

**“Finding a community that can open our mind”: Countering Pain Narratives among  
LGBTQ+ Youth in High Stigma Contexts**

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## **“Finding a community that can open our mind”: Countering Pain Narratives among LGBTQ+ Youth in High Stigma Contexts**

Desire-centered research offers a compelling framework for approaching mental health equity research, particularly within the domain of LGBTQ+ mental health disparities. The prevailing focus of LGBTQ+ mental health research has been on understanding the health disparities present in the community, including documenting elevated rates of suicidal thoughts and behaviors, depression, anxiety, and substance abuse. Mental health disparities research has developed a dominant pain narrative that exists among LGBTQ+ youth, characterized by victimization and mental health pathology. Pain narratives are captured by research that primarily focuses on giving voice to pain or loss experienced by individuals and/or communities, but such narratives can perpetuate a cycle of victimization (Tuck 2009). Pain-centered research often delves into the difficulties faced by LGBTQ+ youth, like experiences of discrimination in schools. However, this can reinforce perceptions of victimhood. Conversely, desire-centered research might spotlight how LGBTQ+ youth create supportive networks or advocate for inclusive policies, showcasing their resilience and agency in the face of adversity.

Grounded in the minority stress framework, much of the research conducted among LGBTQ+ youth underscore the pain narratives of internalized stigma, discrimination, and experiences of rejection among LGBTQ+ youth (Tuck and Yang 2014; Meyer, 2013). However, these pain-centered frameworks often overlook the complex ways in which LGBTQ+ youth utilize individual and collective strength and autonomy to resist marginalization (Tuck and Yang, 2014). Given the heightened vulnerability of LGBTQ+ youth to stigma-related stress and associated mental health difficulties, understanding their sources of resilience and supportive

resources becomes imperative. Therefore, this study aims to use a desire-focused research framework to interrogate the resilience strategies and supportive networks of LGBTQ+ youth living in Tennessee, a context characterized by pervasive social stigma.

### **Mental Health Disparities**

Research shows mental health issues are prevalent among youth, especially minoritized groups like LGBTQ+ youth. Globally, mental health and substance use disorders are top causes of disability in people aged 0-24, and suicide is a leading cause of death for those aged 10-29 in the US (Erskine et al., 2014; CDC, 2021; AAP-AACAP-CHA, 2021). Over a third of high schoolers surveyed in the 2021 Adolescent Behaviors and Experiences Survey reported poor mental health during the pandemic, with 19.9% seriously considering suicide and 9.0% attempting it within the year before the survey (Jones et al., 2022). These concerning findings reflect the exacerbation of mental health outcomes among youth during the COVID-19 pandemic, prompting major medical associations such as the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association to issue a joint declaration of a national emergency in child and adolescent mental (Breuner & Bell, 2023).

While research assessing mental health among general population youth reveal concerning trends, research examining mental health outcomes for LGBTQ+ youth underscore even more dire mental health challenges. Structural stigma, including discriminatory laws, policies, and socio-political climate play a significant role in exacerbating mental health challenges for LGBTQ+ youth (Adelson et al., 2021). In Tennessee, where structural stigma, including youth-focused anti-LGBTQ+ legislation is prevalent, LGBTQ+ youth report worsened mental health outcomes. The 2022 National Survey on LGBTQ Youth Mental Health conducted

by the Trevor Project reports 77% of LGBTQ+ youth in Tennessee exhibited symptoms of anxiety, while 61% reported experiencing symptoms of depression. Moreover, nearly half (48%) of LGBTQ+ youth in Tennessee seriously contemplated suicide within the past year, with 17% attempting suicide (The Trevor Project, 2023). LGBTQ+ youth in Tennessee face not only a heightened risk of adverse mental health effects but also encounter various obstacles when seeking inclusive and effective mental healthcare services. Data from the Trevor Project also indicates significant hurdles in accessing mental healthcare, with 61% of LGBTQ+ youth in Tennessee unable to obtain the care they sought in the past year (2022).

### ***Minority Stress Model***

The minority stress model stands as the most established theory explaining the mental health outcomes disproportionately affecting LGBTQ+ compared to their cisgender, heterosexual peers. The minority stress model explains that, for LGBTQ+ populations, minority stress is the result of the dissonance and conflict that arises between dominant norms on sexuality and gender and their own minority identities (Brooks 1981; Meyer, 1995). The minority stress model suggests that minority stressors such as internalized stigma, discrimination, and rejection, compounded with general life stressors, lead to high levels of psychological distress among LGBTQ+ individuals compared to their non-LGBTQ+ counterparts. Across studies, minority stress is associated with various negative mental health outcomes such as anxiety, depression, eating disorders, suicidal ideation, and substance use (Brokjøb et al., 2022; Kelleher, 2009; Parker et al., 2020; Kaufman et al., 2023 Dyar et al., 2023). In a minority stress framework, the socio-political context exacerbates stress for LGBTQ+ individuals, notably for LGBTQ+ youth, becoming a significant structural risk factor for negative mental health outcomes among those living states that have targeted LGBTQ+ youth through legislation, like Tennessee. Youth living

in states with higher structural stigma are shown to have an increased risk for negative mental health outcomes. Research has found that LGBTQ+ youth living in states with more anti-LGBTQ+ stigma experience an increase in depression symptoms, especially among Black and Latinx LGBTQ+ youth (Jackson et al., 2023). Regarding anti-LGBTQ+ policies, such as bans on youth gender-affirming care, impact the mental health of both LGBTQ+ youth and their families (Abreu et al., 2022). Youth are acutely aware legislation targeting them, with many reporting anti-LGBTQ+ policies and legislation as contributing to persistent feelings of poor mental health (The Trevor Project, 2023). Furthermore, a majority of youth reported that the prospect of state or local laws restricting discussions about LGBTQ+ topics in schools significantly worsening their mental health (The Trevor Project, 2023). These interactions between anti-LGBTQ+ politics, insufficient legal protections, and the broader socio-political dynamics contributes significantly to minority stress among LGBTQ+ youth.

