



MONTCLAIR STATE
UNIVERSITY

Montclair State University
**Montclair State University Digital
Commons**

Theses, Dissertations and Culminating Projects

5-2019

Promoting Community-Based Affirmation for Diverse LGBTQ+ Youth

Lisa M. Chauveron
Montclair State University

Follow this and additional works at: <https://digitalcommons.montclair.edu/etd>



Part of the [Gender and Sexuality Commons](#)

Recommended Citation

Chauveron, Lisa M., "Promoting Community-Based Affirmation for Diverse LGBTQ+ Youth" (2019). *Theses, Dissertations and Culminating Projects*. 295.
<https://digitalcommons.montclair.edu/etd/295>

This Dissertation is brought to you for free and open access by Montclair State University Digital Commons. It has been accepted for inclusion in Theses, Dissertations and Culminating Projects by an authorized administrator of Montclair State University Digital Commons. For more information, please contact digitalcommons@montclair.edu.

PROMOTING COMMUNITY-BASED AFFIRMATION
FOR DIVERSE LGBTQ+ YOUTH

A DISSERTATION

Submitted to the Faculty of
Montclair State University in partial fulfillment
of the requirements
for the degree of Doctor of Philosophy

by

LISA M. CHAUVERON

Montclair State University

Upper Montclair, NJ

May 2019

Dissertation Chair: Dr. Jennifer Brown Urban

MONTCLAIR STATE UNIVERSITY

THE GRADUATE SCHOOL

DISSERTATION APPROVAL

We hereby approve the Dissertation
PROMOTING COMMUNITY-BASED AFFIRMATION
TO DIVERSE LGBTQ+ YOUTH

of

Lisa M. Chauveron


Candidate for the Degree:

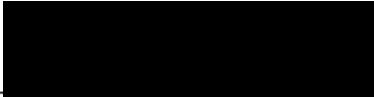
Doctor of Philosophy


Graduate Program:
Family Science and Human Development

Dissertation Committee:

Certified by:


Dr. Jennifer Brown Urban
Dissertation Chair


Dr. M. Scott Herness
Vice Provost for Research and
Dean of The Graduate School


Dr. Miriam R. Linver

5-14-19
Date


Dr. Brad van Eeden-Moorefield

Copyright © 2019 by Lisa M. Chauveron. All rights reserved.

Abstract

PROMOTING COMMUNITY-BASED AFFIRMATION

FOR DIVERSE LGBTQ+ YOUTH

by Lisa M. Chauveron

Growing evidence shows that offering affirmation to LGBTQ+ youth is critical to their well-being; yet, strategies providing affirmation at the community level of youth ecologies are woefully under-addressed in the literature. The studies in this dissertation help fill this gap, examining affirmation: a) in community-based programs, b) from people and communities, and c) in program evaluations. Paper One focuses on LGBTQ+ culturally competent service in community-based youth programs (CBYPs). An exploratory factor analysis uncovered the dimensions of such competency in a 3-factor model: Individual Knowledge, Individual Comfort and Practice, and Perceptions of Overall Agency Comfort and Practice. A new retrospective pretest posttest instrument was developed and tested to evaluate a cultural competency workshop. Paired samples *t*-tests revealed participant increases in knowledge and comfort serving diverse LGBTQ+ youth, and ratings of agency practices creating affirming environments. Paper Two examined sources and density of interpersonal supports (friends, family, caring adults), and contextual support (communities) for LGBTQ+ youth of color. Strongest support came from friends and parents/guardians, then siblings and adults in the community. For youth with more marginalized identities, other sources of support were more prominent after friends and parents/guardians; various patterns are discussed. Youth connected to different identities/expressions had varied likelihoods of accessing sources of interpersonal support and community support. Paper Three offered methodological considerations for evaluators in LGBTQ+-focused CBYPs through evaluation planning, implementation/data

management and analysis. Culturally competent evaluation affirms programs and participants, reduces inadvertent harm and promotes more methodologically sound, contextually appropriate work.

Keywords (5-7): LGBTQ+ youth, affirmation, cultural competency, community, youth of color

Acknowledgements

I would like to acknowledge some of the wonderful people who helped me complete my doctoral training and this dissertation. First, I thank my committee for their support both through the dissertation process, and throughout my doctoral education. I appreciate your time, dedication and encouragement. Working with Jen and Miriam in the RYTE Institute over the years has given me exposure to great projects, coworkers, ideas, and techniques, many of which have influenced my work. Miriam: You've been a constant cheerleader willing to offer excellent analytical expertise. Brad: You welcomed me to the world of queer theory and strengthened my knowledge of LGBTQ+ research. All three of you have been incredible editors, and I thank you for the time you've spent helping me shape my work. I give special thanks to Jen for advising me through the past five years. I offer deep gratitude for your unequivocal support. I also want to thank Jen Wilenta and the community of graduate students who shared critical support and encouragement throughout my time at MSU. I also give unending thanks to my family, "family" and friends for their love and constant support. I look forward to celebrating with you all and giving personal thanks to each of you for all you've done. It takes a village, and mine is the best!

Dedication

I dedicate this dissertation to my daughter, who is the light of my life. I hope that as she grows, she will follow her passions, seek wild adventure, and make her mark on the world. I also dedicate this work to the incredible youth in the LGBTQ+ community across the country who make the world better by just being themselves. Finally, I dedicate this dissertation to the caring adults and agencies who work tirelessly to support LGBTQ+ youth. Never doubt how much your work matters.

Table of Contents

Abstract	iv
Acknowledgements	vi
Dedication	vii
Chapter I: Introduction	1
Overarching Purpose.....	2
Theoretical Framing.....	3
Dissertation Research Questions.....	8
Chapter II: Enhancing Affirmation: Strengthening LGBTQ+ Cultural Competency in Community-based Youth Programs.....	9
Introduction	9
Literature Review.....	11
Methods.....	24
Results.....	28
Discussion.....	30
Conclusions.....	33
References.....	36
Tables.....	47
Table 1: Subscales and Items.....	47
Table 2: Intercorrelations among Subscales.....	48
Table 3: Means, Standard Deviations, and Changes Among Subscales from Pre- to Posttest.....	49
Chapter III: Interpersonal and Community Support for LGBTQ+ Youth of Color.....	50
Introduction	50

Literature Review.....	52
Methods.....	62
Results.....	68
Discussion.....	70
Conclusions.....	73
References.....	74
Tables.....	83
Table 1: Demographics.....	83
Table 2: Interpersonal Sources of Support.....	84
Table 3: Friend and Adult Support.....	85
Table 4: Friend and Adult Support.....	86
Chapter IV: Conducting Culturally Competent Evaluation for Community-based LGBTQ+- Focused Youth Programs: Methodological Considerations	87
Introduction	87
Considerations.....	88
Conclusion.....	96
References.....	98
Chapter V: Conclusion	104
References	108

Chapter I:
Promoting Community-Based Affirmation
For Diverse LGBTQ+ Youth

Introduction

A growing body of scholarship shows that providing LGBTQ+ affirmation in multiple contexts can mitigate negative outcomes (Russell, Pollit, Li, & Grossman, 2018). Affirmation, expressed through acts validating one's sexual and/or gender identity, can be offered in a number of ways, including the use of LGBTQ+ terminology, chosen names, or preferred gender pronouns (PGPs). Despite its importance, many contexts do not affirm youth marginalized by their sexual identity and/or gender identity or expression (GIE) (Craig, Doiron, & Dillon, 2015; Crisp, 2006; Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emllet & Hooyman, 2014). A considerable amount of literature has indicated that for young people commonly referred to as lesbian, gay, bisexual, transgender, queer/questioning, and less recognized sexual and gender identities and expressions (LGBTQ+) youth, interactions in different contexts can foster discrimination, stigma, rejection and challenges to social, emotional, and physical safety (Kosciw, Gretak, Palmer & Boesen, 2014; McGuire, Anderson, Toomey, & Russell, 2010; Roberts, Rosario, Slopen, Calzo, & Austin, 2013; Ryan & Rivers, 2003). However, affirmation in the context of community has largely been unexplored for youth marginalized by their sexual orientation or identity (sexual and emotional attraction), gender identity (internal concept of gender) and/or gender expression (presentation of gender identity) (Russell & Van Campen, 2011; Swendener & Woodell, 2017). Even less is known about experiences in the context of community for those LGBTQ+ youth who may face additional disenfranchisements associated with their racial, ethnic, socioeconomic, and immigration status (Toomey et al. 2017; Marshal et al., 2008). This

dissertation focuses on community-based LGBTQ+ affirmation through three papers. The studies herein address affirmation: a) in community-based programs, b) through supportive people and communities, and c) in program evaluations. Each uses a different combination of frameworks, including relational developmental systems meta-theory, bioecological theory, cultural competency, relational queer theory, and Bornstein's specificity principle as detailed below.

Overarching Purpose

As scientists, educators and purveyors of social change, developmental researchers and evaluators are positioned to generate deeper knowledge about the whole LGBTQ+ community rather than the White, middle-class members on whom much research is focused. "It is only when diverse perspectives are included, respected, and valued that we can start to get a full picture of the world, who we serve, what they need, and how to successfully meet people where they are" (Brown, 2018, p.144). To affirm all members of the LGBTQ+ youth community, diverse needs and experiences must be captured and addressed through research and practice.

The purpose of this three-paper dissertation is to promote understanding that ultimately supports the provision of affirming community contexts for diverse LGBTQ+ youth while bridging research and practice. In addition to enhancing scholarly knowledge, the goal is to provide tools and resources that can directly impact communities currently serving LGBTQ+ youth. The proposed papers build on each other by addressing affirmation in different ways. First, Paper One addresses affirmation by considering culturally competent systems of care in CBYPs. Focusing on the individual and agency, the paper addresses affirmation through the promotion of CBYP services with supportive attitudes, behaviors, policies and practices. With more calls for such competency, a proliferation of trainings has appeared. Problematically, most trainings have not been evaluated, leaving their impact and the processes of LGBTQ+ cultural

competency largely unknown.

Paper One deepens knowledge about the underlying dimensions of cultural competency to advance understanding about LGBTQ+ cultural competency. The paper also addresses the development of a valid, reliable evaluation tool, which is used to examine impact of a LGBTQ+ cultural competency training for providers at CBYPs. Paper Two advances nuanced developmental knowledge of LGBTQ+ YoC's experiences and needs in terms of sources of their interpersonal and community support. The study includes a heterogeneous group of youth from different sexual and gender identities, and examines variability accessing support within this understudied part of the LGBTQ+ youth community. The findings have real-world applications, allowing researchers, practitioners, policymakers, and interventions better knowledge about how to support diverse LGBTQ+ youth. Paper Three provides methodological considerations for culturally competent program evaluation in community-based LGBTQ+ youth programs. As more LGBTQ+ youth-serving programs are established and expanding, program evaluators will need to be equipped to understand and assess program effectiveness for a diverse population. To do so, evaluators will need the cultural competency to work with these agencies and design and evaluate program impacts. Together, these papers ultimately result in a cohesive set that meets the overarching purpose of examining community-based affirmation in programs, interpersonal and contextual support, and program evaluations. The papers use the theoretical framing described below.

Theoretical Framing

All of the papers are anchored in Relational Developmental Systems (RDS) meta-theory (Overton & Molenaar, 2015), which encompasses a number of aligned theories including bioecological theory (Bronfenbrenner, 1979). The papers use a lens of ecological systems

thinking, to conceptually capture the interplay between individuals and multiple levels of their contexts (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). RDS rejects split-reductionist approaches (e.g., nature/nurture) and considers individuals active, adaptive agents of change in their development throughout the lifespan. Using RDS as a framework for understanding development helps capture context, coaction, and complexity through five main features: 1) individuals are active agents of change shaping their own development through relative plasticity; 2) individuals “coact” with their environments, communicated as individual ↔ context, to advance development; 3) historical context and temporality are critical facets to understand development; 4) studying and incorporating the influences of culture and diversity is a key element of individual development; and, 5) generalizability is bounded and varied (Lerner, 2006; Overton & Molenaar, 2015). Since the papers in this proposal examine affirmation-related topics at different levels of youth’s ecologies, the RDS-bioecological theory framing is appropriate to capture developmental knowledge around LGBTQ+ affirmation.

In Paper One, the RDS meta-theory and bioecological theory are linked with the Cross Continuum of Cultural Competence (Cross, 1988; Cross et al., 1989) to support the provision of affirmation to LGBTQ+ youth in their communities. The Cross continuum describes an approach to cultural competency can aid in the establishment of affirming ecologies for diverse LGBTQ+ youth. Since RDS and bioecological theory together suggest that young people develop in context through coactions between themselves and their environments (Gottlieb & Halpern, 2002), ensuring that LGBTQ+ youth have access to safe, affirming supports throughout their ecologies is developmentally vital; the Cross framework offers a foundation of how to do that in a manner that is culturally resonant with LGBTQ+ youth. To position LGBTQ+ youth to thrive, researchers and practitioners must ensure that youth’s developmental needs are met with

appropriate people, resources, support, and services throughout their ecologies (Theokas & Lerner, 2010; Urban et al., 2010). For LGBTQ+ youth, this includes access to staff, programs, and community environments that understand their needs and experiences, particularly as influenced by their sexual and gender identities.

Providers in community-based youth programs (CBYPs) currently serve numerous LGBTQ+ youth, particularly in New York City, which is considered a major epicenter for LGBTQ+ youth. Accordingly, CBYP providers are positioned to promote positive development, but only if they are equipped to provide culturally competent systems of care. Paper One describes a community-based training designed to provide such LGBTQ+ cultural competency among CBYP providers as well the development of an instrument to capture LGBTQ+ cultural competency. In addition, an exploratory factor analysis examined the underlying dimensions of LGBTQ+ cultural competency in an effort to better understand it and use that to drive enhancement efforts.

A key strategy for building affirmative services in CBYPs is through trainings designed to enhance LGBTQ+ cultural competency among CBYP providers. These trainings aim to provide the knowledge and skills necessary to affirm LGBTQ+ youth individually and as an agency. Moreover, trainings can teach participants how to determine if their environments are affirming, through agency-wide staff knowledge about working with diverse LGBTQ+ youth, skills talking to and finding resources for diverse LGBTQ+ youth, and putting up safe space visuals to show that LGBTQ+ youth are welcome. In Paper One, the newly developed tool is used to assess participant changes from before to after a training for CBYP providers intended to strengthen individual and agency LGBTQ+ cultural competency.

In Paper Two, the RDS meta-theory and bioecological theory are extended with the addition of relational queer theory (RQT). RQT, a post-structuralist framework that emerged from feminist theory and critical theories (Halberstam, 2012; Munoz, 2009) expands feminist ideas regarding the social construction of gender to apply to sexuality and identity, which are considered unstable, fluid, and more robust than limited categorizations imposed by society (Jagose, 1996). To “queer” is to question the mainstream narrative of normalization, particularly the falsely dichotomized discourse of a) sexuality into heterosexuality and homosexuality in a manner which upholds heteronormativity, the assumption that heterosexuality is normal while other expressions of sexuality are not, and b) gender into a binary (Butler, 1990). By adding RQT to RDS, their tenants, including dynamism, relationalism, diversity, and the relevance of sociopolitical history are aligned to focus on development. The pairing also advances developmental conceptualizations of gender and sexuality in the context of resistance to social marginalization. In addition, the theory pairing can capture the powerlessness and privilege associated with LGBTQ+ identities coupled with racial, ethnic, immigrant, SES and other societal aspects of identity. Moreover, the application of RQT to RDS extends developmental framing of LGBTQ+ labels, identities, and expressions, including the rejection of all labels and identities, a concept that reacts against heteronormative ideas about sex and gender (Halberstam, 2012).

Work conducted through a framing that nests RQT within RDS can have real world applications, building knowledge, theory, and practice that meets the nuanced, contextualized needs resonant with the lived experiences of a diverse LGBTQ+ youth community. In fact, Bornstein’s principle echoes such a sentiment by rejecting a “one size fits all” approach to development (Bornstein, 2013; Bornstein & Cote, 2006), instead suggesting that *specific*

experiences provided at *specific* times can generate *specific* impacts on *specific* areas of development in *specific* ways (Bornstein, 2018, p. 2121). Bornstein goes on to explain that to adequately understand development, we must account for the fact that individuals experience events differently, in part because of who they are and how their sociocultural influences affect their perceptions and experiences of life events. Seen through an RDS-RQT lens, the interacting with the world as young person of color with fluid and/or societally marginalized gender and sexuality “performances” over the lifespan produces a collection of experiences with associated benefits and disadvantages that affect specific domains of development at different timepoints. Developmental scientists must see, value, and strive to understand the expansive spectrum of sexual and gender identities and expressions through which LGBTQ+ youth of color live their lives. The study in Paper Two takes a step in this direction by considering *who* LGBTQ+ YoC have as general support, *how much* sexual and gender identity specific support is available to them, and the likelihood of accessing sources of interpersonal and contextual support.

In Paper Three, the RDS meta-theory and bioecological theory is grounded in the framework established by the American Evaluation Association’s (AEA) competencies for evaluators. These competencies emphasize the need for program evaluators to act as culturally competent actors within the contexts of their work. Given the fact that LGBTQ+ youth have not historically felt welcome to participate in many mainstream youth-focused community-based programs, and have turned instead to the LGBTQ+ community for inclusive supports and services (Hetrick & Martin, 1988), these contexts are home to a growing number of young people from diverse racial, ethnic, economic, sexual and gender identities and expressions (Gamarel, Walker, Rivera, & Golub, 2014; McGuire & Conover-Williams, 2010; Russell & Van Campen, 2011). With the recent proliferation of community-based LGBTQ+-focused youth

programs, many of whose effectiveness is unknown (Toomey et al., 2017), more evaluators will need to the skills and knowledge to appropriately evaluate within these contexts. Accordingly, Paper Three provides some methodological considerations for the provision of culturally competent evaluation in community-based LGBTQ+-focused youth programs.

Dissertation Research Questions

Each paper's research questions are listed here, all of which are answered within each paper, shared in chapters two through four respectively.

Paper One has three research questions: 1) What are the underlying factors associated with LGBTQ+ cultural competency? 2) How well does the training evaluation instrument capture LGBTQ+ cultural competency? 3) Are there differences in training participant outcomes before and after the training on the identified factors?

Paper Two has four research questions: RQ1) What sources do LGBTQ+ YoC have to provide general support? RQ2) Do LGBTQ+ YoC have sufficient sexual and gender identity specific support from LGBTQ+ friends and adults? RQ3) How likely are LGBTQ+ YoC from different sexual and gender identities to have friends, family, or caring adults as sources of support, and is this support differentially available to youth marginalized by both their sexual and gender identities? RQ4) How likely are LGBTQ+ YoC from different sexual and gender identities to have strong community support, and is this support differentially available to youth marginalized by both their sexual and gender identities?

Paper Three has one research question: What are the methodological considerations for conducting culturally competent program evaluation in community-based LGBTQ+-focused youth programs?

Chapter II:

Enhancing Affirmation: An Examination of

LGBTQ+ Cultural Competency in Community-based Youth Programs

Introduction

A growing body of literature demonstrates that with appropriate support and affirmation, many negative health and mental health issues that may be experienced by lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ+) youth and other sexual (i.e., pansexual, fluid, omnisexual, asexual) and gender minorities (i.e., gender non-conforming, trans* experience, intersex) can be significantly reduced (Bockting, et al, 2013; de Vries et al, 2014; McGuire, Anderson, Toomey & Russell, 2010; Toomey, Ryan, Diaz, Card, & Russell, 2010). Community-based-youth programs (CBYPs) are positioned to provide such support and affirmation for LGBTQ+ youth through programming that focuses on mental health, physical health, social-emotional development, arts and recreation. Ultimately, such supports in CBYPs are meant to offer safe, healthy environments for youth. Providing affirmation by offering care and services resonant with youths' sexual identities, gender identities and gender expressions (GIE), is critical (Craig, Doiron, & Dillon, 2015; Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emler & Hooyman, 2014; Harvey, 2012; Wilkerson, Rybicki, Barber, Smolenski, 2011). One key strategy for building affirmative services is through practitioner trainings that aim to enhance LGBTQ+ cultural competency, providing the knowledge and skills necessary to affirm LGBTQ+ youth.

