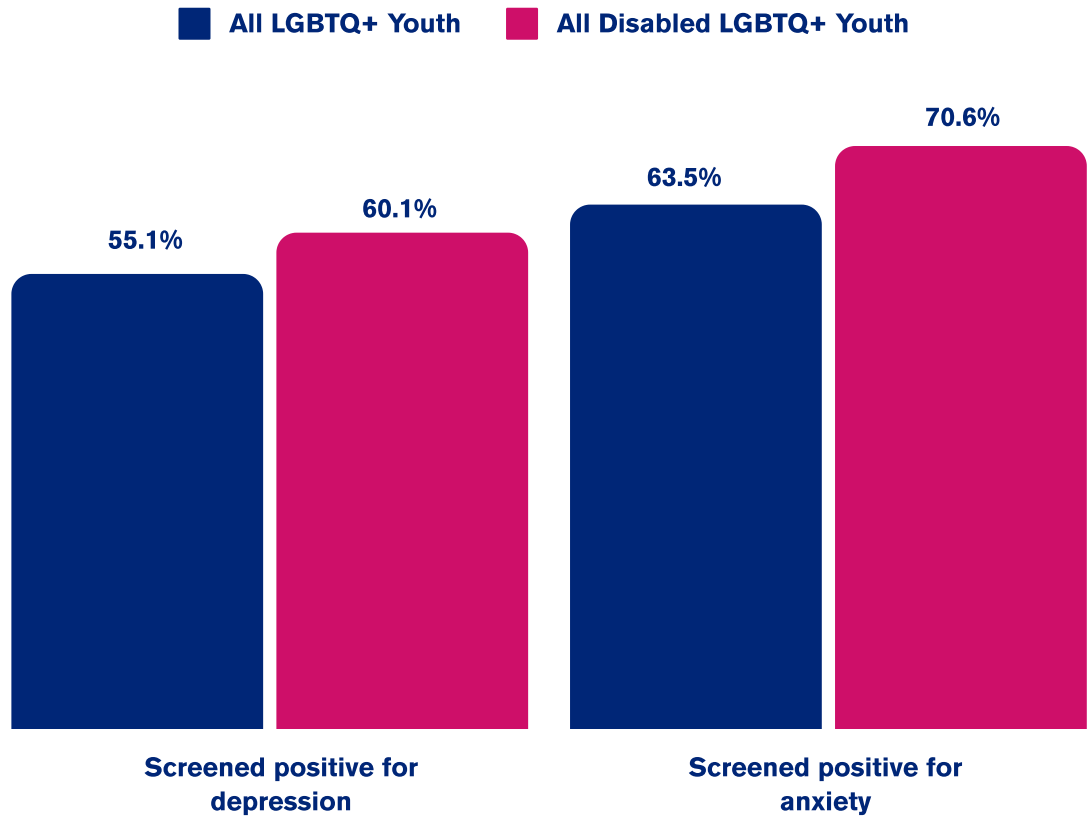


## DISABLED LGBTQ+ YOUTH AND MENTAL HEALTH

### Depression and Anxiety

Today's disabled LGBTQ+ youth face a variety of stressors relating to both their disabilities and LGBTQ+ identities. Depression and anxiety are more common among disabled LGBTQ+ youth than in the general LGBTQ+ youth population (Table 17; Figure 7).

**Figure 7: Depression and Anxiety Among Disabled LGBTQ+ Youth**



### Access to Mental Health Care

While disabled LGBTQ+ youth have higher rates of depression and anxiety, they also have higher rates of obtaining mental health care--though this may partially be due to the fact that, to be included in the disability sample, respondents had to have received a formal diagnosis from a health care provider (and thus reflect a cohort of youth with access to at least some form of care).

**Two-thirds** of LGBTQ+ youth living with disabilities received therapy in the last year, compared to less than **half (48.9%)** of the general LGBTQ+ youth population. However, more than **a quarter (27.3%)** of disabled LGBTQ+ youth had an unmet need for therapy, defined as wanting therapy but being unable to receive it (Table 17).

**Three quarters (76.3%)** of disabled LGBTQ+ youth have disclosed their LGBTQ+ identity to a mental health provider (Table 18). As with the general LGBTQ+ youth population who received therapy, disabled LGBTQ+ youth who have received therapy viewed their therapist as very **(40.2%)** or somewhat **(38.8%)** LGBTQ+ informed (Table 17).



### Pride

Many disabled LGBTQ+ youth are proud of their LGBTQ+ identities: **9 in 10 (90.3%)** LGBTQ+ youth living with disabilities are proud to be LGBTQ+ people (Table 19).