Research rooted in minority stress theory among LGBTQ+ youth often emphasizes narratives of pain, focusing on internalized stigma, discrimination, and the expectation of rejection, while overlooking LGBTQ+ youth's individual and collective strengths. Pain-centered narratives tends to portray LGBTQ+ communities as helpless victims of minority stress, perpetuating negative conceptualizations of LGBTQ+ identity without meaningful change. Tuck and Yang (2014) advocate for an epistemological shift in social science research towards desire-centered approaches that prioritizes the voices and agency of youth, aiming to humanize research participants and empower them. This shift would facilitate an understanding of LGBTQ+ youth beyond the narratives of self-harm, victimization, rejection, suicide and into their strength and wisdom.

### **Countering Pain Narratives in LGBTQ+ Mental Health Research**

Desire-based research, provides a compelling epistemological shift in social science research, away from collection of pain narratives, and towards exploration of hope, desire, and wisdom (Tuck and Yang, 2015, Tuck, 2009). It provides a holistic understanding of individuals and communities, acknowledging both past struggles and future possibilities. This approach challenges traditional methodologies by rejecting colonizing pain narratives, contributing to a more equitable and enriching research landscape. Desire acts as a counterforce against pain narrative and historical oppression, giving individuals and communities the opportunity to re-envision the future outside of the limits of oppressive structures.

In comparison to conventional pain-centered frameworks employed in health disparities research, a desire-centered research paradigm could promote a shift towards a more holistic understanding of mental health. This aligns with definitions of health that conceptualize it as more than just the absence of illness, emphasizing the integration of physical, mental, and social well-being (Larsen, 2022). Understanding the desires of LGBTQ+ youth mitigates the risk of their voices being further disenfranchised and holds researchers accountable for their role in the cycle of victimization contributing to LGBTQ+ mental health disparities. Researchers may inadvertently perpetuate cycles of victimization by focusing solely on the pain and challenges faced by LGBTQ+ individuals, rather than exploring their desires, aspirations, and sources of resilience. This narrow focus can reinforce stereotypes and contribute to the marginalization of LGBTQ+ voices in research and society at large. Therefore, embracing a desire-centered approach not only enriches our understanding of LGBTQ+ mental health but also challenges researchers to critically examine their methodologies and biases, ultimately fostering more inclusive and empowering research practices.

### ***Strengths-Based Research***

Strengths-based research offers a promising alternative to pain-centered research paradigm by focusing on identifying and leveraging inherent strengths, capabilities, and resources within individuals and communities (Vaughan & Rodriguez, 2014). This approach, oriented towards a desire-based framework, emphasizes understanding individual aspirations and motivations within socio-cultural contexts. By acknowledging and amplifying these strengths, researchers recognize resilience, well-being, and empowerment among LGBTQ+ youth, thereby promoting more inclusive and affirming research practices and interventions. Strength-based research conducted with LGBTQ+ populations have identified connection, interpersonal skills, self-efficacy, and resilience as individual and community level strengths (Westcott et al., 2022). Research indicates that both individual and collective strength-based factors, such as resilience and social support, serve as protective factors against psychological distress stemming from minority stressors. However, much of the strengths based research that has been conducted was for the purpose of understanding and mitigating risk, thus still centering pain-narratives (Meyer, 2015).

### ***Minority Strengths Model***

The minority strengths model adopts a strengths-based approach to examining the experiences of minority populations, particularly LGBTQ+ communities, emphasizing resilience as a protective factor against negative mental health outcomes (Parrin et al., 2020). By focusing on strengths rather than solely on pain, this approach offers a more comprehensive understanding of narratives of minority populations. The theory underscores how personal and collective strengths, such as social support, community consciousness, and identity pride, contribute to resilience and positive mental and physical health. Most research regarding minority strengths has been conducted at an individual level (Gray, 2023). A focus on individual-level resilience

challenges incomplete pain-centered narratives, but may overlook societal barriers to resilience, such as heterosexism and racism (Meyer, 2015).

There is considerably less research regarding collective LGBTQ+ strengths. Results from a study assessing experiences of rural LGBTQ+ youth found engagement in individual and collective resilience to be an important strength among LGBTQ+ youth facing significant structural stigma (Wilke et al., 2022). The relationship between minority strength and minority stress outside of the domain of mitigating mental health outcomes remains under analyzed.

### **Using Minority Strengths to Resist Minority Stress**

The importance of extending the minority strengths model lies in broadening its scope beyond individual implications, to encompass collective strength against minority stressors. Doing so redefines strength, not only as the capacity to endure pain stemming from minority stress, but also as the potential to imagine and enact strength and desire that transcends it. Research has shown that minority stress experiences have an impact on minority strengths, however further research is needed to understand the complexities of the relationship (DuBois et al., 2024). While existing research has constructed a binary conception of risk and resilience in relation to minority stress, it fails to capture the nuanced dynamics at play. Factors such as access to resources, levels of social support, and experiences of stigma have been shown to impact trajectories for mental health, coping, and resilience (DuBois et al., 2024). Therefore, solely assessing the extent of minority strengths within the LGBTQ+ community at an individual level overlooks the profound influence of social and structural factors.