According to Cross and colleagues (1989), cultural competence is an approach to understanding and enhancing inclusiveness among service providers as individuals, agencies, and in systems. Offering culturally competent systems of care means implementing services with supportive attitudes, behaviors, policies and practices. As societal acceptance of LGBTQ+

people has grown, an increasing number of calls for such competency strengthening trainings have appeared throughout the literature (e.g., Hannsmann et al., 2008; Rye & Meaney, 2009). Accordingly, more community-based trainings have become available in the past decade (McIntyre, Daley, Rutherford & Ross, 2011). Although more available now, trainings are not always attended due to the lack of formal expectations or professional requirements that otherwise communicate their necessity (Bonvicini & Perlin, 2003; Corliss, Shankle & Moyer, 2007; Feldman & Goldberg, 2006). In fact, this absence fosters an unspoken perception that such expertise is optional (McIntyre et al., 2011). For those providers that do attend these trainings, effectiveness at improving cultural competency is unclear as most LGBTQ+-focused trainings have not been evaluated (Beach et al., 2005; Bhui, Warfa, Edonya, McKenzie, & Bhugra, 2007). As these trainings become more popular, so does the importance of understanding their effectiveness. So we can truly understand the effectiveness of such trainings, researchers and practitioners must understand the underlying constructs of LGBTQ+ cultural competency as well as the strategies that foster its attainment. Without information about training effectiveness, or the dimensions of LGBTQ+ cultural competence, both researchers and practitioners are left with questions about the process of bolstering LGBTQ+ cultural competency among community-based providers. The dearth of information similarly raises concerns about the likelihood of LGBTQ+ youth to receive the affirmation they need in community-based programs. These concerns are growing as CBYPs serve more LGBTQ+ youth and simultaneously become increasingly aware that the youth they currently serve include LGBTQ+-identified youth. To evaluate training effectiveness, and to understand LGBTQ+ cultural competency, both researchers and practitioners need access to valid, reliable tools to evaluate impact (Chang & Little, 2018) and enhance service quality, ultimately bettering the lives of LGBTQ+ youth.

The current study aims to generate knowledge about individual providers' and their perceptions of their agency's knowledge, comfort, and practices of LGBTQ+ cultural competency from participating in a workshop training. The three aims are: 1) determine the unique factors that comprise LGBTQ+ cultural competency, 2) develop an evaluation instrument to measure LGBTQ+ cultural competency, and 3) assess a specific training's impact on increasing LGBTQ+ cultural competency. To address the first aim, an exploratory factor analysis (EFA) was conducted to uncover factors of LGBTQ+ cultural competency. For the second aim, an investigation tested an evaluation instrument. Finally, to address the third aim, we examined change in participants on the EFA-identified factors to determine training impact. Together these aims move the field toward better a better understanding of how to effectively build the capacity of youth practitioners serving LGBTQ+ youth.

Literature Review

Building Culturally Competent Developmental Support

To effectively promote positive development in diverse clients, providers in community-based youth programs must be equipped to provide culturally competent systems of care. Since young people develop in context through coactions between themselves and multiple levels of their environments (Bronfenbrenner, 1979; Gottlieb & Halpern, 2002), both researchers and practitioners must ensure that youth have access to safe, affirming supports throughout their ecologies to be positioned for positive life trajectories. Youth thrive when their developmental needs are matched with sufficient types and amounts of environmental assets, including the people, support and services that “meet them where they are” (Theokas & Lerner, 2010; Urban et al., 2010). Moreover, to ensure that different spaces in the ecology have the assets necessary to

support youth as they grow, both individuals and agencies that work with youth must be equipped with assets for multicultural populations.

Supplying appropriate assets to meet youth needs is communicated by bioecological theory, as rooted in Relational Developmental Systems (RDS) meta-theory (Overton, 2013). Ecological systems thinking embraces multidisciplinary ideas, conceptually integrating multiple levels, from micro- to macro-systems, in which coactions between individuals and their contexts occur (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006). Such thinking supports programs that enhance youth strengths using contextually available assets. RDS provides a holistic framework for understanding development by recognizing: (1) the potential for individual change and plasticity; (2) individual ↔ context coaction as the engine of development; (3) the role of historical context and temporality; (4) the value of studying diversity; and, (5) the limits of generalizability (see Overton, 2015 for more on RDS). Additionally, RDS rejects split-reductionist approaches (e.g., nature/nurture, female/male) and includes the concept of relative plasticity in development, viewing individuals as active, adaptive agents in their development throughout the lifespan. Thus, the context, coaction, and complexity that occur in development are captured through the RDS framing.

Nested within RDS and the bioecological theory, the Cross Continuum of Cultural Competence (Cross, 1988; Cross et al., 1989) describes one framework to the establishment of affirming youth ecologies. The framework focuses on cultural strengths and examines how the system of care can effectively resonate with clients' cultural differences. Cross explains that the word "culture" is used to imply "a set of human behaviors that includes thoughts, communications, actions, customs, beliefs, values and institutions" of people from a similar group identified by their racial, ethnic, religious, or other social identity. By training co-actors

(staff at community agencies) in youth ecologies, youth can gain access to necessary support in their communities. Through the Cross framework, one of the most widely-embraced conceptual approaches of its kind, cultural competence includes the ideas, communication, actions, customs, beliefs, and values held by social groups (Cross et al., 1989; Lindsey, Robins, Lindsey & Terrell, 2009). This framework moves beyond an assimilationist or reductionist stance (that ignores or oversimplifies culture) to one that acknowledges dynamic differences, complexity, and fosters change necessary to support work in a multicultural world. According to Cross (1988):

A culturally competent system of care acknowledges and incorporates—at all levels—the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. (p.83).

Cross (1988) explains that cultural competency is an objective that agencies can strive to meet by going through a continuous process of self-reflection, re-education, training, practice adjustment and growth, even once proficiency is reached. To overcome obstacles inhibiting effective interactions with diverse people, scholars describe a cultural competence continuum (Cross, 1988; Cross et al., 1989; Lindsey et al., 2009) anchored at one end by “cultural proficiency” and “cultural destructiveness” at the other, with four points in between. The three points at the lower end of the continuum, “cultural destructiveness”, “cultural incapacity”, and “cultural blindness”, are barriers to cultural competency; in fact, they reflect varying degrees of resistance, a lack of awareness of culture and systems of oppression, and unacknowledged privilege limit connections to the cultural strengths.

Specifically, Cross and colleagues (1989) and Lindsey and colleagues (2009), describe the continuum, beginning with cultural destructiveness, the pervasiveness of attitudes, policies,

structures, and practices destructive to one or more cultural group(s). Examples include over undervaluing of one or more cultural groups through practices, policies, or service delivery. So, if a workforce agency was culturally destructive, it might communicate a message like “all people from X group are lazy”, felt by their engagement efforts or interpersonal treatment with people from that group. Next, cultural incapacity is the inability to respond to the needs, interests and preferences of diverse cultural groups. Examples include agency practices that privilege some cultural groups while devaluing others. Cultural blindness, as the name suggests, is the practice of considering all people to have the same needs and experiences, denying the existence of cultural differences. Examples include employing culturally homogenous staff and ignoring the systemic challenges faced by clients from different cultural groups. Cultural pre-competence is the presence of some awareness of the need to possess the knowledge and skills to respond to culturally diverse clients. Examples include a commitment to hiring staff that reflect clients through tokenism and/or the lack of a plan for overall cultural competence. In the cultural competence stage, agencies acknowledge and respect the strength offered to communities through cultural diversity. Examples include the presence of practices that integrate cultural competence into agency culture, and the allocation of time and funding to continuous self-assessment and improvement. Finally, at the cultural proficiency stage, agencies demonstrate culturally-grounded approaches to all aspects of work, including hiring, service delivery, and policies. The continuum’s dynamic stages of proficiency include pre-competence, competence, and proficiency, through enhanced engagement with different individual and group cultures that ultimately ends with a lifelong commitment to reflecting, learning and adapting as needed. According to Cross (1988), cultural competence is a process that develops such that organizations may be situated at different levels of awareness, knowledge and skills along the

cultural competence continuum; individuals, agencies and systems can simultaneously be at or move to different places on the continuum. Understanding these positions helps individuals and agencies understand where and how to improve their practice to better serve multicultural clients.

LGBTQ+ Affirmation among Service Providers

With an estimated 1.3 million LGBTQ+ youth in the United States (Centers for Disease Control and Prevention, 2017), organizations with youth-serving programs across the country should be equipped with effective inclusion strategies to promote positive development in this population. Though considered an important aspect of professional practice (e.g., Institute of Medicine, 2011; National Association of Social Workers, 2015), a number of youth-focused programs do not employ the cultural competency specific to the needs of LGBTQ+ youth clients (Logie, Bridge, & Bridge, 2007). Community-based youth program staff arrive at community work from a variety of professional backgrounds, including social work, education, public health, counseling, and psychology; undergraduate and graduate programs in all of these areas have faced various criticisms for not providing sufficient training for future graduates to effectively serve LGBTQ+ clients (Case, 2012; DePaul, Walsh & Dam, 2009; Gonzalez & McNulty, 2010; Obedin-Maliver et al., 2011). Moreover, while youth-focused programs offer different combinations of engaging programming, caring adults, social services, and safe places aimed at diverse youth, many provide inadequate service to LGBTQ+ youth (Minter & Daley, 2003). Accordingly, LGBTQ+ clients are left to “expect ignorance at best and judgmental comments or behavior at worst” (Heyes, Dean, and Goldberg, 2016) when seeking care (Mueller, 2018, p. 16). Therefore, trainings to teach staff how to affirm LGBTQ+ youth are needed.

Providers in an array of different types of programs lack the knowledge, comfort, and practices to deliver competent care to LGBTQ+ youth (Kosciw et al., 2014; Minter & Daley,

2003; Xavier, Bobbin, Singer, & Budd, 2004). Youth from this demographic often report discriminatory or uncomfortable encounters with social service and health providers; in fact, some youth even indicate that providers have denied services or victimized them (Durso & Gates, 2012; Hoffman, Freeman & Swann, 2009). In positive youth development programs specifically, that offer social-emotional, arts, and recreational programming, less is known about the experiences of LGBTQ+ youth; however, historical evidence suggests that youth experience similar treatment. The disconnect between providers and LGBTQ+ youth experiences translates to programming that does not meet youth experiences, interests and needs, policies that do not address them, and staff who are not fully equipped to serve them (Chauveron, Karras Jean-Gilles, Fay, Rivera, & Rose, 2014). Many LGBTQ+ youth “vote with their feet” and choose not to participate in such programs (Russell & Van Campen, 2011).

Even where providers want to serve LGBTQ+ youth well, they are often not equipped to do so. Service providers can be confused about LGBTQ+ terminology (Durso & Gates, 2012; Rutherford et al., 2012), and the distinction between sex and gender (Hanssmann et al., 2008). Providers can be unclear about GIEs beyond the male/female binary, as in the case of the spectrum of youth whose GIE differs in some way from the sex to which they were assigned at birth (Carroll, Gilroy & Ryan, 2002; Beckstead & Israel, 2007; McIntyre et al., 2011), like with gender non-conforming or genderfluid youth who reject categorization, or youth of trans* experience (Kualanka et al., 2018), who currently identify or previously identified as transgender. Providers may have difficulty understanding the continuous evolution of LGBTQ+ labels, identities, and expressions--or in some cases, the rejection of all labels and identities--a concept that deviates from heteronormative ideas about sex and gender (Halberstam, 2012). Further, since LGBTQ+ identity may not be visibly apparent, as in the case of SO and some

GIEs (Chaney & Marzsalek, 2014), providers may inadvertently discount the diversity of the youth they serve.

Affirming Diverse Youth through Trainings

Though limited information exists about the content, structure, and impact of trainings that build LGBTQ+ affirmation (Hannsmann et al., 2008), what is known suggests that trainings enhance knowledge and skills on sexual and gender identity distinctions and term definitions, descriptions of LGBTQ+ experiences, and identification of and strategies to meet LGBTQ+ youth's needs (Beach et al., 2005; Bhui et al., 2007). Often, discussions of homophobia, biphobia, and transphobia, the fear of homosexuals, bisexuals and people of trans* experience respectively, are also included (McIntyre et al., 2011). Additionally, such trainings usually address the importance of respecting youth's chosen names and preferred gender pronouns (PGPs); new research shows that when they are used, they signal affirmation that has been linked to lower levels of severe depression and suicidality among transgender and gender non-conforming youth (Russell, Pollit, Li, & Grossman, 2018). However, when they are not used or devalued, thereby forcing youth to suppress their identity and expression, youth's mental and physical well-being outcomes decline (Thoits, 2011). Moreover, new research suggests that attending to the specific experiences among youth of trans* experience can be important for reducing their suicide rates (Toomey, Syversten & Shramko, 2018), which are alarmingly high. One recent self-report study showed that of the 14% of youth that reported previous suicide attempts, most were among youth of trans* experience. Among six gender identity groups under the trans* umbrella, the study showed that female-to-male (FTM) youth had the highest rate of attempted suicide (50.8%), which was followed by non-binary youth that reject male-female categorization (41.8%), male-to-female (MTF) youth (29.9%), questioning (27.9%), transfemale

(17.6%), and transmale youth (9.8%; Toomey, Syvertsen & Shramko, 2018). Among nearly all respondents who also identified as a sexual minority, the rates were even higher. Notably, some trainings that address LGBTQ+ clients do not address issues relevant to youth of trans* experience or gender non-conforming youth, which can lead to program staff not using youth's PGPs and/or chosen names. Moreover, staff may either miss important opportunities for affirmation or potentially worsen outcomes for youth. In this way, programs may, perhaps unknowingly, reproduce the stigma and discrimination that non-binary youth face in society at large; in these cases, programs may create iatrogenic effects for these participants, actually doing harm.

Including Youth at the Margins of the Community

Problematically, most marginalized members of the LGBTQ+ community are often inadequately addressed in these trainings, including those connected to gender fluid, intersex, and gender non-conforming identities; especially when their experiences and those of LGBTQ+ youth are intersected with race, ethnicity, and immigrant status (Hannsmann et al., 2008). LGBTQ+ youth, already socially marginalized because of their age and sexual orientation or gender identity or expression may face additional disenfranchisement associated with the societal privileges and/or oppressions of their racial, ethnic, socioeconomic, and immigration status (e.g., Marshal et al., 2008). For instance, we know that though LGBTQ+ youth experience stigma (D'Augelli & Patterson, 2001), transgender youth face more than that of their LGB peers (Varjas et al., 2008). We also know that in many cases, youth of color (YoC) often experience greater amounts of stress and health disparities than their White peers; LGBTQ+ YoC may feel invisible, disrespected and discounted in LGBTQ+ spaces that employ White, Western norms

(McGuire et al., 2009). Accordingly, recommendations argue that providers must be equipped to serve clients from diverse LGBTQ+ backgrounds as part of a large spectrum of identities in the LGBTQ+ community.

Promoting Comfort and Practice Connecting with Diverse Youth

To promote affirmation for an array of LGBTQ+ youth in CBYPs, trainings can go beyond “LGBTQ+ youth 101” to address real-world application and advocacy (Corliss et al., 2017). For instance, since many LGBTQ+ youth have had negative experiences with service providers as mentioned earlier in this article, youth might expect that other staff and programs are similarly unwelcoming; providers may need advice on communicating otherwise to youth (Hadland, Yehia & Makadon, 2016). In addition, staff should be taught to talk to young people about their experiences and needs. Many providers have expressed discomfort talking to youth about sexuality and gender identity (Chauveron & Karras Jean-Gilles, 2015), which is problematic since young people want caring adults with whom they can talk about concerns, needs, and experiences (Kosciw et al., 2014). Therefore, in addition to focusing on knowledge and skills, trainings can foster comfort in the application of that knowledge and skills in real world settings.

In addition, the literature suggests that providers would benefit from learning specific strategies for transforming spaces into safe environments for LGBTQ+ youth. For instance, since research in schools indicates that many educators do not intervene when LGBTQ+ slurs or bias-based altercations occur (Kosciw et al., 2014), trainings have the potential to provide participants with skills and plans to manage similar incidents in CBYPs. Moreover, the importance of safe space visuals and/or rainbow flags should be explained and encouraged to be placed prominently in the program space to communicate to all youth and staff that the agency supports its LGBTQ+

members (Kosciw et al., 2014).

Agency Wide Systems of Care

To create a culturally competent system of care for LGBTQ+ youth, both individual staff and entire agencies must work towards competency; therefore, training should address both. Strengthening individual competency is important for staff at CBYPs in particular, where staff play key roles in program success (Eccles & Gootman, 2002), as they create and implement services (Bowie & Bronte-Tinkew, 2006), and in many cases develop programming menus and content. Therefore, staff may be able to make immediate changes with newfound knowledge and skills. They are also positioned to be ambassadors as well as allies, aiding their agencies in the adoption of culturally competent practices and highlighting areas in need of enhancement. Moreover, since Cross and colleagues (1989) note that cultural competence should be agency-wide, and continuously evaluated, individual staff can determine how well their agency practices affirm LGBTQ+ youth. Trained staff can identify and maintain successes, eradicate harmful or ineffective practices, and suggest new supports. Equipped staff can also share information about current practices around affirmation in CBYPs, a largely unknown area in the literature and among practitioners. Finally, to help staff beyond the scope of the training, address issues that may arise, and offer information to share with young people, trainings should include information about recommended local resources (Greytak et al., 2013; Hannsman et al., 2008).

Training for Community-based Youth Program Staff

New York City (NYC), the setting for the training described in the current study, remains a major epicenter for the LGBTQ+ community and is home to the largest population of LGBTQ+ youth in the United States. That community is also a microcosm of the most diverse city in the country, where residents speak around 200 languages, almost 40% are born overseas,

and includes the largest populations of Black and Latinx people in America (U.S. Census, 2017). Because one out of every 38 Americans resides in NYC, including 1.8 million under 18 years of age (U.S. Census, 2017), city-based programs can have considerable impact on LGBTQ+ youth and may offer implications for other diverse urban cities. NYC CBYPs serve thousands of LGBTQ+ young people, requiring that services be affirming. Though many agencies in NYC serve LGBTQ+ youth, most are served by non-LGBTQ+ specific spaces. A survey of social service providers representing CBYPs ($N=38$) currently assisting LGBTQ+ youth in NYC indicated that providers lack the skills and knowledge to support LGBTQ+ youth (Chauveron & Karras Jean-Gilles, 2015). On that survey, providers requested more training on LGBTQ+ issues for themselves, and a professional network of LGBTQ+ advisors that they and colleagues could call upon for knowledge, resources, and support. When asked to name the biggest barriers to meeting LGBTQ+ mental health needs in NYC, top responses included practitioners at their and other organizations not being: welcome to different sexual orientations (37%) or gender identities (34%), or youth-friendly (31%; Chauveron & Karras Jean-Gilles, 2015).

In response to social service providers' requests, the Hetrick-Martin Institute (HMI), the oldest and largest youth-serving LGBTQ+ organization in the country, created a training for providers to strengthen their knowledge and skills so as to enhance their practices thereby better serving LGBTQ+ youth. The mission of HMI's *Center for LGBTQ Youth Advocacy and Capacity Building* is to advocate on behalf of LGBTQ+ youth by influencing policy on local, national, and international levels, while helping to build the capacity of decision-makers, individuals, and institutions that serve LGBTQ+ youth. HMI's Center is dedicated to sharing best practices for working with LGBTQ+ youth in all aspects of their life and to increasing the capacity of youth-serving organizations to meet the specific needs of LGBTQ+ youth nationally

and globally. HMI's LGBTQ+ cultural competency trainings encourage self-examination of individual awareness, knowledge, beliefs, and behaviors around power and privilege (further detail provided in Methods section).

Creating a New Instrument

A 27-item survey was designed through a collaborative process between HMI and the project evaluator using both practice- and research-based information. The survey addressed individual ↔ context relational process of LGBTQ+ cultural competency by asking respondents to share their own knowledge, comfort and practice as well as their perceptions of their overall agency knowledge, comfort and practice. The retrospective pretest-posttest is a design wherein both pre- and post-measures are administered at the same single time point using the same tool (Bhanji et al., 2012). To assess change, the self-assessment instrument is administered at the training conclusion with directions to refer to items first from the perspective held before the training, and then from a post-training perspective. Studies have demonstrated that the retrospective pretest posttest has good validity, and in some cases, better validity than traditional pre-post designs (Bhanji et al., 2012; Howard, Schmeck & Bray, 1979).

Using a retrospective pretest posttest survey structure, sometimes called a then-test, can enhance the accuracy of program outcome assessments more than traditional pretest posttest designs (Marshall et al., 2007; Manathei, 1997). In part, this is because retrospective pretests can supply a more accurate measure of pre-intervention behavior than traditional pretests (Nimon & Allen, 2007). In fact, the concept was initially developed to reduce the threats to internal validity produced by self-assessments (Howard & Dailey, 1979). When participants do not have enough knowledge to correctly determine their behavior or knowledge before the intervention, they often over- rather than under-estimate their level of functioning, which reduces the influence of

program outcomes on traditional pretest posttest designs (Allen & Nimon, 2007). The retrospective pretest posttest is sensitive to potential response shift bias, a change in the internal standard used by participants to respond to items from the pretest administration to the posttest because of their newfound understanding of the concept being assessed (Howard et al., 1979); when trainings address complex topics, such bias is more likely to occur (Rockwell & Kohn, 1989). In addition, studies show that the retrospective pretest posttest has lower missing data rates and similar influence of social desirability and compliance with implicit task biases to traditional pretest posttests (Howard, Millham, Slaten, & O'Donnell, 1981). Finally, retrospective pretest posttests offer a practical, cost effective structure that reduces time used for evaluation administration; matching pre- and post-tests by participant can be logistically challenging for organizations, and requires greater costs, issues alleviated by having both the pre- and post-assessments on the same tool (Marshall et al., 2007). The retrospective pretest technique has been used in medical, training, organizational development, and educational interventions; advocates suggest that it could be beneficially used in a variety of interventions (Allen & Nimon, 2007).

