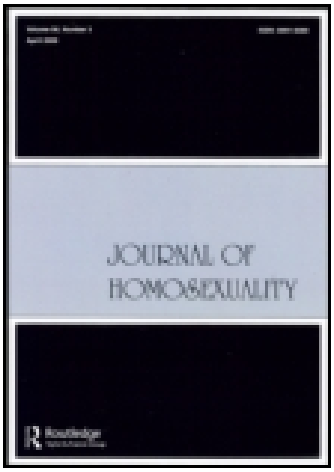
This article was downloaded by: [University of California, San Diego]
On: 25 August 2015, At: 11:05
Publisher: Routledge
Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London, SW1P 1WG




Journal of Homosexuality
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/wjhm20

# Analysis of GLBTQ Youth Community-Based Programs in the United States

Kenneth D. Allen PhD [a], Phillip L. Hammack PhD [b] & Heather L. Himes PsyD [c]

[a] The National GLBTQ Youth Foundation, New York, New York, USA

[b] Department of Psychology, University of California, Santa Cruz, California, USA

[c] That National GLBTQ Youth Foundation, New York, New York, USA

Published online: 26 Oct 2012.

To cite this article: Kenneth D. Allen PhD, Phillip L. Hammack PhD & Heather L. Himes PsyD (2012) Analysis of GLBTQ Youth Community-Based Programs in the United States, Journal of Homosexuality, 59:9, 1289-1306, DOI: 10.1080/00918369.2012.720529

To link to this article: http://dx.doi.org/10.1080/00918369.2012.720529

PLEASE SCROLL DOWN FOR ARTICLE

Taylor & Francis makes every effort to ensure the accuracy of all the information (the "Content") contained in the publications on our platform. However, Taylor & Francis, our agents, and our licensors make no representations or warranties whatsoever as to the accuracy, completeness, or suitability for any purpose of the Content. Any opinions and views expressed in this publication are the opinions and views of the authors, and are not the views of or endorsed by Taylor & Francis. The accuracy of the Content should not be relied upon and should be independently verified with primary sources of information. Taylor and Francis shall not be liable for any losses, actions, claims, proceedings, demands, costs, expenses, damages, and other liabilities whatsoever or howsoever caused arising directly or indirectly in connection with, in relation to or arising out of the use of the Content.

This article may be used for research, teaching, and private study purposes. Any substantial or systematic reproduction, redistribution, reselling, loan, sub-licensing, systematic supply, or distribution in any form to anyone is expressly forbidden. Terms & Conditions of access and use can be found at http://www.tandfonline.com/page/terms-and-conditions

*Journal of Homosexuality*, 59:1289–1306, 2012
Copyright © Taylor & Francis Group, LLC
ISSN: 0091-8369 print/1540-3602 online
DOI: 10.1080/00918369.2012.720529

Routledge
Taylor & Francis Group

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

# Analysis of GLBTQ Youth Community-Based Programs in the United States

KENNETH D. ALLEN, PhD
*The National GLBTQ Youth Foundation, New York, New York, USA*

PHILLIP L. HAMMACK, PhD
*Department of Psychology, University of California, Santa Cruz, Santa Cruz, California, USA*

HEATHER L. HIMES, PsyD
*That National GLBTQ Youth Foundation, New York, New York, USA*

*Gay, lesbian, bisexual, transgender, and queer/questioning (GLBTQ) youth face oppression despite some increases in cultural support for GLBTQ individuals. Research has revealed the psychological and social distress associated with oppression and the benefits of peer social support programs. This study was conducted to analyze the types and frequency of services, age of participants, and organizational structures of the 116 GLBTQ community-based programs operating in the United States. Using an Internet survey, information from 61 of the programs was secured. The results revealed the community-based youth programs provide critical and unique programs and services that can promote the mental and physical health of GLBTQ youth.*

*KEYWORDS sexual minority youth, GLBTQ youth, peer support, community youth programs*

In spite of increased cultural support for sexual diversity relative to earlier periods in the nation's history (Hammack & Cohler, 2011), gay, lesbian,

The study was designed as a follow up to a report developed by the National GLBTQ Youth Foundation (2009) on the distribution of GLBTQ youth centers. The report revealed an alarming lack of community-based GLBTQ youth programs in many states. The research was funded in part by The National GLBTQ Youth Foundation.

Address correspondence to Kenneth D. Allen, The National GLBTQ Youth Foundation, Parkwest Finance Stations, P.O. Box 20593, New York, NY 10025, USA. E-mail: kenallen@glbtqyouthfoundation.org

bisexual, transgender, and queer/questioning (GLBTQ) youth in the United States continue to report a higher prevalence of psychological distress and social isolation than their heterosexual peers (e.g., Almeida, Johnson, Corliss, Molnar, & Azrael, 2009). Compared to youth who identify as heterosexual, GLBTQ youth experience more depression (Almeida et al., 2009; Espelage, Aragon, Birkett, & Koenig, 2008; Williams, Connolly, Pepler, & Craig, 2005), substance use (Espelage et al., 2008), suicidal ideation and self-harm (Almeida et al., 2009), and victimization in forms like bullying (Williams et al., 2005; for review, see Rivers, 2011). While earlier research on homosexuality in adolescence conceived of psychological symptoms as linked to the disorder of homosexuality itself (see Hammack & Mayers, 2012), theory and empirical research has increasingly linked this mental health disparity to the management of stigma and minority stress in the context of a heterosexist society (e.g., Lewis, Derlega, Griffin, & Krowinski, 2003; Martin & Hetrek, 1988; Meyer, 2003).

