In August 2020, the Centers for Disease Control and Prevention (CDC) released public access data files for the 2019 Youth Risk Behavior Surveillance (YRBS), a national survey of high school students in public and private schools in the United States. HRC Foundation analyzed data from these files and found that lesbian, gay, bisexual, transgender and queer (LGBTQ) youth are living in a state of crisis. Whether it is being bullied in school, poor mental health or substance use, LGBTQ teens experience marginalization from multiple angles. The analysis shows that LGBTQ youth of color are often at even greater risk of experiencing these problems. Any actions taken to improve the well-being and success of LGBTQ youth must also consider the situations of teens who sit at these intersections and face multiple forms of oppression, bias and stigma, including those based on race, gender, age, religion, immigration status, ability and all marginalized identities.

HRC Foundation’s analysis demonstrates that LGBTQ teens are continuing to experience bullying and violence from their peers, communities and partners. Consequently, LGBTQ youth across the United States often feel unsafe at school, have lower academic performance, are in a state of mental health crisis and may even feel unsafe in their own homes, underscoring why there are high rates of housing instability among LGBTQ teens. These feelings and trends are only exacerbated by sleep deprivation and symptoms of depression, which LGBTQ teens experience at higher rates. Struggling with rejection, bullying and violence, LGBTQ teens also have higher rates of substance use, which they may use as a coping tool in their lives.

Below are key findings of HRC’s analysis of 2019 YRBS data. Results are omitted when differences substantively or statistically are not significantly different. As a result, some of the data presented for “LGBTQ youth of color,” “transgender youth” and “questioning youth” may sometimes be omitted in this executive summary.

54% of LGBTQ youth are battling symptoms of depression, compared to 29% of non-LGBTQ youth.
WHEN SCHOOLS FALL SHORT

HRC Foundation’s analysis confirms that LGBTQ teens face ridicule and violence within schools across the United States, and it is negatively impacting their school attendance and academic performance. The results also should serve as a call for schools and youth-serving organizations to adequately address the factors, such as bias and stigma, that are influencing these trends in order to create safe and inclusive environments for LGBTQ teens.

KEY FINDINGS:

+ 31% of LGBTQ youth, 43% of transgender youth and 40% of questioning youth have been bullied at school, compared to 16% of their non-LGBTQ peers.

+ 17% of LGBTQ youth, 29% of transgender youth and 30% of questioning youth have been threatened or injured with a weapon at school, compared to 6% of non-LGBTQ youth.

+ 24% of LGBTQ youth, 35% of transgender youth and 41% of questioning youth have skipped school because they felt unsafe at school or on their way to school, compared to 8% of non-LGBTQ youth.

+ 78% of non-LGBTQ youth mostly earn As and Bs in school, compared to only 65% of LGBTQ youth, 55% of transgender youth, 63% of LGBTQ youth of color and 63% of questioning youth.

UNSTABLE HOUSING

According to HRC Foundation’s analysis, LGBTQ teens, especially transgender youth and LGBTQ youth of color, experience housing instability at rates significantly greater than their non-LGBTQ peers. LGBTQ youth, transgender youth and LGBTQ youth of color are also less likely than their non-LGBTQ peers to get eight or more hours of sleep each night. Higher rates of housing instability and lack of sleep should serve as stark reminders to parents/guardians, families and child welfare workers that LGBTQ children and teens need support and affirmation.

KEY FINDINGS:

+ 16% of LGBTQ youth, 22% of transgender youth and 17% of LGBTQ youth of color are usually sleeping somewhere that is not the home of a parent or guardian, compared to 3% of non-LGBTQ youth.

+ Only 16% LGBTQ youth are getting eight or more hours of sleep each night, compared to 22% of their non-LGBTQ peers.

+ Only 44% of LGBTQ youth experiencing housing instability and sleep deprivation are earning As and Bs in school, while 76% of youth with stable housing and who are getting enough sleep are earning mostly As and Bs.
MENTAL HEALTH AND SUICIDALITY

Many LGBTQ teens are living in crisis and remain at significant risk of attempting suicide. A primary driver of this risk is their experiences at school — schools that have not addressed the safety and inclusion of LGBTQ students. LGBTQ teens, especially transgender youth, are experiencing symptoms of depression that are also closely linked to their experiences in schools, at home and in their communities. Many LGBTQ teens have contemplated suicide and made plans to take their own life. As a result, far too many LGBTQ teens have attempted suicide and at rates significantly higher than non-LGBTQ teens.

KEY FINDINGS:

+ More than half of LGBTQ youth (54%), 61% of transgender youth and 61% of questioning youth are battling symptoms of depression, compared to 29% of non-LGBTQ youth.

+ 35% of LGBTQ youth, 45% of transgender youth and 40% of questioning youth have seriously considered attempting suicide, compared to 13% of non-LGBTQ youth.

+ 31% of LGBTQ youth, 43% of transgender youth and 42% of questioning youth have made plans about how they would attempt suicide, compared to 10% of their non-LGBTQ peers.

+ 22% of LGBTQ youth, 29% of transgender youth and 27% of LGBTQ youth of color have attempted suicide, compared to 5% of non-LGBTQ youth.

SUBSTANCE USE

The use of cigarettes, electronic vapor products, alcohol and illicit drugs is a pressing and ongoing issue for LGBTQ teens, and is most likely linked with LGBTQ teens' experiences with bullying and violence in schools and in their communities. HRC Foundation’s analysis illustrates that LGBTQ teens, especially LGBTQ youth of color and transgender youth, are at a higher risk of substance use compared to their non-LGBTQ peers.