The Current Study

The current study examines three research questions: 1) What are the underlying factors associated with LGBTQ+ cultural competency? 2) How well does the training evaluation instrument capture LGBTQ+ cultural competency? 3) Are there differences in training participant outcomes before and after the training on the identified factors? Together, the study determines the factors of competency, provides a measure of those aspects of competency, and applies the measure in a pilot study to reflect providers' aptitudes with those dimensions of individual and agency competency.

Methods

Participants

A subset of data collected for a program evaluation were analyzed, all of which used the new instrument to assess workshop effectiveness. The study sample included 152 training participants consisting of frontline staff from local CBYPs and government organizations. Participants could select from 12 different scheduled slots over a 4 month period in the same year, during which attendance ranged between 4-21 people ($M_{attendance} = 12.67$, $SD = 7.84$). All participants were over 18 years of age. Participants selected the range in which they fit at seven-year intervals starting at 18-24 going up to 59-66, such that $M_{range\ of\ age} = 25-31$ and $SD = 3.45$. To maintain confidentiality, demographics were not linked with individual surveys, but indicated that participants were ethnically diverse: 40% identified as White, 35% as Latinx, 20% as Black, and 5% as multiracial. Most identified as cisgender women (95%), followed by cisgender men (4%), with 1% being of trans* experience. Sexual orientation was not asked of participants. The diversity in the current sample is representative of staff at NYC youth-serving organizations (L.Rivera, personal communication).

Procedure

The retrospective pretest posttest was completed by each participant after each training session. Participants completed consent forms at the beginning of the training; surveys were administered and collected by support staff. Details regarding the training, followed by the measure, are provided below.

Training. The training, *Create Safe(r) and Inclusive Environments for LGBTQ Youth*, addresses terminology and models of gender and sexuality, experiences of stress and oppression,

and intersectionality within specific contexts (i.e., educational entities, out-of-school time youth programs, youth health programs) serving young people from childhood to late adolescence. Specifically, the training promotes cultural competence through increases in: knowledge of gender and sexuality; knowledge of and access to LGBTQ+-related resources; comfort discussing LGBTQ+ issues with diverse youth; self-awareness of personal and professional practices; communication with staff about LGBTQ+ youth needs; communication with LGBTQ+ youth about issues and needs; knowledge and comfort with best practices to promote safety and inclusion; and comfort with and intention to assess agency practices (see HMI.org for more information). The training is the first in a series of trainings offered by the agency in an effort to build systems of culturally competent care in CBYPs for diverse LGBTQ+ youth. The 4-hour long training incorporated educational techniques including group exercises, lectures, discussions, and provided materials and local resources through a curriculum designed by HMI and was led by a pair of three possible facilitators from the HMI Advocacy and Capacity Building team. The trainers were one male and two female cisgender (whose GIE matches their sex assigned at birth) LGBTQ+-identified people of color with between five and 15 years of training experience.

Measure

In this study, all items were developed for the measure. Both the retrospective pretest and posttest items were on the same physical page, a commonly used layout (Klatt & Taylor-Powell, 2005). The stem of the items on the retrospective pretest versus the posttest are slightly different as participants are asked to respond based on different points in time, but the remainder of the wording is the same. The survey has three sections of content, each described below. Participants

were asked to mark their reply thinking first about the response that best captures their perspective after completing the training on a 4-point Likert type scale ranging from strongly disagree (1) to strongly agree (4), and, using the same scale thinking about the response that best captures their perspective before the training.

Individual Knowledge. Eleven questions gauge individual provider knowledge about information, communication, and assessing organizational safety for LGBTQ+ youth. Four questions address LGBTQ+ terminology and issues, resources to support LGBTQ+ youth, five questions address communication with staff about LGBTQ+ youth needs broadly and those served in their program, as well as communication with LGBTQ+ youth from diverse ethnic, racial, ability, and immigrant backgrounds. Finally, two questions ask if the participant knows how to create a safe space for and examine their program's impact on LGBTQ+ youth in their organization; ($\alpha = .946$).

Individual Comfort and Practice. Six questions query the participant's comfort applying their LGBTQ+ knowledge. Three items address comfort having conversations with LGBTQ+ youth about sexuality, gender identity and expression and their experiences having conversations with LGBTQ+ youth of color. Two items address comfort assessing safety and using best practices for LGBTQ+ youth, and one item addresses comfort affirming LGBTQ+ youth; ($\alpha = .904$).

Perceptions of Overall Agency Knowledge, Comfort and Practice. Ten questions investigate participant perspectives about LGBTQ+ knowledge, comfort and practices of other staff and at their agency overall. The function of these items is to serve as an internal assessment of cultural competency in the agency overall as suggested by Cross and colleagues (1989). In terms of knowledge, three questions ask if the respondent thinks that overall agency staff

understand LGBTQ+ terminology, the varied needs of LGBTQ+ youth or know how to use best practices in their work. Another two items address the respondent's perception of overall agency staff comfort in having conversations with diverse youth. One item asks about perceptions of resource sharing, and two ask about understanding and acknowledging that LGBTQ+ youth participate in their programs. One item asks if respondents think that overall, agency staff are equipped to intervene if anti-LGBTQ+ issues arise, and another asks if safe space visuals are posted ($\alpha = .956$).

Analysis

An exploratory factor analysis (EFA) was conducted to surface connected factors investigating the underlying factors associated with LGBTQ+ cultural competency (Research Question 1; Fabrigar, Wegener, MacCallum, & Straham, 1999), with the aim of helping explain the dimensions of LGBTQ+ cultural competency for future research and application. Estimations provided by the EFA allowed us to balance which and how many factors are statistically significant with a structure that is theoretically appropriate for describing LGBTQ+ cultural competency through an examination of the posttest data; this approach is similar to those of other CBYPs assessments that have employed EFA with retrospective pretest-posttests (e.g., Story & To, 2016). Reliabilities and measures of internal consistency were run to verify the appropriateness of the instrument's ability to address LGBTQ+ cultural competency (Research Question 2). Participant outcomes were examined before and after the training by comparing means on each of the three EFA-identified subscales using paired samples *t*-tests; this approach allowed comparison of the differences on each subscale between the retrospective pretest and posttest scores (Research Question 3). Missing item-level responses were excluded from analyses. For the first scale, between one and three data were missing across items, for the

second between three and eight responses were missing, and for the last, between 10 and 22 were missing.

Results

First, an EFA examined the underlying dimensions of the relationships among the variables on the posttest items. The Kaiser-Meyer Olkin (KMO) measure of sampling adequacy (.864) exceeded the recommended 0.600 threshold and Bartlett's test of sphericity was significant ($\chi^2 = 2786.69$, $P = .000$), which indicates that the data was appropriate for EFA (Henson & Roberts, 2006; MacCallum et al., 1999; Tabachnik & Fidell, 2007). Principal axis factoring with a promax rotation and Kaiser normalization was used in SPSS. Promax rotation was selected in alignment with suggestions from Henson and Roberts (2006). This approach reduces the likelihood of inappropriately misconstruing the independence of components that, in the social sciences, are likely to be related to some degree. All eigenvalues were above 1; commonalities ranged between .418-.925, and rotation converged in 5 iterations. Initial analyses for the posttest returned a five-factor model, but an examination of the scree plot suggested that a model between three- and four-factors was more appropriate. The scree plot provides reliable criterion for factor selection when a sufficient sample size is used (Tabachnik & Fidell, 2007), as is the case in the current study. Some of the returned factors accounted for small amounts of variance, suggesting that a model with fewer factors might better explain the variance. The model was rerun twice—once for four and once for three fixed factors—replicating the extraction and rotation specifications of the first iteration. Ultimately, a three-factor model was determined to be the best fit when balancing the fit estimations with the practical, theoretically-grounded implications of how items grouped across the three-factor structure.

Underlying factors associated with LGBTQ+ cultural competency. With the

exception of two items (described below), the factors mirrored the item groupings as specified in the original survey design by the hypothesized factors, indicating strong overall alignment with Individual Knowledge, Individual Comfort and Practice, and Perceptions of Overall Agency Environment and Practice. Eigenvalues were above 1 with commonalities between .388-.813 (see Table 1) that explained 64% of the variance. On factor one, Perceptions of Agency Environment and Practice, 32.86% of the variance was explained by 10 items with loadings between .714-.897; on factor two, Individual Knowledge, 20.46% of the variance was explained by nine items with loadings between .644 - .853; on factor three, Individual Comfort and Practice, 10.41% of the variance was explained by eight items with loadings between .709 - .897. Each factor includes at least five items, which aligns with measurement recommendations (MacCallum et al., 1999). Though a small amount of total variance was reduced when the model included three factors, this was mitigated by the enhanced coherence and meaningfulness gained from this structure.

INSERT TABLES 1 AND 2 HERE

Two items originally designed as questions on the Individual Knowledge subscale that better loaded on the Individual Comfort and Practice subscale. The two items use the same stem, “I know how to”, and are, “Examine the impact of my program on LGBTQ+ people from diverse ethnic/racial backgrounds and/or people with disabilities” and “Have conversations with immigrant LGBTQ+ youth about their experiences” (see Table 2).

Capturing LGBTQ+ cultural competency. To answer the second research question regarding the ability of the instrument to capture LGBTQ+ cultural competency, the items in Table 1 were used to create subscales, each describing aspects of LGBTQ+ cultural competence in staff and their agencies. HMI staff reviewed the instrument for face and construct validity.

Construct validity was further supported by significant correlations on all subscales. On each factor, the items were normally distributed and demonstrated good reliability (see Table 2 for correlations). The items on each subscale were highly significantly correlated, indicating that they connect appropriately. Strong reliability was demonstrated for the instrument overall ($\alpha=.934$), as well as on each subscale: Individual Knowledge ($\alpha=.946$), Individual Comfort and Practice ($\alpha=.904$), and Perceptions of Overall Agency ($\alpha=.956$). Together, these indices suggest the strength of this instrument for assessing the efficacy of the workshop in increasing LGBTQ+ cultural competency.

INSERT TABLE 3 HERE

Impact of training. Training impact was examined to address the third research question. Paired samples *t-tests* were used to determine if participant scores on each of the three factors changed between pre- and post-training. Scores were calculated for each factor using item means. Results show that mean scores were statistically higher at the posttest than the pretest on all subscales. As illustrated in Table 3, Individual Knowledge ($t = -10.32, p = 0.000$), Individual Comfort and Practice, ($t = -13.37, p = 0.000$), and Perceptions of Overall Agency Environment and Practice, ($t = -9.03, p = 0.000$); see Table 3). Findings suggest that across all factors, participants left the trainings with greater LGBTQ+ cultural competency in terms of LGBTQ+ knowledge and exposure to diverse experiences, comfort with LGBTQ+ topics, ability to have conversations with youth and staff, and assessing supportive agency practices.

Discussion

The current study and the trainings provided aimed to answer calls for enhanced affirmation through competency strengthening trainings (Rye & Meaney, 2009). To provide the affirmation that can mitigate some of the negative health and mental health issues that LGBTQ+

youth may experience (Bockting, et al., 2013; de Vries et al., 2014; McGuire et al., 2010; Toomey et al., 2010), CBYPs and their staff must affirm LGBTQ+ youth through culturally competent systems of care (Cross, 1998; Hannsmann et al., 2008). Through an RDS meta-theoretical and bioecological theory lens, trainings like the one described herein can help CBYPs and their staff create those systems across youth's ecology, contributing to the environmental assets that inform positive development (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006; Lerner & Overton, 2012; Overton, 2013; Theokas & Lerner, 2010; Urban et al., 2010) for LGBTQ+ youth. Applying the same lens, we suggest that providing affirming systems of care in safe environments can foster beneficial coactions between LGBTQ+ youth and multiple levels of their environments. With more CBYPs both serving more (and becoming aware of) LGBTQ+ youth in their programs, they are positioned to offer developmentally beneficial assets to more LGBTQ+ youth; the lessons from this study offer support for the large population of LGBTQ+ youth in NYC with implications for other communities as well that work to serve LGBTQ+ youth across the United States (Centers for Disease Control and Prevention, 2017).

Though exploratory, the study had promising results. Findings show that a valid, reliable tool captures the dimensions of LGBTQ+ cultural competency, and that participants in HMI's *Creating Safe(r) and Inclusive Environments for Youth* experienced significant gains in cultural competency. Since the use of psychometrically sound instruments is critical to evaluation design (Chang & Little, 2018), ensuring that this and other trainings have access to appropriate tools was one of the study goals; we began to address this here and encourage more developed investigations on the tool for the future. Continued testing on and use of this tool can help indicate if trainings are effective, and in what domains; longitudinal data could also capture changes in these areas as societal perspectives on LGBTQ+ issues evolve or fluctuate. Moreover,

this tool has the potential to help answer questions in the literature and practice about the knowledge, comfort and practices of individuals and agencies around affirmation and LGBTQ+ culturally competent care for youth in CBYPs, which is largely unknown (Beach et al., 2005; Bhui et al., 2007). In this way, more youth-serving staff are better equipped with elements of professional practice (e.g., Bowie & Bronte-Tinkew, 2006; Institute of Medicine, 2011; National Association of Social Workers, 2015) through the employment of the cultural competency specific to the needs of LGBTQ+ youth clients (Logie et al., 2007).

The use of the retrospective pretest posttest design was a good choice for the instrument design. Its use reduced (but did not erase) missing data and threats to internal validity, providing a more complete picture of participant experience than with a traditional pretest posttest design alone, in line with previous studies (Bhanji et al., 2012; Howard et al., 1979). The use of this structure also reduced time and financial costs as well as burdens faced by CBYPs associated with matching separate pretests with posttests, easing administration and therefore increasing the likelihood of repeated use. Thus, the retrospective pretest posttest can be helpful for evaluations in CBYPs, commonly limited by time, staff, and funding (Marshall et al., 2007).

The EFA explored the underlying dimensions captured on the tool and found three constructs that mirrored the initial survey design. It appears that in this context, knowledge and comfort are related but separate experiences in providing affirmation for diverse LGBTQ+ youth. It is interesting that though two items were initially designed to address individual knowledge, regarding immigrant youth and understanding the impact of programs on diverse youth, the EFA indicated that they were better loaded onto the comfort and practice grouping. This finding suggests that in terms of real-world settings, these two topics have more to do with comfort and practice, or feelings and application, than information. It is possible that the

experiences addressed by these two items need explicit, different, or more attention in training to support providers.

In addition, the findings demonstrate that, in general, participants left the training with enhanced knowledge of gender and sexuality, LGBTQ+ terminology, and the spectrum of LGBTQ+ identities, a need identified by both practitioners and researchers (Durso & Gates, 2012; Rutherford et al., 2012). Staff were taught how to intervene when anti-LGBTQ+ remarks are made, and how to use best practices in their work. The training also included information about youth at the margins of community, including youth of trans* experience, and LGBTQ+ youth marginalized by their race, ethnicity, immigrant status, which is often missed in similar trainings (Hanssmann et al., 2008; Marshal et al., 2008). Moreover, the application of this knowledge may potentially have immediate effects, adding to the normative use of PGPs and chosen names that is associated with improved mental health outcomes (Toomey et al., 2018). Accordingly, these effects may help reduce the stigma, discrimination, and likelihood of iatrogenic effects that non-binary youth may experience in youth-serving agencies.

Additionally, the trainings helped individuals destigmatize conversations about sexuality, race, and gender with youth of diverse backgrounds. In this way, the training helped prepare staff to serve LGBTQ+ youth from an array of backgrounds and experiences. Participants reported increased comfort discussing LGBTQ+ issues with diverse youth and with staff about LGBTQ+ youth needs at their agencies. Individuals also gained knowledge of and comfort with best practices to promote safety and inclusion, key to affirmation. The training's focus on safety and affirmation beyond the individual to the overall agency proved useful for participants. Respondents left the training with a better a sense of how to assess their agency practices to ensure LGBTQ+ youth are affirmed, the continuous use of which is critical to cultural

proficiency (Cross, 1988; Cross et al., 1989; Lindsey et al., 2009). Tracking internal assessments may also offer a sense of the process of moving towards and refining achieved cultural proficiency in youth serving agencies over time, and may be useful to moving more agencies to cultural proficiency. More importantly, as individual staff and agencies become more culturally competent, they are able to become important sources of support for the positive development of some of the most marginalized LGBTQ+ youth.

The results suggest that the intent to effect youth practice is present, which increases the likelihood that participating individuals and agencies will provide safer spaces for LGBTQ+ youth. Though many participants were likely already bought-in to the idea of creating affirming spaces for LGBTQ+ youth, the training developed their skills and knowledge. Thus, it is clear that continuous training is necessary to make the systems change necessary to support LGBTQ+ youth across programs and agencies (Hannsmann et al., 2008).

Limitations and Future Directions

The findings here include self-report measures, and use a NYC-based sample, both of which have limits for generalizability. Further, since the current study was exploratory in nature, future research should investigate the instrument further, allowing generalizability beyond the current sample. Future studies could also examine the predictive validity of the measure and might apply confirmatory factor analyses on additional training data to further the investigation of the underlying constructs of cultural competency. Individual and agency demographics should be linked to surveys in those future studies to understand different participant group experiences in the training. Future implementations of the survey should also add a follow-up time point to determine how behaviors changed once participants went back to their agencies post-training.

Conclusions

To reach cultural proficiency, continuous training is critical to fully affirm LGBTQ+ youth across individuals and agencies throughout youth ecologies. Though the findings from the current study reflect knowledge and attitude changes, future studies could include external reports of observed behavior changes or include perspectives from other agency staff and/or youth to determine if and how affirmation occurs or is absent. Finally, it might also be useful to create a system to follow up on the agency assessments begun in these trainings to see if and how knowledge was applied. Such information can help programs and their staff affirm LGBTQ+ youth and ultimately support the positive trajectories of diverse LGBTQ+ youth in NYC and beyond.

References

- Allen, J. M., & Nimon, K. (2007). Retrospective pretest: A practical technique for professional development evaluation. *Journal of Industrial Teacher Education, 44*(3), 1-7.
- Beach, M. C., Price, E. G., Gary, T. L., Robinson, K. A., Gozu, A., Palacio, A., (2005). Cultural competence: A systematic review of health care provider educational interventions. *Medical Care, 43*, 356–373.
- Beckstead, L., & Israel, T. (2007). Affirmative counseling and psychotherapy focused on issues related to Sexual Orientation conflicts. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (pp. 221-244). Washington, DC, US: American Psychological Association. doi: 10.1037/11482-009
- Bhanji, F., Gottesman, R., de Grave, W., Steinert, Y., & Winer, L. R. (2012). The retrospective pre–post: A practical method to evaluate learning from an educational program. *Academic Emergency Medicine, 19*(2), 189-194. doi: 10.1111/j.1553-2712.2011.01270.x
- Bhui, K., Warfa, N., Edonya, P., McKenzie, K., & Bhugra, D. (2007). Cultural competence in mental health care: a review of model evaluations. *BMC Health Services Research, 7*, 15-32. doi: 10.1186/1472-6963-7-15
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943-951. doi: 10.2105/AJPH.2013.301241

- Bonvicini, K. A., & Perlin, M. J. (2003). The same but different: Clinician-patient communication with gay and lesbian patients. *Patient Education and Counseling, 51*, 115–122.
- Bowie, L., & Bronte-Tinkew, J. (2006). *The importance of professional development for youth workers*. Washington, DC: Child Trends, 13-24.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology*. (6th ed., pp. 793-828). Hoboken, NJ: Wiley.
- Chang, R., & Little, T. D. (2018). Innovations for evaluation research: Multiform protocols, visual analog scaling, and the retrospective pretest–posttest design. *Evaluation and the Health Professions, 41*(2), 246–269. doi: 10.1177/0163278718759396
- Carroll, L., Gilroy, P. J., & Ryan, J. (2002). Counseling transgendered, transsexual, and gender variant clients. *Journal of Counseling and Development, 80*, 131-139. doi: 10.1002/j/1556-6678.2002.tb00175.x
- Case, K., Iuzzini J. and Hopkins, M. (2012). Systems of privilege: Intersections, awareness, and applications. *Journal of Social Issues, 68*(1), 1-10. doi: 10.1111/j.1540-4560.2011.01732.x
- Chaney, M. P. & Marszalek, J. (2014). Sexual orientation and heterosexism. In D. G. Hays and B. T. Erford (Eds.). *Handbook for developing multicultural counseling competency: A systems approach*. (2nd ed., pp. 127-158). Upper Saddle River, NJ: Pearson Merrill Prentice Hall.