However, disabled LGBTQ+ youth simultaneously have some negative reactions about their identity:

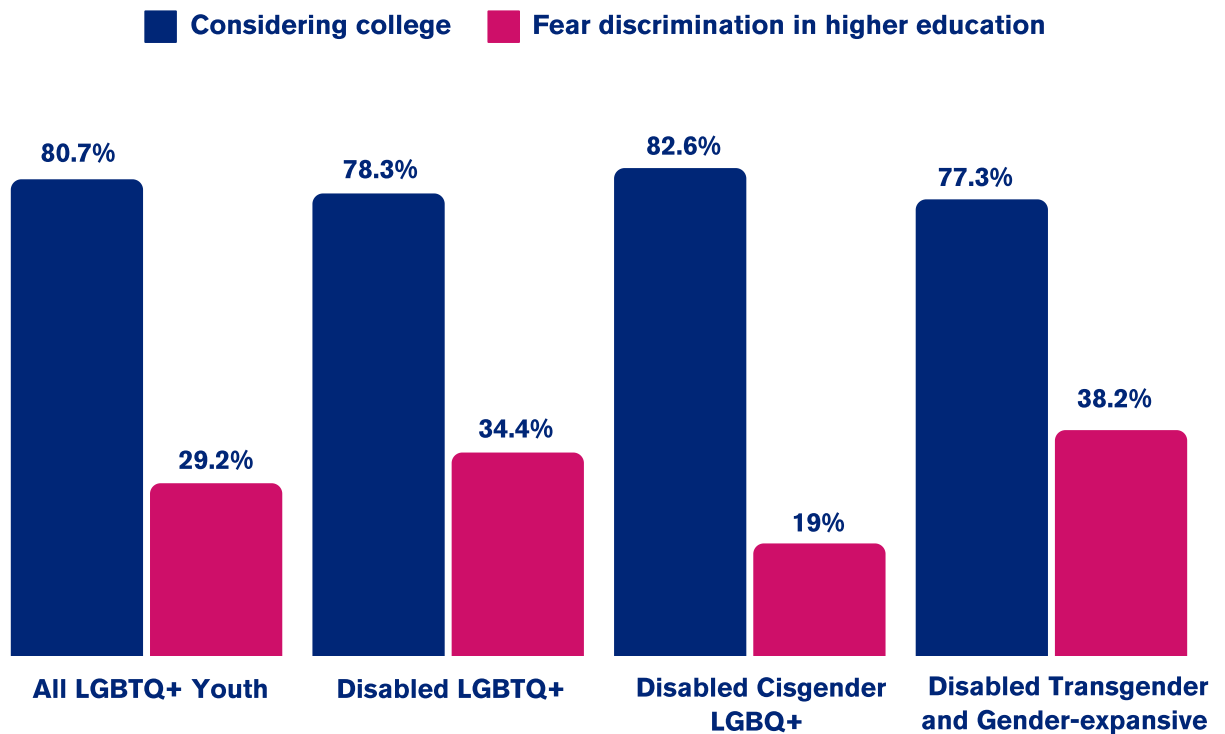
- One-quarter (**24.9%**) wish they were not LGBTQ+
- More than one-third (**37%**) feel depressed when thinking about being LGBTQ+
- More than four in ten (**44.6%**) feel critical of themselves when thinking about being LGBTQ+

## HOPES, FEARS AND DREAMS

### Higher Education and College

Most disabled LGBTQ+ youth are considering attending college, with a slight gap by gender identity (Table 20; Figure 8). However, many also have fears that their LGBTQ+ identity could negatively impact their higher education opportunities (e.g., fear discrimination).

**Figure 8: College Attendance and Higher Education Opportunities**



While not directly measured in this study, disabled LGBTQ+ prospective students may also think their disability could negatively impact their higher education opportunities, specifically as it comes to degree completion.

Overall, 23% of undergraduates who reported a disability in 2012 eventually graduated with a bachelor's degree by 2017, while 38% of undergraduates who did not report a disability graduated with a bachelor's degree. This suggests a gap in degree attainment between disabled and non-disabled collegegoers, which could be due to that disabled students lacking the resources and accommodations needed to fully thrive in higher education settings.