In the context of heterosexism and continued cultural and legal subordination of GLBTQ individuals (Hammack & Cohler, 2011), how might the psychological health and positive development of GLBTQ youth be promoted? Community-based organizations have long formed a vital source of support for the positive social and psychological development of GLBTQ youth (e.g., Gerstel, Feraois, & Herdt, 1989; Halverson, 2005; Herdt & Boxer, 1996). Such organizations likely provide the social support and a sense of community or family of choice, which might moderate the impact of stigma on psychological development among sexual minorities (e.g., Dewaele, Cox, Van den Berghe, & Vincke, 2011; Doolin, 2010; Doty, Willoughby, Lindahl, & Malik, 2010; Shilo & Savaya, 2011), even while they are no substitute for addressing the problem of victimization (Mustanski, Newcomb, & Garofalo, 2011). Surprisingly, though, very little is known about the nature of contemporary community-based programs for GLBTQ youth. The purpose of this study was to survey community-based organizations designed to support the positive development of GLTBQ youth in the United States to obtain information on the types of programs and services offered, details about participant demographics, and organizational structure of programs.

## GLBTQ YOUTH: THE NEED FOR SOCIAL AND COMMUNITY SUPPORT

GLBTQ youth are subject to minority stress as a result of occupying a subordinated cultural and legal status compared with their heterosexual peers (Martin & Hetrick, 1988; Meyer, 1995, 2003). The psychological symptoms they report are likely related to anti-gay oppression that includes bullying on school campuses, societal messages that sexual minorities are inferior, and religious and political biased ideologies that pronounce same-sex orientation

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

as immoral (see Rivers, 2011). As reported by Moradi, Worthington, Mohr, and Fassinger (2009), the negative social stigma against sexual minorities is so pervasive it would be nearly impossible for a sexual minority to avoid exposure to damaging anti-gay messages. This is a very heavy burden, both psychologically and socially, for GLBTQ youth to face. Additionally, unlike other minority youth who face discrimination, sexual minority youth typically do not have a same-sex oriented caregiver at home who can provide empathic support and serve as a role model (Sullivan & Wodarski, 2002). Factors such as where an individual lives, their socioeconomic status, race or ethnicity, and religious background might also impact the level of anti-gay oppression an individual experiences (e.g., Cohn & Hastings, 2010; Ganzevoort, van der Laan, & Olsman, 2011; Mustanski, Garofalo, & Emerson, 2010; Poteat, Mereish, DiGiovanni, & Koenig, 2011). However, Allen (2010) revealed, through a study of gay men aged 18–24 years, that there was not a significant difference in perceived anti-gay oppression among different ethnic groups.

Theoretical perspectives in both clinical and social psychology place considerable emphasis on social and community support in health, well-being, and identity development. According to psychodynamic theory, empathic peer support is an essential element of healthy self-esteem, especially during the critical developmental periods of adolescence and emerging adulthood (Galatzer-Levy & Cohler, 1994; Kohut, 1987). Healthy self-esteem is considered a protective factor against depression, anxiety, shame, and even suicidality (Shreve & Kunkel, 1991). The fact that many sexual minority youth keep their sexual orientation hidden from friends and family or come out in unsupportive social environments puts them at high risk of not having empathic peer support. Russell (2002) argued that sexual minority youth are frequently marginalized from the full range of devleopmental experiences, including having the same range of healthy relationships with peers as do youth who identify as heterosexual. Feeling connected to a sexual minority community through GLBTQ community-based social support programs can improve an adolescent's self esteem (Detrie & Lease, 2007). In addition to support from family and sexual majority peers, the mental health of GLBTQ youth can be improved by having peers in their lives who see them for who they are, understand who they are, and still provide unconditional support (Kohut, 1987).

According to social identity theory (Tajfel & Turner, 1986), individuals have a fundamental need for positive self-esteem. When they identify as a member of a low-status group, such as sexual minority, individuals respond with a variety of strategies to enhance the positive distinctiveness and social and cultural value of the group. Many have argued that the positive social identity development of GLBTQ youth is strongly enhanced through a sense of belonging to the GLBTQ community (e.g., McCallum & McLaren, 2011) or through the rituals and practices associated with participation in the GLBTQ

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

community (e.g., Cox & Gallois, 1996; Gair, 2004; Halverson, 2005, 2010; Herdt & Boxer, 1996). Hence, the potential significance of peer support extends beyond simply the protection from individual psychological distress toward the construction of a sense of shared meaning and purpose through community.

