

Psychosocial Strengths, Well-Being, and Posttraumatic Stress Disorder Symptoms Among LGBTQ+ Young Adults

The Counseling Psychologist

2026, Vol. 54(3) 465–498

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DOI: 10.1177/00110000261433943

journals.sagepub.com/home/tcp



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Abstract

This study aims to explore the associations between multiple psychosocial resources at the individual-level (personal resilience) and at the family and community levels (social support from significant other, social support from family, social support from friends, and caregiver acceptance) and two mental health outcomes (psychological well-being and posttraumatic stress disorder [PTSD] symptoms) among 460 ($M_{\text{age}} = 21.6$ years) lesbian, gay, bisexual, trans, and queer (LGBTQ+) young adults. Personal resilience was the resource most strongly associated with both outcomes. Moreover, higher social support

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from significant others and from friends were related with higher well-being. Higher social support from family was associated with decreased PTSD symptoms. Findings indicate that different sources of social support are differentially associated with mental health outcomes, with support from one's significant other and friends being more closely linked with well-being and support from family with PTSD symptoms. Furthermore, findings point to the importance of mental health providers incorporating various psychosocial resources when working with LGBTQ+ young adults.

Keywords

sexual minority, trans and gender diverse, young adults, mental health, supportive relationships

Action Editor: Alex L. Pieterse

Significance of the Scholarship to the Public

This study takes an ecological approach to resilience among lesbian, gay, bisexual, transgender, and queer (LGBTQ+) young adults in the face of systemic oppression. Findings show that personal resilience and different sources of social support are associated with increased psychological well-being and decreased trauma-related symptoms, specifically among transgender and gender diverse (TGD) young adults and LGBTQ+ people of color. Findings may inform strengths-based mental health interventions, as well as advocacy efforts for the rights of LGBTQ+ young adults.

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people are exposed to insidious trauma (i.e., ongoing and largely invisible experiences of marginalization that accumulate over time) as a result of systemic oppression (Abreu et al., 2022, 2025; Parmenter & Barrita, 2024; Root, 1992; Suen et al., 2020). This results in disproportionate rates of negative mental health outcomes such as lower psychological well-being (Toh et al., 2023) and trauma responses such as posttraumatic stress disorder (PTSD) symptoms (e.g., re-experiencing trauma, negative mood or cognitive changes; Dworkin et al., 2018; Reisner et al., 2016). Despite this, many LGBTQ+ people develop psychosocial resources in the face of adversity (Lyons, 2015), such as personal resilience, accepting family members, and social support (Abreu et al., 2023, 2025; Nogueira de Lira & Araujo de Moraes, 2018). Each of these resources among LGBTQ+ people promote psychological well-being (Brown et al., 2020; Cooke & Melchert, 2019; Fontaine et al., 2022; Huang & Chan, 2022;

Kavanaugh et al., 2020) and protect against trauma-related symptoms (Çon & Osmanağaoğlu, 2024; Dale et al., 2020; DelFerro et al., 2024; Grocott et al., 2023; Travers et al., 2020; van Stolk-Cooke et al., 2024). However, there have been mixed findings regarding the relative importance of each of these psychosocial resources for psychological well-being (Cooke & Melchert, 2019; Fontaine et al., 2022; Snapp et al., 2015). Moreover, no study has explored the relative contribution of these strengths on PTSD symptoms among LGBTQ+ young adults.

In this paper, we focus on young adults given the relevance of the primary family context, as well as the key role of strong social support networks, for the mental health of this population (Wang et al., 2017; Wesley & Booker, 2021), particularly LGBTQ+ young adults (Lippold et al., 2025; McConnell et al., 2016; Zhang et al., 2022). Furthermore, there is a need for research that integrates multiple resilience dimensions (e.g., individual-level and family- and community-level factors) among LGBTQ+ people (Masten & Monn, 2015). To address existing gaps, we draw on the minority stress framework (Brooks, 1981; Hendricks & Testa, 2012; Meyer, 2003) and the ecological model of resilience (Windle & Bennett, 2012) to explore the associations between mental health outcomes (i.e., psychological well-being and PTSD symptoms) and psychosocial resources at both the individual level (e.g., personal resilience) and family and community levels (e.g., support from significant others, family, friends, caregiver acceptance) in a sample of LGBTQ+ young adults. By examining how different psychosocial resources contribute to mental health outcomes, this study provides insight into the resilience of LGBTQ+ young adults as they navigate systemic oppression, with implications for clinical practice. We also explore within-group differences based on gender identity (cisgender vs. transgender and gender diverse people) and racial group membership (white people vs. people of color), in line with the understanding that LGBTQ+ communities are not monolithic (Fish & Russell, 2018) and because transgender and gender diverse (TGD) individuals and LGBTQ+ people of color often experience greater psychological distress and PTSD symptoms (Ellis & Gutierrez, 2024; Jaspal et al., 2021; Lefevor et al., 2019) due to heightened marginalization (Balsam et al., 2011; Barr et al., 2022; Barrita, Strong, et al., 2023, Barrita, Wong-Padoongpatt, et al., 2023; Ghabrial, 2019; Parmenter et al., 2021).

Insidious Trauma and Minority Stress Among LGBTQ+ People

Over the course of their lives, LGBTQ+ people are exposed to *insidious trauma*, or the ongoing and pervasive, often subtle, experiences of

marginalization and discrimination that accumulate over time (Root, 1992). Insidious trauma has a negative impact on LGBTQ+ people's mental health, including depression, anxiety, and PTSD symptoms (Alessi et al., 2013; Hoy-Ellis, 2023; Mongelli et al., 2019). Unlike acute trauma, which results from a single, identifiable traumatic event (e.g., physical assault, hate crime), or complex and chronic trauma, which refers to repeated and prolonged exposure to traumatic events (e.g., domestic abuse, ongoing homelessness; Herman, 1992), insidious trauma in LGBTQ+ people results from systemic oppression, social exclusion, and internalized stigma (Suen et al., 2020). Focusing on insidious trauma among LGBTQ+ people allows researchers to depathologize trauma-related responses by focusing on environmental and interpersonal antecedents of prejudice and discrimination (Sanchez-Hucles, 1999).

The minority stress framework describes how exposure to unique stressors, many of which corresponding to insidious trauma (e.g., rejection, discrimination), result in disproportionately high rates of negative mental health outcomes among LGBTQ+ people (Brooks, 1981; Hendricks & Testa, 2012; Meyer, 2003), such as lower psychological well-being (Abreu et al., 2025; Toh et al., 2023) and trauma responses such as PTSD symptoms (Dworkin et al., 2018; Marchi et al., 2023; Reisner et al., 2016). In this study, we focus on these two mental health outcomes. Furthermore, because LGBTQ+ people are not a monolith (Fish & Russell, 2018), with some groups such as TGD people and LGBTQ+ people of color reporting disproportionate experiences of trauma (Lefevor et al., 2019; Singh, 2017), we focused on within-group differences among these populations.

Ecological Model of Resilience and LGBTQ+ People

Resilience can be defined as the individual psychological trait that increases the capacity for stability in psychological well-being in the face of challenge (Galatzer-Levy & Bonanno, 2012; Rossi et al., 2007). However, resilience also refers to the ability to adapt and bounce back in the face of challenge, as influenced by additional sociological influencers beyond an individual psychological trait such as social supports and social policies (e.g., Bennett et al., 2020; Luthar et al., 2000). In this study, we take into account these two perspectives to study some factors related to the resilience of LGBTQ+ young adults in the face of systemic oppression. More specifically, we consider personal resilience as an individual trait shown by LGBTQ+ young adults that promotes their well-being in the context of oppression. We also consider resilience as an overall process or tendency to bounce back from experiences related to oppression, resulting in higher psychological well-being and lower PTSD symptoms.

The ecological model of resilience describes how resilience in the context of caregiving is shaped by multiple factors across different levels, such as individual (e.g., gender, psychological resources, material resources), community (e.g., social support, social cohesion, housing), and society (e.g., social policies, neighborhood, economy; Windle & Bennett, 2012). In light of this framework, despite the daily challenges LGBTQ+ people face, many are able to develop successful coping strategies to overcome adversities and show resilience (Herrick et al., 2013; Lyons, 2015; Meyer, 2015). Moreover, according to the minority stress framework, resilience can also act as a buffer against the negative psychological effects of the unique stressors experienced by LGBTQ+ people (Brooks, 1981; Hendricks & Testa, 2012; Meyer, 2003).

Previous studies with LGBTQ+ adults have focused on different resilience factors, such as internal strengths (i.e., personal resilience) and sources of social support and acceptance (Abreu et al., 2025; Martin et al., 2025). An integrative review of 39 studies found that resilience in lesbian, gay, and bisexual populations has been examined across three dimensions: individual (e.g., personal resilience, self-esteem, self-efficacy), family (e.g., family optimism, family cohesion, quality of parent–child relationships), and community (e.g., activism, social support, connection with other lesbian, gay, bisexual, and trans communities, institutional support; Nogueira de Lira & Araujo de Moraes, 2018). However, most studies have exclusively focused on individual or family and community resilience factors, indicating a need for studies that integrate multiple resilience dimensions to capture a more relational and systemic understanding of this phenomenon (Masten & Monn, 2015). To address this gap, in this study, we explore how different individual-level (i.e., personal resilience) and family- and community-level (i.e., social support from significant other, social support from family, social support from friends, caregiver acceptance) psychosocial resources shape resilience among LGBTQ+ young adults in the face of insidious trauma. By focusing on insidious trauma, we hope to contribute to the depathologization of trauma-related responses in LGBTQ+ populations and to the growing literature on resilience in these populations.