## **Future Careers**

**Three-quarters (78.9%)** of LGBTQ+ youth living with disabilities, and more than **8 in 10 (80.4%)** transgender and gender-expansive youth want to be out about their LGBTQ+ identity at their future job (Table 23; Table 24). However, they have concerns about their ability to do so—particularly transgender and gender-expansive youth:

- Only **half (50.9%)** think they will be able fully be their authentic self when applying for jobs
- **Three-quarters (75.4%)** of LGBTQ+ youth—and **81%** of transgender and gender-expansive youth—are afraid they will be discriminated against at future jobs for being an LGBTQ+ person, compared with **52%** of cisgender LGBTQ+ youth

Many disabled people, including disabled LGBTQ+ people, go without workplace accommodations and protections. Disabled LGBTQ+ people must approach their future careers keeping in mind how both their LGBTQ+ identities and their disabilities can impact their potential opportunities.

## **CONCLUSION**

Disabled LGBTQ+ youth can face a series of challenges that are shaped by both their LGBTQ+ identities and disabilities. At home, disabled LGBTQ+ youth may have parents that are ashamed of their LGBTQ+ identity or disability, lacking affirmation and support that is critical to their development and well-being. However, many disabled LGBTQ+ youth find that their parents can also be supportive of them regarding their LGBTQ+ identities. At school, violence and bullying are all too common for disabled LGBTQ+ youth. This is due to both how peers and staff at schools treat them as well as how the broader political system is targeting LGBTQ+ youth in states across the country. Given this, it is unsurprising that disabled LGBTQ+ youth have elevated challenges with mental health and concerns about future opportunities in areas such as higher education. Parents, caregivers, educators and youth-serving professionals must come together to meet the needs of disabled LGBTQ+ youth, and lawmakers must end the attack on LGBTQ+ kids in America.



## WHAT TO DO

### *For Parents and Caregivers*

- Believe your child when they tell you who they are.
  - As with any LGBTQ+ person, use the name and pronouns your child wants to use when addressing them. Allow them to explore their gender expression, including the type of clothing they wear, how they style their hair, use of make-up, etc., in age-appropriate ways that align with their identity.
  - Educate yourself on LGBTQ+ identities
  - For parents and caregivers of youth with developmental disabilities, including but not limited to neurodivergent youth, recognize that a young person having a disability does not mean they don't understand their gender identity and/or sexual orientation.
    - A growing area of research suggests that there is a likely link between neurodiversity and gender-expansive identities. To learn more check out the National LGBT Health Education Center's "Neurodiversity & Gender-Diverse Youth: An Affirming Approach to Care" - <https://www.lgbtqiahealtheducation.org/publication/neurodiversity-gender-diverse-youth-an-affirming-approach-to-care-2020/download/>
  - As evidenced in this study, there are many LGBTQ+ youth who believe they are disabled but have not received a diagnosis. Believe your child and work with them to access appropriate clinical care that can explore if they have a disability, while also affirming their sexual orientation and/or gender identity.
  - Many disabilities are invisible and not easily recognized by others. Learn more from the Invisible Disabilities Association - <https://invisibledisabilities.org/what-is-an-invisible-disability/>.
- Learn more about your child's disability, in order to create accommodating spaces for them at home.
  - Learn about the varying experiences of people who have the same diagnoses--from both medical providers, and those who are disabled themselves. While diagnoses may intersect, no two children's needs are the same.
  - Seek out opportunities for your child to connect with other LGBTQ+ youth, other disabled youth, and, ideally, other disabled LGBTQ+ youth.
  - Listen to your child. Be sure to ask your child what they specifically could benefit from and use their feedback to improve their environment.
  - Encourage your child's interest in affirming extracurricular activities and encourage them to explore activities that align with all of their identities. Reach out to the people who run these activities to discuss any accommodations your child may need.
- Connect with mentors and possibility models with similar disabilities, needs, and/or experiences as your child so that you can learn how their disability may impact them throughout life while also connecting your child to another resource and community member who can provide emotional support.
- Provide affirming books, movies, and other media that affirm and celebrate both LGBTQ+ identities and disabled people. Check out Welcoming Schools' book lists for ideas - <https://welcomingschools.org/resources/books>.



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### ***For Educators and Administrators***