## INFORMATION AND COMMUNITY SOCIALIZATION

As sexual minorities, GLBTQ youth require community-specific health and sexuality information in order to safely negotiate their sexual and romantic relationships (Davis, Saltzburg, & Locke, 2010; Harper et al., 2004; Russell & Consolacion, 2003). Although there is no published literature on how many, if any, school districts provide GLBTQ youth with culturally informed health and sexuality information, it is possible that a majority of GLBTQ youth do not receive this educational information at school or at home (see Needham & Austin, 2010). In addition, unique social factors such as coming out to family and friends, dealing with discrimination, and living openly as a sexual minority requires culturally specific guidance.

In an HIV prevention study of young men who have sex with men, aged 16–25 years, Seal et al. (2000) reported that sexual minority youth revealed they needed information on dating, intimacy, relationships, self-esteem, self-care, sexual communication, and sexual identity. The youth suggested that this information, along with mentoring from sexual minority adults, could improve their capacity to protect their health and navigate their initimate relationships. We suggest other GLBTQ youth would also benefit from this type of culturally specific information.

## SCHOOL VERSUS COMMUNITY PROGRAMS

In recent years, there appears to have been a stronger emphasis on establishing school-based support programs for GLBTQ youth compared to community-based programs (see Russell, Muraco, Subramaniam, & Laub, 2009). This is likely due to the high rate of bullying that creates toxic environments for GLBTQ students (Rivers, 2011). Unfortunately, the negative school environment continues even after the Gay, Lesbian, Straight Education Network (GLSEN) has dedicated nearly 20 years to improving school environments for GLBTQ students through gay-straight alliances and the safe school coalition (GLSEN, 2009). According to GLSEN, there are only 4,000 gay-straight alliances in the more than 50,000 middle schools and high schools in the United States. In addition to providing peer support to an unknown number of students at school, another purpose of gay-straight alliances is to encourage activism and school engagement with other

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

students, teachers, and principals (Russell, 2002). One potential barrier to GLBTQ youth attending gay-straight alliances is the requirement to disclose their sexual orientation in the school environment.

## GLBTQ YOUTH PROGRAMS IN THE UNITED STATES

In spite of an early focus and interest on the role of GLBTQ youth programs (e.g., Herdt & Boxer, 1996), little is known about the nature of existing youth programs, details about the population they serve, and the specific services they provide. The National GLBTQ Youth Foundation (2009) identified 119 community-based programs for GLBTQ youth in the United States and provided information on the geographic distribution of the programs. The Foundation reported that 54% of the programs were in the West region of the United States, and the South region had the lowest number of programs with 49 programs serving the largest region by size and with an estimated GLBTQ youth population of 2 million. Thirteen states had no program, and the South region alone had six states with no programs. In Texas, there were just five programs serving an estimated population of 420,000 GLBTQ youth living in a geographic area with over 268,000 square miles (National GLBTQ Youth Foundation, 2009).

In comparison to school-based support programs, community-based GLBTQ youth programs can serve youth from numerous school districts and are not vulnerable to the conservative school policies found in many school districts. Some school policies have led to legal battles associated with the establishment of GLBTQ support groups on school campuses (Mercier, 2009). Consequently, community-based GLBTQ support programs appear to serve a critical role for the social and psychological development of GLBTQ youth that do not appear to be adequately provided by other programs and services.

The purpose of the current study was to analyze the programs, services, age of participants, and organizational structures of the 116 GLBTQ community-based programs operating in the United States.

## METHOD

In order to analyze the programs, services, participant demographics, and organizational structures of community-based GLBTQ youth programs, an Internet-based survey was fielded through a secure site on Survey Monkey. Potential participants were notified about the survey through four e-mail messages and were invited to complete the 28 question online survey. The study promotion and data collection were conducted during a four-week period, January 13 through February 14, 2011. The e-mailed study notice was directed to the executive director or director of each GLBTQ youth

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

program, and when this information was not available, the e-mail was sent to the general program electronic address. The prospective participants were provided with the link to the online survey in the e-mail communications and were informed that participants who completed the entire survey would be entered into a random drawing for one of three $50 gift certificates.

## Participants

Community-based GLBTQ youth programs were identified through multiple databases including GLBT Central (www.glbtcentral.com), CenterLink (www.lgbtcenters.org), and Safe School Coalitions (www.safeschoolscoalition.org). If an identified center did not have an active phone number, Web site, or e-mail address, it was considered inactive and was not included in the final database. Additionally, a program had to provide direct services to youth in the age range of 10–24 years. Programs such as Safe School Coalitions that include adults working to improve youth programs were not included in the study. The database of GLBTQ community-based programs included 116 programs located in 36 states and the District of Columbia.

Survey data was secured from 61 of the 116 eligible programs located in 29 states. Of the 116 programs identified and contacted, 53% completed the survey. Based on a meta-analysis of 308 psychology surveys conducted over a 20-year period, Van Horn, Green, and Martinussen (2009) reported an average survey response rate of 49.6%. Therefore, the response rate secured for this study was slightly higher than in other survey research.

## Measures

The survey instrument used in this study was developed by the National GLBTQ Youth Foundation and reviewed by research psychologists, experts in GLBQ youth programs, and a board member who works in community programs for transgender youth. The survey included 28 questions aimed at securing detailed information about program elements, clients served, promotional efforts, and financial information. The questions were selected so that data could be collected on factors that might influence the viability of expanding GLBTQ youth programs. All 28 items from the survey can be viewed in full in the Appendix.