Among the strengths identified by the minority strengths model, there is a growing recognition of the interplay between individual and collective level strengths. Research supports a reciprocal relationship, in which individuals derive strength from the collective, and collective strength grows as individual strengths improve. Research within the LGBTQ+ community has shown individual well-being as influenced not only by self-acceptance but also by collective autonomy, which is defined as the community's ability to create an environment where individuals can express themselves authentically and shape collective identity (Kachanoff, 2020a).

Various factors related to the socio-political context can influence whether an individual and/or their community experience either a sense of diminished collective autonomy or a strong sense of collective autonomy, including dominant group behaviors, societal norms, and policy and legislation (Kachanoff, 2020a). Restrictions on collective autonomy have been shown to spur individuals to engage in collective action, and mitigate negative mental health outcomes in LGBTQ+ populations (Kachanoff, 2020b). Additionally, previous research conducted on a sample of LGB adults in Hong Kong, China showed that sense of community motivates engagement in individual advocacy and collective action among LGBTQ+ individuals, affirming identity and leading to higher self-esteem (Yip and Chan, 2021). Ultimately, research supports the role of collective action as both an individual coping strategy and a source of collective empowerment within the LGBTQ+ community (Velez and Moradi, 2016). The body of research supporting the complex interplay of individual and collective strengths functions to deconstruct dominant pain narratives constructed through risk-centered research. This research creates a much more holistic narrative than the understanding that structural stigma contributes to minority stress and worsens mental health outcomes (Perez-Brume et al., 2015; Hatzenbuehler and

Pachankis, 2016; Jackson et al., 2023). This research underscored dynamic motivation and desire beyond alleviation from mental health pathology.

As mental health disparities and anti-LGBTQ+ sentiment targeted towards LGBTQ+ youth in the United States grow, understanding their role in collective autonomy and collective action among the broader LGBTQ+ collective becomes increasingly crucial. Little is known about the relationship of individual and collective strength for LGBTQ+ youth who occupy contexts that are unique from LGBTQ+ adults, including their social and educational contexts such as peer friend groups and school settings. Youth have demonstrated the desire and the strength to resist restrictions to their individual and collective autonomies in youth-specific contexts, such as schools. In research conducted by Hillier et al (2020) trans high school students in Philadelphia school report utilizing several strategies for navigating academic environments that restrict autonomy including avoiding, ignoring, selectively sharing, teaching and advocating, arguing and fighting, seeking support, and making changes. This research highlights how youth utilize individual and collective resistance strategies to resist the restrictions to their collective autonomy within a school context, offering a holistic narrative regarding the lived experiences of trans students in an environment where autonomy is restricted. This counters dominant pain narrative characterizing educational settings as sources of harassment and discrimination for trans youth (Kosciw et al., 2015). By doing so, Hillier et al. (2020) challenge binary narratives of risk and resilience, emphasizing the nuanced ways in which youth navigate socially constrained environments. Given the dramatic rise in legislation targeting the lived experiences of LGBTQ+ youth and impacting collective autonomy, there is much to be known about how youth derive individual strength from the broader LGBTQ+ collective and how individuals contribute to the collective strength of the LGBTQ+ community. The current study employs a desire-centered

approach in examining the lived experience of LGBTQ+ youth within the high stigma contexts of Tennessee. Analyses attended to both minority stress and minority strength experiences. By delving into dimensions of community support, collective autonomy, and resistance, this study seeks to contribute to a more nuanced understanding of the experiences and needs of LGBTQ+ youth in a high-stigma context like Tennessee. Through highlighting strengths and desires in combination with minority stressors, this research aims to inform interventions and support systems that promote the well-being and resilience of SGM adolescents through exploration of the following questions:

- 1) How do clinical populations of LGBTQ+ youth position their place within the current LGBTQ+ collective (in person, online, GSAs)?
- 2) What are ways their collective autonomy is being restricted in a high-stigma environment?
- 3) How are youth using tenets of collective action to resist these restrictions?

## **Methods**

### ***Recruitment***

Non-probability sampling methods were used in selecting the group from which data were collected. Participants were recruited using recruitment flyers distributed to various contexts in which LGBTQ+ youth may be present including 1) Vanderbilt's adolescent behavioral health outpatient clinics; (2) community organizations in Tennessee who provide services to youth; and (3) community locations such as coffee shops. Additionally, social media platforms including Facebook, Instagram, and Twitter were utilized to recruit LGBTQ+ youth populations living in Tennessee. The study includes adolescents aged 13 to 24 who are fluent in English, own an iOS or Android smartphone, self-report past-year suicidal ideation, exhibit at least mild depressive

symptoms, self-identify as sexual or gender minorities, and reside in Tennessee. Exclusion criteria consist of certain intellectual or developmental disorders, behavior disorders, inability to participate in study activities, and inability to provide informed consent or assent.

***Participants***

The sample consisted of 16 LGBTQ+ youth and young adults living in Tennessee with past year history of suicidal ideation and at least mild depressive symptoms. Most participants are White (81.3%), and all were assigned female sex at birth. Various gender identities were reported, with the majority identifying as cisgender (56.3%) with one-quarter identifying as transgender and 12% as gender non-binary. Bisexual is the most common sexual orientation (43.8%). Participants’ religious affiliations include none (31.3%), Atheism (12.5%), Agnosticism (12.5%), and other affiliations with smaller percentages. Additional demographic characteristics are provided in Table 1.

