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Elizabeth A. Wells
University of Washington

Kenta Asakura
University of Toronto, kasakura@smith.edu

Marilyn J. Hoppe
University of Washington

Kimberly F. Balsam
University of Washington

Diane M. Morrison
University of Washington

See next page for additional authors

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Authors

Elizabeth A. Wells, Kenta Asakura, Marilyn J. Hoppe, Kimberly F. Balsam, Diane M. Morrison, and Blair Beadnell

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Social Services for Sexual Minority Youth: Preferences for What, Where, and How Services are Delivered

Elizabeth A. Wells¹, Kenta Asakura², Marilyn J. Hoppe¹, Kimberly F. Balsam^{1,3}, Diane M. Morrison¹, and Blair Beadnell¹

¹School of Social Work, University of Washington, Seattle, WA, U.S.A.

²Factor-Inwentash Faculty of Social Work, University of Toronto, Ontario, Canada

³Pacific Graduate School of Psychology, Palo Alto University, Palo Alto, CA

1. Introduction

Despite increasing public visibility and recognition, sexual minority youth are among the most vulnerable populations in today's society. The term "sexual minority" refers to anyone who is attracted to or sexually active with persons of the same sex; whose gender identity differs in some way from their biological sex; or who otherwise self-identifies as lesbian, gay, bisexual, transgender, or queer (LGBTQ) (Diamond, 2003; Savin-Williams & Ream, 2003).

The negative social environments encountered by sexual minority youth are well-documented in previous research. Sexual minority youth often experience harassment and victimization by peers (IOM, 2011; Kosciw, Diaz, & Greytak, 2008; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004), and rejection by family (Pilkington & D'Augelli, 1995; Ryan, Huebner, Diaz, & Sanchez, 2009). These can then place them at greater risk for negative health-related outcomes. Sexual minority youth are more likely to report depression (D'Augelli & Pilkington, 2002; IOM, 2011; O'Shaughnessy et al., 2004), substance abuse (Blake et al., 2001; IOM, 2011; Thiede et al., 2003), suicide behaviors (D'Augelli et al., 2005; Haas et al., 2010; IOM, 2011; Russell & Joyner, 2001), sexual risk behaviors (Valleroy et al., 2000), disordered eating (Austin et al., 2009) and poor school performance (Russell, Seif, & Truong, 2001) compared to their heterosexual counterparts, and they are over-represented among homeless youth (IOM, 2011). Recent national reports also identify a number of health disparities among LGBTQ adult populations, and identify a need for more information about the health and service requirements and barriers to appropriate services for LGBTQ populations, in general (Grant et al., 2010; IOM, 2011; SAMHSA, 2012).

While social support is known to protect youth from negative mental health outcomes (Eisenberg & Resnick, 2006), past research indicates that sexual minority youth may lack access to such support from adults and peers (Eisenberg & Resnick, 2006; Saewyc et al., 2009). Furthermore, the level and quality of social support may vary across regions and

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Correspondence to: Elizabeth A. Wells at bwells@u.washington.edu.

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communities, depending on the specific social and political climate for LGBTQ people (Davis, Saltzburg, & Locke, 2009).

Previous researchers have advanced knowledge and awareness about risks and vulnerabilities of sexual minority youth and provided ample evidence that many of these youth have the need for social and psychological services. In order to maximally mitigate the negative impact of hostile social environments on their health and well-being, however, service providers can benefit from an understanding of what sexual minority youth say they need from them and how such services should be delivered. Sexual minority youth comprise a heterogeneous group within which there is likely wide variation in service needs and preferences. The purpose of the current study is to examine and present empirical data directly obtained from sexual minority youth on their preferences for what, where, and how social services should be offered. To account for the heterogeneity of LGBTQ youth, this study also sought to compare service preferences among subgroups.

Only a few studies have examined service needs and preferences from the perspectives of sexual minority youth. In the child welfare field, Woronoff, Estrada, and Sommer (2006) conducted thirteen community forums with more than 500 sexual minority youth in foster care from 22 states. Participants expressed their need for foster parents who are affirming of their LGBTQ identities and group homes that are specifically designed to provide safety, protection and support. In the sexual health domain, Seal et al. (2000) conducted individual interviews with a convenience sample of gay male youth (n=72) in two Midwestern cities to examine what sexual minority youth say they need from HIV prevention programs. Participants reported a strong desire for comprehensive sexuality programs that address both general (e.g., dating, self-esteem, effects of drugs and alcohol, etc.) and sexual-minority-specific (e.g., focus on sexual identity, need for support from gay community) issues.

In healthcare and medicine, two studies investigated sexual minority youths' service preferences in primary care. Ginsburg et al. (2002) conducted a mixed-method study with sexual minority youth already attending LGBTQ programs in an urban environment (n=94). Participants reported valuing the same characteristics of healthcare services generally identified by adolescents, such as office cleanliness and physicians' respect for youths' privacy, physician's medical competency and interpersonal skills. However, participants also highlighted the importance of feeling "safe" before they could discuss LGBTQ-specific health issues with their physicians. Researchers concluded that such "safe" feelings are promoted when the physicians ensure youths' privacy, show their caring for youths' health, and demonstrate knowledge about LGBTQ-related issues. Drawing on Ginsburg et al.'s study (2002), Hoffman, Freeman, and Swann (2009) conducted a similar survey with a larger number of sexual minority youth (n=733) across the U.S. and Canada. Because these authors recruited and surveyed via the internet, the study sample consisted of youth who may or may not be already connected to LGBTQ communities and services. Their results were strikingly similar to those of Ginsburg et al. (2002). Participants ranked general physician characteristics (e.g., respectful, non-judgmental attitude, accepts youth's healthcare plans) over LGBTQ-specific issues (e.g., advertised as "LGBTQ-friendly," provider's gender or sexual orientation) as most important to them in seeking health care.