# RESULTS

The results presented below are based on the information secured from the 61 GLBTQ youth community programs that completed the study survey. It is important to note that data was obtained from every region in the United States, as defined by the U.S. Census Bureau (2010). There did not appear

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

**TABLE 1** Frequencies and Percentages of Programs and Services

| Program/service | Frequency | Percentage |
|---|---|---|
| Drop-in center | 53 | 87 |
| Peer support groups | 50 | 82 |
| Educational programs | 50 | 82 |
| Mentoring program | 18 | 30 |
| Programs for transgender youth | 33 | 51 |
| Psychological referrals for transgender youth | 46 | 75 |
| Psychological referrals for LGBQ youth | 47 | 77 |
| Medical referrals for transgender youth | 30 | 49 |
| Medical referrals for LGBQ youth | 30 | 49 |
| Referrals to LGBTQ friendly legal services | 30 | 49 |
| Referrals to HIV testing sites | 53 | 87 |
| Referrals to suicide prevention hotlines | 54 | 89 |

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

to be any systematic differences (i.e., geographic location or program size) associated with the participants who did not respond to the survey.

## Program Elements

Table 1 provides the frequency and percentage of centers providing specific programs or services. Of the 61 programs analyzed, 87%, or 53 sites, reported that they provide a youth drop-in center. Drop-in centers are typically a non-facilitated, but supervised, safe space for sexual GLBTQ youth to meet and socialize. Of the 53 centers that provided a drop-in center, 57% provide this resource on a daily basis, 32% one time each week, 4% every two weeks, and 4% less than twice a month. In other words, 89% of the drop-in centers were available on a daily or weekly basis.

The survey data revealed that 82%, or 50 of the 61 participating programs, reported they provide a facilitated peer support group, while 18% do not provide this service. A facilitated peer support group is defined as a support group for GLBTQ youth facilitated by an adult. For the programs that offer a peer support group, 84% provide this service one or more times each week, 10% offer peer support every other week, and 6% provide this service less frequently than biweekly. The age range of youth with access to the peer support groups varied among the 50 centers, but 34% of the respondents reported that eligible participants were between 15 and 21 years of age. An additional 18 programs had a lower age range of 13 to 14 years of age and 24 programs, or 48%, had an upper age limit over 21 years of age. Six programs reported an upper age limit of over 25 years of age.

The qualifications of peer group facilitators also varied among the 50 centers that provide peer support groups. Approximately 35% of the programs required a bachelor's or master's degree. However, more than 18% of the centers had no specific requirements for their peer support group facilitators. Of note, only six centers reported having facilitators or supervisors with specific backgrounds in mental health counseling. Over 46% of the programs

reported requiring specific experience, such as being GLBTQ identified, attending an orientation session, or having previous experience working with GLBTQ youth.

A majority, or 82% of the 61 programs surveyed, reported they conduct educational sessions for GLBTQ youth. The frequency of the educational sessions varied, with 42% being conducted one or more times each week, 12% biweekly, 20% monthly, and 26% less frequently than monthly. Most programs reported providing a wide range of educational topics with the most popular being coming out, HIV and safer sex, sexuality, dealing with homophobia, dating and romance, and personal safety and self protection.

Only 30% of the survey respondents reported that their programming included a mentoring program. Of the 18 programs with a mentoring program, all but two required criminal background checks, and only two programs reported not requiring any training for the mentors. Training requirements for the 16 mentoring programs varied, with 35% providing less than five hours of training, 20% more than five hours of training, and 35% providing supervised mentoring.

More than 26% of respondents reported they provided a range of other services. These services included HIV testing, case management, a speaker's bureau, leadership training, vocational training, and services for homeless youth.

Most programs provide youth with a range of referral resources, with 95% of the respondents reporting that they provide information on suicide prevention hotlines, over 80% provide referrals to psychologists and counselors with GLBTQ expertise, and 93% provide information on HIV testing sites. Only 53% of respondents provide referrals to physicians with either sexual minority or transgender expertise. Additionally, 54% of programs provide referrals to legal services.

## Transgender Youth

Transgender youth have unique peer support, educational, and referral needs (Grossman & D'Augelli, 2006). Of the 61 youth programs surveyed, 33 or 54%, provided transgender-specific services. Of the 33 programs providing transgender support services, 61% require individuals working with transgender youth to have specific experiences with transgender issues. In other words, only 33% of the 61 programs provide services to transgender youth utilizing staff or volunteers with experience working with individuals who are transgender.

## Service, Structure, and Financial Information

The survey participants were asked to identify the number of youth for whom they provide services. The survey participants revealed serving a

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

range of GLBTQ youth from 5 to 500 monthly and 45 to 7,000 annually. A majority of programs reported that youth traveled as far as 30–60 miles, or two to three hours, in order to reach the program services. Two respondents reported that youth traveled 200 miles in order to secure the program's services.

Of the 61 programs that responded to the survey, 60% were associated with an adult GLBTQ center, 19% were described as a freestanding youth center (i.e., with its own facilities and staff) and 21% reported to be a freestanding youth program (i.e., a program that functions in another location such as a community center or religious facility). The programs used a variety of mechanisms to promote their services with over 98% relying on word of mouth, 93% using social networking sites, 97% connecting with gay-straight alliances, and 78% collaborating with school psychologists or counselors. Only 57% of centers relied on GLBTQ publications to promote their services.

