

Risk and Resilience: The Impact of Community Programs on LGBTQ Youth

by

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ABSTRACT

There is a considerable amount of research suggesting that the challenges faced by LGBTQ youth can severely impact their lives, mental health, and general well-being. However, there still is a gap in the literature that assesses the effectiveness of community-based programs in mitigating the minority stress and risks experienced by LGBTQ youth. This study involves a series of interviews conducted with LGBTQ youth who attend the Open Doors drop-in program at a local Canadian Boys and Girls Club. It attempts to determine predominant stressors, risks, and challenges experienced by LGBTQ youth and to explore how the Open Doors drop-in program has supported and assisted LGBTQ youth in exercising resilience and whether the participants themselves see the program as “successful.”

Keywords: LGBTQ youth, minority stress, risk, resilience, community programs, Boys and Girls Club

DEDICATION

I would like to dedicate this thesis to my loving family and boyfriend, as without them I would have not survived completing my first (stressful, but rewarding) research study. I must express my deepest, sincerest gratitude to my family and boyfriend: my biggest cheerleaders. From simple, yet greatly appreciated, words of encouragement to acts of support, they were there for me every step of the way. I could always count on them to be there to give me a, “You can do it, almost there!” pep talk, to make sure I was not slacking off on days I should have been working, or to celebrate the little feats of completed sections with my favourite foods and dinner outings, drinks, or shopping trips. But most importantly, I must give them credit for tolerating all of my hissy fits and outbursts of tears during this process – which I am sure happened more than they would have liked to deal with. If not for my loved ones, I would not have been able to complete this thesis. I owe you guys one (or a few).

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CHAPTER 1: INTRODUCTION

In recent years, there has been a heightened discussion in the social justice literature pertaining to lesbian, gay, bisexual, transgender, and questioning or queer (LGBTQ) youth, with particular emphasis on the importance of supporting and addressing the needs of these young people (Sherriff, Hamilton, Wigmore, & Giambrone, 2011). LGBTQ youth are a marginalized and stigmatized subpopulation that can be found across various classes, race/ethnicities, nationalities, and religions (Wagaman, 2014). Due to their sexual orientation and/or gender identity, LGBTQ youth are subjected to discrimination, victimization, and harassment on a regular basis (Herek 2004; Herek, 2007; Morrow, 2006 as cited in Wagaman, 2014).

The prevalence of homophobia and/or transphobia and the dominance of heterosexism within society likely weigh heavily on the lives of LGBTQ youth, exposing them to risks and marginalization (Chesir-Teran & Hughes, 2009; Wagaman, 2014). The sexual and/or gender identity of LGBTQ youth may expose them to minority stress, which, in combination with other risks, can have a profound impact on their mental health and well-being (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Goldbach, Schrage, Dunlap, Holloway, 2015; Meyer, 1995; Meyer, 2003; Shilo, Antebi, Mor, 2015). Consequently, LGBTQ youth are designated as a vulnerable population (Fineman, 2014). This underscores the necessity to identify the needs of LGBTQ youth in order to reduce the risks and negative experiences they face (Sherriff et al., 2011).

The coming out process for LGBTQ youth often elicits myriad emotions and responses from the youths themselves, ranging from stress to fear, as well as a variety of

responses from those around them, extending from rejection to acceptance (Riley, 2010; Rossi, 2010; Sadowski, Chow, & Scanlon, 2009; Steever, Francis, Gordon, & Lee, 2014). The difficulties that arise in the lives of LGBTQ youth are often caused by experiences related to rejection and isolation after disclosing their sexual and/or gender identity to their family, friends, or other significant people in their lives (D'Augelli, 2002; D'Augelli, Hershberger, & Pilkington, 2001; Kitts, 2005). The rejection and/or ostracism felt by LGBTQ youth are often related to experiences of victimization (at home, school, or in the community), social isolation, or worse, leaving them to feel defeated, stressed, or to develop mental health issues (Birkett, Espelage, & Koenig, 2009; D'Augelli, 2002; Diamond & Lucas, 2004; see Grossman & D'Augelli, 2006; Higa, Hoppe, Lindhorst, Minger, Beadnell, Morrison, Todd, & Mountz, 2014; see Kitts, 2005; Riley, 2010; Roberston, 2014; Sherriff et al., 2011).

The types of victimization LGBTQ experience encompass a variety of forms, including physical violence, isolation, threats, and verbal harassment (predominantly spread through homophobic and/or transphobic slurs) (Birkett et al., 2009; Clements-Nolle, Marx, & Katz, 2006; D'Augelli, 2002; Grossman & D'Augelli, 2006; Holmes & Cahill, 2008). The stigmatizing, negative environment created around LGBTQ youth provides the foundation for these youth to recognize the minority stress they experience by virtue of being LGBTQ.

The conceptual framework of minority stress theory sheds light on the potential impact of social views and stigmatization on LGBTQ youth. Minority stress refers to the excess stress that an individual from a stigmatized social group may experience because of their subjugated social position (Meyer, 2003). This concept incorporates multiple

psychological and social theories, working together to describe the contrasting values of dominant and minority groups, as well as the subsequent hostile social environment experienced by these minority individuals (Meyer, 1995; Meyer, 2003).

Minority stress theory is based on the premise that people within minority groups, e.g., gay men, are susceptible to prolonged stress as a result of stigma and prejudice forced upon them (Meyer, 1995). Essentially, a gay man will face conflict between himself and the dominant culture when living in a discriminatory society, which becomes onerous for the individual (Meyer, 1995). The stigma, prejudice, and discrimination faced by gay men create a stressful environment, which in turn can impact the mental health of these individuals. The theory suggests that the greater the amount of minority stress, the greater the amount of psychological distress (Meyer, 1995). The minority stress experienced by sexual and/or gender minority individuals, and other minorities, is said to be unique (differing from their heterosexual and/or cisgender¹ counterparts), chronic, and socially based (Meyer, 2003). Meyer (1995; 2003) describes the distal and proximal stress processes that elicit minority stress, including: actual prejudice events, expectations of rejection and discrimination, internalized homophobia, and concealment.

In light of the findings from studies of gay men regarding the severity and impact of minority stress (and the distal and proximal stressors, in particular), along with the prevalence of other commonly revealed sexual and/or gender minority identities, researchers have applied minority stress theory to other members of the LGBTQ community. The concept of minority stress theory has been found to be relevant to other sexual and/or gender minority identities, including youth, and lesbian, bisexual,

¹ The term cisgender is used to identify individuals whose self-identity of gender is reflective of their biological sex (Egale Canada, 2012).

transgender, questioning, and queer individuals (see Bockting et al., 2013; see Goldbach et al., 2015; see Meyer, 2003; see Shilo, Antebi, & Mor, 2015). Thus, minority stress theory will form part of the theoretical framework of this thesis. Minority stress theory will be used with the concept of risk to show that by virtue of being LGBTQ, these youth have minority stress, which leaves them vulnerable to experience other risks that may accumulate in various ways.

As sexual and/or gender minority identities become better understood, so too are the experiences that may leave youth susceptible to risk. In simple terms, risk delineates exposure to negative occurrences or experiences, and will be discussed as in a cumulative manner in this thesis. Those who are “at-risk” are left more vulnerable than their counterparts as a result of possessing certain characteristics, like being LGBTQ. The minority stress experienced by LGBTQ youth adds to the vulnerability of these youth, exposing them to further risk. Research studies suggest that LGBTQ youth are exposed to heightened levels of risk in several categories, including: difficulties at school, substance abuse issues, inadequate and dysfunctional peer and family relationships, and stigmatization and marginalization within their communities (Higa et al., 2014; Sherriff et al., 2011; Van Leeuwen, Boyle, Salomonsen-Sautel, Baker, Garcia, Hoffman, & Hopfer, 2006).

As a result of these risks, LGBTQ youth are likely to develop mental health issues, including suicidal ideation or suicide attempts, psychological distress, depression, and substance abuse (Clements-Nolle et al., 2006; Diamond & Lucas, 2004; Eisenberg & Resnick, 2006; Rotheram-Borus, Hunter, & Rosario, 1994; Rosario, Schrimshaw, & Hunter, 2009). The Canadian Mental Health Association of Ontario (2014) indicates that

sexual minority youth face 14 times the risk of suicide and substance abuse problems of their heterosexual and/or cisgender counterparts. In addition, the National Coalition for the Homeless (2014) indicates that approximately 40% of homeless youth identify as a sexual and/or gender minority. This issue is particularly worrisome for LGBTQ youth because there are not many shelters that are 'safe' for sexual and/or gender minorities (Rice, Barman-Adhikari, Rhoades, Winetrobe, Fulginiti, Astor, Montroya, Plant, & Kordic, 2013).

Daily negative experiences and challenges related to their sexual orientation and/or gender identity in the forms of distal and proximal stressors leave LGBTQ youth increasingly vulnerable to other risks, which can then lead to myriad negative mental health and well-being outcomes for these youth. Given the severity of outcomes for LGBTQ youth stemming from rejection, isolation, bullying, and harassment (i.e. minority stress, risks, depression, psychological distress, or suicide), it becomes important to address how LGBTQ youth can be resilient in the face of risk, and to investigate the venues these youth have to acquire support.

Fortunately, a variety of community organizations have realized the need to support and assist LGBTQ youth, and have attempted to provide youth with a safe place for encouragement, acceptance, and education (DiFulvio, 2011; Eisenberg & Resnick, 2006; Holmes & Cahill, 2004; Johnson, Oxendine, Taub, & Robertson, 2013; Russell, 2005). Community organizations recognize the importance of having programs and drop-in centres designed specifically for LGBTQ youth. Specific programs created for LGBTQ youth are necessary in order to provide youth with a space where they feel accepted, and where they know they can be themselves without any repercussions (DiFulvio, 2011;

Johnson et al., 2013; Russell, 2005). The focus of these programs have tended to be to a) provide a space for LGBTQ youth to seek support for the adversity they may be facing; b) offer resources for extra support and tools to overcome barriers; c) assist in the development of personal characteristics and skills necessary to overcome adversity; and, d) allow youth to feel a sense of belonging and acceptance, where they can identify collectively with other youth who are undergoing similar experiences (DiFulvio, 2011; Eisenberg & Resnick, 2006; Johnson et al., 2013).

An important aspect of community-based programs for LGBTQ youth focuses on building social connections with other LGBTQ youth and role models they can go to for guidance and comfort (DiFulvio, 2011; Holmes & Cahill, 2004; Johnson et al., 2013). Additionally, LGBTQ youth-specific community programs seek to afford sexual and/or gender minority youth experiences and opportunities they may not get elsewhere (DiFulvio, 2011). In offering LGBTQ youth the opportunity to develop themselves (as well as acquire the tools needed to overcome adversity), these community programs attempt to provide youth with the ability to develop and exercise capacity and resilience², respectively (see DiFulvio, 2011). The development and growth of capacity and resilience in LGBTQ youth can assist in reducing the minority stress and risks experienced by these individuals, and potentially reduce the other mental health and well-being issues that may arise out of the stigma attached to being a sexual and/or gender minority. Gathering information from LGBTQ youth regarding the effectiveness and success of these programs is still an important and under-researched area.

² The notions of capacity and resilience will be defined and distinguished between in detail later in the thesis.

The present study will attempt to discuss the stressors and various risks associated with the LGBTQ identity, drawing a connection between stressors, risks, and sexual and/or gender minority identities. Moreover, this study will seek to determine the impact that community organizations and their LGBTQ-specific programs have on sexual and/or gender minority youth from their perspective. It is within this context that this study will aim to assess the effect and success of community programs on building capacity and exercising resilience in LGBTQ youth. In order to address these key areas, this study will specifically consider the efforts of the Open Doors drop-in program at a regional Boys and Girls Club in Ontario, Canada. The Open Doors program extends its welcome to LGBTQ youth aged 15-21 who are “seeking to experience new opportunities, overcome adversity and barriers, build positive relationships, and develop skills that can be applied throughout their lifetime” (Boys and Girls Club of Durham, 2014). Utilizing interviews with LGBTQ youth who attend the Open Doors drop-in program, and the theoretical frameworks of minority stress, risk, and resilience, this thesis will attempt to consider the value and impact of a community program in regard to the vulnerabilities and struggles of LGBTQ youth.

This chapter has outlined the topic and focus of this thesis. The remaining part of the thesis will be comprised of four additional chapters. In chapter two, I will review the existing literature on: a) the various sexual orientations and gender minority identities, as well as the experiences these youth undergo, while introducing minority stress theory and the stressors pertaining to LGBTQ youth; b) the risks that LGBTQ youth may face as a result of their vulnerability to experiencing minority stress; c) the importance of building capacity and resilience in these youth; as well as, d) the significance of community

programs as avenues of support for LGBTQ youth. Key research questions will be presented at the end of chapter two, followed by a brief theoretical discussion of how minority stress theory and the concepts of risk and resilience will be used together as the central framework for this study. Chapter three will outline and detail the methodology utilized to conduct this research. The fourth chapter will discuss key results of this study. Finally, chapter five will conclude with a discussion of key findings from this research, limitations of this study, and suggestions for future directions.

CHAPTER 2: LITERATURE REVIEW

Introduction

The purpose of this chapter is to provide a comprehensive overview of previous research that has been conducted on the identity of LGBTQ youth, risk, resilience, and LGBTQ-specific community programs. In this chapter, a discussion of the existing literature pertaining to sexual and/or gender minority identities will be presented. This will include an exploration of orientations, expressions, and identities, coming out and disclosure, as well as minority stress theory and the distal and proximal stressors associated with being LGBTQ. Following this, the risks that may accumulate on top of the stress faced by LGBTQ youth will be outlined. Possible negative outcomes of the accumulation of minority stress and risks will be highlighted.

The importance of building capacity and fostering resilience in LGBTQ youth will also be reviewed. This includes the possible role of community programs. An overview of existing community-based programs that target LGBTQ youth will then be provided. Finally, research questions and the theoretical framework used in this study will be presented. The aim will be to show that by virtue of being LGBTQ, these youth have minority stress that makes them vulnerable to other risks, and this accumulation of stress and risk initiates the possibility of negative mental health and well-being outcomes.

Understanding the Identities and Experiences of LGBTQ Youth

It is important to understand and appreciate the impact identifying as non-heterosexual and/or non-cisgender³ has on sexual and/or gender minority youth. In order to do so, it is useful to discuss important terminology, as well as experiences commonly

³ The term non-cisgender refers to those who do not self-identify their gender based on their assigned sex (see Egale Canada, 2012).

faced by LGBTQ youth. Before understanding the different orientations and identities related to sexual and/or gender minority youth, the terms regarding sexuality and gender are helpful to frame the following discussion.

First, sexuality can be understood as a socially constructed term for sexual feelings, orientation, behaviour, and identity (Robertson, 2014). Sexual orientation refers to an individual's emotional, sexual, affectionate, and cultural attraction to another individual (Savin-Williams & Cohen, 2004; Steever et al., 2014). Gender roles are socially constructed roles originating from how a particular culture thinks an individual is expected to behave (i.e., personality traits, duties, and mannerisms) based on being assigned male or female at birth (Nagoshi, Brzuzy, & Terrell, 2012). Further, gender identity is defined as the inner knowledge of being male or female. Gender identity is also used to define an identity between or outside these dichotomous categories, regardless of biological classification (see Diamond & Butterworth, 2008; Steever et al., 2014; Stieglitz, 2009).

Previous literature has alluded to the fact that dichotomous terms of sexuality and gender fail to capture the fluidity, complexity, and diversity of other sexual orientations and gender identities (Diamond & Butterworth, 2008). Youth who identify as non-heterosexual and/or non-cisgender often deviate from a strict definition of sexual orientation or gender identity, self-identifying with more than one orientation and/or identity. Some sexual and/or gender minority individuals also choose not to label their sexual orientation or gender identity at all. However, for youth who do choose to label their sexuality and/or gender, they commonly identify with a sexual orientation and/or gender identity under the terms of lesbian, gay, bisexual, transgender, and/or questioning

or queer (D'Augelli, Pilkington, & Hershberger, 2002; Russell, Clarke, & Clary, 2009; Savin-Williams & Cohen, 2004; Stieglitz, 2009)⁴.

The disparate designations of non-heterosexual and/or non-cisgender identities as separate sexualities and gender identities calls attention to the important differences between and among individuals' based on variations in their experiences, expressions, and inherent nature (Fineman, 2014). Research literature suggests that the term lesbian is used to designate individuals who identify as female and have primary sexual and affectionate attraction to other individuals who predominately identify as female (Savin-Williams & Cohen, 2004; Steever et al., 2014). Similarly, the gay identity refers to an individual who identifies as a male having sexual and affectionate attraction to other people who also identify as males (Savin-Williams & Cohen, 2004; Steever et al., 2014). The term gay can also refer to females who are attracted (sexually and emotionally) to other women, or as stated, to males only (Egale Canada, 2012).

Bisexual individuals identify as being attracted to those of both sexes (Egale Canada, 2012; Savin-Williams and Cohen, 2004). Bisexual identity is sometimes disregarded as a sexual identity and is seen as an illegitimate label (see Callis, 2014). Bisexuality has sometimes been characterized as an in-between stage, teetering between straight and homosexual, rather than its own identity, causing some to regard this label as an unwarranted, 'illegitimate' sexual minority identity (see Callis, 2014; Rust, 2003 as cited in Callis, 2014). However, bisexuality is its own sexual identity and will be discussed as such throughout this thesis.

⁴ The researcher does recognize that sexual and/or gender minority youth are also likely to identify as pansexual, transsexual, gender fluid, gender queer, among others; however, for the purpose of this thesis, the literature review will focus on LGBTQ identities.

Transgender individuals are those who typically hold their internal gender to be different from their biological sex, such as males identifying as females, and females identifying as males, or something else entirely (Clements-Nolle et al., 2006; Grossman & D'Augelli, 2006; Stieglitz, 2009). The term transgender can be used to represent individuals whose gender identification violates conventional ideas of “male” or “female”, or mixes traditional male and female roles together (Diamond & Butterworth, 2008), and is often used as an umbrella term for a variety of gender identities and expressions (Egale Canada, 2012). Importantly, transgender represents a dynamic, fluid experience of gender, with constant transitions and changes occurring as an individual embodies and embraces their gender identity (Diamond & Butterworth, 2008; Nagoshi, Brzuzy, & Terrell, 2012). Transgender individuals may identify as gay, straight, bisexual, or so on (Egale Canada, 2012).

The term questioning refers to individuals who do not identify clearly with other sexual and gender identities, or are in a period of sexual or gender questioning (Fineman, 2014; Russell et al. 2009; Stieglitz, 2009). Last, but not least, queer refers to those who refuse mainstream or normative notions of rigid, dichotomous identities of sexuality and gender, and rather take on a fluid, dynamic gender and sexual identity (Steever et al., 2014; Stieglitz, 2009). The term queer is also used as an umbrella term for the LGBTQ community. Although historically a derogatory word, many members of the LGBTQ community use the term queer as a proud confirmation of diversity and difference (Egale Canada, 2012). Throughout this paper, the ‘Q’ in the LGBTQ acronym will be used for either questioning or queer. Thus, with the use of the characteristics pertaining to gay, lesbian, bisexual, transgender, and questioning or queer identities, one is able to

understand and grasp how non-heterosexual and/or non-cisgender youth build their sexual and/or gender self-concept.

Under the umbrella term of sexual and/or gender minority, LGBTQ youth may undergo divergent experiences because of the differences in each sexual orientation and/or gender identity. In other words, experiences and characteristics assumed by lesbian and gay youth may be vastly different than those assumed by bisexual, transgender, questioning, or queer youth (Stieglitz, 2009). For example, transgender youth face different experiences and challenges than a gay, lesbian, or bisexual youth as they may undergo surgery to transition from male to female, or vice versa. Added to this experience is the struggle that some transgender youth face in trying to ‘pass’ as the opposite sex, potentially limiting positive self-evaluation and subjecting themselves to heightened stigma (Bockting et al., 2013).

After interviewing transgender, questioning, and queer youth, Johnson, Singh, and Gonzalez (2014) found that participants indicated that transgender youth are particularly excluded from straight, cisgender, and gay and lesbian communities who were not accepting of gender non-conforming identities. In a similar vein, bisexual individuals may not be accepted into the sexual and/or gender minority community because they are viewed by some as possessing an illegitimate status, or as in a transitional stage between straight and gay (Callis, 2014). Thus, it is evident that some LGBTQ youth have different challenges based on their sexual orientation and/or gender identity.

Youth typically do not ‘choose’ to assume a LGBTQ identity. Therefore, comprehending and appreciating the development of these sexual domains is an essential component of understanding the LGBTQ identity (Russell et al., 2009; Savin-Williams &

Cohen, 2004; Steever et al., 2014; Tolman & McClelland, 2011). It is therefore also useful to outline the differences between LGBTQ youth and heterosexual and/or cisgender adolescents, as these differences essentially provide the basis for the development of stigma and prejudice.

Regardless of the identity inherent in each LGBTQ youth, this population expresses non-normative gender traits, placing themselves outside heterosexual and/or cisgender boundaries (Robertson, 2014). Although the development of sexual orientation and/or gender identity is a normal process for all youth, LGBTQ youth are labeled as the 'sexual or gender minority', as their sexual attraction and self-concept differs from that of the heterosexual and/or cisgender status quo (Robertson, 2014; Steever et al., 2014; Tolman & McClelland, 2011). Therefore, LGBTQ youth are essentially exposed to the same developmental patterns as heterosexual youth; however, LGBTQ youth must also go through additional developmental milestones, including realization, acceptance, and disclosure of their sexual and/or gender identities (Grossman & D'Augelli, 2006; Steever et al., 2014).

During the developmental stages experienced by youth, a combination of genetics, experiences, and the environment will ultimately foster their sexual and/or gender identity (Grossman & D'Augelli, 2006; Savin-Williams & Cohen, 2004; Stieglitz, 2009). Progressing along a continuum, LGBTQ youth first realize and eventually accept their non-heterosexual and/or non-cisgender identity, uniting their unique characteristics and sexual orientation and/or gender identity to assume a sexual and/or gender minority identity (Savin-Williams & Cohen, 2004; Stieglitz, 2009). Afterwards, the process of identity disclosure takes place (Riley, 2010; Russell et al., 2009; Savin-Williams, 2004).

These developmental and transitional stages may be particularly trying for transgender youth, as they may face internal struggles as their psychological gender and their biological gender do not express their true gender identity (Diamond & Butterworth, 2008). For example, if a transgender youth has not fully transitioned to their true gender, and maintains elements of their biological gender, they may struggle psychologically while trying to develop their gender identity and expression (Diamond & Butterworth, 2008). The process of disclosure and ‘coming out’ serve as a challenge in the development of LGBTQ youth, and often have a profound impact on the life of LGBTQ youth within contemporary society.

Coming Out and Disclosure

Coming out and disclosing a non-heterosexual and/or non-cisgender identity is seen as a defining point in the lives of LGBTQ youth, as it is a time when an individual recognizes his or her sexual orientation and/or gender identity and shares this understanding with his or her peers, parents, and other significant adults (Grossman & D’Augelli, 2006; Riley, 2010; Rossi, 2010). As suggested by recent studies, LGBTQ youth are disclosing their non-heterosexual and/or non-cisgender identities at earlier ages than in previous generations (Grossman & D’Augelli, 2006; Grov, Bimbi, Nanín, & Parsons, 2006; Holmes & Cahill, 2008; Riley, 2010). Nonetheless, LGBTQ youth of racial or ethnic minority generally tend to come out later than Caucasian LGBTQ youth, as there are additional cultural barriers facing ethnic minority youth (Grov et al., 2006; Riley, 2010; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). LGBTQ youth typically disclose their sexual identity to friends before coming out to siblings, parents, or other family members (Grov et al., 2006; Riley, 2010; Savin-Williams and Cohen, 2004;

Steever et al., 2014). Since coming out is an extremely emotional experience, LGBTQ individuals tend to disclose their sexual orientation and/or gender identity in this pattern, moving from the least to most threatening relationships, in case rejection occurs (Steever et al., 2014).

Although not all LGBTQ youth are able to disclose their sexual orientation and/or gender identity to their friends, the majority of these adolescents choose to first come out to their peers, as peer affiliation and acceptance is an important aspect of a youth's life (Riley, 2010; Rossi, 2010). Research on LGBTQ experiences suggests that younger sexual and/or gender minority adolescents faced friendship loss as a result of their identity disclosure, and held smaller peer groups compared to their heterosexual and/or cisgender peers (Diamond and Lucas, 2004; Rossi, 2010). However, one possibility among smaller peer groups is a closer selection of friendships in order to avoid rejection in the first place (Diamond & Lucas, 2004; Riley, 2010; Rossi, 2010). LGBTQ youth report that their close friends are accepting of their sexual orientation, but require more knowledge about their sexual and/or gender identity, especially in terms of transgender identities (Grossman & D'Augelli, 2004; Steever et al., 2014). Youth apparently receive mixed reactions from peers after disclosing their sexual identity.