- Chauveron, L.M. & Karras Jean-Gilles, J. (2015). *Expanding systems of support for LGBTQ youth*. Technical report.
- Chauveron, L.M., Karras Jean-Gilles, J., Fay, M., Rivera, L. & Rose, B. (October 2014). *The PRISM Scan: Creating safe spaces for LGBTQ youth*. Poster presentation at the annual meeting of the Society for the Study of Human Development, Baltimore, MD.
- Craig, S. L., Doiron, C., & Dillon, F. (2015). Cultivating professional allies for sexual minority youth: A community-based educational intervention. *Journal of Homosexuality*, 62(12), 1703-1721. doi: 10.1080/00918369.2015.1078208.
- Corliss, H. L., Shankle, M. D., & Moyer, M. B. (2007). Research, curricula, and resources related to lesbian, gay, bisexual, and transgender health in US schools of public health. *American Journal of Public Health*, 97(6), 1023-7. doi: 10.2105/AJPH.2006.086157
- Cross, Terry. (1988). Services to minority populations: Cultural competence continuum. *Focal Point*, 3, 1–9.
- Cross, T., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care*. Vol. 1: A monograph of effective services for minority children who are severely emotionally disturbed. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.
- D'Augelli, A. R., Patterson, C. J., & Patterson, C. (Eds.). (2001). *Lesbian, gay, and bisexual identities and youth: Psychological perspectives*. New York, NY: Oxford University Press.
- de Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-

- Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics, 134*(4), 696-704. doi: 10.1542/peds.2013-2958
- DePaul, J., Walsh, M. E., & Dam, U. C. (2009). The role of school counselors in addressing sexual orientation in schools. *Professional School Counseling, 12*, 300-308.
- Durso, L.E., & Gates, G.J. (2012). *Findings from a national survey of service providers working with Lesbian, Gay, Bisexual, and Transgender youth who are homeless or at risk of becoming homeless*. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>.
- Eccles, J., & Gootman, J. (Eds.). (2002). *Community programs to promote youth development*. Washington, DC: National Academy Press.
- Fabrigar, L. R., Wegener, D. T., MacCallum, R. C., & Strahan, E. J. (1999). Evaluating the use of exploratory factor analysis in psychological research. *Psychological Methods, 4*, 272–299. doi: 1082-989X/99/S3.00
- Feldman, J., & Goldberg, J. M. (2006). *Transgender primary medical care: Suggested guidelines for clinicians in British Columbia*. Vancouver, BC, Canada: Vancouver Coastal Health Authority.
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emler, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work, 57*(2-4), 80-107. doi: 10.1080/01634372.2014.890690.
- Gottlieb, G., & Halpern, C. T. (2002). A relational view of causality in normal and abnormal

- development. *Development and Psychopathology*, *14*(3), 421-435. doi:
10.1017.S0954579402003021
- Gonzalez, M. & McNulty, J. (2010) Achieving competency with transgender youth: School counselors as collaborative advocates. *Journal of LGBT Issues in Counseling*, *4*(3-4), 176-186. doi: 10.1080/15538605.2010.524841
- Gorsuch, R. L. (1983). *Factor analysis* (2nd ed.). Hillsdale, NJ: Lawrence Erlbaum.
- Greytak, E. A., Kosciw, J. G., & Boesen, M. J. (2013). Putting the “T” in “resource”: The benefits of LGBT-related school resources for transgender youth. *Journal of LGBT Youth*, *10*(1-2), 45-63. doi: 10.1080/19361653.2012.718522
- Halberstam, J. J. (2012). *Gaga feminism: Sex, gender, and the end of normal*. Boston, MA: Beacon Press.
- Hanssmann, C., Morrison, D. & Russian, H. (2008). Talking, gawking or getting it done: Provider trainings to increase cultural and clinical competence for transgender and gender non-conforming patients and clients. *Sexuality Research and Social Policy*, *28*(1), 6-23. doi: 10.1525/srsp.2008.5
- Hadland, S. E., Yehia, B. R., & Makadon, H. J. (2016). Caring for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth in inclusive and affirmative environments. *Pediatric Clinics of North America*, *63*(6), 955-969. doi: 10.1016/j.pcl.2016.07.001.
- Harvey, R. (2012). Young people, sexual orientation, and resilience. In M. Ungar (Eds.), *The social ecology of resilience* (pp. 325-335). New York, New York: Springer.

- Henson, R. K., & Roberts, J. K. (2006). Use of exploratory factor analysis in published research: Common errors and some comment on improved practice. *Educational and Psychological Measurement, 66*, 393–416. doi: 10.1177/0013164405282485
- Heyes, C., M. Dean, and L. Goldberg. (2016). Queer phenomenology, sexual orientation, and health care spaces: Learning from the narratives of Queer women and nurses in primary health care. *Journal of Homosexuality, 63*(2), 141–155. doi: 10.1080/00918369.2015.1083775
- Hoffman, N. D., Freeman, K., & Swann, S. (2009). Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *Journal of Adolescent Health, 45*(3), 222–229. doi: 10.1016/j.jadohealth.2009.01.009
- Howard, G. S., & Dailey, P. R. (1979). Response-shift bias: A source of contamination of self-report measures. *Journal of Applied Psychology, 64*(2), 144.
- Howard, G. S., Millham, J., Slaten, S., & O'Donnell, L. (1981). Influence of subject response style effects on retrospective measures. *Applied Psychological Measurement, 5*(1), 89–100. doi: 10.1177/014662168100500113
- Howard, G. S., Schmeck, R. R., & Bray, J. H. (1979). Internal invalidity in studies employing self-report instruments: A suggested remedy. *Journal of Educational Measurement, 16*(2), 129–135. doi: 10.1111/j.1745-3984.1979.tb00094.x
- Institute of Medicine. (2011). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academies Press.
- Klatt, J., Taylor-Powell, E. (2005). *Using the retrospective post-then-pre design. Quick Tips #27. Program Development and Evaluation*. Madison, WI: University of Wisconsin-Extension.

- Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- Kuvalanka, K. A., Allen, S. H., Munroe, C., Goldberg, A. E., & Weiner, J. L. (2018). The experiences of sexual minority mothers with trans* children. *Family Relations*, 67(1), 70-87. doi: 10.1542/peds.2013- 2958
- Lerner, R.M. (2006). Developmental science, developmental systems, and contemporary theories of human development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development*. (6th ed., pp.1-17). Hoboken, NJ: John Wiley & Sons Inc.
- Lindsey, R. B., Robins, K. N., Lindsey, D. B., & Terrell, R. (2009). Cultural proficiency: Changing the conversation. *Leadership*, 38(4), 12-15.
- Logie, C., Bridge, T. J., & Bridge, P. D. (2007). Evaluating the phobias, attitudes, and cultural competence of master of social work students toward the LGBT populations. *Journal of Homosexuality*, 53(4), 201-221. doi: 10.1080/00918360802103472
- MacCallum, R. C., Widaman, K. F., Zhang, S., & Hong, S. (1999). Sample size in factor analysis. *Psychological Methods*, 4(1), 84. doi: 10.1037/1082-989X.4.1.84
- Manathei, R. J. (1997). The response-shift bias in a counsellor education programme. *British Journal of Guidance and Counselling*, 25(2), 229-237.
- McGuire, J. K., Anderson, C. R., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39(10), 1175-1188. doi: 10.1007/s10964-010-9540-7

- Marshall, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., ... & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addiction, 103*(4), 546-556. doi: 10.1111/j.1360-0443.2008.02149.x.
- Marshall, J. P., Higginbotham, B. J., Harris, V. W., & Lee, T. R. (2007). Assessing program outcomes: Rationale and benefits of posttest-then-retrospective-pretest designs. *Journal of Youth Development, 2*(1), 118-123. doi: 10.5195/JYD.2007.366
- McIntyre, J., Daley, A., Rutherford, K., & Ross, L. E. (2011). Systems-level barriers in accessing supportive mental health services for sexual and gender minorities: Insights from the provider's perspective. *Canadian Journal of Community Mental Health, 30*(2), 173-186. doi: 10.7870/cjcmh-2011-0023
- Minter, S., & Daley, C. (2003). *Trans realities: A legal needs assessment of San Francisco's transgender communities*. San Francisco: National Center for Lesbian Rights, Transgender Law Center. Retrieved September 29, 2006, from <http://www.nclrights.org/publications/transrealities0803.htm>
- Müller, A. (2018) Beyond 'invisibility': queer intelligibility and symbolic annihilation in healthcare. *Culture, Health & Sexuality, 20*(1), 14-27. doi: 10.1080/13691058.2017.1322715
- National Association of Social Workers. (2015). *Standards and indicators for cultural competence in social work practice*. Retrieved from <https://www.socialworkers.org/LinkClick.aspx?fileticket=PonPTDEBrn4%3D&portalid=0>
- Nimon, K., & Allen, J. (2007). A review of the retrospective pretest: Implications for

- performance improvement evaluation and research. *Workforce Education Forum*, 44(1), 36-55.
- Obedin-Maliver, J., Goldsmith, E. S., Stewart, L., White, W., Tran, E., Brenman, S., ... & Lunn, M. R. (2011). Lesbian, gay, bisexual, and transgender–related content in undergraduate medical education. *JAMA: The Journal of the American Medical Association*, 306(9), 971-977. doi: 10.1001/jama.2011.1255
- Overton, W. F. (2013). Relationism and relational developmental systems: a paradigm for developmental science in the post-Cartesian era. *Advances in Child Development and Behavior*, 44, 21–64. doi: 10.1016/B978-0-12-397947-6.00002-7
- Overton, W. F. & Molenaar, P. C. (2015). Concepts, theory, and method in Developmental Science: A view of the issues. In W. F. Overton & P. C. M. Molenaar (Eds.), Volume 1 of the *Handbook of child psychology and developmental science: Theory and method*. (7th ed., pp.2-8). Hoboken, NJ: Wiley.
- Rockwell, S. K., & Kohn, H. (1989). Post-then-pre evaluation. *Journal of Extension*, 27, 19-21.
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, 63(4), 503-505. doi: 10.1016/j.jadohealth.2018.02. 003
- Russell, S. T., & Van Campen, K. (2011). Diversity and inclusion in youth development: What we can learn from marginalized young people. *Journal of Youth Development*, 6(3), 94-106.
- Rutherford, K., McIntyre, J., Daley, A., & Ross, L. E. (2012). Development of expertise in mental health service provision for lesbian, gay, bisexual and transgender

- communities. *Medical Education*, 46(9), 903-913. doi: 10.1111/j.1365-2923.2012.04272.x
- Rye, B. J., & Meaney, G. J. (2009). Impact of a homonegativity awareness workshop on attitudes toward homosexuality. *Journal of Homosexuality*, 56(1), 31–55. doi: 10.1080/00918360802551480
- Story, L., & To, Y. M. (2016). Evaluating Community Health Advisor (CHA) core competencies: The CHA Core Competency Retrospective Pretest/Posttest (CCCRP). *Journal of Transcultural Nursing*, 27(3), 218-225. doi: 10.1177/1043659614559308
- Tabachnick, B. G., & Fidell, L. S. (2007). *Using multivariate statistics* (5th ed.). New York: Allyn and Bacon.
- Theokas, C., & Lerner, R. M. (2006). Observed ecological assets in families, schools, and neighborhoods: Conceptualization, measurement, and relations with positive and negative developmental outcomes. *Applied Developmental Science*, 10(2), 61–74.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46(6), 1580. doi: 10.1037/a0020705.
- Toomey, R. B., Syvertsen, A. K., & Shramko, M. (2018). Transgender adolescent suicide behavior. *Pediatrics*, 142(4). doi: 10.1542/peds.2017-4218
- Urban, J. B., Lewin-Bizan, S., & Lerner, R. M. (2010). The role of intentional self regulation, lower neighborhood ecological assets, and activity involvement in youth developmental outcomes. *Journal of Youth and Adolescence*, 39(7), 783-800. doi: 10.1007/s10964-010-

9549-y

U.S. Census Bureau. (2017). *New York City Quick Facts*. Retrieved from

<https://www.census.gov/quickfacts/fact/table/newyorkcitynewyork/PST045217>.

Varjas, K., Dew, B., Marshall, M., Graybill, E., Singh, A., Meyers, J., & Birckbichler, L. (2008).

Bullying in schools towards sexual minority youth. *Journal of School Violence*, 7(2), 59-86. doi: 10.1300/J202 v07n02_05

Wilkerson, J.M., Rybicki, S., Barber, C.A., and Smolenski, D.J. (2011). Creating a

culturally competent clinical environment for LGBT patients. *Journal of Gay*

Lesbian Social Services, 23(3), 376–394. doi: 10.1080/10538720.2011.589254

Xavier, J., Bobbin, M., Singer, B., & Budd, E. (2004). A needs assessment of transgendered

people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2/3), 31–47.

Table 1
Subscales and Items

Subscale and Item	Factor Loadings
Factor: Individual Knowledge ($\alpha=.946$)	
I know how to:	
1. Use appropriate terms about sexual orientation relevant to LGBTQ+ youth.	.824
2. Use appropriate terms about gender identity relevant to LGBTQ+ youth.	.799
3. Get information about LGBTQ+ youth issues.	.776
4. Access resources that meet LGBTQ+ youth needs.	.714
5. Communicate with staff at my organization about the LGBTQ+ youth in our services.	.897
6. Communicate with staff at my organization about meeting LGBTQ+ youth needs.	.824
7. Communicate with LGBTQ+ youth at my organization.	.829
8. Help create a safe space for LGBTQ+ youth in my organization.	.780
9. Have conversations with LGBTQ+ youth of color about their experiences.	.754
Factor: Individual Comfort and Practice ($\alpha=.904$)	
I know how to:	
1. Examine the impact of my program on LGBTQ+ people from diverse ethnic/racial backgrounds and/or people with disabilities.	.644
2. Have conversations with immigrant LGBTQ+ youth about their experiences.	.682
I am comfortable:	
3. Assessing the safety of LGBTQ+ youth in my programs.	.622
4. Integrating best practices for supporting LGBTQ+ youth into my work.	.755
5. Affirming LGBTQ+ youth in my programs.	.641
6. Having conversations with LGBTQ+ youth in my programs about sexuality.	.800
7. Having conversations with LGBTQ+ youth in my programs about gender identity.	.802
8. Having conversations with LGBTQ+ youth of color in my programs.	.853
Factor: Perceptions of Overall Agency Practices ($\alpha=.956$)	
In my organization:	
1. Programs make intentional actions to meet LGBTQ+ youth needs.	.709
2. Staff know how to integrate best practices for supporting LGBTQ+ youth into their work.	.835
3. Staff understand the difference between sexual orientation and gender identity.	.861
4. Staff are comfortable having conversations with LGBTQ+ youth about sexuality.	.833
5. Staff are comfortable having conversations with LGBTQ+ youth about gender identity.	.872
6. Staff share LGBTQ+ resources with LGBTQ+ youth.	.840
7. Staff acknowledge that LGBTQ+ youth participate in our programs.	.846
8. Staff understand that LGBTQ+ youth of different backgrounds have varied needs.	.847
9. Staff are trained to intervene if anti-LGBTQ+ slurs or incidents occur.	.833
10. Safe space visuals let young people know that LGBTQ+ youth are welcome in our programs.	.800

Table 2
Intercorrelations Among Subscales

Subscale and Items	Correlations by Subscale Item									
	1	2	3	4	5	6	7	8	9	10
Individual Knowledge										
Item 1										
Item 2	.918									
Item 3	.691	.686								
Item 4	.665	.629	.703							
Item 5	.712	.690	.677	.708						
Item 6	.710	.661	.695	.699	.839					
Item 7	.716	.734	.626	.676	.784	.718				
Item 8	.667	.643	.702	.647	.703	.698	.656			
Item 9	.613	.615	.546	.506	.687	.688	.701	.675		
Individual Comfort and Practice										
Item 1										
Item 2	.765									
Item 3	.499	.483								
Item 4	.562	.480	.636							
Item 5	.444	.364	.520	.717						
Item 6	.401	.501	.515	.540	.573					
Item 7	.391	.494	.526	.551	.585	.877				
Item 8	.442	.524	.537	.601	.609	.830	.838			
Perceptions of Overall Agency Practices										
Item 1										
Item 2	.748									
Item 3	.616	.721								
Item 4	.620	.750	.720							
Item 5	.521	.712	.806	.750						
Item 6	.675	.689	.690	.761	.641					
Item 7	.573	.601	.765	.649	.742	.677				
Item 8	.596	.650	.750	.657	.722	.731	.834			
Item 9	.565	.685	.669	.664	.765	.659	.660	.698		
Item 10	.604	.646	.599	.635	.679	.632	.635	.701	.806	

Note: All items are significant on a two-tailed test, $p < .0$

Table 3

Means, Standard Deviations, and Changes Among Subscales from Pre- to Posttest

Subscale	<i>M</i>		<i>SD</i>		<i>t</i>
	Pretest	Posttest	Pretest	Posttest	
Individual Knowledge	1.98	2.78	0.49	0.60	-10.32***
Individual Comfort and Practice	1.93	2.58	0.54	0.45	-13.37***
Perceptions of Overall Agency Environment and Practice	1.80	2.30	0.59	0.66	-9.03***

Note: ***= $p < .001$

Chapter III:

Interpersonal and Community Support for LGBTQ+ Youth of Color

Introduction

Decades of research shows that youth thrive when individual ↔ context coactions occur in environments that provide appropriate types and amounts of assets, including materials, people, resources, and services (Bronfenbrenner, 1979; Gottlieb & Halpern, 2002; Theokas & Lerner, 2006; Urban, 2010). For youth that identify as LGBTQ+ (lesbian, gay, bisexual, transgender, queer, questioning and less well-known sexual and gender identities and expressions), appropriate support and affirmation can mitigate many negative physical and mental health issues they may experience (Bockting, et al., 2013; de Vries et al., 2014; McGuire, Anderson, Toomey & Russell, 2010; Toomey, Ryan, Diaz, Card, & Russell, 2010). Some evidence suggests that assets including interpersonal support from friends, family, and caring adults (Snapp et al., 2015; Weston, 1991) and contextual support from communities (Gamarel, Walker, Rivera, & Golub, 2014) may have strong impacts on individual well-being, offering both general support and support specific to youth from sexual minority identities (Willoughby, Doty & Malik, 2010; Shilo & Savaya, 2011; Snapp et al., 2015). A connection may exist between distress associated with being LGBTQ+ and the size and source of their social support network (Wright & Perry, 2006).

While growing research that examines the supports available to LGBTQ+ youth draws attention to the role of support in developmental processes, little research focuses on these domains for LGBTQ+ youth of color (YoC: a descriptor used here to capture non-White, racial and/or ethnic minority identified youth). A recent review of the literature addressing LGBTQ+ YoC found that few studies focused on interpersonal and community support either

independently or in relation to one another (Toomey et al., 2017). This dearth of information is especially pronounced among youth of diverse sexual and gender identities and expressions who are multiply marginalized. LGBTQ+ YoC encounter multiple marginalizing experiences associated with their age, sexual and gender identities, and race and ethnic background, for instance, heightening exposure to institutional and interpersonal racism, heterosexism, and transphobia (Fassinger & Arseneau, 2007; Moradi et al., 2009; Parent, 2013). This compounded disenfranchisement can have implications for development, as well as mental and physical well-being (Aneshensel, Rutter, & Lachenbruch, 1991; Dressler, Oths, & Gravlee, 2005). Despite the fact that estimates suggest YoC will grow up to comprise 40% of the LGBTQ+ adult population in the United States (Gates, 2017), most research regarding LGBTQ+ youth is monolithic, having largely focused on White, middle-class young people. Thus, information about the developmental experiences of LGBTQ+ YoC are fairly limited (Swendener & Woodell, 2017; Toomey et al., 2017). Accordingly, scholars using a critical lens have suggested that this gap is a reproduction of the dominant narrative that does not reflect the unique perspectives of LGBTQ+ YoC (Bennet & Battle, 2001; Howard, 2014). These criticisms accompany recent calls in developmental science to capture the experiences of and address inequalities faced by historically underrepresented racial, ethnic, cultural, gender, sexual and social groups (Horn, Ruck, & Liben, 2016). Others specifically call for more research examining normative developmental experiences and processes for LGBTQ+ YoC (Institute of Medicine, 2011; Russell, 2016; Toomey et al., 2017) to better understand the relationship between multiple marginalization and development.

