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Perceived Adult Social Support During Adolescence and Well-Being Among LGBTQ-Identified Young Adults

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Perceived Adult Social Support During Adolescence and
Well-Being Among
LGBTQ-Identified Young Adults

A Thesis Presented
to
The Graduate Faculty of
Minnesota State University Moorhead

By

Adrienne P. MacDonald

In Partial Fulfillment of the
Requirements for the Degree of
Master of Science in
School Psychology

April 29, 2020

ANNOUNCEMENT OF ORAL EXAMINATION

Name of Candidate: Adrienne MacDonald

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Examining Committee: Dr. Mary Dosch, Chair
Dr. Lisa Stewart
Dr. Jessica Brown
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Abstract

Many youth, particularly those who are LGBTQ (lesbian, gay, bisexual, transgender, queer) face challenges during identity development including lack of social support and psychological maladjustment. These challenges are not typically experienced by the general population of youth. The goal of this study was to explore social support among LGBTQ youth and its relations to general well-being among LGBTQ-identified young adults through a mixed method design, including qualitative and quantitative information. This study found specific characteristics of supportive adults that were identified as beneficial for LGBTQ youth. In addition, this study explored specific situations where LGBTQ young adults found social support to be helpful. This study also evaluated how social support for LGBTQ youth was related to subjective well-being among LGBTQ young adults. Results did not indicate significant correlations between these variables. However, qualitative data on social support within the school and community for LGBTQ youth shed light on how adults who work with LGBTQ youth may be better able to provide beneficial support to mitigate stressors for LGBTQ youth.

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CHAPTER I

INTRODUCTION

The lesbian, gay, bisexual, transgender, and queer (LGBTQ) identity is a distinct component of an individual's character that includes a sexual orientation, gender identity, or both that is different than the general population. Currently, between 4% and 17% of the adolescent population identify as a sexual minority in the United States. (Anhalt & Morris, 1998). Based on social identity development theories, such as Erik Erikson's Identity Theory (Erikson, 1968), LGBTQ youth may face unique challenges that can make this stage of development especially difficult when compared to the general population (Kosciw, et al., 2018; Fisher & Akman, 2002). A growing literature on LGBTQ youth has found elevated rates of depression and suicide that may stem from a lack of support from family, peers, and school personnel (Walsh & Rozee, 1992). Several studies on the general population of adolescents and young adults found the type and prevalence of social support is associated with academic achievement, self-esteem, and well-being among adolescents and young adults (Demaray & Malecki, 2002; DuBois, Felner, Brand, Adan, & Evans, 1992; Jackson & Warren, 2000).

These findings suggest that social support from adults outside of the family during the adolescent years (12-18 years old) may be associated with overall well-being among LGBTQ self-identified young adults. This study's goal was to explore what social support looked like from the perspective of LGBTQ self-identified young adults and how that related to their current overall well-being.

CHAPTER II

LITERATURE REVIEW

During adolescence, identity development is perhaps the most salient aspect of development (Erikson, 1968). According to Erik Erikson, the adolescent stage of development involves three aspects of learning identity including how to form a cohesive sense of self, achieving autonomy while maintaining a sense of belongingness, and practicing independence with support (Tharinger & Wells, 2000). Many adolescents accomplish these concepts of identity development through social comparison. However, some adolescents do not identify with the norms of the general population, thus experiencing a different development of identity during this critical period of life (Glover, Galliher, & Lamer, 2009). Sexual orientation and gender identity are included during this stage of development and are considered different than the general culture of identity. The general, or main, population typically refers to heterosexual *and* cisgender (an individual whose gender identity is the same as the gender assigned at their birth) self-identified individuals as compared to LGBTQ self-identified individuals. LGBTQ refers to lesbian, gay, bisexual, transgender, and queer or questioning individuals. Transgender refers to individuals whose gender identity is different than the gender they were assigned at birth. For the purposes of this study, the term transgender will refer to individuals who have socially, hormonally, and/or medically transitioned during any period of their life. Queer refers to any sexual orientation or gender identity within the LGBTQ spectrum. Questioning refers to an individual who is unsure of their identity. Pansexual, used later, refers to an individual who is attracted to any gender.

LGBTQ youth face potentially difficult challenges during identity development that may include exploration, acceptance, and integration of their identity into their lives (Tharinger & Wells, 2000). The identity development process for LGBTQ youth may differ than the norm (Striepe & Tolman, 2003) in that LGBTQ youth self-identify their sexual orientation and/or their gender identity differently than the general population.