It is clear that coming out to peers is a difficult, sensitive discussion to have, but for most LGBTQ youth, disclosing to parents is an even more daunting task (Riley, 2010; Robertson, 2014; Rossi, 2010). This process becomes filled with anxiety and fear of not only rejection, but also grave disappointment from parents (Rossi, 2010; Steever et al., 2014). Parental reactions typically run the gamut of support, acceptance, shock, anger, isolation, disappointment, rejection, or denial to accept the truth about their child (Riley,

2010). Although every coming out experience is unique, the majority of LGBTQ youth disclose their sexual orientation and/or gender identity to their mothers before their fathers, as mothers have been shown to be more accepting than fathers (Riley, 2010; Rossi, 2010; Steever et al., 2014). Rossi (2010) suggests that most youth believe that mothers are better able to understand life situations than fathers, making them more approachable.

Some ethnic minority LGBTQ youth may face even more anxiety and fear of coming out because of their double-minority status⁵. For example, two-spirit⁶ individuals may fear coming out as they may experience homophobic reactions upon disclosure as a result of colonizing forces and the changing experiences of Native people in today's society (Rainbow Resource Centre, 2008). Without the continuation of the core foundations of cultural beliefs, two-spirit youth may have difficulty expressing their sexual and/or gender minority identity, resulting in negative mental health and well-being outcomes (see Robinson, 2014). Ethnic minority families may reveal feelings of apprehension, as they already experience the stress of being an ethnic minority (Willoughby, Doty, & Malik, 2008).

In general, ethnic and sexual and/or gender minority youth reported that they experienced acts of oppression and marginalization as a result of their sexual and/or gender identity from family members, peers, and the larger community, while simultaneously feeling direct and indirect forms of racism (Jamil, Harper, & Fernandez,

⁵ Other differences between ethnic minority and Caucasian LGBTQ youth will be discussed in succeeding paragraphs (primarily relating to the differences in mental health and well-being issues of ethnic minority LGBTQ youth).

⁶ Aboriginal people may identify themselves as two-spirit rather than as LGBTQ. This is based upon the idea that two-spirit people have the ability to understand both male and female perspectives, merging the interrelatedness of different identities (Egale Canada, 2012).

2009). Therefore, parents of ethnic minority LGBTQ youth are likely to react negatively to their son or daughter's sexual orientation and/or gender identity, as they show more concern for their child's double minority status, and may have fewer resources to cope with these minority identities (Willoughby et al., 2008). In some cultures, disclosing a sexual and/or gender minority identity may lead to silencing or outright rejection, which causes some individuals to avoid disclosure, as the costs of coming out tend to be greater than keeping their identity a secret (Greene, 2000; Parks, Hughes, & Matthews, 2004). Sexual and ethnic minority women must manage the conflicting values and expectations of their cultural groups, which can become extremely trying not only on the individual who experiences an anti-gay and lesbian behaviour, but also on the family of the individual (Parks et al., 2004). Younger women of colour have been reported to exercise greater restraint in disclosure, so to not interfere with cultural expectations of them (Parks et al., 2004).

On the other hand, rigid gender roles found in some cultures that emphasize the importance of masculinity make it difficult for a male youth to identify as gay, bisexual, or transgender as he will be seen as less manly (Higa et al., 2014). Homophobia and transphobia within African-American and Hispanic communities is perceived to be high, as a result of strong attachment to cultural heritage (Ahuja, Webster, Gibson, Brewer, Toledo, & Russell, 2015; Greene, 1997 as cited in Parks et al., 2004; Greene, 2000; Loiacano, 1989). This tends to result in African-American youth placing less value on coming out as a sexual and/or gender minority, thus keeping their orientation secret. This is in order to maintain their acceptance in the Black community and within their families (see Greene, 2000; Jamil et al., 2009; Loiacano, 1989). Ethnic minority adults are often

left in a social environment with little to no support for their sexual and/or gender minority status on top of their ethnic/cultural identity (Greene, 2000).

As times change, parents are becoming more accepting of their children's unique identities (Grossman & D'Augelli, 2006). Yet, it is apparent that youth experience different reactions when disclosing their sexual orientation and/or gender identity to their family and friends. As LGBTQ youth disclose their sexual and/or gender minority identity, they are putting themselves at risk for rejection, disappointment, and victimization if not accepted for who they are (Grossman & D'Augelli, 2006; Kitts, 2005; Robertson, 2014; Ryan et al., 2010). Research suggests that much of the stress and mental health issues assumed by LGBTQ youth stems from rejection upon disclosure of one's sexual and/or gender identity (D'Augelli, 2002; D'Augelli, Hershberger, & Pilkington, 2001; Kitts, 2005; Rosario et al., 2009; Ryan et al., 2010; Willoughby et al., 2010). When rejection occurs, the stigma around the LGBTQ identity becomes prevalent, manifesting in many ways, such as social isolation, victimization, and ridicule. This stigma has the potential to increase the prevalence of minority stress and makes LGBTQ youth more susceptible to other risks, which can profoundly impact the mental health and well-being of LGBTQ youth.

Stigma and Minority Stress Among LGBTQ Youth

As a result of their deviation from typical, heterosexual and/or cisgender norms, LGBTQ youth are highly susceptible to an increased amount of stigmatization and victimization within society (Herek, 2004; Herek, 2007; Kosciw, Greytak, & Diaz, 2009; Kuper, Coleman, & Mustanski, 2013). There is a general assumption that heterosexuality and heterosexual privilege are the valued norms within society (Chesir-Teran & Hughes,

2009). Consequently, LGBTQ youth are at risk of experiencing minority stress because of the conflict a LGBTQ individual may face between himself or herself and the dominant (heteronormative) culture (see Meyer, 1995; see Meyer, 2003). The minority stress a LGBTQ youth may face is said to be unique, chronic, and socially initiated, normally arising through prejudice motivated events and violence, expectations of rejection, internalized homophobia, and concealment. These stressors often make LGBTQ youth vulnerable to other risk factors, which combined with minority stress, may lead to an increased amount of psychological distress and well-being issues (Meyer, 1995; Meyer, 2003).

In general, stigma refers to a condition or attitude that marks individuals in an undesirable way from societal norms and values (Herek, 2007). Sexual stigma refers to society's shared knowledge and attitude of negative regard for non-heterosexual and/or non-cisgender behaviour, identity, and orientation (Herek, 2004; Herek, 2007; Kitts, 2005; Mayberry, 2012). This type of stigma represents a socially constructed, shared understanding of sexual and/or gender minority's devalued status within society (Herek, 2007). Sexual stigma is seen to evolve and persist over time, changing with dominant social attitudes and processes (Herek, 2007). Through the expression of a socially constructed set of hierarchal relationships, sexual stigma emphasizes the power imbalance between non-heterosexual and/or non-cisgender and heterosexual and/or cisgender individuals (Herek, 2004; Herek, 2007).

The perpetuation of sexual stigma causes non-heterosexual and/or non-cisgender individuals to be occasionally considered deviant, devalued, and in some cases, immoral (Grossman & D'Augelli, 2006; Herek, 2007; Mayberry, 2012). In addition to sexual

stigma is the concept of sexual prejudice, denoting the negative attitudes society holds based on sexual orientation and behaviour, often taking the form of hostility (Herek, 2004; Herek, 2007). Thus, the sexual stigma and prejudice socially constructed by society puts the LGBTQ population at an immediate disadvantage within their communities, regardless of the intersecting components that make up their whole identity.

The stigma perpetuated throughout society regarding sexual and/or gender minority individuals creates incongruence between the minority person's needs and experiences and the surrounding, dominant culture, and societal structures (Meyer, 1995). Therefore, minority stress may arise within the sexual and/or gender minority individual. The stress assumed by sexual and/or gender minority youth may be similar to that of other minority groups, but deviates from the stress assumed by Caucasian, heterosexual and/or cisgender individuals (see Bockting et al., 2013; Meyer, 1995; see Meyer, 2003; see Shilo, Antebi, & Mor, 2015). As the dominant group in society, heterosexual and cisgender people may discriminate or stigmatize sexual and/or gender minority individuals, eliciting significant stress onto this minority population (see Meyer, 1995). As minority stress theory has been developed further, the stress experienced by minority individuals has been found to be considered to be unique, chronic, and socially based (Meyer, 2003).

These notions of minority stress being unique, chronic and socially based are grounded in the ideas that the stress that minority individuals face is: a) additive to general stressors that are experienced by all people, causing stigmatized people to require additional adaptive tools than those of dominant groups; b) chronic in the sense that the stress encountered is found within relatively stable underlying social structures; and c)

found in and developed through social processes, attitudes, and structures beyond individually perceived stressors or stressors related to non-social characteristics (i.e., genetics, biological make-up) (Bockting et al., 2013; Meyer, 2003). This minority stress causes LGBTQ youth to experience stressors along a continuum of distal to proximal stressors, including prejudice motivated events and violence, expectations of rejection, internalized homophobia, and concealment (Meyer, 1995; Meyer, 2003).

Distal stressors. Distal stressors experienced by minorities are objective stressors, in that they do not depend on the individual's perceptions to be deemed a stressor (Meyer, 2003). Rather, distal stressors are independent of the individual who is part of a minority group, and are acts and avenues of prejudice and stigma that target a minority group as a whole. The primary distal stressor impacting LGBTQ youth is enacted stigma.

Enacted stigma. A distal stressor would be the presence of prejudice-motivated events and violence, or enacted stigma (Herek, 2007; Meyer, 1995; Meyer, 2003). Actual experiences or events of violence and discrimination, or enacted stigma, incorporate behavioural expressions of sexual stigma through actions such as rejection, abuse, ostracism, victimization, and discrimination which occur as a result of a youth's sexual and/or gender minority status (Herek, 2007; Meyer, 1995). The stress encountered by minority individuals after experiencing these prejudice events can have a severe impact on the amount of psychological distress an individual may experience due to the inherent social discrimination found within these acts of stigma (Meyer, 1995).

To illustrate, many studies have included reports from LGBTQ youth indicating they have been harshly rejected after coming out, and also verbally abused, threatened

with violence, victimized, bullied, and attacked as a result of their sexual orientation and/or gender identity (Clements-Nolle et al., 2006; D'Augelli et al., 2002; Holmes & Cahill, 2008; Johnson et al., 2013; Kuper et al., 2013; Ryan, Huebner, Diaz, & Sanchez, 2007). Enacted stigma can manifest in schools, communities, and within familial settings, having a profound impact on the lives of LGBTQ youth, as they are unable to escape from this hostile treatment (D'Augelli et al., 2002; Grossman & D'Augelli, 2006; Payne & Smith, 2011; Kosciw et al., 2009). Even a seemingly minor event, such as a derogative slur about someone's sexuality or gender, may elicit deep fear, isolation, mental health issues, psychological distress or negative feelings disproportionate to the initial incident (Meyer, 1995). Thus, prejudice and discriminatory events can weigh heavily on a LGBTQ youth, as these stressors resonate in deep cultural and societal oppression of sexual and/or gender minorities.

Proximal stressors. Unlike distal stressors, proximal stressors depend on the individual, and are more subjective than distal stressors as they rely on an individual's perceptions and evaluations of experiences and attitudes (Meyer, 2003). Proximal stressors are related to how an individual self-identifies, and may vary in their effect between individuals of the same minority group. The stress processes related to proximal stressors are expectations of rejection (perceived or felt stigma), internalized homophobia (internalized stigma), and concealment (Herek, 2007; Meyer, 2003).

Felt stigma. In terms of the proximal stressors explained in minority stress theory, expectation of rejection, or perceived or felt stigma, relates to the idea that there is an expectation that sexual stigma will be imposed in certain circumstances and situations (Herek, 2007; Meyer, 2003). The knowledge of felt stigma will often cause individuals to

change their behaviour, in order to avoid being a victim of sexual stigma (Herek, 2007). Like other minority groups, sexual and/or gender minorities anticipate and expect to receive negative affect from the larger society (Meyer, 2003). As outlined in minority stress theory, minority groups, like sexual and/or gender minorities, who face perceived stigma risk experiencing a great deal of stress as a result of the constant fear and mistrust of society and the dominant culture (Meyer, 1995). LGBTQ youth experiencing perceived stigma also struggle with integrating into the general population, facing alienation and non-conformity at school and within their community (Kitts, 2005; Kosciw et al., 2009; Meyer, 2003).

The existence of widespread heteronormativity within society means that the perceived stigma often manifests in schools, families, and communities making it even more difficult for LGBTQ youth to exercise their true selves within society (Birkett et al., 2009; Grossman & D'Augelli, 2006; Robertson, 2014). An individual's self-esteem and perception is likely to be vulnerable and insecure due to perceived expectations of rejection or felt stigma (Meyer, 2003). Furthermore, LGBTQ youth may experience perceived stigma when they see other LGBTQ individuals experiencing enacted stigma, forcing them to change their behaviour in order to avoid similar treatment (Chesir-Teran & Hughes, 2009; D'Augelli et al., 2002; Meyer, 2003). Thus, as a result, LGBTQ youth may feel obliged to subconsciously and consciously change their behaviour in order to avoid victimization.

Internalized stigma. Internalized homophobia, also known as internalized stigma, refers to the tendency to take on society's negative attitudes and direct these perceptions towards one's self (Meyer, 1995). In other words, internalized homophobia is the

personal acceptance of sexual stigma, inevitably leading to a self-concept that is in conjunction with the negative responses of society (Herek, 2004; Herek, 2007; Johnson et al., 2013; Meyer, 2003; Rosario, Schrimshaw, Hunter, & Gwadz, 2002). The stress of this internalization takes a psychological toll on a minority individual and takes on a homophobic-like effect, making the individual believe they possess a deviant identity (Meyer, 1995). Arguably, this internalized stigma may have the most severe consequences for LGBTQ youth, as this internal struggle is continuous (Kitts, 2005; Kuper et al., 2013). With the knowledge and feelings of dissatisfaction for being ‘different’ within society, and ultimately opposing heteronormativity, LGBTQ youth are profoundly impacted by this realization and face internal self-suppression (Kitts, 2005; Kuper et al., 2013; Willoughby, Doty, & Malik, 2010).

In their study of LGBTQ youth and adults, Shilo, Antebi, and Mor (2015) found that lower levels of internalized homophobia were related to higher levels of well-being, which could presumably mean the opposite would be true (i.e., greater feelings of internalized homophobia would decrease well-being). Although perceived, enacted, and internalized stigma individually play a large role in facilitating and fostering minority stress and mental health and well-being issues in LGBTQ youth, it may be argued that internalized stigma impacts youth the most, as it essentially incorporates both enacted and felt stigma in its development and continuation (Herek, 2007).

Concealment. The last proximal stressor briefly discussed under minority stress theory is the notion of concealment (Meyer, 2003). Concealment refers to the hiding of one’s sexual and/or gender minority identity as a result of fear of harm (Meyer, 2003). The stress undergone by individuals due to the concealment of their identity is deemed a

proximal stressor because it arises out of internal, psychological processes and evaluations, making it subjective (Meyer, 2003). Many LGBTQ youth therefore stay closeted, fearing the repercussions of disclosing a non-heterosexual and/or non-cisgender identity (D'Augelli et al., 2002; Kuper et al., 2013; Meyer, 2003; Riley, 2010). Similar to the other distal and proximal stressors, concealment can also cause a great deal of stress to sexual and/or gender minority youth as this would be a very psychologically trying experience for these youth.

It is apparent that sexual stigma and heterosexism have the ability to initiate minority stress in LGBTQ youth in the form of distal and proximal stressors. Minority stress theory outlines the various stressors that may lead to the degradation of minority person's identity, consequently causing an individual psychological distress (Meyer, 2003). Through the perpetuation of violent acts, discrimination, and verbal harassment, the perceived expectation of rejection, as well as the internalization of stigma and concealment of identity, it becomes apparent that LGBTQ youth face multiple circumstances and environments that would be demanding and trying on these youth.

Thus, understanding the development of sexual identities, the disclosure of that identity, and the lived experiences of LGBTQ youth are all important in order to fully comprehend the minority stress and stigma that LGBTQ youth face. As discussed, LGBTQ youth go through different developmental stages, hardships, and experiences that expose them to minority stress. Minority stress theory, and subsequent applications of this theory, suggests that the stress imposed on minority individuals, like sexual and/or gender minority youth, is psychologically onerous (Bockting et al., 2013; Goldbach et al., 2015; Meyer, 1995; Meyer, 2003; Shilo et al., 2015). The stress and psychological

distress caused from the distal and proximal stressors (i.e., enacted stigma, perceived or felt stigma, internalized homophobia, and/or concealment) can have many repercussions on a LGBTQ youth, which leaves them vulnerable to risk. For example, Goldbach and colleagues (2015) found that internalized homophobia was positively associated with using marijuana in LGB adolescents. Further, Goldbach et al. (2015) found that psychological distress arises out of minority stress and is related to marijuana use. Therefore, as a result of being LGBTQ and the stigma perpetuated about sexual and/or gender minority individuals, youth experience minority stress in the form of distal and proximal stressors, which may leave them vulnerable to other risks. The following risks may lead to further negative outcomes, impacting the mental health and well-being of LGBTQ youth.

Assessing Risk Among LGBTQ Youth

In general terms, risk is a term used to describe the possibility of experiencing harm or negative occurrences (Russell, 2005). Those who are seen as ‘at-risk’ are distinctively separated from other individuals because they are more vulnerable to negative outcomes based on specific experiences or characteristics, such as identifying as a sexual and/or gender minority (Russell, 2005). The developmental psychopathology literature suggests that risk operates in an additive or cumulative manner. Whereas the presence of one risk (such as being LGBTQ) may not increase the likelihood of psychopathology, the risk of negative psychological outcomes (depression, social withdrawal, anxiety) increases as risks accumulate (Garmezy, 1983; Rutter, 1983). Due to their sexual orientation and/or gender identity (a risk in itself), LGBTQ youth often accumulate a larger amount of risks compared to their heterosexual and/or cisgender

counterparts (Gattis, 2013). The distal and proximal stressors (enacted stigma, perceived or felt stigma, internalized homophobia, and concealment) leave LGBTQ youth to be susceptible to other common risks. There are five primary risks commonly associated with LGBTQ youth: 1) difficulties in school; 2) substance use and abuse; 3) difficulties with friends and peers; 4) problems with family; and, 5) difficulties within the community (Higa et al., 2014; Sherriff et al., 2011; Van Leeuwen et al., 2006). Thus, as a group, LGBTQ youth have lives that are often characterized by multiple forms of school, familial, and community disadvantage.

With regard to difficulties in school, LGBTQ youth reported being exposed to hostile school climates on a regular basis (Taylor & Peter, 2011). Within these hostile environments, LGBTQ youth constantly hear homophobic and/or transphobic slurs daily, often from other students, but sometimes from teachers as well (Taylor & Peter, 2011). As a result of homophobic and/or transphobic slurs, coupled with physical and verbal harassment, Taylor and Peter (2011) reported that almost two-thirds of the LGBTQ youth in their study did not feel safe at school. LGBTQ youth commonly reported feeling particularly unsafe in change rooms and washrooms, as these are gender-segregated areas (Taylor & Peter, 2011). Taylor and Peter (2011) found that female sexual minorities were the most likely to report not feeling comfortable in change rooms, which suggests that harassment and victimization does not only take place in male-only spaces, and that this fear resonates in both males and females. For transgender, questioning, and queer youth in school environments, bathrooms were a particular space of vulnerability because bullying and violence were heightened here, and out of sight from teachers or other staff members (Johnson et al., 2014; Taylor & Peter, 2011).

Some LGBTQ youth find it difficult to be socially integrated into their school environment, often leaving them to feel (or be) less liked or less sociable than their peers (Martin-Storey, Cheadle, Skalamera, & Crosnoe, 2015). In particular, in small, predominately white schools, sexual and/or gender minority youth are at a higher risk of marginalization (Martin-Storey et al., 2015). As a result of bullying and victimization, LGBTQ youth demonstrate lower levels of educational attainment (Henrickson, 2007). In addition, the lack of support from educators, teachers, and administrators has an impact on the school experiences of LGBTQ youth, especially those who disclose their sexual and/or gender minority identity at earlier ages (Henrickson, 2007; Sadowski et al., 2009). Consequently, some LGBTQ youth begin to skip school (i.e., unexcused absences) as they are sceptical of attending school in fear of victimization and bullying, ultimately decreasing the amount of education they receive (Birkett et al., 2009; Bontempo & D'Augelli, 2002; D'Augelli et al., 2002; Grossman & D'Augelli, 2006; Kosciw et al., 2009; Robinson & Espelage, 2011; Sadowski et al., 2009; Stieglitz, 2009).

A common repercussion of at-school bullying, stigma, and other stressors faced by LGBTQ youth is their increase in illegal and illicit drug or alcohol abuse (Bowers, Walls, & Wisneski; Hatzenbuehler, Jun, Corliss, & Austin, 2014; Heck, Livingston, Flentje, Oost, Stewart, & Cochran, 2014). Research on sexual and/or gender minority youth suggests that LGBTQ youth are more likely than heterosexual and/or cisgender youth to use or abuse drugs and alcohol (Duncan, Hatzenbuehler, & Johnson, 2014). In fact, the prevalence rates of drug and alcohol at almost double the amount of their heterosexual and/or cisgender peers (Marshal, Friedman, Stall, King, Miles, Gold, Bukstein, & Morse, 2008). For example, LGBTQ youth are at risk of an increased

amount of cocaine, ecstasy, heroin, marijuana use, and prescription medication misuse, compared to their heterosexual and/or cisgender counterparts (Bontempo & D'Augelli, 2002; Bowers et al., 2015; Goldbach, Tanner-Smith, Bagwell, Dunlap, 2014; Heck et al., 2014; Van Leeuwen et al., 2006). Research indicates that rejection reactions advance greater substance abuse, including heightened alcohol, tobacco, and marijuana use (Rosario et al., 2009; Willoughby et al., 2010). Presumably, earlier, frequent use of illicit drugs and alcohol may lead to the development of an addiction or dependency on the aforementioned substances later in life (Goldbach et al., 2014).

As a third risk, LGBTQ youth often place a great amount of dependency and importance on their friendship groups, as they may experience rejection or disapproval from their parents (Diamond & Lucas, 2004). Therefore, LGBTQ youth often turn to their friends for support or guidance. However, a lack of close friends and the loss of friendships are common occurrences for sexual and/or gender minority youth (Diamond & Lucas, 2004; Higa et al., 2014; Martin-Storey et al., 2015). Diamond and Lucas (2004) found that younger or male sexual minority youth lost more friends and had smaller peer groups than their heterosexual and/or cisgender counterparts, often demonstrating more fear and anxiety about their friendships. The negative mental health issues that are present in some LGBTQ youth are often associated with friendship experiences and expectations (Diamond & Lucas, 2004). Ultimately these are a result of unfulfilled expectations regarding peer support (Diamond & Lucas, 2004).

LGBTQ youth often feel isolated from family, friends, and other community members as some LGBTQ youth believe that no one can relate to how they feel or how they are treated (Sadowski et al., 2009). Case studies from interviews with LGBTQ youth

reveal that friends and siblings were often the instigators of bullying or verbal abuse, which resulted in the LGBTQ youth finding it difficult to make or maintain friendships or familial relationships (Higa et al., 2014; Sadowski et al., 2009). Some LGBTQ youth report feeling like they have a distant or strained relationship with their parents (Higa et al., 2014). Parents who display a lack of connectedness to their LGBTQ child may mean that there are several unmet needs for the child, including emotional support or health treatment (Samarova et al., 2013; Williams & Chapman, 2012).

Familial relationships between parents and LGBTQ youth vary based on the acceptance level of a parent of their child's sexual and/or gender minority identity (Samarova et al., 2013). If a parent does not readily accept their child's sexual orientation and/or gender identity, a LGBTQ youth may be subjected to verbal or physical abuse, subsequently resulting in a breakdown in the relationship between the parent and youth (Sadowski et al., 2009). Familial rejection of sexual and/or gender minority youth is not uncommon; sexual and/or gender minority youth are often left without a parental mentor to guide them through their developmental stages, causing a negative impact on both mental health and well-being (Johnson & Gastic, 2015). Additionally, LGB youth whose parents rejected their sexual orientation had more mental health issues than youth who had accepting parents (D'Augelli, 2002; Ryan et al., 2007; Ryan et al., 2010).

Other familial risks associated with LGBTQ youth include having a parent with substance abuse issues, or some prior intervention from child welfare services (Van Leeuwen et al., 2006). As a result, sometimes a LGBTQ youth's home-life becomes particularly dysfunctional, forcing sexual and/or gender minority youth out of their

homes and into the streets (McBride, 2012; Rice et al., 2013; Walls, Potter, & Van Leeuwen, 2009).

Research suggests that approximately 20% to 40% of homeless youth identify as LGBTQ (Gattis, 2013; Van Leeuwen et al., 2006). Among homeless LGBTQ youth, risky sexual behaviour is prevalent, including a higher incidence of unprotected sex, more sexual partners, and/or sex at younger ages (Bontempo & D'Augelli, 2002; McBride, 2012; Rice et al., 2013; Van Leeuwen et al., 2006). Additionally, some homeless LGBTQ youth are more inclined to live with strangers or stay in public places, rather than going to shelters, as they feel they are unwelcome in shelters dominated by heterosexual and/or cisgender youth (Rice et al., 2013). Homeless LGBTQ youth often experience greater risk of verbal and physical harassment, as well as mental health problems (i.e. depression and suicide, among others) (McBride, 2012; Van Leeuwen et al., 2006). Sexual and/or gender minority youth are frequently victimized and even within the already marginalized population of homeless youth (Rice et al., 2013).