**Table 1. Youth and Young Adult Demographics (N = 16)**

<b>Variable</b>	<b>n (%)</b>
<b>Mean age (SD)</b>	18.38(SD)
<b>Race</b>	
White	13 (81.3)
African American	1 (6.25)
American Indian or Alaskan Native	1 (6.25)
Prefer not to say	2 (12.5)
<b>Sex-assigned at birth</b>	
Female	16 (100)
Male	0 (0)
Intersex	0 (0)
<b>Gender identity (select all that apply)</b>	
Girl or woman	6 (37.5)
Boy or man	4 (25)
Genderqueer	2 (12.5)
Trans girl or woman	1 (6.3)
Trans boy or man	1 (6.3)
Genderfluid	1 (6.3)

Two spirit	1 (6.3)
<b>Gender Category</b>	
Cisgender	9 (56.3)
Trans/transgender	4 (25)
Neither cisgender or transgender	2 (12.5)
Unsure	1 (6.3)
<b>Sexual Orientation (select all that apply)</b>	
Bisexual	7 (43.8)
Lesbian	2 (12.5)
Pansexual	2 (12.5)
Queer	2 (12.5)
Gay	1 (6.3)
Aromatic Bisexual	1 (6.3)
Panromantic asexual	1 (6.3)
<b>Religious Affiliation</b>	
None	5 (31.3)
Atheism	2 (12.5)
Agnosticism	2 (12.5)
Other	2 (12.5)
Protestantism	1 (6.3)
Unitarianism	1 (6.3)
Judaism	1 (6.3)
Islam	1 (6.3)

### ***Design and Procedure***

The current study builds upon larger longitudinal research study funded by the National Institute of Mental Health called Project SPIRiT: Suicide Prediction in Real-Time. Project SPIRiT aims to utilize real-time data collection smartphone software to investigate how stigma-related stress and universal suicidal precursors impact suicidal ideation among LGBTQ+ youth and young adults living in Tennessee who have history of suicidal ideation. Data for current study was drawn from Aim 1 of Project SPIRiT. In Aim 1, focus groups were conducted with LGBTQ+ youth and young adults living in Tennessee. Qualitative data collected from focus groups were utilized in order to understand the lived experiences of stigma, stress, and support

among LGBTQ+ youth in the cultural context of Tennessee. For participants under the age of 18, a brief screener survey was completed by their parent/guardian on behalf of LGBTQ+ youth through REDCap that covered questions regarding age, gender identity, sexual orientation, race, ethnicity, city of residence, and other questions related to the mental health of their SGM youth. SGM youth over the age of 18 completed their own screener which covered the same content as the youth screener.

If eligibility was determined through the screener survey, then participants were contacted to set up a Zoom call screener to confirm eligibility and to explain study procedures to potential participants. For SGM youth under the age of 18, potential participants were joined by their parents/legal guardians during the Zoom screener call. If deemed eligible during the Zoom screener call, the parent/legal guardian completed informed consent and adolescent completed assent. Participants over the age of 18 completed their own informed consent procedures.

A total of 10 focus groups and individual interviews were conducted over Zoom. Focus groups were organized into two cohorts, one with 13–17-year-olds and the other with 18-24 year olds with the purpose of accounting for developmental differences among the sample. Focus groups were facilitated by trained research assistants. Focus groups lasted approximately 90 minutes each.

### ***Measures***

Focus group questions (refer to Appendix A) addressed various aspects of LGBTQ+ youth's experience living in Tennessee. Participants were asked to describe stressors and supports related to their LGBTQ+ identity, experiences related to accessing mental healthcare,

and logistics related to the design and implementation of a smartphone based mental health intervention.

### ***Data Analysis***

Focus groups were recorded and transcribed verbatim using *GoTranscript*, a transcription service in compliance with the Health Insurance Portability and Accountability Act (HIPAA). Dedoose software was used to conduct an initial thematic analysis on the qualitative data. Thematic analysis involves identifying, analyzing, and reporting patterns of meaning (themes). Braun and Clark (2013) outline six stages of thematic analysis 1) familiarizing oneself with the data; 2) generating initial codes, 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; 6) producing the report. Initial themes emerged from the thematic analysis, which were then used to revisit the literature. Subsequently, a coding scheme was developed based on codes derived from the thematic analysis and those grounded in the existing literature. Data were coded assess both minority stressors and minority strengths.

## **Results**

### **Youth's Positioning in the LGBTQ+ Collective**

Our study utilized a desire-focused qualitative approach to explore the positioning of LGBTQ+ youth within the broader LGBTQ+ collective in Tennessee. Through in-depth interviews, we identified four cross-contextual spaces where LGBTQ+ youth elicit and receive support including 1) supportive family members, 2) LGBTQ+ friends/peers, 3) affirming mental healthcare providers and 4) affirming social media experiences. Table 2 provides an overview of youth-identified contexts where they elicit support and the various ways these supports impacted individual well-being.