The development of the LGBTQ type of identity stands out as different from the typical social identity development originally theorized by Erikson for a number of reasons: invisibility, changes in LGBTQ identity over time (including fluidity and rejection of identity), and stigmatization of identity (Cooper & Brownwell, 2016). This identity is an invisible identity, meaning that other people do not know the individual identifies as a sexual minority until he/she/they “come out” (de Monteflores & Schultz, 1978; Quinn, 2006; Reynold & Hanjorgiris, 2000). The current society assumes heteronormativity in that a person’s sexual orientation is straight and gender identity is cisgender (Bilimoria & Stewart, 2009; Chrobot-Mason, Button, & DiClementi, 2001; Clarke & Braun, 2009; Kitzinger, 2005). This assumption of heteronormativity may be a strong influence on the erasure of LGBTQ-identifying individual experiences and may be harmful to youth’s overall well-being.

Another aspect setting sexual minorities apart from the main population is that awareness of a person’s LGBTQ identity changes over time, especially between the ages of 12 and 25, and some individuals reject or change their LGBTQ identity during this developmental stage and may do so more than once (Kinnish, Strassberg, & Turner, 2005; Morgan, 2013). The average age of awareness of homosexual attraction has been found to be 10-years-old (Herdt & McClintock, 2000) and the average age of self-

identification of having a sexual minority orientation is between 14 and 21 years old (Perrin, 2002). This is consistent with Erikson's theory that identity develops most during adolescent years.

The last aspect of LGBTQ identity that stands out in LGBTQ identity is continued stigmatization of a person's LGBTQ identity (D'Augelli, Hershberger, & Pilkington, 1998; Etengoff & Daiute, 2014; Newman & Muzzonigro, 1993). This stigmatization of a person's identity has been found to be associated with fear of losing privileges that a heterosexual identity offers (Chorobot-Mason et al., 2001; Goffman, 1963; Orlov & Allen, 2014; Quinn, 2006;). Such privileges may include the use of correct pronouns and ability to freely express one's gender. This fear may influence a person to hide their LGBTQ identity.

Gender Identity Development

Research on gender identity development has begun to evaluate transgender identity development during the preschool years. This research has specifically focused on bigender, transgender (male-to-female or female-to-male) identities and has not included gender non-conforming individuals. Jazz Jennings, a transgender girl who began her social transitioning when she was five years old, sparked interest among researchers that transgender identity development begins at earlier ages than during adolescence for some individuals. Social transitioning involves using different pronouns and expressing a different gender than the gender assigned at birth, but does not include medical or hormonal intervention (Fast & Olson, 2018). Jazz Jennings began social transitioning as soon as she was able to communicate her gender identity to others (Goldberg & Adriano, 2007). Not many studies have looked into social transitioning among transgender

individuals due to the novelty of research on social transitioning (Ehrensaft, 2011; Fast & Olson, 2018; Hidalgo, Ehrensaft, Tishelman, Clark, Garofalo, Rosenthal, ... & Olson, 2013).

A few researchers have proposed different stages in transgender and masculine-presenting lesbian identity development. Devor (2008) suggested 14 stages in the development of transsexual identity. These stages involve anxiety, confusion, attempts to understand one's own gender identity, followed by discovery of transsexuality, comparing one's self to this identity, acceptance, transitioning, and pride of one's gender identity. These stages have not been supported with enough evidence and theories on the stages of gender identity development and needs more attention.

Further research on the inclusion of transgender individuals contributes important information in the topic of gender development and is needed within research (Dunham & Olson, 2016). The lack of current literature on the development of gender identity, with a focus on an LGBTQ identity, limits the understanding of the developmental trajectory of an individual's gender.

Sexual Orientation Development

Research on the stability of sexual orientation began with adults. A study by Rust (1993) found that women first felt attraction to other women on average at age 15 and bisexual women experienced these feelings on average at age 18. Overall, the average age of self-identified sexual orientation as a sexual minority is between 14 and 21 years old (Perrin, 2002) consistent with Erikson's theory described above. In fact, large samples of adults who reflected on coming out, show that people are coming out at younger ages than previous data shows (Floyd & Bakeman, 2006; Grov, Bimbi, Nanin, &

Parsons, 2006). They also found that men come out at younger ages than women. The phrase “come out” refers to an individual disclosing information about their LGBTQ self-identification to another person or people. However, studies are finding that self-identification of a LGBTQ identity may change.

