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Pathways to accessibility: Participants identifying the barriers to young and proud.

Michael K. Wilcox
University of Windsor

PATHWAYS TO ACCESSIBILITY:
PARTICIPANTS IDENTIFYING THE BARRIERS TO YOUNG AND PROUD

by
Michael K. Wilcox, B.A., B.S.W., B.Ed.

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ABSTRACT

Michael K. Wilcox, B.A., B.S.W., B.Ed.

This study identifies barriers to the AIDS Committee of Windsor's *Young and Proud* program, a support group for gay, lesbian, bisexual, and transgender youth. They are explored in a qualitative study of 10 gay, lesbian, and bisexual youth who either currently participate or have previously participated in the program. Participants were interviewed in person by means of an open-ended questionnaire to describe, in their own words, existing or perceived barriers to accessing this program. Content analysis revealed several barriers. These identified barriers included: outreach strategies, age range of participants, confidentiality, site location, group format and 'at-risk' youth. The researcher offers seven program planning recommendations based on the participants' experiences and the existing literature.

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CHAPTER 1

INTRODUCTION

According to the DSM-IV-TR, homosexuality is no longer regarded as a medical or a psychiatric disorder however, it is an identified aspect of the human condition that has profound effects on individuals, communities and society as a whole. Choosing a member of one's own sex for a partner is relatively common throughout the world. It is also common to select a member of one's own sex with which to develop an intimate domestic partnership. Yet, despite the ubiquitous presence of homosexuals in history and society, the topic of homosexuality and homosexual relationships remains one of contention and most certainly controversy in North America. Members of the American Medical Association and the Canadian Medical Association do acknowledge that homosexuals may experience adjustment, personal, or relationship issues because of victimization related to a person's status as a homosexual. Some studies have linked an association between homosexuality, psychopathology, and suicide. Some epidemiological studies have (Fergusson, Horwood & Beautrais, 999; Herell, Goldberg & True, 1999). These findings have perpetuated a longstanding controversy regarding their meanings, the nature of these variable relationships, and the etiological factors that may explain their interrelationships (Remafedi, 1999). Regardless of such controversy, these studies among others have indicated that homosexuals are at a substantially higher risk for some forms of emotional problems, including depression and anxiety disorders that, in turn, may result in suicide (Bailey, 1999).

More and more often there are increasing numbers of gay, lesbian and bisexual youth all over the world who are disclosing their sexual orientation or 'coming out'. The media continues to promote a more liberal acceptance toward homosexuality in mainstream North American

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society, in general. As disclosures continue to increase in frequency, so does societal awareness of a variety of health issues associated with this population.

It is well known that from a developmental perspective, adolescence is a stressful time for most young people. In turn, it is a particularly stressful time for gay, lesbian, and bisexual adolescents as their developmental issues are further compounded by the prevalence of heterosexism and homophobia. Heterosexism and homophobia combined with other common developmental issues that all adolescents struggle with, often result in a variety of social, emotional, mental, and adjustment issues.

Remafedi (1990) concluded that gay and lesbian youth needed to be considered at higher risk for poorer academic performance, absenteeism, and dropping out of school (Savin-Williams, 1994). Other studies have revealed that gay and lesbian adolescents were discovered to be at increased risk for substance abuse (Rotheram-Borus, Rosario & Meyer-Bahblurg, 1992). Faulkner and Cranston (1998) reported that gay and lesbian students were 3.4 times more likely as their peers to be absent from school as they felt unsafe in the school environment.

Some studies have also indicated that gay and lesbian youth are at higher risk of both suicide and suicidal ideation. For instance, Durant, Krowchuk & Sinal (1998), determined that suicide rates among gay and lesbian adolescents were alarmingly higher than those reported by heterosexual youth.

Many of these psycho-social issues are directly linked with the self-perception, acceptance and management of a lesbian, gay, bisexual identity. These can include, but are not limited to: peer relationships; isolation from the gay community; dysfunctional development of intimate relationships; and distress caused by discriminatory harassment and violence based on sexual orientation; and anxieties related to sexual health especially HIV infection (Ashely, 2001).

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Isolation and typically self-loathing characterize the teenage years and young adulthood of many gay, lesbian, and bisexual youth. Most adolescents experience feelings of sexual attraction around the age of twelve and gay, lesbian and bisexual adolescents are no exception. Yet for a period of at least six years, s/he is likely to maintain silence about their sexual orientation. During this time, gay adolescents typically experience overt stress due to feelings of self-hatred, distress, and isolation associated with their own 'different' orientation (Canadian Public Health Association, 1998).

A longitudinal study of 200 GLB (Gay, Lesbian, Bisexual) Montreal youth affiliated with *Project 10*, one of the largest GLB service organizations in Canada, expressed how the participants felt about their lives when they participated in the study (see Appendix A). *Project 10* contacted thousands of GLB youth over a five-year period. Not one respondent initiated contact with the organization seeking out HIV prevention information. The youth who came to *Project 10* did so because of personal distress related to being gay, lesbian or bi-sexual. They came looking for answers about the 'coming out' process or because of suicidal ideation. They also identified support in the 'coming out' process and ways to break isolation as the two most important needs motivating them to seek support from this program.

A. Purpose

Studies examining social service needs of GLB youth have revealed that their needs are not being met by agencies in the communities in which they reside. In Canada, where services for GLB youth exist, they tend to be sporadic, under-funded and overly dependent on volunteerism (Canadian Public Health Association, 1998). All too often, these factors affect the ability to provide the necessary services to reach many GLB youth.

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Young and Proud is a support group that has been created through the *Youth Project* at the AIDS Committee of Windsor, in Essex county, Ontario. The Youth Project was initially designed to prevent the spread of HIV and AIDS among youth through its goal of building self-esteem among sexual minority youth, empowering them to make informed choices (see Appendix B). The goals of *Young and Proud* include: 1) increased sense of belonging for sexual minority youth, through support and education, 2) increased self-esteem through positive interaction, and acceptance 3) opportunities for leadership within the community (Fraser, 1998).

The purpose of this study is to gain knowledge about: 1) the identification of any possible barriers that may exist to GLB youth accessing the *Young and Proud* program, and 2) exploring and recommending possible ways to expand the *Young and Proud* outreach to a larger population of GLB youth.

B. Rationale for the Study

While GLB youth have indicated that they feel there are many others in the community who could benefit from the types of services *Young and Proud* provides, they also acknowledge the difficulty of knowing exactly how large the potential target population is at present. Although estimates could be made based on the population of Windsor and Essex County, it is noted that such projections could vary greatly from source to source. Also, it was noted that not all GLB youth in the community would be in need of *Young and Proud* services.

In 1998, Julie Fraser, M.A., was hired to conduct a program evaluation of *One in Ten*, which is currently re-named as *Young and Proud*. Fraser's evaluation consisted of in-depth interviews with various stakeholders including group members, staff, board

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members, and other local social service agencies. Based on her evaluation, a number of recommendations pertaining to future evaluation work were cited.

The Four main recommendations were:

1) A literature review should be undertaken to provide a theoretical basis for the relationship between gay identity and AIDS risk.

2) Consider re-developing a program model for the program.

3) Evaluation data should be collected on an ongoing basis.

4) Determine barriers to service for potential youth clients.

In order to determine barriers, Fraser suggested that a comprehensive focus group be established to discuss barriers to service.

Another concern was whether or not all target members were being reached by the program. Staff of *Young and Proud* felt that more GLB youth could use *Young and Proud* than those who actually utilize it. Unfortunately, the prevalence of this particular population is extremely difficult to assess. When asked for a referral for GLB youth, community service providers identified *Young and Proud* as the only appropriate service available within the city of Windsor and the county of Essex.

The only potential alternative mentioned by GLB youth was *Out On Campus,* a gay youth group at the University of Windsor (Fraser, 1998). At present, there is a group of community organizers attempting to network with existing community service agencies and the University of Windsor to determine community needs for GLB youth in Windsor and Essex County.

Fraser (1998) also pointed out that school boards and community agencies serving youth also highlight the need for a program like *Young and Proud,* in part by

emphasizing the limitations of their own organizations for dealing with youth struggling with ongoing issues pertaining to sexual identity. A number of the community service providers contacted were unaware that a program aimed specifically toward that particular population existed in the Windsor or Essex County area. Currently, there are three self-identified GLB youth utilizing the services of *Young and Proud*. According to the current group facilitator, the attendance is consistently low with turnout sometimes being limited to only one person.

C. Theoretical Framework

Development of Social Identity Among Gay and Lesbian Youth

For teenagers, whether they are gay or straight, adolescence is a time fraught with ambivalence about one's self and social identity. An identity is composed of many elements that include minimally: social, emotional, familial and sexual. Young people attracted to others of the same sex have unique experiences that differ from their heterosexual counterparts. Their desires are typically difficult to express in a pervasive heterosexual environment (Morrow, 1993). In turn, feelings of anxiety and isolation frequently occur when they are unable to express or share their desires openly and honestly.

Regardless of our liberalization in North America, heterosexuality is still the accepted and preferred sexual norm. Whether in school, family, peers, places of worship, sports teams or other aspects of society, heterosexual preferences are still the accepted hegemony. Members of the one's family are usually the first role models an adolescent encounters and identifies with during life cycle development. How these members view

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homosexuality largely determines whether the homosexual's social construction will be negative or positive, in nature.

Some studies have indicated that few young people reveal their sexual orientation to their parents, but when they do, even fewer benefit from any type of meaningful parental support (Uribe & Harbeck, 1991). According to a qualitative study involving 26 gay youth in Montreal, most youth, who 'came out' ended up leaving their family home (Jalbert, 1997). Some youth who 'come out' to their parents, end up being sent out of their family home and many reported suffering some type of violence in their very own family environment.

Current North American school systems similarly do not provide minimal or necessary supports for gay and lesbian students dealing with adjustment issues. Studies have revealed that teachers often lack the necessary knowledge to deal compassionately with homosexuality in general, and many are not aware of their own personal biases and heterosexist attitudes toward this population. The overall result of this is that it is 'safer' for teachers to assume that all students in their class are heterosexual. Teachers are not the only source of heterosexist attitudes, as the vast majority of educational text books used in our society minimize or marginalize many of the historical and cultural contributions of gays and lesbians in our society. This generally reinforces the absence of role models for GLB youth. Such pervasive stigma and discrimination existing in learning institutions was documented in a study carried out in U.S. colleges. The findings revealed that one in three respondents reported that their institution would be better off having no gay men or lesbians; whereas 80 % indicated that they had already made negative, and/or discriminatory remarks about them (D'Augelli, 1993).

To exist in such a hostile environment, many GLB youth feel that they need to suppress their attraction to members of their own sex from their peers. Such reaction formation causes them to act out roles which society reinforces in order to protect themselves from various forms of overt and subtle discrimination (D'Augelli, 1992).

The participants of a gay and lesbian support project based in Montreal, showed that 64.5 % of males and 32.3 % of females were afraid of being rejected because of their sexual orientation; 50.5 and 32.3 %, respectively, were afraid of being found out (Otis, Ryan et al., 1997). As a result, GLB youth often construct their social identities without appropriate homosexual socialization. This includes the benefit of identification with older gay men and lesbians, and without the freedom of open and supportive relationships among their heterosexual counterparts.

The additional stress placed on GLB youth appears evident in the disproportionately higher rates of suicide and suicide attempts. Some study findings have reported that the risk of suicide is almost thirteen times greater among homosexual youth than heterosexual youth (Bagley &Tremblay, 1997). Finally here, homosexual youth attempt suicide two to three times more than youth, in general (Dempsey, 1994). GLB youth are also at an increased risk when they must leave their home. Research has shown that a disproportionate number of LGB youth end up on the street, where they are at further risk of drug abuse, sexual abuse, violence, HIV/AIDS, and suicide (Health Canada, 1996).

Youth Support Groups for Gay, Lesbian and Bisexual Youth

Some theoretical models exist for the implementation and facilitation of groups aimed at adolescents who require support for a variety of different reasons. Such

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approaches are not always appropriate and/or adaptable for GLB youth. As a result, few

theoretical models or approaches are available for the implementation and provision of

support groups specifically for GLB youth.

Recently, the Canadian Public Health Association worked in conjunction with

four Canadian cities to explore different communities in Canada in terms of services and

barriers to services as they affected HIV/STD education and prevention for GLB youth.

This project was called *Safe Spaces* and involved stakeholders at local levels in the

following communities: Halifax, Kamloops, Windsor, and Winnipeg.

The overall goal of the project was:

To develop recommendations for a regionally sensitive best practices model for outreach to gay, lesbian, and bisexual youth.