Participants revealed diverse contexts throughout Tennessee where LGBTQ+ youth show up, including coffee shops and involvement in extracurricular activities such as sports, choir, and affinity groups. Their perception of their position within the LGBTQ+ collective was characterized by critically conscious perspectives, encompassing both a fear in the Southern region in tandem with a deep sense of southern pride, challenging stereotypes and emphasizing the complexity of their experiences. Youth described desires relating to their place in Tennessee in various ways. Some youth described conflicting feelings relating to the lack of community acceptance they experienced in Tennessee and their desires to live an affirmed life. One participant noted:

*I don't feel like I have a future. Yes, I don't want to leave Tennessee because this is my home, but I feel like I'm going to have to if I want to transition as soon as possible, if I want to ever get married, which I don't see myself doing except for like the free name change, you know what I mean? If I ever at one point decide to get married, if I want to transition and if I ever just really want to be seen as who I am, I feel like I will have to leave my home. I hate being in other states, just traveling and visiting is very stressful. I don't like change.*

Others also overtly defended their belonging in the South, critically denouncing typical characteristics of discourse around community acceptance and socio-political climates, such as those in the North versus South. One participant stated:

*I have to defend the South to my New York friends, who are like, "You're from Tennessee? Oh, I feel so sorry for you." As far as 'don't write off the South', there are good and bad peoples essentially. Obviously, I don't want to downplay all the bigotry*



*issues that exists in the South, but I think that it's really unfair to say that's the only place it exists, just a white wash discrimination happening elsewhere.*

Table 2. LGBTQ+ Support Structures

Theme	Description of theme	Salient Quote
Supportive Family	Participants underscored the importance of having understanding and affirming family members who validate their identities and experiences, providing a crucial foundation for their sense of self-worth and belonging.	<i>"my brother's older than me...' He was definitely the first person I went to because growing up, he was like a guardian for me... Telling him and just having the reaction of, 'That's cool, good for you,' and not making a big deal out of it or making it seem almost a weird anomaly to happen really helped me come to terms like, 'I'm not weird, I'm not strange, I'm a normal person.'"</i>
LGBTQ+ friends/peers	Friendship circles composed of fellow SGM individuals emerged as pivotal sources of support, offering understanding, empathy, and solidarity, thereby fostering a sense of community and shared identity.	<i>"I also feel that having queer friends helps a lot with relating to your own identity because you just don't have to hide anything about yourself. You can openly talk about your relationships like who you're talking to, who's not messing with you anymore, that sort of thing. You just don't have to filter yourself as much as with other people. I do feel like that relieves a lot of stress and brings joy."</i>
Affirming Mental Healthcare providers	Participants emphasized the value of mental healthcare professionals who demonstrate knowledge about and respect for their identities, creating a safe space for exploration and healing without fear of judgment or discrimination.	<i>"When I clicked on her page and I saw like LGBTQ therapy... but I was like, 'oh that, yes'. Sold instantly, like somebody that can help me with what's going on as far as mentally, but not just that like in my life in general, like relationships, things like that. Like not just mental illness but also help me work through relationships."</i>

## Affirming Social Media Experiences

Social media platforms were identified as virtual communities where SGM youth find validation, connection, and resources, contributing to a sense of belonging and empowerment beyond physical spaces

*"Things like that have come up in my feeds, and Instagram, or Tik Tok, even just people who are just like me... it's cool. I'll see a really cute two girls couple on my Instagram and I'll be like, 'Oh, my God. That is so cute.' I'll just get something like that. That makes me feel like, 'Wow. I'm not alone. I want this for myself and it's not weird for me to want that.'"*

## Restrictions to Collective Autonomy

Despite the presence of support and strength, participants outlined various ways in which their collective autonomy is restricted within the environments they occupy in Tennessee. Three interrelated domains of collective restriction were identified by youth. These include: (1) Institutional restrictions, characterized by institutional oppression through anti-LGBTQ+ legislation and policies characterizing educational and healthcare settings youth occupy in Tennessee; (2) Restrictions of Social Influence, involving social exclusion and lack of support, which significantly affect the psychological well-being and social integration of SGM youth, exemplified by experiences of minority stress and 3) Restrictions to individual autonomy, in which youth characterize a restricted sense of collective autonomy related to restrictions to their individual autonomy.

*Sometimes I'll be on Twitter or something and someone will be arguing some point and I'll read the comments and stuff. It just makes me upset. It makes me feel powerless almost because it's like I have all these ideas and things that I want to say, but I'm not going to start fighting with people online because I know that it's not going to yield*

*anything. Then I start thinking to myself, "Well things ever change. Why are things getting worse?"*

This illustrates how encountering opposing views online can evoke feelings of powerlessness and frustration, leading to doubts about the possibility of positive change. This indicates that individual experiences of limitation and discrimination can extend beyond personal boundaries to affect the collective sense of autonomy within the LGBTQ+ community. Similarly, the connection between individual and collective autonomy becomes apparent in the experience of vicarious victimization and internalized stigma. The fear of being targeted for one's identity, as expressed in the fear of physical harm for being openly LGBTQ+, underscores the interplay between personal safety and the broader community's well-being. This fear not only restricts individual autonomy but also contributes to a collective atmosphere of caution and apprehension.

*Oh, okay, I got to be someone else around you or you're probably going to do something to me...I've seen it where people will get into arguments over stuff like that and the person who's against LGBTQ people will hit the person. I'm just like, "I don't want that to happen to me"*

This suggests that personal experiences of limitation and discrimination not only impact individuals but also contribute to broader constraints on collective autonomy

