Risk Factors, Unmet Needs, and Perceived Service Needs of Gender/Sexual Minority Emerging Adults in Phoenix

by

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ABSTRACT

This exploratory quantitative study examined the risks and needs expressed by gender/sexual minority emerging adults in Phoenix, Arizona. Differences in experiences and perceived service needs between gender minorities and cisgender sexual minority emerging adults were also identified. Respondents (N=102) completed a 78-item questionnaire in March and April of 2015. Individuals reported high rates of risk factors and physical needs, with those individuals who were both gender and ethnic minorities more likely to report having a perceived service need than their cisgender white counterparts. In addition, the study found significant positive correlations between housing factors (i.e., having experienced homelessness, ever/currently being in foster care, not having a safe/stable living situation) and other risk factors and needs. Risk factors were also correlated with wishing for a different gender identity or sexual orientation. With the majority of the respondents reporting a service need, implications include the need for culturally competent and accessible services, as well as services that continue to build on the protective factors of having an accepting family, friend group, and a sense of belonging to a community.

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Introduction

With known high rates of homelessness, suicidality, and other risks experienced by gender and sexual minority emerging adults ages 14-30 (Durso & Gates, 2012; Forge, 2013; Scourfield, Roen, & McDermott, 2008; Su, Irwin, Fisher, Ramos, Kelley, Mendoza, & Coleman, 2016), there exists a critical need for increased research and service provision for this hypermarginalized community. In addition, emerging adults in this population are identifying their gender and sexual orientation in complex manners not accurately represented in current standard demographic measures. Many of these individuals are left without access to culturally competent services that meet their higher rates of service needs.

While research exists examining homelessness, suicidality, impact of familial acceptance, and other factors effecting this population, there are no readily available data addressing needs of gender/sexual minority emerging adults living in the Phoenix metropolitan area. As a result, service providers in the Phoenix area are left to the guesswork of producing programming and services to meet the needs of their gender/sexual minority clients. It may be that gender/sexual minority emerging adults in the Phoenix area experience higher rates of risk factors and physical needs than their counterparts in the general population. Given this supposition, the present study assessed risk factors, protective factors, and physical needs expressed by a sample of 102 gender/sexual minority emerging adults ages 14-30 living in the Phoenix metropolitan area. The differences in experiences and perceived service needs (PSN) between gender minorities and cisgender sexual minority emerging adults were also examined.

Terminology

In defining the problem of unmet mental health and social support needs of gender/sexual minority emerging adults, defining unstandardized and evolving terminology is a necessary first step. The term of "gender/sexual minorities" in place of "LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning)" was purposefully chosen as it is inclusive of all who do not identify as both heterosexual *and* cisgender (i.e., *not* transgender; identifying with the gender assigned at birth), as well as those whose actions, attractions, and senses of self may not align with societal norms surrounding what it means to be heterosexual or cisgender. Gender minorities will be defined as individuals who do not fully or solely identify with the gender they were assigned at birth (e.g., individuals who identify as a transgender man, transgender woman, genderqueer, genderfluid, agender, two-spirit, non-binary, gender non-conforming). Sexual minorities will be defined as individuals who do not fully or solely identify as heterosexual (e.g., individuals who identify as gay, bisexual, pansexual, queer, asexual). The term "gender/sexual minority" may be abbreviated as GSM and refers to those who are gender minorities, sexual minorities, or both. Further explanations of terms and abbreviations may be found in Appendix A, the glossary.

Background

Though research regarding gender/sexual minority youth and young adults is limited, there is growing focus on this subject in the field of social welfare. Current literature reflects higher rates of depression, anxiety, homelessness, trauma, and other unmet needs, while familial support and a sense of belonging to a community act as protective factors (Budge, Rossman, and Howard, 2014; Durso & Gates, 2012; Forge,

2013; McCallum & McLaren, 2011; Scourfield, et al., 2008; Su, et al., 2016). As society moves toward acceptance of gender/sexual minorities, social work practitioners must embrace the unique needs of this population. With this study, the following research questions will be addressed: 1) what are the risks and needs expressed by the gender/sexual minority emerging adults in the sample? and 2) what are the differences in experiences and perceived service needs between gender minorities and cisgender sexual minority emerging adults?

Literature Review

There is a notable paucity of current literature regarding gender/sexual minorities. Despite this, research regarding gender/sexual minorities in the social welfare field is quickly growing. Overall, this population has been shown to have multiple increased risk factors (i.e., lack of acceptance, mental illness), protective factors (i.e., accepting families, a sense of community), and needs (i.e., culturally competent social service provision) (Budge, et al., 2014; Durso & Gates, 2012; Forge, 2013; McCallum & McLaren, 2011; Scourfield, et al., 2008; Su, et al., 2016).

Risk Factors

With regard to risk factors, lack of acceptance plays a recurring role in this population and has demonstrated an impact on mental health. A 2013 longitudinal study of 30 GSM young adults (ages 18-24) in a transitional living program in New York City found high rates of verbal and physical abuse by a parent (n=25 and 20, respectively), depression (n=17), and anxiety (n=10) (Forge, 2013). Roughly half of this sample of young adults left their home of origin by choice (n=16). While the results did not indicate

why those in the sample left their home of origin by choice, it may be that high rates of verbal and physical abuse (i.e., not being accepted by their parents) were contributors.

Additionally, risk factors pertaining to self-harm and suicidality have received attention in recent research. Three overarching themes emerged from a 2008 qualitative study of GSM young adults ages 16-25--resilience, ambivalence, and self-destructive behavior. Implications included "the need for ecological approaches and for sexual cultural competence in practitioners, as well as prioritization of LGBT risk within suicide prevention policies" (Scourfield et al., 2008, p. 335). Notably, participants in this study associated self-harm (specifically cutting) more highly with young women or feminized young men (which speaks to the importance of collecting gender expression data). Much of the self-harm and suicidality discussed was causally linked by participants to either internal or external homophobia (Scourfield et al., 2008).

Much of the current literature focuses more heavily on sexual minorities than on gender minorities. Existing research on gender minorities may not compare this group to cisgender sexual minorities--rather, gender minorities are more likely to be compared to the general population. For example, a recent study which reported results regarding the association between identifying as transgender and multiple experiences of mental illness compared transgender responded to cisgender respondents (who may or may not be sexual minorities). The sample of individuals ages 19 and over included 91 transgender and 676 cisgender respondents, with a mean age of 36 years. Results indicated significantly higher levels of reported discrimination, symptoms of depression, and attempted suicides among the transgender respondents. Self-acceptance of one's

gender/sexual minority identity was associated with substantially lower rates of self-reported symptoms of depression (Su, et al., 2016).

With more recent research focused on young adults, results pertaining to identity development are being reported. One such study explored sexual identity and disclosure milestones across gender, sexual orientation, and other facets of respondents' identities. Results indicated that sexual identity milestones among sexual minorities are reached at progressively younger ages (Martos, Nezhad, & Meyer, 2015). Should this be found to be true across regions and studies, service provision, educational systems, and more can be informed by these results in order to mitigate the higher rate of risk factors experienced by this population. As such, it is imperative that future research include measures of identity development among both sexual *and* gender minorities.

Protective Factors

As with any community, gender/sexual minorities have a number of protective factors specific to their population. While past speculations regarding the increased mental health needs of gender minorities have included the view that being a gender minority in and of itself increased the rate of mental illness or other risks/needs, current research findings do not support this. Recently, Olson, Durwood, Demeules, and Mclaughlin (2016) explored the impact of having accepting families on 73 young gender minorities (who have socially transitioned), ages 3-12 years. Specifically, the researchers examined the prevalence of anxiety and depression in the sample. Results reflected no increased rate of depression and only slightly elevated levels of anxiety as compared to population averages. Additional results showed that socially transitioned gender minority children have "notably lower rates of internalizing psychopathology" as compared to

non-socially transitioned children. These results indicate the importance of family acceptance on the mental health of gender minority youth and young adults.

In another study, Budge, Rossman, and Howard (2014) examined the interplay between social support, coping, mental illness among genderqueer individuals (*N*=64) in a quantitative study. Specifically, these researchers focused on depression and anxiety. Many in the sample reported clinical levels of mental illness (53% reported depression and 39% reported anxiety). However, increased levels of social support were associated with significantly less depression and anxiety. Those participants who utilized facilitative coping reported higher social support and less anxiety. Conversely, those participants who utilized avoidant coping skills reported less social support and more anxiety. These results inform programming by way of showing the importance of providing community level support paired with teaching effective facilitative coping skills.

In addition to self-acceptance and social support, a sense of belonging to a community has been shown to serve as a salient protective factor against depression and anxiety within this population. McCallum and McLaren (2011) conducted a quantitative study (*N*=99) that measured how a sense of belonging (either to a GSM community or to a community in general) correlated to levels of depression in sexual minority adolescents. Results indicated higher levels of a sense of belonging being associated with lower levels of depression. Further, results also indicated benefits of sexual minority youth belonging to GSM specific groups—bolstering the importance of GSM specific service provision, community centers, programming, and more.

Needs

Physical needs experienced by gender/sexual minority emerging adults include homelessness, inadequate clothing, food insecurity, and mental/physical service needs. Durso and Gates (2012) conducted a national survey of those service providers working with gender/sexual minority youth who were either homeless or at-risk for becoming homeless. Among their clients, 39% identified as a sexual minority. Additionally, LGBTQ youth comprise 30-42% of those clients served by drop-in centers, street outreach programs, and housing programs. Binary identified transgender clients comprised 4% of the clients served by housing programs. The most frequent reasons cited by gender/sexual minority clients for becoming homeless was family rejection because of gender/sexual minority status (48%), being forced out by one's parents because of one's identity (43%), and physical/emotional/sexual abuse in the home (32%). These finding reinforce family acceptance as a protective factor while highlighting the immense need for prevention and services surrounding homelessness in this community.

While housing is a known need, studies pertaining to the physical needs of gender/sexual minority emerging adults tend to focus on mental and physical healthcare needs. A 2010 Concept Mapping study explored psychosocial support needs of sexual minority youth (Davis, Saltzburg, & Locke, 2010). The youth participants identified three areas that they believe require further development in order to meet their needs--protective supports, mental health related supports, and culturally competent services. Without being aware that the services offered are culturally competent, or having an experience that negates the fact that the service providers are culturally competent,

gender/sexual minority emerging adults are likely to continue to not have their needs adequately met.

Echoing these results, another study (*N*=733) examined the preferences of gender/sexual minority youth in regards to healthcare, including providers, settings, and issues they find important (Hoffman, Freeman, & Swann, 2009). Analysis utilized a cross-sectional approach and results indicated that youth valued competence specific to serving the GSM population, as well as being respected and treated the same as other youth. While the youth in the sample indicated that the service provider's gender identity and sexual orientation were least important, they indicated that accessibility was more important than specific services provided. Regarding specific health concerns to discuss with a provider, youth ranked preventive healthcare, nutrition, safe sex, and family as significant common morbidities (Hoffman, Freeman, & Swann, 2009). The results of this study provide a foundation for future research pertaining to the healthcare needs and preferences of this population.