A study on the National Longitudinal Study of Adolescent Health (ADD Health) found that self-reported romantic attraction and sexual behavior were relatively stable over six years (Savin-Williams & Ream, 2007). ADD Health was a nationally conducted longitudinal survey of over 20,000 adolescents from 1994 to 2009 that was made available for public use. Regarding gender differences, rates for non-heterosexual adults were higher among girls than boys for categories of both attraction and behavior (Savin-Williams & Ream, 2007; Udry & Chantala, 2005). However, reported sexual orientation identity changed five years later for both boy and girl participants. The ADD Health study by Savin-Williams and Ream (2007) found an increase in sexual attraction to both sexes as compared to same-sex or opposite-sex sexual attraction. Reports on bisexual and homosexual women in studies looking at adult participants identified that these two groups of women are more likely to have lower levels of stability in their romantic and sexual feelings compared to heterosexual women (Kinnish et al., 2005; Savin-Williams, Joyner, & Rieger, 2012). In comparison, bisexual men reported less stability in romantic and sexual attraction than heterosexual or homosexual men (Weinberg, Williams, & Pryor, 1994).

Another study by Dickson, Paul, and Herbison, (2003), assessing stability in homosexuality, with participants from 21 to 26 years of age, found that 96% of men and 84% of women identified as homosexual at both time periods. This study found that

heterosexual identity was 93% stable over time and homosexual identity was 51% stable over time. Societal pressures to identify as heterosexual may be a contributing factor to adults who previously identified as attracted to multiple genders. Further, homosexuality may currently be more accepted by the general population than attractions to multiple genders. These findings may impact LGBTQ-identifying adolescents or those who are exploring their sexual orientation and its fluidity, as discussed later.

Further, a longitudinal study from 1994 and 1995 to 2004 and 2006 on adults found that bisexual and homosexual women were least likely to remain stable, over a 10-year period when compared to men (Mock & Eibach, 2012). Interestingly, this study also found that age was not a factor in stability of sexual orientation, whereas, sex was a significant predictor. The researchers suggested that sexual orientation identity development occurred at a similar rate throughout adolescence and young adulthood. In addition, a theory on why bisexual adults are less likely to remain stable in their identification may be because bisexuality receives the least amount of support when compared with heterosexual or homosexual orientations, especially for men (Weinberg, Williams, & Pryor, 1994). In regards to other multi-gender sexualities, like pansexuality, more research is needed on the stability of sexual and romantic attractions.

Studies on adolescent LGBTQ identification have begun to shed light on stability of sexual orientation and gender identities. A study by Ott, Corliss, Wypij, Rosario, and Austin, (2011), looked at 12 – 25-year-old participants and found young women were more likely to change the label of their sexual orientation than young men over time, a consistent finding across multiple studies. (Fergusson, Horwood, Ridder, & Beauvais, 2005; Savin-Williams & Ream, 2007; Wichstrøm, 2006). However, gender differences,

when heterosexual participants were excluded from the analyses, were not found to be significant (Ott, et al., 2011). This indication that gender differences in the stability of sexual orientation only exist with the inclusion of heterosexual youth implies that those who identify as a sexual minority are more likely to consistently identify as a sexual minority during adolescence and young adulthood than the general population of youth. Sexual minority is a term used in the literature to refer to an individual who does not self-identify as heterosexual and cisgender. A follow-up study looking at the participants from the study described above, looked at adults ages 24-34 years old, found that bisexual young adults were more likely to identify as heterosexual than homosexual (Savin-Williams, Joyner, & Rieger, 2012). These studies suggest that participants may be conforming to societal expectations and norms. Reasons for conforming to societal expectations and norms may be due to the risks associated with identifying as LGBTQ. These risks are described later. However, more research in the area of identification of sexual orientation, specific to minority sexual orientations, and gender differences is needed to improve this area of the literature.

Contrastingly, the study by Ott, et al. (2011) did not find that age was a significant predictor of participants changing their sexual orientation identity over time for those who identified as a sexual minority during adolescence and young adulthood. This finding implies that changes in minority sexual orientation identification occur at the same rate during young adulthood as during adolescence. The researchers suggest that sexual orientation identity development for sexual minorities may occur as a process over a period of years during adolescence and young adulthood at the least.