- Familiarize yourself with your disabled students' specific needs and accommodations.
  - Make sure you are operating within the terms of their 504 or IEP plans.
  - Create collaborative opportunities to discuss what support looks like to the youth themselves.
- Adjust classroom requirements to meet students with different needs
  - Create quiet spaces for students who might get overstimulated. Provide stim toys to help students stay on task
  - Allow students to eat lunch in the classroom as needed
  - Work with parents, counselors, and students to craft solutions and plans to assist disabled students in times of crisis
- Ensure your school has enumerated policies in place to address biased-based bullying, harassment, and violence, including for LGBTQ+ students, disabled students, and LGBTQ+ students with disabilities.
  - Interrupt homophobia, transphobia, and ableism from students, faculty, and staff. This includes adjusting language to be more inclusive of all students, such as avoiding terms like "lame" or "crazy" which have been used to denigrate and dehumanize disabled people. Learn more about ableist language from NEA's "Words Matter! Disability Language Etiquette: An introduction to disability language etiquette for allies."
  - Provide training for educators and staff on identifying and intervening in biased-based bullying. Check out Welcoming Schools' opportunities <https://welcomingschools.org/resources/training>.
  - Provide books and other media that affirm LGBTQ+ youth and disabled youth in your school library and classrooms. Check out Welcoming Schools' book list for ideas - <https://welcomingschools.org/resources/books>.
- Ensure lesson plans represent the full spectrum of human experience. Check out Welcoming Schools' lesson plans for ideas - <https://welcomingschools.org/resources/lessons>.
- Ensure that LGBTQ-affirming resources in school, such as Gender & Sexuality Alliances (GSA), both exist, and are accessible to youth with physical disabilities.
- Build a referral database of LGBTQ-affirming resources in the community.
- Check out CenterLink to find LGBTQ+ resources in your community - <https://www.lgbtqcenters.org/LGBTCenters> and ensure you know how accessible these community resources are for disabled LGBTQ+ students.



- Consider virtual LGBTQ+ support resources that may be suited for disabled youth who are impacted by anxiety or neurodiversity. Check out Q-Chat Space, operated by CenterLink and vetted/trusted adult allies - <https://www.qchatspace.org/>.

### ***For Mental Health Providers***

- Seek out professional development and clinical training to support LGBTQ+ youth and specifically transgender and gender-expansive youth, as well as disabled youth.
- Believe disabled youth, including youth with developmental disabilities, when they come out or invite you in about their sexual orientation and/or gender identity.
  - Learn from and contribute to the growing research on the potential connection between neurodiversity and gender-diversity. To learn more check out the National LGBT Health Education Center's "Neurodiversity & Gender-Diverse Youth: An Affirming Approach to Care" - <https://www.lgbtqihealtheducation.org/publication/neurodiversity-gender-diverse-youth-an-affirming-approach-to-care-2020/download/>
  - Assist parents, caregivers, and other adults in the youth's life understand, believe, and affirm their disabled youth's LGBTQ+ identity.
  - Consistently use the name and pronoun a youth goes by and encourage their parents, caregivers, and family members in doing the same.
  - Work with youth to explore their experiences with the possibility of them having a disability. Provide resources and information for youth and families to learn more about disabilities, including invisible disabilities. Learn more about invisible disabilities from the Invisible Disabilities Association - <https://invisibledisabilities.org/what-is-an-invisible-disability/>.
- Uplift the autonomy and self-determination of disabled youth by working with them on needed accommodations that they are comfortable with and affirm their identity. Ensure disabled youth have a say in their treatment and work with parents and caregivers to ensure disabled youth's voices, experiences, and expressed needs are taken seriously when developing accommodations for youth.
- Ensure you have local in-person and virtual referral organizations and resources to support and affirm LGBTQ+ youth such as support groups where they are able to connect with youth with similar identities. Additionally, ensure the accessibility of these resources for disabled youth, particularly youth with physical disabilities.