In relation to the above risks, LGBTQ youth often experience victimization or marginalization within their home communities. Within this context, the stigma perpetuated through their community also impacts the well-being of LGBTQ youth (Everett, 2014; Higa et al., 2014). Community population size may foster heightened homophobic and/or transphobic attitudes, especially based on the location of the community (i.e. rural vs. urban) (Everett, 2014; Higa et al., 2014). For example, in conservative or rural neighbourhoods, LGBTQ youth will often face more stigma than in urban neighbourhoods, decreasing their well-being and perceived acceptance (Everett, 2014; Higa et al., 2014). However, some sexual and/or gender minority youth do not have

a choice or the ability to escape destructive or homophobic and/or transphobic communities and therefore are unable to escape the negative treatment experienced in these neighbourhoods or communities (Everett, 2014). Youth that are able to live in an accepting community, or find comfort within a LGBTQ community, often report higher levels of well-being (Higa et al., 2014).

The risks associated with a young person's LGBTQ identity are non-trivial and multi-faceted. As noted previously, they include, but are not limited to, difficulties in school, illegal drug or alcohol use or abuse, loss or lack of friendships, negative home experiences with parents or other family members, homelessness, and community attitudes and perceptions. To elaborate, by virtue of being LGBTQ, sexual and/or gender minority youth are exposed to distal and proximal stressors (enacted stigma, perceived or felt stigma, internalized homophobia, and concealment), which leaves them vulnerable to the above five risks. The vulnerability to risks, and the subsequent accumulation of risks, may impact LGBTQ youth differently (i.e., to varying degrees) depending on their sexual orientation and/or gender identity.

The accumulation of these risks leave LGBTQ youth susceptible to possible negative outcomes, such as mental health and well-being issues. As such, the mental health and well-being of LGBTQ youth is jeopardized due to the undue amount of stigma, stress, and risks experienced by members of this minority group. Here, mental health and well-being issues include, but are not limited to, psychological distress, anxiety, stress, depression, and suicidal ideation and tendencies. Because the impact of stress and risks ranges in severity, it is important to consider the full extent of impact minority stress and the accumulation of risks can have on LGBTQ youth.

Possible Negative Outcomes as a Result of Accumulation of Stress and Risk

Compared to their heterosexual and/or cisgender counterparts, LGBTQ youth are at an increased risk of developing negative mental health and well-being outcomes, such as psychological distress, depression, suicidal thoughts or attempts, and/or risky sexual practices (Clements-Nolle et al., 2006; Diamond & Lucas, 2004; Eisenberg & Resnick, 2006; Rotheram-Borus et al., 1994; Rosario et al., 2009). Within LGBTQ youth, some experience more mental health and well-being issues because of their sexual orientation or gender identity or expression. To reiterate, because of the minority stress that is found within sexual and/or gender minority youth (by virtue of being LGBTQ causes youth), they are likely to be more vulnerable to other risks, potentially leading to several possible negative outcomes. LGBTQ youth react and respond to the distal and proximal stressors and aforementioned five variations of risk in different ways that can impact their mental health and well-being.

Between group differences. In general, the mental health concerns and psychological distress of LGBTQ youth are uniquely high, compared to their heterosexual and/or cisgender counterparts, due to the combination of minority stress, stigma, risks, and victimization (Bontempo & D'Augelli, 2002; Clements-Nolle et al., 2006; D'Augelli et al., 2001; Rotheram-Borus et al., 1994). Minority stress and other variations of risk expose LGBTQ youth to an increased chance of developing negative mental health and well-being outcomes. In terms of experiencing distal stressors, Goldbach et al. (2015) found that outness was positively associated with psychological distress, perhaps indicating that disclosure of a sexual and/or gender minority leaves these youth at risk of experiencing an increased amount of psychological distress.

Similarly, D'Augelli (2002) found that risks relating to loss of relationships and lack of support from peers and parents caused a great deal of distress to LGB youth, leading to an increase in interpersonal sensitivity, depression, and suicide attempts. This finding is supported by a number of studies (e.g., Ryan et al., 2007; Ryan et al., 2010) that found that LGB youth reported increased suicidal thoughts, depression, and heightened engagement in unprotected sex, as a result of rejection.

Suicide attempt rates for heterosexual and/or cisgender youth typically fall between 11% and 16%, whereas the suicide attempt rate for LGBTQ youth has been documented to be between 37% and 39% (D'Augelli et al., 2001; Rotheram-Borus et al., 1994). Although there may be a smaller population of LGBTQ youth compared to heterosexual and/or cisgender youth, this marked difference in attempted suicide rates is still significant and of critical importance when considering the impact of distal and proximal stressors and risk on the mental health and well-being of LGBTQ youth.

Compared to heterosexual and/or cisgender youth, research has also found that LGBTQ youth frequently develop depression mood disorders and general anxiety, due to their to heightened susceptibility to stress caused by stigma (Cochran, Sullivan, & Mays, 2003; D'Augelli et al., 2002; Diamond & Lucas, 2004; Johnson et al., 2013; Kitts, 2005; Lick, Durso, & Johnson, 2013). In a study involving transgender individuals, transgender participants demonstrated disproportionately higher rates of depression, anxiety, and overall psychological distress reportedly caused by enacted prejudice and perceived stigma (Bockting et al., 2013). Also, LGBTQ students were more likely to report higher levels of sexual harassment than their heterosexual and/or cisgender counterparts, as 35.7% of female sexual minority youth, 41.4% of male sexual minority youth, and 49.4%

of transgender youth reported being sexually harassed in the past year, compared to 16.6% and 23% of female and male non-LGBTQ youth, respectively (Taylor & Peter, 2011). However, female sexual minority youth were less likely to perceive the harassment they were experiencing as sexual (Taylor & Peter, 2011).

These pronounced differences emphasize the unique experiences confronted by LGBTQ youth in regards to minority stress and mental health and well-being issues, ultimately caused by the perpetuation of stigma around LGBTQ individuals and the subsequent accumulation of distal and proximal stressors and risks. However, not only are there differences between the mental health and well-being of sexual and/or gender minority youth and heterosexual and/or cisgender youth, but also between the multiple sexual and/or gender minority identities.

Within group differences. In addition to the recognized differences between LGBTQ youth and heterosexual and/or cisgender youth, there are marked in-group differences among LGBTQ youth (Birkett et al., 2009; Clements-Nolle et al., 2006; D'Augelli et al., 2001; Russell, 2005). This is not to minimize or say that some sexual and/or gender minority groups experience less traumatic experiences than others, but due to the characteristics of their identities, the nature of mental health and well-being issues may differ between groups. Among LGBTQ youth, transgender youth are more marginalized and stigmatized than other sexual minorities, intensifying their vulnerabilities (Grossman & D'Augelli, 2006; see Johnson et al., 2014). Also, transgender and questioning youth are at an even greater risk of developing depression and engaging in substance abuse than LGB youth (Birkett et al., 2009; Clements-Nolle et al., 2006). Transgender and questioning youth are at an elevated level of suicide risk

compared to LGB youth, especially those transgender and questioning youth who have reported past substance abuse issues, depression, or history of forced sex (Birkett et al., 2009; Clements-Nolle et al., 2006).

There are mixed results in previous literature about differences between male and female LGBTQ youth, especially in terms of the levels of suicidal tendencies. A study conducted by Taylor and Peter (2011), on behalf of Egale Canada Human Rights Trust, involving both LGBTQ and non-LGBTQ students indicated that females reported experiencing isolation at school and suicidal ideation more often than males. Female sexual minority youth (lesbian and bisexual) were more likely than male sexual minority youth to feel isolated at school, as they knew less people out as LGBTQ, were unaware of a staff member supportive of LGBTQ students, and were less likely to feel that the school was supportive of LGBTQ students (Taylor & Peter, 2011). These results were paralleled with another study that showed that suicidal thinking and attempts were higher for lesbian and bisexual students, and that the numbers were increasing over the years (Saewyc et al., 2007 as cited in Taylor & Peter, 2011).

On the other hand, some research suggests that sexual and/or gender minority males are at increased risk for attempts of suicide when compared to females (D'Augelli et al., 2001; Russell, 2003). Similarly, for transgender women (male to female), lower levels of disclosure were related to higher levels of perceived stigma and increased odds of developing depression (Bockting et al., 2013), and presumably psychological distress as a repercussion. This may have been due to the fact that male gender-nonconformity bares more negative attitudes and stigma than female gender-nonconformity (Bockting et al., 2013).

To elaborate, a possible reason for the difference between male and female LGBTQ youth can be explained through hegemonic masculinity, which represents a socially constructed, idealized form of masculinity by which boys can be compared to others (Connell & Messerschmidt, 2005; Bartholomaeus, 2011; Tharinger, 2008). As a result, sexual binary, heterosexuality, and cisgender identities prevail in dominant culture (Callis, 2014). Hegemonic masculinity reinforces a traditional sense of masculinity, focusing on heterosexuality as part of ‘being a man’, exerting power over other males and females, and showing supremacy over inferior individuals (Tharinger, 2008). To support this claim, Bockting and colleagues (2013) found that transgender women faced a loss of status and privilege when transitioning to a female gender, and found the opposite to be true for transgender males. Therefore, the stigma around males who do not conform to these requirements leaved these males to be subordinated and victimized (Bartholomaeus, 2011; Tharinger, 2008), potentially leading to an increased amount of suicidal ideation and other mental health and well-being issues.

LGBTQ youth who are also of ethnic or racial minority have high negative mental health and well-being concerns, as a result of being both LGBTQ and an ethnic or racial minority (Kuper et al., 2013; Rotheram-Borus et al., 1994; see Taylor & Peter, 2011). Given the amount of harassment aboriginal or two-spirit youth and youth of colour experience because of their double minority status (see Taylor & Peter, 2011), these youth may assume more mental health and well-being issues. African-American and Hispanic males (of all ages) in particular are at greater risk for suicide as a result of their racial and sexual and/or gender minority status, when compared to their White counterparts (O’Donnell, Meyer, & Schwartz, 2011; Rotheram-Borus et al., 1994).

Studies of Hispanic adults suggest that the added stress of being an ethnic minority and a sexual and/or gender minority has been reported to lead to depressive symptoms and lower psychological well-being as a result of the double stigmatization (Kertzner, Meyer, Frost, & Stirratt, 2009).

African-American and Hispanic youth are also at a higher risk of developing AIDS or HIV, compared to White youth (Rosario, Rotheram-Borus, & Reid, 1996). This is due to the idea that African-American and Hispanic youth may be exposed to, but less experienced in, sexual and drug-using activities and behaviours, leaving them susceptible to interacting with a HIV partner (Rosario et al., 1996). Similarly, aboriginal or two-spirit men were more likely to report living with AIDS or HIV (10%) compared to six percent of heterosexual and/or cisgender aboriginal men (Simoni, Karina, Walters, Balsam, & Meyers, 2006).

Therefore, it becomes evident that the minority stress, in the form of distal and proximal stressors, and vulnerability to risk experienced by LGBTQ youth leave them susceptible to various negative mental health and well-being outcomes. Given this accumulation of minority stress and risk, it is understandable that building capacity and resilience in these youth is critical. The following section will discuss these concepts, and will highlight the use of community programs as an avenue to assist LGBTQ youth in developing capacity and resilience.

Building Capacity and Resilience in At-Risk Youth

As part of minority stress theory, Meyer (2003) and subsequent authors (i.e., Bockting et al., 2013; Shilo et al., 2015) discuss beneficial coping processes in terms of personal coping techniques, as well as collective coping tools (social connectedness),

which can have positive health benefits for minority individuals. Group or collective level coping is particularly important for minorities since, if group resources are unavailable, even an individual taking full advantage of personal coping strategies may still be deficient in successfully coping in society (Meyer, 2003). Therefore, minority coping processes relate to the idea of collective coping, as minority individuals can rely on the group's ability to enforce self-enhancing attributes to counteract the stigma perpetuated through the dominant culture (Meyer, 2003). Collective level coping, in terms of overcoming minority stress, has been found to have the ability to mitigate the effects of minority stressors and psychological distress (Shilo et al., 2015). The importance of protective factors, capacity, and resilience in at-risk youth has been explored for many years (Eisenberg & Resnick, 2006). Given the previous discussion regarding the vulnerabilities associated with a LGBTQ identity, it is important to understand the need for eliciting protective factors, building capacity, as well as fostering resilience on both personal and collective levels.

Protective factors are elements that safeguard against or prevent risk, and act as a precursor to resilience (Russell, 2005). Protective factors may arise from within an individual, or may be a result of influential circumstances or people (i.e., peers, family, and school) (Russell, 2005). Capacity typically refers to the ability to achieve or accomplish something. On an individual level, building capacity in an adolescent or youth involves the attainment and refinement of skills necessary for adaptation and engagement with others (McKay, Sanders, & Wroblewski, 2011).

Capacity can be seen as more of a trait that can be strengthened and can be recognized as an attribute of an individual (Southwick, Bonanno, Masten, Panter-Brick,

& Yehuda, 2014). Having capacity has been referred to as a part of adaptation that assists in the process of achieving resilience (Southwick et al., 2014). Put simply, resilience is the final state of positive adaptation and development (Russell, 2005, p.8). As explained by Rutter (2006), resilience is a concept that combines serious risk and an individual's relatively positive outcome despite risky encounters. In this sense, capacity and resilience both need to be developed within an individual, but resilience can be seen as a dynamic process rather than a specific character trait (Rutter, 2006; Southwick et al., 2014), which must be fostered through experience and learning.

Resilience focuses on the strengths of an individual in order to understand and achieve healthy development despite previous exposure to risk (Fergus & Zimmerman, 2005). Moreover, resilience is an individual's ability to 'bounce back' from exposure to certain situations and successfully adapt despite threatening circumstances (DiFulvio, 2011; Ungar, 2001). Academic literature on resilience suggests that fostering resilience in LGBTQ youth is essential for overcoming stress and stigma (DiFulvio, 2011; Holmes & Cahill, 2004; Johnson et al., 2013; Russell, 2005). Recent research has emphasized the notion that resiliency is context dependent, meaning factors that promote resilience are not universal, and must not be considered as such (Fergus & Zimmerman, 2005; Freitas & Downey, 1998; Morrison, Nikolajski, Borrero, & Zickmund, 2014; Russell, 2005; Ungar, 2004).

In other words, youth have the ability to demonstrate resilience in some areas, but lack this ability in others (Fergus & Zimmerman, 2005; Ungar, 2004). For example, if a LGBTQ youth has a supportive family, they may avoid becoming homeless; however, the same youth may not have the means to be resilient at school (i.e., in wake of

victimization or bullying), consequently resulting in unexcused absences or poor grades. Understanding resilience also includes recognizing that there is individual variation between people's responses to similar situations (Rutter, 2006). For example, some experiences and situations that are seen as high risk for LGBTQ youth would not be seen as risky to heterosexual and/or cisgender youth. It is an understanding of the underlying causes of variations in responses that need to be considered for intervention and prevention (Rutter, 2006).

In discussing protective factors and exercising resilience, some studies recognize the fact that protective factors focus on three primary categories, including personal attributes of the individual, relationship ties with family, and the existence of an external support system (Smokowski, Reynolds, & Bezruczko, 1999; Morrison et al., 2014; Werner, 1989). Focusing on the individual includes fostering competence, coping skills, and improving self-efficacy (Fergus & Zimmerman, 2005; Morrison et al., 2014; Smokowski et al., 1999). In their study of high-risk youths' perceptions of risk and resilience, Morrison et al. (2014) found that youth believed resilience could be fostered through the learning of new skills and obtaining new opportunities.

Specifically, youth were interested in learning new skills in order to change their perspective on life, giving them hope and putting them on the 'right path', subsequently providing youth with a sense of purpose (Morrison et al., 2014; Smokowski et al., 1999). Similarly, in regards to LGBTQ youth, building capacity and fostering resilience focuses on addressing their personal characteristics and experiences, targeting the unique demographics and needs of the sexual and/or gender minority population (Johnson et al., 2013). Therefore, it is important for youth to focus on their strengths, skills, and talents,

in order to foster protective factors and resilience, subsequently promoting positive self-esteem and reducing negative mental health issues (DiFulvio, 2011; Russell, 2005; Stieglitz, 2009). In doing so, LGBTQ youth are able to build a sense of selfhood that they are able to take pride in (DiFulvio, 2011).

Relationship ties with family remains an important, valuable protective factor for LGBTQ youth in need of support (Bockting et al., 2013; Sadowski et al., 2009). Resilience is often fostered through the guidance and mentorship of another individual, especially through the support of family members, like their mothers (Higa et al., 2014; Smokowski et al., 1999). Strong family relationships and ties have been previously noted to lessen environmental risk, and to also provide motivational support needed to overcome adversities and other risks (Smokowski et al., 1999). Motivational support allows youth to foster a sense of optimism, encouragement, and motivation, resulting directly from the feeling that someone supports and believes in them (see Laursen & Birmingham, 2003; Smokowski et al., 1999).

In support of the role of positive familial relationships in mitigating the effects of minority stressors, Shilo, Antebi, and Mor (2015) found that among LGBQ youth the presence of familial support was a significant way of reducing psychological distress. Therefore, families of sexual and/or gender minority youth should seek to reduce familial homophobia and/or transphobia and increase their tolerance (Shilo et al., 2015) and support of their loved one's sexual and/or gender identity. This sense of familial support becomes imperative for at-risk LGBTQ youth, as it is comforting for them to know they will not be victimized at home as they are in the community, and instead supported and encouraged to be who they are (see Shilo et al., 2015).

Research literature suggests that having LGBTQ youth involved in programs or social support groups may assist in building capacity, but also allow a youth to build social connectedness with other individuals (DiFulvio, 2011; Eisenberg & Resnick, 2006; Higa et al., 2014). This has the potential to reduce minority stress and psychological distress experienced by these youth (Bockting et al., 2013). Through exposure to external social connections and support, youth are able to identify collectively, allowing them to empower each other in conquering the stigma and stress attached to being a sexual and/or gender minority (DiFulvio, 2011; Eisenberg & Resnick, 2006; Holmes & Cahill, 2004; Johnson et al., 2013; Meyer, 2003; Russell, 2005). This reinforces the coping processes outlined in minority stress theory (see Meyer, 2003).

Community programs that allow LGBTQ youth to interact with other non-heterosexual and/or non-cisgender youth provide them with the opportunity to relate to one another, simultaneously realizing they are not to blame for the hardship and struggles they may be facing (DiFulvio, 2011). Providing a safe place for youth to interact with each other provides a space where youth are free to be themselves (Higa et al., 2014). Collectively, youth are given the opportunity to connect with other LGBTQ youth in order to develop a sense of support and acceptance (DiFulvio, 2011; Johnson et al., 2013; Russell, 2005). Through the foundation of social connectedness, LGBTQ youth are able to embrace positive attitudes about non-heterosexuality, diminishing the negative perspective society has imposed on them about their sexual identity (Russell, 2005). Therefore, an external support system outside of family or peer groups allows a LGBTQ youth to interact with those who are facing similar experiences and could act as an effective protective factor for the youth.

Creating a social environment that helps LGBTQ youth feel accepted and at ease to explore their sexual and/or gender minority identity would promote well-being and would be a desirable place to begin assisting LGBTQ youth in having positive daily interactions (see Meyer, 2003; see Shilo et al., 2015). One can understand that moving beyond risk could enlighten society about the uniqueness of sexual and/or gender minority youth, while recognizing that, in many respects, they are not different from other adolescents (Russell, 2005). As changing the social environment may be difficult to achieve, it is important to discuss the factors that assist LGBTQ youth in building capacity and fostering resilience and better equip youth to overcome minority stress and stigma.

However, discrepancies within the literature have made it difficult to operationalize resilience (Fergus & Zimmerman, 2005; Ungar, 2004). Therefore, there is little research that suggests with any degree of certainty what really ‘works’ in terms of building capacity and fostering resilience in LGBTQ youth. More research is required in order to begin exploring what it means to be resilient, as well as how this can be accomplished in terms of LGBTQ youth. Nonetheless, one avenue of building capacity and fostering resilience discussed in literature is the use of community programs specifically for LGBTQ youth.

LGBTQ-Specific Community Programs

LGBTQ-specific community programs are thought to have the ability to facilitate capacity and resilience building in youth. Where general community programs cannot meet the specific needs of LGBTQ youth, tailored programs offered by community programs targeted at sexual and/or gender minority youth prove to be particularly useful

(Craig, Dentato, & Iacovino, 2015). The social connections built within these programs act as an avenue for LGBTQ youth to feel a sense of belonging and acceptance, improving their personal well-being and assisting in fostering and promoting resilience (Dickinson & Adams, 2014; DiFulvio, 2011; Eisenberg & Resnick, 2006; Johnson et al., 2013; Zimmerman, Darnell, Rhew, Lee, & Kaysen, 2015).

Community programs have been regarded as an extended family network, which subsequently promotes resilience (Dickinson & Adams, 2014). Moreover, these programs are also projected to provide a safe place for LGBTQ youth, offer support to these at-risk youth, help build meaningful relationships, and afford youth with resources and other tools to overcome the risk they face as a result of their sexual and/or gender identity (DiFulvio, 2011; Garmarel, Walker, Rivera, & Golub, 2014; St. John, Travers, Munro, Liboro, Schneider, & Greig, 2014; Wagaman, 2014; Wells, Asakura, Hoppe, Balsam, Morrison & Beadnell, 2013). As posited in minority stress theory, minority coping through group-specific interactions can prove to be useful for counteracting stigma that may cause stress to the minority group (Meyer, 2003), in this case, LGBTQ youth. Shilo et al. (2015) found that for LGBQ youth, community level support systems are necessary and important for protecting against mental distress among these youth, pointing to the benefits of community programs and groups.

In their study of preferences of service delivery, Wells and colleagues (2013) determined that transgender and questioning youth demonstrated a stronger interest in community programs and services than lesbian, gay, and bisexual youth, although LGB youth also found community programs useful. Further, Wells et al.'s (2013) study indicated that questioning youth found benefit in the community programs that were

particularly effective at allowing them to explore their sexuality and identity. Through the examination of previous research, it becomes apparent that LGBTQ youth find it valuable when the programs involve opportunities to help them counter stress, assist with dealing with family issues, and offer guidance and support from other LGBTQ youth and adults (Wagaman, 2014; Wells et al., 2013). However, a common trend within the literature highlights and emphasizes the need for LGBTQ-specific programs to facilitate social connections and relationship building, so that sexual and/or gender minority youth can identify collectively with one another (DiFulvio, 2011; see Meyer, 2003; Wagaman, 2014; Wells et al., 2013). Connectedness was also considered integral for the increase of well-being among sexual and/or gender minority youth (Shilo, Antebi, & Mor, 2015).

Wagaman (2014) underlines the importance of building connections within community programs for LGBTQ youth, as these newly formed relationships have the ability to combat isolation or lack of peer or familial support, and provide a sense of acceptance for these youth. DiFulvio (2011) notes that social connectedness allows for LGBTQ individuals to avoid blaming themselves for their hardships and gives the youth purpose, as identifying together a collective perspective to brave against the harsh perspectives society holds against sexual and/or gender minorities. Since LGBTQ youth are exposed to heightened amounts of risks and mental health and/or well-being issues (i.e. poor school performance, homelessness, depression, suicide, and illicit substance abuse, among others), community programs must seek to provide LGBTQ youth with the resources necessary to overcome these negative life experiences (Craig et al., 2015; see Garmarel et al., 2014; St. John et al., 2014; Wagaman, 2014). It can be assumed that LGBTQ-specific community programs remain an important outlet for sexual and/or

gender minority youth to share common experiences, as well as give and receive support to other LGBTQ youth.

National programs for LGBTQ youth. Across Canada and the United States there are several organizations and community groups that seek to provide external avenues of support for LGBTQ youth. Although there are similarities between the types of support, tools, spaces, or resources offered to sexual and/or gender minority youth, programs and groups differ based on different needs of LGBTQ youth. For example, some programs may involve assisting LGBTQ youth with increasing resilience within school settings (Craig, Austin, McInroy, 2014; GSA Network, 2009; Russell, Muraco, Subramaniam, & Laub, 2009), whereas others target health needs (Hanssmann, Morrison, Russian, Shiu-Thornton, & Bowen, 2010) or welfare (Rosenwald, 2009), or provide support and safe spaces for LGBTQ youth (Boys and Girls Club of Durham, 2015b; Egale, 2012; PFLAG Canada, 2009). Regardless of what is offered by each community program, the main goal is to improve the lives and livelihood of LGBTQ youth. Two well-known programs implemented across various areas of Canada and the United States of America are Gay-Straight Alliances (GSAs) and Parents and Friends of Lesbians and Gays (PFLAG).