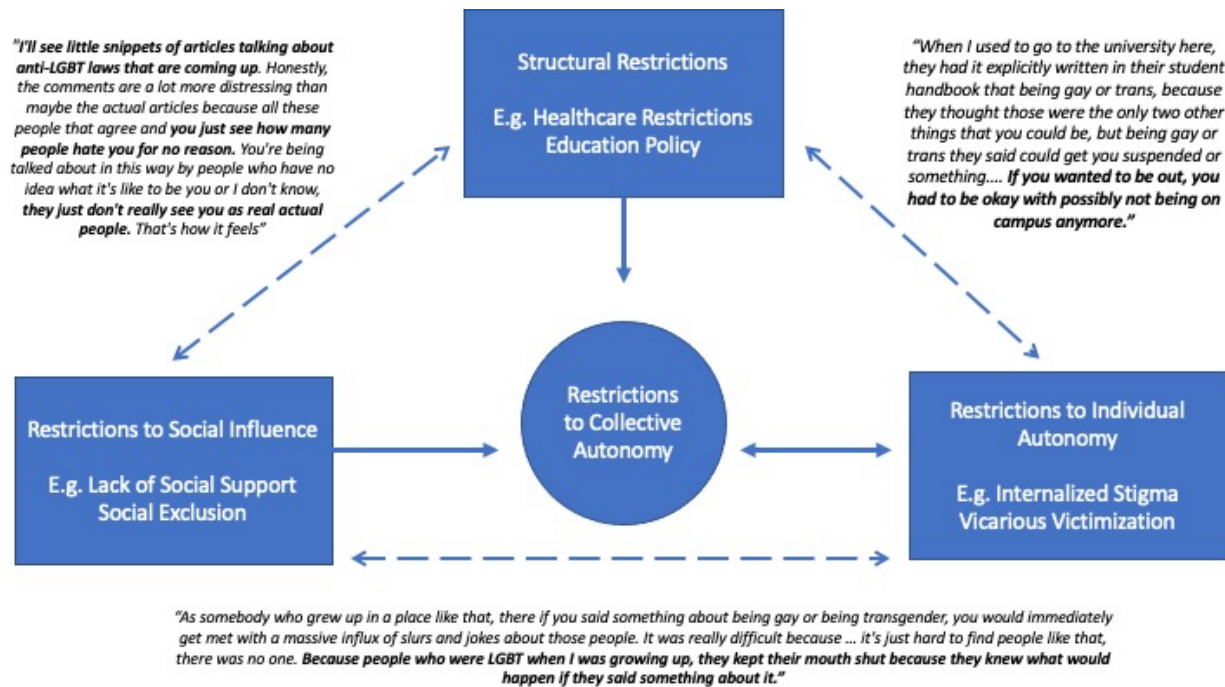


Figure 1. illustrates the interrelated nature of these restrictive domains in the lived experiences of LGBTQ+ youth in Tennessee. Quotes are included to demonstrate the dynamic relationships that exist across domains.

## Resistance Strategies and Resilience

Despite the restrictions to collective autonomy, participants also shared stories of strength and resistance against restricting forces within their environments. Participants described various strategies they employ to resist and navigate restrictive environments. These strategies encompassed multiple domains, reflecting the multifaceted nature of their experiences.

## Positive Health Behaviors.

Participants emphasized the importance of engaging in positive health behaviors as a form of resistance to institutional restrictions. By prioritizing self-care practices and seeking affirming healthcare providers, LGBTQ+ youth asserted their autonomy and empowerment within environments where access to affirming mental healthcare and social support was limited.

Through these actions, they cultivated strength and resilience in the face of structural and social restrictions.

*I'm always talking about my feelings with everybody every single day. Sometimes I hide it, but I feel like... everybody just needs to vent every single day...a lot of people like to stuff their feelings in, which is not good. I used to do that, but I've learned that you have to talk about your feelings to be able to cope with them.*

### **Choosing Safety and Navigating Relationships.**

Youth also report choosing safety, describing strategically managing disclosure of their identities among social networks to resist social exclusion. By navigating the delicate balance between visibility and safety, participants asserted agency over their identities and protected themselves from the harmful effects of discrimination and prejudice.

*After you keep getting those little, I don't know if it's enough to say microaggressions, but those incidents and it's like nothing very-- you don't have a lot of hard evidence, but it's enough to where it builds up for you like, 'I just don't want to see them anymore.' It means that you have to just start really separating yourself from certain people.*

Careful managing of disclosures extended to include various contexts including social, academic, and familial settings. Participants express a sense of relief and reduction of stress when they limit contact with individuals who may not be accepting of their identity.

*"I'm happy with my lack of family situation because for me, it's less stressful, knowing that I don't have contact with anyone. That is the choice that I made for myself that worked for me."*

This behavior reflects an autonomous decision made by individuals to prioritize their own well-being and create environments that are conducive to their personal growth and happiness.

## Counterspaces.

Participants highlighted the importance of creating and engaging with counterspaces, that serve as alternatives to typical youth-oriented spaces. Within schools, youth highlighted the importance of Gender and Sexuality Alliances (GSAs).

*There is a GSA club at school, Gay Straight Alliance and I was in that my sophomore year. It was great. I mean, like-minded queer people and it was so amazing to be around people just like me. It was great to have that, especially in a Tennessee school, it was great to have that support system.*

These safe spaces provided opportunities for LGBTQ+ youth to gather, resist social exclusion, and access resources such as social support and identity affirmation that were otherwise unavailable to them. Other counterspaces included LGBTQ+ owned coffee shops and LGBTQ+ affirming hair salons.