Acevedo-Polakovich, Bell, Gamache, and Christian (2013) utilized a modified Delphi approach (with two data collection phases, the second informed by the first) to gather qualitative and quantitative data from experienced youth service providers regarding the relatively low rates of service use among gender/sexual minority youth (ages 18 and under). "Data revealed four broad levels of service accessibility barriers (i.e., societal, provider-related, youth-related, and resource-related) and five categories of strategies to increase service accessibility for LGBTQ youth (provider-focused, society-focused, youth-focused, school-focused, and resource-focused)" (Acevedo-Polakovich, et al, 2013, p. 75). Societal barriers, that is broad negative societal attitudes towards

gender/sexual minorities, received the highest average perceived negative impact rating. (Acevedo-Polakovich, et al., 2013). Having to "come out" or be outed in order to receive services was noted as a formidable provider- and youth-focused barrier. Additionally, youth fearing for their physical, emotional, or psychological safety and a lack of targeted resources were other notable barriers (Acevedo-Polakovich, et al., 2013). Strategies that participants cited might facilitate access to services included creating safe/open environments, allowing GSM youth to contribute to programming, increasing visibility of services, maintaining open discussion of stereotypes, teaching GSM youth how to self-advocate, ongoing training of staff, holding services in accessible locations, and maintaining confidentiality (Acevedo-Polakovich, et al., 2013).

While services may be available to this population, certain factors impact whether or not the services are seen as truly accessibly, safe, or competent. A qualitative study collected data on the service experiences of 15 ethnically diverse gender/sexual minority young adults, ages 18-24(Wagaman, 2014). Thematic analysis was conducted to determine the factors that impacted effectiveness of the available services, which were found to be (1) service experiences, both in general and LGBTQ-specific settings, and (2) barriers that were faced in accessing services. Based on the findings of this study, primary tools/techniques for doing so include:

> (1) the creation of spaces for young people to self-define, (2) the employment of a lens of both risk and empowerment/strength with regard to intersecting identities, and (3) the involvement of queer-identified young people in shaping and evaluating the kinds of services and programs that are inclusive. (Wagaman, 2014, p. 142)

Current literature regarding gender/sexual minority emerging adults is quickly growing. Findings are more nuanced regarding gender identity and sexual orientation, and researchers are increasingly finding the importance of client and population participation in program formation. In addition to information regarding mental health, physical needs, and protective factors experienced by this population, demographic measures and manners of providing more culturally competent services are also significant. To this end, this study examined experiences, physical needs, and perceived service needs of gender/sexual minority emerging adults in the Phoenix metropolitan area.

Methods

This study is a secondary analysis of data that were collected as part of a community needs assessment at Rebel & Divine United Church of Christ, a local ministry that serves GSM youth and young adults. Data were initially gathered in the Spring of 2015 in collaboration between Arizona State University master's level Social Work students and Rebel & Divine UCC. As part of a service learning project, students conducted a pilot needs assessment with the organization during the spring semester of 2015. Data collection originally took place in March and April of 2015. Rebel & Divine provided formal support to approach redacted data as a secondary analysis prior to the researcher obtaining approval from ASU's Institutional Review Board for Human Subjects (IRB). IRB approval was granted on August 3, 2015.

Procedures

The pilot needs assessment resulted in the collection of data from 102 respondents. Quantitative surveys (N=102) were collected during March through April of

2015 via partnership with local organizations and social media. Rebel & Divine UCC had already established a working relationship with students in the MSW program at ASU. These data were collected by students (who passed out and collected the surveys) in person at five pre-existing weekly gatherings featuring a meal and programming. Data were also collected online through partnership with 1n10 LGBTQ Youth Community Center and social networking. It took participants 15-30 minutes to complete the instrument and no incentive was offered for participation.

Measurement

The empirical knowledge base indicates unmet service needs, higher rates of homelessness, and a prevalence of mental illness in this population; therefore, the measurement focused on these areas (see Acevedo-Polakovich, et al., 2013; Budge, Rossman, and Howard, 2014; Davis, Saltzburg, & Locke, 2010; Durso & Gates, 2012; Forge, 2013; Hoffman, Freeman, and Swann, 2009; Martos, Nezhad, & Meyer, 2015; McCallum & McLaren, 2011; Olson, et al., 2016; Scourfield, et al., 2008; Su, et al., & Coleman, 2016; Wagaman, 2014).

The survey (Appendix B) included 78 questions regarding four major content areas and was delivered in the English language only. These included demographics (i.e., age, gender, transgender status, sexual orientation, sex assigned at birth, race/ethnicity), service provision (i.e., perceived service needs, services currently receiving, services received in the past), experiences (i.e., homelessness, physical/sexual assault, having a disability, family reaction to coming out), and health and wellness (i.e., hygiene, illness, medical transition, alcohol/drug use, mental health).

Data Analysis

Analytical techniques addressed the following research questions: 1) what are the risks and needs expressed by the gender/sexual minority emerging adults in the sample? and 2) What are the differences in experiences and perceived service needs between gender minorities and cisgender sexual minority emerging adults? Results were compared between the groups of cisgender whites, gender minority whites, cisgender ethnic minorities, and gender minority ethnic minorities.

As the initial survey tool consisted of 78 questions, these questions were first grouped into four categories--1) demographics (i.e., age, gender, transgender status, sexual orientation, sex assigned at birth, race/ethnicity), 2) service provision (i.e., perceived service needs, services currently receiving, services received in the past), 3) experiences (i.e., homelessness, physical/sexual assault, having a disability, family reaction to coming out), and 4) health and wellness (i.e., hygiene, illness, medical transition, alcohol/drug use, mental health). Twenty-eight variables were derived via recoding across four categories (i.e., needs, risks, protective factors, perceived service needs). Generally, if the respondent indicated a positive answer, it was recoded in SPSS as a "1." Negative responses were recoded as "0," with a lack of a response being recoded as "99."

Analysis of the data consisted of preliminary descriptive statistics (i.e., frequencies, means, percentages) of four major categories: needs (i.e., food security, homelessness, physical health, desire to medically transition their gender), protective factors (e.g., supportive family reaction to being GSM, having a safe/stable living situation, having a job), risk factors (e.g., engaging in transactional sex, being a victim of

abuse, drug/alcohol use, mental illness), and perceived service needs. Bivariate statistics including correlation and chi-square were used to determine association between perceived service needs and combined gender/ethnic minority status, risk factors, protective factors, and needs. Using significantly correlated variables, the final model — logistic regression—was used to examine the relationship between combined gender/ethnic minority status, transactional sex, having enough food to eat, homelessness, having enough clothes to wear, wanting to medically transition, and the presence of a perceived service need.

Logistic regression is the appropriate analytical technique for the final model because the dependent variable is binary and categorical (i.e., perceived service need). Using a logistic function, the method estimates the probability of a response on a categorical dependent variable. The fit of the model was determined using chi-square and pseudo R-square (i.e., Nagelkerke) was used to determine the amount of variance explained by independent variables in the model.

Demographics

Honoring the complex manner in which individuals in the sample identified their gender and sexual orientation was critical, which resulted in much attention being given to the manner in which demographic variables were collapsed and recoded. In addition to being invited to select all provided options they felt applied to them, respondents were allowed to write in additional responses to the questions pertaining to gender identity, sexual orientation, and gender expression. Because of this, 28 distinct responses to “What is your gender identity?” and 26 distinct responses to “What is your sexual orientation?” were provided.

Gender identity was collapsed into five categories—female (“0”), male (“1”), agender (“2”), non-binary (“3”), and questioning (“4”). Only responses of simply “female” or “male” were categorized such, with responses including another gender identity (e.g., “male, genderqueer,” “female, agender,” “male, questioning”) being collapsed into the other gender identity category present (e.g., non-binary, agender, questioning). Responses collapsed into the non-binary include ambigender, genderfluid, genderqueer, two-spirit, demifluid, demiflux, gender defiant, and non-binary. Gender minority status was captured by comparing reported sex assigned at birth to current gender identity. When these two responses did not match, the respondent was identified as being a gender minority.

Sexual orientation was collapsed into the categories of gay/lesbian (“0”), straight (“2”), bisexual (“3”), queer (“4”), asexual (“5”), pansexual (“6”), and other (“7”). Only responses of simply “gay/homosexual/lesbian” or “bisexual” were collapsed into those categories, with responses that included other identities (e.g., “gay/homosexual/lesbian, queer” being collapsed into the other categories (“queer”). Responses of gray-asexual, ace, asexual, acroflux, aceflux, and demisexual were collapsed into the category of “asexual.” Responses of “confused” and “questioning” were collapsed into the category of “other.” These categories were then further collapsed, with those who identified themselves as “straight/heterosexual” being recoded and collapsed as non-sexual minorities (“0”) and those who identified as anything other than straight/heterosexual being recoded and collapsed into the category of “sexual minority” (“1”). Respondents who were categorized as sexual minorities but not gender minorities were included in the groups of cisgender whites and cisgender ethnic minorities. Regardless of sexual

orientation, respondents identified as gender minorities were included in the groups of gender minority whites and gender minority ethnic minorities.

Respondents were asked to identify their race/ethnicity as well. Respondents who responded solely as white/Caucasian were recoded as "0" in regards to ethnic minority status. Responding as anything other than solely white/Caucasian resulted in being collapsed and recoded as "1" in regards to ethnic minority status. Though all people of color were collapsed together due to the small sample size, it is recognized that responses might vary further by race/ethnicity.

Ages of respondents ranged from 14 to 30 years. Respondents between the ages of 14-17 were collapsed and recoded as "1." Respondents between the ages of 18-20 were collapsed and recoded as "2." Respondents between the ages of 21-23 were collapsed and recoded as "3." Respondents between the ages of 24-26 were collapsed and recoded as "4." Respondents between the ages of 27-30 were collapsed and recoded as "5."

Needs

Variables categorized as *needs* pertained to physical needs expressed by the respondents. These measures included questions regarding having enough food to eat, being currently or ever homeless for a period of two or more days, not having clothing that fit their desired gender expression, desiring a medical transition, and number of times reported being sick within the past six months. In order to analyze these data, responses were collapsed into binary positive/negative responses.

Homelessness was based on self-report of having been homeless for a period of more than two days, with the respondent being able to indicate how long they experienced homelessness—reporting any period of homelessness was recoded as a "1"

in SPSS. Having clothing that fit their desired gender expression was measured by the question “Do the clothes you have fit your gender identity/expression?”, with responses of “yes” or “sometimes” being recoded as a “1”. Desire to begin medical transition was based on the following questions: “Do you want to (now or in the future) take hormones or have surgeries to align your body with your gender identity?” and “Have you already had at least one of these surgeries or do you currently take hormones to align your body with your gender identity?” These responses were recoded as “1” to indicate a positive response or “0” to indicate a negative response.

Number of times sick in the past six months was based on the question, “How many times have you been sick in the last 6 months?” Possible responses included none, 1-2 times, 3-4 times, 5-7 times, 8-10 times, and more than 10 times. After frequencies were analyzed, these were collapsed into the categories of none, 1-2 times, 3-4 times, and 5+ times.