Davis et al. (2009) conducted the only study to date that examined more broadly defined service needs and preferences of sexual minority youth. They employed concept mapping, a research method that uses focus groups to produce quantitative results, to examine what types of services sexual minority youth report needing. In focus groups conducted with sexual minority youth recruited from LGBTQ youth centers (n=33), participants generated 61 unduplicated ideas. These included those generally considered important for all adolescents and others likely to be unique or specific to sexual minority youth. These ideas

were categorized into the following themes: school climate and culture, school curriculum, school resources, community recognition, institutional discrimination, family acceptance, community resources, LGBTQ-specific safe environments, gay-straight partnerships, peer support, generational interactions, gender identity and expression, community education, and LGBTQ in the media. Participants rated the emotional and social importance of all 61 ideas, and most were rated at 4 or above on a 1-7 point scale (Davis et al., 2009).

1.1 Study purpose

Within a broader study focused on the strengths of, and challenges faced by, LGBTQ youth, the purpose of the present analyses was to identify types of services perceived as needed for LGBTQ youth, and preferences for how and where services should be delivered. Building on the work of Davis and colleagues (2009), the current study gathered ratings on a smaller subset of potential service options from a wider range of sexual minority youth. This analysis sought to identify youths' preferences about services and to examine whether these preferences differed depending on respondents' sex assigned at birth, age, race or ethnicity, sexual orientation, gender identity, perceived connection to the LGBTQ community, degree to which they are "out" regarding their LGBTQ status to others in their environment, and the population density and LGBTQ density and political liberalism of their community.

While Davis and colleagues' sample was composed of youth receiving LGBTQ-specific services, the current study includes such youth as well as those who are neither "out" with regard to their LGBTQ status nor connected to LGBTQ services. Recognizing that there is considerable heterogeneity among LGBTQ adolescents, methods sought to address perceived needs across the different subgroups (e.g., gay, lesbian, bisexual, transgender, or questioning regarding any of these identities). The investigation focused on a youth population, restricted in this research to those aged 14-19.

While recruiting research samples through LGBTQ-specific youth services is one avenue for accessing these populations, it was important that this study also include people not involved - but perhaps desiring - services. Hence, the study sampled youth via an anonymous web-based survey. The internet was used to provide a point of access that would allow more hidden parts of the LGBTQ youth population to participate in the research (Savin-Williams & Ream, 2003). This includes individuals whose sexual and gender identities are not yet fully solidified (Graber & Bastiani Archibald, 2001; Rotheram-Borus & Langabeer, 2001). It also includes those who have not yet 'come out' or even acknowledged to themselves minority identities due to stigma and discrimination (Graber & Bastiani Archibald, 2001; Rotheram-Borus & Langabeer, 2001). Thus, the overarching aim of the current study was to characterize broadly the service needs of diverse sexual minority youth.

2 Method

All procedures were approved by the University of Washington's Institutional Review Board. Eligibility criteria included being 14 through 19 years old, English-speaking, and identifying as gay, lesbian, bisexual, transgender, questioning of their sexual identity (e.g., being gay vs. straight), or questioning of their gender identity (e.g., being male vs. female). To enhance participation and decrease risk for participants, project participation was anonymous, and waivers of parental consent and written consent were obtained.

2.1 Recruitment

Participants were recruited locally and throughout the U.S. through flyers and letters mailed and e-mailed to LGBTQ- and youth-focused organizations, email announcements sent to LGBTQ listservs, and via advertisements on the internet social networking site, Facebook.

Facebook showed ads to randomly selected people based on several criteria from their profiles (Facebook profiles are part of a person's public information). Ads targeted people anywhere in the U.S., with any level of education, in the age range of 14 to 19. Although being LGBTQ is not one of the criteria in a person's profile, Facebook users are asked whether they identify as "male" or "female" and if they are "interested in" "males" or "females". This allowed ads to be shown to people interested in same sex romantic relationships. In addition, individuals who took the survey were asked to tell others who might be interested (e.g., via email, Facebook page, etc.). As study personnel monitored participant characteristics during the course of data collection, the advertising message text was refined to target underrepresented populations, such as youth of color or transgender youth. All recruitment procedures directed potential participants to the project website for more information.

2.2 Online Screening and Consent

A link on the project website allowed potential participants access to screening and consent materials. All online materials were hosted on secure servers by DatStat, a web survey provider. Upon entering the program, participants were advised about ways to avoid others knowing they had taken the survey: to complete the survey in one "sitting" and to delete archived information ("history") in their web browser. To protect their privacy in the event that they left their computer unattended, the survey "timed out" after 30 minutes of no activity.

Next, potential participants answered eligibility questions. If ineligible, they were informed accordingly and thanked for their interest. If eligible, they were invited to take the survey. They were then shown consent information, and afterwards asked if they wished to proceed to the survey.

2.3 Survey Description

The survey consisted of multiple sections and question types including primarily Likert-scale and multiple choice items, with a small number of open-ended, free response questions. Skip patterns were programmed to ensure that participants received only questions relevant to them. At the end of the survey, all participants were again reminded how to delete 'history' information recorded on their computer, and then asked if they wanted to receive an incentive for participation. Those who responded "no" were thanked for their participation.