For LGBTQ+-focused scholars and practitioners, our charge is to fill the aforementioned gap, advancing understanding about development reflective of the spectrum (or rainbow, if you

will) of the LGBTQ+ youth community. The current study takes a step in that direction, as it examines *who* LGBTQ+ YoC have as general support, *how much* sexual and gender identity specific support is available to them, and the likelihood of accessing sources of interpersonal (friends, family, and caring adults), and contextual support (community). Particular attention is paid to the experiences of the most socially marginalized among them—youth that identify as both sexual and gender minorities. The author also has a social justice goal for study application (see Russell, 2016) to help understand the normative experiences of diverse LGBTQ+ YoC, and illustrate what scholars, practitioners, and communities can do to better affirm them.

Literature Review

Relational Queer Theory and Relational Developmental Systems

Creating ecology-wide assets for youth is an idea communicated by bioecological theory, which is rooted in Relational Developmental Systems (RDS) meta-theory (Overton, & Lerner, 2012; Overton, 2013). Incorporating ecological systems thinking into discussions about interpersonal and contextual support embraces multidisciplinary notions about the multiple levels on which individual ↔ context coactions occur (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006; Gottlieb & Halpern, 2002). RDS provides a framework for understanding development by recognizing six keys ideas: 1) individuals change according to contextual necessities (relative plasticity) and are active in their own development; 2) individual ↔ context coactions are the main process of development; 3) history and temporality are important factors to consider, 4) culture and diversity offer key developmental experiences; 5) generalizability is both limited and less important than understanding individual trajectories; and 6) RDS rejects split-reductionist approaches (e.g., nature/nurture, female/male) (see Overton & Molenaar, 2015

for more on RDS). This approach captures the dynamism, context, coaction, and complexity in development.

Further, some central RDS axioms are extended in the current study by the addition of the relational strand of queer theory (RQT; Halberstam, 2012; Munoz, 2009), which centers sexuality and gender within context. Though others in developmental science have recently used intersectionality (Crenshaw, 1989) to communicate similar ideas, a framework that is quickly growing in popularity in developmental research, the current study instead applies RQT to better center focus on queerness. Broadly, RQT defines ‘queer’ as anything that questions the mainstream narrative of normal, with particular emphasis on sex, gender, and desire (Butler, 1990). According to RQT, which emerged out of critical and cultural theories as a response by some to the implicit privileging of Whiteness common in other strains, individuals are situated in context, meaning that their lived experiences and interactions can only be understood through such context (Bermea et al., 2018; Halberstam, 2012; Munoz, 2009). Accordingly, we suggest that the coactions described by RDS are communicated in RQT through a lens that acknowledges the social power and oppression associated with aspects that influence queer experiences like race, ethnicity, SES, and immigrant status (Ruti, 2017). More specifically, the interplay of those experiences is viewed by RQT in the context of resistance to social marginalization, capturing the powerlessness and privilege associated with overlapping positions in society.

In addition to diversity, we propose that the dynamism of sexuality and gender in RQT expands the RDS concept of relative plasticity. RQT challenges ideas of heteronormativity (the assumption that heterosexuality is the norm, a concept grounded in acceptance of the gender binary) and the idea that identities can be fully captured by fixed, finite categorizations (Jagose, 1996), instead suggesting that there is an array of changing, dynamic, fluid identities and

experiences through which people live and assemble. Moreover, through this lens, identities are constantly reconsidered and reformed in a manner that challenges the heteronormative requirement that sexual and gender performances are intelligible based on dominant ideas and categories (Butler, 1990). In one way, the process of reconceptualizing gender and sexuality translates to the continuous evolution of LGBTQ+ labels, identities, and expressions--or in some cases, the rejection of all labels and identities--a concept that deviates from heteronormative ideas about sex and gender (Halberstam, 2012). To be intelligible beyond the limits of a binary, which is notably rejected by RDS' anti-split reductionist approach, RQT suggests that one's behavior must meet societal expectations and social constructions, otherwise it is considered deviant to some degree by society. (In effort to avoid reproducing that form of oppression, the current study shares a variety of identities, including and moving beyond LGBTQ, through which YoC choose to communicate their gender and sexuality, described further below.)

Moreover, from an RDS lens, reflecting the spectrum of LGBTQ+ identities among YoC in a manner aligned with RQT can have implications for ultimately providing the support necessary to affirm different needs. Using Bornstein's specificity principle, researchers and practitioners may need to move away from a "one size fits all" approach to development (Bornstein, 2013; Bronstein & Cote, 2006) for LGBTQ+ YoC to adequately affirm them. Bornstein posits that *specific* experiences at *particular* time points in the lifespan can generate *specific* effects on different domains of development in *specific* ways (Bornstein, 2018, p. 2121). Bornstein suggests that development can only be understood if researchers capture the variability of individual experiences. He explains that individuals experience life events differently, in part because of their individual characteristics and the ways in which their sociocultural influences affect their perceptions and experiences of those life events. Thus, using an RQT lens nested in

RDS can capture individual trajectories of LGBTQ+ YoC interacting with the world through marginalized gender and sexuality and the associated benefits and disadvantages that affect specific domains of development. A more nuanced understanding of youth's needs and experiences can inform affirmation efforts, which may require tailoring. Together, RDS, RQT, and Bornstein's principle can help interrogate the specific critical experiences of LGBTQ+ YoC as they develop.

Capturing Diverse Experiences of Sex and Gender

Extant work has generally described LGBTQ+ youth as a homogenized group (Parent, 2013), which has both benefits and drawbacks. While on the one hand, doing so has fostered broad conceptualizations of sexual orientation and gender identity or expression experiences critical to both research and practice and revealed some shared experiences, it has also excluded representation from more marginalized or emergent sexual and gender identities. In addition, using a singular lens has also disinclined investigations into the complexities within the community, including the ways in which lived experiences are affected by sociocultural influences like race, ethnicity, and SES (Parent, 2013). Ultimately, more research should examine both shared and disaggregated experiences among LGBTQ+ youth; the current study takes a step in this direction.

As more research uses a disaggregated approach, we find that, unsurprisingly, though some experiences are more universal, others vastly differ for some members of the LGBTQ+ YoC community. For instance, we know that though all LGBTQ+ youth experience social stigma (D'Augelli, Patterson & Patterson, 2001; Ryan & Rivers 2003), transgender youth of all backgrounds and LGBTQ+ YoC face more than that of their sexual minority peers (McGuire et al., 2010). Problematically, little research addresses the experiences of transgender YoC

(Toomey, et al., 2017). As Toomey and colleagues explain (2017) in their review of available literature, some studies show that to foster development among sexual and gender minority YoC, family support was important, but for sexual identity, other contexts including communities through community-based organizations (CBOs) were important (Jamil & Harper, 2010; Jamil, Harper, & Fernandez, 2009; Mustanski, et al., 2011). In fact, it seems possible that youth without necessary interpersonal support may find support in other contexts, including communities. Some evidence shows that LGBTQ+ youth of all backgrounds have less access to certain sources of support (Durso & Gates, 2011), or may have high levels of support in some areas but low levels of support that target their sexual and gender identities and expressions (Savin-Williams, 2001).

Accessing Interpersonal Support from Families

Though garnering support from accepting families, friends, and caring adults is important for LGBTQ+ youth, available research suggests that the further disenfranchised youth are situated societally, the less accessible these critical assets may be to them. For instance, LGBTQ+ youth of all backgrounds often experience high rates of family rejection and discord (Katz-Wise, 2016; Pearson & Wilkinson, 2013; Ryan, Huebner, Diaz, & Sanchez, 2009), and often fear coming out to parents for fear of emotional repudiation, homelessness, or forced conversion therapy (Kahn, Johnson, Lee, & Miranda, 2018). In addition, one study found that LGBTQ+ YoC were significantly less likely to come out to their parents than their White peers. In that study, young LGBTQ+ Latinx, African-American, and Asian and Pacific Islanders, respectively, each had lower rates of being out to their parents (Grov & Bimbi, 2006; Rosario et al., 2004); thus, parental support, and the associated benefits it brings, may be less available. In one study, such support was the strongest predictor of sexual identity self-acceptance (Shilo &

Savaya, 2011), and in another was the biggest predictor of well-being (Willoughby, Doty & Malik, 2010). Other studies show that LGBTQ+ youth with accepting parents are more likely to have better self-esteem and are less likely to experience depression, distress, hopelessness and substance abuse (Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). However, LGBTQ+ youth may be especially stigmatized in communities of color, including Black and Latinx communities (Armesto & Weisman, 2001; Ryan, Huebner, Diaz, & Sanchez, 2009). Extended biological kinships may be particularly important for LGBTQ+ YoC (Battle & Ashley, 2008; Vega, 1995) or siblings (Kahn, Johnson, Lee, & Miranda, 2018).

Accessing Interpersonal Support from Friends

An array of previous literature has established the important role that friends play in providing support to all youth; for LGBTQ+ youth that role is arguably even more critical. Most LGBTQ+ youth first disclose their sexual and gender identity and expression to friends, sometimes years before “coming out” to other people in their lives. Having friends that accept youths’ identity and expression as well as their choice to be out has been connected with better overall wellness, including higher self-acceptance and lower levels of distress among LGB youth (Shilo & Savaya, 2011; Kahn, Johnson, Lee, & Miranda, 2018). In fact, one study suggests that friends are the most important source of support for many LGBTQ+ youth (Kahn, Johnson, Lee, & Miranda, 2018). However, the availability of friends as a source of support may vary for different youth within the LGBTQ+ community. For instance, other studies show that for transgender or non-binary youth, the risk of stigmatization by peers is even greater than for G and L youth (McGuire et al., 2010). In addition, in another study, LGB youth were asked to rate support from family, heterosexual friends, and sexual minority friends for dealing with problems

related, and not related, to their sexuality. The raters said that other LGBTQ+ friends provided the most sexuality support, emotional support that specifically addressed sexual identity and expression (Doty et al., 2010). This support may be less available than other types of support as there are fewer LGBTQ+ youth than heterosexual youth in the United States.

Accessing Interpersonal Support from Caring Adults

LGBTQ+ YoC often rely on fictive kinships through “chosen families” or “gay families” that may include supportive LGBTQ+ friends and/or caring adults (Wells et al., 2013; Weston, 1991). Families may include other “children” or “parents” in the house ball community (Bell et al., 2003). This community mainly serves male-identified youth and adults of color aligned with different “houses”, family structures that provide a physical and/or social home for members. Different houses meet up at house balls to compete through dance, walk, drag, costuming and build community. Both house and chosen families offer important family networks that may provide more support than biological families (Oswald, 2002; Phillips et al., 2011), which, the limited available research suggests can foster resilience and coping skills, as well as sexual identity acceptance and pride (Telander et al., 2017). Support from these caring adults may be important for both sexuality and gender identity support as well as general support, especially when other sources may be unavailable. In addition, some research suggests that adults in formal settings beyond school, like athletic coaches or religious leaders, may be an increasingly accessible option of support for LGBTQ+ youth (Kahn, Johnson, Lee, & Miranda, 2018).

Accessing Contextual Support from Communities

Although considerable advances have been made in communities to better serve LGBTQ+ youth, finding welcoming community spaces with appropriate services and supports can be hard to find or access for many LGBTQ+ youth of all backgrounds (Kahn, Johnson, Lee,

& Miranda, 2018); according to GLSEN's 2014 National School Climate Survey, more than half of youth respondents did not have or were unaware of any LGBTQ+-friendly CBOs. And since LGBTQ+ YoC may not feel welcome in mainstream CBYPs (Jamil & Harper, 2010), or even LGBTQ+-focused CBYPs (McGuire & Conover-Williams, 2010), whose programs and services some evidence suggests are often aligned with White, heterosexual values (Hapern, 2002; Turner Strong & Posner, 2010).

On the other hand, some evidence suggests that communities may offer unique support to LGBTQ+ YoC. Some research suggests that for LGBTQ+ YoC, CBOs are an essential source of support (Gamarel, Walker, Rivera, & Golub, 2014; McGuire & Conover-Williams, 2010). Historically, CBYPs have offered LGBTQ+ youth resources to cope with issues, foster resilience, and handle hardships (Ouellette & DiPlacido, 2001), particularly when other spaces have been sources of stress or rejection (Kahn et al., 2018). The conflicting information in the literature may be due, in part, to dearth of research regarding the experiences of LGBTQ+ YoC in the context of community (Swendener & Woodell, 2017), despite the presence of numerous CBYPs positioned to provide services and supports to LGBTQ+ YoC. Broadly, CBYPs have enhanced development for youth of many backgrounds through academic, social, emotional and physical support. Academically, the unsafe environments at school for LGBTQ+ YoC are associated with higher rates of absenteeism lower GPAs, and greater likelihood of drop out than heterosexual peers (Kosciw et al., 2014), indicating that academic enrichment in affirming settings could be beneficial. Socially, opportunities to make friends, socialize and engage in positive activities are important, which community programs have been shown to provide to youth from an array of backgrounds (Pittman et al., 2003; Lerner et. al., 2006; Chauveron, Linver & Urban, 2015). Emotionally, as youth develop, being in environments that support

identity exploration, encourage acceptance (Kalra, Ventriglio & Bhugra, 2015; Van Den Bergh & Crisp, 2004) and active affirmation improve mental health outcomes (Craig, Doiron, & Dillon, 2015; Crisp, 2006; Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emler & Hooyman, 2014; Hatzenbuehler, 2011). Conversely, being in spaces that stigmatize and promote the suppression of LGBTQ+ identities and expressions is associated with negative mental and physical health outcomes (Thoits, 2011). Moreover, since LGBTQ+ youth often have higher rates of anxiety, mood, and post-traumatic stress disorders than straight-identified youth (Cochran et al., 2003) and experience more isolation and social rejection than their heterosexual peers (Lombardi et al. 2001), access to strengthen coping skills to enhance overall resilience is critical (Kosciw et al., 2014).

The Relationship between Marginalization and Support

Access to support may be of different or greater importance for youth who identify with more marginalized sexual and gender identities and expressions. A survey from the Human Rights Campaign's Teen Survey by Kahn and colleagues (2018) shows that of 12,000 LGBTQ+ youth from all 50 states, growing numbers of LGBTQ+ youth identify with monikers not commonly discussed among the general public or in the literature. For instance, pansexual, the attraction to individuals beyond the limits of gender, is an identity that represents a significant and growing portion of youth. The number of youth who identify as pansexual has doubled between 2012 and 2018 to 14%. Similarly, 34% identified as bisexual, 5% as asexual, 4% as queer, 0.5% as fluid (having no fixed categorization of sexuality), 0.4% as demisexual (whose attraction stems from the strong emotional connection made to people of any gender). It is important, then, that both research and practice understand and address these youth in the LGBTQ+ community. Mental health differences existed among sexual minorities. Accordingly,

81% of bisexual respondents “usually” felt down or depressed over the past week which was 10% more than that of lesbian and gay youth; moreover, the study showed that 75% of bisexual, queer, pansexual and fluid-identified youth "usually" felt feelings of worthlessness or hopelessness over the past week.

The Current Study

The current study aims to reduce the dearth of studies including LGBTQ+ YoC generally, as well as the lack of information about their access to interpersonal, community, and gender and sexual identity support. The study focuses on LGBTQ+ YoC that identify with both well-known and more marginalized sexual identities, including L, G, B, pansexual, asexual, omnisexual, and gender identities, including gender non-conforming, genderqueer, transgender, trans*, two-spirit. In addition, the study aims to add to scholarly knowledge regarding the size of youth’s support networks.

The study investigates the following research questions (RQs): RQ1) What sources do LGBTQ+ YoC have to provide general support? The hypothesis is that youth with more marginalized sexual and gender identities will have the most support from friends and the least from family members. RQ2) Do LGBTQ+ YoC have sufficient sexual and gender identity specific support from LGBTQ+ friends and adults? The hypothesis is that youth will not have enough of this kind of support from either. RQ3) How likely are LGBTQ+ YoC from different sexual and gender identities to have friends, family, or caring adults as sources of support, and is this support differentially available to youth marginalized by both their sexual and gender identities? The hypothesis is that youth from different identities and expressions will have different types of access to each source of support, the most marginalized having less access than their counterparts. RQ4) How likely are LGBTQ+ YoC from different sexual and gender

identities to have strong community support, and is this support differentially available to youth marginalized by both their sexual and gender identities? The hypothesis is that for youth from more marginalized sexual and gender identities, community will be a strong source of support.

Methods

Participants

The current project includes data from a subsample of LGBTQ+ YoC that attended one of a series of community LGBTQ youth-focused events over two years in a large urban city. A total of 468 LGBTQ+ YoC between the ages of 15 and 22 that completed a survey ($M=17.03$, $SD=2.93$), which represents most of the original dataset ($N=596$). The events were each a daylong event with workshops, a motivational speaker, meals, and a resource fair. The events aimed to: increase youth access to information about local mental health services, increase youth access to local supportive mental health services and youth service agencies, reduce LGBTQ+ youth social isolation, and increase youth's strategies to navigate stress. Special recruitment attention focused on welcoming the most marginalized LGBTQ+ youth. Exclusion criteria include attending more than one event or identifying as either White or straight. The final sample includes youth that identify from among five gender identities and expressions and 11 sexual identities (see Table 1).

INSERT TABLE 1 HERE

Procedure

A convenience sample was used to recruit participants to complete a survey at each event's conclusion. Before completing the paper-and-pencil survey, attendees were consented and given information about procedures, benefits and risks of participating, along with contact information directions for obtaining study results. Youth completed the survey throughout the

event space, offering reasonable privacy to reduce biased responses. Compensation of \$10 gift cards was given to study participants. Adults were available on site to answer any questions from young people about the surveys, and a counseling team was also available on site to address any issues that arose, though none did. Fourteen items from the full 36-item survey were examined.

Measures

Items addressed demographics, sources of general and sexual and gender specific support, as well as community support. All items were vetted for content validity with LGBTQ+ youth community program leaders.

Gender identity and expression. A two-step process was used in alignment with recommendations from the Center of Excellence in Transgender Health at the University of California San Francisco (2009) and the Williams Institute's Gender Identity in U.S. Surveillance (GenIUSS) Group (2014), first asking the sex assigned them on their birth certificate, and then how they describe their gender now. Intersex was added as an option on the birth certificate question, and more options for current gender were added, including the ability to choose all applicable from the following: man, woman, intersex/two-spirit/trans*, genderqueer/gender non-conforming, transwoman (MTF), transman (FTM), or another way with a write-in space. The question did not include the use of the word "other" to reflect the principles of RQT, and because some research shows that some participants may find it offensive (Rainbow Health Ontario, 2014); instead, "another way" was used. The data were dummy coded for each option described above; for any youth who selected an assigned sex and current gender that suggested that they

were of trans experience, they were added to the “transgender” option, which was part of a larger “non-binary” group that included all non-cisgender youth.

This attention was allocated in an effort to reduce misclassification of non-cisgender participants that threatens data quality about both cis- and transgender participants and overall study validity (Sausa, Sevelius, Keatley, Iñiguez, & Reyes, 2014). With more young people identifying beyond the gender binary of male or female as gender queer, gender non-conforming or non-binary rather than transgender (Bauer et al., 2017), all of which may be distinct from those who have transitioned but identify as women or men rather than transgender (Tate et al., 2013), we included these as options as well as culturally-specific descriptor identities (e.g., two-spirit) for respondent resonance (Grant et al., 2011; Robinson, 2017).

There were no write-ins for gender, however 44 youth did not choose a gender, so they were not included in analyses with gender but were included in analyses that included sexual identity. Dummy coded data were grouped. Youth who indicated that their assigned sex and gender identity aligned were categorized as cisgender men or women. Youth who selected (or selected at least one option if multiple chosen) as trans*, non-binary, transgender (MTF or FTM), gender queer, and/or intersex and youth of transgender experience whose sex assigned at birth does not match their current gender, were categorized under the non-binary umbrella. The final groups were cisgender women (ciswomen), cisgender men (cismen), and LGB+ non-binary (all youth in the former group also identified as sexual minorities, making them the most socially marginalized).

Sexual identity. Respondents were asked to describe their sexual identity, using best practices that suggest asking to select all options that apply from L, G, B, or more

marginalized sexual identities (OMI) including: pansexual/omnisexual (omnisexual is the attraction to all genders), same gender loving/queer (similar to queer, same gender loving is a term used by some instead of LGB to express their attraction), heteroflexible/sexually fluid, questioning/curious, don't know or another way with a write-in space (see Human Rights Coalition's glossary of terms if necessary at <https://www.hrc.org/resources/glossary-of-terms>). The 2 write-ins were combinations of more marginalized options provided, so they were grouped accordingly.