Personal Resilience, Social Support, and Caregiver Acceptance and Mental Health in LGBTQ+ People

Previous research has found that higher personal resilience, social support, and acceptance from one's parents or caregivers are all associated with better mental health outcomes among LGBTQ+ people, including increased psychological well-being. For example, positive associations between personal resilience and social support and well-being have been found among LGBTQ+ young adults who had experienced bullying (Fontaine et al., 2022).

Research consistently shows that family support and LGBTQ+-specific family acceptance are associated with increased psychological well-being among LGBTQ+ young adults (Brown et al., 2020; Huang & Chan, 2022; Kavanaugh et al., 2020; Snapp et al., 2015). Furthermore, previous research has highlighted the protective role of personal resilience, social support, and acceptance from one's caregivers against PTSD symptoms in samples of men who have sex with men (Dale et al., 2020), women with minoritized sexual identities (van Stolk-Cooke et al., 2024), and LGBTQ+ people more broadly (DelFerro et al., 2024; Çon & Osmanağaoğlu, 2024). However, studies report mixed findings regarding which source of social support is most strongly associated with lower PTSD symptoms among LGBTQ+ people (from significant other: Grocott et al., 2023; from family: Travers et al., 2020). Taken together, these studies show that resilience, social support, and caregiver acceptance promote psychological well-being and are inversely related with PTSD symptoms among LGBTQ+ people. However, no study to our knowledge has explored the unique contribution of all of these psychosocial resources (i.e., personal resilience, social support, caregiver acceptance) on well-being nor PTSD symptoms in LGBTQ+ young people.

Current Study

The minority stress framework states that discrimination and oppression result in high rates of negative mental health outcomes among LGBTQ+ people, including lower psychological well-being and PTSD symptoms. In spite of this, many LGBTQ+ people overcome these adversities by developing personal resilience, building strong social support networks, and being exposed to a supportive and accepting family environment. These resilience factors, described in the ecological model of resilience, shape how LGBTQ+ people experience mental health outcomes as a function of being targeted by oppression. All of these resilience factors (i.e., personal resilience, social support, and caregiver acceptance) have been found to foster psychological well-being and decrease PTSD symptoms among LGBTQ+ people. Moreover, most research examining resilience among LGBTQ+ populations has exclusively focused on either individual-level or family-community-level factors, indicating a need for studies that integrate a number of resilience dimensions to explore a more relational and systemic picture of this phenomenon. Therefore, this study aims to examine the unique associations between these two mental health outcomes (i.e., psychological well-being, PTSD symptoms) and a set of individual-level (i.e., personal resilience) and family- and community-level (i.e., social support from significant other, social

support from family, social support from friends, caregiver acceptance) psychosocial resources, using a sample of 460 LGBTQ+ young adults.

Consistent with previous studies, we hypothesized that all psychosocial resources would be positively associated with psychological well-being and negatively linked with PTSD symptoms. Furthermore, we aim to examine within-group differences in the two mental health outcomes (i.e., psychological well-being, PTSD symptoms) based on two sociodemographic identities: gender identity (i.e., cisgender and TGD people) and racial group membership (i.e., white people and people of color). In line with previous findings, we hypothesized that TGD people and people of color would show lower psychological well-being and higher PTSD symptoms relative to cisgender and white people, respectively. As a last and exploratory aim, we explore within-group differences in the unique associations between our set of psychosocial resources of interest (i.e., personal resilience, social support from significant other, social support from family, social support from friends, caregiver acceptance) and each mental health outcome (i.e., psychological well-being, PTSD symptoms).

Method

Participants

The sample of this study derives from a larger study exploring the mental health experiences of LGBTQ+ young adults living in the United States and its territories. These were the inclusion criteria for the study: (a) being 18 to 25 years of age, (b) identifying with at least a minoritized gender (e.g., trans, nonbinary, genderqueer) or sexual (e.g., queer, gay, lesbian) identity, and (c) reside within the United States or its territories. The sample is composed of a total of 460 young adults identifying as LGBTQ+, with ages ranging from 18 to 25 years ($M = 21.6$, $SD = 2.4$). A power analysis using G*Power revealed that this sample size was adequate against the minimum size required to detect an effect at $p < .05$, a power level of 0.95, and an anticipated effect size of 0.15 ($N_{\min} = 138$). The sample was predominantly cisgender women (43.9%), bisexual (61.5%), and white non-Latinx (46.7%). Because participants could select multiple identities as far as gender, sexual, and racial group membership is concerned, the total number of adults identifying within each identity is higher than the total sample size. [Table 1](#) presents these sociodemographic characteristics of the sample.

Table 1. Participants' Sociodemographic Characteristics (N = 460)

Sociodemographic characteristics	Sample	
	<i>n</i>	% ^a
Gender identity		
Cisgender woman	202	43.9
Cisgender man	31	6.7
Transgender man	46	10.0
Transgender woman	21	4.6
Nonbinary	106	23.0
Gender nonconforming	34	7.4
Genderqueer	19	4.1
Other	42	9.1
Sexual identity		
Bisexual	283	61.5
Lesbian	69	15.0
Pansexual	64	13.9
Gay	38	8.3
Queer	38	8.3
Fluid	17	3.7
Heterosexual	8	1.7
Other	21	4.6
Racial group membership		
White	215	46.7
Latinx or Spanish	208	45.2
Black or African American	145	31.5
American Indian or Alaska Native	26	5.7
Asian	23	5.0
Middle Eastern or North African	8	1.7
Native Hawaiian and other Pacific Islander	7	1.5
Other	4	0.9
Did not answer	27	5.9

^aNote. The percentage sums for the categories of each social identity are greater than 100% given participants were given the option to identify with more than one identity.

Procedure

For transparency, we adopted most item categories described in the Checklist for Reporting Results of Internet E-Surveys (Eysenbach, 2004; e.g., design, institutional review board, recruitment process, survey administration, response rates, preventing multiple entries from the same individual, and

analysis). This study was not preregistered. The target population was LGBTQ+ young adults between the ages of 18 and 25 years. The sample was recruited through Qualtrics Panels based on the corresponding inclusion criteria. The survey was open, voluntary, and created online using Qualtrics. Data collection occurred between June and July of 2024. Recruitment of participants, data collection, and compensation protocols were approved by the Institutional Review Board at the University of Florida. Completing the entire survey took approximately 24 minutes.

Participants were incentivized with different forms of compensation, based on individual preferences (e.g., cash, gift cards, points for a specific retail outlet, “miles” for a specific airline). At the end of the survey, participants were compensated the amount they agreed upon before entering the survey. All participants provided their informed consent at the beginning of the survey, where participants were informed of the estimated length of time of the survey and the purpose of the study. First, participants provided demographic information and then completed subsequent blocks of questions about their experiences and mental health outcomes as an LGBTQ+ person. Data were anonymous, confidential, and stored in a University of Florida data-secure platform. The completion rate (i.e., ratio of users who finished the survey divided by the number of users who agreed to participate) was 100% because participants were compensated by Qualtrics only if they agreed to participate and completed the survey in full. To ensure that the responses were not generated by bots, reCAPTCHA was included in the Qualtrics survey. Moreover, the following strategies were used to identify responses produced by bots, in line with some of the recommended strategies to reduce threats to data integrity (e.g., Pozzar et al., 2020): (a) participants who responded to the questionnaire in under 10 minutes were excluded; (b) we checked for congruency across demographic information (e.g., participants who reported identifying as straight and did not identify under the trans umbrella were excluded); (c) responses with duplicate IP addresses were removed; (d) we checked for nonsensical responses in open-ended questions. After excluding participants based on these methods, a total of 460 people from the larger survey of LGBTQ+ young adults were included in this study.

Measures

Personal Resilience. The Brief Resilience Scale (Smith et al., 2008) was used to assess personal resilience. This measure comprises six items that measure the ability to bounce back or recover from stress (e.g., “I tend to bounce back quickly after hard times”). Participants were asked to use a 5-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*) to indicate their

level of agreement with each item. A general index of personal resilience was created for all participants by averaging all items, with higher scores indicating higher levels of personal resilience. The Brief Resilience Scale has been used in previous research with samples of LGBTQ+ people (e.g., Matsuno et al., 2024; Westcott & Rocconi, 2025), having shown very good to excellent internal consistency, $\alpha = .86$ and $.93$, as well as good evidence of convergent validity by displaying positive relationships with a measure of social support (Westcott & Rocconi, 2025). In the original study (Smith et al., 2008), this scale showed very good to excellent internal consistency in four different samples (i.e., two samples of students and two samples of cardiac rehabilitation and chronic pain patients, among which personal resilience was considered to be particularly important), α s ranging from $.80$ to $.91$, as well as good evidence of convergent validity by showing positive associations between measures of resilience, optimism, purpose in life, social support, active coping, and positive reframing. Similarly, it showed excellent internal consistency in this study, $\alpha = .92$.