Protective Factors

Variables categorized as protective factors included a positive family reaction, respondents reporting a safe and stable living situation, respondents reporting being currently employed, and a negative response to having lost friends when one came out. Family reaction to coming out was based on the following question: How did your family react when you came out (mostly negative, somewhat negatively, neutral, somewhat positively, mostly positive)? For analytical purposes, the responses to this variable were initially collapsed to positively, neutral, and negatively. For the purposes of the logistic regression and other analysis, a neutral or negative family response was recoded as “0” and a positive family response recoded as a “1”. Reporting that one’s living situation was

safe and stable was recoded as a "1". Reporting having not lost any friends was recoded as "0" and having lost "some" or "a lot of" friends was recoded as a "1".

Risks

For the purposes of this study, a risk factor is defined as an experience or variable that may increase the likelihood of an adverse behavior, experience, or need. This aligns closely with the Hawkins and Catalano (1992, p. 9) definition of risk factors as factors that "increase the chance of a problem's occurrence." Variables categorized as risks included being undocumented, having a disability, being under the age of 16 when first engaging in consensual sexual activity, having been or currently being in the foster care system, ever having been arrested, having been physically assaulted, reporting having problems because of one's status as a gender/sexual minority, lacking self-acceptance of one's status as a gender/sexual minority, having been in an abusive relationship, being sexually assaulted, having (ever or currently) transactional sex, using alcohol weekly, using nicotine, using other drugs, initiating drug use at a younger age, self-harming behaviors, having been diagnosed with a mental illness, and reporting suicidal ideation and/or attempt(s). Positive responses (i.e., "yes") to the presence of a risk factor were recoded as a "1", with negative responses being recoded as "0". The presence of one or more of these risk factors might indicate a service need.

Perceived Service Needs

In order to determine the association between combined gender/ethnic minority status, risk/protective factors, physical needs, and perceived service needs, a logistical regression was conducted. Respondents were provided a list of needs to select from, and were also allowed the option of writing in additional needs. Physical needs included

clothing, food, dental, medical, and shelter/housing. Non-physical needs included counseling, educational, and spiritual/faith. A perceived service need was deemed to exist when a respondent selected at least one need. Lack of a positive response to this question may not have been due to a total lack of service need, which is one limitation of this study.

Results

Descriptive Statistics

Demographics

Demographic results regarding the respondents were analyzed using descriptive statistics, including frequencies, means, and percentages. Ages of respondents ranged from 14 to 30 years, with the mean age of 22.25 years and a standard deviation of 3.47. Groups within the sample included gender minorities (n=50) and ethnic minorities (n=44). Ethnic minorities represented in the sample include Hispanics/Latinos (n=18, 17.7%), African-Americans (n=12, 11.8%), Native Americans (n=10, 9.8%), Asians (n=5, 4.9%), Middle Easterners (n=4, 3.9%), Pacific Islanders (n=2, 2.0%), and others (n=5, 4.9%). Information specifically pertaining to combined gender and ethnic minority status is reported in Table 1. The sample is relatively evenly distributed between whites and ethnic minorities, as well as between cisgender and gender minority individuals.

Respondents were asked about their gender identity, sexual orientation, and gender expression in a manner that allowed them to select all options they felt applied, as well as to provide their own response(s). Responses included 28 distinct gender identities and combinations. Some of the write-in responses regarding gender identity included demifluid, demiflux, and genderdefiant. Once collapsed, gender identities were defined

as female (n=32, 31.4%), male (n=31, 30.4%), non-binary (n=28, 27.5%), agender (n=7, 6.9%), and questioning (n=4, 3.9%), with 63.7% (n=65) having been assigned female at birth and 36.3% (n=37) having been assigned male. Respondents identifying as a binary gender (i.e., male or female) (n=63, 61.8%) may also have identified as a gender minority (n=11, 10.8%). Table 1 details the combined gender/ethnic minority status of respondents.

Respondents identified their sexual orientations in 26 distinct ways, with the majority of responses being outside of the formerly standard gay/lesbian/straight/bisexual categories. Write-ins regarding sexual orientation included gray-asexual, demisexual, graysexual, polysexual, and panromantic.

Lastly, respondents described their gender expression, with options including masculine/butch, androgynous, and feminine/femme, as well as the option to write in a response. With 16 distinct ways of defining their gender expression, respondents also wrote in responses of "fluid," "gender doesn't equal appearance," "I don't present in any particular way," and "I make no attempts to 'express' my gender because I do not believe that gender can be accurately expressed through presentation."

Table 1. *Combined Gender/Ethnic Minority Status.*

Gender Status	White	Ethnic Minority	Total
Cisgender	*n*=28, 27.5%	*n*=24, 23.5%	*n*=52, 51.0%
Gender Minority	*n*=30, 29.4%	*n*=20, 19.6%	*n*=50, 49.0%
Total	*n*=58, 56.9%	*n*=44, 43.1%	*n*=102, 100%

Risk Factors

The sample reported an array of risk factors, with gender minority and ethnic minority respondents (particularly ethnic minority transgender respondents) reporting higher rates of many risk factors as compared to their cisgender and/or white counterparts (Table 2). Frequencies of these risk factors will be discussed in this section.

As seen in Table 2, the sample reported high rates of sexual and physical assault with 61.8% (n=63) reporting having been physically assaulted and 53.9% (n=55) reporting having been sexually assaulted. Of the sample, 23.5% (n=24) reported having been in a physically abusive relationship.

Respondents reported having physical or mental disabilities (n=42, 41.2%) with cisgender whites having the lowest rate of self-reported disability (n=7, 25.0%). Overall, 53.9% (n=55) of the sample reported having been diagnosed with a mental illness. While 58.8% (n=60) of the respondents reported having ever self-harmed, 81.4% (n=83) of the respondents reported currently or ever having suicidal ideation—47.1% (n=48) reporting suicidal ideation with no attempts and 34.3% (n=35) reporting suicidal ideation with at least one suicide attempt.

Risk factors regarding gender identity and sexual orientation were also assessed. Of the entire sample, 82.4% (n=84) reported having "problems" due to their sexual orientation, gender identity, or gender expression. Of these, cisgender whites were least likely to report such problems (n=19, 67.9%) and gender minority ethnic minorities were most likely (n=19, 95.0%). Additionally, 41.2% (n=42) of the sample reported wishing they had a different gender identity or sexual orientation. Generally, gender minority ethnic minorities tended to report higher rates of risk factors. Additional risk factors

reported by the respondents and broken down by combined gender/ethnic minority status are presented in Table 2, below. Figures 1 through 3 in Appendix E display some of the results included in Table 2, as well.

Table 2. *Risk factors Reported by Gender/Sexual Minorities.*

Risk Factor	Cisgender White	GM White	Cisgender Ethnic Minority	GM Ethnic Minority	Total
undocumented	n=1, 3.6%	n=0, 0.0%	n=4, 16.7%	n=2, 10.0%	n=7, 6.9%
self-report of physical or mental disability	n=7, 25.0%	n=17, 56.7%	n=10, 41.7%	n=8, 40.0%	n=42, 41.2%
unsure if have disability	n=6, 21.4%	n=2, 6.7%	n=5, 20.8%	n=5, 25.0%	n=18, 17.7%
age of first sex (never)	n=6, 21.4%	n=7, 23.3%	n=3, 12.5%	n=4, 20.0%	n=20, 19.6%
age of first sex (10-12)	n=1, 03.6%	n=2, 6.7%	n=3, 12.5%	n=1, 5.0%	n=7, 68.6%
age of first sex (13-15)	n=4, 14.3%	n=4, 13.3%	n=3, 12.5%	n=3, 15.0%	n=14, 13.7%
age of first sex (16-18)	n=14, 50.0%	n=10, 33.3%	n=7, 29.2%	n=9, 45.0%	n=40, 39.2%
age of first sex (19-21)	n=1, 3.6%	n=4, 13.3%	n=6, 25%	n=3, 15.0%	n=14, 13.7%
age of first sex (22-23)	n=1, 3.6%	n=1, 3.3%	n=1, 4.2%	n=0, 0.0%	n=3, 2.9%
age of first sex (under 16)	n=5, 17.9%	n=6, 20%	n=6, 25.0%	n=4, 20.0%	n=21, 20.6%
ever/currently in foster care	n=3, 10.7%	n=2, 6.6%	n=5, 20.8%	n=7, 35.0%	n=17, 16.7%
ever arrested	n=2, 7.1%	n=6, 20%	n=5, 20.8%	n=5, 25.0%	n=18, 17.6%
ever physically assaulted	n=13, 46.4%	n=18, 60%	n=15, 62.5%	n=17, 85.0%	n=63, 61.8%
ever sexually assaulted	n=14, 50.0%	n=16, 53.5%	n=12, 50.0%	n=13, 65.0%	n=55, 53.9%
problems because of SOGIE	n=19, 67.9%	n=26, 86.7%	n=20, 83.3%	n=19, 95.0%	n=84, 82.4%
wish had different ID	n=10, 35.7%	n=14, 46.6%	n=9, 37.5%	n=9, 45.0%	n=42, 41.2%
phys abusive relationship--victim	n=4, 14.3%	n=2, 6.7%	n=11, 45.8%	n=7, 35.0%	n=24, 23.5%
transactional sex (curr/ever)	n=3, 10.7%	n=6, 20%	n=4, 16.7%	n=10, 50.0%	n=23, 22.5%
how often alcohol (don't drink)	n=5, 17.9%	n=8, 26.7%	n=5, 20.8%	n=10, 50.0%	n=28, 27.5%
how often alcohol (1-3 times per month)	n=16, 57.1%	n=14, 46.6%	n=11, 45.8%	n=7, 35.0%	n=48, 47.1%
how often alcohol (1+ per week)	n=6, 21.4%	n=7, 23.3%	n=6, 25.0%	n=2, 10.0%	n=21, 20.6%
how often alcohol (about every day)	n=1, 3.6%	n=1, 3.3%	n=2, 8.3%	n=1, 5%	n=5, 4.9%
how often alcohol (1-7 days per week)	n=7, 25.0%	n=8, 26.7%	n=8, 33.3	n=3, 15%	n=26, 25.5%
nicotine	n=7, 25.0%	n=6, 20%	n=3, 12.5%	n=9, 45%	n=25, 24.5%
currently use other drugs	n=10, 35.7%	n=10, 33.3%	n=6, 25%	n=6, 30%	n=32, 31.4%
used to use other drugs	n=2, 7.1%	n=1, 3.3%	n=2, 8.3%	n=3, 15%	n=8, 7.8%
other drug use (combined)	n=12, 42.8%	n=11, 36.6%	n=8, 33.3	n=9, 45%	n=40, 39.2%
age of first drug use <18years	n=11, 39.3%	n=10, 33.3%	n=4, 16.7%	n=11, 55%	n=36, 35.3%
age of first drug use 18+	n=4, 14.3%	n=7, 23.3%	n=5, 20.83%	n=3, 15%	n=19, 18.6%
self-harm (ever or currently)	n=16, 57.1%	n=17, 56.7%	n=9, 37.5%	n=18, 90%	n=60, 58.8%
mental ill dx	n=12, 42.9%	n=19, 63.3%	n=13, 54.2%	n=11, 55%	n=55, 53.9%
suicidality (ideation, no attempt)	n=9, 32.1%	n=12, 40%	n=17, 70.8%	n=10, 50%	n=48, 47.1%
suicidality (ideation and at least one attempt)	n=10, 35.7%	n=12, 40%	n=4, 16.7%	n=9, 45%	n=35, 34.3%
suicidality (combined)	n=19, 67.8%	n=24, 80%	n=21, 87.5	n=19, 95%	n=83, 81.4%

Needs

Respondents reported high rates of physical needs (Table 3). Overall 7.8% (n= 8) of the sample reporting currently being homeless and 38.2% (n=39) reported having ever been homeless. Moreover, only 75.5% (n=77) of the sample reported currently having enough food to eat, with individuals who were both gender and ethnic minorities reporting the lowest amount at 60.0% (n=12). Of the total sample, 12.7% (n=13) reported having been sick five or more times in the past six months.