Gay-Straight Alliance (GSA) is classified as a student-run program implemented in elementary or high-schools across Canada and the United States of America that brings together LGBTQ youth and their allies to support each other, while providing a safe place for socializing and advocating for racial, gender, and LGBTQ justice (Egale, 2012; GSA Network, 2009). As an overarching initiative, GSAs seek to protect LGBTQ youth from violence and harassment, in hopes of addressing larger issues of oppression and

discrimination (GSA Network, 2009). In accordance with what literature has found as effective and useful aspects of community programs, GSAs provide: a) counselling and support for LGBTQ youth; b) safe places for LGBTQ youth and other student advocates; and, c) education and awareness about LGBTQ issues in schools, such as bullying and homophobic language (Egale, 2012; St. John et al., 2014; Russell et al., 2009).

GSAs also attempt to positively impact academic performance and social relationships, while simultaneously enhancing a LGBTQ youth's sense of belonging in a school environment (Egale, 2012; St. John et al., 2014). One beneficial aspect of GSAs is their attempt to raise awareness and promote education about homophobia and other forms of marginalization and oppression against LGBTQ youth within a school setting (Egale, 2012), as previous research has determined that school environments elicit high rates of homophobic bullying and harassment. Therefore, not only do GSAs attempt to repair relationships between heterosexual and/or cisgender youth and sexual and/or gender minority youth, but these programs also aim to empower LGBTQ youth and afford them opportunities to embrace their identity (St. John et al., 2014; Russell et al., 2009).

Originating in the United States of America, and formally known as Parents and Friends of Lesbians and Gays (PLFAG), PFLAG is a national charitable organization founded by parents of non-heterosexual and/or non-cisgender children who promote inclusivity for all sexual orientations and gender identities (PLFAG Canada, 2009). As alluded to in the name of the organization, PFLAG makes it their mission to provide support, resources, awareness, and education regarding all sexual orientations and gender identities to sexual and/or gender minority youth and their friends and family (PLFAG

Canada, 2009; Zimmerman et al., 2015). Furthermore, PFLAG seeks to heighten the recognition of sexual and/or gender minority people within their cultures and communities (PFLAG, 2009).

Once a month, regional PFLAG groups host coffee nights, where LGBTQ youth and their family can attend to discuss accepting sexual and/or gender minority youth for who they are (PLFAG Canada Durham Region, 2013). Additionally, PFLAG Canada Durham Region offers a Youth Leadership Camp which aims at promoting and nurturing resiliency in sexual and/or gender minority youth in order to facilitate positive change in their lives, especially within school, familial, and community environments (PLFAG Canada Durham Region, 2013). This leadership camp targets youth 13-17 years of age, but the monthly meetings are also open to youth of any age, and as stated, their family and friends wishing to learn more about sexual minority and/or gender identities and orientations (PLFAG Canada Durham Region, 2013).

Other community programs offered to LGBTQ youth. Other examples of programs can be found in multiple states and provinces across North America, which are unique to the province or state in which they are found. It is equally important to bring to light the initiatives and objectives of multiple, regional community programs offered to LGBTQ youth. Highlighting the intentions of other community programs allows for a deeper understanding about what is offered by certain organizations to sexual and/or gender minority youth, which could potentially provide guidance to different community programs for adaptation to improve their own avenues of support for LGBTQ youth. For example, in the United States of America, Free2Be in Alabama, The Center in New York, and Out Youth in Texas all provide services and support for LGBTQ youth.

The first program, Free2Be, originating in Huntsville, Alabama, was the first program of its kind to address the needs of LGBTQ individuals in this area (Free2Be, n.d.). Free2Be seeks to ensure that the mental, physical, and spiritual well-being of youth and young adults who are struggling with their sexual and/or gender identity are being addressed (Free2Be, n.d.). The services offered through Free2Be are delivered by the Free2Be Safe Anti-Violence project, which essentially aims to acknowledge the issues of domestic violence, bullying, and other violence that occurs within society (Free2Be, n.d.). In addition, the Free2Be program has a resource center for LGBTQ individuals, which facilitates the operation of support groups, community meetings, and organization of Pride initiatives (Free2Be, n.d.). Through exploration of information of the Free2Be program, it is clear that their main objective is to provide safety to LGBTQ individuals, primarily from harassment, physical violence, and sexual violence and practices.

In New York, a regional program called The Center is a community center for LGBTQ youth that empowers youth to celebrate their identity and self-worth (Lesbian & Gay Community Services Center, Inc., 2015a). Similar to other community programs offered to LGBTQ youth, The Center provides a safe, inclusive environment to sexual and/or gender minority youth aged 13-21, further facilitating the creation of new relationships and development of new skills (Lesbian & Gay Community Services Center, Inc., 2015a). Of particular importance, The Center also provides intensive recovery services to youth with substance abuse or dependence issues, as well as wellness services that provide mental and physical health resources, along with medical support (i.e. HIV and AIDS support) (Lesbian & Gay Community Services Center, Inc., 2015c).

In theory, the inclusion of prevention and wellness services in this community center for LGBTQ youth would prove very useful for these youth due to the types of risks they are subjected to as a result of their sexual and/or gender minority identity. In further addressing the common risks faced by LGBTQ youth, The Center also offers family programming to focus on the unique barriers and hardships faced by families of sexual and/or gender minority youth (Lesbian & Gay Community Services Center, Inc., 2015b). This programming affords LGBTQ families with counselling, networking, coaching, and resources for building a positive, supportive familial relationship (Lesbian & Gay Community Services Center, Inc., 2015b). The center provides a space where LGBTQ youth can be themselves and acquire a collective identity by interacting with other sexual and/or gender minority individuals, and also seeks to provide resources and tools for youth and their families to deal with some of the risks and adversities faced by sexual and/or gender minorities.

In a similar respect, Out Youth, held in central Texas, seeks to provide a safe space for LGBTQ youth to collaborate, receive support, and embrace their sexual and/or gender identities (Out Youth, 2015a). In keeping with this objective, Out Youth attempts to ensure that young LGBTQ individuals grow into happy, healthy adults through the variety of programs and services offered to youth and their families (Out Youth, 2015a). Out Youth holds the core values of sanctuary, empowerment, justice, diversity, community, and integrity in attempting to reach their goal of promoting the positive well-being of sexual and/or gender minority youth (Out Youth, 2015a). At Out Youth, LGBTQ youth and their allies are free to a) explore in the Jerry Strickland Memorial Library, which houses a large collection of LGBTQ literature and media; b) attend the

drop-in center or seek counselling; c) access the David Bohnett CyberCenter to learn filmmaking, graphic design, and music composition; and d) receive free HIV testing, education, and programming (Out Youth, 2015b). Therefore, it appears that the Out Youth program presents a variety of important and useful services to LGBTQ youth to live a happy and healthy life as a sexual and/or gender minority individual.

In Canada, there are various programs and groups that seek to adhere to the needs of LGBTQ youth residing in the different provinces across Canada. Safe Spaces in British Columbia, Central Toronto Youth Services located in Toronto, and Open Doors offered by a regional Boys and Girls Club located in Ontario are examples of services offered to LGBTQ youth in Canada. Safe Spaces is a service in the form of a drop-in program for LGBTQ and two-spirit youth under the age of 26, located in British Columbia (Interior Community Services, 2015). Safe Spaces has a coordinator on-site for one-on-one appointments for support. The coordinator also attends group functions provided to LGBTQ and two-spirited youth, such as the Still Fabulous – Safe Spaces Annual Drag Show (Interior Community Services, 2015). This organization offers resources and contact information for various crisis and intervention lines for sexual and/or gender minority youth in need of immediate help (Interior Community Services, 2015). Safe Spaces also works to provide youth with different community resources and education about sexual and/or gender minority identities, orientations, and expressions (Interior Community Services, 2015).

In Toronto, the Central Toronto Youth Services offers a program called Pride & Prejudice, which consists of programming for LGBTQ youth aged 13-24 (Central Toronto Youth Services, 2015b). Pride & Prejudice provides programming and services

to sexual and/or gender minority youth who are experiencing issues related to their identity, homophobia, or their sexual orientation (Central Toronto Youth Services, 2015b). This program addresses the needs of LGBTQ youth facing issues during transitioning, disclosure, or experiencing issues after coming out, and who, as a result, are struggling with depression, anxiety, or traumatic experiences (Central Toronto Youth Services, 2015b). Pride & Prejudice involves a number of different programs and groups for LGBTQ youth to attend, depending on their needs and interests. For example, BOYOBOY targets males, aged 24 or younger, and addresses any issues they may be having (Central Toronto Youth Services, 2015a). Another program offered to Queer and Trans youth aged 16-24, YO!YOGA, consists of trauma sensitive yoga for these youth (Central Toronto Youth Services, 2015a). Among others, CHILLOUT is a support group for LGBTQ youth, mainly providing strategies for managing anxiety in the form of art, discussion, and yoga (Central Toronto Youth Services, 2015a). Pride & Prejudice offers an extensive amount of support and unique and creative services to youth based on collective and individual needs, which allows for LGBTQ youth to experience participation in a holistic community program.

The Open Doors drop-in program is facilitated at a local Boys and Girls Club, with help from a local AIDS Committee, and is a safe, confidential drop-in group for LGBTQ youth aged 15-21 (Boys and Girls Club of Durham, 2014). The Open Doors drop-in program is run by Youth Outreach Workers interested in helping and supporting LGBTQ youth, as part of an on-going program offered by the Youth Justice Department (Canada) at a local Boys and Girls Club. The Open Doors' mission statement notes that the program facilitators are interested in providing a safe, supportive place where

LGBTQ youth can be afforded with new opportunities, overcome barriers, build positive relationships with one another and the facilitators, as well as develop necessary personal and developmental skills needed for the course of life (Boys and Girls Club of Durham, 2014).

The Open Doors drop-in program runs on a weekly basis, always welcoming new members to partake in their weekly events, including movie night, drag show night, games night, and more (Boys and Girls Club of Durham, 2014). This drop-in program offers LGBTQ youth advice and education on sexual interactions and activities, and also allows for social connections to be made to enhance feelings of a collective identity. This program also provides various opportunities to LGBTQ youth in which they may otherwise miss out on because of their sexual and/or gender identity, such as Pride Prom. Ultimately, the Open Doors drop-in program provides a comprehensive, safe program for LGBTQ youth to attend as they please, seeking to advance the number of positive experiences felt by LGBTQ youth.

The Open Doors drop-in program hosted by a local Boys and Girls Club will be the focus of this study. The initiatives within this program align with most of the central aspects that LGBTQ-specific community programs should seek to address, as highlighted previously. It is noteworthy that there is limited amount of program evaluations on these types of community programs based on the perspectives of the youth involved.

Community programs evaluated by previous researchers. As previously mentioned, each program or group coincides with the needs of the LGBTQ youth who attend. In order to determine if these programs prove useful for LGBTQ youth, program evaluations are carried out by various academic researchers in hopes of highlighting the

success of the program, while also indicating potential changes or improvements that could benefit the organization's missions. For example, Craig, Austin, and McInroy (2014) evaluated the effectiveness of school-based groups that support multiethnic sexual minority youth in building resilience; Hanssmann and colleagues (2010) assessed the success of training programs for those who work with transgender and gender non-conforming individuals; and Rosenwald (2009) attempted to take a closer look at child welfare services for LGBTQ youth and their overall effectiveness of delivering services.

In their study of the influence of school-based programs on resiliency in multiethnic sexual and/or gender minority youth, Craig and colleagues (2014) carried out an assessment of the affirmative supportive safe and empowering talk (ASSET) support group in Southern City schools. The ASSET sessions included discussions regarding issues in the students' lives, exploring the relationships in their lives, and thoughts and advice on decision making and coping with stress (Craig et al., 2014). Demographics, self-esteem measures, proactive coping, social connectedness, and program acceptability and satisfaction were all assessed through quantitative data collection methods (Craig et al., 2014).

This study illuminated several effective areas of services for multiethnic sexual and/or gender minority youth, such as school-based delivery structure, LGBTQ affirmative content, and flexibility in the nature of the program (Craig et al., 2014). Craig and colleagues (2014) were able to highlight important features of programming that youth themselves found to be advantageous for developing their well-being, as well as how the youth perceived the programming they were receiving.

Although this next study does not include perspectives of LGBTQ youth themselves, Hanssmann et al. (2010) provided an evaluation of a community-based study which looked at the training administered by a local health agency in the United States that educates providers about increasing the care of transgender and gender non-conforming people. Community Competency Trainings seek to share information and training regarding standards and guidelines of care, in order to increase clinical and cultural competence when servicing transgender patients (Hanssmann et al., 2010). The researchers in this study used a mixed methods approach, combining the quantitative data method of surveys with the qualitative nature of an open-ended interview (Hanssmann et al., 2010).

The survey that was administered was the Cultural Competence Self-Assessment Questionnaire, which assessed the participant's knowledge about their delivery of care to transgender and gender non-conforming individuals (Hanssmann et al., 2010). The qualitative interviews consisted of questions with the intent of highlighting experiences of training, to answer outstanding questions, and to seek out the ways that the training-based knowledge was implemented (Hanssmann et al., 2010). Of particular importance, the qualitative interviews yielded data that revealed the study participants' perspectives regarding barriers they experienced when dealing with and providing care to transgender or gender non-conforming patients, as well as their opinions on the usefulness of resources they were provided during training (Hanssmann et al., 2010). However, these interviews also helped illuminate gaps in content, and allowed interviewees to propose suggestions on how to make the training more effective and valuable (Hanssmann et al., 2010).

Through the use of a program evaluation of the training used to educate providers on caring for transgender and gender non-conforming individuals, the researchers were able to highlight and provide meaningful information on what works in the training, as well as changes that could be implemented to improve the training program. These offerings of successes and advice for training improvement demonstrates the importance of doing evaluations on community programs and initiatives that impact sexual and/or gender minority individuals.

In a similar nature, Rosenwald (2009) administered surveys to service professionals to determine the state of child welfare agencies' service delivery for LGBTQ youth and organizational climate in hopes of finding ways to empower sexual and/or gender minority youth. Through the use of a quantitative questionnaire, Rosenwald (2009) sought to determine the level of agencies' LGBTQ-friendly policies. The respondents were to use a Likert scale in answering the questions, which addressed topics of concern such as, "The agency's policy and practice standards support the needs of LGBTQ youth" and "How well are the needs of LGBTQ youth integrated into service provision?" (Rosenwald, 2009, p. 346). At the end of each questionnaire, the respondents had the option of recording written comments, creating a qualitative component to the questionnaire. The data presented interesting findings about service delivery in child welfare agencies, including the idea that smaller agencies were better in creating safe environments for LGBTQ youth, compared to larger agencies (Rosenwald, 2009).

The data suggested that LGBTQ youth would benefit from agencies doing a better job at including LGBTQ issues in their service provision (such as risk assessments, counselling to family, among others), and that legislative advocacy is in need of

improvement (Rosenwald, 2009). Therefore, evaluations such as Rosenwald's (2009) are important to consider when discussing this area of research as they illuminate the positive aspects of service delivery, as well as the shortcomings in service being provided to LGBTQ youth. They also emphasize the areas where progress must be made in order to properly adhere to the needs of LGBTQ youth. In pointing out this information, different child welfare agencies (as well as community programs) can reflect on the strategies necessary to become more competent in supporting LGBTQ youth (Rosenwald, 2009).

The current research study attempts to evaluate the Open Doors drop-in program at a local Boys and Girls Club. It does so by reviewing the perspectives of those involved in the program. In doing so, this research will add to the body of literature regarding service and support objectives offered to LGBTQ youth. It is clear that most of the research to date has focused on service providers themselves as opposed to the LGBTQ youth involved in the programs. By communicating directly with LGBTQ youth, one can determine what is needed for developing capacity and resilience in sexual and/or gender minority youth, as well as the elements that need to be present in community programs to help accomplish this. Therefore, the nature of this study is unique and can be considered a valuable contribution to the existing body of literature regarding the services and support offered to LGBTQ youth.

Research Questions

This chapter has attempted to identify the need for research into organizations that support LGBTQ youth, particularly in terms of building capacity and fostering resilience. As discussed, this need arises from the minority stress, risks, and difficulties that have been identified as being associated with a sexual and/or gender minority identity.

Accordingly, this thesis will attempt to answer and critically assess the following research questions:

1. What stressors and risks appear associated with sexual and/or gender minority identities?
2. Do youth feel that a local community organization's program (the Open Doors drop-in program) can help build capacity and exercise resilience in LGBTQ youth?

By endeavouring to answer these questions, the stressors and risks that are predominantly tied to the LGBTQ identity will be examined, as felt and experienced by LGBTQ youth themselves. The collection of this information will also assist in determining how effective the support and tools for building capacity and resilience offered by a local community organization actually are.

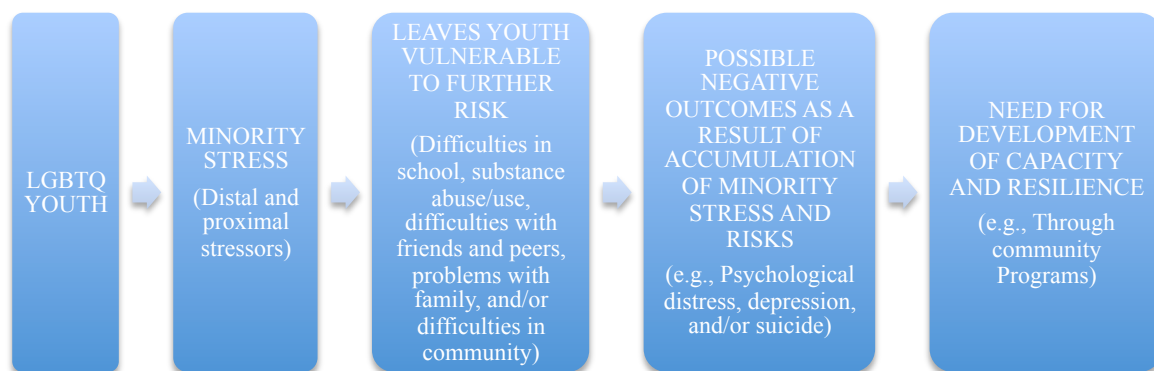
Theoretical Framework – Minority Stress Theory, Risk, and Resilience

The research questions derive directly from the theoretical frames discussed in this chapter. Minority stress theory, along with the concepts of risk and resilience, will be used to structure this study. The stigma that is perpetuated around sexual and/or gender minority individuals, upholding the dominant culture of heteronormativity, leaves LGBTQ youth susceptible to experiencing minority stress. The distal and proximal stressors outlined in minority stress theory take the forms of actual events of violence and discrimination, expectations of rejection, internalized homophobia, and concealment. Essentially, because of one's sexual and/or gender minority identity, the minority stress (i.e., distal and proximal stressors) experienced by LGBTQ youth exposes them to disproportionate levels of other risks, which build in an additive fashion. These potential

risks take the forms of: 1) difficulties in school; 2) substance use and abuse; 3) difficulties with friends and peers; 4) problems with family; and, 5) difficulties within the community. As a result of this minority stress and accumulated risk, LGBTQ youth are placed at a disadvantage, resulting in potential negative mental health and well-being outcomes, such as heightened psychological distress or suicide.

The disproportionate amount of minority stress (i.e., distal and proximal stressors) and cumulative risk faced by LGBTQ youth make it important to determine how capacity and resilience can be enhanced in these youth in order to improve their lives and general well-being. Together, minority stress theory and the concept of risk provide insight into the need for a supportive avenue for LGBTQ youth to exercise resilience and mitigate the minority stress and risk they may be facing. As discussed previously, the research literature suggests that community programs are beneficial outlets for assisting in these processes. If LGBTQ youth cannot receive the support they need before negative mental health and well-being outcomes arise, it is important that there is an avenue for youth to turn to in order to mitigate minority stress, risk, and negative outcomes for the future. The following diagram will explain the way that minority stress and various risks accumulate and work together to impact the mental health and well-being of LGBTQ youth.

Diagram



CHAPTER 3: METHODOLOGY

Although previous research has been conducted on a small number of community programs created for LGBTQ youth, no research to date has examined the effectiveness of the Open Doors drop-in program at a regional Boys and Girls Club. The current research study attempts to discover a connection between stressors, risk, and minority sexual and/or gender identities, while obtaining information about the perceived effectiveness of the Open Doors drop-in program, from the participants' perspective. In order to do so, this study uses a qualitative approach to divulge a holistic, meaningful understanding of the aforementioned issues. Qualitative research allows the researcher to obtain answers to questions that “emphasize how social experience is created and given meaning” (Denzin & Lincoln, 2011, p.8). Interviews were used as a primary method of data collection because, “by using interviews, the researcher can reach areas of reality that would otherwise remain inaccessible, such as people’s subjective experiences and attitudes” (Peräkylä & Ruusuvuori, 2011, p. 529). Therefore, it was the researcher’s intent to use interviews in hopes of eliciting as much detail and description from the participants as possible, and to fully understand their perspective on risk and resilience in LGBTQ youth participating in community programs.

While qualitative data from a small sample does not allow for generalizations, the data and perspectives gained through this study will allow for insight into the lives and experiences of LGBTQ youth attending the Open Doors drop-in program, and will further provide an evaluation of the community program offered to these youth at a regional Boys and Girls Club. Therefore, although the findings in this study may not be generalizable to the LGBTQ population as a whole, the findings of this study have

significant practical value, especially to the Boys and Girls Club. The findings can identify strengths in the Open Doors drop-in program that the organization should continue to pursue and build on, while highlighting any weaknesses they should seek to address for their LGBTQ attendees. In turn, this can have an impact on the success of the Open Doors drop-in program assisting future LGBTQ youth. The following section will discuss the research questions, data collection methods, and specific methods of data analysis taken to perform this study.

Research and Interview Questions

One-on-one interviews took place at a regional Boys and Girls Club with nine LGBTQ youth participating in the Open Doors drop-in program. In-depth answers were obtained through a semi-structured questionnaire to ensure that certain specified themes and topics were addressed. Semi-structured interviews also allowed participants the freedom to elaborate on questions of particular interest, and allowed the researcher to acquire as much detail as possible pertaining to each question without restricting the participant in their discussions. This type of questionnaire further ensured that the youth could provide as much information as possible to contribute to a holistic understanding of the issues at hand. In order to drive the current study, the following were used as the guiding research questions from which the interview questions were then derived: 1) What stressors and risks appear associated with sexual and/or gender minority identities?; 2) Do youth feel that a local community organization's program (the Open Doors drop-in program) can help build capacity and exercise resilience in LGBTQ youth?

The interview questionnaire utilized in this study consisted of 35 semi-structured questions pertaining to potential risks, the experiences of sexual and/or gender minority

youth, and the effectiveness and utility of the Open Doors drop-in program in offering support and tools to LGBTQ youth, as well as building capacity and fostering resilience in these youth (see Appendix A for questionnaire). These questions ensured that the overall conceptual framework of risk, minority stress theory, and resilience were all addressed. Specifically, the questions concerning various risks addressed the risks identified in previous literature, including school attendance and experiences, peer group and deviant activities, substance use or abuse, as well as relationships with parents and childhood experiences. These questions were particularly important to ask participants in order to not only frame the perspective of the rest of the interview, but to also identify the risks and hardships that the youth may have undergone in the past or those that they were experiencing at the time of the interviews. These questions were intended to elicit and identify the possible reasons why a youth was seeking support from a community organization, and also to confirm the commonly documented types of risk experienced by sexual and/or gender minority youth.

The second set of interview questions sought to explore the experiences LGBTQ youth have faced as a result of their sexual and/or gender identity. These questions also attempted to uncover how youth thought their sexual orientation and/or gender identity related to the risks they have experienced. These questions offered the chance for participants to discuss how they identify in terms of their sexual and/or gender identity and to tell about their ‘coming out’ story (if they have come out to family and friends as LGBTQ). Also included in this section were questions pertaining to the a) youths’ perspective on how others view them because of their identity; b) if youth feel the risks from previous or current experiences are connected to their sexual and/or gender minority

identity; c) how they deal with people's reactions to their sexual and/or gender minority identity; d) whether or not the youth feel safe within society; and, e) how perceived stereotypes or trans/homophobia have impacted their lives. These questions were specifically tied to concepts regarding the stigma faced by LGBTQ youth, as well as any potential minority distal and proximal stressors that these youth may have experienced. This series of questions ended with a discussion about whether or not the youth had sought help to cope with their struggles caused by others' reactions to their identity.

The information in this cluster of questions allowed the researcher to gain insight into the different sexual and/or gender identities, as well as the unique experiences that are associated with these identities as a result of negative treatment from heterosexual individuals, or of the stigma and trans/homophobia that are perpetuated throughout society. These questions were valuable to ask as the information gathered from the youth may reveal significant similarities or differences in experiences and treatment, critical for understanding how LGBTQ youth differ between each other and their heterosexual and/or cisgender counterparts. The impact minority stress may have on LGBTQ youth were to be drawn out from this group of questions. Again, response to this series of questions may also highlight the need for support and resourceful tools provided by community programs.