Social Support. The Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) was used to assess perceived social support from different sources. This is a measure composed of 12 items, each representing an aspect of social support (e.g., “My family really tries to help me,” “I can count on my friends when things go wrong”). These items are grouped into three 4-item subscales, each representing a different source of social support: social support from significant other, social support from family, and social support from friends. The social support from significant other subscale refers to a special person who may act as a source of support in one’s life, such as a romantic partner, a special friend, or a special family member (e.g., “There is a special person who is around when I am in need”). Using a 7-point Likert-type scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*), participants were asked to report the extent to which they agreed with each statement. Three indices of social support from the three sources (i.e., significant other, family, friends) were computed for each participant by averaging the corresponding items, with higher scores suggesting higher social support. This scale has been validated and used in previous studies with LGBTQ+ samples, including LGBTQ+ people of color (Kler et al., 2023; Westcott & Rocconi, 2025), having shown excellent internal consistency, $\alpha = .90$ and $.94$, as well as good evidence of divergent validity by showing a negative relationship with a measure of micro-aggressions against LGBTQ+ people of color (Kler et al., 2023). In the original study (Zimet et al., 1988), the scale factors showed very good to excellent internal consistency, α s ranging from $.85$ to $.91$, as well as good evidence of

construct validity by showing negative associations with a measure of depression symptoms. Similarly, in this study, all subscales showed excellent internal consistencies, as ranging from .90 (social support from family) to .91 (social support from significant others and social support from friends).

Caregiver Acceptance. A measure from the Family Acceptance/Rejection Project (Pollitt et al., 2023) was used to assess caregiver acceptance. This measure comprises eight items and explores perceptions about positive caregiver attitudes and behaviors toward LGBTQ+ identities. On a 4-point Likert-type scale ranging from 1 (*never*) to 4 (*often*), participants were asked to report how often their caregivers behaved in accepting ways in relation to their LGBTQ+ identity (e.g., “[...] like you as you are in regards to being an LGBTQ person?”). This scale also includes four items related to caregiver rejection (e.g., “[...] say negative comments about you being an LGBTQ person”), which were reverse scored in this study. A general index of caregiver acceptance was computed for all participants based on item averages, with higher scores suggesting higher levels of positive caregiver attitudes and behaviors toward LGBTQ+ identities. In the original study, the scale showed excellent internal consistency, $\alpha = .92$. Similarly, it showed very good internal consistency in this study, $\alpha = .81$.

Psychological Well-Being. The Flourishing Scale (Diener et al., 2010) was used to assess psychological well-being. This is a unidimensional 8-item scale that examines self-perceived success in important life domains such as relationships, self-esteem, purpose, and optimism (e.g., “I lead a purposeful and meaningful life,” “I am optimistic about my future”). Using a 7-point Likert-type scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*), participants were asked to indicate the extent to which they agree with each item. A general index of psychological well-being was computed for all participants using the item sums, with higher scores indicating higher levels of this variable. In both the original study (Diener et al., 2010) and the present study, this scale had very good internal consistency, $\alpha = .87$ and $.89$, respectively. In the original study (Diener et al., 2010), the Flourishing Scale showed good evidence of convergent validity by showing a positive association with a measure of satisfaction with life. Moreover, this scale has been widely used in previous research with samples of LGBTQ+ adults (e.g., Bragg et al., 2022; Hanke et al., 2016), with very good to excellent internal consistency, $\alpha = .82$ and $.91$.

PTSD Symptoms. PTSD symptoms were assessed using *The Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (DSM-5) PTSD checklist

(PCL-5; Blevins et al., 2015; Weathers et al., 2013), a self-report 20-item scale that includes all symptoms of the DSM-5 criteria for PTSD (American Psychiatric Association, 2013). Participants were asked to identify how much they were bothered, in the previous month, by a list of symptoms in response to a stressful experience (e.g., repeated, disturbing, and unwanted memories of the stressful experience; having strong negative feelings such as fear, horror, anger, guilt, or shame), on a Likert-type scale ranging from 0 (*not at all*) to 4 (*extremely*). Participants were not asked to identify which event they were providing responses to as we conceptualized LGBTQ+ young adults as being exposed to insidious trauma in the form of systemic oppression. Therefore, we were interested in trauma-related symptoms that may occur in response to this form of trauma. A general index of PTSD symptoms was created using the sum of all items, with higher scores indicating more severe PTSD symptoms. In the psychometric evaluation studies with samples of trauma-exposed college students (Blevins et al., 2015), the PCL-5 revealed excellent internal consistencies, $\alpha = .94$ and $.95$, as well as good evidence of convergent and discriminant validity by showing positive associations with other PTSD measures and stronger positive relationships with measures of related constructs (i.e., depression). Similarly, in the present study, the scale exhibited excellent internal consistency, $\alpha = .95$. Furthermore, in the last two years, this scale has been used with LGBTQ+ adults (e.g., Harper et al., 2024; Meyer et al., 2024), including LGBTQ+ young adults (e.g., Basting et al., 2024), showing very high internal consistency, $\alpha = .94$, $.96$, and $.97$. To determine the proportion of participants who were at risk for PTSD symptoms, we used a cut-off score of ≥ 31 , which has been proposed and used in previous research to identify clinically significant PTSD symptoms (Blevins et al., 2015; Bovin et al., 2016), including with LGBTQ+ samples (e.g., Basting et al., 2024; Meyer et al., 2024).

Data Analysis

To check for outliers, we used the $Q1 - 1.5 * \text{interquartile range (IQR)}$ and $Q3 + 1.5 * \text{IQR}$ formula for mild outliers and the $Q1 - 3 * \text{IQR}$ and $Q3 + 3 * \text{IQR}$ formula for extreme outliers. Only psychological well-being exhibited one (lower) mild outlier. However, this is likely a legitimate data point given it is the lowest possible value of the psychological well-being scale (i.e., eight). This case was not removed. No other variables showed any outliers. There were no missing cases for social support from significant other, social support from family, nor psychological well-being. On the other hand, there was some missing data for personal resilience (0.2%), social support from friends (0.2%), caregiver acceptance (38.3%), and for PTSD symptoms (5.4%). The

Little's missing completely at random (MCAR) test revealed that the data were missing at random, $\chi^2(28) = 122.14, p = .775$, so listwise deletion was used to handle missing data. For all analyses, the level of statistical significance used was $p < .05$.

SPSS version 29 was used for data analysis. Descriptive statistics (e.g., means and standard deviations) were first run for all variables. We also computed frequencies to determine the portion of participants who were at risk for PTSD symptoms, based on a cut-off that has been proposed and used in previous studies that utilized the PCL-5 (≥ 31 ; Blevins et al., 2015; Bovin et al., 2016; Weathers et al., 2013), including with LGBTQ+ samples (e.g., Basting et al., 2024; Meyer et al., 2024). In other words, participants who scored at least 31 in the PCL-5 were considered to show clinically significant PTSD symptoms. Then, Pearson correlations were conducted to explore the associations between the psychosocial resources at the individual-level (i.e., personal resilience) and family- and community-level (i.e., social support from significant other, social support from family, social support from friends, caregiver acceptance) and both psychological well-being and PTSD symptoms. In addition, point-biserial correlations were run to examine the relationships between mental health outcomes, gender identity, and racial group membership, which were dichotomized (0 = *cisgender people* and 1 = *TGD people*; 0 = *white people* and 1 = *people of color*). Coefficients $< \pm .20$ were considered weak, those $\geq \pm .20$ and $< \pm .50$ were considered moderate, and those $\geq \pm .50$ were considered strong (Ferguson, 2009). Two multiple linear regressions, one for each mental health outcome, were run to examine the unique associations between all psychosocial strengths (i.e., personal resilience, social support from significant other, social support from family, social support from friends, caregiver acceptance) and psychological well-being and PTSD symptoms. Lastly, these multiple linear regressions were conducted separately in different groups based on gender identity (cisgender people and TGD people) and racial group membership (white people and people of color).

Results

Descriptives and Correlations

The means and standard deviations of all study variables, alongside the correlations among all study variables, are presented in Table 2. The sample showed a mean of psychological well-being of 38.0 ($SD = 10.0$), indicating tendentially average to high levels of well-being. Moreover, participants showed PTSD symptoms with a mean of 36.4 ($SD = 20.3$), suggesting tendentially average levels. More specifically, more than half of participants

Table 2. Descriptive Statistics and Bivariate Correlations among Individual-Level (Personal Resilience) and Community-Level (Social Support, Caregiver Acceptance) Psychosocial Resources, Psychological Well-Being, PTSD Symptoms, and Sociodemographic Factors (Gender Identity, Sexual Identity), and Scale Cronbach's Alphas

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Personal resilience	—								
2. Social support from significant other	.07	—							
3. Social support from family	.22***	.30***	—						
4. Social support from friends	.08	.45***	.30***	—					
5. Caregiver acceptance	.25***	.12*	.43***	.12*	—				
6. Psychological well-being	.44***	.30***	.35***	.42***	.24***	—			
7. PTSD symptoms	-.44***	-.09	-.28***	-.15**	-.21***	-.51***	—		
8. Gender identity	—	—	—	—	—	-.08	.12*	—	
9. Racial group membership	—	—	—	—	—	.09	.01	—	—
<i>M</i>	2.8	5.1	4.1	4.9	2.5	38.0	36.4	—	—
<i>SD</i>	0.8	1.6	1.6	1.6	0.7	10.0	20.3	—	—
Cronbach's α	.92	.91	.90	.91	.81	.89	.95	—	—

Note. PTSD = Posttraumatic stress disorder; Gender identity: coded as 0 = cisgender and 1 = transgender and gender diverse; Racial group membership: coded as 0 = white and 1 = person of color.

* $p < .05$.

** $p < .01$.

*** $p < .001$.

($n = 264$, 60.7%) presented clinically significant PTSD symptoms (i.e., scored ≥ 31 in the PCL-5).

Psychological well-being was positively associated with personal resilience, $r = .44$, social support from significant other, $r = .30$, social support from family, $r = .35$, social support from friends, $r = .42$, and caregiver acceptance, $r = .24$. Furthermore, PTSD symptoms were negatively correlated with

personal resilience, $r = -.44$, social support from family, $r = -.28$, social support from friends, $r = -.15$, and caregiver acceptance, $r = -.21$. Lastly, having a TGD identity was associated with experiencing higher PTSD symptoms, $r_{pb} = .12$.