KEY FINDINGS:

+ 30% of LGBTQ youth, 32% of transgender youth, and 31% of LGBTQ youth of color have tried smoking cigarettes, compared to 16% of non-LGBTQ youth.

+ 12% of LGBTQ youth, 18% of transgender youth, and 13% of LGBTQ youth of color are actively using cigarettes, compared to 4% of non-LGBTQ youth.

+ 53% of LGBTQ youth, 55% of transgender youth, and 55% of LGBTQ youth of color have tried smoking electronic vapor products, compared to 46% of non-LGBTQ youth.

+ 30% of LGBTQ youth, 35% of transgender youth, and 30% of LGBTQ youth of color are currently using electronic vapor products, compared to 23% of non-LGBTQ youth.

+ 33% of LGBTQ youth, 39% of transgender youth, and 35% of LGBTQ youth of color are currently using alcohol, compared to 26% of non-LGBTQ youth.

+ 33% of LGBTQ youth said they have used cocaine, inhalants, heroin, meth, ecstasy or steroids at least once in their life, compared to 6% of non-LGBTQ youth.
PROVIDE TARGETED STAFF TRAINING ON LGBTQ TOPICS

All youth-serving professionals have an important role to play in reducing stigma and biases against LGBTQ people, and to actively engage in behaviors that reduce the rates of bullying and violence. This includes reporting incidents of bullying and violence, establishing interventions that interrupt bias-based bullying and creating LGBTQ-affirming classrooms and youth programs. Analysis of a 2020 HRC Foundation survey of youth-serving professionals shows that they are far more likely to be equipped to serve and protect LGBTQ young people in their work when they receive targeted training on LGBTQ topics. For example, youth-serving professionals who participated in HRC Foundation’s annual professional development conference, Time to THRIVE, report that they felt more prepared to meet the needs of LGBTQ young people they serve. Schools and other youth-serving organizations should provide these learning opportunities for their staff, and individuals should seek out training — both in-person and online, to build their knowledge and skills for working with LGBTQ youth.

KEY FINDINGS:

✦ Youth-serving professionals who participated in the annual Time to THRIVE conference were 64% more likely to feel adequately trained to better support the physical safety of LGBTQ young people than youth-serving professionals who did not attend the conference.

✦ These youth-serving professionals were also 27% more likely to take action, such as setting up structures and committees in their workplace dedicated to LGBTQ inclusion, to promote the well-being of LGBTQ young people than youth-serving professionals who did not attend the conference.

REGISTER NOW!

In partnership with the National Education Association and the American Counseling Association, HRC Foundation’s 8th annual Time to THRIVE conference will be presented virtually in February of 2021, and provides a unique opportunity for youth-serving professionals to learn more about creating safe and inclusive environments for LGBTQ youth. Registration is currently open at TimeToTHRIVE.org.

Myriad online learning opportunities on a range of topics related to this report are available. HRC Foundation’s Project THRIVE offers monthly webinars and has archived all past webinars. In-person training for your staff — whether at a K-12 school, a community-based organization, health center or youth enrichment program is highly recommended, and is most effective when mandatory for all relevant staff.
POLICY AND PRACTICE “CHECKLIST”

LGBTQ youth are experiencing elevated rates of rejection, bullying and violence, all of which could be linked to higher rates of skipping school and lower grade performance. LGBTQ teens are also more likely to experience housing instability and go without ample sleep each night, which further exacerbates their ability to perform well academically. As a result, many LGBTQ teens suffer from symptoms of depression and suicidality, which work together with higher rates of substance use to create a situation where LGBTQ teens are living in a state of mental and physical health crisis.

HRC Foundation, in partnership with 23 national organizations representing more than five million youth-serving professionals across the country, have developed a checklist to guide schools and youth-serving organizations on what they can do to improve the lives of LGBTQ youth. The research-based actions included in the checklist can significantly decrease bias and stigma that result in hostile environments for LGBTQ youth, and create safe and affirming spaces where all young people can thrive.

METHODOLOGY

2019 YRBS Data: The YRBS (Youth Risk Behavior Surveillance) is a system of surveys that monitors various health trends among youth primarily in public high schools across the United States. Nearly 400 thousand students completed surveys across the United States in 2019. Furthermore, in 2019, the YRBS included combined state public data files in which sexual orientation and gender identity data were available. There are also national datasets, however, the combined state dataset is used for this analysis because the national dataset does not contain gender identity data. Furthermore, not every state that does collect sexual orientation and gender identity data provides the CDC permission to make its data publicly available. As a result, HRC Foundation only analyzed data on roughly 180 thousand students where sexual orientation and gender identity data were available in the publicly available combined state dataset. This spanned across 34 states for sexual orientation data and 14 states for gender identity data. This analysis uses non-response weights provided by the CDC in the dataset to ensure national representation of the combined state results. In this report, HRC Foundation refers to “LGBTQ” youth as those who identified as gay, lesbian, bisexual or transgender. “Questioning” youth refers to those who were “unsure” about their sexual orientation and/or gender identity.

HRC Survey Data: In 2020, HRC Foundation received responses from 301 youth-serving professionals. The control group consisted of 210 youth-serving professionals who had never attended Time to THRIVE in the past. The treatment group consisted of 91 youth-serving professionals who have attended at least one Time to THRIVE program since 2014. Nonparticipant youth-serving professionals were similar to participants in baseline experience/knowledge in serving the LGBTQ community, so that differences in outcomes are largely explained by Time to THRIVE participation. Participants represent over 40 states and territories in the United States.

Contact Research@HRC.org for more details on this executive summary’s methodology.

Thank you to our partner organizations