The objectives were to:

1) Bring together stakeholders composed of representatives from youth, public health, social services, education, and community-based AIDS service organizations in four Canadian cities;

2) Examine services offered to gay, lesbian and bi-sexual youth;

3) Examine barriers to these services;

4) Examine the implications of service needs in terms of HIV and STD prevention in this population within the four participating centre; and

5) Make recommendations for a regionally sensitive best practices model for outreach to gay, lesbian and bi-sexual youth.

The so-called *Ryan Model* was the culmination and product of the discussions and

experiences of project participants. This model was first explored in the work and

research of *Project 10* in Montreal. By involving the four Canadian communities, the

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GLB multi-sectoral project offered the *Ryan Model* as a regionally sensitive one that could potentially be adapted to all communities.

Three critical components of this model of support and HIV prevention were:

- Determinants of HIV-related risk behaviour for GLB youth
- Youth-centred multi-sectoral partnership
- Strengthening community action

According to these findings, the most important and first component was understanding why GLB youth take more risks with HIV. Literature related to HIV prevention emphasizes four essential social determinants linked to a GLB youth's ability to incorporate safer-sex behaviours. These included: self-esteem, social support, positive homosexual identity, and belonging to a peer group.

Another compelling finding was the concurrence that GLB youth generally suffered from isolation and fear. In order to counteract such feelings, it is important to not address GLB youths' needs only within specialized programs. This in turn, may lead to ghettoization and/or alienation of such youth. It is imperative that services for GLB youth transcend all services and agencies that also serve heterosexual youth.

The last component noted was strengthening community action. *The Ryan Model* identified the following necessary steps to strategize in this regard:

- Establish a working relationship in which all participants are equally respected and listened to and in which professionals in the group (i.e. from education, health, justice, etc.) do not dominate.

- Share information and educate each other about the health and social determinants of HIV-related risk behaviour, among gay, lesbian, and bisexual youth generally and in the community.

- Assess the needs of gay, lesbian, and bisexual youth for health and social services, which promote health (including healthy sexuality and safe substance use)

- Determine existing services and gaps and the barriers to service

- Develop collaboratively the means of increasing outreach services through changes to existing programs, shares resources, advocacy and innovation.

These three elements were not mutually exclusive of one another, as all of these components together can decrease or eliminate the profound isolation experienced by GLB youth. They are also integral to the development of services, which are already available for heterosexual youth.

CHAPTER II

LITERATURE REVIEW

A. Prevalence and Occurrence of HIV/AIDS

The global outlook for people living with HIV/AIDS can perhaps best be described as a 'good-bad news' scenario. The good news stems from research being done globally. In short, more is known about HIV/AIDS etiology than ever before. It is also known that with appropriate supports in place, the disease is largely preventable. Also, due to such initiatives, researchers have been able to increase both the quality of life and the life span of those currently infected with the disease.

The so-called bad news is that the infection rate is continuing to grow world wide. From a global perspective, the situation appears almost insurmountable. There are an estimated 40 million people infected worldwide. In sub-Saharan Africa up to 1 in 7 people are living with HIV/AIDS. The worst part of this is that prevention programs and medical treatments are typically out of reach for most of the people who are identified and infected.

In Canada, there are an estimated 56,000 living with HIV/AIDS. Of those, 30% are unaware they are infected. It is estimated that approximately 4,000 new infections are occurring annually. Such new infections are predominantly occurring among women, youth, and Aboriginals (Statistics Canada, 2004).

Current data indicates that more Canadians are living with HIV infection. Also indicated is that the overall new infections, in 2002, were approximately the same as in 1999. The number of new infections (incident infections) continues at approximately the

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same rate as three years ago. In Canada, there were an estimated 2,800 - 5,200 new HIV infections in 2002 compared with the estimate of 3,310 - 5,150 in 1999 (Statistics Canada, 2004).

Homosexual males continue to be the most affected group. It is clear, from the data available, that men having sex with men appear to account for the largest number and proportion of positive HIV test reports. Over the past three years, they have accounted for 44.4% of all positive diagnoses in Canada. This represents about 40% of the national total of new infections, and this represents a slight increase from the 38%, estimated in 1999.

In Canada, youth (defined here as those aged 10 - 24 years) currently constitute a small proportion of the total number of the reported HIV and AIDS cases in Canada. However, they are a group that has been greatly affected by the HIV/AIDS epidemic at a global level. According to a recent *AGNATES* report, an estimated 11.8 million people aged 15 - 24 years are estimated to be living with HIV/AIDS and half of all new infections worldwide are occurring among young people. Youth are particularly vulnerable to HIV infection due to a number of factors, including risky sexual behaviour, substance abuse and a perception that HIV is "not a real threat" to them (Statistics Canada, 2004)

As of June 30, 2003 in Canada, there were 18,929 AIDS cases with information about age reported to the Centre for Infectious Disease Prevention and Control (CIDPC). Of these, 649 (3.4%) were among youth aged 10 to 24 years. Almost two-thirds of youth aged 10-19 were attributed to being recipients of blood, and/or blood products. Among the older youth (aged 20-24 years of age) with AIDS, almost half were attributed to men

who had sex with men, and 20% to heterosexual contact. To date, few Canadian studies have examined HIV prevalence or incidence among youth (Statistics Canada, 2004).

Research reveals that Canadian youth begin having sexual intercourse at an early age. According to the 1996 *National Population Health Survey* (*NPHS*), 25.6% of female participants in the 15-19 (age) group reported that they had intercourse by the age of 15 years. Almost 20% of young men in this age group reported the same.

Data also indicate that a substantial proportion of young people reported having had multiple sexual partners in the past year. Among sexually experienced, single respondents in the 1996 *NPHS* study, 29.4% of males aged 15-19 years of age had more than one sex partner in the previous 12 months, and 27.5% of males aged 20 to 24 years of age had more than one sex partner in this period. By comparison, 21.8% of females aged 15-19 years had more than one sex partner in the previous 12 months, and the same percentage of females aged 20-24 had more than one sex partner in the same time frame (Poulin, Alary & Noel, 1997). In Weber's (2001) study of gay and bisexual men aged 15-30 in Vancouver, 16% of the study subjects reported selling sex for money or drugs. HIV prevalence rates among those who had engaged in prostitution was significantly higher than those who had not (7.3% versus 1.1%) and incidence was higher as well (Hankins, Alary & Parent, 2001).

Research also suggests that many Canadian youth are participating in unprotected sex. Not using condoms appears to be more common among young women than among young men. Among sexually active youth aged 15-19 years in the 1994 *NPHS* study, 51% of females and 29% of males reported never or only sometimes using a condom in the previous year (Dufour, Alary & Otis, 2000)

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It appears from the above, HIV/AIDS is affecting many sub-groups of the Canadian population, including youth. Although data reveals that HIV/AIDS prevalence is relatively low amongst Canadian youth, studies have indicated that sexual behaviour patterns among youth reveal that there is potential for projected increases of HIV/AIDS amongst that population in the near future.

More research in the area of HIV-related risk behaviours is needed to further inform and evaluate education and prevention programs for young Canadians. Due to the trends that have been identified, programs such as the *Youth Project* sponsored by the *AIDS Committee of Windsor*, should to be made as easily accessible as possible to those who are in need of the services the program provides.

B. Service Provision

More than twenty years after the first AIDS case was diagnosed here in Canada, HIV is still present and it continues to be a deadly disease. Over time, a number of service delivery systems have stepped forward to provide various programs to offer people living with HIV assistance in continuing with their lives. Many individuals and organizations across Canada, including: community-based AIDS organizations, people living with HIV, physicians and other health care professionals, public health units, researchers, human rights activists, advocacy groups, harm reduction services, addictions programs, correctional facilities, organizations that support prisoners, organizations that work with street youth, school boards and health teachers, organizations that work with new immigrants, Aboriginal organizations, palliative care programs, and municipal, provincial, and federal government, have all been and are still actively involved in the fight against HIV (Health Canada, 2004).

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While there are hundreds of individuals involved in this fight, it has not always been a coordinated effort. In an attempt to organize the overall movement, Health Canada created an *Action Plan* that provides opportunities for AIDS organizations to work more collaboratively. It promotes partnerships not only across jurisdictions but also among other sectors beyond health that may impact on HIV issues. These include but are not limited to social services, education, housing and justice.

The *HIV/AIDS Action Plan for All Canada* (2004-2008) strategized to co-ordinate a nation-wide approach tackling HIV and the underlying health and social issues that contribute to new infections. The mission of the Plan is as follows:

Our mission is to take bold strategic action in a collaborative nation-wide effort to combat HIV/AIDS which is consistent and coordinated with international efforts (Health Canada, 2004)

To achieve their mission, Health Canada identified the following strategies:

1. Raise public/political awareness of the impact of HIV on society, and the social factors that contribute to the epidemic.

2. Address the social, economic, environmental and health factors that contribute to the epidemic.

3. Optimize the voice, involvement and meaningful participation of people living with or vulnerable to HIV.

4. Increase capacity to monitor and track HIV, and to develop, share and apply knowledge.

5. Re-invigorate primary prevention efforts.

6. Provide comprehensive, integrated prevention, diagnosis, support, care and treatment services.

7. Strengthen organizations that provide HIV-related services and increase their capacity to meet increasingly complex needs.

8. Provide leadership in global efforts to combat the epidemic.

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At the provincial level, the *Ontario AIDS Network* (OAN), is a group of community-based organizations formed as a grass-roots response to the needs of those living with HIV/AIDS in Ontario. In 1986, approximately twelve AIDS Service Organizations recognized the need for community information sharing and peer support. It was then that the idea for the *OAN* was formally conceived and implemented. Over the next eighteen years, the *OAN* continued to flourish and has presently grown to include over 50 agencies, creating one of the more powerful health and advocacy movements in Ontario (*OAN*,2004).

OAN members operate in accordance with the following principles:

1. **Improved quality of life for people having AIDS (PHA's)**

2. **Empowerment**

3. **Inclusiveness**

4. **Community**

OAN advocates for its member groups for continued funding, user-friendly legislation, and progressive treatments for all persons living with HIV/AIDS in the province of Ontario. The *OAN* has representation on the *Ontario Ministry of Health Advisory Committee on HIV/AIDS* and the *Ontario HIV Treatment Network.*

Locally, the *AIDS Committee of Windsor* provides the most comprehensive services for people living with HIV/AIDS. There are a number of other agencies that offer various types of programs on a lesser-mandated scale. These include the *HIV Care Program* at Metropolitan Hospital (patient care), the *Windsor-Essex County Health Unit*

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(HIV/AIDS testing), *Metropolitan Community Church* (pastoral support), *Planned Parenthood of Windsor and Essex County* (HIV/AIDS education), and the *Hospice of Windsor* (training volunteers to care for people living with HIV/AIDS).

The *AIDS Committee of Windsor (ACW)* is an agency currently composed of 19 staff and over 150 volunteers. They provide direct service to over 400 clients in the Essex County community, and educate over 6,000 people on an annual basis. Providing information to the general public and advocating on behalf of those people living with or affected by HIV/AIDS are the two main goals of the agency.

Their comprehensive service menu includes:

1. Counseling and Support Services of those living with HIV/AIDS

2. Advocacy and Information Phone Line

3. Educational Resources Library

4. Harm Reduction Services

5. The Methadone Clinic

6. Fund Raising

7. Youth Services

Programs that fall under the Youth Services component of the *ACW* are designed to prevent HIV infection through the education, empowerment and support of local and regional youth. *Young and Proud (Y&P)* is the support, education and advocacy group that has been created to help reach the younger contingent residing in our locale.

The goals of *Y&P* are:

1. To provide support and education that promotes a healthy lifestyle among lesbian, gay, bisexual and transgender youth.

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2. To make services accessible to all gay, lesbian, bi-sexual and transgender youth throughout Windsor/Essex, Sarnia/Lambton, and Chatham/Kent counties.

3. To improve the school environment of gay, lesbian, bisexual and transgender students.

4. To create a safe atmosphere for gay, lesbian, bisexual, and transgender youth.

The *Y&P* group involves discussion about various topics including relationships, 'coming out', safer sex, and HIV/AIDS. They hold regular social events where GLB youth and their friends can interact in both a comfortable and safe environment. Youth Service Coordinators are available on-site at meetings, if someone needs to talk privately about personal issues that may arise in the group or their lives.

C. Accessing "Invisible" Populations

Child welfare agencies have historically attempted to meet the best interests of their client populations. Such efforts have focused on meeting the ever changing societal needs while striving to recognize racial, ethnic, religious, physical, and cultural diversity. With this in mind, it must be stated that certain adolescent populations are not adequately recognized or served by existing health and human service organizations. In general, agencies have historically overlooked serving some unique high-risk groups (e.g. children living with HIV). As service providers continually grow knowledgeable and become more sensitive to high-risk groups, agencies have been more active in mandating specialized care for them.

Since the late 1970's, lesbians and gays, especially in larger urban metropolitan areas, have become increasingly visible to service providers as being in need of social services. In the late 1960's, North American society's perceptions of homosexuality changed dramatically due to increased research in the area of homosexuality and mental illness (Schneider, 1991).