Regarding security issues associated with the GLBTQ youth programs, 85% of survey respondents reported that they had not experienced any security problems such as hate crimes, vandalism, interpersonal violence between program participants and staff, or community protests. Three centers reported that they had minor security issues between youth participants and staff or parents of youth participants and staff. Security threats for other individuals were very infrequent according to the survey respondents.

The annual operating budgets for the 61 programs participating in the survey varied significantly. Nearly 23% of the programs reported an operating budget of $5,000 or less per year, 12% had an annual budget between $5,000 and $10,000, nearly 18% reported to be operating with an annual budget between $10,000 and $50,000 per year, and 17% reported an annual operating budget between $50,000 and $100,000. Approximately 29% of programs reported having an annual operating budget over $100,000. One program reported operating with no budget since 2002. Nearly 85% of the programs relied on private financial donations, 81% secured grant funding, 69% benefited from donated services, and only 29% secured donated facilities.

## DISCUSSION

In order to promote the mental health of GLBTQ youth, communities need to provide access to social support programs that provide GLBTQ youth with peer support, education, mentors, and referrals to culturally appropriate mental health and medical providers (Grossman & D'Augelli, 2006). These vulnerable adolescents are a unique minority considering they rarely have a GLBTQ role model at home and, despite some social advances, continue to be an oppressed population (Hammack & Cohler, 2011; Russell, 2002).

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

After experiencing abuse by their peers because of their sexual orientation in school, many GLBTQ youth return to homes and communities that cannot provide effective empathic support. An unknown percentage of the more than four million GLBTQ youth aged 10–24 years live in homes and communities where homophobic prejudice is widespread. From a psychological perspective, GLBTQ youth, like all adolescents, need to spend time with peers and mentors who appreciate them for their uniqueness, who can provide them with hope and optimism for the future, and teach them life skills to increase their resilience (Galatzer-Levy & Cohler, 1994; Kohut, 1987).

The results from this analysis revealed the critically important services provided by community-based programs for GLBTQ youth. The surveyed programs deliver a safe environment, social support, culturally unique education, and referral to critical services for GLBTQ youth. In addition to drop-in centers where youth can interact with peers, a majority of the programs provide facilitated peer support programs. However, the study revealed a wide variation in the qualifications of the peer support program facilitators and/or supervisors: only 35% of the programs required a college degree and just 6 of the 50 centers providing peer support programs had staff with any mental health training. In addition to peer support programs, over 80% of the study participants provide educational programs for GLBTQ youth. These programs provide important information that youth might not be able to secure elsewhere, including HIV and safer sex, sexuality and dating, and self protection. It is unclear whether GLBTQ youth would know the importance of obtaining this information or secure reliable and accurate information when they do not have access to a community-based GLBTQ youth program. We suggest acquiring personal health information in the context of a supportive environment with peers and mentors, rather than in an isolated manner such as using the Internet, may be particularly effective.

The study results also revealed that just 54% of the programs surveyed provide services for transgender youth. This finding is concerning considering the unique psychosocial and medical support and referrals transgender youth require (Grossman & D'Augelli, 2006). Inappropriate or false psychological or medical information can be particularly harmful to transgender youth (Vanderburgh, 2009). We recommend that all GLBTQ community-based programs become well informed about the needs of transgender youth and develop services to address these needs or partner with agencies or organizations that can provide the services effectively.

Another important finding was the wide range of age groups different programs serviced, with several programs providing services to youth as young as 13 years of age and young adults as old as 25. This finding could be influenced by the fact that 60% of GLBTQ youth programs are affiliated with adult GLBTQ programs. Youth program directors at adult GLBTQ centers should be aware of the different developmental needs of youth in early adolescence compared to those in young adulthood and should

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

develop programs accordingly. Although only 30% of respondents reported they provide mentoring, the vast majority conducted background checks on prospective mentors and also provided training.

A surprising finding from this study was many programs reported that youth travel long distances and frequently take several hours in order to secure the program services. We suggest this is the strongest indicator of the value of the community-based programs but also reveals the loneliness and profound isolation experienced by GLBTQ youth. In addition, over 71% of programs operate with an annual budget of $100,000 or less. Considering the important, if not irreplaceable, services provided by the GLBTQ youth programs, budgetary issues should not be considered a barrier to expanding community-based social support for GLBTQ youth. Public and private agencies and organizations, in addition to individual donors, should be aware of the GLBTQ youth programs in their communities and support the creation of new or expanded programs where needed.

The question about security threats was included in the survey to determine if anti-gay violence or protests were considered to be a barrier to running GLBTQ youth programs. The results revealed security threats are not an issue for existing programs.