Gender minority and gender non-conforming individuals have the unique needs that accompany transitioning—whether internally, socially, legally, or medically transitioning one's gender. Overall, only 56.9% (n=58) of the total sample reported having clothes that fit their desired gender expression. Moreover, though 35.3% (n=36) would like to medically transition, only 10.8% (n=11) have begun taking hormones and/or have had at least one gender affirming surgery. Additional results regarding needs expressed by the sample overall and broken down by combined gender/ethnic minority sample can be found in Table 3, below. Figure 5 in Appendix E displays results regarding needs, as well.

Table 3. *Needs Expressed by Gender/Sexual Minorities.*

Need	Cisgender White	GM White	Cisgender Ethnic Minority	GM Ethnic Minority	Total
Ever/currently homeless	n=10, 35.7%	n=11, 36.7%	n=6, 25%	n=14, 70.0%	n=41, 40.2%
Currently have enough food to eat	n=24, 85.7%	n=24, 80%	n=17, 70.8%	n=12, 60.0%	n=77, 75.5%
Have clothes that fit their desired g Gender expression	n=22, 78.6%	n=13, 43.3%	n=16, 66.7%	n=7, 35.0%	n=58, 56.9%
Want to medically transition	n=1, 3.6%	n=22, 73.4%	n=0, .0%	n=13 65.0%	n=36, 35.3%
Have begun medical transition	n=1, 3.6%	n=7, 23.3%	n=0, .0%	n=3, 15.0%	n=11, 10.8%
Sick 5+ times in past 6 months	n=3, 10.7%	n=4 13.3%	n=3, 12.5%	n=3, 15.0%	n=13, 12.7%
Sick 3+ times in past 6 months	n=10, 35.7%	n=10, 33.3%	n=10, 20.8%	n=5, 25.0%	n=35, 34.3%

Protective Factors

A few protective factors were also explored on the questionnaire. Overall, 70.6% (n=72) of this sample responded that they considered their current living situation to be "safe and stable," with cisgender white respondents reporting the highest frequency of this response (n=26, 92.9%). However, cisgender ethnic minorities reported the highest rates of their families responding positively when they came out (n=12, 50.0%), as compared to only 37.3% (n=38) of the sample overall.

The reaction experienced when coming out to friends may have been more positive, with 45.1% (n=46) of the overall sample reporting not losing any friends when they came out. Cisgender ethnic minority (n=14, 58.3%) and white (n=15, 53.6%) respondents reported slightly higher frequencies of not losing friends, as compared to

their gender minority counterparts (with n=9, 30.0% of gender minority whites and n=8, 40.0% of gender minority ethnic minorities reporting having not lost friends). Additionally, 52.0% (n=53) of the respondents reported being currently employed. Table 4 provides additional results regarding protective factors, categorized by combined gender/ethnic minority status. Figure 4 in Appendix E displays the results regarding protective factors, as well.

Table 4. *Protective Factors Expressed By Gender/Sexual Minorities.*

Protective Factor	Cisgender White	GM White	Cisgender Ethnic Minority	GM Ethnic Minority	Total
Positive family reaction	n=10, 35.7%	n=11, 36.7%	n=12, 50.0%	n=5, 25.0%	n=38, 37.3%
Currently have job	n=15, 53.6%	n=17, 56.7%	n=12, 50.0%	n=9, 45.0%	n=53, 52.0%
Safe/stable living situation	n=26, 92.9%	n=16, 53.3%	n=17, 70.8%	n=13, 65.0%	n=72, 70.6%
Did not lose friends when came out	n=15, 53.6%	n=9, 30.0%	n=14, 58.3%	n=8, 40.0%	n=46, 45.1%

Perceived Service Needs

Respondents reported a wide array of *service* needs, including both physical and non-physical service needs. Physical service needs reported included medical (n=25, 24.5%), dental (n=25, 24.5%), clothing (n=19, 18.6%), food (n=17, 16.7%), and shelter/housing (n=17, 16.7%). Non-physical service needs included counseling (n=34, 33.3%), education (n=19, 18.6%), and spiritual/faith (n=10, 9.8%). White cisgender respondents had a significantly lower ($p<.05$) perceived service need than ethnic minority transgender respondents. However, with a total of 55.9% (n=57) of the sample reporting a current perceived service need, it was not possible to analyze further by combined

gender/ethnic minority status. Table 5 compares current and past service provision to current perceived service need. Table 6 analyzes perceived service need by combined gender/ethnic minority status.

Table 5. *Describing Current/Past Service Provision to Perceived Service Need (PSN).*

Timeframe	Currently Receiving Services	Received Services in the Past	Not Currently Receiving Services
Overall	n=41, 40.2%	n=39, 38.2%	n=61, 59.8%
Currently Receiving Services	--	n=24, 23.5%	--
Received Services in Past*	--	--	n=15, 14.7%
Current PSN	n=36, 35.3%	n=22, 21.6%	n=21, 20.6%

Note: Respondents indicated they had received services from agencies/organizations from which they were no longer receiving services. These respondents may or may not be currently receiving services elsewhere.

Table 6. *Perceived service need (PSN) by combined gender/ethnic minority status.*

	Cisgender White	GM White	Cisgender Ethnic Minority	GM Ethnic Minority
PSN	n=10, 35.7%*	n=18, 60.0%	n=14, 58.3%	n=10, 50.0%*
No PSN	n=18, 64,3%*	n=12, 40.0%	n=10, 41.7%	n=5, 25.0%*

*Note. Significant Phi Correlation (nominal by nominal) $p<.05$

Correlations

A number of meaningful correlations were found between risk factors, protective factors, needs, and combined gender/ethnic minority status. Table 8 provides the full findings. Significant correlations between the dependent variable, having a perceived service need, and having clothes that matched one's desired gender expression (-.206, $p<.05$), ever or currently being homeless (.221, $p<.05$), prevalence of nicotine use (.305, $p<.01$), and having lost friends upon coming out (.270, $p<.05$) were found. Additionally,

significant correlations were found between age and a variety of factors, including the respondent wishing they had a different identity (-.307, $p<.01$), prevalence of alcohol use (.259, $p<.01$), and being currently employed (-.207, $p<.05$).

Correlations between combined gender/ethnic minority status and other variables were also present. Cisgender white respondents were more likely to report having a safe and stable living situation (.277, $p<.01$), while gender minority white respondents were less likely to report this (-.211, $p<.05$). Additionally, gender minority white respondents were the only combined group to have a significantly higher correlation between their gender/ethnic minority status and having lost friends upon coming out (.209, $p<.05$).

Ethnic minorities, overall, had more significant correlations between their gender/ethnic minority status (as compared to their white counterparts) and the other variables in the study. Cisgender ethnic minority respondents were less likely to report ever or currently having self-harmed (-.240, $p<.05$), while those who were both gender and ethnic minorities more likely to have reported this (.313, $p<.001$). This group also showed positive correlations between their gender/ethnic minority status and having transactional sex (.324, $p<.001$), being the victim of a physically abusive relationship (.208, $p<.05$), having experienced homelessness (.300, $p<.05$), being sick more frequently in the past six months (.195, $p<.05$), and prevalence of nicotine use (.235, $p<.05$). However, there was a negative correlation between gender minority ethnic minorities and prevalence of alcohol use (.205, $p<.05$).

Statistically significant correlations at the $p<.001$ level were found between a number of risk factors, protective factors, and needs reported on in the study. These included multiple correlations between factors related to housing. Specifically, a positive

correlation (.411) was found between experiencing homelessness and ever/currently being in foster care, while a negative correlation (-.481) was found between having enough food to eat and ever/currently being in foster care. Additionally, a positive correlation was found between suicidal ideation (.326) and ever/currently experiencing homelessness, while a negative correlation between having enough food to eat and ever/currently experiencing homelessness (-.416) was found. Related to this, a negative correlation (-.281) at the $p<.05$ level was found between reporting having a safe and stable living situation and having been diagnosed with at least one mental illness.

Multiple correlations at the $p<.001$ level were found between other risk factors in the study, as well. Notably, wishing they had a different gender identity and/or sexual orientation was positively correlated with having been the victim of a sexual assault (.391), having ever been arrested (.388), and having lost friends when one came out (.335). Additionally, positive correlations were found between having had transactional sex and ever/currently experiencing homelessness (.610) and suicidal ideation (.343), with a negative correlation being found with having enough food to eat (-.347). The complete results of the correlations can be found in Appendix D (Table 7. Bivariate Correlations Between the Risk Factors, Needs, Protective Factors, and Studied Dependent Variable.)

Logistic Regression

Using logistic regression, the relationship between perceived service need and combined gender/ethnic minority status, risk factors, and physical needs was tested. While wanting to medically transition was trending towards significance, reporting not having enough food to eat was the only factor that predicted having a perceived service need at a statistically significant level ($p<.05$). Table 7 provides detailed results of the logistic regression.

Table 7. *Predicting Perception of a Service Need.*

Criteria / Predictor Variables	*B*	*S.E.*	*Wald*	*df*	*Sig.*	*Exp(B)*
GM white	.088	.367	.058	1	.810	1.092
Cisgender ethnic minority	.288	.227	1.606	1	.205	1.334
GM ethnic minority	.182	.206	.778	1	.378	1.199
Transactional sex	-.200	.822	.059	1	.807	.818
Enough food	-1.693	.726	5.437	1	.020	.184
Ever/Currently homeless	.793	.714	1.234	1	.267	2.210
Enough clothes	-.1.186	.770	2.370	1	.124	.306
Want medical transition	.712	.432	2.710	1	.100	2.038
Constant	1.617	1.185	1.862	1	.172	5.036

Discussion

Demographics

With little to no information publically available on how this generation of gender/sexual minorities in the Phoenix area identifies, the results from the demographics of this study are important for a vast array of service providers. Collecting information such as how respondents identified their gender expression was a significant facet of the study, though results were too varied to conduct detailed analysis on. Specifically,

respondents identified their gender identities in 28 distinct ways. Nearly a third of the respondents identified their gender in a non-binary manner.