Suddenly, evidence that homosexuality was not a disease or mental illness *per se*, was cited by North American and European researchers alike. Along with this new information came the notion that attempting to "change" or cure homosexuals into heterosexual norms was not the answer. At this same time, a new social activism in the lesbian and gay communities was fostering a new found sense of dignity among a minority population who previously were forced to feel ashamed of who they were and what they represented.

These two relatively new phenomena encouraged gays and lesbians at the time to 'come out' of their silence and situations in which they had previously existed. By the late 1970's, this sub-population began to more openly and freely self-identify as lesbian or gay. This open identification made providers in the area of social services suddenly more aware of this new segment of the adult population. Although this self-identification on behalf of some adult gays and lesbians has made it easier for service providers to target them for provision of services, the same can not be said for gay and lesbian youth.

In North America, gay and lesbian youth are still identified as 'high-risk' clients today. It has also been identified that they are a population who continues to be under served by existing educational, health, social, and child welfare agencies. In short, they are a difficult population to provide services to due to their "invisibility". Child welfare

agencies and their staff have often been unable to properly meet the needs of this particular client group due to societal stigmatization, a lack of information, misinformation, and fear, and a consequent lack of understanding of their needs (Schneider, 1991).

Gay and lesbian youth are frequently deemed an "invisible" population in that administrators and staff are not always able to readily identify them from heterosexual youth. Only some gay and lesbian youth who access services are gender non-conforming and this characteristic itself does not always accurately mean that an adolescent is either gay or lesbian. Many of these youth are able to mask stereotypical characteristics often associated with their sexuality and preferences. At a time when heterosexual adolescents are learning to socialize, (young gays and lesbians) are learning to hide (Hetrick and Martin, 1983). The majority of gay or lesbian youth have been socialized to fear admitting their sexual orientation to others. This often includes the people who work in the very agencies that are mandated to help them. Unfortunately, it is this fear that prevents them from accessing the very services that could offer them the support that they need to live a healthier, productive and more self-accepting life.

By the late 1970's and the early 1980's, the issue of how to best address the needs of lesbian and gay youth was being raised among social service providers. In Ontario, the issue of services for gay and lesbian adolescents was brought to the forefront through the two major occurrences. First, *Tri-Aid*, a charitable foundation established by a group of gay social workers in Toronto, were initially denied a license to open a group home aimed at serving gay and lesbian street youth. The license was eventually granted when, it was agreed, (by both supporters and opponents) that existing services for Toronto

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youth were not the same, in terms of quality, for both heterosexual and homosexual youth on the street.

The second factor regarding service provision was the consolidation of all children's services in Ontario. In 1977-78, all children's services were placed under one provincial ministry, *Community and Social Services (MCSS)*. When workers began to identify the difficulties of accessing appropriate services for gay and lesbian adolescent clients on their caseloads, the office of the Associate Deputy Minister was forced to confront the issue. It was summarily deemed that gay and lesbian youth were being placed in inappropriate treatment settings. *MCSS* established a committee whose mandate was to explore the present situation confronting gay and lesbian youth in the social services systems operating in the province of Ontario. Their goal was to recommend possible strategies for more effective service delivery. Their recommendations led to the establishment of the *Sexual Orientation and Youth Project (SOYP)* in 1983.

SOYP was originally created as a time-limited, three-year demonstration project operating under the already established *Central Toronto Youth Services (CTYS)*. The *CTYS* was a community-based children's mental health centre, which serviced and advocated on behalf of adolescents who 'fell through the cracks' of the existing service delivery systems. *SOYs* mandate was to provide resources for service providers who encountered gay or lesbian adolescent clients. In 1987, their mandate was expanded to include community development with an emphasis on establishing service initiatives.

In debates focused on service delivery to gay and lesbian youth, the recurring philosophy was "Why not treat them like everyone else?" The famed Hetrick-Martin Institute (formerly the Institute for the Protection of Lesbian and Gay Youth in New

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York) responded, "Would that we could do so!" (1988, p.59) and further explained, "the truth is that gay and lesbian youth are not like other adolescents. Their difference stems from their status as members of one of the most hated and despised minority groups in the country."

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CHAPTER III

METHODOLOGY

As previously indicated, there is little empirical data available on how GLB youth view the effectiveness of support programs that are currently being offered to them. The use of qualitative inquiry in this study captured the experiences of the past and present participants of the program *Y&P*. This recommended approach was particularly suitable for this research as the collection of interview data of previous participants' experiences may eventually help to further develop insights to direct future programming.

This study explored the experiences of (N=10) GLB youth who participated in the *Y&P* program in Windsor, Ontario, Canada. It is hoped that study findings will lead to insights regarding the perceived barriers that may exist to GLB youth accessing this program. This research may also help to identify components of the program that worked as well in order to build on their strengths in future program planning.

When the researcher approached the group facilitator of *Y&P* in the fall of 2004, it was reported that there were only two GLB youth, currently using the program. Their attendance was sporadic and on some evenings there were no participants at all attending the program. This pattern of a lack of utilization of the program had been occurring since last summer. The interviews (N=10) were carried out during March and April of 2005. Most study respondents, were previous participants of the program.

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A. Setting

Located in Windsor, Ontario, *Y&P* is situated in a diverse border city of approximately 200,000 people. It operates out of the *AIDS Committee of Windsor* offices located in the Gino Marcus Centre on Drouillard Road. The Gino Marcus Centre is a community centre offering a variety of community programs including: swimming, gymnastics, lifeguard certification, and daycare. It is a busy centre and attracts people from all over the city for its quality community programming. The Centre houses other non-profit agencies in its facility as well. These include: *Job's Opportunities*, *Council on Aging*, *Multiple Sclerosis Society*, *Mother's Against Drunk Driving*, and the *St. John Ambulance Training Centre*. The building location is readily accessible by public transit and has abundant parking for people utilizing the services of the agencies.

Y&P is a group for gay, lesbian, bisexual, transgender youth, who are between the ages of 14 and 26. Normally the group meets every Tuesday evening from 7:00 until 9:00 p.m. The program is ongoing and participants may continue in the program as long as they meet the age requirements.

Meetings typically begin with opening statements which are read at the onset of each group. These are basic rules of engagement designed to make everyone feel safe, respected, and welcome. Next, the group takes part in introductions and attendance check-in. This is an opportunity for all participants to introduce themselves to the rest of the group. Check-in involves stating your name (only first required) and sharing something about yourself with the group. If a participant chooses, s/he can skip the check-in component. The group follows up with a fifteen minute break at which time participants are encouraged to use the library, check their e-mails or go outside to relax.

When the group re-assembles, there is a weekly scheduled topic or activity. Sometimes, this takes the form of a guest speaker, a video, or discussion with the group. At the end of the activity/discussion, an evaluation form is handed out to give coordinators feedback. The facilitators are constantly reminding participants that *Y&P* is their group and that, their input is valuable and is 'what makes this group work'.

B. Sample

When this researcher first approached the program facilitator, it was explained that there was a computer-generated database of approximately 75 previous participants who could be contacted to sample for the study. Due to confidentiality issues, the facilitator had to personally send out the information letters through e-mail to potential respondents. It was anticipated (by the researcher) that a minimum of 20 would probably respond to the initial request for participation in the study. Eight (N=8) previous participants completed surveys. Two current participants also completed the survey, comprising N=10 participants in total.

Participants in the sample ranged in ages from 17 to 27 with the average being 23 years. In terms of ethnicity, 7 were Caucasian, one was Asian, one was Spanish, one Black and one self-identified as bi-racial. Only one was female. With the exception of one who was currently attending high school, all others had some post secondary education. Seven of the ten participants were not 'out' to their families, while they were members of this group.

C. Interview

Approval was granted for the study to take place on site at the *AIDS Committee of Windsor* (see Appendix C). The interview process began at the beginning of March 2005 after approval from the Director of the ACW (see Appendix D). All participants were interviewed using the approved interview guide (see Appendix E). The interview took approximately 45 minutes in length and utilized an open-ended format. Data collection was completed in the 2005 winter term. The level of participation and information regarding the study was described in the Information Letter (see Appendix F). Consent was formally obtained before the interview process (see Appendix G). All interviews were conducted by the researcher. The researcher is not directly involved with the *Young and Proud* program but does sit on the Board of Directors of the *ACW*. It was recommended by one of the faculty advisors that the researcher take a leave from the board while the research was being completed. The researcher recorded all interviews with the participant's consent (see Appendix H). All were conducted on-site at the Gino Marcus Centre on Drouillard Road. This proved to be a convenient location as all past participants and current participants of the program were familiar with the site.

As mentioned above, the facilitator was the individual who made the initial contact with the study participants. This was necessary as an existing data-base was being used as a source for potential participants and the method of contacting the possible participants was through e-mail. Due to confidentiality issues, the facilitator could not provide the researcher with the e-mail addresses without first getting consent. Potential participants were e-mailed an information letter (see Appendix F) explaining the rationale for the study and how the results would be used. The two current participants in the

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program were personally presented with the information letter by the facilitator who asked if they would like to be part of the study. Past participants of the program who volunteered to take part in the study (N=8) had their names forwarded to the researcher by the group facilitator. The researcher then contacted each of the individuals and established an interview date at their convenience. Each interview began with a review of the purpose of the study and an explanation of the researcher's role. An opportunity was provided for participants to ask questions before signing the consent form (see Appendix G).

The prompt type open ended questions in the interview guide were properly developed and worded to encourage respondents to share their candid views about the program, how it was promoted in the community, and how it could be improved. It was assumed that discovering the participants' views on different aspects of the program may enlighten an understanding of the program's effectiveness from their points of reference. The following areas guided the interviews:

The participants describe how they learned about the existence of the program.

How did you learn about the program?

The participants were asked to identify barriers that they encountered to accessing the program.

Did you personally encounter any barriers to accessing the program?

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The participants were asked to identify other self-identified gay, lesbian, bisexual, trans-gender youth who could benefit from the program but do not utilize it.

Do you know of other self-identified gay, lesbian, bisexual, trans-gender youth who may benefit from the program but do not utilize it?

The participants were asked to identify any perceived or existing barriers that others may encounter to accessing the program.

Can you identify any perceived or existing barriers others may encounter to accessing the program?

Finally, they were asked, why there were virtually no youth identified as 'high risk' attending the program.
Why do you think, there are virtually no youth identified as "high risk" in attendance at *Young and Proud*?

D. Ethical Considerations

Foremost, all study participants were treated with dignity and respect because many of them were personally struggling with their own 'coming out' process and confidentiality was identified as being important to them. After the study was cleared by the University of Windsor Ethics Review Board, prior to each interview, participants were fully informed of the research process, the study rationale, and how the results would be utilized. Each participant was provided with an information letter (Appendix F) to re-read prior to this interview. As well, the researcher provided them with a verbal explanation of the process and purpose of the study. Before each interview began, the

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researcher also invited questions concerning the study. Ample opportunity was provided for the participants to clarify any confusion they may have had concerning the study.

Confidentiality was assured by the researcher. Face-to-face interviews prevented complete anonymity however, all measures were taken to conceal the identity of those who volunteered for participation. All interview tapes were digitally coded and no names were transcribed in the process. This was reinforced with participants due to the delicate nature of their disclosures on the tapes. Similarly, no participant names are identified in this research. The final report summarized findings from the interviews and has provided quotations in general, and does not reveal the identity of any individual.

The time and effort given by the study participants was greatly appreciated. Interviews were arranged based on the personal schedules of the participants. Many of the interviews were held in the evening. Although many of the participants initially declined, they were given a $15.00 Odeon-Cineplex movie coupon as compensation for their interview time.

Some possible minor psychological risks were initially identified by the Chair of University of Windsor Research Ethics Board. The Chair questioned whether there was a need to put into the consent form the stipulation that if the researcher believed a subject was a danger to himself, confidentiality could be broken.

E. Data Analysis

Kvale (1996)), refers to qualitative interviews as "attempts to understand the world from the subjects' point of view, to unfold the meaning of people's experiences." Sewell (2004) identified qualitative interviewing as most useful for capturing and describing program processes. In her article, Sewell identified a Five-tiered Approach to

Program Evaluation outlined in the State Strengthening Evaluation Guide (Callor, Betts, Carter & Marczak, 1997). The Five-Tiered Approach (see Appendix I) identified how qualitative interviewing can be used at several levels.

The authors explain that Tier 3 activities may be utilized to further understand and refine a program. They further state that qualitative interviews with participants are useful for gathering necessary information to determine such things as program satisfaction and process data. The authors also indicate that "lessons learned" can be identified from qualitative interviews and that these can be used to implement refinement and modifications of the programs being observed.