2.4 Incentives

Participants who wished to receive an incentive were logged out of the survey and sent to the website of an independent company. They were able to choose a \$15 gift card from a wide variety of online or local stores, and to receive it via email or regular mail. They provided identifying information (i.e., name and e-mail or mailing address) to receive their gift card. Having an independent company provide the incentive prevented the research team from having access to identifying information, thereby protecting participant anonymity. Employees at the incentive company did not know the nature of the study or have access to survey data.

2.5 Data Quality Procedures

Several steps were taken in the survey development, implementation, and cleaning process to maintain the greatest degree of integrity and quality of respondent data. The survey was constructed to dissuade multiple responding. For example, a "cookie" was placed on a computer when a survey was submitted to prevent that computer from re-accessing the

survey. Another survey construction strategy to dissuade “clicking” quickly through the survey was to program randomly placed items that were required before proceeding. For those questions, respondents were given answer selections that included an “I don’t know” or “not applicable”. Project staff also monitored incoming survey data carefully for inconsistencies, amount of time spent in the survey, and completion of open-ended questions. Questionable data were marked for further evaluation.

As a final check, project staff cleaned the data after the survey was taken offline using a number of flags to pull out cases needing further evaluation; these indicators included: providing no, or an invalid, zip code; completing the survey in less than 20 minutes; skipping the four open-ended questions; skipping over 5% of the items presented; using the same response category for an entire screen of questions; and answering that the survey was taken with “help from other people” in response to the item “I answered the survey questions” (the other response option was “by myself”). Surveys that were unusually short (e.g., participants viewing fewer than 250 items, the average number presented) were also examined, because savvy repeaters could learn how to identify “gateway” items that led to a greater number of questions. Each case identified by these methods was reviewed by two data cleaners, who considered whether a person’s responses were logically consistent. Decisions were then reviewed by the entire investigative team, and when most of the factors pointed to invalid data or multiple responding, the case was dropped. Throughout the process, investigators were careful to avoid introducing error into the data set by dropping a case simply due to unusual answers.

Excluding two sets of cases determined by the incentive company to be multiple responding (and removed from the dataset based on information about the date and time of survey completion), a total of 710 individuals took the survey. Of these, 109 (15.4%) were excluded from analyses: 48 exited during the first quarter of the survey, 37 were excluded as a result of the data cleaning procedures described above, 2 reported ‘intersex’ as the sex assigned at birth (excluded since this was too small a group for meaningful statistical analysis), and 22 took a very short time to complete the survey (<10 minutes; in contrast to those retained in the sample for whom the mean time = 76.48, median = 36, SD = 394.18).

This left 601 survey participants. Fifty seven (10%) did not complete the entire survey to answer questions included in the analyses presented here, leaving 544 for these analyses. We observed no particular sample bias: the 57 missing participants did not differ from the 544 with answers in terms of age, gender, race, sexual/romantic attraction, gender identity, number of different types of people to whom they were “out,” connection to the LGBTQ community, or in measures of the liberalism, population density or relative density of the LGB populations of their zip code (see below for measures).

2.6 Measures

Initial eligibility questions included demographic and sexual- and gender-identity information. After completing these eligibility questions, participants answered questions regarding their experiences, thoughts, feelings, and concerns as LGBTQ youth. Demographic variables used for these analyses included sex assigned at birth (male/female), age (categories 14-15, 16-17, and 18-19), and race/ethnicity. Participants were able to mark all that apply for the following categories: “African American, Black or African,” “American Indian, Native American, or Alaskan Native,” “Asian, Asian American,” “Latina/Latino/Hispanic,” “Pacific Islander,” “White, Caucasian, European,” and “Other.” For analysis purposes, the following bi- or multi-racial/ethnic groups were identified based on participants having selected more than one answer: Biracial - American Indian and White, Biracial--Asian American and White, Bi-ethnic - Latino/a and White, and other Biracial or Multi-racial/ethnic.

Transgender is a term applied to individuals whose gender identity (sense of self) or gender expression (way of relating to the world) is different from societal expectations given their sex assigned at birth. These individuals may identify and/or express themselves as boys or girls (when assigned female or male, respectively at birth) or may not identify with a binary understanding of gender. Some youth identify with terms such as transgender or genderqueer, whereas others do not feel comfortable with such identity labels. Participants reported their gender identity by indicating which sex they were assigned at birth and current gender identity, with the ability to check as many possibilities as applied (female, male, unsure, and ‘none of these really describe how I see myself’). An additional question asked participants to indicate which of the following labels “reflect how you think of your gender: none of these, male, female, questioning or unsure, genderqueer, intersex, transgender (born female but see yourself differently), transgender (born male but see yourself differently), two-spirit, other.” For these analyses, responses to these two questions were categorized as “Same as Assigned Sex” or “Transgender/Unsure.” The latter category included youth endorsing any label other than that associated their assigned sex. The analyses combined those who were definite about being a gender other than that assigned at birth with those indicating uncertainty about their gender identity for two reasons. First, there was a small number in the unsure group (see Table 1), that would have been difficult to analyze separately. Second, during adolescence, gender identity may not be solidified for some youth. It made sense to examine service needs for any of those indicating a gender different from that assigned at birth.