Each option above was dummy coded and combined into groups. Multiple responses were grouped by the most dominant identity on the hierarchy of homoaffiliative continuum (Ybarra, Mitchell, Palmer, & Resiner, 2015) from G to OMI. For instance, if a respondent selected both L and asexual, they were grouped as OMI. All youth that selected queer also selected L, so those were combined. The final groups were L/Q, G, B, and OMI. Notably, though some youth with LQGBOMI identities also identified as cisgender, *all* non-binary youth in this sample identified as LQGBOMI.

Race/ethnicity. One item asked respondents to mark all options that describe their racial/ethnic background from Black/African-American, Hispanic/Latinx, Native American/American Indian, Asian/Pacific Islander/South Asian, or Multiracial choices. There was also an "I don't know" option. While it is more appropriate in some circumstances to separate race and ethnicity since they are different, some research shows that for adolescents, there is not much variability with a singular- versus dual-option approach (Brenner, Kaunn & McMannus, 2003). To reduce survey fatigue, the two were asked in a compound question. All options were dummy coded.

Community support. The 7-item community support scale, created by the project evaluation team after a review of the literature, has strong reliability ($\alpha=.93$). The items are all positively worded and are scored on a 4-point Likert-type agreement scale from strongly disagree (1) to strongly agree (4). The directions indicated that respondents should think beyond school to how true each item in a set of following statements were, each of which began with the stem, “I have places in my community....” Sample items include questions that asked, “where I can hang out with LGBTQ+ young people”, “I can get help getting along better with my family members”, “where I can make friends that accept me”, “that help me cope when things go wrong”, Since the items have strong reliability together, the scale was examined as a whole (such that responses ranged from seven to 28. Responses from each item were summed and dummy coded into high=1 and low=0 community support, where totals under 14 were considered low, and totals including and above 15 were considered high.

Sources of support. One item assessed the sources of support available to youth, asking respondents to identify their two main sources of support from seven options including parents/guardians, extended family, siblings, friends, adults in formal settings, adults in the community (i.e., house ball or gay parent), or none. Responses for each were dummy coded.

Sexual and gender identity specific support. The question asked, “how many LGBTQ+ friends your own age do you have”, with options of none, one, two or three, and four or more. Finally, respondents were asked if they have “an LGBTQ+ adult you trust that you can talk to” with options including no=0, yes=1, or yes but I would like some more=2.

Analysis

To answer RQ1, which focuses on LGBTQ+ YoC's sources of interpersonal support, responses were reported for the whole sample (everyone), L/Q, B, G, and OMI and multiply marginalized youth who identify as non-binary and L/Q, G, B, and OMI. For RQ2, which focuses on whether or not LGBTQ+ YoC have sufficient sexual and gender identity specific support from LGBTQ+ friends and adults, responses from two survey items were tabulated. For RQ3, how likely LGBTQ+ YoC are to have specific sources of support, a series of seven binary logistic regressions were conducted. For each source of support, a model included separate covariates for L/Q, B, and OMI compared to G respondents (reference group, RG), as well as one for LGB+ non-binary youth and LGB+ciswomen compared to LGB+cismen (RG) to see the relative odds of accessing each source of support. To examine RQ4 and fit the estimate to the relative odds of having high community support (as indicated by a 1 on the community support scale), one additional binary logistic regression was run using the same RGs.

There are a few benefits to using binary logistic regressions, including the assumptions that: 1) data and errors are independently distributed, b) normality is not necessary, c) there is a binomial distribution of the response, indicating that the distribution follows criteria with a fixed sample size, and independent trials, offering two possible outcomes and probabilities for each trial, d) homogeneity of variance does not need to be satisfied, and e) allows for more than one covariate to be included. Additionally, this approach uses Maximum Likelihood Estimation rather than Ordinary Least Squares to estimate the parameters, thus relying upon large sample approximations. Moreover, the Harrell (2001) Visual Testing Approach showed that on these data the assumption of proportional odds was not met, which is a key requirement of ordered logistic regressions; thus, this was an appropriate analytical approach.

Before each model was run, tests of deviance were completed (used in place of a chi square test), and afterwards, each model included a goodness of fit measure of Hosmer Lemeshow. The first model for RQ4 included three covariates: high community score, L/Q, B, OMI youth, and ciswomen and non-binary youth. Again, the RGs were G and cismen as they are more privileged among the groups.

Results

The results for analyses for RQ1 indicate that in terms of general support, the most substantial sources were friends (60.32%) and parents (50.32%). While these two sources were the top two for all respondent groups, the pattern tends to change by group for the remainder of the sources. For everyone in the sample, siblings (14.06%) and adults in the community (13.88%), including gay parents or house ball family, were considerable sources of support. A few respondents in the overall sample indicated that extended family or adults in formal settings (both 8.54%), and some said that they had no support at all (9.07%; see Table 2). The data show that the more disenfranchised the group in the sample, the higher the perceived support from friends and the lower the rate of support from parents/guardians. For many respondents, particularly G youth, and non-binary youth, an important source of support was adults in the community. While for many youth, siblings were the next most prevalent source of support, for non-binary youth of all sexual identities, siblings were ultimately or penultimately the lowest. Interestingly, for L in the sample, adults in formal settings were good source of support, but for nearly all other respondent groups adults in formal settings were among the lowest. Extended family were a relatively minimal source of support for most respondents, especially for G, B and non-binary youth. In every respondent group, some youth had no support at all, though the numbers are relatively similar across all groups.

INSERT TABLES 1 AND 2 HERE

For RQ2, the results also show that youth in the sample had high rates of sexuality and gender support from LGBTQ+ friends. A total of 64.72% indicated that they had more than four LGBTQ+ friends their own age, 25.47% had two or three, 5.16% had one, and 4.65% had none. When examined by sexual identity and gender, the pattern stayed relatively similar (see Table 3). When asked if youth have an LGBTQ+ adult that they trust to talk to, 23.68% said no, 21.98% said yes, and 51.79% said yes, but they would like more, indicating that youth need more LGBTQ+ adult connections. Similar patterns were evident from youth of various sexual and gender identities and expressions, with the highest number of youth without adult support being cismen and ciswomen, B, and OMI. High numbers of youth from all backgrounds wanted more adult support.

INSERT TABLE 3 HERE

For RQ3, using a deviance χ^2 with observed test values below the threshold showed that no interaction terms could be included in the model. As illustrated in Table 4, the findings show that B were 0.536 times as likely as G to feel as though they have parent/guardian support ($p=.090$). B and OMI were more likely to have extended family as sources of support, and ciswomen were more likely than cismen to have support from adults in the community. None of the findings were significant in models that examined access to friends, siblings, adults in formal settings and those with no support.

INSERT TABLE 4 HERE

For RQ4, to determine if a relationship exists between identity and the likelihood of having a strong sense of community support, another binary logistic regression was run (see

Table 4). Non-binary youth were more likely to have strong community support compared to cisgender youth. No other significant findings emerged from the model.

Discussion

The findings offer support of investigations focused on diverse LGBTQ+ YoC through the lens of RQT and bioecological theory within an RDS meta-theory. This approach framed the investigation into the complexity of LGBTQ+ YoC, offering a better sense of their support experiences in different levels of their ecology, where individual ↔ context coactions occur (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006; Gottlieb & Halper, 2002). RQT extended some axioms of the aforementioned theory and meta-theory and revealed the experiences of LGBTQ+ YoC in context, beyond binaries, and through the interplay of social power and oppression associated with aspects that influence their queer experiences (Halberstam, 2012; Munoz, 2009). Using reflective language and allowing youth to select all that apply on the survey allowed youth to communicate their sexual and gender identity and expressions in a way that honored their voice. Including the spectrum of identities in research can offer better understanding of the developmental experiences and needs of the LGBTQ+ youth community. With youth expressing their sexuality and gender in many ways, it is clear for research and practice to keep pace with lived realities, studies should include expansive options for sexual and gender identity and expression. In addition, the use of the specificity principle to guide the analyses proved useful, as in many of the analyses, findings differed when considered through the experiences of different youth identities and expressions.

The results surfaced experiences about interpersonal supports, including accepting friends, family, caring adults, as well as contextual support from communities for LGBTQ+ YoC, particularly from youth of who are more or multiply marginalized in the LGBTQ+

community. Findings indicate that when viewed altogether youth had the strongest general support from friends and parents/guardians and had good support from siblings and adults in the community including gay parents and house ball family. However, for youth with more marginalized identities, other sources of support were more prominent after friends and parents/guardians, in alignment with the specificity principle (Bornstein, 2018). Notably, youth from different identities and expressions had varied likelihoods accessing different sources of interpersonal support. Since youth develop positively when they have access to the types and amounts of supports that meet their individual needs (Urban et al., 2010), adults in the respective support roles and communities should be encouraged to support more LGBTQ+ YoC. It is notable that when compared to G, B were most likely to have parent/guardian support, and B and OMI were most likely to have extended family support. There were no differences found by gender for any sources of support. Though there were some youth with no support, there was no difference among the groups or in likelihood in who lacked support.

Further, the findings echo other studies that have suggested that general support as opposed to sexuality and gender specific support may be different. Most respondents had more than four LGBTQ+ friends their age but, importantly, still wanted more LGBTQ+ adult connections. Accordingly, CBYPs and interventions should focus resources on providing these extra supports to effectively match young people's needs with assets that promote positive development. To do so, CBYPs may need to train staff to be culturally competent in their support provision. They may also need to offer activities in an atmosphere that welcomes LGBTQ+ YoC that requires replacing White, heteronormative norms with multicultural values.

Finally, non-binary youth were more likely to have strong community support when compared to cisgender youth. This finding could be due to CBYPs providing them good opportunities for support. Additional research is warranted.

Limitations

Because the sample was recruited at a community event, the results may be limited in terms of generalizability. Certainly, some of the event attendees were connected to at least one CBYP to learn of the event; however, anecdotal reports indicate that a considerable number of young people simply saw advertisements and chose to attend. The data suggest that the sample may represent broader LGBTQ+ YoC experiences which were only captured analytically within the limits of the procedures used; as statistical approaches advance, better, more nuanced understandings of lived experiences can be captured. It should be noted that the findings are limited to older youth, as they made up the sample mean.

Future Directions

Future studies should continue to investigate the availability and role of interpersonal and community supports for LGBTQ+ YoC. More research about LGBTQ+ YoC is needed in general, however, additional research should connect this topic to normative developmental processes, which would better present the diversity of the LGBTQ+ community, and interrupt the reproduction of dominant narratives that omits the unique perspectives of LGBTQ+ YoC (Bennet & Battle, 2001; Howard, 2014). Future research should also consider the fact that as identities and expressions change, and new ones emerge, new questions about support will be raised; accordingly, future studies will need to address them. Finally, these findings allude to the fact that it is possible that communities may need help creating spaces that support LGBTQ+ YoC, which should be investigated by both researchers and practitioners.

Conclusions

A nuanced examination of youth experiences in the LGBTQ+ YoC community illuminated differential experiences accessing both interpersonal and community support. Understanding who different youth have in their collection of interpersonal support, how likely they are to have specific interpersonal supports, and the likelihood of having community support are important to capturing the lived developmental experiences of LGBTQ+ YoC. Overall, the findings suggest that the more marginalized members of the LGBTQ+ YoC community may have less strong interpersonal and community support than their peers. Since having necessary supports is connected to youth's positive development, developmental scientists can advance social justice by using findings like these to propose interventions and strategies that match youth needs.

References

- Aneshensel, C. S., Rutter, C. M., & Lachenbruch, P. A. (1991). Social structure, stress, and mental health: Competing conceptual and analytic models. *American Sociological Review*, 166-178.
- Armesto, J. C., & Weisman, A. G. (2001). Attributions and emotional reactions to the identity disclosure (“coming out”) of a homosexual child. *Family Process*, 40(2), 145-161.
- Battle, J., & Ashley, C. (2008). Intersectionality, heteronormativity, and Black lesbian, gay, bisexual, and transgender (LGBT) families. *Black Women, Gender & Families*, 2(1), 1-24.
- Bell, D.N., Martinez, J., Botwinick, G., Shaw, K., Walker, L.E., Dodds, S., & Siciliano, C. (2003). Case finding for HIV-positive youth: A special type of hidden population. *Journal of Adolescent Health*, 33(2), 10-22.
- Bennett, M., & Battle, J. (2001). “We can see them, but we can’t hear them”: LGBT members of African American families. *Queer families, queer politics: Challenging culture and the state*, 53-67.
- Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, 103(5), 943-951.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology*. (6th ed., pp.793-828). Hoboken, NJ: Wiley.

- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York, NY: Routledge.
- D'Augelli, A. R., Patterson, C. J., & Patterson, C. (Eds.). (2001). *Lesbian, gay, and bisexual identities and youth: Psychological perspectives*. Oxford University Press on Demand.
- de Vries, A. L., McGuire, J. K., Steensma, T. D., Wagenaar, E. C., Doreleijers, T. A., & Cohen-Kettenis, P. T. (2014). Young adult psychological outcome after puberty suppression and gender reassignment. *Pediatrics, 134*(4), 696-704. doi: 10.1542/peds.2013-2958
- Doty, N.D., Willoughby, B.L., Lindahl, K.M., & Malik, N.M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Adolescence, 39*, 1134-47. doi: 10.1007/s10964-010-9566-x.
- Dressler, W. W., Oths, K. S., & Gravlee, C. C. (2005). Race and ethnicity in public health research: models to explain health disparities. *Annual Review of Anthropology, 34*, 13-38.
- Fassinger, R. E., & Arseneau, J. R. (2007). "I'd Rather Get Wet Than Be Under That Umbrella": Differentiating the Experiences and Identities of Lesbian, Gay, Bisexual, and Transgender People. In K. J. Bieschke, R. M. Perez, & K. A. DeBord (Eds.), *Handbook of counseling and psychotherapy with lesbian, gay, bisexual, and transgender clients* (pp. 19-49). Washington, DC, US: American Psychological Association. doi: 10.1037/11482-001.
- Gamarel, K.E., Walker, J.N.J., Rivera, L., & Golub, S.A. (2014). Identity safety and relational health in youth spaces: A needs assessment with LGBTQ youth of color. *Journal of LGBT Youth, 11*, 289–315. doi: 10.1080/19361653.2013.879464.
- Gates, G. (2017, January). "LGBT identification rises in adults." Accessed February 1, 2019 from <https://news.gallup.com/poll/201731/lgbt-identification-rises.aspx>.

- Gottlieb, G., & Halpern, C. T. (2002). A relational view of causality in normal and abnormal development. *Development and Psychopathology, 14*(3), 421-435. doi: 10.1017.S0954579402003021
- Grov, C., & Bimbi, D.S. (2006). Race, ethnicity, gender, and generational factors associated with the coming out process among gay, lesbian, and bisexual individuals. *Journal of Sex Research, 43*(2), 115-121. doi: 10.1080/00224490609552306.
- Halberstam, J. J. (2012). *Gaga feminism: Sex, gender, and the end of normal*. Boston, MA: Beacon Press.
- Halberstam, J. (2018). *Trans*: A quick and quirky account of gender variability*. Oakland, CA: University of California Press.
- Halpern, R. (2002). A different kind of child development institution: The history of after-school programs for low-income children. *Teachers College Record, 104*(2), 178-211.
- Herd, G., & McClintock, M. (2000). The magical age of 10. *Archives of Sexual Behavior, 29*(6), 587-606.
- Howard, S.C. (2014). *Black Queer Identity Matrix: Towards an integrated Queer of Color framework*. Peter Lang: New York.
- Institutes of Medicine [IOM] (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: National Academies Press.
- Jagose, A. (1996). *Queer Theory: An Introduction*. New York: New York University Press.
- Jamil, O. B., Harper, G. W., Fernandez, M. I., & Adolescent Trials Network for HIV/AIDS

- Interventions (2009). Sexual and ethnic identity development among gay-bisexual-questioning (GBQ) male ethnic minority adolescents. *Cultural diversity & ethnic minority psychology*, 15(3), 203–214. doi:10.1037/a0014795.
- Jamil, O.B., & Harper, G.W. (2010). *School for the self: Examining the role of educational settings in identity development among gay, bisexual, and questioning male youth of color*. In C.C. Bertram, S.M. Crowley, & S.G. Massey (Eds.), *Beyond progress and marginalization: LGBTQ youth in educational contexts adolescent cultures, school and society* (pp. 175–201). New York, NY: Peter Lang Publishing.
- Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). LGBT youth and family acceptance. *Pediatric Clinics of North America*, 63(6), 1011.
- Kahn, E., Johnson, A., Lee, M., & Miranda, L. (2018). The 2018 LGBTQ youth report. Human Rights Campaign. Accessed December 2, 2018 at <https://www.hrc.org/resources/2018-lgbtq-youth-report>.
- Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- Lerner, R.M. (2006). Developmental science, developmental systems, and contemporary theories of human development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development*. (6th ed., pp.1-17). Hoboken, NJ: John Wiley & Sons.
- Lerner, R. M., Bowers, E. P., Geldhof, G. J., Gestsdóttir, S., & DeSouza, L. (2012). Promoting

- positive youth development in the face of contextual changes and challenges: The roles of individual strengths and ecological assets. *New directions for youth development*, 2012(135), 119-128.
- McGuire, J. K., Anderson, C. R., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39(10), 1175-1188.
- McGuire, J. K., & Conover-Williams, M. (2010). Creating Spaces to Support Transgender Youth. *Prevention Researcher*, 17(4), 17-20.
- Moradi, B., Mohr, J. J., Worthington, R. L., & Fassinger, R. E. (2009). Counseling psychology research on sexual (orientation) minority issues: conceptual and methodological challenges and opportunities. *Journal of Counseling Psychology*, 56(1), 5-22.
- Muñoz, J. E. (2009). *Cruising utopia: The then and there of queer futurity*. New York, NY: New York University Press.
- Mustanski, B., Newcomb, M.E., & Garofalo, R. (2010). Mental health of lesbian, gay, and bisexual youths: A developmental resiliency perspective. *Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice*, 23, 204–225. doi: 10.1080/10538720.2011.561474.
- Oswald, R. (2002). Resilience within the family networks of Lesbians and Gay men: Intentionality and redefinition. *Journal of Marriage and Family*, 64(2), 374-383.
- Ouellette, S. C., & DiPlacido, J. (2001). Personality's role in the protection and enhancement of health: Where the research has been, where it is stuck, how it might move. In A. Baum, T. A. Revenson & J. E. Singer (Eds.), *Handbook of health psychology* (pp. 175–193). Mahwah, NJ: Erlbaum.