Risk Factors, Protective Factors, and Physical Needs

The sample expressed high rates of risk factors and physical needs. Echoing the results shown by Su, et al, (i.e., self-acceptance of one's gender/sexual minority identity being associated with substantially lower rates of self-reported symptoms of depression) (2016), respondents who wished they had a different gender identity and/or sexual orientation were more likely to report suicidal ideation. Ever or currently engaging in transactional sex was found to be related to experiencing homelessness, not having enough food to eat, not having a safe/stable living situation, having lower rates of familial acceptance, and having been in a physically abusive relationship. Homelessness was associated with reporting not having enough food to eat and having experienced suicidal ideation and a lack of familial acceptance. These physical needs can be mitigated by increased service provision, while the protective factor of familial acceptance can be impacted by community level work.

Perceived Service Needs

Respondents in the sample also reported on their current service needs. Physical service needs reported included medical, dental, clothing, and shelter/housing. Non-physical service needs included counseling, education, and spiritual/faith needs. These non-physical service needs expressed by the sample might indicate a desire to become more mentally well, more educated, and to increase the relationship between oneself and a faith community. White cisgender respondents had a significantly lower perceived service need than ethnic minority transgender respondents. A total of 55.9% of the

sample reported a current service need, indicating an intense need for increased service provision to this community.

Limitations

Sample Size & Population Estimates

As there are very limited estimates of population rates of gender/sexual minorities, it can be difficult to determine the representation and generalizability of a study's sample. Within recent years, however, some headway has been made in this regard. With the total current population of the Phoenix Metropolitan area being estimated at 1,488,759 by the 2015 U.S. Census (2012), and ages 18-29 comprising 18.4% (n=273,932) of this population, a *rough* estimate of gender/sexual minorities can be reached. Using the current population estimates of gender/sexual minorities provided by the Williams Institute (Gates, 2011) of 3.5% of the total American population identifying as a sexual minority and .3% of the total population identifying as a gender minority, the current estimate of gender/sexual minorities between the ages of 18-29 in the Phoenix Metropolitan Area is 10,409.

However, when using the population estimate as found by a 2012 Gallup poll (Gates & Newport, 2012) with state by state breakdowns, the rate of self-identifying as "lesbian, gay, bisexual, or transgender" in Arizona is 3.9%, putting the population estimate of those between the ages of 18-29 at 10, 683. Either way, (in addition to not being a random sample) this study's sample size of 102 does not meet standards for providing generalizable results. For this population size, in order to produce results with a 95% level of confidence, one would require a sample of at least 370 (Isaac & Michael, 1997, p. 201).

A limitation of both these estimates is that the data collection methods likely did not capture many non-binary identified individuals. Moreover, as the younger generation comes of age, rates of identifying as something other than completely heterosexual appear to be quickly changing. Showcasing this, a 2015 U.K. study (YouGov, 2015) found that 49% of British 18-24 year olds place themselves as something other than "100% heterosexual" on the (admittedly dated and limited) Kinsey scale. Lastly, none of these population estimate rates take into consideration attraction and behaviors *beyond* self-identification, which the Williams Institute (Gates, 2012) places between 8.2 and 11%.

Other Limitations

One limitation of this study, as touched on earlier, is the limited literature regarding gender/sexual minority emerging adults available to inform the measures included in the questionnaire and overall reasoning for the study. Moreover, there are no available data in the Phoenix, Arizona metropolitan area regarding the needs and experiences of gender/sexual minorities in this age range. Because of this, the questionnaire was relatively lengthy (at 78 questions), asking questions on a wide range of topics.

Additionally, the convenience sample in this study were either already receiving services through Rebel & Divine UCC or were found in gender/sexual minority Facebook groups focusing on young adults, as it can be difficult to access this population in other spaces. However, known limitations exist with convenience samples. Specifically, with one half of the survey respondents being current service recipients of Rebel & Divine, the results are undoubtedly skewed in this regard. This might suggest that GSM emerging

adults not currently aware of service providers have additional or varying risks, needs, and protective factors. It could also suggest that the sample be representative of GSM emerging adults who are aware of and interested in utilizing formal support services.

Another limitation to this study is that a lack of response to the measure regarding additional service needs (i.e., perceived service need) may not be due to a lack of additional service needs of the respondent. Respondents who did not indicate a service need may indeed still require services. The construction of this measure included a fill-in-the-blank option, which hopefully worked to mitigate this.

Lastly, this study represents only one metropolitan area in the United States Southwest, and may not be useful in considering the risk, needs, and protective factors of communities in other areas. Because it was only able to be delivered in English and, due to the sample size, specific communities of color were not able to be analyzed individually, the perspectives of participants of color might be limited or skewed.

Despite these limitations, this study provides notable new data regarding this under-researched population. With the secondary analysis conducted on these data, Phoenix area organizations can hone in on unmet needs, pertinent risk factors, and the demographic composition of this community. The results from this analysis have already proven useful in program planning and grant writing, and are unique in that they are publicly available.

Recommendations

Several recommendations regarding service provision for emerging adult gender/sexual minorities can be made following the results of this study. Generally speaking, implications include a need for increased support services (to meet both

physical and non-physical needs) for this hypermarginalized population—especially for those whose identities lie at the intersection of being both a gender minority and an ethnic minority. Service providers and agencies must continue to seek out trainings regarding how to provide culturally competent and responsive service to gender/sexual minority emerging adults, as identities are quickly shifting to encompass beyond the gay//lesbian/straight/bisexual orientations with which service providers may already be familiar. Services regarding meeting basic needs (especially food related) and mental health needs are especially required. Ethnic-specific programming and social change strategies for gender minority emerging adults of color are especially necessary.

Additionally, clinicians are urged to adopt a focus on prevention for emerging adults coming out regarding their GSM identity and harm reduction techniques to mitigate the increase in needs and risk factors. With many in the sample reporting unaccepting friends and/or families, factors which act to protect against the onset of negative behaviors, experiences, or needs, gender/sexual minority individuals are left especially vulnerable. Clinicians and other service providers must work to provide not only the GSM individual, but their family and support networks with tools and knowledge that empower acceptance and facilitate relationship maintenance and building. Further research to lead to an understanding of the factors that promote self-acceptance and pride of one's GSM identity is necessary.

Lastly, there exists a necessity in designing culturally affirming demographic measures that accurately reflect the identities of these individuals (e.g., non-binary gender minorities) such that results can inform social work practice. When the measures regarding gender identity, sexual orientation, and gender expression are not asked, or not

asked in a manner that allows the respondent to accurately reflect their identity, results (and ultimately the quality of services able to be provided) suffer. Ultimately, these measures, as well as terminology regarding this population, should be standardized throughout the field of social welfare in a manner that allows the community to accurately indicate their identities. Further, as the results of this study indicate extreme service needs, more pointed research regarding the needs and experiences of gender minority ethnic minorities, including best practices for service provision, is necessary. By implementing these changes and continuing to research and serve gender/sexual minority emerging adults, the risks and needs of this population can be mitigated.

Conclusion

The research reported in this thesis revealed that the respondents experienced high rates of risk factors and physical needs, with gender minority ethnic minorities generally expressing the highest rates of risks and needs. Gender minority ethnic minorities reported the most correlations between combined gender/ethnic minority status and risk and needs. Additionally, a majority of the respondents expressed a current service need. Current service provision in the Phoenix area is therefore not sufficient to meet their physical needs, mitigate risk factors, and grow protective factors. Although current competency trainings exist regarding this population, service providers and agencies, as well as trainers, must ensure these trainings reflect the current complex manners in which gender/sexual minority emerging adults are identifying. Through increased service provision and building on existing protective factors related to familial acceptance, and community and individual outcomes for this population may be improved.

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APPENDIX A

GLOSSARY

Agender: free from or unaffected by gender; gender neutral.

Asexual: free from or unaffected by sexuality, either through lack of a chromosome or personal preference.

Binary: in regards to gender, this denotes identifying solely as either man/male or woman/female).

Gender Minority: this term includes all individuals who do not fully identity with the sex/gender they were assigned at birth, including transgender men, transgender women, agender people, gender variant/expansive people, gender nonconforming individuals, individuals with non-binary gender identities, and others. Sometimes abbreviated as **GM**.

Gender/Sexual Minority: a catch-all for individuals who are not cisgender and/or heterosexual. Individuals might be both a gender *and* sexual minority. These terms are mostly used in academia, and the general community may not identify with them. Sometimes abbreviated as **GSM**.

Genderqueer: catch-all term for gender identities other than man and woman, thus outside of the gender binary and heteronormativity; a distinct gender identity that sits outside of the gender binary. Sometimes abbreviated as **GQ**.

Kinsey Scale: this scale (developed by Alfred Kinsey in the 1940s) attempts to measure sexual orientation of respondents by allowing an individual to self-report their sexual orientation/behavior on a scale of 0 to 6, with 0 indicating exclusively heterosexual and 6 indicating exclusively homosexual. However, with the re-emergence of non-binary identities and other factors, this scale is no longer adequate to accurately capture respondents' identities.

LGBTQ: acronym for lesbian, gay, bisexual, transgender, and queer/questioning.

Non-binary: an umbrella term to refer to all gender identities that do not conform to or fall into the binary gender system; can include combinations of male and female, or neither. Sometimes abbreviated as NB; individuals who identify as a non-binary gender identity might refer to themselves as Enbies (NBs).

PSN: acronym for perceived service need.

Queer: an umbrella or standalone term for sexual minorities who are not heterosexual, heteronormative, and/or binary identified; an identity that does not fit cultural norms, but instead reflects that one does not adhere to the binary gender/sexuality system. Also see Genderqueer, above.

Questioning: the term "questioning" is used to denote a respondent indicating they are currently unsure of their gender identity or sexual orientation.

Sexual Minority: this term includes all individuals who do not fully identity with the heterosexual orientation, including gay individuals, lesbians, bisexuals, queer individuals, pansexuals, asexuals, and others. Sometimes abbreviated as **SM**.

SOGIE: acronym for sexual orientation, gender identity, and expression.

Transgender: an individual whose self-identified sex/gender does not coincide fully or solely with the sex/gender they were assigned at birth. When one adheres to a binary system that views sex/gender as created by anatomy/biology, acronyms such as FtM and MtF may be used to denote whether someone transitioned from female to male, or vice versa. However, this binary focused language may not resonate with all individuals.

Transition: the process of moving from one identity to another; in regards to transgender individuals, a transition may encompass four facets (internal, social, legal, and medical) and an individual's personal journey may be comprised in one or more of these facets.

APPENDIX B

QUESTIONNAIRE

Community Needs Assessment of LGBTQ Youth

March-April 2015

This survey is about your experiences and behavior. DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write, so you can answer the questions based on what you really do. If you need help completing this survey or have any questions, just let us know.