Participants indicated their sexual and romantic attractions (asked separately), with the ability to check as many possibilities as applied (females, males, transgender FTM, transgender MTF, no one, and unsure). For these analyses, results were coded as “Same-Sex,” “Both Sexes,” or “Unsure.” This coding was based on the assigned sex of the respondents and those to whom they were attracted. For example, a respondent assigned as female at birth and either sexually or romantically attracted to females and not males was coded as “Same Sex.” Similarly, a female who reported being sexually or romantically attracted to females and males was coded as “Both Sexes.” A participant was coded as “Unsure” if “Unsure” was checked, regardless of how many other options were checked. Connection to the LGBTQ community was measured with one question, “Do you feel connected to the LGBTQ community?” with answer choices of “Not at all,” “Moderately,” or “Extremely.” The degree to which participants’ were “out” regarding their LGBTQ status was measured as follows: For each of 7 categories (immediate family, extended family, heterosexual friends, LGBTQ friends, people in their religious community, other heterosexual people, and other LGBTQ people), participants rated how many (“None,” “Some,” “Most,” or “All” range = 0 to 3) people know that they are LGBTQ. Responses were averaged across the 7 categories and the result rounded. Because participants might not have people in their lives in all of these categories (e.g., some might not belong to a religious community or have LGBTQ friends), they were given the option of answering ‘does not apply’ and the average was computed only for the categories of people they reported having.

The anonymous nature of the study limited the amount of potentially identifying data that could be collected, but the survey did ask for participants’ zip code. Of the original 601 participants, 450 youth supplied valid zip codes. For each of these zip codes the research team gathered data to assess community political liberalism, population density, and relative density of the LGBTQ populations. The hypothesis was that provision of, and access to, services for LGBTQ youth might be influenced by these aspects of the surrounding community. Liberalism was estimated using the proportion of the 2008 presidential popular vote going to Barack Obama in the county containing the participant’s zip code. Population density was population per square mile from the 2000 census. Relative density of LGBTQ

populations was measured using percentage of same-sex unmarried-partner households from the 2000 census.

The survey included 3 questions regarding programs and services for LGBTQ youth. The first, about types of services, asked, “We would like to use information from the survey to develop things that would be helpful to LGBTQ youth, such as programs, services, and websites. Which of these things do you think you or other LGBTQ youth would make use of?” Participants could check any or all of 12 options and fill-in up to 3 additional (“other”) ideas. Response options appear in the tables in the Results section. The second question, about formats for services, asked, “There are a number of ways such services could be provided. If you were to take part, how much would you like each of these formats?” Six options (also shown in Results) were rated on a 5-point scale from 0 - “Strongly Dislike” to 4 - “Strongly Like.” The last question focused on service venue, asking, “If such services were available that you could attend in person, what would be your preferences for where it should be offered?” Up to 6 venues (shown in Results) could be checked, and participants could supply additional venues in an open-ended space for “other.”

2.7 Analysis strategy

Analyses focused on respondents’ answers to questions about the areas in which they perceive themselves to need services, their preferences for how services should be delivered and the locations where they would like to access services. Overall endorsement of the percent of youth endorsing a preference for each service and each location was computed. This was followed by Chi-square tests to examine whether each of these preferences was associated with participant characteristics. To examine race/ethnicity’s association with these endorsements, logistic regression was used with multiple dummy-coded variables comparing each minority race/ethnic group to the reference group which was being white. For format preferences, the mean score for the sample was estimated. This was followed by Analysis of Variance (ANOVA) to examine whether participant characteristics were associated with each. For race/ethnicity, linear regression was used as described above.

3 Results

Table 1 shows the distribution of respondents on personal characteristics. The sample was equally split between females and males. White individuals were predominant, with the remaining participants spread across African American, Latino/a, Asian American, and three multi-racial groups (Native American/White, Asian American/White, and other Bi- or Multi-racial). A fifth of the sample was 14 to 15 years old, with a larger proportion in the older categories. A larger proportion was attracted to the same sex than to both sexes, with a small number being unsure. Four-fifths identified as their birth gender, with the remainder being transgender or unsure. Participants varied in connection to the LGBTQ community, with the largest proportion being moderately connected. Almost half were out to most people in their lives, with a noticeable portion to some or all. Participants resided in counties that had a larger percentage of votes for Obama in 2008 than did the U.S. population as a whole. Their zip codes were more densely populated than the average U.S. density, but their zip codes averaged lower density of LGB-headed households than was seen across the U.S. in the 2000 census.

3.1 Types of Services

Table 2 shows the proportion of the sample endorsing each item under the question, “Which of these do you think you or other LGBTQ would make use of?” There was strong interest in all of the types of services in the list. Each type of service was endorsed by at least 60% of youth, and a number were endorsed by 80% or more. The most desired services were

LGBTQ-specific sex education, support and guidance from LGBTQ peers, and help with dating and relationship issues. The least endorsed services were information about other (besides STI prevention) ways to keep healthy, self defense training, and help with issues related to place of worship.

The remaining columns in Table 2 indicate, by showing the χ^2 value, whether there were differences in endorsement of each service type among subgroups of respondents. Boys (sex at birth) differed from girls on 3 of the 12 items: LGBTQ-specific sex education (79.7% of boys, 86.8% of girls); help with dating and relationships (85.6% of boys, 77.7% of girls); and support/guidance from older LGBTQ people (75.6% of boys, 84.6% of girls). Race was only related to 2 service type items. All (100%) African American youth endorsed support from LGBTQ adults, compared to 79% of other youth. Biracial Asian American/White youth were less likely than other groups to endorse STI/HIV prevention; 46.2% of Biracial Asian American/White youth endorsed this item, compared to 74% of other youth. Age was not related to service type preferences.