According to Thorne (2000), a qualitative study usually relies on inductive reasoning processes to interpret and structure themes and meanings derived from data. It is important to distinguish between inductive and deductive reasoning processes in qualitative research. Usually, inductive reasoning uses compiled data to generate ideas, whereas deductive reasoning starts with the ideas and uses data to confirm or disprove the idea.

The qualitative methodologies used in this data analysis relied on a general approach called "constant comparative analysis". Originally developed for use in the grounded theory methodology of Glaser (2002) this strategy involves taking one piece of data (in this case, an interview) and comparing it with others, either similar or different, in order to develop conceptualizations of the possible relationships between the various pieces of data. This interfacing process continues with the comparison of each interview until all are compared with each other.

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Each question from the taped and transcribed interview was addressed separately. For each question, all the respondents' answers were reviewed and themes, similarities and differences were noted.

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CHAPTER IV

INTERVIEWS

Young and Proud (Windsor)

The following was read to each participant before the interview:

> *I am interviewing you today as a researcher, not as a member of the Board of*
>
> *Directors of the AIDS Committee of Windsor. I am truly interested in hearing*
>
> *your opinions. It is important to know your views in order to improve*
>
> *accessibility to the program and to understand your experience as a participant.*
>
> *I want you to know that I welcome both positive and negative comments. I again*
>
> *remind you that your participation is voluntary and that you can withdraw at any*
>
> *time.*

1. How did you learn about the program?

Of the nine respondents, five indicated that they were directly referred to the

program. However, these referrals were all from different sources,

- *"I was initially referred to the group by a friend.....he was older than I was and he thought it would be a good experience for me."*

- *"About four years ago when I was 17 and attending Cardinal Carter High School, I disclosed to a campus minister that I was gay. She referred me to Young and Proud.....I knew nothing about the program."*

- *"I was volunteering at the ACW and was recommended to the program through someone who worked there......they thought it would be a support for me."*

- *"I was attending St. Clair College and was referred by a female professor who was a lesbian. She knew that I was a new immigrant to Canada and approached me because she thought I might be gay."*

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- *"I found out about the program through a gay friend who liked the program......she liked talking to the facilitators and thought that I would like it too......I thought I would go because she was going."*

Two respondents reported that they found out about the program via the Internet,

- *"Ummm......there was a web site that indicated that there was a group in Windsor......so I thought, okay......I know that I went to Gaywindsor.com and then there was a link that took me directly to it."*

- *"I didn't know anyone when I came here.....I started looking for information on the net.....I found the ACW web site and it had information about the group on it.....so I thought I could meet some people and it would be a safe place too."*

One participant discovered the group through the classified section of *The Windsor Star:*

- *" I saw this ad in The Star......it was in the back of the paper, in the classifieds.........it was really small and it was beside an ad for a type of support group.........not sure which one.....but, I almost didn't notice it."*

When prompted about seeing any flyers or posters for the program, the respondents replied:

- *"I never saw a flyer or anything advertising the program.....the only thing that I saw was a three line spiel in The Windsor Star.....I don't remember seeing any information about the program before I went to it."*

- *"I was in university when I first went to Young and Proud. I don't remember seeing any literature at the university that identified any support programs for gay or lesbians. I certainly don't remember anything in high school advertising the group....."*

- *"When I first started going to group, I never saw any information like flyers or posters. There wasn't anything at my high school......there wasn't even any information at the Complex (local gay bar)......there were pamphlets from the ACW but they were just about the needle exchange program......those were the only flyers."*

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- *"I don't remember anything at my high school. I would be surprised to see anything at the high schools even now.....at my high school they would never have anything like that, it was in Wheatley."*

One respondent did remember seeing advertising for *Y&P* about five years ago while riding a city bus:

- *"I remember about five years ago, I would have been about 12 years old. There were these ads around the ceiling of the city buses......I remember looking at them.....a lot had been pulled down......it made me think that I could never "come out" to my parents because there was something wrong with being like this or people wouldn't pull the ads down and rip them."*

With the exception of the final respondent above, not one remembered seeing any sort of publicly advertised information regarding the *Y&P* program. The one respondent who was referred by his school youth minister stated that the minister admitted to him that she was not supposed to promote the program but that she was familiar with *Y&P* because she had done volunteer work for *ACW*.

Only one participant reported being involved with a community agency directly before their participation in the program. This participant did say that the community agency referred him to the *ACW*:

- *"I did call the Distress Centre when my parents accidentally found out about me being gay and threatened to throw me out. I called the Distress Centre and spoke to a counsellor there for about an hour ......they referred me but I was already going."*

2. Did you personally encounter any barriers to accessing the program?

There were a number of barriers identified by participants. Each respondent identified at least one barrier that prevented them from personally accessing services. The following were primarily identified: fear of lack of confidentiality, location and anxiety.

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Three identified lack of confidentiality as barriers to attending the program:

- *"At the time, I was completely uncomfortable coming out to people.....so, for example, the newspaper ad I saw didn't give me assurance that, me attending would be confidential. I was in contact with the facilitator, over the phone, for a year before I actually attended the program. For me.....the Croatian community is too small.....I was afraid I would run into someone who would know me or my family."*

- *"Yeah.....I was worried about confidentiality.....I was afraid that I would run into someone from St. Clair College."*

- *"I wasn't out to my parents yet.......I was afraid that people would tell my parents that I was going to the group. Looking back.....why would anyone tell my parents, either everyone was gay or else they were at least gay friendly, I didn't want to take the chance at the time though."*

Seven identified location as a barrier. The extent to which it was a barrier depended upon the respondent. For some, the barrier was the location in terms of personal safety:

- *"The program is held here.....and it's not the best area. I wouldn't be surprised to hear people don't attend just because it's located on Drouillard Road."*

- *"Drouillard Road might be a barrier to someone who might want to attend the program. It's not the safest part of town to be in at night which is when the meetings are held. I know that I was worried sometimes....."*

- *"I heard about the reputation of the street when I came to the university.....I probably wouldn't have come down here if I hadn't had a car.....gays are always targets."*

For other participants, it was location in terms of geographic location:

- *"Well.....I lived outside of Windsor so that presented a problem within itself. I had to make sure that my parents were able to bring me in to town every week."*

- *"It was difficult getting from the school to here (ACW) ....I was dependent on the bus and sometimes it was difficult to get down to the "ACW" especially if the weather was bad....so sometimes I wouldn't go."*

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Two identified feelings of anxiety as barriers to coming to the program initially:

- *"I was absolutely petrified of coming here.....I was quite scared....I didn't really know what to expect at all......It took me forever just to realize that I was gay. It was a long time before I could bring myself to come here (ACW) for a meeting"*

- *"I didn't know if I would be comfortable in the group....I needed to be in contact with the facilitator for over a year on the phone before I felt comfortable enough to attend my first group meeting."*

One respondent identified older participants in the program as a barrier for him initially:

- *"I was very disappointed with the number of older people who were attending the program.....they were much older than I was and it made me feel very uncomfortable. I was very uncomfortable the first few times I went to the group.....some of the people there were in their late twenties......I was 17 years old.....I wanted to have younger people around....people I could more easily relate to.....youth my own age."*

Only one respondent reported that they were uncomfortable with the program being held

on site at the *ACW* building:

- *"I was skeptical about it being at the AIDS Committee of Windsor building.....I thought....is there something wrong with me (laughing)? Maybe it would be better to hold it in a community centre....but that might be too public with too many people around to see you."*

It wasn't the barrier that deterred him, however, it made him reflect negatively on

an aspect of the program.

Other themes emerged during discussion of the more commonly identified

themes. Not all of these were identified by all of the respondents. These included: the

intake process, positives about site location, and negatives about public reaction towards

GLB youth.

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One respondent indicated that a focus should be made on the intake process for

Y&P. According to him/her:

- *"The scariest part of coming here was not knowing much about the program. The intake session for me, six years ago, didn't give me enough information. I think that potential group members would benefit from a more formalized intake process.......where they can ask questions about what they should expect and what is expected of them."*

Two respondents identified positive aspects of *Y&P* being held at the *ACW* site:

- *"I didn't have any pr-econceived notions or negative feelings about the program being held at the ACW building. As a matter of fact, I think it was a good idea to have it there.....it was a good introduction to the ACW .....plus, I liked the fact that there was a resource library right there on premises."*

- *"I figured if we were at the AIDS Committee of Windsor.....we would be safe because everyone would probably be gay positive."*

One participant reported that negative public reaction to the group's existence was

an initial barrier for him/her:

- *"I remember those bus advertisements that they used to have.....you'd see people on the bus reading the ads.....maybe they were gay or maybe they were just curious....sometimes you would hear they comment that they didn't know such a support group was happening. Then some idiot gets on the bus and reads it and he rips it down. You think to yourself, why would I want to go to such a group if people hate gays and lesbians that much.....and then you worry about them finding out where the meetings are and waiting outside to kick the crap out of us."*

Unfortunately, GLB youth are all too familiar with societal harassment and

incidents of gay bashing.

3. **Do you know of other self-identified gay, lesbian, bisexual, transgendered youth who may benefit from the program but do not utilize it?**

Two participants reported that they really didn't have any GLB friends. These were previous group participants who had remained isolated from the overall gay community. They both acknowledged that their only real contact with the GLB community was limited to the time they were involved with *Y&P*. The remaining respondents (N=8) knew of other gays or lesbians who might benefit from the program and but did not utilize it. These friends and acquaintances were acquainted with the respondents in varying degrees of familiarity. Some were close friends and some were work acquaintances, all of them were self-identified as either gay or lesbian youth.

One participant identified religion as the reason that their GLB youth acquaintances have never utilized the program:

- *"I know a few gay and lesbian teens who could benefit from the program but they are very secretive about their sexuality because of their religion....some members of my extended family are gay but they won't open up about it because they would lose their family and they feel like....if you lose your family....who do you have left? It's funny because two of our pastors are gay.....the parents that I know are very snoopy, they would not want their kids going out to programs like Young and Proud."*

Another participant reported that s/he is the only person in their gay social group who has utilized *Y&P*. S/he explained that his/her friends have never tried to join the group because s/he has shared with them his/her experiences with the group and they have been somewhat negative:

- *"I was a member of the group before I was "out". Most of the friends I hang around with now are gay.....when the group has been brought up when we're talking, I say that it wasn't worth going......it wasn't structured and it really wasn't doing well. It had fallen apart....and I hear from other people in the community that it hasn't gotten any better lately....so why would I tell people to go there?"*

One respondent identified one friend who was gay, who s/he had referred to the program:

- *"I had one friend who I referred to the program, he used it for a while....and he had to leave (the city) for school, so he stopped.....then he came back and used the program for a little while. That was when I was finishing up at the group.....I don't know if he finished."*

Another participant felt that the people he knew could use it because it would be like an "escape" outlet for them:

- *".......Everyone just assumes you're gay when you are here.....so you don't have to worry about anything. You don't have to worry about proving yourself......you can be comfortable about who you are..."*

One previous participant in the program reported that s/he knew a lot of self-identified gays and lesbians who lived in Windsor:

- *"Yes.....I know a lot of self-identified gays and lesbians, I don't know whether or not they would benefit from the program though......I haven't spoken to them directly about it. I know these people because I help out a local gay DJ who has started an on-line group for young gays and lesbians.....it is called Queer Youth in Windsor.....there are about 67 young people who regularly participate in this "chat" group. Young and Proud is not really talked about on the chat...it's like it doesn't really exist for the people who participate in our group. When Young and Proud is brought up there is one thing that is consistently mentioned.....there is the perception that there are too many older people that are allowed to be part of the group and that makes the younger people very self-conscience and uncomfortable when they were articipating.... although it seems as if few have participated.....but word gets out. The one other thing that I hear constantly being brought up is the fact that the group is too small.....there wasn't anyone really there and no one wanted to go back....they were uncomfortable that they were the only person along with.....maybe one other person."*

Two other previous participants acknowledged that they both knew other self-identified GLB youth in the Windsor area who might benefit from the *Y&P* program but

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were not attending the group because they expressed concern over being 'outed' through participation in the program:

- *".....the ones that I know are too worried about being outed so they choose not to participate in the program.....they are worried that they will meet someone within their own ethnic community (Croatian) and word will spread around the church."*

- *" I know a few gay guys.....they don't want to go to a program like Young and Proud.....they're worried about being found out.....worried about their jobs....and who at school will find out about them.....they are really closeted.....they are always worried someone is going to catch on."*

According to another respondent, the *Y&P* program has a negative reputation out in the community; the respondent has heard that the program is on the decline:

- *"A year ago, a friend who was attending the program, told me that there was a lot of whining in the group.....he was a little older and found them to be young and immature....they constantly were complaining about structure and the group had a very negative tone to it.....this was a year ago though......maybe it's changed, but that is what he had heard from his friend. The friend doesn't go anymore, he actually hasn't been there in a year."*

According to the participants, there are numerous GLB youth in the Windsor community who might benefit from a support program like *Y&P*. Unfortunately, for whatever reason, the research indicates some of these GLB youth are not attending the program.