In the last section of the questionnaire, questions involving the effectiveness of the Open Doors drop-in program were designed to assess whether or not the needs of LGBTQ youth attending this program were being met. In other words, these questions were posed to make sense of the attendance in the program and whether or not the Open Doors drop-in program provides a safe place for LGBTQ youth. This section also

assessed how a youth would determine how a program has helped them, as well as how they view and describe capacity and resilience, and what tools are needed to achieve a sense of capacity and resilience. Youth were also asked questions regarding personal development, focusing on whether or not the program has helped the youth learn more about themselves, or has empowered them to be comfortable with their identity. This last set of questions addressed whether youth were given transferrable knowledge and resources to overcome barriers and struggles they may experience, if they have made peer or community connections, and what they would change about the program.

The questions, and subsequent in-depth answers provided by the youth in the last set of questions further allowed the researcher to determine the effectiveness and success of the Open Doors drop-in program at the regional Boys and Girls Club from the perspective of its participants. These questions also sought to recognize the tools youth feel they need to successfully build capacity and exercise resilience. As a result, improvements or changes that could be implemented in the program to assist LGBTQ youth in overcoming the challenges they face as a result of their sexual orientation and/or gender identity could be identified and documented. The exploration of the topics in the interview questions sought to address the overarching research questions in hopes of providing a link between stressors, risks, and sexual and/or gender identities, and to attempt to determine how youth perceive the efforts of community programs in providing them with the tools and resources necessary for building and exercising capacity and resilience.

Data Collection

An interview instrument was created between April and June 2015. The questionnaire was based on findings from theory, past research studies, and academic literature. A list of potential questions was reviewed by the Director and Youth Outreach Worker from the Youth Justice Department at a local Boys and Girls Club. After a review of all necessary documents, the Director of the Youth Justice Department provided a letter of support for the current research study. The study was submitted to the Research Ethics Board at the University of Ontario Institute Technology in June of 2015. Approval for the study was obtained from the Research Ethics Board (REB) at University of Ontario Institute of Technology (UOIT) in September 2015.

Participants in this study were youth who are participants of the Open Doors drop-in program that is run by the Youth Justice Department at a regional Boys and Girls Club. The Boys and Girls Club is a local organization that provides recreational and social development programs to children and youth of all ages (Boys and Girls Club of Durham, 2015a; Boys and Girls Club of Durham, 2015c). In keeping with the objective of the Boys and Girls Club, the Open Doors drop-in program seeks to provide LGBTQ youth aged 15-21 with a safe, supportive space where youth are presented with opportunities to overcome barriers, build positive relationships, and develop skills they may need as they progress through life (Boys and Girls Club of Durham, 2014). These youth fit the needs of this study as they allowed first-hand insight into the experiences of LGBTQ youth and their perspectives about a community-based program. Access to these participants was obtained by contacting the Director of the Youth Justice Department at a local Boys and Girls Club.

Youth attending the Open Doors drop-in program were recruited by means of a recruitment flyer (see Appendix B for flyer). The researcher attended the first 10 minutes of three Open Doors drop-in sessions, distributed flyers, and explained the basis of the study. Remaining flyers were left with the Youth Outreach Worker who facilitates the Open Doors drop-in meetings. If interested, youth contacted either the researcher directly, or through the Youth Outreach Worker. In order to qualify for the study, youth had to be between the ages of 16 and 21, identify as LGBTQ, and had to have attended the Open Doors drop-in program at the time of the interview or in the recent past. In total, nine youth volunteered to participate in the study and were interviewed one-on-one by the researcher in a private room at the local Boys and Girls Club. The interviews took place at the Boys and Girls club in order to have the Youth Outreach Worker on-site in case the youth felt upset, uneasy, or disturbed during/after the interview.

At the beginning of each interview, a consent form (see Appendix C for consent form) was given to each participant and read aloud to ensure that he/she did not feel coerced into participating. Consent was only obtained from the participants for this study, as the study only allowed youth 16 and older (up until age 21) to avoid having to obtain authorized third party consent for the youth to participate in this study (see Canadian Institute of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 2010). Obtaining consent from guardians or parents of sexual minority youth can be dangerous and may cause more problems than not acquiring this consent. Some of the participants may not have disclosed their sexual orientation and/or gender identity to their parents/guardians, or may live in abusive households, which may compromise the safety

or welfare of the youth had consent been obtained from parents or guardians (see Martin & Meezan, 2003).

The consent form outlined that the participant: a) was not obliged to participate, as their participation or refusal to participate would not impact or restrict their attendance in the Open Doors drop-in program; b) was free to stop the interview at any time without penalty; and, c) could refuse to answer any question they did not feel comfortable answering. The consent form also detailed that all of the information discussed in the interview would be kept confidential, unless the youth divulged that he/she was going to harm him/herself, or someone else was harming him/her.

Most participants spoke for one hour, with the longest interview taking one hour and forty minutes, and the shortest taking twenty minutes. The responses to interview questions were documented using a laptop computer, which allowed the participant to watch the researcher type in their answer to ensure it was written as they intended. At the end of the interview, youth were asked one final time if there was anything they wanted to add to their questionnaire form. If the youth had nothing left to say, the researcher administered a debriefing. Each of the youth who participated in the study also received a hard copy of the letter to participants (see Appendix D for the letter to participants), highlighting what topics were discussed in the study and the researcher's contact information should they want to talk to the researcher after the interview or obtain the results from the study. The youth were also given one copy of the signed consent form to take home.

The interview ended with the researcher awarding a \$15.00 Tim Horton's gift card to the participant. It was important to the researcher that the youth understood the

appreciation and importance of their participation in this study. Each participant had been made aware in the recruitment flyer that they would receive a \$15.00 Tim Horton's gift card for their participation.

Ethical Concerns

Due to the nature of the sensitive topics discussed during interviews with participants, as well as the fluid, complex social environment for LGBTQ youth, there was heightened ethical concern around the present study because of the age and vulnerability of the youth. The risk and adversity faced by LGBTQ youth leads them to be a vulnerable, marginalized population; therefore, there may be greater potential for psychological harm to participants than in studies involving less marginalized individuals (Martin & Meezan, 2003). In addition, as some LGBTQ youth may have not disclosed their sexual and/or gender minority identity, maintaining anonymity and confidentiality was important in this study. Confidentiality of data and anonymity of participants were maintained through the following ways: a) each participant was given a number from one to nine, instead of recording participant names on the interview questionnaire; and, b) data were kept on a password protected computer and on an encrypted USB stick kept by the researcher. At the beginning of the interview, the nature of questions was described briefly to the youth, and they were continuously reminded they did not have to answer any questions that made them feel uncomfortable. This was done to mitigate any potential risk participants could have experienced.

The benefits of this study outweighed any risks, in that the youth could choose what they wanted to talk about, so to avoid evoking negative, unwanted feelings and emotions. The benefits of this study include, but are not limited to: a) understanding and

gaining insight into the experiences faced by LGBTQ youth; and, b) assessing the effectiveness and success of the Open Doors drop-in program, impacting the continuation or improvements of the program for current and future youth attending the Open Doors program.

Data Analysis

Based on literature and theory pertaining to minority stress theory, risk, resilience, and LGBTQ-specific community programs, the following topics were used as overall themes for this thesis: a) identity and related stressors; b) risk; and, c) the effectiveness of the Open Doors drop-in program. The overall themes (identity and related stressors, risk, and the effectiveness of the Open Doors drop-in program) found within the data were inherent in the phrasing, nature, and structure of the interview questionnaire. The subthemes were developed and drawn from overarching topics and information documented in the interviews. Since the questions were semi-structured and open-ended, the youth participating in this study had the power to shape their own responses, allowing for the possibility of concurrence or disagreement with what has been previously found in literature.

To analyze the data, a deductive approach was used, as the researcher had the theoretical framework and model before data collection, thus basing the analysis on previous research and theories (see Elo & Kyngäs, 2008). In using a deductive approach, the data was analyzed based on whether it confirmed or contradicted the theoretical framework, concepts, and findings from previous literature (see Elo & Kyngäs, 2008). Rather than generating a new theory from the data, the research questions asked in this study and resulting data were used to seek confirmation (or lack thereof) of existing

theories and research from observations and experiences from a specific population (i.e., moving from general to specific) (see Elo & Kyngäs, 2008; Hyde, 2000). Although the coding used in this study may be indicative of grounded theory or an inductive approach, this study largely used a deductive approach as the theoretical framework and previous literature were used as the basis for the analysis of data taken from the interviews with participants.

As the researcher typed the answers into the interview questionnaire as participants spoke, interview questionnaires were examined for analysis. Utilizing a deductive approach, categorization of the data took place after the main themes were determined (see Elo & Kyngäs, 2008). The data under the main themes were analyzed into categories based on whether the answers given by the participants were consistent or contradictory to minority stress theory, risk, and the aspects of community programs previously noted to help build capacity and resilience in LGBTQ youth. Answers that did not fit into the categorization based on theory, risk, or previous literature were categorized as general information. After the answers were categorized by confirming or contradicting previous theories, concepts, and literature, the data was coded into subthemes that fell under the overall themes of identity and related stressors, risk, and the effectiveness of the Open Doors drop-in program. Each interview was coded accordingly, and illustrative quotes were highlighted. Answers from participants from each subtheme were then compiled in an aggregate way by relevance so that the presentation of data would be articulated in a succinct, clear manner, while still preserving the richness, specificity, and importance of all the data collected from participants.

The researcher's objective was to answer the following main research questions:

1) What stressors and risks appear associated with sexual and/or gender minority identities?; and, 2) Do youth feel that a local community organization's program (the Open Doors drop-in program) can help build capacity and exercise resilience in LGBTQ youth? In doing so, an understanding about identity and related stressors, risk, aspects of capacity and resilience, and the effectiveness of the community program (i.e., the Open Doors drop-in program) in achieving capacity and resilience could be obtained from the perspective of LGBTQ youth. Results will be discussed in the following chapter.

CHAPTER 4: RESULTS⁷

The findings derived from interviews conducted with nine LGBTQ youth who attend the Open Doors drop-in program are presented under the main themes of 1) identity and related stressors; 2) risk; and, 3) the effectiveness of the Open Doors drop-in program. Subthemes that arose during data analysis will also be provided. Themes reflect the commonalities between the information provided by participants, using illustrative quotes taken verbatim from the participants. Some of the responses detailed below are used to provide background for the reader regarding the experiences of the participants, to gain insight into their lives. Most findings, however, will be related to the theory and concept of minority stress theory and risk, and compared with the existing literature on community programs and sexual and/or gender minorities (where applicable).

As delineated in the literature review chapter, minority stress (i.e., in the forms of distal and proximal stressors) experienced by LGBTQ youth leaves them vulnerable to other variations of risk. This accumulation of risk, along with the stress experienced by being LGBTQ, may cause youth to face a variety of negative mental health and well-being outcomes, such as psychological distress or suicide. Therefore, responses from youth will be used to provide evidence of distal and proximal stressors (i.e., enacted stigma, perceived stigma, internalized homophobia, and concealment) and other central points from minority stress theory (where applicable), while discussing the risks that may accumulate in the lives of the participants. The negative outcomes, or reactions to sexual stigma, stress, and risk, will be discussed as reported by the youth in this study. There are

⁷ Out of respect and sensitivity to the youth who participated in this study and expressed wanting gender-neutral pronouns, or were in support of gender-neutral pronouns, gender pronouns (i.e., he/she, him/his/her(s)) will be avoided when discussing the results. 'They', 'their', and 'them' will be used instead, where necessary.

some instances in responses where minority stress theory and variations of risk were prevalent, while some areas of responses were not representative of the main theoretical foundations. Remaining results from the data that contradict previous research or reflect differences among the participants' perceptions will be provided and briefly discussed.

All nine of the youth who participated in this study chose to answer every question in the interview questionnaire, with the exception of one participant feeling uncomfortable with answering one of the questions in the risk section. Results presented below are representative of the group of LGBTQ youth interviewed in this study.

Demographics and Description of Sample

Although demographic information was not asked directly (e.g., what is your age?), several questions elicited information about personal characteristics and descriptions of each participant. Six out of nine participants said they were in school, while three stated that they were not currently in school. Of those who were currently in school, three participants stated they were enrolled in grade 12, and three were doing post-secondary education. All three of the participants who were not currently enrolled in school at the time of the interview had completed high school. Therefore, the participants were at least 17 years of age at the time of the interview.

The results for answers concerning familial relations and childhood were mixed, although there was a strong suggestion in the data that none of the youth were homeless at the time of the interview. When describing their neighbourhoods, three youth reported that they moved around a lot. Most of these youth stated that their neighbourhoods during childhood were safe. The size of their community varied between participants, some reporting they lived in small towns, some in cities.

Responses from youth in describing their sexual orientation and/or gender identity ranged from extreme certainty to stages of exploration and questioning. The youth in the study identified in the following ways: three of the youth stated that they are transgender and male, while one other youth identified as a lesbian but not out as transgender yet; two youth stated that they identify as pansexual; one participant expressed going through a stage of questioning in high school, then identified as bisexual, and later in the interview revealed a pansexual identity; one participant identified as bisexual; and, one participant identified as a gay male, but not society's definition of being male:

Sexual orientation I am very much gay, homosexual, and very comfortable with it. Gender identity wise, I mostly identify as male, but not society's definition of male. I do drag, and for things like Pride I am very comfortable with dressing as a woman, and I am comfortable exploring the facets of gender. So I would maybe identify as gender queer. But male, but open minded (Participant 3, 2015).

To illustrate the youth's descriptions of their identities, one transgender participant described,

I believe – no, I know – I was born in the wrong body. So I was born a male in a female's body. I always knew that I was transgender ever since I was three years old. I would not want to wear dresses; I would fight. I did not like who I was or looked like, so I would scratch my face and rip out my hair (Participant 6, 2015).

Other youth suggested that they have explored different identities or try not to label their identity. To illustrate, one youth stated,

I am transgender, but I am just male. I have to go through operations to become male. It is weird to be transgender, but I do not consider myself trans, I am a

male. I like girls, I really like girls. I used to identify as pansexual, because who I am to judge...I consider myself a straight male. I do not judge others for how they identify, and I am a male regardless of what is going on in my pants (laughs) (Participant 1, 2015).

Another transgender youth stated,

Sexual orientation – I try not to label it. I had an awesome teacher who knew a lot about my life...I spoke to her about my sexual orientation and said I do not know what it is, but she sat me down and said you if cannot label it, you do not need to label it. Labels are for jars, you just be you... gender identity I identify as transgender, male (Participant 7, 2015).

For the youth who identified as pansexual, one also identified as non-binary, androgynous, the other stated, “I hate labels...gender queer, but things can change, but I am still unsure. I am very open minded so that allows room for exploration of my gender identity” (Participant 2, 2015). This same participant continued, “I used to be confirmed and think I had to stick to one, so I was labeled a lesbian and that led to bullying a lot and people used to call me gay before I even knew what it really was” (Participant 2, 2015).

Lastly, in discussing participation in the Open Doors drop-in program, six youth stated that they come to the program frequently, ranging from once a week to once a month. Three youth suggested that they used to come very frequently, but are unable to attend every week anymore because of work, distance, or the fact that the program is only offered one night a week; therefore, these youth were less active participants in the drop-in program at the time of the study. Nonetheless, one participant noted that when they were able to attend frequently,

I came because for me, and I saw it help for a lot of youth, it was once a week we could look forward to. No matter when we walked in these doors, we were safe...it was somewhere we could go where we could have fun and not think about cliques in high school...(Participant 3, 2015).

For all of the youth, reasons for consistency, or lack thereof, in attendance were largely due to personal reasons, such as personal mental health or drama between some of the youth. Three youth suggested that they or others might be more reluctant to come when there are no activities planned. The following sections will discuss the common themes found within the responses from these participants.

Identity and Related Stressors

The youth seemed to be comfortable with answering questions pertaining to their sexual and/or gender minority identity, and many of them particularly seemed to enjoy sharing their coming out stories. Although it was difficult for some youth to discuss the struggles they have faced accepting their own identity or because of their identity, the youth were very descriptive in their answers. This section of results will be examined against central components of minority stress theory (primarily the known variations of distal and proximal stressors), as well as previous literature regarding LGBTQ identities and experiences. The main subthemes found within the grand theme of ‘identity and related stressors’ are: 1) coming out and difficulties accepting identity; 2) not feeling safe; and, 3) differential treatment. In each section (where applicable), responses from participants will be discussed in general terms, relative to minority stress theory, followed by evidence of distal and/or proximal stressors experienced by this group of youth because of their LGBTQ identity.

Difficulties Accepting Own Identity and Coming Out

When asked about their disclosure of their sexual and/or gender minority identity, some youth noted that they do not ever stop coming out, and that they had several experiences of coming out as different identities as they discovered themselves. Thus, in keeping with previous research (Savin-Williams & Cohen, 2004; Stieglitz, 2009), these youth discuss coming out on a continuum. Some of the participants suggested coming out a number of times as a result of gender exploration. Interestingly, some of the youth seemed very open to exploring their gender identity, which represents the fluidity of gender noted by previous researchers (see Diamond & Butterworth, 2008) and as discussed in the literature review chapter of this thesis. Others indicated that they did not like to put labels on their identities.

Regardless of how each youth identified, all nine of the youth firmly said they have faced difficulties or struggled with accepting their own identity, for various reasons. One youth even admitted to undergoing struggles at least once a day. The majority of youth discussed their struggles on an individual basis derived from being different than everyone else. For example, when asked about experiencing difficulties accepting their identity, one youth stated,

God yeah...Once you feel yourself discovering it, and knowing that I am not like everyone else, not wanting to be different from someone else. I did not want to be different – I wanted to be like everyone else, I did not like being left out
(Participant 2, 2015).

Most notably, these experiences may be linked to the proximal stressors (felt stigma, internalized homophobia, and concealment) outlined in minority stress theory.

The proximal stressor that arose in the responses of the participants was the notion of internalized homophobia. One youth explained that they struggled when they were discovering themselves because they did not like who they were becoming and did not want to be different from everyone else. To illustrate,

I figured out that I was at least not straight in sixth grade, which was terrifying because I did not have a word for it other than faggot. At that point I knew this is not good, I am not okay with this. Why am I different? I was internally homophobic. To hide the fact that I was homophobic on the inside, I acted homophobic outside too. There was a lot of depression, suicidal thoughts; it was a horrible time (Participant 3, 2015).

These remarks support the claim that the proximal stressor of internalized homophobia can have an impact on a youth's mental health and well-being, and inevitably leaves youth more vulnerable, as previously found in literature (Meyer, 2003; Shilo et al., 2015).

On a related note, there were within group differences between the youth who identified as transgender compared with the other LGBTQ youth. Two of the transgender youth explained that they struggle with physical issues or biological appearances while undergoing their transitions, as their biological gender does not match their gender identity. This is consistent with previous research findings on transgender youth (Diamond & Butterworth, 2008). For example, one youth stated,

...Before I hit puberty I was kind of fine...but when puberty hit that is when everything went down hill...What hit me the most was the periods...knowing I have to go through surgery to be happy with myself I do not like. Until it [surgery] happens I am not sure what to do with myself... (Participant 6, 2015).

Another transgender youth expressed being upset about not being able to give birth to children, but would consider adoption when the time comes. Consistent with existing literature (Bockting et al., 2013), one transgender youth indicated that they struggle with passing, not physically, but in terms of masculinity. This participant explained,

It is really hard sometimes to be a trans male and not be hyper-masculine...I find that personally hard to struggle with because I am not masculine enough... not physically, because what is in my mind is what counts, but in my mind I want to pass – I want to know about cars and sports and you know, like manly things... that has been a huge struggle for me, struggling with convincing myself that I do not need to be a stereotypical male, which I think I have done a great job with so far (Participant 7, 2015).

This statement also supports previous research findings regarding males having a more difficult time coming out because of heteronormativity and how masculinity is characterized (see Tharinger, 2008). Understandably, these transgender youth may be more vulnerable to risk and different experiences than the other LGBQ youth in this marginalized population.

Although there is no detailed discussion in minority stress theory regarding coming out experiences, it can be assumed that distal and/or proximal stressors impact LGBTQ youth either because they have just come out, other sexual and/or gender individuals have come out and experienced negative reactions, impacting a different youth's attitudes towards coming out, or because they have been concealing their sexual and/or gender minority identity. Some of the experiences related to the coming out stories

shared by the participants in this study were associated primarily with the proximal stressors outlined in minority stress theory and will be discussed.

Overall, most youth had positive coming out experiences, facing acceptance rather than rejection (except one youth), which is indicative of changing times and acceptance levels from parents previously noted by Grossman & D'Augelli (2006). Four youth said that they were accepted after coming out. Of these four, two youth stated that they came out to their friends before telling their parents, which is similar to the pattern of disclosure identified in previous research findings (Riley, 2010; Rossi, 2010). Also consistent with previous findings (Rossi, 2010), two of these four youth disclosed their identity to their mothers first. Additionally, three participants stated that their parents were accepting, but had parents who use the wrong pronouns, or siblings who tease them. One of these three youth said that their parents were accepting, but needed more information and understanding about being transgender, which was also the case in existing literature regarding identity disclosure for transgender individuals (Grossman & D'Augelli, 2004; Steever et al., 2014). One youth stated that they disclosed their identity to friends first, and that their mother was accepting of their identity. However, this youth experienced rejection from their father. Another youth stated that their father outed them, but it is unclear whether or not the youth's parents were accepting of their identity.

Interestingly, three of the youth sent emails to their parents to disclose their identity, which may be reflective of the fear and anxiety previously noted regarding coming out (see Rossi, 2010). Indicative of one of the proximal stressors (i.e., felt stigma or expectation of rejection) outlined in minority stress theory, one youth attributed the

fear and anxiety they faced to hearing about other youth's coming out stories. This youth stated,

...If I had to choose an official coming out story, it would be when I came out to my parents, which was quite an experience to say the least. I was petrified, as a gay youth you hear the horrible stories that youth get kicked out Christmas morning. So I was terrified. I confirmed with friends that if I got kicked out I could stay there... (Participant 3, 2015).

The proximal stressor of expectation of rejection (perceived stigma) may be why some of the youth experienced apprehension around coming out. A few of the youth clearly expressed preparing themselves for rejection, which is also reflective of this proximal stressor outlined in minority stress theory (Meyer, 1995; Meyer, 2003). Although the youth in this study had different experiences and reactions from others after they came out, most experienced positive reactions, especially from parents.

Not Feeling Safe

Because of the relevance to distal and proximal stressors prevalent in the responses given by participants regarding safety on the street, at home, and at school, this section will be divided into subtopics relating to distal and proximal stressors. The youth in this study primarily discussed not feeling safe on the streets. Perhaps not surprisingly, all nine youth stated that they do not feel safe on the street. Six of the youth stated that they feel safe at home; one did not make a comment about being safe at home. One youth stated that you cannot be completely safe in any situation because of the possibility of something happening. In a similar vein, one youth stated feeling safe in all three places, and sometimes not feeling safe in any. In terms of feeling safe at school, two youth explicitly

stated they did not feel safe at school because of bullying or homophobic and/or transphobic remarks, which also corresponds to the risks associated with being LGBTQ, which will be discussed in detail in the next section. The following are examples of the distal and proximal stressors felt by youth in this study causing them to experience a lack of safety, primarily in the streets or at school, because of their sexual and/or gender minority identity.

Distal stressors (enacted stigma). As noted in the literature review, the distal stressor of enacted stigma would be the presence of a prejudice-motivated event (Meyer, 1995; Meyer, 2003), like victimization or discrimination. Reflective of this, two of the youth expressed actually experiencing physical or sexual assaults after coming out, which caused them to be fearful of the streets or at school. One youth stated, “Four or five months ago, just before the summer started, I went through a sexual assault. It was right after coming out to someone, and kind of after that I stopped feeling safe” (Participant 7, 2015). Another youth shared,

I used to get jumped a lot...Kids at school were really shitty. I used to not feel safe at school. I am still on the edge at school in the halls. On the streets and at school is rough. I never know who I am going to run into at school, so that makes me anxious...When I got jumped I was buying pot, the guy I was buying from would jump girls because he thought, ‘what can they do to fight back?’ They thought girls would not fight back. So he told his boys that I was trans and would not fight back like a girl, and they succeeded and got away with it... (Participant 2, 2015).

Both of these youth experienced victimization because of who they were, and how they identified (as LGBTQ). Events such as these can have a severe impact on the stress experienced by LGBTQ youth, and clearly has had an impact on how youth now feel unsafe in certain areas because of past victimization. The distal stressors experienced by these youth may in fact leave them more vulnerable, because of their perceptions of lack of safety.

Proximal stressors (perceived or felt stigma). In terms of proximal stressors, many of the youth explained their safety was jeopardized or compromised as a result of perceived or felt stigma. As outlined in minority stress theory, the perceived or felt stigma experienced by LGBTQ youth can cause them to change their behaviour (to avoid becoming a victim), as a result of the expectation of sexual stigma or rejection occurring (see Herek, 2007; Meyer, 2003). By way of example, one youth stated, “I sometimes do not feel safe on the street. Especially if there are a lot of men together in one place – then you never know what they could do” (Participant 4, 2015). Another youth expressed, “... I do not feel comfortable on the street by myself...” (Participant 5, 2015).