Responses to service types were examined by gender identity, comparing those who identify as their sex at birth ($n = 452$) with those categorized as transgender/unsure ($n = 92$). These two groups differed on 5 of the 12 items, with more of the transgender/unsure youth endorsing the item in each case. These items were: support/guidance from LGBTQ peers (81.0% of birth gender, 93.5% of transgender/unsure); family issues (79.0% of birth gender, 88.0% of transgender/unsure); support/guidance from older LGBTQ people (77.4% of birth gender, 93.5% of transgender/unsure); ways to cope with stress (78.1% of birth gender, 89.1% of transgender/unsure); and self defense training (63.3% of birth gender, 82.6% of transgender/unsure). Regarding sexual orientation, differences were observed on 3 of the 12 items. In each case the unsure group was more likely to endorse the service need than either the same-sex-attracted or bisexual group. The 3 items were: help with dating and relationships (83.9% of same sex, 74.1% of both sex, and 92.2% of unsure); support/guidance from older LGBTQ people (76.9% of same sex, 81.0% of both sex, 98.0% of unsure); and help with questions about sexual orientation (75.3% of same sex, 72.4% of both sexes, and 90.2% of unsure).

Youths' self-perceived connection to the LGBTQ community was associated with their responses regarding only 2 of the service needs. Those with more connection were more likely to endorse LGBTQ-specific sex education (74.7% of not at all, 83.8% of moderately, 88.1% of extremely connected) and STI/HIV prevention information (72.2% of not at all, 70.3% of moderately, and 82.8% of extremely connected). Youth who reported being "out" to none of the people in their environment and those reporting being "out" to all of the people in their environment were more likely (83.0% and 78.7% respectively) to endorse a need for STI or HIV prevention information than were youth "out" to some or most people (66.0% and 74.2% respectively).

Contrary to expectation, service type was not related to variables describing the context in which participants lived: community liberalism, population density, or relative density of LGBTQ households.

3.2 Format for Delivery

Table 3 summarizes responses to the question, "If you were to take part..., how much would you like each of these formats?" For these items, the range was 0 to 4 with 0 representing "strongly dislike" and 4 representing "strongly like." The mean response fell below neutral for only one of the 8 items, "a computer program, but not over the internet." The most liked options were a small group led by other LGBTQ youth and activities with LGBTQ youth, followed by a group led by LGBTQ adults and talking to someone one-to-one.

Boys (sex at birth) and girls differed in the degree of preference for certain formats. Girls had a stronger preference for small groups led by LGBTQ adults (girls $M = 3.12$, $SD = .90$, boys $M = 2.84$, $SD = .97$), whereas boys had a stronger preference for small groups led by non-LGBTQ adults (girls $M = 2.10$, $SD = 1.06$, boys $M = 2.30$, $SD = 1.02$). Girls also had a stronger preference for written materials (girls $M = 2.71$, $SD = 1.08$, boys $M = 2.36$, $SD = 1.09$). Age was related to only one format preference; older youth were more likely to prefer talking to someone one-to-one (age 14-15 $M = 2.80$, $SD = 1.01$, age 16-17 $M = 2.83$, $SD = 1.00$, age 18-19 $M = 3.04$, $SD = .92$). Format preference varied by race or ethnicity. For activities with other LGBTQ youth, African American ($M = 3.50$, $SD = 1.04$) and biracial Native American/White ($M = 3.67$, $SD = .59$) youth had a relatively stronger preference, and biracial Asian American/White ($M = 2.31$, $SD = 1.11$) had a relatively weaker preference than other racial or ethnic groups. For a small group led by other (not LGBTQ) adults, Hispanic ($M = 2.62$, $SD = .92$), biracial Native American/White ($M = 2.78$, $SD = 1.00$), and other bi- or multi-racial ($M = 1.46$, $SD = .88$) youth had a weaker preference than other racial or ethnic groups. Stronger preferences for services delivered by telephone were endorsed by African American ($M = 2.54$, $SD = 1.26$), biracial Native American/White ($M = 2.67$, $SD = 1.14$), and other bi- or multi-racial ($M = 2.44$, $SD = 1.07$) youth compared with other groups. Biracial Native American/White youth had a stronger preference ($M = 2.50$, $SD = 1.15$) and biracial Asian American/White youth had a weaker preference ($M = 1.00$, $SD = .82$) than other groups for services provided using a computer but not over the internet.

Gender orientation was related to only one service format preference. Transgender or unsure youth showed a stronger preference for small groups led by LGBTQ adults (transgender/unsure $M = 3.26$, $SD = .75$, same as birth sex $M = 2.92$, $SD = .97$). Format preferences were not related to sexual orientation.

Not surprisingly, connection to the LGBTQ community was related to format preferences on three items that involved in-person interaction with other LGBTQ people. As perceived connection increased, so did preference for small groups led by LGBTQ youth (not at all $M = 3.06$, $SD = .93$; moderately $M = 3.16$, $SD = .87$, extremely connected $M = 3.57$, $SD = .66$), activities with other LGBTQ youth (not at all $M = 2.92$, $SD = 1.02$; moderately $M = 3.08$, $SD = 1.04$; extremely connected $M = 3.45$, $SD = .84$), and small groups led by LGBTQ adults (not at all $M = 2.81$, $SD = 1.04$; moderately $M = 2.92$, $SD = .97$, extremely connected $M = 3.22$, $SD = .80$). Degree of “outness” was related to only one format item. The more people in the youth’s environment knew about their LGBTQ status, the stronger their preference for small groups led by LGBTQ youth (none $M = 3.00$, $SD = .78$; some $M = 3.17$, $SD = .86$; most $M = 3.25$, $SD = .87$; all $M = 3.43$, $SD = .85$).

Although characteristics of the respondents themselves were related to their preferences, the contextual variables of community liberalism, population density, and proportion of LGBTQ households were not related to format preference.