Social Acceptance of LGBTQ Identity

The timeline of awareness and internal acceptance of an individual's LGBTQ identity is different for everyone (Calzo, Antonucci, Mays, & Cochran, 2011; Monteflores & Schultz, 1978; Rust, 1993). The last unique factor of the LGBTQ identity, especially apparent among youth, is the lack of feelings of social acceptance among peers and adults (Cooper & Brownell, 2016; Kosciw, et al., 2018). A student reported on the survey conducted by Kosciw, et al. (2018), "A student called me a faggot at school right in front of a teacher and the teacher did nothing." Highlighted in this quote is the student's perception of a lack of acceptance from another student as well as failure of another person to intervene when the remark was made. Moreover, approximately only one tenth of LGBTQ youth reported that school personnel intervened most of the time or always when remarks about gender expression were made (Kosciw, et al., 2018). Many sexual minorities feel they must hide their LGBTQ identity and sometimes worry about losing straight privilege by making the decision to come out (Chrobot-Mason et al., 2001; Goffman, 1963; Orlov & Allen, 2014; Quinn, 2006;). Lack of social acceptance is not only experienced within schools. According to a study by Snapp, Watson, Russell, Diaz, and Ryan (2015), family acceptance during the teenage years significantly predicted young adult adjustment. In fact, family acceptance was the only form of social support that predicted all measures of young adult adjustment (current life situation, general self-esteem, and LGBTQ esteem) as compared to other forms of social acceptance such as friend support and community support. However, they did find that friend support was also an important variable in predicting young adult adjustment (Snapp, et al., 2015). Teacher support, or social support within the school, has been hypothesized to be of

importance for LGBTQ students, and will be discussed later. These differing experiences during identity development may make this stage of development more challenging for LGBTQ youth than the general population.

Prevalence of Difficulties for LGBTQ Youth

Victimization. The prevalence of victimization at school for LGBTQ youth has been documented in studies and has been highlighted as highly problematic, specifically for this population of youth (Birkett, Espelage, & Koenig, 2009; Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Kosciw, Greytak, & Diaz, 2009; Robinson & Espelage, 2011). For example, about 75% of youth who identify as LGBTQ reported victimization in schools for sexual orientation and 56% for gender identity (Kosciw, et al., 2018). Youth who are victimized for their sexual orientation may be called names like, “Faggot” whereas youth victimized for their gender orientation may be called names like, “Tranny.” According to the GLSEN survey by Kosciw, et al. (2018), youth who reported experiences of victimization in the schools also reported higher levels of depression and anxiety symptoms than youth who did not report victimization. Further, 63.2% of victimized LGBTQ youth demonstrated higher levels of depression than the 39.1% of youth who experienced lower levels of victimization (Kosciw, et al., 2018). A study found that victimization and a lack of social support among sexual minority high school students were both predictive of depression (Williams, Connolly, Pepler, & Craig, 2005). In addition, victimization of LGBT youth was found to be predictive of suicidality (Mustanski & Liu, 2013), alcohol use for female LGBTQ youth (Newcomb, Heinz, & Mustanski, 2012), and health disparities (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013). Findings also suggest the victimization LGBTQ youth face is predictive

of less school belonging and more depressive symptoms (Collier, Van Beusekom, Bos, & Sandfort, 2013; Poteat, Kimmel, & Wilchins, 2011; Hatchel, Espelage, & Huang, 2018) and aligned with previous research that victimized LGBTQ youth suffer over long periods of time than the general population of youth (Burton, et al., 2013; Mustanski & Liu, 2013; Newcomb et al., 2012; Toomey et al., 2013).

Drop Out Rates. In addition to the topics described thus far, LGBTQ youth may be at-risk for dropping out of high school due to negative social experiences. For 92.6% of LGBTQ youth who dropped out of high school, the decision to drop out of high school was because of mental health concerns, such as depression or anxiety (Kosciw, et al., 2018). The drop-out rate for sexual minority adolescents was disproportionately higher than the drop-out rate of adolescents in the general population (Uribe, 1986). In addition, LGBTQ youth were more likely to report missing school due to fear of being harassed by peers (Friedman, Marshal, Guadamuz, Wei, Wong, Saewyc, & Stall, 2011), which may be a contributor to high dropout rates. Therefore, it is imperative that teachers and educators are aware of both the visibility and the invisibility of LGBTQ youth's minority status due to the socio-emotional consequences of negative experiences they have within the school environment (Toleson, 2014), such as depression, anxiety, and suicide ideation (Kosciw, et al., 2018).