Clearly, with only 116 community-based GLBTQ youth programs located throughout the United States, there is a glaring deficiency in peer social support and culturally specific education and mentoring for GLBTQ youth. The 61 programs surveyed reported providing services to an average of 73 youth each month and 865 youth annually. Extrapolating these numbers to the 116 centers located in the United States, approximately 100,000 or less than 3% of the more than four million GLBTQ youth (National GLBTQ Youth Foundation, 2009) receive services at community-based programs. In order to protect and improve the mental health of GLBTQ youth through effective peer support, innovative solutions need to be identified that expand services to a much greater number of youth.

## STRENGTHS, LIMITATIONS, AND FUTURE DIRECTIONS

This study addressed an important gap in the psychological literature by exploring a national view of GLBTQ youth programs in the United States. We concluded the study was important to conduct considering the prevalence of GLBTQ studies focusing on adult issues such as same-sex marriage and parenting and the limited research on GLBTQ youth. We suggest sufficient research has been conducted on the psychological harm created by anti-gay oppression but an inadequate number of studies have focused on how to reduce the psychological harm caused by anti-gay oppression.

There are a few but important limitations of this study that should be considered. First, the study did not explore unique cultural factors within the

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

population of GLBTQ youth. All GLBTQ are not the same and come from various races, ethnicities, religious backgrounds, gender expressions, and socio-economic situations. Additionally, the study is limited by the GLBTQ youth centers that could be identified through the research methodology. It is possible that different search criteria might have revealed programs that are not included in available databases or through Google. Finally, although the survey return rate of 53% was adequate, we still missed securing data from almost 50% of the 116 programs.

Clearly, this study focused on the GLBTQ youth program elements but did not explore the demographics, other than age, of the individuals using the programs. An in depth exploration of both the participant demographics and their experiences would be an important study to conduct. Additionally, an investigation of the states with no GLBTQ youth programs or a very limited number of programs, would be beneficial to determine barriers to establishing programs in the South and other regions of the United States.

Future research must also go beyond an assessment of program services as reported by organizations themselves to a clearer understanding of how youth engage with these services and what practices appear to best serve their interests for health and positive psychological development. In other words, studies that simultaneously assess the nature of services provided and their effectiveness to meet the interests of GLBTQ youth are vital to ensure that community organizations are adequately fulfilling their mission.

## Implications for Programming and Policy

A renewed focus should be aimed at expanding the availability of community-based GLBTQ youth programs and examining their effectiveness through rigorous empirical research. High profile equal rights campaigns and efforts to improve the school environment are important social movements. However, these efforts alone do not adequately address the continuing oppression faced by GLBTQ youth, provide comprehensive programs and services that mitigate or prevent social isolation and psychological distress, or deliver to GLBTQ youth culturally specific services that will help them navigate a healthy future. In addition to supporting public policy and school-based initiatives, creating new and expanding existing GLBTQ community-based programs should be a priority for all communities, organizations, and individuals dedicated to improving the lives of GLBTQ youth.

## REFERENCES

Allen, K.D. (2010). Selfobject needs, homophobia, heterosexism, among gay men during emerging adulthood (Doctoral dissertation). Retrieved from the ProQuest database (3434973).

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LBGT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth & Adolescence*, *38*, 1001–1014. doi:10.1007./s10964-009-9397-9

Cohn, T. J., & Hastings, S. L. (2010). Resilience among rural lesbian youth. *Journal of Lesbian Studies*, *14*, 71–79.

Cox, S., & Gallois, C. (1996). Gay and lesbian identity development: A social identity perspective. *Journal of Homosexuality*, *30*, 1–30.

Davis, T. S., Saltzburg, S., & Locke, C. R. (2010). Assessing community needs of sexual minority youths: Modeling concept mapping for service planning. *Journal of Gay & Lesbian Social Services*, *22*, 226–249.

Detrie, P. M., & Lease, S. H. (2007). The relation of social support, connectedness, and collective self-esteem to the psychological well-being of lesbian, gay, and bisexual youth. *Journal of Homosexuality*, *53*(4), 173–199.

Dewaele, A., Cox, N., Van den Berghe, W., & Vincke, J. (2011). Families of choice? Exploring the supportive networks of lesbians, gay men, and bisexuals. *Journal of Applied Social Psychology*, *41*, 312–331.

Doolin, E. M. (2010). Bridging the gap for lesbian youth: Making our community their community. *Journal of Lesbian Studies*, *14*, 93–103.

Doty, N. D., Willoughby, B. L. B., Lindahl, K. M., & Malik, N. M. (2010). Sexuality related social support among lesbian, gay, and bisexual youth. *Journal of Youth and Adolescence*, *39*, 1134–1147.

Espelage, D. L., Aragon, S. R., Birkett, M., & Koenig, B. W. (2008). Homophobic teasing, psychological outcomes, and sexual orientation among school students: What influence do parents and schools have? *School Psychology Review*, *37*, 202–216.

Gair, S. (2004). It takes a community. *Journal of Lesbian Studies*, *8*, 45–56.

Galatzer-Levy, R., & Cohler, B. J. (1994). *The essential other: A developmental psychology of the self*. New York, NY: Basic Books.

Ganzevoort, R. R., van der Laan, M., & Olsman, E. (2011). Growing up gay and religious: Conflict, dialogue, and religious identity stategies. *Mental Health, Religion & Culture*, *14*, 209–222.