Completing this survey is completely voluntary. **If you are not comfortable answering a question for any (or no) reason, just leave it blank. There are some sensitive questions, so if you feel upset after completing this survey, please let someone know so that they can help you. You can call Pastor Jeffrey Dirim at (480) 381-1830 or the Trevor Lifeline at 1-866-488-7386.**

Thank you so much for your help! This will help us make sure that you are getting the services you need in the community.

What is your age?

_____

What is your gender identity? *Check all that apply.*

- ❑ Male
- ❑ Female
- ❑ Genderqueer
- ❑ Genderfluid
- ❑ Pangender
- ❑ Agender
- ❑ Two Spirit
- ❑ Questioning
- ❑ Other:_____

What sex were you assigned at birth?

- ❑ Male
- ❑ Female

How would you say you present/express your gender? *Check all that apply.*

- ❑ Masculine/Butch
- ❑ Androgynous
- ❑ Feminine/Femme
- ❑ Other: _____

What is your sexual orientation? *Check all that apply.*

- ❑ Straight/Heterosexual
- ❑ Gay/Lesbian
- ❑ Bisexual
- ❑ Pansexual
- ❑ Queer
- ❑ Questioning
- ❑ Other:_____

How long have you identified this way?

- ❑ Less than 6 months
- ❑ 6-12 months
- ❑ 1-2 years
- ❑ 3-4 years
- ❑ 5-6 years
- ❑ Over 7 years

Who knows that this is how you identify? *Check all that apply.*

- ❑ Everyone
- ❑ Close family
- ❑ Close friends
- ❑ Extended family
- ❑ Extended friends
- ❑ Co-workers
- ❑ Nobody
- ❑ Other:_____

What is your race/ethnicity? *Check all that apply.*

- ❑ Caucasian / White
- ❑ African-American / Black
- ❑ Native American
- ❑ Latino / Hispanic
- ❑ Asian
- ❑ Pacific Islander
- ❑ Other:_____

Do you identify with any religion?

- ❑ Christianity
- ❑ Buddhism
- ❑ None (Atheist/Agnosticism)
- ❑ Islam
- ❑ Judaism
- ❑ Other:_____

Does your family of origin identity with any religion?

- ❑ Christianity
- ❑ Buddhism
- ❑ None (Atheist/Agnosticism)
- ❑ Islam
- ❑ Judaism
- ❑ Other:_____

Are you undocumented?

- ❑ Yes
- ❑ No

Are you or have you ever been in foster care?

- ❑ Yes, I used to be
- ❑ Yes, I am now
- ❑ No

Please check the location at which you are completing this survey.

- ❑ One-n-Ten
- ❑ Online
- ❑ Tumbleweed
- ❑ Rebel & Divine UCC
- ❑ Other:_____

Please check any of these organizations if you are ***currently*** receiving services from them. *Check all that apply.*

- ❑ Homebase
- ❑ Rebel & Divine UCC
- ❑ CAS
- ❑ One-n-Ten
- ❑ YMCA
- ❑ New Pathways for Youth
- ❑ Tumbleweed
- ❑ St Mary's Food Bank
- ❑ Other:_____

Please check any of these organizations ***if you have in the past, but are no longer*** receiving services from them. *Check all that apply.*

- ❑ Homebase
- ❑ Rebel & Divine UCC
- ❑ CAS
- ❑ One-n-Ten
- ❑ YMCA
- ❑ New Pathways for Youth
- ❑ Tumbleweed
- ❑ St Mary's Food Bank
- ❑ Other:_____

What kind of services have or do you receive from these places? *Check all that apply.*

- ❑ Clothing
- ❑ Food
- ❑ Dental
- ❑ Counseling
- ❑ Shelter/Housing
- ❑ Spiritual/Faith
- ❑ Education
- ❑ Medical
- ❑ Other:_____

Which of these services do you need or want more of?

- ❑ Clothing
- ❑ Food
- ❑ Dental
- ❑ Counseling
- ❑ Shelter/Housing
- ❑ Spiritual/Faith
- ❑ Education
- ❑ Medical
- ❑ Other:_____

Are you currently attending school?

- ❑ Yes
- ❑ Sometimes
- ❑ No

If you are not currently attending school, do you have your High School Diploma or a GED?

- ❑ Yes
- ❑ No
- ❑ Working on it!

Are you in college, *or* do you plan to attend college?

- ❑ Yes, I am currently in college
- ❑ I plan to go to college within the next year
- ❑ I plan to go to college in 3-5 years
- ❑ Unsure
- ❑ I plan to go to college in 1-2 years
- ❑ I plan to go to college, but am unsure when
- ❑ No

Do you think college would/will change your life?

- ❑ Yes, it would make my life better
- ❑ Yes, it would make my life worse
- ❑ No

If you are 18 or under, are you currently living with your parents?

- ❑ Yes
- ❑ No, explain: _____
- ❑ Working on it! Explain: _____

Do you have enough clothes to wear?

- ❑ Yes
- ❑ No

Do the clothes you have fit your gender identity/expression?

- ❑ Yes
- ❑ Sometimes
- ❑ No

Do you have enough food to eat?

- ❑ Yes
- ❑ Sometimes
- ❑ No

Do you currently have a job?

- ❑ Yes
- ❑ I am looking for a job
- ❑ No

Do you have what you would consider a safe and stable living situation?

❑ Yes ❑ No

Have you ever been homeless? *This includes couchsurfing.*

❑ No ❑ Yes, for 2-4 weeks ❑ Yes, for over 6 months
❑ Yes, for 2-7 days ❑ Yes, for 1-3 months ❑ Yes, for over a year
❑ Yes, for 1-2 weeks ❑ Yes for 3-6 months ❑ Yes, for over 2 years

Are you currently homeless?

❑ Yes ❑ No

Have you ever interacted with police or other law enforcement? *Check all that apply.*

❑ Yes, and I had good interactions / positive experiences ❑ Yes, and I had bad interactions / negative experiences ❑ No

Are you HIV+?

❑ Yes ❑ Unsure/Don't Know ❑ No

Whether or not you've been convicted of any crimes, have you ever been arrested?

❑ Yes ❑ No

Do you have a physical, mental, or other disability?

❑ Yes. Explain, if you want to: _____ ❑ No
❑ Unsure

If you have had sex, how old were you when you first had (consensual) sex? *This includes oral, anal, et cetera – anything that you would consider to be sex.*

❑ I was _____ years old when I first had sex.
❑ No, I have not had sex

Have you ever been diagnosed with a sexually transmitted disease or infection?

❑ Yes ❑ No

Do you regularly get tested for sexually transmitted diseases or infections?

❑ Yes ❑ Sometimes ❑ No

Have you ever been hit, punched, kicked, or otherwise physically assaulted? *Check all that apply.*

❑ Yes, at school ❑ Yes, at work ❑ No
❑ Yes, at home ❑ Yes, somewhere else

Have you had problems because of your sexual orientation, gender identity, or gender expression/presentation? *Check all that apply.*

❑ Yes, at school ❑ Yes, at work ❑ No
❑ Yes, at home ❑ Yes, somewhere else

Did you lose any friends when you came out?

❑ Yes, a lot ❑ Yes, a few or one ❑ No

How did your family react when you came out?

❑ Mostly positive ❑ Neutral ❑ Mostly negative
❑ Somewhat positive ❑ Somewhat negatively

Do you wish you were straight, or had a different gender identity?

❑ Yes, all the time ❑ Yes, sometimes ❑ No

Have you ever been "gay bashed"?

- ❑ Yes, verbally
- ❑ Yes, other: _____
- ❑ No
- ❑ Yes, physically
- ❑ Unsure

Have you ever been assaulted because of your gender identity or expression/presentation? *Check all that apply.*

- ❑ Yes, verbally
- ❑ Yes, other
- ❑ No
- ❑ Yes, physically
- ❑ Unsure

Have you been in a relationship with someone who hit you?

- ❑ Yes
- ❑ No

Have you hit someone you've been in a relationship with?

- ❑ Yes
- ❑ No

Has anyone ever touched you sexually when you did not want them to?

- ❑ Yes
- ❑ Unsure
- ❑ No

Have you ever touched someone sexually when they did not want you to?

- ❑ Yes
- ❑ Unsure
- ❑ No

Have you ever been groped (had your butt or chest grabbed/touched) without giving your permission/consent?

- ❑ Yes, at a bar/club
- ❑ Yes, in public
- ❑ Unsure
- ❑ Yes, in private
- ❑ Yes, at: _____
- ❑ No

Have you ever had sex in return for money, food, shelter, or other material goods? *This includes for a sugar daddy, the porn industry, having sex with someone in exchange for a place to stay, and more.*

- ❑ Yes, I currently do this
- ❑ Yes, I have done this in the past
- ❑ No

Has anyone ever talked to you about concerns for your hygiene? *This includes how often you shower, brush your teeth, wash your hands, clean your nails, wash your face, et cetera.*

- ❑ Yes
- ❑ No

How many times a week do you shower?

- ❑ Once a month or less
- ❑ 1-2 times a week
- ❑ 5-7 times a week
- ❑ Less than once a week
- ❑ 3-4 times a week
- ❑ 8+ times a week

How many times a week do you brush your teeth?

- ❑ Once a month or less
- ❑ 1-3 times a week
- ❑ 7-9 times a week
- ❑ Less than once a week
- ❑ 4-6 times a week
- ❑ 10+ times a week

Do you see a doctor at least once a year?

- ❑ Yes
- ❑ Sometimes
- ❑ No

Do you feel safe when you are at the doctor's office?

- ❑ Yes
- ❑ Sometimes
- ❑ No

Do you feel comfortable when you are at the doctor's office?

- ❑ Yes
- ❑ Sometimes
- ❑ No

How many times have you been sick in the last 6 months?

- ❑ None
- ❑ 3-4 times
- ❑ 7-10 times
- ❑ 1-2 times
- ❑ 5-7 times
- ❑ More than 10 times

How many servings of fruits and vegetables do you eat each day?

- ❑ None
- ❑ One serving
- ❑ Two servings
- ❑ 3-5 servings
- ❑ 6+ servings

Do you want to (now or in the future) take hormones or have surgeries to align your body with your gender identity?

- ❑ Yes, at least one surgery
- ❑ Yes, hormones
- ❑ Yes, hormones and at least one surgery
- ❑ Unsure
- ❑ No

Have you already had at least one of these surgeries or do you take hormones to align your body with your gender identity currently? *Check all that apply.*

- ❑ Yes, I've had at least one surgery
- ❑ No
- ❑ Yes, I take hormones that are prescribed to me
- ❑ Yes, I take hormones that are not prescribed to me

How often do you drink alcohol?

- ❑ I don't drink alcohol
- ❑ Once a month
- ❑ 2-3 times a month
- ❑ Once a week
- ❑ More than once a week
- ❑ About every day

When you drink alcohol, how much do you usually drink? *One drink is 12 ounces of beer, one 1.5 ounce shot, or 5.5 ounces of wine.*

- ❑ 1 drink
- ❑ 2-3 drinks
- ❑ 4-5 drinks
- ❑ 6-8 drinks
- ❑ 9-11 drinks
- ❑ 12 or more drinks

Do you use nicotine (cigarettes, e-cigs, nicotine gum, or nicotine patches)?