3.3 Location of In-Person Services

The proportion endorsing each possible location is shown in Table 4. Very few of the 544 respondents indicated they would *not* attend in-person services. The most popular locations were those likely to be frequented by any youth - school and community centers. Slightly less popular were LGBTQ-specific youth serving agencies. The library was endorsed by about half of youth. Few preferred a service offered at a place of worship.

Preferred location did not differ by sex assigned at birth or age. Although there were no significant relationships between racial/ethnic identity and location preferences when all racial/ethnic groups were considered, there was a relationship between identifying as African American versus non-African American and preference for place of worship ($\chi^2 =$

5.24, $df=1$, $p = .022$). Place of worship was endorsed by 28.6% of African Americans and only 13.2% of non-African Americans.

Gender identity was associated with preferences for location. In general transgender/unsure youth were more likely to endorse all the venues than were same-as-birth-gender youth, and this difference was significant for two items. More transgender/unsure youth (70.7%) than non-transgender youth (55.3%) preferred a queer-youth specific agency Transgender/unsure youth were very unlikely to say they would not attend something in person (2.20 % of transgender/unsure youth versus 9.10% of same-as-birth-gender youth).

Sexual orientation was not highly related to location preference, except that those unsure of their sexual orientation were more likely (82.4%) to endorse community centers as a preferred location than were gay/lesbian (62.0%) or bisexual (66.1) youth.

Perceived connection to the LGBTQ community was associated with 3 location preferences. The more connected they felt, the more youth would like services to take place at school (48.1% for not at all, 67.5% for moderately, and 78.4% for extremely connected). Extremely connected youth (72.4%) were more likely than moderately (52.2%) or not at all (58.2%) connected youth to want to attend at an agency for queer youth. The more connected the less likely a youth would not attend in person (13.9% for not at all, 9.1% for moderately, and 0.7% for extremely connected youth). Outness was also associated with location preference. Youth who were more out were more likely to want to receive services at school (44.7% of none, 53.1% of some, 76.2% of most, 73.4% of all) or a community center (57.4% of none, 55.1% of some, 70.3% of most, 71.3% of all) and less likely to say they wouldn't attend in person than were less out youth (21.3% of none, 11.6% of some, 4.7% of most, 4.3% of all).

Again, contrary to expectation, the community variables (liberalism, population density, and proportion of LGBTQ households) were not related to location preference.

4 Discussion

The current study is among the first to examine service preferences of sexual minority youth. While numerous studies have documented the unique risks and health concerns of these populations, very little research has examined strategies to address these risks and concerns. Given the stigmatized nature of sexual minority status, it is particularly important to identify preferences for location, content, and delivery of services in order to increase likelihood of utilization by these vulnerable youth. A relative strength of the study is the recruitment of youth from a variety of venues, including an internet social network site, rather than limiting the sample to those already using LGBTQ services. This method allowed recruitment of youth who may not be represented in other surveys, including those who are not yet "out", those who are not certain of their sexual or gender identities, and those who are not connected to LGBTQ communities. Thus, the results may be applicable to the development of new services to address LGBTQ populations more broadly, rather than providing services to those who are already accessing them.

Overall, sexual minority youth express a strong need for information and services. While there was some variation in preferences for services and across sub-groups of sexual minority youth, over half of survey participants expressed interest in all of the types of services included in the survey. This is not surprising given the challenges facing sexual minority youth that have been widely documented in the literature (Cochran, Stewart, Ginzler, & Cauce, 2002; Remadefi, 2008; Scourfield, Roen & McDermott, 2008; Austin et al., 2009). It is clear that sexual minority youth feel a need for more services targeted specifically for them, and that these services will be well-received regardless of format, modality, or content.

At the same time, several differences did emerge that may be informative for future research and program development. Notably, transgender youth and those uncertain about their gender identity expressed a stronger interest in several services than their conventionally gendered LGB counterparts. These include help coping with stress, dealing with family issues, learning self-defense, and having support and guidance from LGBTQ adults. Nearly all of these youth were interested in an in-person service modality, and the majority preferred to receive services at an agency specifically designated for LGBTQ youth. These findings point to the additional challenges facing youth who are transgender as well as an important gap in the current service delivery system that needs to be addressed. While individuals may be identifying as transgender at earlier ages than in previous decades, there are still relatively few programs that address their unique issues and concerns which differ from those of conventionally gendered LGB youth. As suggested by their heightened interest in support and guidance from LGBTQ adults, these youth have limited access to adult role models.

Despite documented gender and racial/ethnic differences in risk and protective factors among sexual minority youth, few differences in service preferences emerged along these demographic lines. One exception is the relatively greater preference among African American youth for services offered in a place of worship, which may reflect the greater centrality of the church in African American communities. Although consistent racial or ethnic patterns were not observed, this does not mean that those marginalized by virtue of both race/ethnicity and gender or sexual identity do not encounter more challenges than those marginalized by virtue of only one of these. Indeed, past research suggests that queer youth of color have a qualitatively different experience than white queer youth because of the multiple forms of oppression and social inequality they experience (e.g., racism, sexism, homophobia) (Daley, Solomon, Newman & Mishna, 2007; Diaz & Kosciw, 2009; Singh, 2012). As noted below, the sample for this study included relatively low representation of racial or ethnic minority groups, and, therefore, is of limited value in describing their experience.