Multiple Regressions of Psychological Well-Being and PTSD Symptoms on Psychosocial Resources

To explore the relative contributions of the individual (i.e., personal resilience) and family and community levels (i.e., social support from significant other, social support from family, social support from friends, caregiver acceptance) psychosocial resources for psychological well-being and PTSD symptoms, two separate multiple linear regression models, one for each mental health outcome, were conducted. Preliminary analyses indicated that all assumptions for regression were met, including linearity, normality of residuals, non-multicollinearity (all variance inflation factors < 2 and all correlations among independent variables $< .50$), homogeneity of variances, and independence of errors.

The regression model for psychological well-being was significant, $F(5, 276) = 35.30, p < .001$, with the set of psychosocial resources explaining 39% of the variance in well-being (based on the R^2 value). Higher personal resilience, $b = 3.58, \beta = 0.37, p < .001$, social support from significant other, $b = 0.70, \beta = 0.11, p = .046$, and social support from friends, $b = -1.86, \beta = 0.30, p < .001$, were significantly associated with higher psychological well-being. On the other hand, caregiver acceptance, $b = 0.10, \beta = 0.06, p = .266$, and social support from family, $b = 0.67, \beta = 0.11, p = .058$, did not make a significant contribution to the model. Furthermore, the regression model for PTSD symptoms was significant, $F(5, 260) = 19.78, p < .001$, with the set of psychosocial resources explaining 27.6% of the variance in PTSD symptoms (based on the R^2 value). Higher personal resilience, $b = -10.44, \beta = -0.43, p < .001$, and social support from family, $b = -2.45, \beta = -0.19, p = .003$, were significantly associated with lower PTSD symptoms. On the other hand, social support from significant other, $b = 0.96, \beta = 0.07, p = .235$, social support from friends, $b = -1.24, \beta = -0.10, p = .118$, and caregiver acceptance, $b = -0.05, \beta = -0.01, p = .831$, did not make a significant contribution to the model.

Within-Group Differences in Psychosocial Resources and Psychological Well-being and PTSD Symptoms: Gender Identity and Racial Group Membership

To explore within-group differences, the same regression models were run separately for groups based on gender identity (cisgender and TGD people) and racial group membership (white people and people of color). All models were significant and explained from 38.3% to 42.9% of the variance in psychological well-being (in the models for white people and people of color, respectively) and 19.4% to 36.3% of the variance in PTSD symptoms (in the models for cisgender people and TGD people, respectively). In cisgender people, personal resilience and social support from friends were associated with higher psychological well-being, $b = 4.48$, $\beta = 0.37$, $p < .001$, $b = 2.49$, $\beta = 0.44$, $p < .001$, respectively, whereas in TGD people, personal resilience, social support from friends, and social support from significant other were related with higher well-being, $b = 4.19$, $\beta = 0.35$, $p < .001$, $b = 1.26$, $\beta = 0.19$, $p = .017$, $b = 1.26$, $\beta = 0.18$, $p = .019$, respectively. In both white people and people of color, personal resilience and social support from friends were both associated with higher well-being, $b = 5.09$, $\beta = 0.43$, $p < .001$ (white people), $b = 3.54$, $\beta = 0.29$, $p < .001$ (people of color), $b = 1.50$, $\beta = 0.24$, $p = .003$ (white people), $b = 2.48$, $\beta = 0.40$, $p < .001$ (people of color), respectively. Moreover, in cisgender people, personal resilience, social support from family, social support from friends, and social support from significant other were associated with lower PTSD symptoms, $b = -8.22$, $\beta = -0.32$, $p < .001$, $b = -2.76$, $\beta = -0.21$, $p = .025$, $b = -2.62$, $\beta = -0.21$, $p = .028$, $b = -2.46$, $\beta = -0.20$, $p = .041$, respectively, whereas only personal resilience was linked with lower PTSD symptoms in TGD people, $b = -12.03$, $\beta = -0.53$, $p < .001$. Lastly, in white people, personal resilience and social support from family were associated with lower PTSD symptoms, $b = -12.37$, $\beta = -0.50$, $p < .001$, $b = -3.15$, $\beta = -0.24$, $p = .014$, respectively, whereas in people of color, only personal resilience was, $b = -10.37$, $\beta = -0.42$, $p < .001$. The results of all multiple regression models are presented in [Table 3](#).

Discussion

LGBTQ+ young people who show high personal resilience, have strong social support networks, and are exposed to supportive and accepting family contexts are more likely to be resilient in the face of discrimination and oppression, as well as exhibit higher well-being ([Brown et al., 2020](#); [Cooke & Melchert, 2019](#); [Fontaine et al., 2022](#); [Huang & Chan, 2022](#);

Table 3. Multiple Regressions of Psychological Well-Being and Posttraumatic Stress Disorder Symptoms on Psychosocial Strengths (Personal Resilience, Social Support, Caregiver Acceptance) in the Overall Sample and by Gender Identity and Racial Group Membership

Regression models	<i>b</i>	95% CI		<i>t</i>	<i>p</i>	<i>F</i> / <i>VIF</i>	<i>p</i>	<i>R</i> ²
		<i>LL</i>	<i>UL</i>					
Overall sample (<i>N</i> = 460)								
DV: Psychological well-being						35.30	< .001	.390
Personal resilience	3.58	2.64	4.52	7.49	< .001	1.10		
SS from significant other	0.70	0.01	1.39	2.01	.046	1.32		
SS from family	0.67	−0.02	1.37	1.91	.058	1.40		
SS from friends	1.86	1.19	2.53	5.50	< .001	1.31		
Caregiver acceptance	0.58	−0.45	1.60	1.11	.266	1.27		
DV: PTSD symptoms						19.78	< .001	.276
Personal resilience	−8.42	−10.55	−6.29	−7.79	< .001	1.10		
SS from significant other	0.96	−0.62	2.54	1.19	.235	1.37		
SS from family	−2.45	−4.09	−0.82	−2.95	.003	1.44		
SS from friends	−1.24	−2.78	0.32	−1.57	.118	1.32		
Caregiver acceptance	−0.26	−2.61	2.10	−0.21	.831	1.30		
Cisgender people (<i>n</i> = 233)								
DV: Psychological well-being						18.15	< .001	.407
Personal resilience	4.48	2.84	6.12	5.40	< .001	1.07		
SS from significant other	0.17	−0.72	1.06	0.38	.701	1.29		
SS from family	0.38	−0.50	1.26	0.85	.395	1.24		
SS from friends	2.49	1.65	3.34	5.82	< .001	1.28		
Caregiver acceptance	0.46	−1.59	2.51	0.44	.659	1.21		
DV: PTSD symptoms						5.82	< .001	.194
Personal resilience	−8.22	−12.48	−3.96	−3.82	< .001	1.07		
SS from significant other	−2.46	0.10	4.83	2.06	.041	1.36		
SS from family	−2.76	−5.16	−0.36	−2.28	.025	1.25		
SS from friends	−2.62	−4.94	−0.29	−2.23	.028	1.29		
Caregiver acceptance	−0.91	−6.27	4.45	−0.34	.737	1.22		
TGD people (<i>n</i> = 227)								
DV: Psychological well-being						17.93	< .001	.394
Personal resilience	4.19	2.47	5.90	4.82	< .001	1.19		
SS from significant other	1.26	0.21	2.31	2.37	.019	1.38		
SS from family	0.83	−0.29	1.95	1.46	.146	1.67		
SS from friends	1.26	0.23	2.29	2.41	.017	1.34		
Caregiver acceptance	1.08	−1.00	3.16	1.03	.305	1.36		
DV: PTSD symptoms						15.02	< .001	.363
Personal resilience	−12.03	−15.47	−8.60	−6.94	< .001	1.20		
SS from significant other	−0.54	−2.66	1.58	−0.50	.617	1.41		

(continued)

Table 3. (continued)

Regression models	<i>b</i>	95% CI		<i>t</i>	<i>p</i>	<i>F</i> / <i>VIF</i>	<i>p</i>	<i>R</i> ²
		<i>LL</i>	<i>UL</i>					
SS from family	−1.42	−3.74	0.91	−1.21	.230	1.74		
SS from friends	−0.04	−2.09	2.02	−0.04	.972	1.34		
Caregiver acceptance	−0.84	−5.07	3.40	−0.39	.696	1.40		
White people (<i>n</i> = 215)								
DV: Psychological well-being						14.89	< .001	.383
Personal resilience	5.09	3.34	6.84	5.75	< .001	1.06		
SS from significant other	0.70	−0.28	1.67	1.42	.158	1.20		
SS from family	0.52	−0.53	1.57	0.98	.330	1.43		
SS from friends	1.50	0.53	2.47	3.07	.003	1.15		
Caregiver acceptance	1.39	−0.73	3.51	1.30	.198	1.37		
DV: PTSD symptoms						11.74	< .001	.331
Personal resilience	−12.37	−16.28	−8.47	−6.27	< .001	1.06		
SS from significant other	1.71	−0.53	3.96	1.51	.133	1.26		
SS from family	−3.15	−5.65	−0.65	−2.50	.014	1.52		
SS from friends	−1.62	−3.90	0.66	−1.41	.162	1.18		
Caregiver acceptance	1.55	−3.33	6.43	0.63	.531	1.43		
People of color (<i>n</i> = 239)								
DV: Psychological well-being						20.40	< .001	.429
Personal resilience	3.54	1.83	5.26	4.09	< .001	1.19		
SS from significant other	0.66	−0.37	1.69	1.28	.204	1.53		
SS from family	0.52	−0.50	1.54	1.00	.318	1.50		
SS from friends	2.48	1.46	3.49	4.83	< .001	1.59		
Caregiver acceptance	0.58	−1.54	2.69	0.54	.592	1.25		
DV: PTSD symptoms						9.30	< .001	.268
Personal resilience	−10.37	−14.40	−6.34	−5.10	< .001	1.19		
SS from significant other	−0.20	−2.62	2.23	−0.16	.873	1.58		
SS from family	−1.65	−4.14	0.84	−1.31	.192	1.52		
SS from friends	−0.30	−2.70	2.11	−0.24	.808	1.58		
Caregiver acceptance	−2.01	−7.01	2.99	−0.80	.428	1.26		

Note. DV = Dependent variable; PTSD = Posttraumatic stress disorder; SS = Social support; CI = confidence interval; *LL* = lower limit; *UL* = upper limit; *VIF* = variance inflation factor (only for the lines corresponding to independent variables); TGD = transgender and gender diverse.