Gay, Lesbian, and Straight Education Network (GLSEN). (2009). *Mission and history of GLSEN.* Retrieved December 19, 2009 from http://www.glsen.org.

Gerstel, C. J., Feraios, A. J., & Herdt, G. (1989). Widening circles: An ethnographic profile of a youth group. *Journal of Homosexuality*, *17*, 75–92.

Grossman, A. H., & D'Augelli, A.R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, *51*, 111–128.

Halverson, E. R. (2005). InsideOut: Facilitating gay youth identity development through a performance-based youth organization. *Identity*, *5*, 67–90.

Halverson, E. R. (2010). The dramaturgical process as a mechanism for identity development of LGBTQ youth and its relationship to detypification. *Journal of Adolescent Research*, *25*, 635–668.

Hammack, P. L., & Cohler, B. J. (2011). Narrative, identity, and the politics of exclusion: Social change and the gay and lesbian life course. *Sexuality Research and Social Policy*, *8*, 162–182.

Hammack, P. L., & Mayers, L. (2012). Sexual minority youth. In R. Levesque (Ed.), *Encyclopedia of adolescence* (pp. 2677–2685). New York, NY: Springer.

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

Harper, G. W., Bangi, A. K., Contreras, R., Pedraza, A., Tolliver, M., & Vess, L. (2004). Diverse phases of collaboration: Working together to improve community-based HIV interventions for adolescents. *American Journal of Community Psychology*, *33*, 193–204.

Herdt, G., & Boxer, A. (1996). *Children of horizons: How gay and lesbian teens are leading a new way out of the closet* (2nd ed.). Boston, MA: Beacon.

Kohut, H. (1987). Early stages in the formation of self-esteem. In M. Elson (Ed.), *The Kohut Seminars on self psychology and psychotherapy with adolescents and young adults* (pp. 31–46). New York, NY: W.W. Norton and Company.

Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, *22*, 716–729.

Martin, A. D., & Hetrick, E.S. (1988). The stigmatization of the gay and lesbian adolescent. *Journal of Homosexuality*, *15*, 163–183.

McCallum, C., & McLaren, S. (2011). Sense of belonging and depressive symptoms among GLB adolescents. *Journal of Homosexuality*, *58*, 83–96.

Mercier, M. T. (2009). Fighting to fit in: gay-straight alliances in schools under United States jurisprudence. *International Journal of Human Rights*, 13, 177–191. doi:10.1080/13642980902758101

Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior*, *36*, 38–56.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*, 674–697.

Moradi, B., Worthingon, R. L., Mohr, J. J., & Fassinger, R. E. (2009). Counseling psychology research on sexual (orientation) minority issues: Conceptual and methodological challenges and opportunities. *Journal of Counseling Psychology*, *56*, 5–22. doi:10.1037/a0014572

Mustanski, B. S., Garofalo, R., & Emerson, E. M. (2010). Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *American Journal of Public Health*, *100*, 2426–2432.

Mustanski, B., Newcomb, M. E., & Garofalo, R. (2011). Mental health of lesbian, gay, and bisexual youths: A developmental resiliency perspective. *Journal of Gay & Lesbian Social Services*, *23*, 204–225.

National GLBTQ Youth Foundation. (2009). *Community-based social support programs for GLBTQ youth, state and regional analysis*. Retrieved from www.glbtqyouthfoundation.org/publications.

Needham, B. L., & Austin, E.L. (2010). Sexual orientation, parental support, and health during the transition to young adulthood. *Journal of Youth and Adolescence*, *39*, 1189–1198.

Poteat, V. P., Mereish, E. H., DiGiovanni, C. D., & Koenig, B. W. (2011). The effects of general and homophobic victimization on adolescents' psychosocial and educational concerns: The importance of intersecting identities and parent support. *Journal of Counseling Psychology*, *58*, 597–609.

Rivers, I. (2011). *Homophobic bullying: Research and theoretical perspectives*. New York, NY: Oxford University Press.

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

Russell, S. T. (2002). Queer in America: Citizenship for sexual minority youth. *Applied Developmental Science*, *6*, 258–263.

Russell, S. T., & Consolacion, T. B. (2003). Adolescent romance and emotional health in the United States: Beyond binaries. *Journal of Clinical Child and Adolescent Psychology*, *32*, 499–508.

Russell, S. T., Muraco, A., Subramaniam, A., & Laub, C. (2009). Youth empowerment and high school gay-straight alliances. *Journal of Youth and Adolescence*, *38*, 891–903.

Seal, D., Kelly, J., Bloom, F., Stevenson, L., Coley, B., Broyles, A., et al. (2000). HIV prevention with young men who have sex with men: what young men themselves say is needed. *AIDS Care*, *12*(1), 5–26.

Shilo, G., & Savaya, R. (2011). Effects of family and friend support on LGB youths' mental health and sexual orientation milestones. *Family Relations*, *60*, 318–330.

Shreve, B. W., & Kunkel, M. A. (1991). Self-psychology, shame, and adolescent suicide: Theoretical and practical considerations. *Journal of Counseling and Development*, *69*, 305–311. Retreived from http://www.counseling.org/Publications/Journals.aspx

Sullivan, M., & Wodarski, J. S. (2002). Social alienation in gay youth. *Journal of Human Behavior in the Social Environment*, *5*, 1–17.