4. Can you identify any perceived or existing barriers others may encounter to accessing the program?

There were a number of perceived barriers identified by the N=10 respondents.

Five of the ten participants identified lack of available information as a barrier that youth may encounter to accessing *Y&P*:

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- *"There is a lack of information about this place.....and this program. I only heard about it because someone mentioned the group in passing.....I don't recall ever seeing information about the group advertised anywhere in the city. It seems like information for this program is spread mostly by word of mouth."*

- *"I don't think that there is a lot of information about the program in our city schools.....basically you feel like your abnormal if you come here......if we were normal and okay, well then we'd see some posters or flyers for this program but you don't see any.....It's like we don't exist."*

- *"Ummm....people definitely don't know about it.....it's not advertised properly. It's difficult to promote the group because it's a gay support group.......and there is a lot of prejudice out there...... I doubt that they would even put pamphlets out in the high schools.......there is no information to promote the group out in the community."*

- *"Nobody really knows much about Young and Proud.....as far as I know, hardly anyone goes to the group now. It's too bad because it's probably the only support for gay and lesbian youth in Windsor.....I can't think of any other place that provides any service."*

- *"Young and Proud isn't advertised enough in the city.....I've seen the pamphlets where we meet at the AIDS Committee of Windsor but I've never seen them anywhere else.......not in the Complex (local gay bar) or at any of the gay friendly business on Wyandotte Street. I don't know if things have changed in the last few years but I don't remember seeing anything at my high school either......like, why aren't they put out there? That's where gay youth is......in school."*

Other perceived barriers identified included: bad neighbourhood location, confidentiality, parental suspicions, fear of initial contact, and others' perceptions of the program itself. Although a number of participants said the neighbourhood that the building was located in wouldn't prevent them from attending the group, at least two identified it as a potential barrier for other GLB youth:

- *"Well, one thing that I can think of is the "bad" neighbourhood. I never felt intimidated by Drouillard Road but I can see why some people would not want to have to be on it.....especially late at night or by themselves.....I think if you were young it would be really intimidating.....and if you didn't have a car.....and you were obviously gay.....you would probably get harassed."*

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- *"Drouillard Road might be a barrier to someone who might want to attend the program. It's not the safest part of town to be at night, which is when the meetings are held. I've never been bothered but.....I know this area doesn't have the best reputation as far as safety.....what if a person didn't have a car.....and there were two girls that used to attend this program back when I did.....I don't know that they would like to come here at night."*

Some also identified a feared lack of confidentiality as a potential barrier for some

GLB youth who might want to attend the program:

- *"Some youth may be concerned with being outed because their families don't know yet.....I know I might have been worried about meeting someone there that I knew if I hadn't been out to my parents. It definitely crossed my mind.....when you're that age, there is a period of paranoia where you worry about running into everyone that you know. If you're not comfortable and your parents don't know.....well that's a huge thing when you're young."*

- *"My friend and I were joking on our way here because he had never been here before.....he was joking about a big rainbow flag being outside.....he was actually surprised that the ACW was inside the community centre"*

- *"You know.....people don't know about the program or it's location and they are too scared to ask. One of my friends wanted to call Young and Proud but they wanted to use my phone in my house because he thought that it was going to show up on his parent's phone or something. I think it's more what the kids are afraid of than what they actually know....like I tell them all about the confidentiality forms that we sign.....and they're still worried."*

Other participants identified parents as a possible barrier to accessing services

with *Young and Proud*. They pointed out that if the youth was not 'out' to his or her

parent(s), explaining where you were could pose a problem, especially for young group

members:

- *"Parents are very investigative and would wonder where their kids are when they might be at a meeting....these are held in the evening, so it might be hard to explain where you were to parents who want to know....."*

- *"If I was a fifteen year old GLB youth, I would be very worried how I was going to explain where I was going to my parents. What parents wouldn't*

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want to know where their fifteen or sixteen year old child was until 9 p.m. on a
school night.....the meetings are always on a Tuesday."

Two respondents identified the initial contact as a possible barrier to accessing the

program. Two other participants who identified anxiety as an initial barrier for them,

thought that the initial contact with the group could be a negative experience for potential

new group members as well. One current participant in *Y&P* reported the following:

- *"The facilitator said that there are so many calls every week about the program but then they never show up to the meetings. They tell her that they are coming.....but don't show."*

- *"I can't imagine how a closeted GLB youth feels when they call the Young and Proud program for the first time, especially if they aren't "out". I was referred through a friend.....but to call on my own and then come out to the meeting on my own.....I couldn't do it, especially if I hadn't had previous contact with other gays or lesbians."*

Two respondents identified how other peoples' perceptions of the program could

serve as a potential barrier to accessing services:

- *"I think what other people think is a major impact on the program.....like, if you say something about a program, people think......why do you go to that program? What's wrong with you? It's a big reason why I never told anyone about going to Young and Proud....even my gay friends."*

- *"I think that some kids would be self-conscience of the fact that they were going to a support group, it could be pretty difficult for them to tell their peers.....even their gay peers. It could be embarrassing for them to talk about it."*

This is probably particularly true for some GLB youth, similarly to heterosexual

youth, GLB youth are also very sensitive to the opinions of others at that age.

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5. Why do you think there are virtually no youth identified as "high risk" in attendance at *Young and Proud*?

In Fraser's evaluation of *OIT* (currently called *Young and Proud*), she reported that many of the stakeholders in the group agreed that *OIT* had not succeeded in attracting a highly diverse client base. In terms of the *OIT* project, it was agreed that it was important for it to be a place where a wider variety of youth (e.g., youth of diversity and/or colour) would be comfortable. To meet this goal, it was previously recommended that *OIT* seriously consider the barriers that might make their program an uncomfortable place for some youth (Fraser, 1998). Thus, it was suggested that *OIT* should consider alternative ways of targeting 'at-risk' youth in their community. This researcher incorporated this question into the survey with the intent of identifying any barriers that may exist specifically for GLB youth who are categorized as more 'at-risk' than even GLB youth (Fraser).

During data collection, this researcher read a statement, which outlined the characteristics of so-called 'at-risk' youth. It explained that 'at-risk' youth were those who may be even more alienated from support systems due to various factors including: culture, living on the street, poverty, neighbourhood locale, abuse of alcohol/drugs, skin colour, or being transgendered. The researcher also invited questions for clarification of understanding before continuing with this question.

The following statements reflected the responses generated around the issue of 'at-risk' participants by the study respondents:

- *"When I was attending, about four years ago, the group was all white.....and most of them were older. Most were in their mid-twenties."*

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- *"Five years ago, when I was attending the group, there were very few minorities, I was the only Asian in the group.....there was one person who was bi-racial.....but that was about it. When I attended the group, there was always about ten people in attendance each week "*

- *"It was mostly white kids.....when I was attending a year ago. From what I see, the gay community in Windsor is not accepting of other races.....I know this because I'm an immigrant to Canada. I am a person of colour (Spanish) and I've noticed how I am treated when I am out at the bar. I can't believe the comments people make to me and they don't even realize how racist they sound. The few people of colour that came into this group while I was there, it didn't feel right.....I know that at some point......and you can ask others.....a racist remark was made."*

- *There was one person who attended the group, while I was there, that was a racial minority......that was it. Most people seemed more Canadian in their background. There is probably greater cultural diversity in Windsor than in most cities in Ontario but maybe the reason we don't see more diverse cultures attending the group is the values placed on them by their cultural group. For instance, I am Croatian, I was petrified about coming to group because our Croatian community is so small in Windsor, everyone knows everybody's business. I was worried that my being gay would get back to my parents. It would make them drop dead. For people in my community, there are probably lots of closeted individuals."*

- *"Right now, the group is me and my friend and we are both bi-racial. But we're the only ones in the group. Being gay is very hush, hush in the Black community. Especially if you are Black and a male.....then you really can't be gay.....it's not acceptable out in our community. They hide it more if they are gay."*

- *"Four years ago when I attended the group, there were about even numbers of males and females.....there weren't any people of colour though.....or even other cultures, it was very white.....and a little bit older too. I'm not sure why nobody of colour attended the group, maybe they didn't know about it, or maybe they didn't like the idea of sharing that they were different from other people."*

- *"I can't really remember if there were any different GLB youth in the group while I was there.....there might have been some who were part Black....."*

- *"I was involved in the group for a about a year, about two years ago. The group was all white....there weren't any visible minorities that attended while I was there.....I don't know why that was.....I think the group was pretty accepting.....maybe they didn't feel comfortable identifying themselves as gay to other people."*

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Two study respondents did not feel that they could provide an accurate answer to this question because they felt that their attendance was too sporadic to render a judgement about it. Indeed, they didn't remember anyone of colour or different cultural diversity attending the group.

African American and Latino communities, both of whom share predominantly conservative religious values, are typically more critical of sexual orientation, diversity and gender expression than is the Anglo community at large (Icard, 1996). Similarly, Asian cultures also frequently see same-sex relationships as a forthright rejection of traditional parenthood values, which is disrespectful of Asian tradition (Chan, 1993). Studies have shown that youth in other ethnic minority cultures are often especially invisible and vulnerable.

Some respondents also reported that the ethnic communities, which they belonged to, were small and relatively close-knit which posed an increased threat to confidentiality for them. Not one respondent mentioned any attendees as having been identified as homeless or abusive of drugs or alcohol. All respondents indicated that, if there were participants who were either homeless or suffering from addiction problems, it was not evident to them at the time.

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CHAPTER V

CORROBORATING DATA

Open Closet (London)

Due to the smaller sample size of the current and past participants of the *Y&P* program and this study's sample size, it was proposed that the generalizability of the findings would be more valid if a similar sample, participating in a similar group, were also interviewed.

As a result, contact was made with the *AIDS Committee of London* (ACL). The *ACL* also provides support to GLB youth through a program called *Open Closet*. This is a group for gay, lesbian, bi-sexual, transgendered youth, who are between the ages of 14 and 19 years old. They meet every Friday night from 7:00 until 9:00 p.m. The program is ongoing and participants may continue in the program as long as they meet the age requirements.

Located on Dufferin Street in London, the program is housed in the *ACL* building similarly to Windsor's program. Meetings and group sessions are very close in structure to the *Young and Proud* meetings. For instance, opening statements are read, introductions follow, and a check-in is completed. Further, the group is assembled and the main part of the evening begins. This could be a group discussion on a selected topic, an educational presentation, or a social activity. Food is served at break and is appreciated by the group members. While the *Young and Proud* program has one facilitator, the *Open Closet* program has three facilitators each meeting night.

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Since the fall of 2004, approximately 2 to 3 group members per week show up to participate in the *Young and Proud* group in Windsor. Sometimes, there are no participants at these local meetings. At *Open Closet*, approximately 18 to 23 participants show up regularly. Their attendance is consistent in numbers and group members come out on a regular basis.

After receiving approval from the *ACL* and facilitators of *Open Closet*, the researcher was allowed to speak to the group and inform them of the purpose of the study. Of those who showed interest, a random sample was selected to participate in a study similar to the one conducted in Windsor.

Over two Friday nights, the researcher interviewed four group members on each of the two evenings. To compensate each participant for their time, they were given a $15.00 Odeon-Cineplex movie coupon.

These participants ranged in ages from 15 to 19 with the average age being 17 years old. Three of the eight respondents were female. In terms of ethnicity, 7 were Caucasian and one was Native Inuit. At the time of the interviews, all members of the *Out Closet* group were Caucasian with the exception of the Native Eskimo youth. All eight were current group members. Five were in high school and three had dropped out of school.

The interviews were implemented using the same interview guide in the month of April 2005. They received a similar letter of information (see Appendix J) and were required to sign the same consent form for audio-taping (see Appendix H). Consistent with the interviews in Windsor, each participant was given an explanation of the

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researcher's role, provided an opportunity to ask questions, and sign a consent form (see Appendix K).

The following themes were identified for each question of the survey question:

1. How did you learn about the program?

- **Didn't see any program promotion:**

"I never saw any pamphlets at my school for this group.....there was no acknowledgement about gays at my school, period."

"There was nothing in my high school about being gay or lesbian. Nothing. Our guidance counselors didn't talk about any programs.....but then maybe they didn't know we were gay."

"When I approached my guidance counselor two years ago about being gay, no one referred me to this program or any other program for that matter."

- **Referred by a friend:**

"I was introduced to the group through a friend that I went to school with.....I hadn't heard about the group before but this girl that I went to school with asked me to come with her to one of the meetings."

- **Isolation at school:**

"There was actually no talk about anyone that was not straight at school. There was complete isolation at school and it was very uncomfortable to me.....especially being male."