In anticipation of negative reactions from members of society, some of the youth in this study reported not feeling safe on the streets, and changing their behaviour before going out. For example, one participant stated, “I feel like I am going to get beat up for who I am or what I am wearing. There was the longest time I was terrified to wear snapbacks because I thought I was going to get picked on...” (Participant 6, 2015). Also premised in minority stress theory is the idea that some LGBTQ youth may become more vulnerable or insecure as a result of hearing or witnessing other LGBTQ individuals face prejudice or violent events. This proximal stressor was detailed by one of the youth in

this study: "...on the street, there are nights that I am terrified to go out. There has been a lot of beatings and murders of trans youth. I am so afraid that will be me" (Participant 7, 2015). It becomes clear that because of the anticipation of rejection, victimization, or discrimination, many of the youth in this study admitted to subconsciously or consciously changing their behaviour to avoid perceived victimization.

Differential Treatment

The participants shared many instances of different treatment from others as a result of being LGBTQ. The responses given by the youth highlight the perpetuation of sexual stigma that still persists in society, subsequently impacting the amount of minority stress and vulnerability experienced by these youth. The majority of participants stated that they are treated differently, in a negative way based on their sexual and/or gender identity, but expressed various reasons as to why they believed this was the case. However, three youth stated that they were not treated differently because of their sexual and/or gender minority identity. When noting that they have been treated differently, the youth shared instances of both distal and proximal stressors.

Distal stressors. Three of these youth predominantly described situations where they experienced actual prejudice-motivated events (i.e., distal stressor of enacted stigma) of victimization, discrimination, or other forms of hatred, consistent with what has been proposed in minority stress theory (Meyer, 1995; Meyer, 2003). For instance, one youth stated,

In high school, definitely. I was dating a girl in high school and I am pretty sure we were the only lesbian couple in the school, so we got a lot of stares and I got made fun of a lot (Participant 8, 2015).

Similarly, one youth expressed probably being treated differently, but in positive and negative ways. This participant stated, "...Some people might be more comfortable talking to me than if I was a cis/straight person. But I do get stares sometimes and called a tranny or faggot" (Participant 4, 2015). This youth has experienced enacted stigma, as they were discriminated against and called derogatory words, but can recognize that there may be benefits of being treated differently than heterosexual and/or cisgender people, in that they may be more approachable in the eyes of other people. A transgender participant experienced consequences after using the male bathroom, and expressed having subsequent difficulties in choosing what bathroom to use in order to avoid rejection or victimization.

One participant stated being discriminated against by a friend's mother, ...I was supposed to go to Wonderland with a group of people but my friend's mom did not want us to take her younger children with us because she found out that I was going, and she did not want her children to be around me because she did not want me to 'ooze my gay out on them' (Participant 3, 2015).

This youth experienced first-hand discrimination from a friend's mother because of their sexual identity, preventing other people from being around them. The homophobic attitudes and perceptions experienced by this participant may contribute to the minority stress they experience, and potentially increase their vulnerability.

In terms of areas within school that left youth feeling particularly vulnerable, two of the youth revealed that lunchtime is a particularly difficult time, as one participant had no one to eat lunch with, so would eat lunch with a teacher who played a positive role in

the youth's life. Another stated that bullying took place at lunch because everyone was in the same area. For example, this youth explained,

When I was younger I got bullied a lot. I would hide in the bathroom a lot. I would not like lunchtime because that is when everybody was outside, and that is when people would pick on me. So I would eat lunch in the bathroom (Participant 6, 2015).

These youth both expressed being bullied at school because of their sexual and/or gender identity, directly experiencing a form of distal stressors. As a result, both of these youth were forced to change their behaviour at lunchtime in order to avoid continuous victimization.

Interestingly, one of the youth who stated that they did not experience different treatment reported instances that may arguably be forms of enacted stigma, even if the youth did not recognize these experiences in that way. To elaborate, this youth stated,

I do not think I was treated differently. There was one teacher who told me I should not make those decisions that young [being LGBTQ]; I think that is when he started not liking me as much. But I do not think I was treated too differently. I had some friends who would not want to sleep over sometimes, but that is about it for me (Participant 9, 2015).

Although this particular youth did not feel severely impacted from these experiences, the aforementioned instances of having biases from teachers, or friends not wanting to have sleepovers, may still be considered occurrences of distal stressors that did not amount to stressful events for this youth.

Proximal stressors. Two of the youth provided examples that support the notions of felt stigma, where they were cautious from hearing about other LGBTQ youths' experiences, and were aware of society's perceptions of LGBTQ people. Because of this, these youth expressed changing their behaviour or reacting differently because of the existence of homophobia and/or transphobia. For example, one youth stated:

Treated differently, yes absolutely. I always feel like I have to be more careful, especially when I have a partner with me. Whether this is because the community looks at me different, or if it is my anxiety that makes me think the community looks at me differently, especially since I know couples who have been attacked or assaulted. But I see my straight friends walk around and they do not have to come out to their community. I almost feel there is a straight privilege, just like a male privilege. It may not seem like a privilege, but just being able to walk around the mall holding hands without people staring at you, or people pulling their children away from you... (Participant 3, 2015).

Because of the heteronormativity and 'straight privilege' that extends throughout society (as also found in previous literature, e.g., Birkett et al., 2009; Grossman & D'Augelli, 2006; Robertson, 2014), this youth expressed having to change their behaviour to be more cautious of their environment and surroundings.

Another youth explained being questioned about being transgender and stated, "... 'like do you think people will listen to you when your voice drops?' Which shocks me because there is like this huge stereotype that people are more likely to listen to males more than females, which makes me sad..." (Participant 7, 2015). Although this participant had not yet experienced this situation, these perceptions can be evidence of

perceived or felt stigma, and do support claims from other studies that pertain to a gain or loss of status and privilege as transgender individuals transition to the opposite gender (Bockting et al., 2013).

By virtue of being LGBTQ, the majority of youth in this study have faced some variation of minority stress in the forms of distal and/or proximal stressors, with the exception of concealment. None of the youth reported concealing their identity, but some of the youth alluded to not being ready to reveal their identity. Many of the participants struggled with accepting who they are, as they did not want to be different than others, with one youth even showing signs of internalized homophobia. As described, many of the youth predominantly experienced actual prejudice-motivated events, victimization, or discrimination, or were fearful of encountering situations where they perceived this type of harm, alluding to the notions of enacted stigma and perceived or felt stigma. These encounters of victimization and discrimination (i.e., actual and/or perceived) would not have impacted heterosexual and/or cisgender people, making this type of stress and vulnerability unique to sexual and/or minority youth, as well as social, as it arises out of heteronormativity and sexual stigma perpetuated throughout society (consistent with the central tenants of minority stress theory). The exposure of this type of stress (i.e., distal and/or proximal stressors) can have a profound impact on LGBTQ youth, leaving these youth vulnerable to other risks, and subsequently the possibility of negative mental health and well-being outcomes. The following section will detail the risks that participants commonly experienced because of their sexual and/or gender minority identity.

Risk

As a result of being LGBTQ, and subsequently experiencing distal and proximal stressors, sexual and/or gender minority youth are exposed to a number of different risks. The data related to risk were broken into subthemes based on different variations of risk commonly experienced by LGBTQ youth, and were examined in light of findings from previous studies. The following risks were developed as common subthemes in this section: 1) difficult experiences in school; 2) small peer groups; and, 3) difficult childhoods. Contrary to what previous literature has found, the participants expressed relatively good relations with their parents, and the majority of youth did not have substance abuse issues, nor did the majority of youth have contact with the criminal justice system. These risks will be addressed as surprising findings and contradictions to previous research. After the discussion regarding the risks faced by the participants, the outcomes of minority stress and the accumulation of other risks will be discussed, primarily in terms of the participants' reactions to sexual stigma, homophobia and/or transphobia, minority stress, and risks. During the interviews, it was discernible that this particular series of questions were rather difficult for most – but not all – of the participants to discuss, as most youth were solemn while answering these questions. Nonetheless, the youth were very forthcoming and honest regarding their experiences pertaining to school, friends, drug and alcohol use, family relations, childhood, and living accommodations.

Difficult Experiences in School

The first theme, 'difficult experiences in school', arose out of the commonalities between responses pertaining to participants' experiences at school. The majority of the

youth (seven) were in agreement that they have had difficult experiences at school, while two of the youth stated that their experiences at school were “fun” or “decent”. The seven youth who expressed that school is “rough” or had difficulties at school explained that they have anxiety around attending school, were victims of bullying, and/or felt isolated at school, which is consistent with the findings from preceding literature (e.g., Taylor & Peter, 2011). Four of the youth suggested that they were bullied at school, mostly verbally, or did not get along with other students. Further, five of the youth explained that school was difficult because of the mental health issues or anxiety they were experiencing. It is apparent that these youth struggle at school or were subjected to various negative experiences at school, which becomes a risk for these youth.

As a result, comparable to what has been found in previous research (Henrickson, 2007; Robinson & Espelage, 2011; Sadowski et al., 2009), participants ended up either skipping school, experienced a drop in grades, or were moved into specialized programs or alternative schools for continuation of their education. For example, one youth shared their experience at school, “A lot of bullying. A lot of mental health problems to do with the level I was at. I should be at a university level but I am not” (Participant 2, 2015). This particular youth experienced a drop in academic performance based on bullying and mental health issues. Two youth however, expressed difficulties at school because of challenges with other students or mental health issues but maintained very good grades, which contradicts other findings of low educational attainment in sexual and/or gender minorities (e.g., Henrickson, 2007). One youth stated,

I have a lot of anxiety around school. I was taken out of my school at grade nine.
Kids were not getting along [with me] and I was not doing socially well, I had

anxiety around the building. I have a lot of anxiety but I have good marks
(Participant 1, 2015).

Additionally, two youth expressed being treated differently by teachers at their schools; for one youth, this was directly related to their gender identity, while the other participant expressed negative interactions with their teacher because of their learning disabilities. One participant stated, “There was one teacher who used girl pronouns on me, but he got in trouble and I was taken out of that class” (Participant 1, 2015). The other participant noted that teachers did not provide a lot of support and would also pick on them because of their learning disabilities, which consequently adds to the difficulties they faced at school. The interactions these youth had with teachers resulted in negative experiences at school, adding to the risk that is present in their lives. These examples of difficulties at school are consistent with findings from previous research (see Henrickson, 2007; see Taylor & Peter, 2011).

In support of preceding research (e.g., Taylor & Peter, 2011), these same two transgender youth also revealed facing issues when using gender specific bathrooms, where they were subjected to bullying or other consequences. One of these youth explained,

I feel that, transgender, lesbians, bisexual people, more-so transgender people should not have to use their own bathroom – they should be allowed to use the bathroom they feel comfortable in...but for me it was hard. I would not really use the bathroom in elementary school because I would get in trouble by the Principal, I would get suspended (Participant 6, 2015).

This youth was able to share their experience and recognize that there are areas that make LGBTQ youth feel uncomfortable at school, where heterosexual and/or cisgender people would be comfortable. Another transgender youth shared a similar experience, in that they did not have gender-neutral bathroom accommodations made for them at their mainstream school, but did when they moved to an alternative school. However, this particular youth expressed feeling like they were outing themselves when using a gender-neutral bathroom, which could also shed light on what the other participant had said in terms of wanting to be allowed to use whatever bathroom they felt comfortable in. It is clear that certain schools have the means of making gender-neutral bathrooms available to youth (even though they may feel they are outing themselves), but in schools where these are not available, youth are subjected to bullying or other consequences.

The aforementioned experiences relate to the trouble LGBTQ youth face socially integrating into a school environment, which is consistent with previous research (Martin-Storey et al., 2015; see Sadowski et al., 2009; Taylor & Peter, 2011). These youth experienced bullying and victimization, isolation, lack of support, and also noted areas within schools that were particularly troublesome for them. With the exception of the two youth who had seemingly positive experiences in school, the experiences in school faced by the majority of youth were difficult, which is also consistent with the existing literature on risk pertaining to LGBTQ youth (Higa et al., 2014; Martin-Storey, 2015; Taylor & Peter, 2011).

Small Peer Groups

It is interesting that, in keeping with research on LGBTQ young people and risk, most of the participants had a small peer group. Despite this, the participants in this study

considered these friends a significant part of their lives because of the support they provide. Previous research (e.g., Diamond & Lucas, 2004) indicates that LGBTQ youth lack of close friendships or experience a loss of friendships. It may be argued that although these particular youth relied on their group of friends for support, the fact that over half of the youth held a small peer group is supportive of what has previously been found in academic literature. However, it was not apparent from the answers given by youth whether they had smaller peer groups by choice, or if it was because of a loss of friendships as a result of coming out as LGBTQ. In the future, it may be advantageous to ask the youth if they wished they had more friends. Nonetheless, five of the participants stated that they had a small group of close friends, with four or less friends. Four of the youth had seven or more friends, challenging previous literature supporting the fact that youth had smaller peer groups after losing friends or not fulfilling expectations (see Diamond & Lucas, 2004).

Regardless of group size, almost all of youth sought support in their friends, and happily explained that their friends were “funny”, a “varied group”, “great”, or “amazing”. Three of the youth indicated that some of their friends were also LGBTQ, while five of the participants stated that their friends were supportive and/or understanding of what they are going through. One youth noted the following:

I think I have about four good friends. They are some of my biggest supports, and there are a few who literally understand me better than I understand myself... All of them are really funny, caring, and supportive. They are just – I do not even know how to put it into words because I think so highly of them (Participant 9, 2015).

Another stated, “They are [friends] my biggest supporters” (Participant 7, 2015). In a similar vein, one youth explained, “...I have a couple of friends. They are funny, they understand what I go through, and they are helpful. They like to make me laugh when I am upset” (Participant 6, 2015). On the other hand, only one youth stated that their friends used them, and did not make any mention of the support received from friends. Although just over half of youth had a small group of friends, most of the participants made it clear that they rely and depend on their friends for support, similar to findings reported in previous literature.

Difficult Childhoods

Dysfunction amongst family members has been reported as being a risk for LGBTQ youth, particularly if home life is volatile and unsupportive. Additionally, like some of their vulnerable heterosexual and/or cisgender peers, some participants experienced risk associated with parents who had substance abuse issues, were abusive, or had mental health concerns, and some youth even experienced neglect. For example, a common theme found amongst participants in this study was that the majority of them suggested that they had either experienced or been exposed to traumatic or rough childhoods. Only three of the participants expressed the fact that they had good childhoods. On the other hand, six out of nine youth reported experiencing some sort of conflict or faced difficult realities while they were growing up. For example, one participant noted that, “...There was conflict between my parents, and eventually it was very normal. There was yelling, screaming, and temper-tantrums from everyone” (Participant 3, 2015). Three of these youth expressed that they had either been assaulted

(verbally or physically) or molested by one of their parents, stepparents, or adoptive parents. For example, one youth stated they had a rough childhood, in that:

From what I remember, a lot of my childhood was living at my dad's house, but my step-mom was very emotionally and physically abusive. She spent a lot of her time trying to make me a girly-girl, but I was a tomboy and that frustrated her...she also resented a lot of things my dad and I would do. We were really close for a bit – but she tried, and succeeded, at separating us. So my childhood for the first eight years was very nightmare-ish, it was pretty dark (Participant 7, 2015).

However, some of the youth were able to recognize that these experiences were not intentional, were able to make light of the situations, or reported positive aspects along with the negative parts of their childhood. For example, when asked how their childhood was, one youth stated,

Good for the most part. I had issues with my brother for a while because he had anger issues, but he got over them and now him and I are best friends... when I was 14 I was assaulted and that impacted me a lot... (Participant 9, 2015).

Similarly, one of the other participants stated that their childhood was, “Really traumatic...A lot of neglect and abandonment, but not on purpose. It was because my mom was mentally sick” (Participant 2, 2015). Two of the youth stated positive aspects of their lives, including:

...My parents did drugs since I was six. Before that we were really wealthy. I think that is why they started using drugs; they did not know what to do with their money. But after that, we started to get evicted and had to move a lot. A lot of

people showed up at my house in the middle of the night to get drug money.

There was a lot of fighting, but not between my dad and mom... my mom ran a sex business and my dad was the driver. He got into fights with people when they mistreated the girls... there was a lot of confusion in my childhood but I always sang. My dad got me into singing. My dad was my rooster (Participant 1, 2015).

Another youth stated, "My childhood, besides when my adoptive dad molested me, my childhood had some ups and downs but everybody does. I did a lot of sports, I played hockey, ringette, and soccer" (Participant 6, 2015).

Overall, it is recognizable that most of the youth in this study faced some sort of challenge, conflict, or difficulty while growing up, which may impact the accumulation of risk faced by these participants. However, with the exception of one participant, it does not appear that the above problems the participants encountered during their childhood were related to their sexual and/or gender identity. Rather, these troubling experiences were tied to the actions or characteristics of their parents or other family members. Nevertheless, negative experiences occurring within the family (e.g., having a parent with a substance abuse issue) have been previously found to be a common factor among LGBTQ youth, which may seemingly act as a risk for the participants in this study.

Surprising Findings and Contradictions to Previous Research

Relatively good relationships with parents. Surprisingly, despite the negative childhood experiences noted above, most of the youth in this study expressed having relatively good relationships with one or both of their parents at the time of the interview, which contradicts previous findings relating to strained relations with parents among LGBTQ youth (e.g., Higa et al., 2014; McBride, 2012; Rice et al., 2013; Sadowski et al.,

2009; Walls et al., 2009). One youth stated being very close with their mother and step-father. Additionally, five of the youth expressed that they had good relationships with at least one of their parents, but alluded to or stated that they have had issues with their parents at some point. For example,

My mom and I are really close now. At first, she was okay with me coming out, but it was not exactly something she knew a lot about. She is great now and we are really, really close...After I came out my dad kicked me out...he decided he was not happy about it. My mom told me he called her to ask her to take me because he did not want me anymore...my step-mom though, she was very emotional and psychically abusive for eight years when I was a child... she was really toxic (Participant 7, 2015).

Another youth stated that their relationship with their parents was, "Pretty good. They like, they are ignorant about some things and they mess up on pronouns sometimes" (Participant 4, 2015).

Moreover, two of the participants noted that they had good relationships with their parents, but had experienced a loss of one or both of their parents. One youth reported, "My mom is a widow because my dad passed away last year. We tease each other a lot" (Participant 5, 2015). The youth who experienced a loss of both parents described that they were particularly close with their father:

My parents passed away, my mom passed away in 2010 and my dad in 2014. They were both drug users and my dad was an alcoholic. Me and my mom were close when I was younger, but not as close as me and my dad. He was my homie, my best friend. He spent three years in the hospital before he passed, so I went to

see him as much as possible. My mom was obviously my mom but my dad was my best friend... My mom overdosed, she committed suicide, which lead my dad to be an alcoholic... he was like my superhero when I was younger. It was hard for me to watch him to go down that path. It has helped me to become stronger (Participant 1, 2015).

The reality shared by this particular youth represents a common variation of risk regarding LGBTQ youth, in that their parents may have substance abuse issues (Van Leeuwen et al., 2006); however, it is inconsistent with previous literature (e.g., Higa et al., 2014) because this youth had strong relations with their parents, rather than strained or distant relations.

Interestingly, there was only one youth whose characterization of familial relationships seemed to correspond to broader patterns in the literature regarding familial relations being strained or distanced (e.g., Higa et al., 2014). This youth stated,

...I had a good relationship with them when I was little because I did not understand everything they said or had done, but when I started understanding what was going on it kind of went down hill. My adoptive dad molested me when I was really little until I was in grade six. And ever since I told the police about that I do not talk to my adoptive family at all...they just make me feel bad when I talk to them and blame me for everything (Participant 6, 2015).

This youth was the only youth who expressed having poor relations with both parents, although some of the youth were close with one parent, but not the other. Nonetheless, the majority of participants did have a relatively good relationship with at least one parent, proving to perhaps be less of a risk to these particular youth, contrary to what

previous research has indicated. The presence of decent relationships with at least one parent could also potentially act as a buffer against other risks that are commonly found among LGBTQ youth but were not reported by the participants in this study (e.g., homelessness).

Substance abuse. Another major contradiction to previous literature is the fact that the majority of youth in this study did not express disproportionate substance abuse issues. One youth expressed never using drugs or alcohol. Two of the youth expressed previous increased alcohol use, but have cut down their drinking habits. For example, one youth divulged, “Yeah (laughs). I drank about a week ago. But other than that I have cut down a lot. I usually drink once or twice a month. I used to drink like all the time, but I have cut down a lot” (Participant 1, 2015). However, the majority of youth (six out of nine) stated minimal drinking habits, only drinking “occasionally”, at parties, once or twice a month, or only when they are emotional or around friends. Therefore, these particular youth may not be using alcohol at disproportionate rates compared to their heterosexual and/or cisgender counterparts, as portrayed in research (e.g., Marshal et al., 2008). Overall, with the exception of the two youth who heavily used alcohol at one point in their lives, the majority of youth in this study contradict earlier literature regarding alcohol dependency as a risk. It can be concluded that for this group of LGBTQ youth, alcohol would not be a risk predominantly impacting their lives, but it was present within their lives from time-to-time.

In terms of drug use, three out of nine youth have at least tried marijuana before, and four of the youth said they do not use drugs. One youth used marijuana before on a daily basis but had recently stopped. Similarly, another participant reported previously

using marijuana heavily but did so less now, and also indicated using ketamine and ecstasy, but has stopped using these drugs. The youth who had previously used marijuana excessively stated, “I used to. I do not anymore. It was just marijuana. It got to the point where it was once a day... I saw what was happening to other people, and was like – ‘never-mind’” (Participant 9, 2015). The other youth who used marijuana excessively and other hard drugs stated,

So I used to [use drugs]. I am recently clean of ketamine. I am 31 days clean now (very proud). I used it for about a year...I used ecstasy before that, but I was clean one to two years before ketamine. In between that I smoked weed, I still smoke weed. I only smoke once and a while as of September...Before it was like once you were sober we would get high again... I was spending \$60 – \$100 a week on pot, but now I put it towards other things (Participant 1, 2015).

Thus, the majority of youth have never used drugs, do not use drugs anymore, or use drugs minimally, which differs from what has been reported in existing literature (e.g., Bowers et al., 2015). Reflective of previous research on substance dependency (e.g., Goldbach et al., 2014), two of the youth reported being dependent on drugs or alcohol at one point in their lives, but not at the time of the interview. Similar to the findings from this study on alcohol use, it would appear that a disproportionate rate of illicit drug abuse was not found within these particular LGBTQ youth, and although the use of drugs has been present in some of the youth’s lives, it would not appear to be a major risk for this group of youth.

Other findings. Although participants expressed various living accommodations, none of the youth in this study reported being homeless, which differs from the somewhat

high rates of homelessness among LGBTQ youth found in previous research (e.g., McBride, 2012; Rice et al., 2013; Walls et al., 2009). Also, the majority of youth in this study stated that they do not get into trouble with friends, nor did the majority have contact with the criminal justice system or police. Some youth expressed being in contact with the police for positive reasons (i.e., police attending the Open Doors drop-in meetings). Only one youth reported being charged with minor criminal offences. Arguably, getting into trouble or being in contact with the police and criminal justice system in a negative manner is not a risk among this particular group of LGBTQ youth. The main risks faced by the majority of participants in this study (and were noted in previous academic literature) included difficulties at school, small peer groups, and difficult childhoods. The impact of the combination of minority stress and these risks, occurring in an additive fashion, may cause LGBTQ youth to be vulnerable to, or to actually experience, a number of negative mental health and well-being outcomes.

Negative Outcomes as a Result of Stressors and Accumulated Risk

Participants talked about the following mental health and well-being outcomes during the identity section. In the presence of other risks (e.g., difficulties in school), these mental health and well-being concerns may become heightened for these youth. In keeping with the theoretical model discussed throughout this thesis, because the participants face minority stress by reason of being LGBTQ, their vulnerability to other risks may become increased and lead to negative mental health and well-being outcomes.

Three youth see the challenges that they face as unrelated to their identity, whereas five youth stated that some of their experiences are related to their identities, and some are not, in both positive and negative ways, and one youth was unsure of the

relation between their experiences and identity. Of importance, those who expressed that their experiences are related to their identity discussed these primarily in terms of their victimization, mental health issues (i.e., depression, anxiety), or social isolation, which are common reasons for negative outcomes discussed in previous literature (see Grossman & D'Augelli, 2006; Kitts, 2005; Robertson, 2014; Ryan et al., 2010; Taylor & Peter, 2011). One of these youth reflected on this connection:

...Social struggles related a lot to not fitting in, which has a lot to do with being LGBTQ. And a lot of mental health problems were a lot about LGBTQ issues, not being able to come to terms with it, and not being able to accept yourself...(Participant 2, 2015).

Issues with participants' well-being also became prevalent when the youth were discussing experiences of stressors, negative reactions, or victimization from others regarding their identities. Six of the youth reported either self-harming, becoming angry, isolating themselves or closing off to others, developing eating disorders, or generally being deeply affected from others' reactions to their identity. However, two of these youth, along with the three other youth have indicated that they try not to let others' reactions bother them. One youth said,

I brush it off. For me, a lot of people say bisexuals are not really a real thing, and I sit here and say like, 'well, then how do I have attractions to males and females?'