- Overton, W. F. (2013). Relationism and relational developmental systems: a paradigm for developmental science in the post-Cartesian era. *Advances in Child Development and Behavior*, *44*, 21–64. doi: 10.1016/B978-0-12-397947-6.00002-7
- Overton, W. F., & Lerner, R. M. (2012). Relational developmental systems: A paradigm for developmental science in the postgenomic era. *Behavioral Brain Science*, *35*, 375–376. doi: 10.1017/S0140525X12001082
- Overton, W. F. & Molenaar, P. C. (2015). Concepts, theory, and method in Developmental Science: A view of the issues. In W. F. Overton & P. C. M. Molenaar (Eds.), *Volume 1 of the Handbook of child psychology and developmental science: Theory and method*. (7th ed., pp.2-8). Hoboken, NJ: Wiley.
- Parent, M. C., DeBlaere, C., & Moradi, B. (2013). Approaches to research on intersectionality: Perspectives on gender, LGBT, and racial/ethnic identities. *Sex Roles*, *68*(11-12), 639-645.
- Pearson, J., & Wilkinson, L. (2013). Family relationships and adolescent well-being: Are families equally protective for same-sex attracted youth? *Journal of Youth and Adolescence*, *42*(3), 376-393.
- Phillips, G., Peterson, J., Binson, D., Hidalgo, J., Magnus, M. and the YMSM of color SPNS Initiative Study Group. (2011). House/ball culture and adolescent African-American transgender persons and men who have sex with men: a synthesis of the literature. *AIDS Care*, *23*(4), 515-520. doi: 10.1080/09540121.2010.516334.
- Rosario M. (2004). Ethnic/racial differences in the coming out process of lesbian, gay, and bisexual youths: a comparison of sexual identity development over time. *Cultural*

- Diversity and Ethnic Minority Psychology*, 10(3), 215-228. doi: 10.1037/1099-9809.10.3.215.
- Ruti, M. (2017). *The ethics of opting out: Queer theory's defiant subjects*. New York, NY: Columbia University Press.
- Ryan, C., Huebner, D., Diaz, R.M. & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino Lesbian, Gay, and Bisexual young adults. *Pediatrics*, 123(1), 346-352.
- Ryan, C., & Rivers, I. (2003). Lesbian, gay, bisexual and transgender youth: Victimization and its correlates in the USA and UK. *Culture, Health & Sexuality*, 5(2), 103-119.
- Ryan, C., Russell, S., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23(4), 205-213.
- Russell, S.T. (2016.) Social justice, research, and adolescence. *Journal of Research on Adolescence*, 26(1), 4-15.
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health*, 63(4), 503-505.
- Savin-Williams, R. C. (2001). Chapter 3: Relations with parents. In R. C. Savin-Williams (Ed.), *"Mom, dad, I'm gay." How families negotiate coming out* (pp. 23–61). Washington, DC: American Psychological Association.
- Shilo, G., & Savaya, R. (2011). Effects of family and friend support on LGB youths' mental health and sexual orientation milestones. *Family Relations*, 60(3), 318-330.
- Snapp, S. D., Watson, R. J., Russell, S. T., Diaz, R. M., & Ryan, C. (2015). Social support

- networks for LGBT young adults: Low cost strategies for positive adjustment. *Family Relations*, 64(3), 420-430.
- Telander, K., Hosek, S., G., Lemos, D. & Jeremie-Brink, G. (2017) 'Ballroom itself can either make you or break you' – Black GBT Youths' psychosocial development in the House Ball Community. *Global Public Health*, 12(11), 1391-1403. doi: 10.1080/17441692.2017.1293123
- Theokas, C., & Lerner, R. M. (2006). Observed ecological assets in families, schools, and neighborhoods: Conceptualization, measurement, and relations with positive and negative developmental outcomes. *Applied Developmental Science*, 10(2), 61–74.
- Toomey, R., Huynh, V.W., Jones, S., K., Lee, S. & Revels-Macalinao, M. (2017). Sexual minority youth of color: A content analysis and critical review of the literature. *Journal of Gay & Lesbian Mental Health*, 21(1), 3-31. doi: 10.1080/19359705.2016.1217499
- Turner Strong, P., & Posner, L. (2010). Selves in play: Sports, scouts, and American cultural citizenship. *International Review for the Sociology of Sport*, 45(3), 390-409.
- Urban, J.B., Lewin-Bizan, S., & Lerner, R. M. (2010). The role of intentional self regulation, lower neighborhood ecological assets, and activity involvement in youth developmental outcomes. *Journal of Youth and Adolescence*, 39(7), 783-800.
- Vega, W.A. (1995). *The study of Latino families: A point of departure*. Sage Publications, Inc.
- Weston, K. (1991). *Between men—between women: Lesbian and gay studies. Families we choose: Lesbians, gays, kinship*. New York, NY, US: Columbia University Press.
- Wells, E.A., Asakura, K., Hoppe, M.J., Balsam, K.F., Morrison, D.M., & Beadnell, B. (2013).

Social services for sexual minority youth: Preferences for what, where, and how services are delivered. *Children and Youth Services Review*, 35, 312–320. doi:

10.1016/j.childyouth.2012.11.011.

Willoughby, B. L., Doty, N. D., & Malik, N. M. (2010). Victimization, family rejection, and outcomes of gay, lesbian, and bisexual young people: The role of negative GLB identity. *Journal of GLBT Family Studies*, 6(4), 403-424.

Xavier, J., Bobbin, M., Singer, B., & Budd, E. (2004). A needs assessment of transgendered people of color living in Washington, DC. *International Journal of Transgenderism*, 8(2/3), 31–47.

Table 1
Demographics

Sexual and gender identity	Racial/ethnic identity			Racial/ethnic identity			Total
	Black/ AA	Hispanic/ LX	Native/ AI	Asian/ PI/SA	Multiracial	Don't Know	
<hr/>							
Sexual identity							
Lesbian/Queer	26	5	0	2	6	0	59
Gay	45	37	4	6	7	0	99
Bisexual	50	29	4	4	9	0	90
OMI:							134
Asexual	4	2	0	1	2	0	14
Heteroflexible	6	2	0	0	0	0	8
Question/Cur	10	27	1	3	1	0	24
Pan/Omnisexual	21	5	3	3	9	0	78
Don't Know	5	3	1	0	1	0	10
Gender identity							
CisMan	67	52	3	9	12	0	160
CisWoman	114	73	10	8	19	3	256
Non-binary:	40	22	6	7	15	0	90
Intersex	0	0	0	7	0	0	7
Transwoman	10	4	3	0	2	0	21
Transman	5	4	0	1	4	0	14
Gender Non-Con.	24	16	2	2	4	0	48

Note: OMI=Other more marginalized sexual identities; Black/AA=Black or African American; Hispanic/LX=Hispanic/Latinx; Asian/PI/SA=Asian, Pacific Islander, South Asian.

Table 2
Interpersonal Sources of Support

Identity	Support Source						
	Friends	Parents/ Guardians	Siblings	Ext. Family	Adults (For.)	Adults (Comm.)	None
Everyone	60.32%	50.36%	14.06%	8.54%	8.54%	13.88%	9.07%
Sexual identity							
L/Q	66.10%	38.98%	11.11%	8.47%	13.55%	10.17%	11.11%
G	61.61%	50.51%	15.25%	5.05%	10.10%	22.22%	6.78%
B	57.65%	35.64%	13.65%	8.47%	9.54%	16.38%	8.25%
OMI	58.04%	36.44%	13.65%	8.69%	9.25%	19.38%	9.25%
Gender identity							
CisMan	58.75%	53.13%	11.88%	11.25%	8.75%	16.86%	11.88%
CisWoman	61.79%	52.73%	18.36%	6.64%	6.25%	8.98%	6.64%
Non-bin.	67.03%	38.46%	6.59%	7.69%	12.09%	26.37%	9.89%

Note: The table lists the number of respondents that selected at least one of the above as their main sources of support. Adults in the Community=Adults (Comm.); Adults in Formal Settings=Adults (For.); Extended Family=Ext. Family. B=Bisexual; OMI=Other more marginalized sexual identities.

Table 3
Friend and Adult Support

Identity	Friend Support (N=462)				Adult Support (N=461)		
	None	One	Two or three	Four or more	No	Yes	Yes, but want more
Everyone	4.65%	5.16%	25.47%	64.72%	23.68%	21.98%	51.79%
Sexual identity							
L/Q	1.63%	0	22.95%	75.40%	15.00%	23.33%	61.66%
G	4.08%	3.06%	23.46%	69.38%	15.46%	15.46%	69.07%
B	3.36%	3.78%	22.95%	69.56%	20.88%	31.32%	48.99%
OMI	2.60%	4.78%	23.91%	66.53%	18.88%	30.32%	52.54%
Gender identity							
CisMan	7.54%	5.69%	20.88%	65.82%	24.75%	20.09%	32.19%
CisWoman	4.511%	2.67%	51.35%	42.29%	29.65%	22.09%	48.28%
Non-bin.	4.03%	3.46%	23.59%	68.69%	18.09%	28.37%	52.89%

Table 4
Likelihood of Accessing Interpersonal and Contextual Supports

	Models 1-3: Likelihood of Interpersonal Support						Model 8: Likelihood of Community Support	
	Parents/Guardians		Ext. Family		Adult (Comm.)		OR (95% CI)	p
	OR (95% CI)	p	OR (95% CI)	p	OR (95% CI)	p		
Sexual identity								
G	RG		RG		RG		RG	
B	0.536 (0.291, 0.977)	.090*	8.780 (1.895, 63.045)	.011*	1.045 (0.419, 2.532)	.922	0.939 (0.406, 2.210)	.886
L/Q	0.692 (0.296, 1.597)	.090	3.272 (0.322, 33.093)	.290	0.481 (0.118, 1.631)	.266	0.637 (0.240, 1.687)	.363
OMI	0.660 (0.339, 1.279)	.220	4.659 (0.933, 34.660)	.080*	1.108 (0.493, 2.502)	.802	0.967 (0.449, 2.102)	.933
Sexual & gender identity								
CisMan	RG		RG		RG		RG	
CisWoman	0.989 (0.523, 1.890)	.973	0.470 (0.159, 1.450)	.174	4.659 (0.237, 0.964)	.083*	0.738 (0.339, 1.566)	.435
Non-binary	0.888 (0.459, 1.721)	.725	0.342 (0.066, 1.410)	.156	1.079 (0.933, 34.660)	.849	0.404 (0.188, 0.855)	.019*

Note: No interaction terms were appropriate for any models; Hosmer Lemeshow for each was not significant so the model fits are appropriate; Models 4-7 (friends, adults form., siblings, or for those without any support) had no significant findings; * indicates significant finding.

Chapter IV:
Conducting Culturally Competent Evaluation for
LGBTQ+-Focused Community-based Youth Programs: Methodological Considerations

Introduction

To serve the growing number of young people that identify as lesbian, gay, bisexual, transgender, queer/questioning and more marginalized sexual and gender identities and expressions (LGBTQ+) in the United States (Centers for Disease Control, 2017), numerous LGBTQ+-focused community-based youth programs (CBYPs) have emerged. Largely funded by health, mental health, and positive youth development initiatives, these programs provide services, activities, resources, as well as opportunities to connect to youth and adults in the LGBTQ+ community (Gamarel, Walker, Rivera, & Golub, 2014; McGuire & Conover-Williams, 2010; Russell & Van Campen, 2011). To evaluate the effectiveness of these proliferating programs, which is largely unknown (Toomey et al., 2017), potential evaluators must be equipped with both evaluative and cultural competence, as suggested by the AEA Guiding Principles and Competencies (American Evaluation Association (AEA), 2018). A number of calls have heralded the need for culturally competent evaluators (Manswell-Butty, Reid, & LaPoint, 2004; SenGupta, Hopson, & Thompson-Robinson, 2004; Soto et al., 2014). Problematically, the lack of information about how many evaluators are appropriately prepared is matched by limited available resources that discuss how to apply competencies in real-world settings, particularly in programs focused on LGBTQ+ youth. Consequently, ill-equipped evaluators may inadvertently produce insensitive, inappropriate, or even exploitative and iatrogenic encounters, as well as apply misaligned methods that do not adequately capture programmatic context or impact.

The current paper takes a step in addressing the aforementioned issue by offering some key methodological considerations for evaluators making the foray into program evaluation in community-based LGBTQ+-focused youth programs. This paper is aimed at trained evaluators that have done community-based work in other contexts and are new to applying that experience with LGBTQ+-focused CBYPs. It is based on both the limited available literature and my practice as an evaluator serving LGBTQ+-focused CBYPs through the years. This paper will provide concrete suggestions for various points in the evaluation process: evaluation planning, implementation, and data management and analysis. This work is by no means exhaustive, instead serving as a contribution and platform for launching additional discourse.

Considerations

Evaluation Planning

Understanding the socio-cultural context is crucial in evaluation (AEA, 2018), especially when working with LGBTQ+-focused CBYPs, their staff, participants, and stakeholders. LGBTQ+-focused CBYPs are situated within a larger society that reinforces the dominant narrative of heteronormativity and cisnormativity (the assumption and privileging of heterosexuality and having a gender expression that matches one's sex assigned at birth (Halberstam, 2012, 2018). Therefore, evaluators should use the planning process to situate potential evaluation designs accordingly and consider if and how those influences may connect to program design or affect program experiences. In addition, before finalizing the evaluation plan, evaluators should be sure that their interactions, evaluation plans and implementation do not inadvertently reproduce oppression. The following strategies can help.

Differentiate between sex and gender and think beyond binaries. LGBTQ+

youth connect with identities and expressions of gender and/or sexuality beyond the binaries associated with mainstream heteronormative contexts. The idea that the spectrum of sexuality and gender is wide and constantly evolving deviates from heteronormative conceptualizations (Halberstam, 2012, 2018), and is one necessary to understand in LGBTQ+ spaces. Evaluators entering LGBTQ+-focused CBYPs must understand that gender can go beyond the constraints of the male/female binary to include identities and expressions that differ in some way from youth's sex assigned at birth, and sexuality can expand to include identities beyond the limits of the straight/gay dichotomy; moreover, the restrictions of using any label can be rejected as well by those who are gender liberated and therefore reject categorization. This understanding should be clearly communicated throughout all aspects of the evaluation, including research questions, methods, protocols, instruments, and analytical approaches.

Be affirming with language. In addition to being courteous, using youth and staff preferred gender pronouns (PGPs) and chosen names is affirming, and can be beneficial for mental well-being (Russell et al., 2018). For instance, when introducing yourself, it is useful to get into the habit of saying your Preferred Gender Pronouns (PGPs, e.g., “Hi, I’m Lisa, and my PGPs are she/her”; “Hi, I’m Sam, and I go by he/him”). Do the same when leading meetings, focus groups, interviews, or conversations with new people (e.g., “Hi, I’m Lisa, and my PGPs are she/her. Let’s go around the room to share names and PGPs’’) Know that mistakes may happen, in which case just apologize, learn from them, and move on. However, it is simply unacceptable not to use and honor PGPs. The same goes for chosen names—use the names that people offer as theirs, even if it differs from a previous name offered. Moreover, since LGBTQ+ youth often experience harmful or uncomfortable exchanges with adult service providers (Durso & Gates, 2012; Hoffman et al., 2009) and, like other marginalized populations, may have been

exploited or victimized by researchers or evaluators in the past (Villaruel et al., 2005), use available opportunities throughout the evaluation to affirm participants. Be sure not to “other” youth (Jones, 2018), positioning them as somehow belonging to the community or CBYP. Staff can likely provide strategies that work in the context of their CBYP.

Know the participants and the population. To understand the program being evaluated, the evaluator must have a sense of the cultural values, sociopolitical history, norms, and experiences of the LGBTQ+ community, particularly as situated within culture, race, class, immigrant status and/or ability. Reflective evaluations are better positioned to capture program impact variabilities among different members of the community served, and avoid misinterpreting findings (Collins et al., 2014). Thus, evaluators should know their program participants and stakeholders. One helpful way to do so is to keep pace with changes impacting the population of focus. For example, a recent national survey showed that LGBTQ+ youth from all 50 states are identifying in more ways, including pansexual, fluid, agender, and gender non-conforming (Kahn et al., 2018). Importantly, identities and expressions may be more or less culturally resonant with different youth at specific times in their development and in various contexts. Similarly, meaning and salience associated with identity and expression can change over time (Morgan, 2013), particularly for youth of color (Jamil & Harper, 2017). Thus, evaluators of LGBTQ+-focused programs should make sure they understand their participants in the appropriate time, program, culture and context. To stay current, evaluators should attend related presentations at AEA’s annual meeting, join the AEA LGBTQ TIG, read related LGBTQ+ research, and/or participate in local community events.

Understand the heterogeneity in the community. While conceptualizing program experiences through a unified LGBTQ+ lens has benefits, and can underscore important

similarities around participation, it can also detrimentally limit investigations into unique phenomenological experiences among youth. Since experiences may vary across youth from similar backgrounds, considering heterogeneity within the population is important, particularly in operation within the programmatic context. Additionally, there may be important program or intra-organizational or -community tensions or differences that can influence the evaluation. Further, because many LGBTQ+ youth programs are led by large proportions of LGBTQ+ identified staff, evaluators should consider the influence of multiple meanings, expressions and experiences, especially among intergenerational teams, in an environment that aims to be open and affirming.

Create resonant evaluation questions. The right evaluation questions can help interrogate mainstream information by prioritizing inquiries resonant with the population of focus (Cole, 2009; May, 2015). Stakeholder input as well as solid knowledge of the literature (and where LGBTQ+ youth are situated therein) may help surface opportunities for such interrogation. Because the literature about community-based LGBTQ+-focused youth programs is sparse, program evaluations in these contexts may also be positioned to contribute to larger evaluative and practice discourses; if the program leadership is interested in using some or all of the evaluation to advance available knowledge, design accordingly (and consider how this impacts consent procedures).

Where possible, use critical frameworks (or push frameworks to be more critical). During the planning process, evaluators should mindfully select evaluation designs and methods that do not reinforce historically dominant narratives that limit diverse understandings of LGBTQ+ youth and the programs and services they use. The application of critical frameworks can reduce the production of insensitive evaluations that may further marginalize participants or

discourage communities or programs from evaluation altogether (Kirkhart, 2010; McLoyd, 2006). Though, for instance, LGBTQ+ youth of color are navigating multiple forms of oppression and marginalization, traditional youth development programs do not consider these influences when assessing the effectiveness of programs on healthy development (Ginwright & James, 2002); accordingly, Social Justice Youth Development framework could be used (Ginwright & James, 2002). To focus on specific outcomes, minority stress theory (Meyer, 2003), or intersectionality (Crenshaw, 1989) could be also used. Another option is to expand more mainstream frameworks to be sufficiently critical to apply to diverse LGBTQ+ youth. For example, the benefits of Five Cs of Positive Youth Development (Little, 1993; Lerner et al., 2009), which views youth as assets to be strengthened, can be expanded to consider the influence of race, ethnicity (Garcia-Coll et al., 1996) as well as gender identity and sexual identity in the process of positive developmental competencies.

Implementation

Use considerate recruitment and consent approaches. Youth may be “out” in terms of their sexuality, gender identity or expression, or immigration documentation status to different people in their lives at different times, including those who may see or are authorized to sign consent forms; explain study parameters on consent forms with that in mind. Further, using a trauma-informed approach to consent can help provide outlets for youth who may be potentially triggered in some way from evaluation participation. Since LGBTQ+ youth often have higher rates of anxiety, mood, and post-traumatic stress disorders than straight-identified youth (Cochran et al., 2003) and experience more isolation and social rejection than their heterosexual peers (Lombardi et al. 2001), having mental health resources (like phone numbers to trained

counselors) or trauma-informed agency staff available during survey or focus group administration is useful and a resource that can be noted in the consent process.

Select instruments and protocols carefully. Since many outcome measures have been validated, normed, and piloted with predominantly White, middle-class samples, finding instruments and protocols resonant for the overlapping sexual, gender, racial, ethnic, socioeconomic and developmental identities and expressions in the population served is critical. Where such instruments cannot be found, adaptations can be made through processes like cognitive interviewing to best fit the diversity and variability of youth participants. Adjust any language that may silence or privilege some participants, or that reinforces heteronormativity and cisnormativity. For instance, one well-cited cognitive interviewing study by Austin and colleagues (2007) demonstrated how 30 LGBTQ+ youth understood a question on sexual attraction and one on sexual identity. Findings showed that the term sexual attraction was the most consistently understood, however, most youth preferred the term sexual identity. Yet, youth had the hardest time answering the sexual identity question. When given response options of *heterosexual*, *bisexual*, *gay/lesbian*, and *unsure*, the question did not work well, but when *mostly heterosexual* and *mostly homosexual* were added, participants felt the question better captured their experiences. Other cognitive interviewing studies show that for questions about sexual identity, respondents from more marginalized racial and ethnic backgrounds preferred the use of more diverse labels or multiple labels, like two-spirit or same-gender loving, or no labels at all (Diamond, Omoto, & Kurtzman, 2006). Thus, items should be tested for the question, response options, and the usefulness of opt-out choices like skip options (for online surveys) or “not applicable” responses, as suggested by a cognitive interview study on LGBTQ+ inclusion in pregnancy risk surveys (Ingraham, Wingo & Roberts, 2018).

Monitor assumptions about families, school and homes. When selecting instruments or designing protocols, items related to the context of family, school and home require some sensitivity. Research shows that LGBTQ+ youth experience family discord (Katz-Wise, Rosario, & Tsappis, 2016; Ryan et al., 2009), housing instability and homelessness (Durso & Gates, 2012), and unsafe interactions with peers and staff at school (Kosciw et al., 2014) at much greater frequencies than their straight counterparts; these experiences may change when overlapped with social identities like race, ethnicity, age, gender identity or expression, sexual identity, immigrant status, socioeconomic status. Instruments and protocols should be aware of and sensitive to these experiences when asking about family, home, or school. Pilot testing is encouraged.

Assemble a team with the right expertise and intentions. It may prove useful to create a team that together provide the evaluative and cultural competence appropriate for the project. Since identities of both researcher and study participants may influence the research process, evaluators and their teams are advised to consider name their positionality. The team is encouraged to consider their power and agency throughout the evaluation process, as well as that of participants and program staff. Using reflexivity (Lincoln & Guba, 1985) and reflections on critical consciousness (Hershberg & Johnson, 2019) can help the team act in alignment with their values. A key question is the insider versus outsider role (Dwyer & Buckle, 2009) played by team members. Importantly, there are benefits and challenges to insider and outsider status in this context, each of which should be discussed by the evaluation team to strategize appropriately. For instance, assembling a team with insider expertise, who has a similar background to the CBYP participants can provide cultural knowledge, skills, and competency, but may also generate specific responses or experiences from participants. Similarly, a team that

solely has outsider status may need to invest more time in strengthening cultural competency, but may also be seen as open to understanding by CBYP participants.