- ❑ Yes
- ❑ No

Do you take prescription pills that are not prescribed to you?

- ❑ Yes
- ❑ No

Do you use other drugs? *Check all that apply.*

- ❑ Yes, marijuana
- ❑ Yes, coke
- ❑ Yes, meth
- ❑ Yes, poppers
- ❑ Yes, ecstasy
- ❑ Yes, bath salts
- ❑ Yes, other drugs: _____
- ❑ Yes, whip-its
- ❑ I used to, but not anymore
- ❑ No

If you use or have used drugs, how old were you when you first used?

_____

Whether or not you use them, would you say that drugs are easy for you to get?

- ❑ Yes
- ❑ Sometimes
- ❑ No

Have you ever cut, burned, bruised, or otherwise hurt yourself on purpose?

- ❑ Yes
- ❑ No

Do you feel sad or depressed more than you think is usual?

- ❑ Yes
- ❑ Unsure
- ❑ No

Do you ever feel nervous or anxious more than you think is usual?

- ❑ Yes
- ❑ Unsure
- ❑ No

Have you ever been diagnosed by a doctor/psychiatrist/psychologist with a mental illness (depression, anxiety, bipolar, etc)?

- ❑ Yes
- ❑ Unsure
- ❑ No

Have you ever felt like killing yourself? *Check all that apply.*

- ❑ Yes, and I've talked about it with someone
- ❑ Yes, I've thought about it
- ❑ Yes, I've attempted it
- ❑ No

Do you have an adult in your life, related to you, that you feel you can trust and go to when you need help?

- ❑ Yes, someone I am sexually active with
- ❑ Yes, someone I am not sexually active with
- ❑ No

Do you have an adult in your life, ***not*** related to you, that you feel you can trust and go to when you need help?

- ❑ Yes, someone I am sexually active with
- ❑ Yes, someone I am not sexually active with
- ❑ No

What services have or do you receive from Rebel & Divine?

- ❑ Activism opportunities
- ❑ Binders
- ❑ Blankets
- ❑ Clothing
- ❑ Community
- ❑ Condoms/Lube
- ❑ Counseling
- ❑ Dental
- ❑ Education
- ❑ Prescription copays
- ❑ Received gifts besides shoes for Christmas
- ❑ Received new shoes for Christmas
- ❑ Seeing guest speakers
- ❑ Sex Education
- ❑ Shelter/Housing
- ❑ Shoes
- ❑ Art/Creative expression
- ❑ Emergency/Crisis help with Pastor Jeffrey
- ❑ Emotional support
- ❑ Family of choice
- ❑ Food bank
- ❑ Help around life goals
- ❑ Help with gender identity
- ❑ Help with job/career issues
- ❑ Spiritual/Faith
- ❑ Sunday night dinners
- ❑ Support during legal issues
- ❑ Take home meal / leftovers
- ❑ Thursdays at the coffee shop
- ❑ Toiletries
- ❑ Attended One-n-Ten prom
- ❑ Help with school/college issues
- ❑ Help with sexual orientation identity
- ❑ Medical
- ❑ One on one conversation with Pastor Jeffrey
- ❑ Transportation to emergency medical care
- ❑ Unconditional love/support
- ❑ Underwear
- ❑ Other:_____ _____ _____

Will you be using the free Rebel & Divine Trans and LGBTQ clothing closet when it launches this Spring?

- ❑ Yes
- ❑ Unsure
- ❑ No

Is there anything positively or negatively impacting your life you feel we missed?

_____

_____

_____

_____

7

APPENDIX C

IRB APPROVAL

ASU Knowledge Enterprise Development

EXEMPTION GRANTED

Natasha Mendoza
Social Work, School of
-
Tadoza@asu.edu

Dear Natasha Mendoza:

On 8/3/2015 the ASU IRB reviewed the following protocol:

Type of Review:	Initial Study
Title:	Secondary Analysis of LGBTQ Youth & Young Adults Community Needs Assessment
Investigator:	Natasha Mendoza
IRB ID:	STUDY00002973
Funding:	None
Grant Title:	None
Grant ID:	None
Documents Reviewed:	• Letter of Support , Category: Off-site authorizations (school permission, other IRB approvals, Tribal permission etc); • Needs Assessment Questionnaire, Category: Measures (Survey questions/Interview questions /interview guides/focus group questions); • Protocol, Category: IRB Protocol;

The IRB determined that the protocol is considered exempt pursuant to Federal Regulations 45CFR46 (4) Data, documents, or specimens on 8/3/2015.

In conducting this protocol you are required to follow the requirements listed in the INVESTIGATOR MANUAL (HRP-103).

Sincerely,

IRB Administrator

cc:
Veronica Harner

APPENDIX D

TABLE 8. BIVARIATE CORRELATIONS BETWEEN THE RISK FACTORS, NEEDS, PROTECTIVE FACTORS, AND STUDIED DEPENDENT VARIABLE (PSN)

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
1. PSN																												
2. Age	.05																											
3. White Cis	.02	.13																										
4. White GM	.02	-.10	-.40***																									
5. Cis Eth Min	-.10	.05	-.34***	-.36***																								
6. GM Eth Min	.07	-.09	-.30**	-.32***	-.27**																							
7. disability	-.02	-.08	-.07	-.06	.05	.09																						
8. foster care	.09	-.01	-.10	-.19	.08	.24*	.07																					
9. wish diff id	-.03	-.31**	.07	.06	-.08	-.06	-.05	.14																				
10. desire med transition	.05	-.13	-.36***	.45***	-.38***	.28**	.07	.01	-.094																			
11. trans sex	.05	.17	-.17	-.04	-.08	.32***	.08	.31**	-.07	.09																		

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
12. vic abusive rel	-.01	.15	-.07	-.08	-.04	.21*	.04	.25*	-.02	.20*	.20*																	
13. sex assault vic	-.03	-.16	-.11	.02	.18	-.08	-.02	.01	.39***	-.12	.05	-.02																
14. phys assault vic	-.02	-.04	-.07	.15	-.06	-.04	-.10	-.04	-.01	.21*	-.04	-.01	-.02															
15. arrested	-.03	-.02	.15	-.11	.04	-.08	-.02	.18	.39***	-.12	-.08	-.01	-.04	-.01														
16. clothes fit gender	-.21*	-.00	.27**	-.18	.11	-.22*	-.25*	-.11	.12	-.29**	-.15	-.12	.15	.09	.15													
17. ever/curr homeless	.22*	.13	-.06	-.05	-.17	.30**	.02	.41***	.03	.03	.61***	.14	-.13	-.07	.22*	-.26**												
18. enough food	-.05	.03	.15	.07	-.06	-.18	-.18	-.48***	.09	-.02	-.35***	-.19	.10	.05	-.04	.15	-.42***											
19. times sick in past 6 months	-.01	-.01	-.06	-.06	-.06	.20*	.04	-.03	-.02	-.07	-.04	.01	-.02	-.01	-.01	-.12	-.06	.03										
20. mental ill dx	.00	.11	-.17	.19	-.03	-.01	.18	.14	.09	.10	.16	.06	.01	-.11	-.09	-.11	.14	.02	.07									
21. self-harm	.03	.06	-.02	-.03	-.24*	.31***	.22*	-.04	-.17	.13	.12	.08	-.08	-.11	-.09	-.25*	.08	.08	.09	.19								
22. suicidality	.04	.06	-.11	.04	-.09	.20	.13	.07	-.22*	.02	.34***	.13	-.11	-.15	-.04	-.20*	.33***	-.13	.00	.29**	.38***							
23. alcohol	.09	.26**	.08	.01	.10	-.21*	.03	-.07	-.19	-.10	.08	.01	.06	.08	-.15	.01	-.15	.03	-.13	-.12	-.06	-.02						

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)
24. nicotine	.31**	.18	.01	-.07	-.16	.24*	-.07	.15	-.09	.02	.46***	.19	.04	-.05	-.09	-.01	.28**	-.21*	-.04	.06	.01	.29**	.21*					
25.employed	-.13	-.21*	-.07	.11	-.16	.12	.13	.07	.17	.08	-.08	-.18	-.05	-.03	.04	-.02	-.02	-.22*	.11	-.06	-.21*	-.19	.00	-.06	.13			
26. safe stable living sit.	.010	-.06	.28**	-.21*	-.02	-.05	-.14	-.19	.09	-.23*	-.23*	-.21*	.03	.05	-.06	.22*	-.23*	.23*	.05	-.28**	-.14	-.23*	.12	.06	.09			
27. positive family reaction	-.01	-.05	.03	-.05	.12	-.10	-.08	-.05	-.00	.03	-.28**	.06	-.11	.12	-.00	.10	-.32**	.10	-.14	.00	-.15	-.22*	.10	-.15	.06	.12		
28. lost friends when came out	.27**	-.14	-.02	.21*	-.12	-.10	-.00	-.01	.34***	.08	-.10	-.02	-.04	-.02	.27**	.07	.16	-.12	-.01	.04	-.13	-.11	.01	.00	-.06	-.10	.05	

*p<.05
**p<.01
***p<.001

APPENDIX E

FIGURES

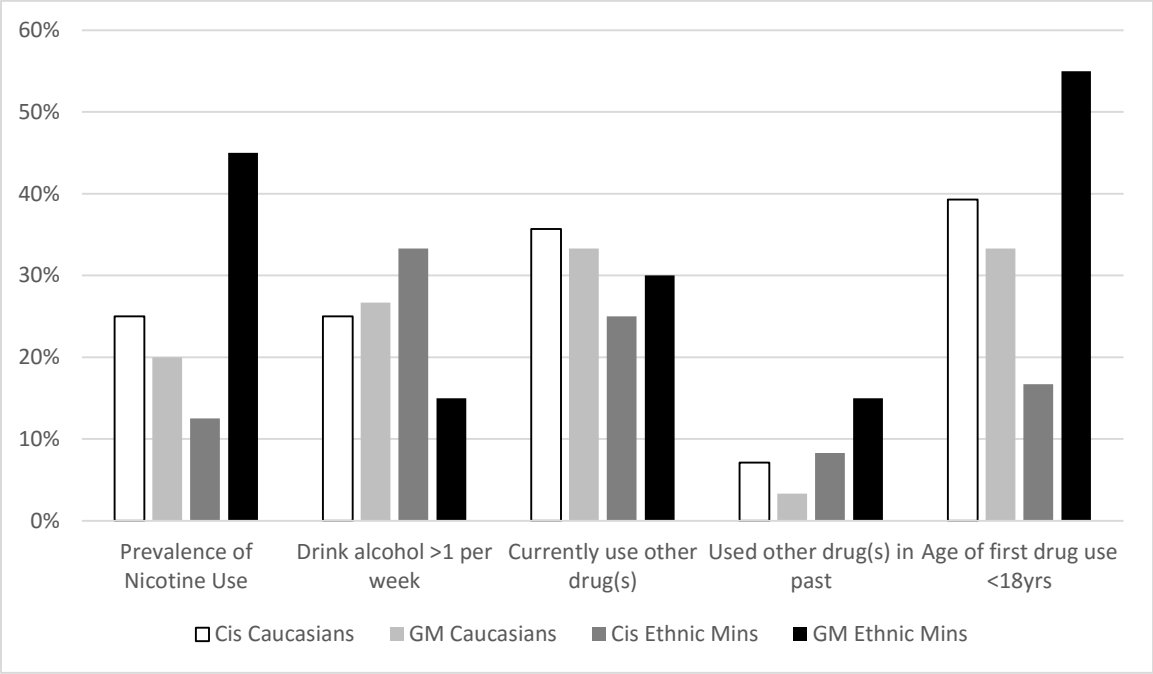

Figure 1. *Describing alcohol & drug use by combined gender/ethnic minority status.*