I do not let them get to me, I have too much on my plate and love is love, and that should not affect anyone else (Participant 9, 2015).

Another stated, "I have learned to deal with it through realizing that all that should matter is my opinion and I cannot change peoples' opinions" (Participant 7, 2015). Also

accepting that negative reactions or experiences, discrimination, victimization, among others, are bound to happen, one youth indicated that, "...now when that happens sometimes it hurts just as much, but I am more likely to get over it faster, because that is on them, not me" (Participant 2, 2015).

Further, youth expressed well-being issues when hearing or facing homophobia and/or transphobia (forms of minority stressors), and stated that they felt hurt, fear, confusion that there are still homo/transphobic people, depressed or upset, violent, suicidal, shocked, and/or lonely. For the majority of youth, it is apparent that the effects of minority stress and stigma reported in previous literature are similar to that found in this study (see Bockting et al., 2013; D'Augelli, 2002; Ryan et al., 2007; Ryan et al., 2010). The youth in this study experienced a negative impact on their mental-health and well being, as well as feeling psychological distress as a result of homophobia and/or transphobia, minority stressors, or other risks. One youth reported feeling the following when they experienced homophobia and/or transphobia: "Triggered, belittled, worthless, it is pretty sad stuff. It can really affect your daily functioning when you feel like all your facing is some sort of hatred" (Participant 2, 2015).

Nonetheless, two participants used their emotions to try to change the amount of homophobia and transphobia perpetuated through society, and also to change how others deal with their emotions through sharing of experiences. One participant educates people about the impact of homophobia when they experience or hear it, as they expressed:

I think a lot of homophobia comes from actual hatred, but more-so an ignorance of knowledge. And I think if we always choose to fight the battle as if it is a battle, we are going to end up pushing people away that we could have educated.

So, I think it is important as a community to educate – instead of looking at it as a victim-offender relationship, look at it as a teacher and student relationship (Participant 3, 2015).

Further, the importance of helping other LGBTQ youth overcome harmful situations they have been in was highlighted and discussed by one of the participants:

I wanted to get out there for other people. If I am going through a shitty situation I want others to know, so they do not have to go through it alone... I was suicidal before and I never want anyone to feel like that or ever go through that. I put my emotions into other things to help people (Participant 1, 2015).

Taken together, the participants expressed emotions and experiences similar to that reported in previous research, illuminating the fact that they experience mental health and well-being issues because of their sexual and/or gender identities. Fortunately, all nine of the youth expressed having someone they can talk to about their struggles. Avenues of support for youth varied from youth workers, to family members, to friends. Nonetheless, as these youth experienced a number of negative mental health and well-being outcomes as a result of minority stressors and additive variations of risk (caused by their sexual and/or gender identity), there is inclination to believe that these youth would benefit from the use of an effective community program to assist in building capacity and resilience, like the Open Doors drop-in program. Perhaps they already had reaped these benefits by the time the interviews took place.

The Effectiveness of the Open Doors Drop-in Program

The main results that were analyzed to determine the effectiveness and success of the Open Doors drop-in program follow. The subthemes that were developed in this

section include: 1) feeling safe at Open Doors; 2) tools for building capacity and resilience must be learned; 3) feelings of empowerment; and, 4) feeling connected to other youth and programs. The results from this section will be evaluated against the concept of resilience, and more specifically, the literature pertaining to the elements of community programs that are beneficial for sexual and/or gender minority youth. During the interviews, it was overwhelmingly evident that the most of the youth thoroughly enjoyed responding to questions about the Open Doors drop-in program. Youth spoke very highly of Open Doors, although they also made comments about suggestions for improving the program.

In general, youth expressed and gauged the effectiveness of a program according to several criteria: 1) recognizing whether or not a program has helped build personal relationships and provide support to the youth; 2) if the youth experienced personal growth or learned something about themselves; 3) if the program made the youth feel happy and feel accepting or better about themselves; or, 4) if the program helped youth to become more social and make friends. The views of the participants regarding the important elements of a community program were consistent with previous research, which argues that offering social connectedness and ensuring youth feel they are not to blame for the negative treatment they may be experiencing are important components of programming for LGBTQ youth (DiFulvio, 2011; Eisenberg & Resnick, 2006; Higa et al., 2014). In congruence with how a youth would determine if a program has helped them, the following themes discuss the participants' perceptions of capacity and resilience, as well as other important factors (as discussed in previous literature) necessary for the success of community programs specifically for LGBTQ youth.

Feeling Safe

One consensus among the youth was that the Open Doors drop-in program provides them with a safe space, which is a key reason that the participants are comfortable with attending the program. This is consistent with findings from previous literature that outlines safety as an important aspect of community programs designed for LGBTQ youth (e.g., DiFulvio, 2011; Higa et al., 2014). All nine youth noted that the Open Doors drop-in program provided them with a safe space where they could be themselves. One youth credited this to the staff and volunteers who run the program, stating that, “The workers here care so incredibly about their youth that they would never let us be in danger. It is admirable, but also rare to get people who are so selfless and caring” (Participant 3, 2015).

In expressing the safety within the Open Doors drop-in program, one youth noted that the safe space provided allowed this youth to experience a social aspect they had not gotten elsewhere:

There was a lot of drama; I mean if you put a bunch of gay people together in a room there will be drama (laughs). It was the one place I could go and be social... it was a place for me to chill with other kids and do what normal high school kids do, and fight with other kids like high school kids do... I did not have the high school experience everyone else has, so I think if I did not go [to Open Doors] I would not have had that social outlet. (Participant 1, 2015).

From the tone of their answers during the interviews, it was easy to tell that youth take comfort in and appreciate the fact that the Open Doors drop-in program provided them with a safe space and environment. Providing a safe space for LGBTQ youth is one

aspect that makes the Open Doors drop-in program beneficial for participants, and could at least provide the means or the environment necessary for a community program to help build capacity and exercise resilience in youth, as similarly noted in previous literature regarding community organizations that support LGBTQ youth (see Meyer, 2003; see Shilo et al., 2015).

Tools for Building Capacity and Resilience Must be Learned

In order to probe for themes regarding resilience and capacity, the participants were asked questions pertaining to their perceptions regarding overcoming challenges and obstacles. The participants were asked about what tools and strengths are necessary to overcome the challenges they have faced as a result of being LGBTQ. Questions were posed in this way so that the youth participating could easily understand the question being asked, while also obtaining necessary elements of developing or achieving capacity and resilience. The majority of youth stated that they think people are not born with the necessities needed for overcoming challenges, but recognize that we can learn how to develop them. Three youth had mixed answers, in that two stated that we are not born with strengths and tools, but we are born with the ability to gain them. To illustrate, one youth stated,

When you are a child you do not know how to deal with someone telling you that you are an abomination...I think everyone is born with the capacity to learn how to deal with it, but it is if we want to reach for that capacity or if we are able to reach that capacity to overcome our obstacles and challenges (Participant 3, 2015).

On the other hand, one other youth stated that we are born with ability to overcome obstacles, but this ability can be challenged or diminished throughout one's life.

Regardless of whether or not youth thought people are born with strengths or tools, all youth stated that they could be learned, primarily through teaching and experiences, and with the help of the right services. Nonetheless, three youth stated that people must be willing to learn the elements needed to help themselves overcome challenges. For example, one youth stated, "...you have to be ready to learn it. If you are not ready to learn it you are not going to take anything in (Participant 7, 2015).

One participant highlighted tolerance as something similar to a tool: "One thing that may not necessarily feel like a skill or tool is tolerance of other people...As LGBTQ you have to be aware of tolerance in society because you need to know how it affects you (Participant 2, 2015). Although it is difficult to determine whether the tolerance this participant discussed needs to be developed by LGBTQ individual or society at large, the element of awareness associated with tolerance is something that must be developed by LGBTQ individuals, possibly lending itself as a tool needed for capacity or resilience.

These results reflect observations in previous literature regarding resilience, in that factors promoting resilience are not universal (Fergus & Zimmerman, 2005; Freitas & Downey, 1998; Morrison et al., 2014; Russell, 2005; Ungar, 2004). Thus, as described by the youth in this study, one must use their experiences and be open to learning tools and strengths in order to become resilient. Further, these results appear to be consistent with the idea that resilience is a final stage of positive development (Russell, 2005), in that the youth described having to get to a stage where you are willing to learn to overcome the challenges you are facing. Arguably, the tools and strengths that the youth

discussed in general could be protective factors that act as a precursor to resilience (Russell, 2005), and subsequently assist in fostering and exercising resilience. As some youth expressed having the right access to resources and programs as a way to learn the elements needed to overcome challenges, they alluded to the previously noted importance of community programs in providing LGBTQ youth the opportunity to build capacity and foster resilience.

Unfortunately, the questions pertaining to the necessities for building capacity and resilience were not specific enough to obtain distinct tools or skills from the participants. The questions posed regarding whether someone is born with capacity and resilience, or if it must be learned, were asked in general terms, rather than specifically in accordance to the Open Doors drop-in program. However, the following responses from the youth concerning obtaining skills or tools from the Open Doors drop-in program for overcoming barriers or struggles (arguably related avenues of the need for capacity and resilience) may shed light onto the things they have learned during their time in the Open Doors drop-in program.

The majority of youth (seven) reported feeling like they have been given the tools necessary for overcoming both barriers and struggles they may be facing in their lives by attending the Open Doors drop-in program, or were able to reinforce the tools they already had prior to attending the program. One of the participants stated that they have been given the skills to accept themselves and to cope with negative comments. On the other hand, two youth expressed learning nothing relating to overcoming barriers or struggles during their time in the Open Doors drop-in program.

The majority of youth who felt that they have been given tools commented on the fact that the Open Doors drop-in program is able to offer different resources to them (e.g., food services), other LGBTQ programs, and volunteer openings. To illustrate, one participant shared,

The one amazing thing is that I found Open Doors to be a wealth of knowledge on anything you could possibly need in the Durham Region. It is like a jumping point, so if you need someone to talk to, they have a list. If you want to volunteer or help for school hours, they have a whole book. It is really good because people do not know as much of what is out there. Now I am very knowledgeable or can share the knowledge with others, and it is like this group knows everything you need to know and you can have a good time too... (Participant 3, 2015).

This finding is similar to existing research conclusions pertaining to important aspects of community programs for effectively promoting resilience in LGBTQ youth (e.g., DiFulvio, 2011; Garmarel et al., 2014; Wagaman, 2014; Wells et al., 2013). Two youth stated that they have been given the opportunity to have fun, which helps with overcoming challenges they may be facing. For example, one youth stated,

I think a lot of the things we do in Open Doors to overcome how shitty we are feeling is active distraction...we do not always talk super deep at Open Doors, sometimes we are just there to have fun, and getting our minds off of what has made us so upset (Participant 2, 2015).

Another youth added,

...Most importantly, they have given me the tool to just sit back and laugh, which is the most powerful thing in the world. They are either telling really funny jokes

or playing fun games, or like having a discussion with the k-9 unit. We are always having fun here, and providing that to someone is one of the best opportunities someone could ever have (Participant 3, 2015).

This same participant continued to talk about the tools given to them for overcoming the struggles imposed on them because of being LGBTQ,

...I think I have been given the two most important tools to deal with those struggles, which are knowledge and love. I think that if you are educated it gives you almost like an intellectual self-assurance, but also gives you great power and great responsibility. I think educated people or people who want to educate themselves, or become more educated, are taking advantage of tools that are out there; and if you do not have to search for it it is amazing because you can help someone else that does not have that tool. And same goes for love. Love is one of the most powerful forces in the universe. You can make or break someone's whole day or life with love (Participant 3, 2015).

By providing the necessary skills, tools, or resources to the youth attending this program, these youth can develop resilience and begin mitigating their minority stress and accumulated risk, and eventually, reduce their mental health and well-being problems. This is one element of the Open Doors drop-in program that would prove the program effective for these youth.

Feelings of Empowerment

In terms of empowerment, all nine of the youth stated that the Open Doors drop-in program has empowered them to be comfortable with who they are. As important components of social connectedness, feeling empowered and comfortable with who you

are through connecting with similar or supportive people presumably mitigates the sexual stigma a LGBTQ youth may be experiencing (DiFulvio, 2011; Johnson et al., 2013; Meyer, 2003; Russell, 2005). To illustrate, one youth stated the following when asked whether the Open Doors drop-in program empowers them to feel comfortable with who they are:

100%. I still remember the first time I walked into Open Doors, which was about five years ago now, I walked in and it was just two workers and me. And the second I walked in there I felt like I found kindred spirits and people I did not have to worry about if they would accept me. That is the vibe that is constantly in the group. No matter who you find attractive and who you identify as, it is fine as long as you are a good person... (Participant 3, 2015).

Two youth described being inspired by other youth, as they can see how they empower themselves, which gives them hope that they can do the same. This finding is consistent with previous literature in that when youth are able to identify collectively, they can empower each other into conquering stigma and stress related to being LGBTQ (DiFulvio, 2011; Eisenberg & Resnick, 2006; Holmes & Cahill, 2004; Johnson et al., 2013; Meyer, 2003; Russell, 2005). Two of the participants also stated that the Open Doors drop-in program, in combination with other community programs, has helped them to feel empowered and comfortable with who they are.

In a similar vein, youth expressed experiencing social connectedness and recognizing that they are able to identify collectively, which have been outlined as important aspects of LGBTQ-specific community programs in previous literature (e.g., DiFulvio, 2011; Eisenberg & Resnick, 2006; Johnson et al., 2013; Russell, 2005). Five of

the youth stated that the Open Doors drop-in program has made them realize they are not alone, and that they are capable of making friends and relating to other youth. For example, one youth stated,

There is a shit ton of us. There are a lot of us. Everyone pushes into your head that you are not alone. Everyone is so adamant that it is not just you, so it makes you feel like you are an outcast. But you go to Open Doors then it is like nope, there is a ton of you. There are great people in there [Open Doors drop-in Program] (Participant 1, 2015).

Another youth said,

...I learned that I can talk to people and there are support teams out there, and that I am not the only person that is struggling in life going through the transition from female to male or male to female. And that I connect to other people and can make friends (Participant 6, 2015).

The social connectedness, collective identity, and empowerment afforded to these youth are consistent with the beneficial aspects of LGBTQ-specific community programs reported in minority stress theory and previous literature pertaining to improving well-being and fostering resilience in LGBTQ youth (Dickinson & Adams, 2014; DiFulvio, 2011; Eisenberg & Resnick, 2006; Johnson et al., 2013). Thus, it may be argued that these elements (social connectedness, collective identity, and empowerment) contribute to the effectiveness and success of the Open Doors drop-in program.

Feeling Connected to Other Youth and Programs

All nine of the youth confirmed that they have made some sort of connection to the other youth (in varying degrees) while attending the Open Doors drop-in program,

mainly in a social way. Additionally, two youth stated they had been in a dating-relationship with another youth attending the program. To illustrate these social connections, one youth happily explained,

Yeah... we became a close-knit group. Unfortunately we have drifted away and are trying to become adults. When we are together it is very much like a family reunion, which is a very unique experience because you are not walking into a program or a group of friends, it is very much like a family because we might not always get along, but at the end of the day you will do anything you can to make them feel amazing (Participant 3, 2015).

Previous literature stresses the importance of community programs in offering social connectedness to its attendees in order to foster resilience (DiFulvio, 2011; Eisenberg & Resnick, 2006; Higa et al., 2014; Meyer 2003). These results are also similar to research that indicates that community programs can be regarded as a family network, which subsequently works towards promoting resilience (Dickinson & Adams, 2014). Another youth stated, "I made plenty of friends with similar and different experiences" (Participant 2, 2015). In this sense, it can be interpreted that youth participating in the Open Doors drop-in program can walk away from the group feeling connected to others, through friendships or like a family, with those who have had similar experiences, or those who have different experiences based on varying sexual and/or gender minority identities.

Beyond connections with peers, all nine of the youth had been given suggestions or connections to other community programs for support and volunteer experiences. For example, one youth said,

...They [Open Doors drop-in program] got me involved with the AIDS Committee, where I got to volunteer a bit. And through Open Doors, I got to start working with Sex Youthality Campaign...so I am very fortunate that Open Doors set me up with that because it is one of my favourite things I get to do (Participant 3, 2015).

Another youth highlighted a connection to another community program for additional support, “They give you resources, yeah. Like PFLAG meets once a month and talks about struggles about coming out or being LGBTQ... Open Doors hooks you up with resources that you might need being a LGBTQ person...” (Participant 1, 2015). The Open Doors drop-in program even provided youth connections to health services, as one youth described, “Well my connection here was to CMHA (Canadian Mental Health Association). Well, and Colours...” (Participant 5, 2015). Clearly, the Open Doors drop-in program provides youth with meaningful connections to each other and other programs, which has been highlighted as significant factors in building resilience and capacity in LGBTQ youth by previous researchers (e.g., DiFulvio, 2011; see Meyer, 2003; Wagaman, 2014; Wells et al., 2013). The Open Doors drop-in program appears effective and successful at assisting youth in providing the resources needed to develop capacity and resilience through providing a safe space, helping youth feel empowered to be comfortable with themselves, and connecting the youth to each other and other resources.

In conjunction with this, seven of the youth stated that they could apply what they have learned in Open Doors in their community, whereas two youth were still unsure. This transferability of knowledge and education can be regarded as an indicative element

of the effectiveness of the Open Doors drop-in program, as it would help youth continue to exercise resilience once outside of the program.

Suggestions for Improvements

Although most youth spoke very highly of the Open Doors drop-in program, eight of the youth made suggestions to improve the program. The most common suggestion for improvement was running the program more than once a week. However, one youth expressed that having the program more often may be burdensome for the workers running the program. The next common suggestion was varying the topics or activities each week. With this, some youth suggested they would like more activities or guest speakers, whereas another youth stated that although they enjoy having fun, they would like to discuss issues more frequently. Other suggestions included consistency in leaders or transitions when new leaders are introduced and having allies attend the group more often. Expanding the age limit of participation was also a suggestion, in terms of both lowering the starting age, as well as expanding the cut-off age.

It is clear that these youth extremely enjoy attending the Open Doors drop-in program, and see the value in the continuation of the program. The suggestions from the participants indicate that there are no major shortcomings in the program, although, issues such as more availability and varying discussions and activities each week were highlighted.

Based on the results presented above regarding identity and related stressors, risk, and the effectiveness of the Open Doors drop-in program, one can draw some tentative conclusions from this study. More succinct and clear connections can be made between previous literature and the current study, as well as between three main themes. The

following section will detail these findings and attempt to answer the main research questions.

CHAPTER 5: DISCUSSION, LIMITATIONS, AND FUTURE DIRECTIONS

Due to the nature of this qualitative study, the answers provided by the participants were of course subjective. However, there were certain commonalities among the data that will be highlighted in this chapter. Subsequently, the limitations of this study will be discussed. This chapter will conclude with future directions for researchers interested in looking into the topics of minority stress, risk, and resilience among LGBTQ youth.

Discussion

The current research study is unique and presents timely findings as it provides information on sexual and/or gender minority identities and related stressors, risks, and the effectiveness of a community program at building capacity and fostering resilience in LGBTQ youth. It is significant that insights were gained from the perspective of these youth. This study sought to uncover what stressors and risks were experienced by sexual and/or gender minority youth, and whether or not a community program (i.e., the Open Doors drop-in program) was effective in building capacity and fostering resilience in LGBTQ youth. In doing so, this study attempted to use minority stress theory and the concepts of risk and resilience to shed light onto the lives of LGBTQ youth and the effectiveness of community programs specifically designed for these youth. These theoretical concepts were used together to frame this discussion in a way that outlines the idea that because of their sexual and/or gender minority identity, LGBTQ youth experience distal and proximal minority stressors, which makes them vulnerable to other variations of risks. The additive nature of minority stress and risk may expose LGBTQ youth to a variety of negative mental health and well-being outcomes. One venue to

combat this minority stress and risk is through building capacity and fostering resilience by means of a LGBTQ-specific community program.

The diversity in sexual and/or gender minority identities in this study allowed for a holistic understanding of LGBTQ experiences and opinions. Some of the participants in this study acknowledged the fact that they do not like putting labels on their identities, and are very open to exploring the different facets of gender. Regardless of how each youth identified, all nine participants stated that they have faced difficulties or struggles accepting their own identity. Most youth attributed this to not wanting to be different than everyone else. Transitional and biological issues, as well as passing, were the main personal struggles reported by transgender youth in this study. These youth expressed additional internal struggles, and increased difficulty passing because of the way society has characterized masculinity (through heteronormativity), which both are findings consistent with earlier research on transgender youth (Bockting et al., 2013). Thus, within the vulnerable group of LGBTQ youth, transgender youth are further marginalized. Other youth reported difficulties accepting themselves because of family circumstances, and one youth stated experiencing symptoms of internalized homophobia, one of the proximal stressors outlined in minority stress theory.

When asked about their coming out stories, several of the youth explained that they came out more than once, as their identities changed or were developed. The majority of youth experienced acceptance upon disclosure, which may be a result of changing times and more accepting attitudes among parents (see Grossman & D'Augelli, 2006). Fear and anxiety were expressed by many of the youth in conjunction with coming out, and one youth credited this fear to hearing horror stories from other LGBTQ youth,

which highlights a form of proximal stressors, expectation of rejection or perceived stigma.

The minority stressors outlined by Meyer (1995; 2003) (i.e., distal and proximal stressors) regarding actual prejudice-motivated events (enacted stigma) and expectation of rejection (perceived or felt stigma) were confirmed by youth in this study, but internalized homophobia was not discussed in-depth by youth, and concealment was not discussed at all. Further, the experiences of stress faced by these youth were thought by youth to be because of their sexual and/or gender identity, thus would be additive to any stress that their heterosexual and/or cisgender counterparts would experience. As noted, all nine of the youth said they did not feel safe on the street because of their sexual and/or gender minority identity. Youth expressed forms of distal and proximal stressors when discussing how the streets were particularly unsafe places, largely stemming from the anticipation of discrimination or victimization because of their sexual and/or gender identity. The youth described being treated differently than their heterosexual and/or cisgender peers after experiencing verbal harassment, behaviour changes after using the bathroom they were comfortable in, physical and sexual assaults, and fear of victimization because of the heteronormative and cisgender culture perpetuated through society. These claims of fear support the notion of the perpetuation of heteronormativity and heterosexual privilege within society, and reinforce the notions of distal and proximal stressors outlined in minority stress theory.

Results from the interviews with LGBTQ youth confirmed some of the risks that relate to being a sexual and/or gender minority, specifically, difficulties in school, small peer groups, and difficult childhoods. Consistent with the concept of risk as it pertains to

sexual and/or gender minority youth and school (Henrickson, 2007; Martin-Storey et al., 2015; Taylor & Peter, 2011), most of the participants in the present study had or currently face difficulties at school. Also, similar to previous discourse on risk regarding friendships and peer groups (Diamond & Lucas, 2004), just over half of the participants stated that they had a small group of friends, but almost all youth expressed that they look for support in their friends regardless of group size. Although youth looked for support in their close friends, the fact that they had small peer groups is indicative of risk found in previous literature. However, as it is difficult to tell if small peer groups were a negative factor for the participants, it may be concluded that this risk might impact the youth in this study to a lesser degree than what has been found in previous literature.

In terms of difficult childhoods, it is clear that some youth may have had issues within their families while they were growing up. Comparable to what was found in previous literature, the majority of youth in this study reported having conflict within their family, or had parents with substance abuse or mental health issues. It can be concluded that strained family relations may be a risk for the majority of these youth, but perhaps to a smaller degree than other risks, as some of the tensions were based on their parents' own difficulties, rather than the sexual and/or gender identity of the youth.

Surprisingly, the LGBTQ youth in this study reported the fact that they had decent relationships with one or both of their parents at the time of the interview, although some may have had issues with their parents in the past. These findings are similar to what existing literature has found, that often relations may be strained at times, but it is dependent on the parent's acceptance level (Higa et al., 2014; Samarova et al., 2013). Among these youth, most stated that at least one of their parents were mainly accepting

when they first came out to them, which may be why they have maintained decent relationships with their parents. Only one youth indicated that they do not speak to their parents as a result of conflict. Taken together, the majority of the participants were not deeply impacted by the risk that may arise from poor relationships with parents.

Interestingly, the disproportionate substance use and abuse as a risk for LGBTQ youth that was prevalent in earlier research (e.g., Duncan et al., 2014; Marshal et al., 2008) was not supported in the current study for most of the youth. All except one youth stated that they drink alcohol at least sometimes, but only two youth expressed dependency on drinking; these youth indicated that they have reduced this alcohol intake significantly. In terms of illicit drug use, nearly half of the participants said that they have never used drugs before. Those youth who have used drugs noted that it was typically only marijuana, and the majority only used marijuana on occasion. A small minority of youth who have used drugs expressed dependency on marijuana, and only one youth used hard drugs, like ecstasy and ketamine. Thus, these findings largely refute disproportionate substance abuse as a risk for these particular LGBTQ youth, as the majority of youth only use substances on occasion or never, which may be comparable to use by heterosexual and/or cisgender youth.