Service preference differences were not observed as a function of whether a youth's sexual identity/orientation is gay/lesbian or bisexual. However, as expected, questioning youth expressed relatively greater interest in a variety of services, including dating or relationship help, support or guidance from LGBTQ adults, and help with questions about sexual orientation. This indicates the unique challenges faced by youth who are in the process of identity development. By virtue of having not yet self-identified as LGBTQ to those in a position to provide assistance, they may be in greater need of assistance than those who are more visible. Those questioning their sexual orientation were also more likely to endorse community centers as a service location than were those more certain of their sexual orientation. This underscores a need to create LGBTQ-friendly spaces in a variety of youth-serving organizations in order to serve those who are in the process of defining and understanding their identities.

Another unexpected but interesting finding was that no significant differences occurred in service preferences by geographic location. Although the social and political climate for LGBTQ people has generally improved in the U.S. over the past several decades, this climate varies widely across geographic region and between urban and rural areas (Drumheller & McQuay, 2010). Thus, the *a priori* expectation was that youth in more politically conservative environments with relatively less visible LGBTQ communities would express stronger service needs. The fact that even youth in large urban areas expressed interest in services that was similar to those in less favorable environments points to the relative vulnerability of LGBTQ youth, regardless of location. Along the same lines, youth who were relatively more connected to LGBTQ communities were equally interested

in a wide range of services as those with less connection. This finding highlights the fact that even where services, organizations, and social events for LGBTQ people exist, relatively few of these are targeted specifically at youth. Further, youth are often embedded in family, school, and community contexts not of their choosing which may pose additional challenges as they negotiate their identities. Thus, it is important to recognize the need for youth-specific services across geographic locations.

Despite increasing popularity of social networking sites, and the fact that the sample was recruited on the internet, the most popular format for service delivery in the sample involved in-person contact with other LGBTQ youth and adults. Even in this electronic age, it is important not to lose sight of the value of face-to-face interactions, particularly with other individuals who share one's stigmatized status. As expected, youth who were relatively more connected to LGBTQ communities expressed a greater preference for services that were in-person than those with less community connection. However, it is notable that even among those with low connection to LGBTQ communities, more than half were interested in receiving services in-person. However, these youth were relatively less interested in receiving services at LGBTQ-specific sites or agencies. Thus, while in-person contact is valuable, it is important that some services be offered in more neutral locations such as schools or community centers in order to serve those who would not be comfortable entering agencies that are visibly connected to the LGBTQ community.

Several limitations must be considered in interpreting these findings. First, although the sample included a wide range of LGBTQ youth from across the U.S., it is not a random sample and may be subject to biases that could have influenced the results. Youth who did not respond to the survey may indeed differ in systematic ways from those who did respond. For example, it is likely that non-respondents may be even less connected to LGBTQ communities and may have less internet access than respondents. The analyses reported here are considered exploratory. No correction was made for the multiple analyses performed. Findings significant at $p < .05$ are presented but should be interpreted with caution. Another limitation of the study is that the anonymity provided no way of verifying that those who responded do indeed identify as LGBTQ youth. In addition, using zip code as the geographic unit and 2008 election results, population density, and census data on LGB households might have obscured geographic differences that would be evident had other measures been used. Finally, despite efforts to recruit ethnic minority youth, the sample was overwhelmingly White, thereby making comparisons across ethnic/racial groups difficult. The reasons for low participation of ethnic minority youth are not entirely clear, especially given that some of the Facebook advertisements were specifically worded to invite people from a variety of racial/ethnic groups. It may be that ethnic minority LGBTQ youth are less willing to identify themselves for purposes of an "LGBTQ survey". There may also be a relatively small percentage of youth of color, compared to whites, who would see an LGBTQ survey as relevant to them. Specifically, research suggests that people of color come out at older ages, possibly related to the strong roles of religion and family ties that are not compatible with LGBTQ self-identification (Baez, 1999; Constantine-Sims, 2001; Diaz, 1998; Fukuyama & Ferguson, 2000; Williams, Wyatt, Resell, Peterson, & Asuan-O'Brien, 2004). In a subsequent project with heterosexually active young men, the authors were able to achieve better ethnic diversity in social network site sampling than in this study. Methods used that were not used in this study included only enrolling people of color once enough white individuals had been recruited, posting ads in geographical regions with higher representation of particular ethnic minority groups, and using ethnic-specific pictures in ads to match the region. For internet recruiting in future studies, these methods might also increase LGBTQ participation.

5 Conclusions

As evidenced from the results and discussion above, sexual minority youth expressed a need for a wide range of services. Peer support resources for LGBTQ youth should be available in multiple settings and settings such as community service agencies, queer-youth focused drop-in locations, or web-based locations. LGBTQ-specific sex education and help with dating and relationship issues should be priorities for development, including resources for prevention of dating violence. Transgender and gender-variant youth are probably the least well-served by existing organizations. Their responses reflect a high need for a number of different services and their preferences for type of services, stress reduction, self-defense, and family issues, may reflect the additional vulnerability to negative social environments and additional minority stress faced by transgender youth (Kelleher, 2009). Youth unsure about their sexual orientation are another high need group that may be hidden from LGBTQ service providers. Mainstream providers such as schools, youth serving agencies, etc., should be made more aware of the concerns of this group. Finally, training, especially for non-LGBTQ-serving agencies, should include information about the range of LGBTQ youth to highlight the heterogeneity of these groups and the need for more individualized services instead of a “one-size fits all” kind of approach.

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Highlights

- More than half of the LGBTQ youth expressed interest in a wide range of services.
- Anonymous online survey and recruitment strategies broadened sample representation.
- Preference for service format was for in-person contact with LGBTQ youth/adults.
- Transgender and gender-variant youth are least well-served by existing services.
- Few demographic or geographic differences emerged for service preferences.