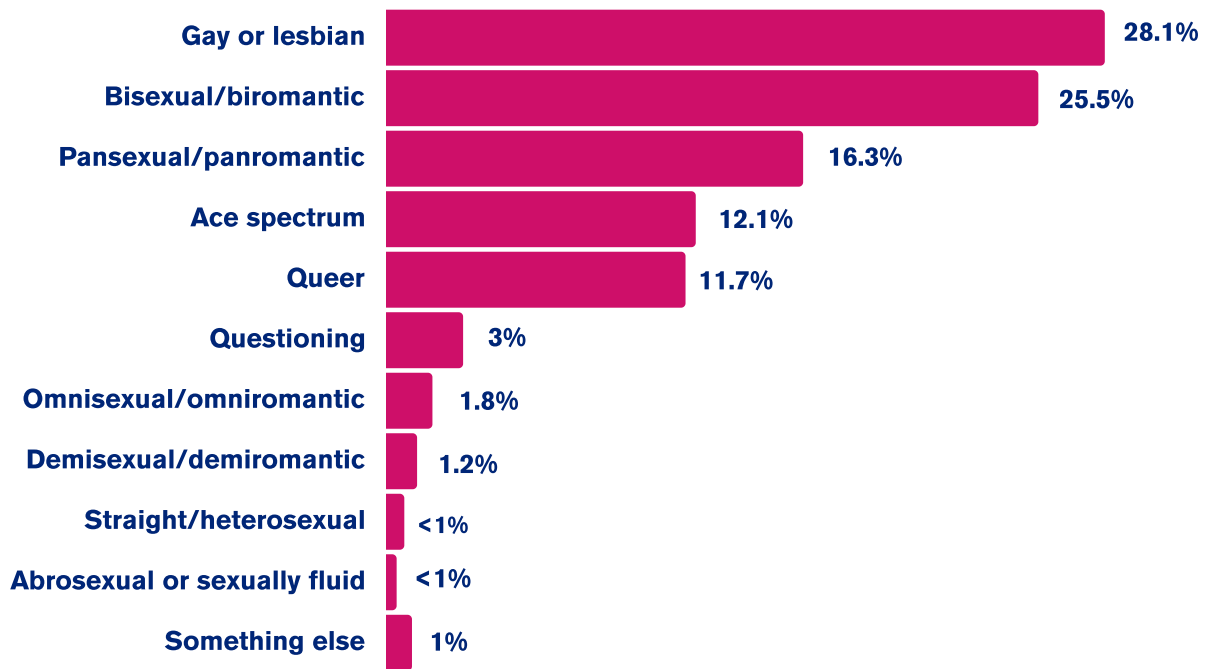


## RESPONDENT PROFILE OF THE DISABLED LGBTQ+ SAMPLE

### Sexual Orientation

Most respondents were either gay or lesbian (**28.1%**), bisexual/biromantic (**25.5%**), or pansexual/panromantic (**16.3%**; Figure 9). Additionally, one in ten were asexual (**12.1%**) or queer (**11.7%**).

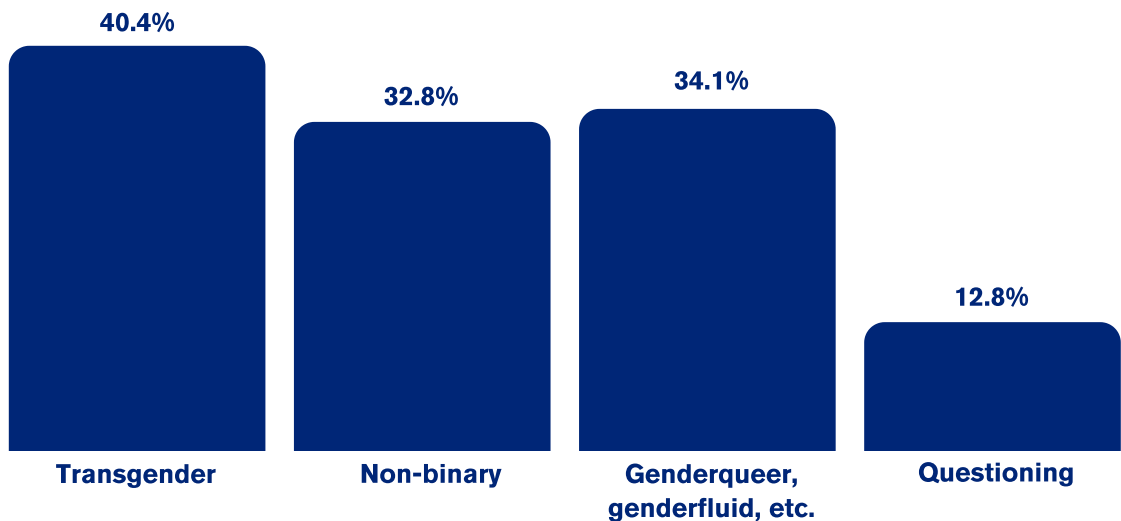
Figure 9: Sexual Identity Among Respondents



### Gender Identity

Most respondents identified as transgender (**40.4%**). Additionally, **32.8%** identified as non-binary, **34.1%** identified as genderqueer, gender non-conforming, gender fluid (etc.), and **23.3%** were cisgender. Lastly, **12.8%** were questioning their gender identity (Figure 10). Note, categories are not mutually exclusive.