Tajfel, H., & Turner, J. (1986). The social identity theory of intergroup behavior. In S. Worchel & W. Austin (Eds.), *Psychology of intergroup relations* (pp. 7–24). Chicago, IL: Nelson-Hall.

U.S. Census Bureau. (2010). *Census regions and divisions of the United States*. Retrieved from http://www.census.gov/geo/www/us_regdiv.pdf

Van Horn, P. S., Green, K. E., & Martinussen, M. (2009). Survey response rates and survey administration in counseling and clinical psychology: A meta-analysis. *Educational & Psychological Measurement*, 69, 389–403.

Vanderburgh, R. (2009). Appropriate therapeutic care for families with prepubescent transgender/Gender-dissonant children. *Child & Adolescent Social Work Journal*, *26*, 135–154. doi:10.1007/s10560-008-0158-5.

Williams, T., Connolly, J., Pepler, D., & Craig, W. (2005). Peer victimization, social support, and psychosocial adjustment of sexual minority adolescents. *Journal of Youth and Adolescence*, *34*, 471–482. doi:10.1007/s10964-005-7264-x

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

## APPENDIX

### GLBTQ Youth Community Program Survey

1. Please enter the contact information for your program. This information will remain confidential. Any reports produced from this survey will not include any information that identifies your center.

    Name (Optional)
    Name of Program/Center
    City/Town
    State
    E-mail Address
    Phone Number

2. For completing this survey, would you like to be entered into the raffle for one of three $50 gift certificates?
   Yes
   No
3. Does your program offer a drop in center?
   Yes
   No
4. If you answered yes to question 3, please indicate how often the drop in center is open to LGBTQ youth.
   Daily
   Weekly
   Other (please specify)
5. Does your program offer peer support groups for LGBTQ youth?
   Yes
   No
6. If you answered yes to question 5, please indicate how often the peer support groups are offered through your program.
   More than one time each week
   Weekly
   Every two weeks
   Other (please specify)
7. What is the age range of participants in your peer suppert groups? (Please check all that apply).
   15–18 years old
   18–21 year olds
   Over 21 years old
   Over 25 years old
   Other (please specify)
8. What are the qualifications of the facilitator(s) who conduct the peer support groups?
   No specific qualifications
   Bachelor's degree
   Master's degree
   Specific experience (please specify)
9. Does your program offer educational sessions for LGBTQ youth
   Yes
   No
10. If you offer educational programs, please indicate how often the programs are offered.
    More than one time each week
    Weekly
    Biweekly
    Monthly
    Other

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

11. What topics have you presented in your educational sessions? Please check all that apply
    - Coming Out
    - Dealing with Homophobia
    - Dating and Romance
    - Sexuality
    - Personal safety and self protection
    - HIV and safer sex
    - Mental Health
    - Other
12. Do you offer a mentoring program for LGBTQ Youth?
    - Yes
    - No
13. If you answered yes to question 12, what type of training do the mentors receive?
    - None
    - Training sessions (5 hours or less)
    - Training sessions (More than 5 hours)
    - Supervised mentoring
14. If you answered yes to question 12, are background checks conducted on the mentors?
    - Yes
    - No
15. If you offer a mentoring program, are the mentors supervised?
    - Yes
    - No
16. Does your program provide services specific to transgender youth?
    - Yes
    - No
17. If you answered yes to question 14, what are the qualifications of the coordinator of the transgender program? (Please select all that apply).
    - Experience with transgender youth
    - Bachelor's degree
    - Master's degree
    - Other (please specify)
18. Please list any other services your program provides.
19. How many different LGBTQ youth does your program serve?
    - Each month
    - Annually
20. What is the age range of the LGBTQ youth your program services
21. What is the longest distance a youth has traveled to attend your program(s).

Downloaded by [University of California, San Diego] at 11:05 25 August 2015

22. Is your youth program/center freestanding or is it associated with an adult LGBTQ center?
    - Freestanding youth program
    - Freestanding youth center
    - Associated with an adult LGBTQ center
23. How is your youth program promoted (Please check all that apply).
    - LGBTQ publications
    - Social networking sites such as Facebook and/or MySpace
    - Gay-straight Alliances
    - Word of mouth
    - School psychologists/counselors
    - Other (please specify)
24. Have you experienced security issues associated with your program? If yes, please specify.
25. Please check any referral resources you provide to your program participants.
    - Psychologists and counselors with LGBQ expertise
    - Psychologists and counselors with transgender expertise
    - Suicide prevention hotlines
    - Physicians with LGBQ expertise
    - Physicians with transgender expertise
    - Legal services
    - HIV Testing Sites
    - Job Training
26. What is the annual operating budget for your youth program?
    - Less than $5,000/year
    - $5,000 to $10,000/year
    - $10,000 to $50,000/year
    - $50,000 to $100,000/year
    - More than $100,000/year
27. What are your sources of support? (please check all that apply).
    - Private financial donations
    - Grants
    - Donated services
    - Donated Facilities
28. Please provide any other information you would like us to know about your youth program.

Downloaded by [University of California, San Diego] at 11:05 25 August 2015