Table 1
Characteristics of Study Sample, n = 544

		<i>N</i>	<i>Percent</i>
Birth Gender	Female	273	50.2
	Male	271	49.8
Race/Ethnicity	White, Caucasian, European	383	70.4
	African American	28	5.1
	Latino/a/Race not Specified	24	4.4
	Latino/a/White	20	3.7
	Asian American	15	2.8
	Pacific Islander	2	0.4
	Biracial: Native American/White	18	3.3
	Biracial: Asian American/White	13	2.4
	Other Biracial or Multi-racial	41	7.5
Age	14-15	104	19.1
	16-17	249	45.8
	18-19	191	35.2
Sexual Identity	Same Sex Attraction	319	58.6
	Both Sex Attraction	174	32.0
	Unsure	51	9.3
Gender Identity	Same as Assigned Sex	452	83.1
	Opposite, Both or "None of These"	59	10.8
	Unsure	33	6.0
Connection to LGBTQ Community	Not at All	79	14.5
Out to How Many People	Moderately	320	58.8
	Extremely	134	24.6
	Not Answered	11	2.0
Out to How Many People	None	47	8.6
	Some	147	27.0
	Most	256	47.1
	All	94	17.3
		<i>M</i>	<i>SD</i>
Political Liberalism ^a	Proportion in county of participant's zip code that voted for Obama in 2008	.58	0.13
Zip Pop./Sq. Mile ^b	Population per square mile of the zip code	4,270	9,504
LGBTQ Households ^c	Proportion of LGBTQ-headed households in zip code counted in 2000 census	0.007	0.005

^aProportion of U.S. voters for Obama in 2008 = .53

^bU.S. 2010 census gives 87.4 persons per square mile as population density.

^cProportion of gay or lesbian households from U.S. 2000 Census = .0099

Table 2
Which of these do you think you or other LGBTQ youth would make use of? (n = 544)

Type of Assistance	Chi-square comparisons of type of assistance by participant characteristics						
	% Yes	Gender (df = 1)	Race/Ethnicity (df = 8) ^a	Trans/Unsure GID (df = 1)	Unsure SO (df = 2)	How Connect (df = 2)	How Out (df = 3)
LGBTQ-specific sex educ.	83.3	4.93*				6.49*	
LGBTQ peer support/guidance	83.1				8.51**		
Dating/relationship help	81.6	5.73*			11.27**		
Family issues	80.5			4.00*			
LGBTQ adult support/guidance	80.1	6.88**	19.45*	12.37***	12.48**		
Coping with LGBTQ-related stress	80.0			5.81*			
Coming out information	77.8						
Questions about sexual orientation	75.7				6.89*		
Preventing STI/HIV	73.5		16.07*			7.77*	7.80*
Ways to keep healthy	67.8						
Self defense	66.5			12.84***			
Place of worship issues	61.2						

Note. GID = gender identity; SO = sexual orientation; Connect = connection to LGBTQ community; How Out = number of different kinds of people to whom participant is out as LGBTQ.

^aRace/Ethnicity χ^2 is based on binary logistic regression employing dummy variables with White as the reference group.

* p < .05;

**

p < .01;

*** p < .001

Table 3

Participant characteristics and format preference (n = 544)

ANOVA F-test comparisons of format by participant characteristics							
Format	Mean ^a (SD)	Gender (df= 1,542)	Age (df= 2,541)	Race/ Ethnicity (df= 7,536) ^b	Trans/ Unsure GID (df= 1,542)	How Connect (df= 2,530)	Out (df= 3,540)
LGBTQ youth- led small group	3.24 (.86)					13.56 ^{***}	3.04 [*]
Activities with other LGBTQ youth	3.15 (1.00)			3.18 ^{**}		8.94 ^{***}	
LGBTQ adult - led small group	2.98 (.95)	12.07 ^{***}			9.77 ^{**}	6.35 ^{**}	
Talking one-to-one	2.90 .975		3.31 [*]				
On the internet	2.79 (1.04)						
Written materials	2.54 (1.08)	15.20 ^{***}					
Other adult-led small group	2.19 (1.04)	5.06 [*]		3.28 ^{**}			
Telephone	2.13 (1.15)			2.20 [*]			
Computer but not internet	1.98 (1.07)			2.59 [*]			

Note. GID = gender identity; Connect = connection to LGBTQ community, Out = number of different kinds of people to whom participant is out as LGBTQ.

^aMean and SD where "0" = Strongly dislike, "1" = Dislike, "2" = Neutral, "3" = Like, "4" = Strongly Like

^bRace/ethnicity analysis was a multiple regression entering dummy variables with White as the reference group.

* p < .05;

** p < .01;

*** p < .001

Table 4
If you could attend in person, preference for where services should be offered (n = 544)

Venue	Chi-square comparisons of venue and participant characteristics			
	% Yes	Trans/ Unsure GID (df = 1)	Unsure SO (df = 2)	How Connect (df = 2) Out (df = 3)
School	66.7			20.70 ^{***} 34.8 ^{***}
Community Center	65.3		8.08 [*]	12.34 ^{**}
Agency for queer youth	57.9	7.38 ^{**}		15.84 ^{***}
Library	49.4			
Place of worship	14.0			
Wouldn't attend in person.	7.9	5.0 [*]		14.27 ^{***} 19.6 ^{***}

Note. GID = gender identity; SO = sexual orientation; Connect = connection to LGBTQ community; Out = number of different kinds of people to whom participant is out as LGBTQ.

* p < .05;

** p < .01;

*** p < .001