Figure 10: Respondent Gender Identity

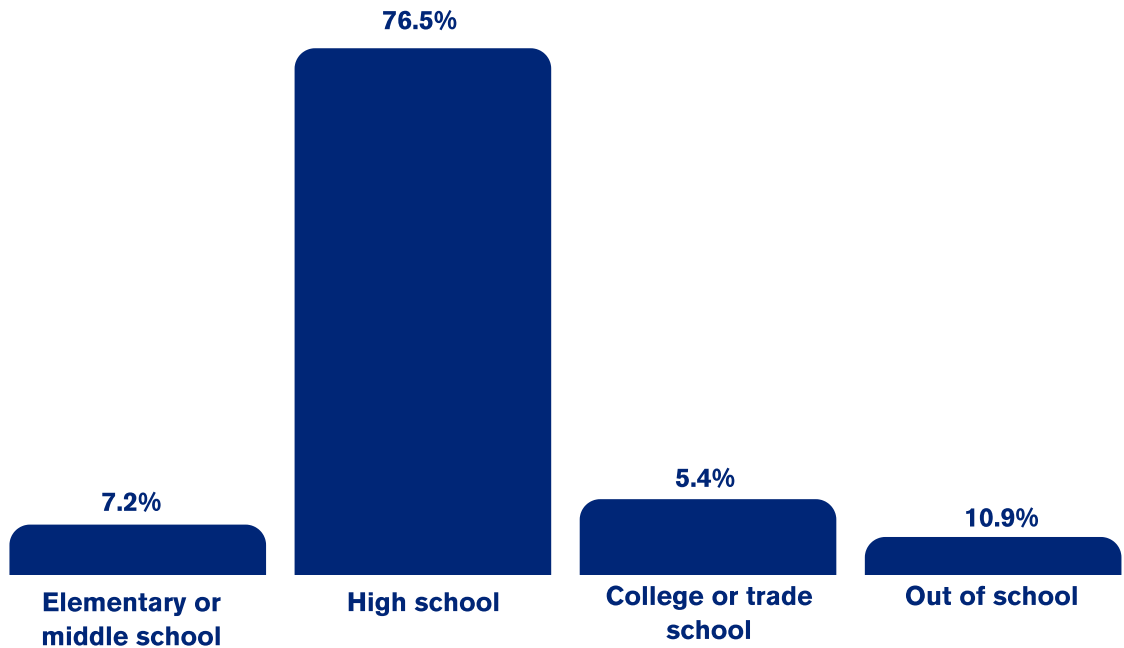




### Student Grade

Most respondents were in high school (76.5%), compared to elementary or middle school (7.2%) as well as college or trade school (10.9%; Figure 11). Few were out of school (5.4%).

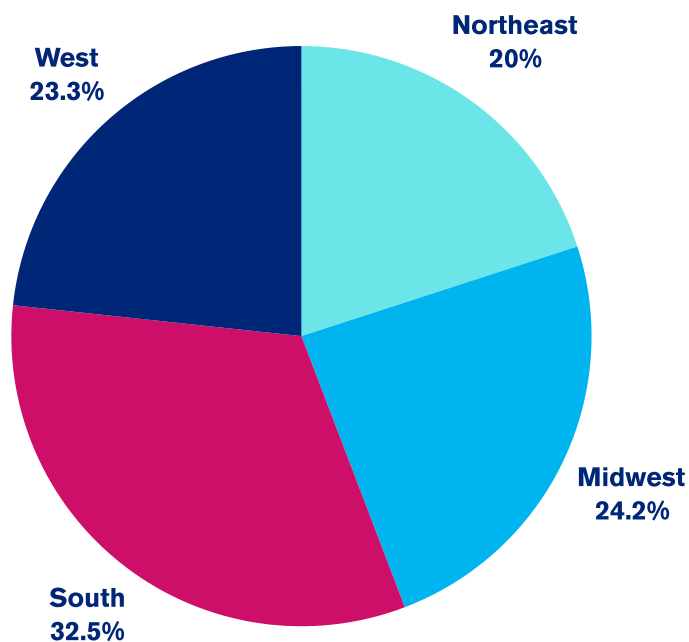
Figure 11: Student Grade of Respondents



### Geographic Region

A plurality of respondents were from the South (32.5%), following respondents in the Midwest (24.2%), West (23.3%), and Northeast (20%; Figure 12).