- **Difficult to obtain information regarding the program:**

"My guidance counselor was great.....she is probably the best guidance counselor in the world. She knew that there was something out there in London but she didn't know what. It would have been nice if she had all the information in front of her instead she had to go looking. It took us a long time to get the information through phoning everywhere. The information about he group was not easy to find.....it took us over an hour on the phone just to locate the program."

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- **Rarely received support from school staff:**

"The way I saw it, there was no support at school for someone like me. Not even if I needed it. That's probably one of the reasons I took so long to come out to my friends and family."

2. **Did you personally encounter any barriers to accessing the program?**

- **Confidentiality:**

"I'm not open to my family or friends and I was very worried that this would all get back to them......now that I look back, it's different. The chances of my parents finding out were pretty slim. I was so worried about people talking and I worried that they would tell my parents. Why wouldn't someone at the group know me......or go to the same high school as me, and tell my brothers."

- **Hiding it from parents**

"I'm not open to my family so that was a barrier. Actually I've been very depressed about it lately. To tell the truth, that's why I first came here. I have a second life though, incognito. I tell my family that I am over at a friend's house......and my friends lie for me because they know that I'm here and they understand."

"My mom would be a barrier, she doesn't know that I am bisexual or that I attend this group. I hide the fact that I come her from her. I usually tell her that I am going to a friend's house. I have my regular excuses all figured out because my friends know that I come here .....just my mom doesn't."

- **Intimidated to come for initial meeting:**

"I was absolutely petrified of coming here.....I was quite scared.....I didn't really know what to expect at all. "

"Yeah.....the scariest part was coming out here to the meeting. Almost didn't come because it was so scary. I really didn't want to come by myself. I wanted to bring a straight friend cause that's all I have.....but you couldn't."

- **No pre-conceived notions regarding group members:**

"I didn't really have any preconceived notions about who I would run into here at the group meetings. I was worried that people might not be too friendly .....but I wasn't worried about the type of people I would be meeting."

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- **No pre-conceived notions regarding ACL building site:**

  "I didn't care about the fact that the group was being run out of the ACL building. I didn't know a lot about AIDS either, I just didn't care about coming here, I never thought twice about it"

  "I didn't really have any preconceived notions about the ACL or the kinds of people that I would meet while attending this group.....and I've never attended something like this before."

3. **Do you know of other self-identified gay, lesbian, bisexual, transgender youth who may benefit from the program but do not utilize it?**

   - **Don't really know other GLB youth outside of the group:**

     "No, I don't really know a lot of gays or lesbians outside of the group. I think a lot of people would think they don't need this type of group."

   - **Yes, but they are over the upper age limit of 19:**

     "The friends that I do have that are gay aren't able to come here because they are over the age of 18, so the age is a barrier."

   - **Yes, there are kids that don't utilize the program , but they are not interested in attending:**

     "Most of the kids I've talked to have never attended the program. They don't think it is their place to be.....they're more interested in partying. They don't think they need any support."

     "Most of the kids that I know who could use the program are between the ages of 15 and 18. I know this one girl who I met in a group home, she would never come to this group. She thinks it sounds like a stupid idea and she thinks that people who come here are losers."

4. **Can you identify any perceived or existing barriers others may encounter in accessing the program?**

   - **Lack of knowledge about the existence of the program:**

     "There is a lack of knowledge about this place and this program. This place is really only spread by word of mouth most of the time and only by the people who

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attend the group. If there were more information for teachers to have .....more people would eventually get here."

"*There isn't a lot of information in the schools so that kids know about this program.....basically because everyone thinks were abnormal.....so why should there be information about the program.*"

"*Another big reason the kids don't come out to this program is because they don't know that it even exists. There is no advertising of any kind. It's mostly word of mouth. I can't think of a time that I saw a pamphlet for Open Closet.*"

- **Transportation issues for younger members:**

"*Another barrier that may prevent more young people from coming is transportation. What about kids who live outside the city limits.....its probably the same in Windsor. How do the younger ones get there, especially if their parents don't know and won't give them a ride.*"

"*If kids don't have bus transportation, how do they get around? It's harder than you think, especially in bad weather, like snow. It will keep me from attending.*"

- **Not "out" to parents:**

"*I wouldn't want my mom to find out. It's one thing for friends to find out because you can always make new friends....or quit hanging around with them if you need to.....but you can't change your parents.*"

- **Fear of parental retaliation (e.g. being thrown out of the house):**

"*I would think that the number one barrier to attending group would be parents. About half the kids here aren't out to their parents, so they have to lie about where they are going and who they are hanging out with on Fridays. They don't think their parents will support them or will maybe kick them out of the house.*"

- **Confidentiality :**

"*I think the biggest thing would be the fear of being outed, a lot of people are worried about it. They don't want their parents to know, they don't want their friends to know. It is very difficult and the fear of being found out is scary.*"

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"I think there is a lot of self-induced fear involved in coming out here to the program. It's like you get so worried about someone seeing you. You get worried someone from you high school will find out or from you family. This city isn't very big and you run into people you know every day."

5. **Why do you think that there are so few youth identified as 'at-risk' in attendance at** *Open Closet*?

- **Their culture doesn't accept homosexuality:**

"Some people may not come to group because of their cultural heritage. There are some countries and some cultures that are less accepting of gays and lesbians and that may be the reason that our group is so "white". We have one guy that belongs to the group and he is Native Eskimo. Everyone else is white."

- **We have had street youth involved in the group:**

"There have been street youth come to the group. I don't know how homeless they really were.....sometimes they were living at home and the next week they would tell the whole group that they were kicked out and basically living on the streets. Next week they were back at home. So....I don't know if they were really homeless or not."

As indicated above, the responses of the participants of *Open Closet* in London were very similar to the responses of the participants of *Young and Proud* in Windsor. Both groups identified the same major issues in terms of learning about the program, barriers they encountered, and barriers they perceived others would encounter when trying to access the program.

The one major barrier that could not be generalized from the Windsor group to the London group was building location. The Gino Marcus Centre which houses the *ACW* and also *Young and Proud* is located on Drouillard Road which is recognized as a lower socio-economic area in the central Windsor area. The *Open Closet* program does not face that same concern in the *ACL* building that houses the program as it is located in the

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downtown core area which is a safe, busy and vibrant section of the city.

As intimated above, when data from the two groups were compared, they were very similar. The comparison of the two groups corroborated the findings and increased the generalizability of the data generated from the Windsor program, even though the sample was small.

CHAPTER VI

SUMMATION

A. Findings

Evaluation of Existing Outreach Strategies

One of the more consistent findings of the study was the identification by GLB youth about a lack of program knowledge and awareness. All of the respondents felt that much more awareness was needed. Participants identified word-of -mouth as the most common referral source. Participants also mentioned pamphlets, posters, the Internet, newspaper ads, the phone book, and a bus ad campaign as modes of promotion previously utilized by the *ACW* as outreach strategies.

None of the participants could recall recently seeing or noting any type of promotion for Young and Proud in the community. Many expressed surprise that although there was promotional literature for the *ACW* in the Complex, a local gay bar, there wasn't anything for the *Y&P* program and instead, they all questioned where and how the *Y&P* flyers (see Appendix B) were distributed throughout the community. Many identified potential outreach strategies in this regard.

Limit the Age Range of Participants of Young and Proud

Many of the respondents mentioned that the age range of the group made it uncomfortable for some of the respondents while they were participating. According to the literature that promotes the group, *Young and Proud* is a group for gay, lesbian, bisexual, transgendered and 'questioning youth' between the ages of 14 and 26.

It appears that this expansive age range may create a problem in terms of group interaction. GLB youth are indeed a very marginalized group. When there is the potential for fourteen-year olds and twenty-five year olds to co-exist within a group, there is also the potential for a power imbalance to result. This may create a situation(s) where an already marginalized younger youth becomes even more marginalized by older participants.

Data from *Open Closet* substantiated the concerns expressed by the participants in this study. *Open Closet* participants all mentioned that they appreciated the smaller age range that governed their group. One fourteen-year old participant stated that s/he would have few issues in common with a twenty-five year old who was also seeking support in terms of the development of his/her sexuality identity. This researcher did not come across any literature that supported that age range in service provision for any support group dealing with adolescents.

Confidentiality

A number of participants, mostly males, in the study, identified confidentiality issues as a major barrier to accessing services at *Young and Proud*. Ryan and Futterman (1997) found that most gay and lesbian adolescents disclosed their sexual orientation to others in the following order: other GLB peers, close heterosexual peers, close non-parental family members, and eventually their parents. This is not surprising given that parents are usually able to withdraw their love, financial support, and even the chance of residing at home.

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Program Location

None of the study participants were concerned that the *Young and Proud* program was housed in the *ACW* building. One respondent even identified the program site as a positive thing as s/he felt that the *AIDS Committee of Windsor* would be a gay friendly and therefore, a safe place.

All participants identified the site location on Drouillard Road as a potential barrier to the program. It was identified as a 'rougher' area of the city by study respondents. It was reported by respondents, that Drouillard Road was considered unsafe at times for anyone, however, GLB youth are at even greater risk as they often face escalated rates of violence, harassment, prejudice and discrimination (U.S Department of Health and Human Services, 1989).

Group Format

First, some of the respondents reported that they experienced degrees of anxiety when they initially contacted *Young and Proud*. Often, this was their first experience conversing with someone about their sexuality because they felt isolated about their homosexuality.

Some expressed that they would like to have been involved in a longer and more thorough intake process. It is recommended that further research be conducted to determine a more suitable and less anxiety provoking process in order to make the transition into group less stressful.

According to respondents, there are three main areas to focus on in terms of group format. Under each of the three main areas are the most frequently mentioned themes identified by respondents.

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The Facilitator

- Sexuality doesn't matter

- Age doesn't matter

- Knowledgeable about gay community

- Trained professionally to facilitate groups

- Dynamic personality

- More than one facilitator

- Provides welcoming environment

- Gender unimportant

Educational Component

- More participant choice of topics

- Well presented, not dry

- Bring in positive gay adult role models

Social Component

- Less structured time

- Provide food

- Incorporate a variety of activities

- Provide a variety of activities (e.g. yoga, boxing, games, etc.)

One other suggestion, offered, was the implementation of a mentor program to help introduce new members of the group and facilitate a smoother transition into *Young and Proud.*

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'At-Risk' Youth

How open one is in terms of revealing their sexual orientation is a major issue for GLB youth. It can be further exacerbated for GLB youth who maybe from ethnic minority families in which the GLB lifestyle is viewed as deviant and an 'aberration of Caucasian society' (Newman & Muzzonigro, 1993).

Study respondents reported that there was a noticeable absence of GLB youth from different cultures in previous years at *Young and Proud*. This was a pattern also identified by Fraser in her 1998 study. Ironically, the only two current members are both members of ethnic minorities.

There was also a noticeable absence of ethnic diversity in the *Open Closet* group in London. Current participants from group reported that during their overlapping time at the program only one minority youth had participated. This lack of cultural representation seems highly unusual considering the city's current ethnic diversity coupled with the large number of regular attendees at *Open Closet*.

The following chart provides a summary of the main findings of the study:

Summary of Study Findings

Main Findings	Supported by Literature		Comments
	Yes	**No**	
1) Outreach strategies • Need to be Evaluated • Need to be Changed	(Fraser, 1998) Schneider, 1991)		• Participants identified word of mouth as most common referral • Participants agreed about literature/outreach materials and their availability
2) Large age range (14-26) • Adolescence vs. young adulthood • Dynamics of power due to age	(Fraser, 1998) (Troiden, 1989) (Remafedi, 1987)		• Participants reported feeling uncomfortable around group members in their mid to late 20's
3) Confidentiality • Mostly male issue • Fear of parent reaction	(Ryan, 1999)		• Participants feared losing friends, financial support, residence or family • Identified as a major barrier
4) Program Location • Undesirable building location	N/A	N/A	• This is not supported by research but based on participants' experiences
5) Group Format • Intake process • Majority reported that current program met their needs	(Canadian Public Health, 1998)		• Participants identified intake process as important to reducing initial anxiety • Participants identified what they felt were important characteristics of the program
6) 'At-Risk' Youth • Minority GLB Youth issue identified	(Newman and Muzzanigro, 1993) (Icard, 1996) (Chan, 1993)		• Participants identified specific difficulties experienced by GLB youth of differing cultural ethnicities

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The following provides a summary of the main findings of both Fraser's study in 1998

and this study:

Young and Proud – Comparison of Findings

Identified Themes	Fraser (1998) Findings	Wilcox (2005) Findings
1) Demand for Services	• difficult to determine	• difficult to determine
2) Target Group	• generally gay youth • identified need to focus on 'at-risk' youth	• generally gay youth • identified need to focus on 'at-risk' youth
3) Attendance	• attendance high	• attendance extremely low
4) Program Age Limits	• concerns over large age range (adolescence vs. adulthood) • concerns around unethical behaviour involving older staff/younger volunteers	• concerns over large age range (adolescence vs. adult)
5) Transportation	• identified as a barrier to rural and some urban youth	• N/A
6) Program Location	• N/A	• Identified as a potential barrier
7) Outreach in Community	• Needs to be increased • More a rural concern	• Needs to be increased
8) Confidentiality	• N/A	• Identified as potential barrier
9) Group Format	• suggested program structure changes • 10 week module suggested	• some changes recommended but overall group members contented with group structure
10) Facilitator(s)	• need to be professionally trained	• training important but dynamic personality important too.