None of the youth in this study were homeless, which reveals a difference from previous findings on risk experienced by LGBTQ youth (McBride, 2012; Van Leeuwen et al., 2006). Also contrary to previous studies, the majority of participants said that they do not get in trouble, and have never been in contact with the police or criminal justice system in a negative way. Overall, the majority of youth in this study revealed instances of risk pertaining to difficulties in school and small peer groups, showed mixed results of

risk in terms of parental or familial relationships (i.e., rough or traumatic childhoods, but decent relationships with at least one parent at the time of the interview), and little to no risk regarding substance abuse and homelessness.

In keeping with the proposed theoretical model, because of how these youth identify, they reported being subjected to minority stressors (i.e., distal and proximal stressors) and some common risks. As a result, just over half of the youth expressed some negative mental health and well-being issues, as well as psychological distress, attributing the negative outcomes they experienced to their sexual and/or gender identity. These youth reported feeling angry, depressed, isolated, and deeply affected by the stigma around LGBTQ youth. Some youth also expressed instances of closing off to others, developing eating disorders, actually self-harming, and/or feeling suicidal as a result of the stigma, stress, and risks they experienced due to their sexual and/or gender identity. However, many of the youth had indicated that they have gotten to a point where they are able to disregard the negative treatment or stigma they experience and had someone to talk to when they needed support. This finding indicates the presence of resilience that may have been developed and fostered over time through experiences and/or community resources.

Thus, there is evidence from the responses given by the participants in this study to conclude that these youth were impacted by minority stress because of their LGBTQ identity. The distal and proximal stressors experienced by these youth made them more vulnerable to some risks, but not others. Nonetheless, the additive accumulation of minority stress and identified risks did cause the LGBTQ youth to experience negative mental health and well-being issues, whether it was directly from others' reactions to

their identities (i.e., distal stressors in the form of victimization or discrimination), reactions to homophobia and/or transphobia (i.e., proximal stressors in the form of perceived or felt stigma and internalized homophobia), or the additive effect of stress and various risks (i.e., school, small peer groups, etc.). Whatever the cause, or consequence (i.e., anxiety, distress, suicidal ideation), these LGBTQ youth have been inclined to develop or build capacity and resilience, perhaps alluding to the main reason for their attendance in the Open Doors drop-in program.

During the course of the interviews, for almost all youth, it was clear that as the interview progressed, the youth felt more comfortable discussing the topics in question. Many youth in this study were initially very sombre and seemed to have a difficult time discussing their childhood and background, but became more confident and happy as the interview progressed through to questions on the Open Doors drop-in program. Through discussion with the youth about the Open Doors drop-in program, it was noticeable that the youth held high regard for the program, and genuinely enjoyed coming to the group. The results may suggest that the Open Doors drop-in program is effective at building capacity and fostering resilience in these youth. The youth revealed many important aspects of the Open Doors drop-in program that were consistent with what previous research had discovered as crucial for community programs that provide youth with an outlet for building capacity and fostering resilience.

Several previous studies have indicated that community programs specifically for LGBTQ youth are important for building capacity and fostering resilience in youth so that they can overcome sexual stigma and minority stress (Craig et al., 2015; Dickinson & Adams, 2014; DiFulvio, 2011; Eisenberg & Resnick, 2006; Johnson et al., 2013;

Zimmerman et al., 2015). Taken together, the youths' experiences in the Open Doors drop-in program include many consistent findings that have been documented in previous literature as resilience promoting factors. The youth in this study noted that they felt exceptionally safe at Open Doors, and that the drop-in program provided them with a space where they could be themselves. Of importance, the youth repeatedly expressed feeling social connectedness and achieving a collective identity – both previously noted necessities for fostering resilience in LGBTQ youth through community programs (see DiFulvio, 2011; see Meyer, 2003; Wagaman, 2014; Wells et al., 2013).

There was also consensus among the youth that people need to learn the strengths and tools necessary for overcoming barriers and struggles faced within life, highlighting the desire for learning by the individual, paired with the assistance of services and resources. Through their involvement with Open Doors, the majority of participants agreed that they had been given valuable resources and knowledge that would help them overcome barriers and struggles, but also that they could apply these tools outside in their community. Not only did participants report connecting with other youth attending the program, but they also said that the Open Doors drop-in program has afforded them with an abundance of connections to other community programs and support outlets. Through the achievement of a safe space, helping youth feel comfortable with themselves, building social connectedness and a collective identity among youth, and by providing resources for participants, it can be concluded that the Open Doors drop-in program is effective and successful in building capacity and fostering resilience among LGBTQ youth. These qualities of community programs have been documented as important foci for developing capacity and resilience in sexual and/or gender minority youth who attend

LGBTQ-specific programs (see DiFulvio, 2011; Eisenberg & Resnick, 2006; Johnson et al., 2013).

The majority youth in this study expressed experiencing minority stress in the forms of distal and proximal stressors as a result of their LGBTQ identity and the sexual stigma and heteronormativity that exists in society. The risks prevalent in the lives of these LGBTQ youth included difficulties in school, small peer groups (although very important for support), and difficult childhoods. Evidently, the Open Doors drop-in program has proven to be an effective outlet for these LGBTQ youth. The Open Doors drop-in program has provided youth with a safe space, a sense of social connectedness and a collective identity, and, for most, the tools and resources necessary for overcoming barriers, which all contribute to building capacity and fostering resilience in LGBTQ youth. Through the analysis of this study, it becomes clear that the youth participating in the Open Doors drop-in program appreciate and enjoy the group, and have benefited from what the program has to offer in terms of resilience and personal growth. This study can make a contribution to existing literature in confirming some of central tenets of minority stress theory and variations of risk specifically found within LGBTQ youth. The present study further adds to the discourse on evaluations of community programs designed for sexual and/or gender minority youth, as the evaluation of the Open Doors drop-in program was taken from the perspectives of the youth who attend the program. Additionally, this study confirms important aspects necessary for building capacity and fostering resilience offered by LGBTQ-specific community programs.

Limitations

There are several limitations to the present research study. First, since there were only nine participants in this study, the results are not transferable or generalizable. A larger sample size would have allowed for a more comprehensive overview of minority stressors, risk, and resilience as it pertains to LGBTQ youth. However, since the study was conducted with a community organization, the study could only include volunteers from that specific Open Doors drop-in program, limiting the sample size to the availability of participants in that program. The experiences of the participants, coupled with the fact that youth were already participating in the Open Doors drop-in program, may pose another limitation to this study: selection bias.

The majority of the youth in this study indicated that they did not have substance abuse issues, and had relatively good relationships with at least one of their parents, which are indicative of at least the presence of protective factors, capacity, and resilience in these youth. Since the LGBTQ youth in this study were already participating in the Open Doors drop-in program – some for multiple years – these particular youth may already be exercising resilience by participating in a support-like group. In a sense, this sample was a self-selected group who already may have possessed or developed some resilience to a degree. As the age requirement of the study was 16 or older, perhaps some of the older youth attending the Open Doors drop-in program would have already had the tools necessary to exercise resilience gained through experience. The participants have already taken initiative to help themselves develop capacity and resilience, and thus may present their experiences in a different manner than those who have not already participated in a community program. Therefore, it would have been beneficial to study

more youth who have been involved for a shorter period of time, have not participated in community programs, or have not sought help for the stress, risks and/or mental health and well-being issues they experience as a result of their LGBTQ identity.

In terms of the nature of questions asked to participants, the present study did not ask any questions determining race or ethnicity. Consequently, the differences in experiences between racial and ethnic minority and non-ethnic minority LGBTQ youth could not be drawn in this study. Also, some of the questions asked to youth may not have been specific enough for them to divulge information pertaining to the theoretical concepts of minority stress theory, risk, and resilience. For example, questions posed to draw out the strengths or tools needed for overcoming challenges were not detailed enough to elicit specific examples of these necessities. Additionally, questions regarding peer groups and family relationships could have included more follow-up questions to obtain extra information on these possible risks. To make the questionnaire easy to understand, and to ensure that the interviews did not cause undue risk to the youth participating, some of the specificity of the central components of minority stress theory, risk, and resilience may have been lost.

Suggestions for Future Research

Future research addressing the effectiveness of community programs at building capacity and fostering resilience in LGBTQ youth should perhaps compare a group of sexual and/or gender variant youth who have already participated in LGBTQ community programs to a group of LGBTQ youth who have not. Future research should also more explicitly examine the differences between the multiple sexual and/or gender minority identities, paying special attention to the unique characteristics of each identity. To obtain

a larger sample size, future researchers could examine a variety of LGBTQ-specific community programs with similar missions or objectives (obtaining a sample from different regions, groups, etc.), or perhaps carry out the study over a longer period of time so that more participants in the program could be interviewed. It would also be interesting to consider the perspectives of heterosexual and/or cisgender individuals regarding their perception of the minority stress and risks that impact LGBTQ youth, to inquire about whether or not the social oppression faced by sexual and/or gender minorities can be mitigated.

While recognizing the importance of community programs for sexual and/or gender minority youth as an avenue for developing resilience, it is equally, if not more, important for there to be a shift in societal attitudes, thereby negating the need for resilience in LGBTQ youth. The current need for LGBTQ youth to exercise resilience in wake of heteronormativity and sexual stigma has been noted as a form of social oppression (Meyer, 2003). This social oppression shifts from society to the individual, causing failure to cope to be seen as an individual problem rather than a societal failing (Meyer, 2003). Proponents of minority stress theory posit that an intervention for preventing minority stress would be to change the stress-inducing environment LGBTQ youth are subjected to, that is, changing the perceptions and attitudes perpetuated throughout society (Meyer, 2003).

If society can change the environment in which sexual and/or gender minorities have been stigmatized, the experiences of these youth can be significantly improved. Breaking down the barriers and stigma attached to heteronormativity and heterosexual privilege must occur to allow sexual and/or gender minorities to experience equality

within society. However, as this may take years to achieve, LGBTQ-specific community programs remain a significant outlet for sexual and/or gender minority youth to find collective solidarity to foster resilience and improve their life experiences.

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APPENDICES⁸

Appendix A: Interview Questionnaire

Interview Questions

Principal Investigator: Kaitlin Fredericks
Research Supervisor: Dr. Carla Cesaroni, PhD
University of Ontario Institute of Technology
(905) 409-7658 (Kaitlin Fredericks) or (905) 721-8668 x 3693 (Ethics Compliance Officer)

Kaitlin.fredericks@uoit.net or compliance@uoit.ca REB File #: 14-141

Participant ID number:

Date of Interview:

Study Name: Risk and Resilience: The Impact of Community Programs on High-Risk LGBTQ Youth

I am going to begin by asking you a little bit about your personal life and your life growing up. I just want to remind you that if you don't want to answer any of the questions, that's okay and you can just let me know. If anything is not clear or you don't know what I am talking about, please let me know and I will try to explain it better. You can watch as I type in the answers to ensure that I am documenting what you say correctly, and that everything is typed and documented the way you want.

Please tell me as much as you possibly can and be as honest as you can, as your answers will be very helpful to me and this project.

Assessing Risk

1. Do you go to school? (If not, when was the last time you were in school?)
2. What is/was your experience like at school?
3. How many friends do you have? What are your friends like?
4. Do you ever get in trouble with your friends? (If yes, what kind of things have you and your friends done to get in trouble?)

⁸ The title of this thesis has been modified since forms were developed and interviews were completed. Thus, the forms used during the interviews will have a slightly different title than the final copy of this thesis.

5. Have you or any of your friends ever had contact with the police or the criminal justice system?
6. Do you drink alcohol? (If yes, how much or how often?)
7. Do you use drugs? (If so, how much, how often, and what kind?)
8. Who do you live with?
9. What is your relationship like with your parents/guardians?
10. How would you describe your childhood?
11. What was your neighbourhood like growing up?

Now, I am going to ask you some questions about your personal identity, and experiences regarding your identity.

Personal Identity Related Questions

1. How do you describe your sexual orientation and/or gender identity?
2. Have you experienced any difficulties accepting your own identity?
3. Can you describe your 'coming out' story?
4. Do you feel you are treated differently than straight/heterosexual/cis people within your school or community? (If yes, do you feel like the different treatment was due to stereotypes about [LGBTQ] individuals?)
5. We talked about your personal background/life and your experiences growing up, and about your sexual and/or gender identity. Do you think the challenges and experiences faced in your life are connected to your sexual and/or gender identity?
6. How have you dealt with or reacted to family's, friend's, or society's reactions to your identity?
7. Do you feel safe at school? At home? On the street?

8. What emotions have you felt when/if you were targeted by trans/homophobia?
9. Are there people you feel you can talk to when you are struggling with your identity or others' reactions to your identity?
10. Have you sought professional help for these struggles?

So, my last set of questions has to do with the "Open Doors" program. Please feel free to be as honest as you can, as your honesty can only make the program better, and the feedback for the Boys and Girls Club is important. Remember, no one will know what was said, or who said what, as your identity will be protected. Also, I do not work or volunteer for the Boys and Girls Club, I am a student researcher.

Role of the Boys and Girls Club - The "Open Doors" Program

1. How often do you attend the "Open Doors" program?
2. What may or may not keep you coming back to the "Open Doors" program?
3. Does the "Open Doors" program provide you a space where you feel safe?
4. How would you determine if a program has helped you?
5. Do you think someone is born with the strength or tools needed to overcome obstacles and challenges?
6. Do you think the strength or tools you listed are something people can learn?
7. What have you learned about yourself during your time in the "Open Doors" program?
8. Has the "Open Doors" program empowered you to be comfortable with who you are?
9. Have you been given any tools for overcoming barriers in the "Open Doors" program?
10. Do you feel you have been given the tools to deal with the struggles imposed on you by family, friends, or others caused by being (LGBTQ)?

11. Can you apply what you have learned in the program outside in your community?
12. Have you related and connected with any of the other youth attending this program?
13. Has the “Open Doors” program provided you with suggestions for other community programs? (i.e. provided outlets for additional support)
14. What would be a beneficial aspect to be added to the “Open Doors” program that you would find helpful?

Is there anything at all that I have not asked you regarding yourself or the “Open Doors” program that you would like to add?

Debrief and Conclusion

Thank you for talking with me today. There were a number of topics that we discussed that you may have found upsetting, or made you feel uncomfortable. How are you feeling right now? Do you feel that you are okay to leave? Would you like to speak with your youth worker, or can I call anyone else for you? If you feel distraught, your Youth Outreach Worker, Julie Chartier, is available on-site to support you immediately.

Thank you for participating in the research study, Risk and Resilience: The Impact of Community Programs on High-Risk LGBTQ Youth. If you would like to hear about the results of the study, or make any changes to your responses, please feel free to contact the researcher, Kaitlin Fredericks, at 905-409-7658, or at Kaitlin.fredericks@uoit.net. You can also contact my research supervisor, Dr. Carla Cesaroni, at Carla.cesaroni@uoit.net for study information. All participants are able to contact the researcher or the research supervisor and they will promptly provide an answer to your inquiry. Please contact the UOIT Ethics and Compliance Officer (905.721.8668 x 3693 or compliance@uoit.ca) if you have any questions or concerns about the ethics of this study or your right as a participant in this study.

Appendix B: Recruitment Flyer

RESEARCH STUDY VOLUNTEERS NEEDED! LGBTQ YOUTH AGES 16 +

WHO: I, Kaitlin Fredericks, am a student researcher from the University of Ontario Institute of Technology looking for LGBTQ youth ages 16 and older who attend the Open Doors program at the Boys and Girls Club to volunteer their time to be part of a research study!

WHAT: One-on-one interviews between you and the researcher, Kaitlin Fredericks, about your life and experiences as an LGBTQ youth, as well as your thoughts and opinions regarding the Open Doors program. Your responses will be kept completely confidential and anonymous. Only myself and my research supervisor, Dr. Carla Cesaroni, will have access to your answers from the interview. Your name will never be recorded and no one will be able to trace your responses back to you. During the interview, you are free to refuse to answer any question, and you are free to stop the interview altogether at any time.

WHERE: The interviews will take place at the Boys and Girls Club in a private space, with only you and myself (the researcher) present. Julie Chartier, your Youth Outreach Worker, will be on-site during the time of the interview.

WHEN: If you are interested in participating, you can either contact me, **Kaitlin Fredericks, at 905-409-7658 or kaitlin.fredericks@uoit.net**, or you may tell Julie Chartier, your Youth Outreach Worker, and she can give me your contact information and I will contact you to arrange a time.

WHY: I would like to understand if there is a relationship between personal experiences and sexual and/ or gender identity, as well as the experiences of LGBTQ youth participating in the Open Doors program. Participants would be helping to determine if the program is effective, and to improve the Open Doors program by providing useful, anonymous feedback about the program, which would benefit all present and future youth attending the program. Also, you will be contributing to academic research by helping to understand the experiences of LGBTQ youth and the supports LGBTQ youth may require.



**FREE \$15 TIM HORTON'S
GIFT CARD FOR
PARTICIPANTS**

University of Ontario Institute of Technology (905) 409 7658 (Kaitlin Fredericks) or (905) 721-8668 x 3693 (Ethics Compliance Officer) kaitlin.fredericks@uoit.net or compliance@uoit.ca REB

File #: 14-141

Appendix C: Consent Form

PARTICIPANT CONSENT FORM

Study Name: Risk and Resilience: The Impact of Community Programs on High Risk LGBTQ Youth

Principal Investigator: Kaitlin Fredericks, B.A.
Research Supervisor: Dr. Carla Cesaroni, PhD

University of Ontario Institute of Technology
(905) 409-7658 (Kaitlin Fredericks) or (905) 721-8668 x 3693 (Ethics Compliance Officer)

Kaitlin.fredericks@uoit.net or compliance@uoit.ca REB file #: 14-141

You have volunteered to participate in a study called, “Risk and Resilience: The Impact of Community Programs on High Risk LGBTQ Youth”. This form is provided to assist you in making an informed decision on whether or not you would like to participate in this study. If you have any questions about the information presented in this form, please do not hesitate to ask.

Researcher

This study is being carried out by Kaitlin Fredericks. If you have any questions about the study, please contact Kaitlin Fredericks at kaitlin.fredericks@uoit.net. Please contact the UOIT Ethics and Compliance Officer (905.721.8668 x 3693 or compliance@uoit.ca) if you have any questions or concerns about the ethics of this study or your right as a participant in this study.

Reason for Study

This study is being conducted in an attempt to understand the relationship between personal experiences and sexual and/or gender identity, as well as the experiences of LGBTQ youth participating in the Open Doors drop-in program at the Boys and Girls Club of Durham. Further, this study will assist in assessing the effectiveness and ‘success’ of the Open Doors program. An executive summary of findings from this study will be presented to the Youth Justice Service Director, Youth Outreach Worker, and other staff involved in the Youth Justice Service at the Boys and Girls Club of Durham.

What’s Involved

This study will involve an interview that will last approximately one hour. The interview will be recorded manually on a laptop by the researcher (Kaitlin Fredericks). At no point will the interview be tape-recorded. The questions will be asked in three related sections, primarily regarding your personal background and life experiences, as well as your experiences associated with your sexual and/or gender identity. This study will also include questions about the Open Doors program, specifically how the program has helped you to develop skills, and how it has provided you with support.

Confidentiality

The researcher (Kaitlin Fredericks) is not associated with the Open Doors program or the Boys and Girls club of Durham. No one other than the researcher and her research supervisor, Dr. Carla Cesaroni, will have access to information you provide, nor will this information prevent you from participating in the Open Doors program or other programs at the Boys and Girls Club. Your privacy will be protected and you can be sure that the information you provide can in no way be linked back to you. The information entered into the research laptop will not include your name, nor will your name be recorded in any way that can be linked back to the information recorded on the computer. The information you provide may be included in scientific research journals or scientific conferences, but never in a way in which you could be identified. Note that after the data has been used for this study, it may be utilized again in a secondary use of data, but only in an aggregate way and never in a way in which you could be identified.

Statement of Disclosure

I (the participant) understand that the information I provide is confidential and will never be revealed to anyone, except under the following circumstances: if I disclose information that reveals my plans to harm myself or others or information about any unknown emotional, physical, or sexual abuse to children. If revealed, the researcher (Kaitlin Fredericks) is required to report this information to the appropriate authorities.

Voluntary Participation and Withdrawal

It is your choice to participate in this study. At any time you may refuse to continue to participate, or stop at any time without explanation. You can also choose not to answer any particular question. Your refusal to participate will not impact your participation in the Open Doors program, or other programs offered by the Boys and Girls Club of Durham.

Potential Risks

Some of the questions the researcher (Kaitlin Fredericks) asks during the interview are personal and may make you feel uncomfortable or distressed. If you experience any sense of unease or discomfort, the researcher (Kaitlin Fredericks) will stop the interview and you can exit the study any time without penalty. The researcher and her research supervisor, Kaitlin Fredericks and Dr. Carla Cesaroni, along with the Youth Outreach Worker, Julie Chartier, do not anticipate that you will become distraught during the interview process; however, if you do feel uncomfortable or upset, there is a protocol in place by which Julie Chartier, your Youth Outreach Worker, will be available on-site to support you immediately.

Potential Benefits

By offering your help, this study has an indirect impact on you. Your help could provide understanding and insight to the experiences faced by LGBTQ youth, as well as how effective or successful the Open Doors program is. Your help can also potentially lead to the continuation or improvements in the Open Doors program for yourself and

future LGBTQ youth attending the program at the Boys and Girls Club of Durham. You will be given a Tim Horton's gift card for \$15 in appreciation of your time.

I am voluntarily choosing whether or not to participate in this study. My signature certifies that the information presented in this consent form has been explained to me and understood, and that I have decided to participate in this study. My signature also confirms that all of my questions regarding the information in this consent form have been answered to my satisfaction. I will be given a copy of this consent form to keep. By giving consent, I do not waive any legal right or recourse.

SIGNATURE OF PARTICIPANT

DATE

In my judgement, the participant is voluntarily and knowingly giving informed consent.

SIGNATURE OF RESEARCHER

DATE

Appendix D: Letter to Participants

INFORMATION FOR THE PARTICIPANT
Risk and Resilience: The Impact of Community Programs on High Risk LGBTQ Youth

Principal Investigator: Kaitlin Fredericks, B.A.
Research Supervisor: Dr. Carla Cesaroni, PhD

University of Ontario Institute of Technology
(905) 409-7658 (Kaitlin Fredericks) or (905) 721-8668 x 3693 (Ethics Compliance Officer)

Kaitlin.fredericks@uoit.net or compliance@uoit.ca REB file #: 14-141

Dear Participant:

There are a number of LGBTQ youth who attend community programs that seek to help and support these youth by providing the tools they need to overcome any challenges or struggles they may be facing. However, there is still a lack of information on how personal experiences of LGBTQ youth relate to their sexual and/or gender identity, and if community programs are in fact useful and effective for LGBTQ youth.

I, Kaitlin Fredericks, am a student at the University of Ontario Institute of technology. I, together with my research supervisor, Dr. Carla Cesaroni, am doing a study to find out more about the relationship between risk factors and sexual and/or gender identity, as well as the impact community programs have on high risk LGBTQ youth. This study is being carried out by our university and though the Boys and Girls Club of Durham is allowing us to come to and interview you, none of the staff here or anyone from the Boys and Girls Club is involved or will have access to your interview.

I will be asking you questions about your personal life, your experiences as an LGBTQ youth, and your experience within the Open Doors program. I will type your answers into my laptop computer, and you can watch me as I do so to ensure the answers are documented correctly. I will not be entering your name or any information that could identify you. At no point will the interview be tape-recorded.

You do not have to talk to me if you don't want to. You may stop answering the questions at any time. Some questions are personal, so you do not have to answer certain questions if they make you feel uncomfortable. The interview will take approximately one hour.

There is a small benefit to you, in that you will receive a \$15 Tim Horton's gift card. Also, there is an indirect benefit; by sharing your experiences, you will provide insight to

the experiences of LGBTQ individuals, if/how your sexual and/or gender identity has impacted your life experiences, as well as the effectiveness of the Open Doors drop-in program. Also, the information you offer on the Open Doors drop-in program can provide ways to improve the program, by discussing what is beneficial to you and what is not. By doing so, the program can be bettered to help you and future LGBTQ youth who attend the Open Doors drop-in program.

Only myself and my research supervisor, Dr. Carla Cesaroni from the University of Ontario Institute of Technology, will have access to your answers. The information you and other youth give me will be analyzed as a group, so your name will never be identified in the results. Nothing that can identify you will be documented, published, or reported. The information in the study will be stored at a locked location at the university.

If you have any questions about the study, or you would like to hear about the results of the study or make any changes to your responses, please feel free to contact me, the researcher, at **905-409-7658** or Kaitlin.fredericks@uoit.net. You can also contact my research supervisor, Dr. Carla Cesaroni, at Carla.cesaroni@uoit.net for study information. All participants are able to contact the researcher or the research supervisor and they will promptly provide an answer to your inquiry. Please contact the UOIT Ethics and Compliance Officer (905.721.8668 x 3693 or compliance@uoit.ca) if you have any questions or concerns about the ethics of this study or your right as a participant in this study.