Kavanaugh et al., 2020) and lower trauma-related symptoms (Dale et al., 2020; DelFerro et al., 2024; Grocott et al., 2023; Travers et al., 2020; van Stolk-Cooke et al., 2024; Çon & Osmanağaoğlu, 2024). Drawing on the ecological model of resilience (Windle & Bennett, 2012), this study makes an important contribution by using a sample of LGBTQ+ young adults to examine the unique associations of individual-level (i.e., personal

resilience) and family- and community-level (i.e., social support from significant other, social support from family, social support from friends, and caregiver acceptance) resilience factors for psychological well-being and PTSD symptoms, both in the overall sample and in subsamples based on gender identity and racial group membership. Personal resilience was the psychosocial resource most strongly associated with both mental health outcomes. Additionally, higher personal resilience was associated with both higher well-being and lower PTSD symptoms. Lastly, higher social support from significant other and from friends were related with higher well-being.

Unique Associations Between Psychosocial Resources and Psychological Well-Being and PTSD Symptoms

Psychological well-being was positively associated with personal resilience, caregiver acceptance, as well as all dimensions of social support (i.e., from significant other, from family, from friends), consistent with previous research (Brown et al., 2020; Cooke & Melchert, 2019; Fontaine et al., 2022; Huang & Chan, 2022; Kavanaugh et al., 2020). This highlights the link between being able to overcome adversity, being exposed to a positive family context and holding a strong social support system, and psychological well-being among LGBTQ+ young adults. Similarly, PTSD symptoms were negatively correlated with personal resilience, caregiver acceptance, and most dimensions of social support (i.e., from family and friends), also in line with previous studies (Dale et al., 2020; DelFerro et al., 2024; van Stolk-Cooke et al., 2024; Çon & Osmanağaoğlu, 2024). However, social support from a significant other was not associated with PTSD symptoms. This contrasts previous research with TGD adults which found that only social support from a significant other was negatively linked with postsexual assault trauma-related symptoms (Grocott et al., 2023). It is likely that the link between social support and poorer mental health outcomes in LGBTQ+ people experiencing trauma-related symptoms is a result of insidious trauma in the form of systemic oppression (as opposed to acute trauma such as sexual assault) is stronger for those with multiple sources of social support besides their romantic partner (e.g., family, friends). In other words, given the variety of social contexts that can perpetrate oppression, LGBTQ+ people also need a strong social support network across multiple settings to effectively cope with any trauma-related symptoms. In addition, being TGD (as opposed to being cisgender) was related to higher PTSD symptoms, in line with the well-documented higher rates of negative mental health outcomes in TGD people relative to cisgender lesbian, gay, and bi+ people (Lefevor et al., 2019).

In the multiple regression models, personal resilience was the psychosocial resource most strongly associated with higher well-being, consistent with previous studies that also found that both personal resilience and social support significantly explained variance in well-being among LGBTQ+ adults (Cooke & Melchert, 2019; Fontaine et al., 2022). This was also true for PTSD symptoms, indicating that the relationship between the individual capacity to overcome adversity and lower PTSD symptoms is particularly important for LGBTQ+ young adults. This is consistent with research showing that internal strengths, including personal resilience and other closely related resources such as emotion regulation and cognitive flexibility, promote one's ability to recover from trauma (Horn & Feder, 2018).

Different dimensions of social support emerged as having significant associations with different mental health outcomes. Higher social support from friends, followed by social support from a significant other, was related with higher well-being. This points to the importance of the link between these two types of relationships, which were likely intentionally established by LGBTQ+ young adults over time, and positive mental health outcomes. On the other hand, only social support from family was linked with lower PTSD symptoms, which is consistent with previous research (Travers et al., 2020). This suggests that when accounting for all sources of social support, the family context is the one that provides more effective support among trauma-exposed young LGBTQ+ adults.

When taking into account all psychosocial resources, caregiver acceptance was not associated with any mental health outcomes. At first glance, this finding seems in contrast with previous research consistently highlighting the protective role of having supportive and accepting caregivers for the mental health of LGBTQ+ young adults (DeFerro et al., 2024; van Stolk-Cooke et al., 2024). However, it may be explained by the fact that this is a more distal psychosocial resource compared to the other resources, which refer to current personal resilience and sources of social support. In other words, it is likely that participants answered the caregiver acceptance items in relation to how their caregivers behaved toward their LGBTQ+ identities some time ago (e.g., during their childhood or adolescence). This acceptance (or lack thereof) may have been more strongly linked with their mental health at that time compared to the current time of participation. This is likely true because since then, participating LGBTQ+ young adults may have developed other psychosocial resources over time. Indeed, there is evidence that some LGBTQ+ young adults who are rejected by their families still develop high personal resilience and a strong social support network (DeChants et al., 2022).

Within-Group Differences in Psychosocial Resources and Psychological Well-being and PTSD Symptoms: Gender Identity and Racial Group Membership

Some within-group differences based on gender and racial group membership were found in the associations between psychosocial resources and mental health outcomes. For TGD people and people of color, only personal resilience was associated with lower PTSD symptoms. In contrast, for cisgender people, social support from family and friends also emerged as significant, and for white people, social support from family was particularly important. These patterns may reflect the multiple marginalization of TGD individuals and LGBTQ+ people of color due to experiences of cisnormativity and racism both within and outside LGBTQ+ communities (Balsam et al., 2011; Barr et al., 2022; Ghabrial, 2019; Parmenter et al., 2021). In such contexts, individual resilience becomes especially crucial for coping with adversity. Moreover, TGD individuals and LGBTQ+ people of color experience greater exposure to traumatic events than their cisgender lesbian, gay, bisexual and white LGBTQ+ peers (Lefevor et al., 2019; Singh, 2017). Higher internal strengths, such as emotion regulation, cognitive flexibility, and the ability to mobilize social support, enhance recovery from trauma (Horn & Feder, 2018). Fewer within-group differences were found for psychological well-being. For cisgender people, personal resilience and social support from friends were key resources, whereas for TGD individuals, these two factors along with support from a significant other contributed to well-being. For both white people and people of color, personal resilience and social support from friends were consistently important. The limited variation in predictors of well-being may relate to its positive valence, suggesting that certain intrapersonal and interpersonal strengths universally promote positive adjustment across diverse LGBTQ+ groups (Edwards et al., 2023).

Limitations and Future Directions

This study is not without its limitations. First, a cross-sectional design was used, which does not allow for the determination of causal or directional relationships between study variables. For example, it is not entirely clear whether LGBTQ+ people with strong resilience resources (e.g., personal resilience) are more likely to experience better mental health or whether this good mental health increases their tendency to positively evaluate their ability to cope with adversity. Future research could use longitudinal studies to explore the directional associations between psychosocial resources and mental health outcomes. Second, all study variables were measured using self-

report measures, with some risk of possible socially desirable responding (e.g., some participants whose LGBTQ+ identities were not accepted by their caregivers may have responded in such a way to score high in caregiver acceptance) and a lack of insight regarding trauma-related symptoms. Third, we only explored a single individual-level resilience factor (i.e., personal resilience) and some family- and community-level factors (i.e., social support from significant other, social support from family, social support from friends, and caregiver acceptance) described in the ecological model of resilience (Windle & Bennett, 2012). Future research should explore the relative contributions of more individual-level, family- and community-level, and societal-level resilience factors for both psychological well-being and PTSD symptoms among LGBTQ+ adults, namely self-esteem, self-efficacy, family optimism, family cohesion, activism, connection with other LGBTQ+ communities, institutional support, and neighborhood factors.

We measured PTSD symptoms among LGBTQ+ young adults under the assumption, based on empirical evidence, that at least most of them are targeted by some form of insidious trauma in the form of systemic oppression (e.g., discrimination; Alessi et al., 2013; Hoy-Ellis, 2023; Mongelli et al., 2019; Root, 1992). However, it is possible that the relationships between the psychosocial resources explored will differ for LGBTQ+ young adults who have been exposed to different forms of acute or complex trauma (e.g., childhood abuse, hate crimes, interpersonal violence, sexual violence, microaggressions). Future research could explore the links between psychosocial resources and differing forms of trauma. Moreover, we only explored within-group differences based on two sociodemographic factors (gender identity and racial group membership), which were coded dichotomously because there were uneven sample sizes in the different groups. Future studies should use more balanced samples to examine within-group differences based on these sociodemographic factors across multiple identities, as well as examine other factors such as sexual identity, socioeconomic status, and religious identity. In addition, we treated our racial group consisting of LGBTQ+ participants self-identifying as people of color as homogeneous, which does not allow for an understanding of the ethnic and racial heterogeneity that is present within this group. Future studies should examine differences among different racial groups that may self-identify as people of color (e.g., Black or African-American, Latinx, Indigenous, Asian or Asian American). Finally, future studies could explore the moderating role of different psychosocial resources in the link between specific minority stress experiences (e.g., family rejection, discrimination, anticipated stigma) and mental health outcomes in LGBTQ+ people. In line with the minority stress framework (Brooks, 1981; Hendricks

& Testa, 2012; Meyer, 2003), these resources could be hypothesized to buffer minority stress.