B. Strengths and Limitations

A study of this type presents several limitations. Initially, this research hoped to identify barriers to accessibility of the *Y&P* program by interviewing current group members. Unfortunately, only two people are currently utilizing the services of the group. They agreed to participate in the study. However, this reinforced to the researcher, that there were, and still are existing barriers for GLB youth to access this program.

On the advice of a *Y&P* group facilitator, the researcher decided to base the study on the interview results of previous program participants. Using a computer database, approximately 100 previous participants were forwarded a letter inviting them to take part in the study. Unfortunately, only seven individuals responded. So, although the sample size was small, it was difficult to obtain. This disproportionate number further reinforced the earlier notions about perceived barriers to the program itself.

Another limitation is that some data were gathered from previous participants of the program. Some of these respondents participated one year ago and some participated four years ago. Unfortunately, this may have resulted in a lot of overlap in terms of the time frame of the program. It would have been ideal to conduct a longitudinal study with the same group of participants over an extended period of time. At this point, due to the transient nature of these participants, this was not possible.

The study presented some decided methodological strengths. It was decided that a face-to-face interview format with open-ended questions would be utilized to permit GLB youth to use their own words to describe their perceptions of the program and to gain a sense of the nuances and feelings associated with their experiences.

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Although the sample size was small, gathering the additional data in London from the *Open Closet* group proved valuable from a few perspectives. The findings from *Open Closet* corroborated the data generated from the interviews of current and past participants of *Young and Proud*. This meant that the data gathered was generalizable somewhat to a larger population. Further, as a researcher, I was strongly invested in this study as I sit on the Board of Directors of the *AIDS Committee of Windsor* and this study will hopefully benefit other agency programs.

By conducting a pilot test of the interview guide, potential psychological stress and anxiety experienced by the participants was avoided. This was especially important in dealing with this particular youth population as they have been identified as being at 'at-risk for stress regarding issues such as self-esteem, depression, and emotional isolation (Telljohann et al., 1995).

C. Recommendations

Recommendations for Existing Outreach Strategies

They recommended distributing flyers through libraries, group homes, shelters, coffee shops, agencies providing services to teens (e.g. *Teen Health Centre, John Howard Society, Big Brothers/Big Sisters*, etc.).

They also recommended developing stronger partnerships with the City of Windsor' Parks and Recreation Department and the local Boards of Education. It was mentioned, by participants, that a partnership with the Parks and Recreation Department would lead to greater access to the city's recreation centres where a large population of the community's youth congregate year round.

Other participants mentioned, nurturing relationships with school boards as a means to access local schools to promote presentations and flyer distribution. Some respondents recommended a 'grass roots' approach of seeking out and educating individual teachers/guidance counselors to promote more sensitivity and acknowledgement of the GLB youth population in this community.

Schools and community agencies serving youth also highlighted the need for a program like *One in Ten* (currently known as *Young and Proud*) by pointing out the limitations of their own organizations for providing the necessary support for youth struggling with sexual identity issues (Fraser, 1998).

Another identified outreach strategy was to write a *Y&P* newsletter and distribute it over the Internet. This newsletter could highlight the activities of the program and group and present it in a safe and confidential environment.

Other outreach strategies identified by participants included promotion on the local cable station, COGECO and in the local newspaper through featured articles. Partnerships with these mediums could result in relatively cost effective promotion.

In April of this year, this researcher was invited to participate in the *GLBTQ Youth, Friends and Family Community Forum* (see Appendix K), hosted by the *Children's Aid Society* and the *Teen Health Centre*. This group is attempting to bring community resources together to organize supports for this identified population. This may be an opportunity to promote awareness of *Y&P* through participation in this and other community projects of this nature.

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Limit the Age Range of Participants of Young and Proud

A recommendation here could be that the age boundaries should be decreased to allow for a more cohesive group in terms of age. Participants reported that it was too intimidating to have group members who were significantly older than themselves. Obviously, even though both are may be experiencing the 'coming out' process, a 15 year old and a 25 year old would have many different concerns needing to be addressed. If such need existed, another support group could be implemented to provide a similar service to older individuals. This may result in the *ACW* incurring an additional cost.

Confidentiality

Young and Proud utilizes a confidentiality form that it requires all group participants to sign prior to attending the group. It is recommended that ways to more strictly enforce confidentiality be explored, however this may not be possible. It is also recommended that the group facilitator(s) re-affirm and stress the importance of respecting and maintaining the privacy of all participating group members.

Program Location

For as long as the *ACW* is located on Drouillard Road, it is recommended that the group facilitator with the assistance of some group members develop 'safety' policies to be implemented during evening meetings. These policies should highlight safety issues, including: exterior lighting, locking of doors, walking in pairs, and other such routine street safety precautions.

At present, the *ACW* Board of Directors is reviewing its existing lease with the City of Windsor at the Gino Marcus Centre. It expires in the next two years and the *ACW* will be able to seek out other building sites in which to house their programs. It is

recommended that the Board of Directors take into consideration the needs of the *Young and Proud* participants when selecting a new venue for the organization.

Group Format

This researcher, after comparing the intake sheets of *Young and Proud* (see Appendix L) and *Open Closet* (see Appendix M), would recommend that the *Young and Proud* facilitator develop an information sheet similar to the one utilized by *Open Closet*. As intake is usually conducted with a potential group member, it would make sense to utilize a tested form that appears less intrusive and perhaps less intimidating.

As a result, it is recommended that education for group members and staff be provided in the area of cultural competence. In the Windsor area, the Multi-cultural Council and the United Way are well known for their presentations regarding cultural sensitivity.

Another recommendation would be to make changes to the intake process to make prospective group members feel more comfortable in their initial stages of introduction to the program. These changes should be based on additional input provided by a future focus group composed of current and past group members of *Y&P*.

'At-Risk' Youth

It is also recommended that outreach strategies need to be carried out in culturally appropriate ways that are deemed not offensive to the specific targeted culture. Some cultures harbour significant negative stereotypes of the homosexual population and this must be taken into consideration when future outreach strategies are being determined.

Other 'at-risk' groups such as the homeless or drug/alcohol addicted GLB youth were not identified by participants. The participation of these other 'at-risk' groups should also be addressed in all future programming initiatives.

The seven recommendations that have implications for the *Young and Proud* program are based on the participants' comments and experiences and the literature reviewed to complete this research.

Focus Groups

It is strongly recommended that a focus group be created to further develop both the group framework and outreach strategies to promote *Young and Proud* to the Windsor and Essex community.

Unfortunately, at this time there are only two regular attendees to the *Young and Proud* program. This researcher recommends that a group be composed of the facilitator, current and past program participants, and other community partners to direct this process.

Unfortunately, as this researcher discovered, it was difficult to engage current and previous program participants, even for this study. Trying to engage this same population to participate in a focus group may be an equally arduous task. A focus group would not only provide the venue for GLB youth to share their experiences and recommendations in even more detail, it may also result in them taking active roles as stakeholders in the *Young and Proud* program.

It is also recommended that an advisory committee be re-established to provide both direction and resources for the *Young and Proud* program. During the inception of the program, an advisory committee composed of community agency representatives was

created to provide guidance and focus to the program. In her 1998 evaluation, Fraser spoke of the importance of the advisory committee. Committed community agency representatives could provide valuable guidance and necessary input that could help the program meet with greater success.

None of the recommendations were surprising and, in fact, are all supported in the literature and by recently published 'best practices' frameworks for the GLB youth population. Unfortunately, the literature on GLB youth and accessing services is limited. Ironically, the researchers who have studied this group often refer to them as the 'invisible population', and in short, they are probably correct.

D. Summary

As a researcher and as an experienced professional I learned a great deal from the gay, lesbian, bisexual youth that I interviewed for this research project. I was particularly moved by the emotions that the youth shared during their candid interviews. The participants, in both the Windsor and the London groups, identified feelings of isolation repeatedly. In a study by Savin-Williams (1994), more than 95% of gay and lesbian teens reported that they frequently experienced separation and emotional isolation from those around them. According to Rotherman-Borus, Rosario & Koopman (1991), isolation can often lead to problems such as low self-esteem, substance abuse and depression.

I was also particularly impressed with their zest for life and overall positive attitudes. Many reported experiencing problems with their parents, difficulties with peers, and internal struggles with themselves. Yet, when I asked them what their plans were for the future, they shared some positive and life fulfilling goals.

As a vice-principal, I was naturally interested in their high school experiences. Often the interviewees would refer to their school experiences to further illustrate a point they were trying to make clear. For most [at least those still attending school] that particular environment was described as very stressful in general. Many pointed out that it was hard to do well in school or meet their full potential when they fear for their personal safety on a daily basis. In a study of gay and lesbian youth, Elia (1993) found that 80% demonstrated declining school performance, 40% had problems with truancy, and a significant 30% just dropped out of school all together. If these statistics told the story of a particular culture, instead of a sexual minority, I wonder what sort of proactive initiatives would have been already implemented?

Bullying and taunting were the reaction 'norm' for most of the research participants. It concerns me to think that as a society, we look upon hate speech as intolerable, but in a schools, GLB youth are subject to homophobic name-calling and anti-gay taunts such as "fag" or "you're so gay." The worst part of the phenomena is that the adults in schools rarely enforce existing codes or think to implement proactive measures. According to Weiler (2003), 83% of GLB youth experienced verbal, physical, or sexual harassment and assault at school.

While researching information related to this study, I found substantial information pertaining to sexual minority adults. However, according to Nesmith, Burton & Cosgrove (1999), there is a dearth of research conducted in the area of sexual minority youth. We cannot just assume that all information gathered on sexual minority adults is indeed applicable to sexual minority youth. It's rather ironic that GLB youth are referred to as the 'invisible population'.

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Drawing from their own personal experiences, the GLB youth participating in this study identified barriers to accessing the *Young and Proud* program. From this information collected, I made recommendations that, if implemented, may increase accessibility to the program. The recommendations should be further explored by a focus group to determine viability. Berger and Mallon (1993) speak to the importance of locating a community and developing a social support system as fundamental elements in protecting GLB youth against the risks imposed by homophobia. The research shows that GLB youth are desperately in need of a safe, non-judgmental 'space'. This space certainly should be the *Young and Proud* program!

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PROJECT 10-MONTREAL

The chart below summarizes some findings of a longitudinal study on the well-being of 200 GLB Montreal youth affiliated with Project 10 — one of the largest GLB service organizations in Canada. It expresses how they felt about their lives when they began to participate in the study.

Feelings and emotions experienced over the last 3 months

	male %	female %	total %
I'm afraid of being rejected	64.5	32.3	53.7
I feel all alone	51.7	45.2	49.5
I feel depressed	56.5	35.5	49.5
I'm afraid to express who I am	50.0	38.7	46.2
I'm afraid of being discovered	50.0	32.3	44.1
I'm uncomfortable talking about who I am	45.2	35.5	42.0
I'm confused regarding my sexuality	38.8	42.0	39.8
I don't like who I am	45.2	25.8	38.7
I think my dreams will never be realized	38.8	22.6	33.3
I feel guilt about the feelings I have	24.2	32.2	26.9
I don't feel accepted by others	43.5	25.8	25.8
I think I am not normal	25.8	25.8	25.8
I don't accept myself	22.6	25.9	23.6
I think it's wrong to be what I am	17.7	22.6	19.4

Project 10 made contact with thousands of GLB youth during the last five years. Not one youth initiated contact with the organization looking for HIV prevention information. They came to Project 10 because of distress about being gay, lesbian or bisexual — they had questions about the coming out process or suicidal ideation and they were looking for support for difficult moments in the coming out process or for ways to break the isolation.

What is Young & Proud?

Young & Proud is a group for gay, lesbian, bisexual, transgendered and questioning youth between the ages of 14 and 26.

We meet every Tuesday evening from 7:00 p.m. until 9:00 p.m. New members are always welcome. We ask that you call and meet a Youth Coordinator before attending.

Young & Proud

The group involves discussion about various topics including relationships, coming out, safer sex, HIV/AIDS. We also plan social nights every month where you can invite your LGBT positive friends for movies, games and other great activities.

Cool ... so what can I expect?

Youth Service Coordinators are available if you need to talk privately about something personal. You can make an appointment to see them.