Data Management and Analysis

Use demographic data. Scholars and practitioners have shared a number of resources describing the process of capturing sexuality and gender identity and expressions with quantitative data (see Badgett, 2009; Hart, 2012; GenIUSS Group, 2014; Sausa et al., 2009). Evaluators should determine which are right for the population in the programs they assess to best reflect the experiences represented. Doing so can reduce threats to data quality and insensitivity. The right balance will encourage validation for an array of identities while also being mindful of parsimony. Once the data have been collected, use them in analyses as appropriate. If collapsing responses, it is critical to aim to honor participant voice.

Remember that young people are developing. In general, youth may go through numerous changes as they move through adolescence, particularly with identity exploration (e.g., Jamil & Harper, 2017); but, mainstream CBYPs spaces may force youth to suppress explorations of sexual and/or gender identity and expression broadly and as overlapping with their other social identities (McGuire & Conover-Williams, 2010; Russell & Van Campen, 2011). In LGBTQ+-focused CBYPs, youth are often encouraged to “try on” different sexual and gender “performances” to see what fits at various points in time (L.Rivera, personal communication). Youth may also be exploring with increasing or changing participation in the program or relating to the larger LGBTQ+ community. All of these may influence specific evaluations. These changes may also impact all evaluations in terms of data management, unless attention is paid to capturing identifying information like names, genders, and sexual identities, all of which may change more than once for many youth; in fact, some youth may even identify with more than

one name, gender and sexual identity within a short period of time, so having tracking systems sensitive to such frequent updates is critical for data integrity. For example, at one LGBTQ+-focused CBYP, one trans* youth participant who I'll call Blue changed her chosen name four times before choosing Blue; thus, some youth may change names multiple times. During introductions in a focus group, another participant indicated that when feeling feminine she went by Cynthia when feeling masculine he went by Pat, and when rejecting gender labels, they went by Sparkles (all names have been changed for publication); thus, the same person used three different names and PGPs consistently over two years. Therefore, having demographics reviewed by program staff periodically or recollecting demographics at each timepoint is a good idea.

Conclusions

The current paper aimed to provide methodological considerations to enhance cultural competence in the evaluation process for LGBTQ+-focused CBYPs. By addressing issues in evaluation planning, implementation and data management and analysis, the author sought to promote more proficient evaluations serving the growing number of emergent programs that serve the increasing population of LGBTQ+ youth in the United States (Centers for Disease Control, 2017). In alignment with the AEA Guiding Principles and Competencies, and in response to copious calls for culturally competent evaluators (Manswell-Butty, Reid, & LaPoint, 2004; SenGupta, Hopson, & Thompson-Robinson, 2004; Soto et al., 2014), this paper encourages the advancement of culturally competent evaluations, particularly in LGBTQ+-focused CBYPs. The current paper supports evaluation in real world settings, particularly in programs focused on LGBTQ+ youth, and fosters conversations on culturally competent evaluation in LGBTQ+ youth settings. Though some considerations apply to mainstream

community-based programs that serve youth, which undoubtedly includes LGBTQ+ youth, the focus herein was LGBTQ+-focused programs. There are important considerations in more mainstream spaces when including LGBTQ+ youth in evaluation that are not addressed here; as a result, the author cautions against misapplying the contents in the paper in mainstream programs.

References

- American Evaluation Association (2018). *Guiding Principles for Evaluators*. Retrieved from <https://www.eval.org/p/cm/ld/fid=51>.
- Austin, S.B., Conron, K., Patel, A, Freedner, N. (2007). Making sense of sexual orientation measures: Findings from a cognitive processing study with adolescents on health survey questions. *Journal of LGBT Health Research*, 3(1), 55–65.
- Badgett M. (2009, Nov). *Best Practices for Asking Questions about Sexual Orientation on Surveys*. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf>
- Centers for Disease Control and Prevention. (2017). Youth Risk Behavior Survey Questionnaire. Available at: www.cdc.gov/yrbs. Accessed on October 15, 2018.
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53-61. doi: 10.1037/0022-006X.71.1. 53
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64, 170-180. doi: 10.1037/a0014564
- Collins, P. M., Kirkhart, K. E., & Brown, T. (2014). Envisioning an evaluation curriculum to develop culturally responsive evaluators and support social justice. *New Directions for Evaluation*, 2014(143), 23-36.
- Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *University of Chicago Legal Forum*, 139, 139-167.

- Diamond, L.M., Omoto, A.M., & Kurtzman, H.S. (2006). What we got wrong about sexual identity development: Unexpected findings from a longitudinal study of young women. *Sexual Orientation and Mental Health: Examining Identity and Development in Lesbian, Gay, and Bisexual People*. Washington, DC: American Psychological Association.
- Dwyer, S. C., & Buckle, J. L. (2009). The space between: On being an insider-outsider in qualitative research. *International Journal of Qualitative Methods*, 8(1), 54–63. doi: 10.1177/160940690900800105
- Durso, L.E., & Gates, G.J. (2012). *Findings from a national survey of service providers working with Lesbian, Gay, Bisexual, and Transgender youth who are homeless or at risk of becoming homeless*. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>.
- Gamarel, K. E., Walker, J. N. J., Rivera, L., & Golub, S. A. (2014). Identity safety and relational health in youth spaces: A needs assessment with LGBTQ youth of color. *Journal of LGBT Youth*, 11(3), 289-315. doi: 10.1080/19361653.2013.879464
- García-Coll, C.T., Lamberty, G., Jenkins, R., McAdoo, H. P., Crnic, K., Wasik, B. H., & Vazquez García, H. (1996). An integrative model for the study of developmental competencies in minority children. *Child Development*, 67(5), 1891-1914.
- The GenIUSS Group. (2014). *Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys*. J.L. Herman (Ed.). Los Angeles, CA: the Williams Institute.
- Ginwright, S., & James, T. (2002). From assets to agents of change: Social justice, organizing, and youth development. *New Directions for Youth Development*, 2002(96), 27-46. doi: [10.1002/yd.25](https://doi.org/10.1002/yd.25)

- Guba, E. G., & Lincoln, Y. S. (1985). *Naturalistic inquiry*. New York: SAGE.
- Halberstam, J. J. (2012). *Gaga feminism: Sex, gender, and the end of normal*. Boston, MA: Beacon Press.
- Halberstam, J. (2018). *Trans*: A quick and quirky account of gender variability*. Oakland, CA: University of California Press.
- Hart, T. (2012, August). Designing Surveys and Questionnaires. Retrieved from https://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2012/10/DESIGNINGSURVEYSANDQUESTIONNAIRES_E.pdf
- Hershberg, R. M., & Johnson, S. K. (2019). Critical reflection about socioeconomic inequalities among White young men from poor and working-class backgrounds. *Developmental Psychology, 55*(3), 562-573. doi: 10.1037/dev0000587
- Hoffman, N. D., Freeman, K., & Swann, S. (2009). Healthcare preferences of lesbian, gay, bisexual, transgender and questioning youth. *Journal of Adolescent Health, 45*(3), 222-229. doi: 10.1016/j.jadohealth.2009.01.009
- Jamil, O.B., & Harper, G.W. (2010). *School for the self: Examining the role of educational settings in identity development among gay, bisexual, and questioning male youth of color*. In C.C. Bertram, S.M. Crowley, & S.G Massey (Eds.), *Beyond progress and marginalization: LGBTQ youth in educational contexts adolescent cultures, school and society* (pp. 175–201). New York, NY: Peter Lang Publishing.
- Kahn, E., Johnson, A., Lee, M., & Miranda, L. (2018). *The 2018 LGBTQ youth report*. Human Rights Campaign. Accessed December 2, 2018 at <https://www.hrc.org/resources/2018-lgbtq-youth-report>.
- Katz-Wise, S. L., Rosario, M., & Tsappis, M. (2016). LGBTQ youth and family

- acceptance. *Pediatric Clinics of North America*, 63(6), 1011.
- Kirkhart, K. E. (2010). Eyes on the prize: Multicultural validity and evaluation theory. *American Journal of Evaluation*, 31(3), 400-413.
- Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- Lerner, J.V., Phelps, E., Forman, Y., & Bowers, E.P. (2009). Positive youth development. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (3rd ed., Vol. 1, pp. 524-558). Hoboken, NJ, US: John Wiley & Sons Inc.
- Little, R.R. (1993). *What's working for today's youth: The issues, the programs, and the learnings*. Paper presented at the Institute for Children, Youth, and Families Fellows' Colloquium, Michigan State University.
- Lombardi, E. (2001, June). Enhancing transgender health care. *American Journal of Public Health*, 91, 869-872.
- Manswell-Butty, J. A. L., Reid, M. D., & LaPoint, V. (2004). A culturally responsive evaluation approach applied to the talent development school-to-career intervention program. *New Directions for Evaluation*, 2004(101), 37-47.
- May, V. M. (2015). *Pursuing intersectionality, unsettling dominant imageries*. New York, NY: Routledge.
- McGuire, J. K., & Conover-Williams, M. (2010). Creating spaces to support Transgender youth. *Prevention Researcher*, 17(4), 17-20.
- Morgan, E. M. (2013). Contemporary issues in sexual orientation and identity development in emerging adulthood. *Emerging Adulthood*, 1(1), 52-66. doi: 10.1177/2167696812469187.

- McLoyd, V. C. (2006). The legacy of Child Development's 1990 special issue on minority children: An editorial retrospective. *Child Development, 77*(5), 1142-1148. doi: 10.1111/j.1467-8624.2006.00952.x.
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *Journal of Adolescent Health, 63*(4), 503-505. doi: 10.1016/j.jadohealth.2018.02.003.
- Russell, S. T., & Van Campen, K. (2011). Diversity and inclusion in youth development: What we can learn from marginalized young people. *Journal of Youth Development, 6*(3), 94-106.
- Sausa, L.A., Sevelius, J., Keatley, J., Iñiguez, J.R., & Reyes, M. (2009). *Policy recommendations for inclusive data collection of trans people in HIV prevention, care and services*. San Francisco, CA: Center of Excellence for Transgender HIV Prevention: University of California, San Francisco.
- SenGupta, S., Hopson, R., & Thompson-Robinson, M. (2004). Cultural competence in evaluation: An overview. *New Directions for Evaluation, 2004*(102), 5-19. doi: 10.1002/ev.112
- Toomey, R., Huynh, V.W., Jones, S., K., Lee, S. & Revels-Macalinao, M. (2017). Sexual minority youth of color: A content analysis and critical review of the literature. *Journal of Gay & Lesbian Mental Health, 21*(1), 3-31. doi: 10.1080/19359705.2016.1217499
- Villarruel, F.A., Moniero-Sieburth, M., Dunbar, C., & Outley, C.W. (2005). Dorothy, there is no yellow brick road: The paradox of community youth development approaches for Latino and African American urban youth. In L. Reed (Ed.), *Organized activities as contexts of*

development: Extracurricular activities after-school and community programs (pp. 111-129). Mahwah, NJ: Lawrence Erlbaum Associates.

Chapter V:

Conclusion

This dissertation adds to the mounting literature addressing LGBTQ+ affirmation, a critical support for LGBTQ+ youth. Because affirmation can reduce an array of negative outcomes (Russell et al., 2018), developmental researchers, practitioners, educators, and policymakers must continue to understand and promote it in an array of contexts. Doing so will fill a considerable gap (Craig, Doiron, & Dillon, 2015; Crisp, 2006; Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emler & Hooyman, 2014), and potentially enhance the lives of millions of LGBTQ+ youth from a variety of backgrounds across the country. Communities, specifically, are well positioned to aid in this endeavor, since they already serve a multitude of youth; hence, the reason that community-based affirmation was the focus of this work. The three studies in this dissertation focused on: a) CBYPs, b) connections to people and communities and c) LGBTQ+-focused CBYP evaluations, meeting its overarching purpose of reducing the lack of scholarly knowledge about LGBTQ+ youth's affirmation needs and experiences in the context of community (Russell & Van Campen, 2011; Swendener & Woodell, 2017) while bridging research and practice.

Paper One focused on the provision of LGBTQ+ culturally competent service in CBYPs. The paper uncovered dimensions of LGBTQ+ cultural competency, provided a tool for its assessment, and applied that tool to evaluate a workshop. The focus on the factors associated with LGBTQ+ cultural competency is one of the dissertation's key contributions. The EFA findings showed that three distinct dimensions exist for individuals and agencies seeking to provide culturally competent systems of care. These factors, Individual Knowledge, Individual Comfort and Practice, and Perceptions of Overall Agency Environment and Practice, reflect the

competencies and comfort of individuals and agencies in offering affirmation. In alignment with Cross' framework, the individuals and agencies were sometimes at different places with their knowledge, comfort and practices associated with delivering competent care to LGBTQ+ youth. The three factors are distinct but related as they capture the process of providing support: while knowledge is important, comfort is a critical (but often overlooked) piece of the changemaking experience. Both must be present for an effective intervention since knowledge is *necessary* for competency, but it does not *automatically beget* competency in individuals. Moreover, though individual knowledge and comfort inform agency practices and environmental safety, they too do not *automatically produce* them. Notably, the factors work together to produce a CBYP context optimally beneficial for LGBTQ+ youth. These distinctions should be noted in future affirmation efforts in CBYPs, and the other aspects of the latter factor should be unpacked further in future studies.

Two items originally designed as questions on the Individual Knowledge subscale regarding immigrant youth and understanding the impact of programs on diverse youth better loaded on the Individual Comfort and Practice subscale; perhaps in the CBYP context situated in NYC, affirmation for these youth may be more related to comfort than knowledge. Additional research is needed to further explore this finding, and to map the three dimensions onto the larger LGBTQ+ cultural competency process.

Through an RDS meta-theoretical and bioecological theory lens, trainings like the one evaluated in Paper One can aid CBYPs and their staff in contributing to the environmental assets that inform positive development (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006; Lerner & Overton, 2012; Overton, 2013; Theokas & Lerner, 2010; Urban et al., 2010) for LGBTQ+ youth. The training fostered changes in participants, and a valid, reliable tool was

created to promote the assessment of similar trainings. Together, the findings from Paper One bridged research and practice around CBYP affirmation for LGBTQ+ youth.

Paper Two focused interpersonal supports, including accepting friends, family, caring adults, and contextual support from communities for LGBTQ+ YoC. The paper focused on differential experiences associated with sexual identities including G, L/Q, B, and more marginalized identities. The paper also examined experiences among multiply marginalized youth that identify with LGB+ sexual identities and non-binary genders. The application of RDS, bioecological, and RQT lenses, as well as the specificity principle, helped illuminate the nuanced experiences among LGBTQ+ YoC regarding various types of and access to support. The paper investigated who these LGBTQ+ YoC have to rely on for general interpersonal support, how likely access to those supports is for youth from various sexual and gender identities and expressions, how sufficient their sexual and gender specific support is and how likely they are to have strong community support. The study uncovered differences for youth of different lived experiences, which are another considerable contribution of this dissertation. Notably, most youth wanted more sexual and gender specific adult support. CBYPs should examine the supports they offer in these domains, and amplify them where possible.

Finally, Paper Three offered methodological considerations for evaluators working in LGBTQ+-focused CBYPs. In future years, more evaluators may be called to evaluate the effectiveness of the increasing number of LGBTQ+-focused CBYPs; thus, a strong need exists for culturally competent evaluators (Manswell-Butty, Reid, & LaPoint, 2004; SenGupta, Hopson, & Thompson-Robinson, 2004; Soto et al., 2014). With a scope including evaluation planning, implementation and data management and analysis, the paper promoted contextually appropriate examinations of LGBTQ-focused CBYPs. The paper offered methodological

considerations informed by research and practice, and recommended specific strategies, ideas, and approaches for real-world evaluation.

Together the three papers add to the scholarly literature but also offer information, tools, and considerations for real-world application, bridging the research-practice divide. This work was designed to ignite additional discourse on affirmation in community contexts for the diverse, expansive group of people that comprise the LGBTQ+ youth community. In this way, the current dissertation promoted community-based affirmation for LGBTQ+ youth.

References

- Bornstein, M. H. (2013). Parenting and child mental health: A cross-cultural perspective. *World Psychiatry, 12*, 258–265. doi:10.1002/wps.20071
- Bornstein, M. H. (2018). Specificity principle. In M.H. Bornstein (Ed.), *The SAGE Encyclopedia of Lifespan Human Development* (pp. 2121-2130). doi: 4135/9781506307633.n786
- Bornstein, M. H., & Cote, L. R. (2006). Parenting cognitions and practices in the acculturative process. In Bornstein, M. H., Cote, L. R. (Eds.), *Acculturation and parent-child relationships: Measurement and development* (pp. 173–196). Mahwah, NJ: Erlbaum.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (2006). The bioecological model of human development. In W. Damon & R. M. Lerner (Eds.), *Handbook of child psychology*. (6th ed., pp.793-828). Hoboken, NJ: Wiley.
- Brown, B. (2018). *Dare to lead: Brave work, tough conversations, whole hearts*. New York: Random House.
- Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
- Craig, S. L., Doiron, C., & Dillon, F. (2015). Cultivating professional allies for sexual minority youth: A community-based educational intervention. *Journal of Homosexuality, 62*(12), 1703-1721. doi: 10.1080/00918369.2015.1078208.

- Crisp, C. (2006). Correlates of homophobia and use of gay affirmative practice among social workers. *Journal of Human Behavior in the Social Environment, 14*(4), 119-143. doi: 10.1300/J137v14n04_06.
- Cross, Terry. (1988). *Services to minority populations: Cultural competence continuum. Focal Point, 3*, 1-9.
- Cross, T., Bazron, B. J., Dennis, K. W., & Isaacs, M. R. (1989). *Towards a culturally competent system of care. Vol. 1: A monograph of effective services for minority children who are severely emotionally disturbed*. Washington, DC: Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health.
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emler, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work, 57*(2-4), 80-107. doi: 10.1080/01634372.2014.890690.
- Gamarel, K. E., Walker, J. N. J., Rivera, L., & Golub, S. A. (2014). Identity safety and relational health in youth spaces: A needs assessment with LGBTQ youth of color. *Journal of LGBT Youth, 11*(3), 289-315. doi: 10.1080/19361653.2013.879464
- Gottlieb, G., & Halpern, C. T. (2002). A relational view of causality in normal and abnormal development. *Development and Psychopathology, 14*(3), 421-435. doi: 10.1017.S0954579402003021
- Halberstam, J. J. (2012). *Gaga feminism: Sex, gender, and the end of normal*. Boston, MA: Beacon Press.

- Jagose, A. (1996). *Queer theory: An introduction*. NYU Press.
- Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.
- Lerner, R.M. (2006). Developmental science, developmental systems, and contemporary theories of human development. In R. M. Lerner & W. Damon (Eds.), *Handbook of child psychology: Theoretical models of human development*. (6th ed., pp.1-17). Hoboken, NJ: John Wiley & Sons Inc.
- Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., ... & Morse, J. Q. (2008). Sexual orientation and adolescent substance use: a meta-analysis and methodological review. *Addiction*, *103*(4), 546-556.
- McGuire, J. K., Anderson, C. R., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, *39*(10), 1175-1188.
- Muñoz, J. E. (2009). *Cruising utopia: The then and there of queer futurity*. NYU Press.
- Overton, W. F. & Molenaar, P. C. (2015). Concepts, theory, and method in Developmental Science: A view of the issues. In W. F. Overton & P. C. M. Molenaar (Eds.), *Volume 1 of the Handbook of child psychology and developmental science: Theory and method*. (7th ed., pp.2-8). Hoboken, NJ: Wiley.
- Ryan, C., & Rivers, I. (2003). Lesbian, gay, bisexual and transgender youth: Victimization and its correlates in the USA and UK. *Culture, Health & Sexuality*, *5*(2), 103-119.
- Roberts, A. L., Rosario, M., Slopen, N., Calzo, J. P., & Austin, S. B. (2013). Childhood gender nonconformity, bullying victimization, and depressive symptoms across adolescence and

- early adulthood: an 11-year longitudinal study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(2), 143-152.
- Russell, S. T., & Van Campen, K. (2011). Diversity and inclusion in youth development: What we can learn from marginalized young people. *Journal of Youth Development*, 6(3), 94-106.
- Swendener, A., & Woodell, B. (2017). Predictors of family support and well-being among Black and Latina/o sexual minorities. *Journal of GLBT Family Studies*, 13(4), 357-379.
- Theokas, C., & Lerner, R. M. (2006). Observed ecological assets in families, schools, and neighborhoods: Conceptualization, measurement, and relations with positive and negative developmental outcomes. *Applied Developmental Science*, 10(2), 61–74.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46(6), 1580. doi: 10.1037/a0020705.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: school victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46(6), 1580. DOI: 10.1037/a0020705.
- Urban, J. B., Lewin-Bizan, S., & Lerner, R. M. (2010). The role of intentional self regulation, lower neighborhood ecological assets, and activity involvement in youth developmental outcomes. *Journal of Youth and Adolescence*, 39(7), 783-800.

This page intentionally left blank.