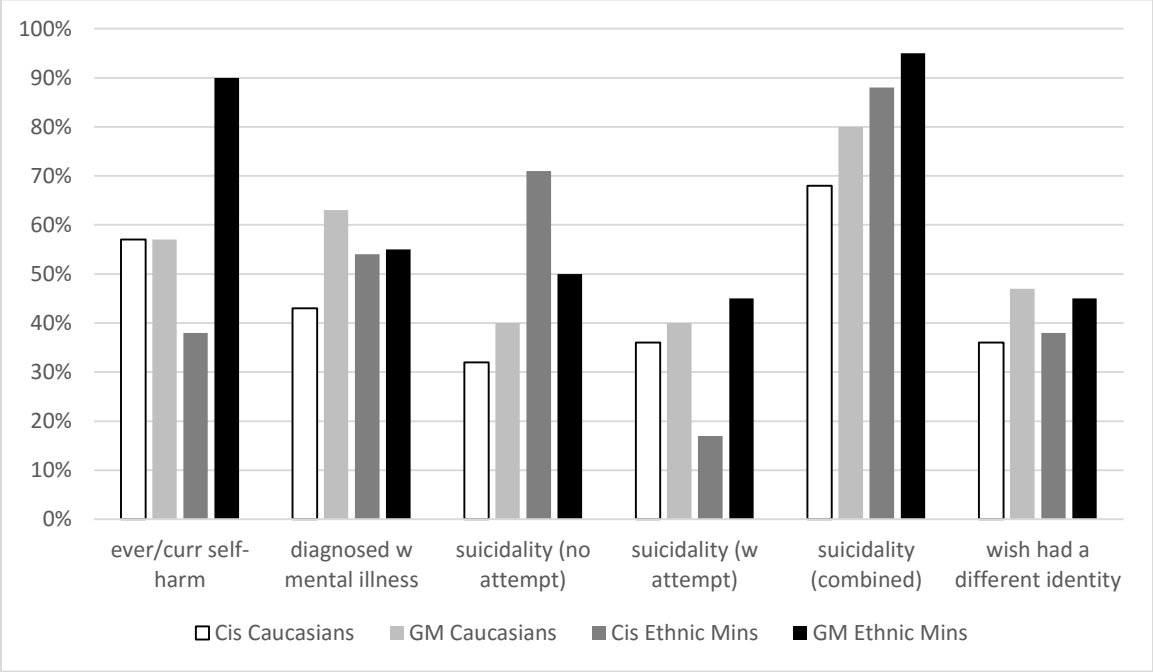

Figure 2. *Describing mental health by combined gender/ethnic minority status.*

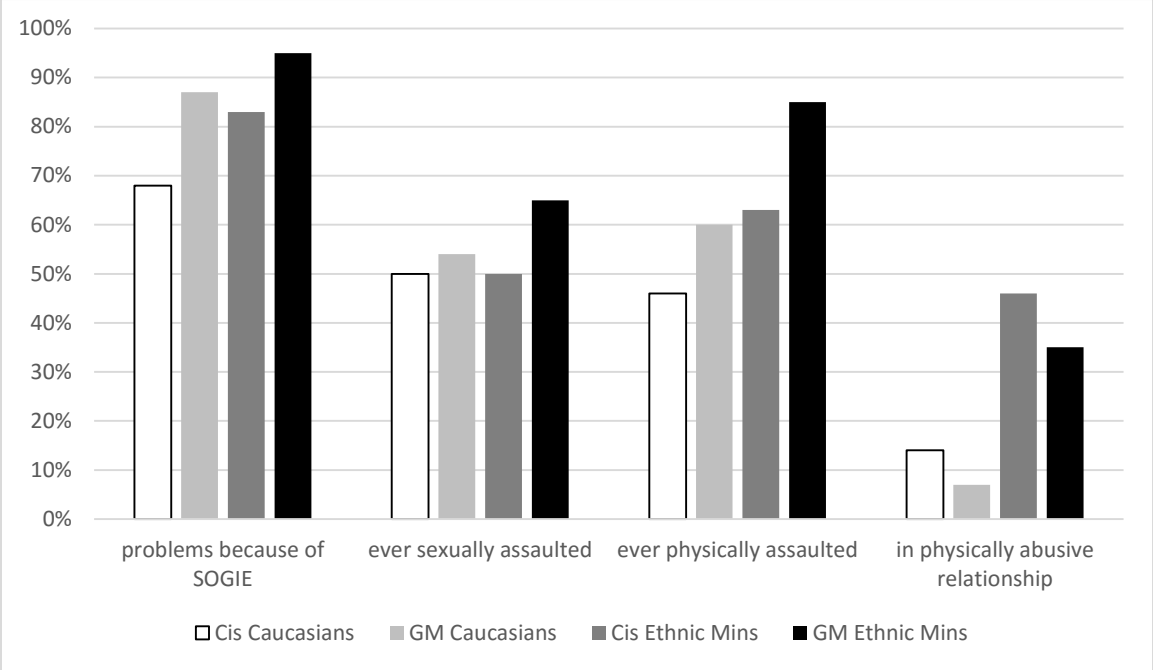

Figure 3. *Describing assault by combined gender/ethnic minority status*.

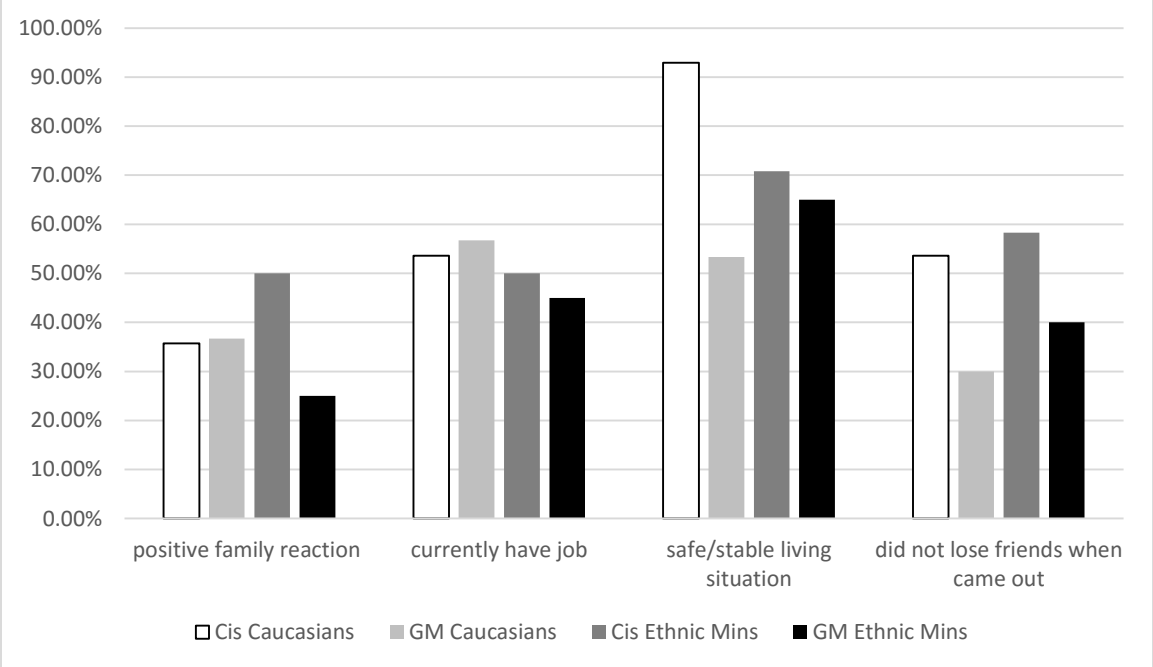

Figure 4. *Describing protective factors by combined gender/ethnic minority status.*

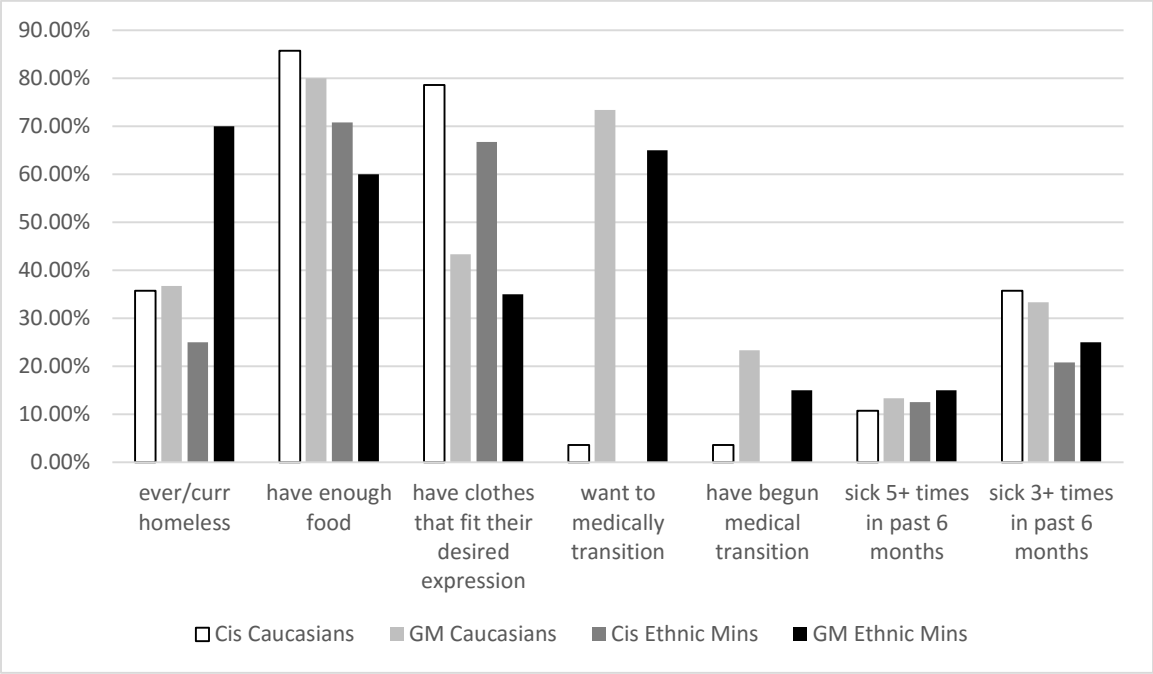

Figure 5. *Describing needs by combined gender/ethnic minority status*.