Implications for Theory, Practice, Education and Training, and Advocacy

This study has important theoretical implications for the ecological model of resilience (Windle & Bennett, 2012), as well as for practitioners, researchers, and advocates who work with LGBTQ+ young adults. First, different psychosocial resources were found to be associated with a positive (i.e., well-being) and a negative (i.e., PTSD symptoms) mental health outcome, with some within-group differences found for people with multiple marginalized identities (i.e., TGD people and LGBTQ+ people of color). This emphasizes the nuanced ways in which different resilience factors confer risk or resilience (i.e., tendency to bounce back from experiences related to oppression) for outcomes among LGBTQ+ young adults with diverse identities.

Findings highlight the need for clinicians and researchers to use personal resilience and different sources of social support as targets for treatment with LGBTQ+ young adults in mental health contexts. Particularly, the number, quality, and support from friends and intimate partner relationships should be explored with LGBTQ+ young adults when the goal is to increase their success in various life domains (e.g., social contexts, self-esteem, sense of purpose, optimism). In addition, the quality and support from family should be examined to prevent or decrease trauma-related symptoms in response to systemic oppression (e.g., repeated, disturbing, and unwanted memories of stressful experiences; having strong negative feelings such as fear, anger, or shame) among LGBTQ+ young adults.

When working with clients with multiple marginalized identities, such as TGD and LGBTQ+ people of color, particular attention should be paid to the role of personal resilience when treating PTSD symptoms. For example, a number of culturally adapted cognitive and behavioral interventions have recently been found to have promising effects on a variety of outcomes in LGBTQ+ people (e.g., emotion regulation, depression, anxiety; Tudor-Sfetea & Topciu, 2024), including the “Mindful Self-Compassion for Teens,” an online self-compassion program with TGD youth that was effective in promoting personal resilience through multiple brief mindfulness art activities (Bluth et al., 2022). In addition, a pilot study found that the “Positive Action–Promoting Change” training program, a group intervention targeted toward TGD people that focuses on empowerment through strengthening identity and sharing experiences of stigmatization, is effective in fostering personal resilience (Amodeo et al., 2018). Mental health interventions with LGBTQ+

young adults, particularly TGD people and LGBTQ+ people of color, could use similar strategies, as well as psychoeducation on how minority stress negatively impacts mental health of LGBTQ+ people, to promote personal resilience in this population. Interventions with TGD people could also use the transgender resilience intervention model, which focuses on building personal resilience through self-worth, self-acceptance and pride, self-definition, hope, and transition (Matsuno & Israel, 2018).

Policymakers and community leaders should consider the need for fostering personal resilience and different sources of social support for LGBTQ+ young adults (e.g., organizing and promoting LGBTQ+-inclusive community events), increasing their well-being and reducing the risk for negative outcomes such as PTSD symptoms. Furthermore, advocacy efforts should focus on raising awareness of the importance of these psychosocial resources for the mental health of LGBTQ+ young adults, making this population feel more included and ultimately increasing their well-being and reducing the risk for negative outcomes. Lastly, educators, trainers, and trainees can advocate for the creation of colloquia and the inclusion of training modules that address how resilience is shown by LGBTQ+ people in the face of insidious trauma.

Conclusion

Based on the ecological model of resilience, this study aimed to explore the relative contributions of individual-level (i.e., personal resilience) and family- and community-level (i.e., social support from significant other, social support from family, social support from friends, and caregiver acceptance) psychosocial resources for a positive (i.e., psychological well-being) and a negative (i.e., PTSD symptoms) mental health outcome among LGBTQ+ young adults. Even though caregiver acceptance was not associated with any mental health outcomes, personal resilience was most strongly associated with both, particularly among TGD people and LGBTQ+ people of color for PTSD symptoms. These results highlight the nuanced relationships between different resilience factors and different mental health outcomes in LGBTQ+ young adults in the face of insidious trauma, as well as the importance of targeting both personal resilience and support from friends and significant others.

Acknowledgements

The authors would like to express their gratitude to every participant.

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Ethical Considerations

This study was approved by the Institutional Review Board (IRB) of the University of Florida (UF) (protocol #IRB202400468). All international ethical norms and standards regarding research involving human participants, namely the 1964 Declaration of Helsinki and its later amendments or comparable ethical standards, were complied with throughout the study.

Consent to Participate

Informed consent was obtained from all participants.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author, RC, upon reasonable request.

References

- Abreu, R. L., Costa, R., Vazquez, T., & Barrita, A. (2025). LGBTQ+ young adults and perceived election safety amidst the 2024 election: Caregiver acceptance and mental health outcomes. *LGBTQ+ Family: An Interdisciplinary Journal*, 1–18. <https://doi.org/10.1080/27703371.2025.2515885>
- Abreu, R. L., Gattamorta, K. A., Gonzalez, K. A., Capielo Rosario, C., Roman Laporte, R. L., & Domenech Rodriguez, M. M. (2023). LGBTQ Caregiver Acceptance Scale (LCAS): Development and validation with a Latinx sample. *Journal of Family Psychology*, 37(6), 875–887. <https://doi.org/10.1037/fam0001122>
- Abreu, R. L., Gonzalez, K. A., Mosley, D. V., Pulice-Farrow, L., Adam, A., & Duberli, F. (2022). “They feel empowered to discriminate against las chicas”: Latina transgender women’s experiences navigating the healthcare system. *International Journal of Transgender Health*, 23(1–2), 178–193. <https://doi.org/10.1080/26895269.2020.1767752>
- Alessi, E. J., Meyer, I. H., & Martin, J. I. (2013). PTSD and sexual orientation: An examination of criterion A1 and non-criterion A1 events. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(2), 149–157. <https://doi.org/10.1037/a0026642>

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Amodeo, A. L., Picariello, S., Valerio, P., & Scandurra, C. (2018). Empowering transgender youths: Promoting resilience through a group training program. *Journal of Gay & Lesbian Mental Health*, 22(1), 3–19. <https://doi.org/10.1080/19359705.2017.1361880>
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity & Ethnic Minority Psychology*, 17(2), 163–174. <https://doi.org/10.1037/a0023244>
- Barr, S. M., Snyder, K. E., Adelson, J. L., & Budge, S. L. (2022). Posttraumatic stress in the trans community: The roles of anti-transgender bias, non-affirmation, and internalized transphobia. *Psychology of Sexual Orientation and Gender Diversity*, 9(4), 410–421. <https://doi.org/10.1037/sgd0000500>
- Barrita, A., Strong, M. N., Ferraris, J., & Wong-Padoongpatt, G. (2023a). Drugs and racial microaggressions: A mediation analysis of racism, mental health, and coping strategies. *Journal of Substance Use and Addiction Treatment*, 153, Article 209078. <https://doi.org/10.1016/j.josat.2023.209078>
- Barrita, A., Wong-Padoongpatt, G., Chang, R., Abreu, R. L., & Krishen, A. (2023b). *Internalizing the poison*: A moderated mediation analysis of LGBTQ+ BIPoC college students' experiences with intersectional microaggressions. *Scholarship of Teaching and Learning in Psychology*, 9(4), 373–391. <https://doi.org/10.1037/stl0000375>
- Basting, E. J., Medenblik, A. M., Garner, A. R., Sullivan, J. A., Romero, G. J., Shorey, R. C., & Stuart, G. L. (2024). Intimate partner violence perpetration among sexual minority young adults: Associations with alcohol use, PTSD symptoms, internalized homophobia, and heterosexist discrimination. *Journal of Interpersonal Violence*, 39(1–2), 312–340. <https://doi.org/10.1177/08862605231197152>
- Bennett, K. M., Morselli, D., Spahni, S., & Perrig-Chiello, P. (2020). Trajectories of resilience among widows: A latent transition model. *Aging & Mental Health*, 24(12), 2014–2021. <https://doi.org/10.1080/13607863.2019.1647129>
- Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress*, 28(6), 489–498. <https://doi.org/10.1002/jts.22059>
- Bluth, K., Lathren, C., Clepper-Faith, M., Larson, L. M., Ogunbamowo, D. O., & Pflum, S. (2022). Improving mental health among transgender adolescents: Implementing mindful self-compassion for teens. *Journal of Adolescent Research*, 38(2), 271–302. <https://doi.org/10.1177/07435584211062126>
- Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2016). Psychometric properties of the PTSD Checklist for

- Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition (PCL-5) in veterans. *Psychological Assessment*, 28(11), 1379–1391. <https://doi.org/10.1037/pas0000254>
- Bragg, J. E., Brady, S. R., & Howell, D. (2022). The role of positive social institutions in promoting hope and flourishing among sexual and gender minorities: A multi-group analysis. *Youth*, 2(4), 654–667. <https://doi.org/10.3390/youth2040046>
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.
- Brown, C., Porta, C. M., Eisenberg, M. E., McMorris, B. J., & Sieving, R. E. (2020). Family relationships and the health and well-being of transgender and gender-diverse youth: A critical review. *LGBT Health*, 7(8), 407–419. <https://doi.org/10.1089/lgbt.2019.0200>
- Çon, H. Ö., & Osmanağaoğlu, N. (2024). Traumatic stress, social support, resilience, and posttraumatic growth: Comparison of LBGT+ and heterosexual individuals in a developing country. *Psychological Trauma: Theory, Research, Practice, and Policy*, 17(6), 1340–1348. <https://doi.org/10.1037/tra0001833>
- Cooke, P. J., & Melchert, T. P. (2019). Bisexual well-being: Assessing a model of predictors of psychosocial well-being for bisexual men. *Psychology of Sexual Orientation and Gender Diversity*, 6(2), 242–255. <https://doi.org/10.1037/sgd0000324>
- Dale, S. K., Sanders, J., Safren, S. A., Ironson, G., & O’Cleirigh, C. (2020). Correlates of resilience after childhood sexual abuse among men who have sex with men. *Journal of Trauma & Dissociation*, 21(3), 365–375. <https://doi.org/10.1080/15299732.2020.1719263>
- DeChants, J. P., Shelton, J., Anyon, Y., & Bender, K. (2022). “I just want to move forward”: Themes of resilience among LGBTQ young adults experiencing family rejection and housing insecurity. *Children and Youth Services Review*, 139, Article 106552. <https://doi.org/10.1016/j.childyouth.2022.106552>
- DelFerro, J., Whelihan, J., Min, J., Powell, M., DiFiore, G., Gzesh, A., Jelinek, S., Schwartz, K. T. G., Davis, M., Jones, J. D., Fiks, A. G., Jenssen, B. P., & Wood, S. (2024). The role of family support in moderating mental health outcomes for LGBTQ+ youth in primary care. *JAMA Pediatrics*, 178(9), 914–922. <https://doi.org/10.1001/jamapediatrics.2024.1956>
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D.-w., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research*, 97(2), 143–156. <https://doi.org/10.1007/s11205-009-9493-y>
- Dworkin, E. R., Gilmore, A. K., Bedard-Gilligan, M., Lehavot, K., Guttmannova, K., & Kaysen, D. (2018). Predicting PTSD severity from experiences of trauma and heterosexism in lesbian and bisexual women: A longitudinal study of cognitive mediators. *Journal of Counseling Psychology*, 65(3), 324–333. <https://doi.org/10.1037/cou0000287>

- Edwards, O. W., Lev, E., Obedin-Maliver, J., Lunn, M. R., Lubensky, M. E., Capriotti, M. R., Garrett-Walker, J. J., & Flentje, A. (2023). Our pride, our joy: An intersectional constructivist grounded theory analysis of resources that promote resilience in SGM communities. *PloS One*, 18(2), Article e0280787. <https://doi.org/10.1371/journal.pone.0280787>
- Ellis, É., & Gutierrez, D. (2024). The trauma-suicide connection among racial and ethnically diverse lesbian, gay, and bisexual adults: Examining the roles of intersectional discrimination and complex posttraumatic stress disorder. *Sexual and Gender Diversity in Social Services*, 36(4), 594–621. <https://doi.org/10.1080/29933021.2024.2323503>
- Eysenbach, G. (2004). Improving the quality of web surveys: The Checklist for Reporting Results of Internet E-Surveys (CHERRIES). *Journal of Medical Internet Research*, 6(3), Article e34. <https://doi.org/10.2196/jmir.6.3.e34>
- Ferguson, C. J. (2009). An effect size primer: A guide for clinicians and researchers. *Professional Psychology: Research and Practice*, 40(5), 532–538. <https://doi.org/10.1037/a0015808>
- Fish, J. N., & Russell, S. T. (2018). Queering methodologies to understand queer families. *Family Relations*, 67(1), 12–25. <https://doi.org/10.1111/fare.12297>
- Fontaine, C., Birchwood, M., & Connor, C. (2022). Perceived self-belief and social support: Resilience in bullied LGBTQ+ adolescents. *Youth Voice Journal*, 12(1). <https://researchonline.jcu.edu.au/73802/>
- Galatzer-Levy, I. R., & Bonanno, G. A. (2012). Beyond normality in the study of bereavement: Heterogeneity in depression outcomes following loss in older adults. *Social Science & Medicine*, 74(12), 1987–1994. <https://doi.org/10.1016/j.socscimed.2012.02.022>
- Ghabrial, M. A. (2019). “We can shapeshift and build bridges”: Bisexual women and gender diverse people of color on invisibility and embracing the borderlands. *Journal of Bisexuality*, 19(2), 169–197. <https://doi.org/10.1080/15299716.2019.1617526>
- Grocott, L. R., Schlechter, T. E., Wilder, S. M. J., O’Hair, C. M., Gidycz, C. A., & Shorey, R. C. (2023). Social support as a buffer of the association between sexual assault and trauma symptoms among transgender and gender diverse individuals. *Journal of Interpersonal Violence*, 38(1–2), 1738–1761. <https://doi.org/10.1177/08862605221092069>
- Hanke, K., van Egmond, M. C., Crespo, C., & Boer, D. (2016). Blessing or burden? The role of appraisal for family rituals and flourishing among LGBT adults. *Journal of Family Psychology*, 30(5), 562–568. <https://doi.org/10.1037/fam0000214>
- Harper, K. L., Blossnich, J. R., Livingston, N., Vogt, D., Bernhard, P. A., Hoffmire, C. A., Maguen, S., & Schneiderman, A. (2024). Trauma exposure, mental health, and mental health treatment among LGBTQ+ veterans and nonveterans.

- Psychological Trauma: Theory, Research, Practice, and Policy*, 17(8), 1651–1658. <https://doi.org/10.1037/tra0001735>
- Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice*, 43(5), 460–467. <https://doi.org/10.1037/a0029597>
- Herman, J. L. (1992). Complex PTSD: A syndrome in survivors of prolonged and repeated trauma. *Journal of Traumatic Stress*, 5(3), 377–391. <https://doi.org/10.1002/jts.2490050305>
- Herrick, A. L., Stall, R., Chmiel, J. S., Guadamuz, T. E., Penniman, T., Shoptaw, S., Ostrow, D., & Plankey, M. W. (2013). It gets better: Resolution of internalized homophobia over time and associations with positive health outcomes among MSM. *AIDS and Behavior*, 17(4), 1423–1430. <https://doi.org/10.1007/s10461-012-0392-x>
- Horn, S. R., & Feder, A. (2018). Understanding resilience and preventing and treating PTSD. *Harvard Review of Psychiatry*, 26(3), 158–174. <https://doi.org/10.1097/hrp.0000000000000194>
- Hoy-Ellis, C. P. (2023). Minority stress and mental health: A review of the literature. *Journal of Homosexuality*, 70(5), 806–830. <https://doi.org/10.1080/00918369.2021.2004794>
- Huang, Y.-T., & Chan, R. C. H. (2022). Effects of sexual orientation concealment on well-being among sexual minorities: How and when does concealment hurt? *Journal of Counseling Psychology*, 69(5), 630–641. <https://doi.org/10.1037/cou0000623>
- Jaspal, R., Lopes, B., & Rehman, Z. (2021). A structural equation model for predicting depressive symptomatology in Black, Asian and minority ethnic gay, lesbian and bisexual people in the UK. *Psychology & Sexuality*, 12(3), 217–234. <https://doi.org/10.1080/19419899.2019.1690560>
- Kavanaugh, S. A., Taylor, A. B., Stuhlsatz, G. L., Neppl, T. K., & Lohman, B. J. (2020). Family and community support among sexual minorities of color: The role of sexual minority identity prominence and outness on psychological well-being. *Journal of GLBT Family Studies*, 16(1), 1–17. <https://doi.org/10.1080/1550428X.2019.1593279>
- Kler, S., Arora, S., & Le, T. P. (2023). Validation of the Multidimensional Scale of Perceived Social Support (MPSS) among LGBTQ+ people of color. *Measurement and Evaluation in Counseling and Development*, 56(4), 283–296. <https://doi.org/10.1080/07481756.2022.2109174>
- Lefevor, G. T., Boyd-Rogers, C. C., Sprague, B. M., & Janis, R. A. (2019). Health disparities between genderqueer, transgender, and cisgender individuals: An extension of minority stress theory. *Journal of Counseling Psychology*, 66(4), 385–395. <https://doi.org/10.1037/cou0000339>