*It's nice to be in a space where people know more about what types of things you're looking for. Especially when it comes to things like style and appearance and things, with hair and such. When I was first getting my hair cut shorter, I went to a local salon and I showed the stylist the picture of what I wanted and I ended up leaving with something close to a Karen haircut, which was not what I wanted. I didn't know how else to describe what I wanted...I went [to the LGBTQ+ affirming hair salon] and I showed them what I wanted and I ended up with something a lot closer to the vibe I was going for. They were like, "Oh yes, you want a gay haircut." I think it's nice to have safe spaces like that, not just because of the support, socially or emotionally, but also because it's nice to have people know about things that you're talking about and referencing to. It doesn't have to*

*specifically be hair, but there's other nuances and things like that. It's nice to have people who understand the context.*

The hair salon anecdote illustrates how LGBTQ+ affirming counterspaces cater to unique identity needs, as seen in the contrast between a negative experience at a mainstream salon and a positive one at an LGBTQ+ affirming salon. These spaces not only provide physical services but also offer emotional support and understanding of LGBTQ+ experiences and desires. They serve as havens where individuals feel validated and celebrated, fostering a sense of community and empowerment in a world that often overlooks their identities and need

### **Collective Action.**

Youth describe actively participated in collective activism and advocacy endeavors to challenge oppressive systems and foster social change within their communities. Youth shared various strategies including sharing of information, supporting LGBTQ+ organizations, mentoring queer youth, and assuming leadership roles in GSAs, participants demonstrated their commitment to resisting restrictions to collective autonomy.

*In response to exposure to news of LGBTQ+ legislation on social media] Well, it makes me want to do what I can to spread that type of information to other people who might find it important or somebody who might need to hear that, "Okay. This is new, and this needs to be known." I think I would rather people that I know be educated instead of ignorant. If I see a post about it, I might repost it to my Instagram Stories. I can use some of my followers to boost that*

Youth also drew connections between counterspaces and collective action.

Counterspaces, such as GSA's and LGBTQ+ affirming organizations often served as sites in which youth had opportunities to engage in action that resists restrictions to collective autonomy.

*I am very active within the GSA at my school. I am the president of the organization. One thing I really work on like day-to-day is mentorship and stuff like that with the underclassmen specifically. I would say probably the thing that brings me the single most joy is watching them grow and watching them come into their own identities and experiment and being there to support them. I think building the spaces for joy to happen, like organically. I also work at a nonprofit in the area that supports LGBT youth. That's also like almost every day, I'm coming home from work and I'm absolutely amazed at my job because I literally get paid to hang around kids and help them with whatever they need in their life and make sure they have food, clothing, whatever. Which just I absolutely love. I think like providing for people who-- I think I would sum it up in being the person that I didn't necessarily have or like being the support systems that I didn't have access to as a kid.*

Their involvement in collective action efforts underscored their agency and determination to effect positive change despite facing significant barriers.

### **Discussion**

This study explored the complex dynamics among LGBTQ+ youth in Tennessee, examining their collective identity within the LGBTQ+ community. Key sources of support were identified and include family, peers, mental healthcare providers, and positive online experiences. Participants reported navigating challenges and pride associated with Southern living. Individual, social, and structural restrictions restrict their autonomy and perpetuate minority stress. Despite this, youth exhibit resilience through strategies that challenging oppressive systems. This study delves into the interplay between individual and collective resilience among youth in high-stigma contexts, emphasizing the significance of recognizing



both their struggles and strengths within the LGBTQ+ community, and advocating for equitable approaches guided by desire. Results from this study suggest important implications for theory, research, and intervention in addressing systemic barriers and harnessing the voices of LGBTQ+ youth to drive meaningful change.

This study suggests the need for a reconceptualization of minority stress theory to center collective strengths as interrelated to minority stressors. Shifting minority stress theory towards a desire-centered framework can expand our understanding of LGBTQ+ mental health holistically. This perspective moves beyond understanding mental health through assessment and mitigation of risk (Meyer, 2013, Perrin et al., 2020). Results from the current study demonstrated nuanced understandings of place among LGBTQ+ youth living in Tennessee. LGBTQ+ youth report both a fear and a sense of pride related to their place-based context of Tennessee that suggest a complex interplay of minority stress and minority strengths relating to structural stigma. This contradicts pain narratives that label the south as dangerous for LGBTQ+ youth, as is commonly portrayed in minority stress and structural stigma-focused research. These results underscore the need for a more nuanced understandings of place attachment and belonging that counter narrative of place-based stress in relation to mental health outcomes.

The depth of insights gained from this study underscore the need for future research to adopt comprehensive approaches to capturing the nuanced experiences of LGBTQ+ youth, balancing qualitative depth with quantitative rigor. While qualitative data collection techniques employed in the current study provided rich narratives regarding youth experiences, researchers should carefully consider how to systematically and ethically capture the complexities of individual and collective identity using quantitative measures without oversimplification. Tuck and Yang (2014) emphasize the researcher's role in giving voice to the data, highlighting how

utilizing qualitative data gives voice back to subjugated voices, however may limit generalizability. Moving forward, researchers must navigate this tension, striving to incorporate diverse methodologies to ensure a holistic understanding of LGBTQ+ youth experiences while also maintaining methodological rigor. Integration of mixed-methods research approaches, which combine qualitative and quantitative methodologies, can offer a more comprehensive understanding of LGBTQ+ youth experiences, allowing researchers to triangulate findings and capture both the depth and breadth of their lived realities.