To ensure the safety of all group members, these meetings are strictly confidential. That means that anyone you see and anything you discuss here is not to be shared outside the group.

Structure of the Meetings

1. Opening Statement/Guidelines

We have an opening statement and guidelines that are read at the beginning of every group. These are rules to make sure everyone feels safe, respected and welcome.

Many youth, after attending group, have said they feel less alone, and have learned a lot of new information and made great new friends!

2. Introductions /Check In

This is an opportunity for everyone to introduce themselves to the rest of the group. Check-in usually involves saying your name, and sharing something about yourself. If you prefer, you can pass on check-in.

3. 15 minute break

Take this time to use the library, check your email, or get some fresh air.
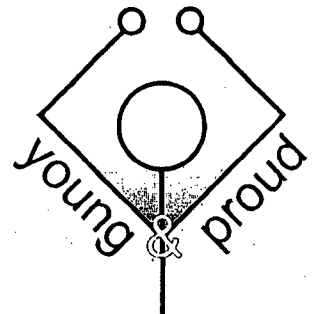
4. Topic Discussion/Activity

Every week there is a scheduled topic or activity. Sometimes this takes the form of a guest speaker, video, or an open discussion with the group.

5. Evaluations/Closing

Evaluations are an important part of group and are handed out at the end of the discussion/activity. This helps the Coordinators plan for future meetings.

Remember, this is your group! Talk to the facilitator if there is something you would like to see or discuss as a group. And have fun! After all you are...

Respondent ID#_____

Date:_____   Time:_____

Interviewer:_____

Researcher's Role:

I am interviewing you today as a researcher not as a member of the Board of Directors of the AIDS Committee of Windsor. I am truly interested in hearing your opinions. It is important to know your views in order to improve accessibility to the program and to understand your experience as a participant. I want you to know that I welcome both positive and negative comments. I again remind you that your participation is voluntary and that you can withdraw at any time.

I would like to thank you for agreeing to participate in this interview. Your input is very important. Please take your time to answer the questions, if the question is unclear please do not hesitate to ask for clarification.

1. How did you learn about the program ?

Prompts- Ways you might have heard may include:
-a pamphlet at the ACW building
-a pamphlet off site
-a friend or family member
-a pamphlet at your highschool
-a referral from a guidance counsellor
-previous affiliation with the ACW
-another community agency referral (e.g. Teen Health Centre, Distress Centre, etc.)
-phone referral through the ACW
-another member of the gay community

2. Did you personally encounter any barriers to accessing the program ?

Prompts- Was there anything that stood in your way of accessing the program, including:
-location of the program (unsafe area, provided discreetly)
-ability to get to the program (transportation issues)
-times of the day which the program was held
-preconceived notions regarding the program
-preconceived notions regarding clients already utilizing the program
-preconceived notions regarding the ACW
-family and/or peer support or lack there of
-stigma associated with program
-inability to come to terms with your sexuality
-religious/political beliefs
-concerned it would be invasive of personal privacy
-difficult to access information about the program

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3. Do you know of other self-identified gay, lesbian, bisexual, transgendered youth who may benefit from the program but do not utilize it?

Prompt- Are you aware of any individuals who could use the program but for some reason are not:
-other youth at your school
-other youth where you work
-peers you have met out in the community
-peers you have met out in the gay community
-friends
-relatives

4. Can you identify any perceived or existing barriers others may encounter to accessing the program?

Prompt-These would be barriers that you think may exist or others have shared with you
-location of building that houses the program
-accessibility of the program site in terms of transportation
-time of day at which the program is held
-preconceived notions regarding other clients already accessing the program
-preconceived notions regarding the program itself
-preconceived notions regarding ACW by the general public
-preconceived notions regarding ACW by the gay community
-lack of family and/or peer support
-stigma associated with the program due to its nature
-still closeted about their sexual identity
-religious/political beliefs
-concerned the program would be invasive of their privacy
-difficulty of accessing information regarding the program (e.g. time, location, services)

5. Why do you think there are virtually no youth identified as "high risk" in attendance at "Young and Proud"?

Prompt-When I am speaking of "high risk" I am referring to youth who may be even more alienated from support systems due to various factors: youth of colour, youth who are transgendered, street youth, youth of different cultures, youth who abuse alchol/drugs
-lack of acceptance by other clients currently utilizing the program

-other service providers may not address their sexuality
-benefits of that type of program may not be a high priority compared to other basic needs
-potential clients may feel that the program does not consider/understand their cultural beliefs
-other community agencies who are treating individuals may not see this type of support as a priority

U N I V E R S I T Y   O F
WINDSOR

Contact Letter

Dear Participant,

Would you like a $15.00 movie pass from Cineplex-Odeon? Your participation in this study will get you one.

Currently we have a Masters student from the University of Windsor who is interested in speaking to participants and past participants of the youth project of the AIDS Committee of Windsor. He is seeking to identify and examine program accessibility barriers.

As past participants of the project, you know and understand the importance of the project in terms of support for many gay, lesbian, bi-sexual and trans-gender youth. For many of these identified youth, family and peer support are often minimal or non-existent. It is an important support for those who need it.

At present, there are very few gay, lesbian, bi-sexual, trans-gender youth who are accessing the program. This could possibly lead to the demise of the program as funding is hard to justify due to the extremely low number of participants.

This Masters student is hoping to contact and interview current and past participants in the project. The interview will involve a number of open-style questions. All questions asked pertain to possible barriers that may exist in accessing the project currently referred to as Young and Proud. The interview will last approximately 30 minutes. Anonymity and confidentiality will be guaranteed. This research has been approved by the University of Windsor Ethics Committee.

Your participation may help us to identify possible barriers to access and direct us to make changes to improve the accessibility of the program. Your opinions and knowledge are important to this process.

Please contact Lori Baxter at **lbaxter@aidswindsor.com** if you are interested in participating in this valuable research study. Thank you for your consideration.

U N I V E R S I T Y   O F
WINDSOR

Consent for Audio/Video Taping

Research Subject Name:

Title of the Project: Pathways to Accessibility: A Formative Evaluation of Young and Proud

ID# Number:

Birth date:

    I consent to the audio/videotaping of my interview. I understand these are voluntary procedures and that I am free to withdraw at any time by requesting that either the taping be stopped or the viewing be discontinued. I also understand that my name will not be revealed to anyone and that taping and viewing will be kept confidential. Tapes are filed by number only and stored in a locked cabinet. All tapes will be released upon completion of the thesis.

    I understand that confidentiality will be respected and that the viewing of materials will be for professional use only.

_____   _____
(Signature of Research Subject)   (Date)

_____   _____
(Signature of Researcher)   (Date)

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APPENDIX I
FIVE-TIERED APPROACH

If you are using the Five-Tiered Approach to Program Evaluation outlined in the **State Strengthening Evaluation Guide** (Callor, Betts, Carter & Marczak, 1997), qualitative interviewing can be used at several levels:

TIER 1 - Program Definition

A key task in Tier 1 of the planning and evaluation process is to assess and document the need for a particular program in the community. At this stage, qualitative interviews with a few key stakeholders can help document the need. These key people might include potential program participants, parents, and community leaders such as the principal of the neighborhood school. The open-ended and personal nature of qualititative interviews can help ensure that you understand how (or even whether) community members perceive a problem and what they would see as key elements in a program designed to resolve it.

Interviews might also alert you to potential barriers to participation. For example, parents may be unable to attend parent meetings unless childcare is provided.

TIER 2 - Accountability

Although qualitative interviews are less likely to play a major role in Tier 2 activities, they may still have a place in assessing implementation of the program at this stage. A few informal, conversational interviews with participants might quickly verify that the program is reaching its intended audience or that key services are being provided in a timely way.

TIER 3 - Understanding and Refining

Interviewing may be especially useful for the Tier 3 activities of understanding and refining the program. Qualitative interviews with staff and participants lend themselves well to the tasks of gathering program satisfaction data, process data, and identifying "lessons learned" that can be used to refine and modify the program.

TIER 4 - Progress Toward Outcomes

In Tier 4, qualitative interviews may be most useful in combination with more objective or quantitative measures and indicators. While the quantitative measures indicate in a literal sense whether outcome objectives are being met, qualitative interviews speak more to how the participants feel about what is happening, and its meaning in their lives. An after-school child care program might be quite successful in its stated objective of enrolling a specified number of children who would otherwise be unsupervised at home in the afternoon. However, it might still be important to know that some parents had concerns because staff seemed to tolerate excessive levels of teasing or bullying behavior by some children, so that their own children did not like to attend.

TIER 5 - Program Impact

Selective use of quotations from participants, staff, and community members in reports, news releases, and publications can be very effective in "getting the word out." When a program, especially a new or innovative program model, has been successful, positive endorsements from those close to the program are good for public relations. Even when feedback was not all positive or significant problems arose along the way, the insights recorded from interviews can be very helpful to those who might wish to replicate the program or model elsewhere. Qualitative interviews might also be useful in sorting out why the program is having greater impact on some participants than others. For example, interviews might reveal that youths who participate voluntarily benefit most from your program, while those who are forced to participate resist making changes and show less impact.

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The **Children's Aid Society** and the **Teen Health Centre** are hosting

GLBTQ Youth, Friends and Family Community Forum

Who? Gay/Lesbian/Bisexual/Transgender and Questioning Youth, Friends and Family of Windsor and Essex County
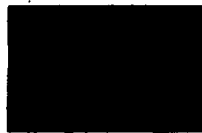
When? Wednesday, April 27, 2005
9:30 am.– 11 am

Where? TEEN HEALTH CENTRE
NEW SITE
1487 Ouellette Ave
Windsor, Ontario.

Why? Gay/Lesbian/Bisexual/Transgender and Questioning children, youth, parents and their families are faced with extreme social pressures due to the mass discrimination of this unique and diverse community within our society. As a result, this lack of social acceptance has some serious and devastating consequences. Drug and alcohol use and abuse, depression, attempted and successful **suicide** are very high within the GLBTQ community. GLBTQ teens are at extreme high risk for bullying and harassment in schools and with their peer group, hate crime and gay bashing, emotional, physical, sexual abuse and assault, parent-child conflict, homelessness that ultimately opens the door for other forms of victimization.

How? By bringing community resourses together.

APPENDIX L
AIDS COMMITTEE OF WINDSOR INTAKE FORM

INTAKE and ASSESSMENT	AIDS Committee of Windsor

Office Use Only:
Client #   Date file opened/updated/reopened   Staff

Name: First   Last   Nickname

Address:

City   Prov/State   Country   PC/Zip

Home Phone   Work Phone   Other Phone #?   E-mail

OHC   SIN*   DOB   Male/Female   Family Status

Children: Custody Y/N: Ages:

Family Doctor: Consent on File: Y/N   Transportation   Language

Income Information: Employed   Student   Assistance   CPP   LTD   Other

Education: Referred by:

Emergency Contact: Phone: Relationship:

PHA Program: **Methadone Program:**   **Youth Program:**   **IVDU Program:**

Care Program   Hep Status B/C/both   One in Ten   Hep Status B/C/both

HIV Status Y/N   _____   Passages   _____

PHA Mailout Y/N   Tx Program   Pride Zone   Sex Trade

Current/Immediate Needs:

Supportive Counseling	Support Group	Advocacy
Referrals/Information	EMA/ACH	Legal Clinic
Substance Use Tx	Health Promotion	Practical Assistance

Community Assistance/Involvement:

Social Service Agency	Medical Facility	CMHA
Cancer Clinic	Hospice	Mental Health Clinic
ASO	Other	CCAC

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APPENDIX M
AIDS COMMITTEE OF LONDON INTAKE FORM

Staff designate meets with new members before each group and as they come into group. The questions should be asked in a way that is comfortable for each individual. Facilitators should all be comfortable and trainedon this process.

Review informed consent and have client sign confidentiality form.

Name: _____   Date:_____

What would you like us to call you?_____

Date of Birth:_____

What brought you here? _____

Where did you here about group?_____

What is your living situation? _____

Is this a safe environment? _____

Are you out? _____

Where? (School, shelter, home etc.)_____

(Talk about possibility of seeing youth from places that they go.)

What do you want to get from attending this group?_____

_____

Is there anything we should know about you that wll help us accommodate you?

_____

Emergency contact info: _____

_____

Go over what happens at group and group guidelines.

Group guidelines reviewed?   ❑ Yes   ❑ No

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VITA AUCTORIS

Michael Wilcox was born in 1964 in Petrolia, Ontario. He graduated from North Lambton Secondary School in 1983. From there he went onto the University of Windsor where he obtained a Bachelor of Arts (Communications) in 1987. He returned to the University of Windsor in 1994 and completed an Honours Bachelor of Social Work in 1996 and then a Bachelor of Education in 1997. He is currently a Vice-Principal with the Greater Essex County District School Board.