Figure 12: Respondent Region

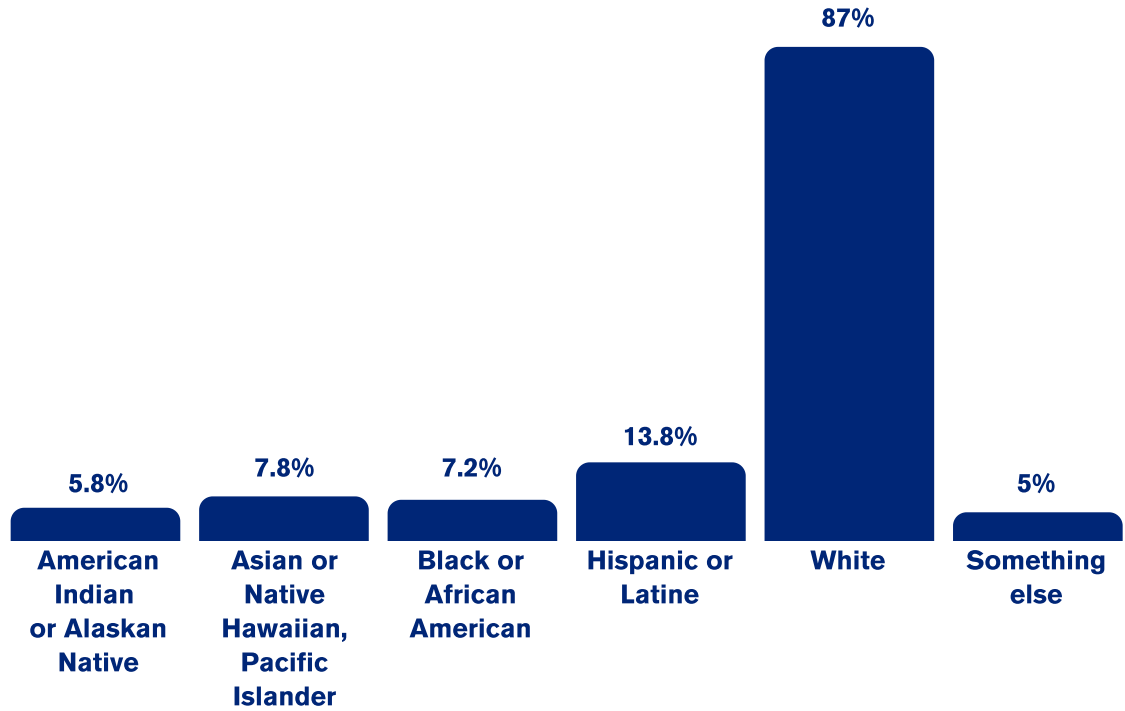




### Race and Ethnicity

Most respondents were white (87%; Figure 13), followed by Hispanic/Latine (13.8%), Asian or Native Hawaiian/Pacific Islander (7.8%), Black or African American (7.2%), American Indian or Alaskan native (5.8%) or something else (5%).

Figure 13: Respondent Race and Ethnicity





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## ACKNOWLEDGEMENTS

### HRC FOUNDATION

The HRC Foundation — a tax-exempt 501(c)(3) organization — envisions a world where all LGBTQ+ people can participate fully in the systems that shape our daily lives. Through public education, research, and policy and practice change, the Foundation's impact can be felt in schools, on factory floors and corporate suites, and in places of worship. It touches LGBTQ+ lives from childhood through end-of-life, people of all races, ethnicities, sexual orientations, gender identities, abilities and religious beliefs, in big cities and small towns, in the United States and across the globe.

### YOUTH WELL-BEING

The HRC Foundation's Youth Well-Being Program is dedicated to improving the lived experience of LGBTQ+ youth in everyday institutions of daily life--families, schools, after-school enrichment programs, community centers, health and wellness programs, child welfare, and other systems of care. The Youth Well-Being Program includes the Time to THRIVE conferences, Project THRIVE, the Youth Ambassador program, the Parents for Transgender Equality Council and a portfolio of training and educational resources to help youth-serving professionals promote the overall well-being of LGBTQ+ youth.

### THE PUBLIC EDUCATION & RESEARCH PROGRAM

The HRC Foundation's Public Education & Research Program spearheads a wide variety of LGBTQ+ advocacy and outreach campaigns, working to ensure that the HRC Foundation's resources and programs are timely, impactful and inclusive. In addition to publishing resource guides, informational materials and reports, the team conducts original quantitative and qualitative research exploring the lived experiences of LGBTQ+ people. The program also collaborates with experts and provides guidance to other HRC initiatives in support of efforts to advance LGBTQ+ equality and well-being.

### UNIVERSITY OF CONNECTICUT RESEARCH TEAM

#### **Dr. Ryan Watson, Associate Professor, University of Connecticut**

Dr. Ryan Watson is an Associate Professor at the University of Connecticut and was the lead researcher who ran both the 2017 and 2022 LGBTQ+ Youth Study, as well as co-led the 2018 LGBTQ+ Youth Report which utilized data from the 2017 survey. His program of research is focused on reducing health disparities among sexual and gender minority (SGM) youth and young adults. Motivated by the urgent need to reduce the inequities in health for vulnerable populations, he has focused his scholarship on SGM youth and young adults, their relationships within family and school contexts, and their health experiences. Collaborating with a prolific team of scholars, he has been awarded over a million dollars in federal funding and published more than 125 peer-reviewed papers in the spirit of better understanding the mechanisms that drive well-documented injustices in health, school, and community experiences for SGM individuals.