Results from this study have important implications for the context for which intervention are implemented in order to address mental health disparities disproportionately affecting LGBTQ+ youth in Tennessee. Findings from the current study underscore the role of LGBTQ+ counterspaces in fostering resistance to collective restrictions, thereby promoting resilience and empowerment among LGBTQ+ youth. Youth highlighted structural restrictions, including those in their educational institutions, as key force restricting their collective autonomy. Counterspaces may serve as resource for youth in order to resist the structural restrictions experienced with in educational settings. Educational institutions might learn from Magic City Acceptance Academy in Birmingham, Alabama, where despite encountering structural discrimination, stakeholders persisted in creating a counterspace for education that protects student well-being within a state where collective autonomy is restricted (Fifolt and White, 2024). A gap still remains in the exploration of counterspace needs for LGBTQ+ people of color (POC) living in Tennessee and not represented in the study cohort. The needs of LGBTQ+ POC are often unmet in primarily LGBTQ+ spaces (Watts and Thrasher, 2023). In order to cease the exclusion of LGBTQ+ POC from LGBTQ+ affirming counterspaces, the spiritual, religious, and cultural needs of LGBTQ+ POC should be highlighted (Lockett et al., 2023).

Results from this study highlight the necessity for a shift towards challenging institutional structures rather than perpetuating cycles of marginalization and treating pathologies among LGBTQ+ youth. Interventions should prioritize addressing anti-LGBTQ+ legislation targeting youth and advocating for policy changes to promote inclusivity and protection of their rights (Russell and Fish, 2016; Hatzenbuehler et al., 2009). Additionally, family acceptance interventions are crucial, especially in regions like the South, where cultural norms may present unique challenges. Supporting parents and caregivers in affirming their LGBTQ+ youth, through interventions such as evidence-based affirmative parenting guidelines and attachment-based family therapy for parents and families of LGBTQ+ youth show significant promise for promotion of LGBTQ+ wellbeing their well-being (Katz-Wise et l., 2022; Diamond et al., 2012). al. Furthermore, there is a critical need for ongoing affirmation training in educational and healthcare settings, as well as in extracurricular activities where youth regularly participate. Such training can empower educators, healthcare providers, and other stakeholders to create safe and supportive environments that affirm the identities and experiences of LGBTQ+ youth, ultimately fostering their well-being and resilience (Patel and Nowaskie, 2023; Poirier et al., 2012; Lelutiu-Weinberger and Pachankis, 2017).

### **Limitations**

The study's sample composition may have been influenced by recruitment bias, primarily represented by white participants. Consequently, results may overlook or underrepresent the experiences of LGBTQ+ individuals of color (POC). POC LGBTQ+ individuals often face intersecting forms of oppression and systemic barriers that may not be adequately captured in a predominantly white sample (Cole, 2009). As a result, the strengths and resilience demonstrated by POC LGBTQ+ individuals, as well as the unique strategies they employ to resist restrictions

to collective autonomy, may not be fully reflected in the study's findings. Furthermore, recruitment strategies and the requirement for parental consent for 13-to-17-year-old participants may have excluded LGBTQ+ youth without supportive parental figures. This limitation could skew our understanding of the experiences of younger LGBTQ+ individuals, potentially neglecting crucial perspectives and challenges within this demographic. To mitigate this, future research could seek a waiver of parental consent from the Institutional Review Board to remove barriers to participation and ensure a more representative sample (Flores et al., 2018; Smith and Schwartz, 2019). Moreover, employing an intersectionality framework could enhance our understanding of the positioning, restricting, and resisting behaviors of those experiencing compounded oppression (Tinner et al., 2023). In regards to extending recruitment strategies to include youth facing multiple axes of oppression, future research should be intentional in ensuring recruitment strategies reach diverse populations of youth.

The study's sample comprised 100% individuals assigned female at birth, potentially influenced by inclusion criteria targeting those with mild depressive symptoms and past-year suicidal ideation. Research has shown higher levels of internalizing conditions including depression, psychological stress and suicidal ideation among adolescents who are assigned female at birth as opposed to those assigned male at birth (Avison & Mcalpine, 1992; Keyes and Platt, 2024). While this sample composition may reflect prevalent trends, it also underscores the need for future research to encompass diverse gender identities for a more comprehensive understanding of internalizing conditions among adolescents.

## **Conclusion**

Through focus group interviews with 16 LGBTQ+ youth living in Tennessee, this study sheds light on the multifaceted experiences of LGBTQ+ youth in Tennessee, navigating a high-stigma environment while seeking support and engaging in resilience strategies. By examining both pain narratives and stories of resistance, the research underscores the importance of adopting a more nuanced approach to understanding mental health disparities among marginalized populations. Our findings highlight the pivotal role of collective autonomy and support networks in buffering against the detrimental effects of minority stressors on LGBTQ+ youth in high-stigma social environments. Despite facing systemic barriers and discrimination, LGBTQ+ youth demonstrate remarkable resilience through engagement in collective activism and advocacy endeavors. These acts of resistance not only empower individuals but also contribute to broader social change within their communities. In conclusion, this study underscores the importance of amplifying the voices of LGBTQ+ youth, centering their experiences, and developing interventions that promote well-being and resilience within high-stigma contexts. Through continued research and advocacy efforts, we can work towards creating more inclusive and affirming environments for all members of the LGBTQ+ community.

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## Appendix

A.

1. What is it like being an LGBT+ teen in Tennessee?

2. What are the most common stressors you experience related to your gender identity or sexual orientation? By stressors we mean anything that brings you stress, makes you nervous, or feel unsettled.
3. What about supports? What are the things that have helped you most related to your gender identity or sexual orientation? These could be supportive people, organizations, or groups.
4. When you are feeling sad, angry, depressed, or have suicidal thoughts, have you accessed mental healthcare? What did it look like?
5. What's been your experiences as an LGBTQ+ teen accessing mental healthcare? Can you think of a time when your identity as an LGBTQ+ person came up during mental healthcare?
6. Has anything (family, transportation, cost, lack of motivation) ever gotten in the way of you reaching out for help?