- Lippold, M. A., Hall, W., Williams, D. Y., Jenkins, M., Dawes, H., & Mills-Koonce, R. (2025). Parenting and queer youth mental health and substance use: A systematic review and meta-analysis. *Adolescent Research Review*, 10(1), 145–168. <https://doi.org/10.1007/s40894-024-00232-4>
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543–562. <https://doi.org/10.1111/1467-8624.00164>
- Lyons, A. (2015). Resilience in lesbians and gay men: A review and key findings from a nationwide Australian survey. *International Review of Psychiatry*, 27(5), 435–443. <https://doi.org/10.3109/09540261.2015.1051517>
- Marchi, M., Travascio, A., Uberti, D., De Micheli, E., Grenzi, P., Arcolin, E., Pingani, L., Ferrari, S., & Galeazzi, G. M. (2023). Post-traumatic stress disorder among LGBTQ people: A systematic review and meta-analysis. *Epidemiology and Psychiatric Sciences*, 32, Article e44. <https://doi.org/10.1017/S2045796023000586>
- Martin, J. A., Barrita, A., & Abreu, R. L. (2025). Social justice and race moderated parental acceptance and mental health in BIPOC caregivers of LGBTQ youth: Implications for Family Therapy Interventions. *Translational Issues in Psychological Science*, 11(4), 467–476. <https://doi.org/10.1037/tps0000462>
- Masten, A. S., & Monn, A. R. (2015). Child and family resilience: A call for integrated science, practice, and professional training. *Family Relations*, 64(1), 5–21. <https://doi.org/10.1111/fare.12103>
- Matsuno, E., Bricker, N. L., Collazo, E., Huynh, K. D., Mohr, R., Jr., Colson, A. E., & Balsam, K. F. (2024). Development and validation of the nonbinary distal minority stressors, proximal minority stressors, and resilience scales. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000719>
- Matsuno, E., & Israel, T. (2018). Psychological interventions promoting resilience among transgender individuals: Transgender resilience intervention model (TRIM). *The Counseling Psychologist*, 46(5), 632–655. <https://doi.org/10.1177/0011000018787261>
- McConnell, E. A., Birkett, M., & Mustanski, B. (2016). Families matter: Social support and mental health trajectories among lesbian, gay, bisexual, and transgender youth. *Journal of Adolescent Health*, 59(6), 674–680. <https://doi.org/10.1016/j.jadohealth.2016.07.026>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209–213. <https://doi.org/10.1037/sgd0000132>

- Meyer, L. E., Wenzel, K. R., Berg, S. K., Mette, M., & Schacht, R. L. (2024). Posttraumatic stress disorder and emotion regulation difficulties among sexual minority adults in residential substance use disorder treatment. *Substance Use & Misuse*, 60(4), 471–477. <https://doi.org/10.1080/10826084.2024.2434018>
- Mongelli, F., Perrone, D., Balducci, J., Sacchetti, A., Ferrari, S., Mattei, G., & Galeazzi, G. M. (2019). Minority stress and mental health among LGBT populations: An update on the evidence. *Minerva Psichiatrica*, 60(1), 27–50. <https://doi.org/10.23736/S0391-1772.18.01995-7>
- Nogueira de Lira, A., & Araujo de Moraes, N. (2018). Resilience in lesbian, gay, and bisexual (LGB) populations: An integrative literature review. *Sexuality Research and Social Policy*, 15(3), 272–282. <https://doi.org/10.1007/s13178-017-0285-x>
- Parmenter, J. G., & Barrita, A. (2024). A preliminary model of intersectional minority stress among sexual and gender diverse Black, Indigenous, and People of Color. *Psychology of Sexual Orientation and Gender Diversity*. Advance online publication. <https://doi.org/10.1037/sgd0000748>
- Parmenter, J. G., Galliher, R. V., & Maughan, A. D. A. (2021). LGBTQ+ emerging adults perceptions of discrimination and exclusion within the LGBTQ+ community. *Psychology & Sexuality*, 12(4), 289–304. <https://doi.org/10.1080/19419899.2020.1716056>
- Pollitt, A. M., Fish, J. N., & Watson, R. J. (2023). Measurement equivalence of family acceptance/rejection among sexual and gender minority youth by disclosure status. *Journal of Family Psychology*, 37(2), 195–202. <https://doi.org/10.1037/fam0001056>
- Pozzar, R., Hammer, M. J., Underhill-Blazey, M., Wright, A. A., Tulskey, J. A., Hong, F., Gundersen, D. A., & Berry, D. L. (2020). Threats of bots and other bad actors to data quality following research participant recruitment through social media: Cross-sectional questionnaire. *Journal of Medical Internet Research*, 22(10), Article e23021. <https://doi.org/10.2196/23021>
- Reisner, S. L., White Hughto, J. M., Gamarel, K. E., Keuroghlian, A. S., Mizock, L., & Pachankis, J. E. (2016). Discriminatory experiences associated with posttraumatic stress disorder symptoms among transgender adults. *Journal of Counseling Psychology*, 63(5), 509–519. <https://doi.org/10.1037/cou0000143>
- Root, M. P. P. (1992). Reconstructing the impact of trauma on personality. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist re-appraisals* (pp. 229–265). The Guilford Press.
- Rossi, N. E., Bisconti, T. L., & Bergeman, C. S. (2007). The role of dispositional resilience in regaining life satisfaction after the loss of a spouse. *Death Studies*, 31(10), 863–883. <https://doi.org/10.1080/07481180701603246>
- Sanchez-Hucles, J. V. (1999). Racism: Emotional abusiveness and psychological trauma for ethnic minorities. *Journal of Emotional Abuse*, 1(2), 69–87. https://doi.org/10.1300/J135v01n02_04

- Singh, A. A. (2017). Understanding trauma and supporting resilience with LGBT people of color. In K. L. Eckstrand & J. Potter (Eds.), *Trauma, resilience, and health promotion in LGBT patients* (pp. 113–119). Springer. https://doi.org/10.1007/978-3-319-54509-7_10
- Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine*, 15(3), 194–200. <https://doi.org/10.1080/10705500802222972>
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, 64(3), 420–430. <https://doi.org/10.1111/fare.12124>
- Suen, L. W., Lunn, M. R., Katuzny, K., Finn, S., Duncan, L., Sevelius, J., Flentje, A., Capriotti, M. R., Lubensky, M. E., Hunt, C., Weber, S., Bibbins-Domingo, K., & Obedin-Maliver, J. (2020). What sexual and gender minority people want researchers to know about sexual orientation and gender identity questions: A qualitative study. *Archives of Sexual Behavior*, 49(7), 2301–2318. <https://doi.org/10.1007/s10508-020-01810-y>
- Toh, G. W., Koh, W. L., Ho, J., Chia, J., Maulod, A., Tirtajana, I., Yang, P., & Lee, M. (2023). Experiences of conflict, non-acceptance and discrimination are associated with poor mental well-being amongst LGBTQ-identified individuals in Singapore. *Equality, Diversity and Inclusion*, 42(5), 625–655. <https://doi.org/10.1108/EDI-10-2021-0270>
- Travers, Á., Armour, C., Hansen, M., Cunningham, T., Lagdon, S., Hyland, P., Vallières, F., McCarthy, A., & Walshe, C. (2020). Lesbian, gay or bisexual identity as a risk factor for trauma and mental health problems in Northern Irish students and the protective role of social support. *European Journal of Psychotraumatology*, 11(1), Article 1708144. <https://doi.org/10.1080/20008198.2019.1708144>
- Tudor-Sfetea, C., & Topciu, R. (2024). A systematic review of evidence-based cognitive and/or behavioural interventions targeting mental health in LGBTQ+ populations. *Clinical Psychology in Europe*, 6(3), Article e11323. <https://doi.org/10.32872/cpe.11323>
- van Stolk-Cooke, K., Price, M., Dyar, C., Zimmerman, L., & Kaysen, D. (2024). Associations of past-year overall trauma, sexual assault and PTSD with social support for young adult sexual minority women. *European Journal of Psychotraumatology*, 15(1), Article 2287911. <https://doi.org/10.1080/20008066.2023.2287911>
- Wang, R. A. H., Davis, O. S. P., Wootton, R. E., Mottershaw, A., & Haworth, C. M. A. (2017). Social support and mental health in late adolescence are correlated for genetic, as well as environmental, reasons. *Scientific Reports*, 7(1), Article 13088. <https://doi.org/10.1038/s41598-017-13449-2>

- Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5)*. National Center for PTSD. https://www.ptsd.va.gov/professional/assessment/documents/PCL5_Standard_form.pdf
- Wesley, R., & Booker, J. A. (2021). Social support and psychological adjustment among college adults. *Journal of Social and Clinical Psychology, 40*(1), 69–95. <https://doi.org/10.1521/jscp.2021.40.1.69>
- Westcott, J. B., & Rocconi, L. M. (2025). Psychometric evaluation of the Brief Resilience Scale and Multidimensional Scale of Perceived Social Support among older sexual minority women in the U.S. *Measurement and Evaluation in Counseling and Development, 58*(1), 63–82. <https://doi.org/10.1080/07481756.2024.2397947>
- Windle, G., & Bennett, K. M. (2012). Caring relationships: How to promote resilience in challenging times. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 219–231). Springer Science + Business Media. https://doi.org/10.1007/978-1-4614-0586-3_18
- Zhang, Y., Farina, R. E., Lawrence, S. E., Walters, T. L., Clark, A. N., Hanna-Walker, V., & Lefkowitz, E. S. (2022). How social support and parent–child relationship quality relate to LGBTQ+ college students' well-being during COVID-19. *Journal of Family Psychology, 36*(5), 653–660. <https://doi.org/10.1037/fam0000981>
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2

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Teresa Vazquez, MS (*she/her/ella*), is a doctoral candidate in counseling psychology at the University of Florida. Her community-based research explores how critical consciousness and advocacy impact the mental health of LGBTQ+ and Black, Indigenous, people of color individuals. She is particularly interested in strengthening family systems and promoting collective well-being through liberation-focused approaches to healing.

Aldo Barrita, PhD (*he/him*), is the dean's research associate in the College of Social Science and the Department of Psychology at Michigan State University. He is a social, quantitative, and community psychologist whose research focuses on the psychological impact of intersectionality oppression and the health of people of color and LGBTQ+ communities, with an emphasis on coping strategies for discrimination, as well as sociocultural and structural influences on well-being.

Joshua Parmenter, PhD (*they/them*), is a licensed psychologist, assistant professor, and the director of the *Hope, Equity, Affirmation, and Liberation (HEAL)* Lab at Arizona State University. Their program of research uses an intersectional framework to examine how experiences of inequity and resilience factors influence mental health outcomes among queer and trans Black, Indigenous, and people of color.