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## AUTHORS

### **Charleigh J. Flohr, MPP, Associate Director, Public Education & Research**

Charleigh J. Flohr is Associate Director of Public Education & Research at the HRC Foundation, where she has been for almost five years. As Associate Director, she conducts statistical analyses and leads data collection efforts that support public education efforts geared toward increasing public awareness and understanding of LGBTQ+ people. Charleigh has nearly a decade of experience in research with experience across multiple organizations, including the Edgar Dyer Institute of Leadership and Public Policy, the Congressional Management Foundation, Center for American Progress, Democracy Fund and the National Center for Transgender Equality. She has several research publications, including peer reviewed publications. She holds a Master's in Public Policy from Georgetown University, where she studied causal econometrics and applied survey statistics. She is currently based in Washington, DC.

### **Shoshana K. Goldberg, PhD MPH, Director of Public Education & Research**

Shoshana K. Goldberg is the Director of Public Education & Research at the HRC Foundation. In her role, she oversees research projects that use quantitative and qualitative data to better understand the lived experiences of LGBTQ+ individuals in all aspects and dimensions of daily life, as well as public education products that aim to educate and inform advocates, policy makers and the general public. Prior to joining to HRC, Goldberg held both research and academic positions in the fields of LGBTQ+ health and policy, working with organizations such as The Williams Institute at the UCLA School of Law, UNC-Chapel Hill, and Strength in Numbers Consulting Group. Through her prior work, she has co-authored numerous academic articles, book chapters and research briefs, gaining expertise in the use of population-based data to understand the demographics of the LGBTQ+ population, as well as how existing social, structural and political factors contribute to vulnerabilities, marginalization and health disparities faced by the LGBTQ+ community. Goldberg holds a Master's of Public Health in Maternal and Child Health, and a Ph.D. in Maternal and Child Health and Epidemiology, both earned from the Gillings School of Global Public Health at the University of North Carolina-Chapel Hill. She is currently based in Brooklyn, N.Y.

### **Valentine Lynch, Coordinator, Youth Well-Being**

Valentine Lynch (they/them) is an advocate from Prince George's County Maryland who currently serves as the Youth Well-Being Coordinator at the Human Rights Campaign. They bring lived experience as both a LGBTQ+ youth who's navigated the modern child welfare system, and as a multiply marginalized person. They use these experiences to share a refreshing and needed perspective to the work conducted by the Human Rights Campaign Foundation. They hope to use their expertise to empower both youth and adult allies, and educate others on the diverse range of experiences faced by LGBTQ+ young people. They became a certified trainer for HRC's All Children-All Families program to educate foster parents on LGBTQ+ competency, attended youth leadership conferences, served on their county and state advisory boards, and advocated on behalf of their fellow peers and even social workers to judges, lawyers, and stakeholders. This work led them to becoming a Youth Ambassador for the Human Rights Campaign. Now, as HRC's Youth Well-Being Coordinator, Lynch continues to use their voice to advocate for LGBTQ+ youth and will do everything in their power to create a safer world for this vulnerable community.



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### **Ralph Jones, Manager, Youth Well-Being**

Ralph Jones is a community advocate with a background in program creation, public health, and legal theory. He currently serves as the manager of the Youth Well-Being program at the Human Rights Campaign Foundation. Within this role he coordinates collaborations between the program and its national partners and manages external communications through the Project THRIVE newsletter. The focus of his work is LGBTQ+ youth prosperity which he does through empathetic partnership to push for changes in inclusive policy. Ralph brings a plethora of lived and professional experience informed primarily by his time as a health impact specialist with the DC Department of Health where he engaged with Washington DC's BIPOC communities and supported the HRC HBCU Program, eventually co-creating the HBCU PrEP Peer Initiative. He currently holds a Bachelor of Arts in Philosophy with a concentration in Law from the University of New Orleans.

### **Ted Lewis, MEd, Director of Youth Well-Being**

Ted Lewis, MEd, serves as the director of HRC Foundation's Youth Well-Being program, which is dedicated to improving the lived experience of LGBTQ+ youth in everyday institutions of daily life. Ted brought nearly two decades of experience to their role at HRC. Prior to this role, Ted served as the executive director of Side by Side, a Richmond-based LGBTQ+ youth organization and was the founding LGBTQ+ staff position at UNC Charlotte and the University of Richmond. Ted has also consulted with Fortune 500 companies, K-12 schools, colleges and universities, and nonprofit organizations on LGBTQ+ inclusion. They hold a Master of Education from the University of South Carolina.

### **ADDITIONAL ACKNOWLEDGEMENTS**

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