Anxiety/Depression. Research is continuing to find that sexual and/or gender minorities report significantly higher rates of depression and anxiety than heterosexual and cisgender populations (Chakraborty Mcmanus, Brugha, Bebbington, & King, 2011; Grant, Odlaug, Derbyshire, Schreiber, Lust, & Christenson, 2014; Marshal, Friedman, Stall, King, Miles, Gold, ... & Morse, 2008; Marshal, Dietz, Friedman, Stall, Smith,

McGinley, ... & Brent, 2011; McNeil, Ellis, & Eccles, 2017). LGBTQ youth have significantly higher rates of depression compared to their non-LGBTQ peers (Marshall et al., 2011). One study by Borgogna, McDermott, Aita, and Kridel (2018), compared the levels of depression across LGBTQ identifications, as well as heterosexual and cisgender, and found that individuals who identified as transgender or gender non-conforming had significantly higher levels of depression and anxiety than cisgender individuals. Gender non-conforming participants had the highest levels of depression and transgender participants had the highest levels of anxiety (Borgogna et al., 2018) among both heterosexual and LGBTQ participants. This study by Borgogna et al. (2018), found that unaccepting social environments results in external and internal stressors, predicting mental health difficulties among the LGBTQ population. To reduce the risk of LGBTQ youth experiencing anxiety, depression, and other struggles with well-being, it is of high importance to investigate potential sources of support within the school and community that can mitigate the likelihood of mental health disparities.

Suicide. Suicide is currently the second leading cause of death among 14-18-year-old youth (Centers for Disease Control and Prevention, 2013) and is of particular concern for sexual minority youth (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998; Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; Schneider, O'Donnell, Stueve, & Coulter, 2012; Stone, Luo, Lippy, & McIntosh, 2014; Ybarra, et al., 2015). Several studies have found that sexual minority youth experience higher rates of depression, anxiety, substance abuse, and suicidality than heterosexual youth (Cochran, May, & Sullivan, 2003; Fergusson, Horwood, & Beautrais, 1999). Bagley and Tremblay (1997) found that sexual minorities were 3.5 times more likely to attempt suicide than the

heterosexual population. Similarly, another study (Remafedi, French, Story, Resnick, & Blum, 1998) found that suicide attempts were 7.1 times more likely to occur for sexual minority high school students than heterosexual high school students. Questioning youth were found to be three times more likely to report suicide ideation in comparison to heterosexual adolescents (Zao, Montoro, Igartua, & Thombs, 2010). Among lesbian, gay, and bisexual individuals, worldwide data has found a significantly stronger relationship between sexual orientation and suicide attempts (Mathy, 2002a). Of the moderate to lethal classifications of suicide attempts, 21% of sexual minority youth were admitted to a medical or psychiatric hospital (Ramafedi, Farrow, & Deisher, 1991). In addition, at age 21, those from a New Zealand study by Fergusson, Horwood, and Beautris (1999) who identified as lesbian, gay, or bisexual, were six times more likely to have reported one or more lifetime suicide attempts than heterosexual participants.

King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, and Nazareth (2008) conducted a meta-analysis that looked at suicidal behavior in lesbian, gay, and bisexual adolescents and/or adults, using international population-based studies. They found the lifetime prevalence of suicide attempts in gay and or bisexual men was four times higher than heterosexual men and women were found to be two times higher than heterosexual women.

Few studies have assessed suicide behavior among transgender adolescents and young adults. One study by Xavier, Honnold, and Bradford (2007) focused on transgender individuals' suicide attempts, found that suicide attempts were more frequently reported among transgender adolescents and young adults than older age

groups. Overall, the current literature suggests that suicidality is of major concern for LGBTQ youth and methods of reducing this risk needs more attention.

Substance Abuse. LGBTQ youth have been found to be more likely to report higher levels of substance abuse than heterosexual peers (Bontempo & D'Augelli, 2002) which may be due to negative societal attitudes about LGBTQ identification (Shifrin & Solis, 1992). Sexual minority youth may also be more susceptible to substance abuse because they have additional stressors to identity development during adolescence (DiPlacido, 1998). Substance abuse may also be linked with the marginalization of sexual minority youth who seek relief from depression and isolation, or minority stress (Jordan, 2000). Another theory is that LGBTQ youth may abuse substances to rationalize their feelings and behavior related to their sexual and gender identity (Rotheram-Borus & Fernandez, 1995; Savin-Williams, 1994). One study found that alcohol use and smoking have been of particular concern for LGBTQ youth (Marshal et al., 2008, Marshal, Sucato, Stepp, Hipwell, Smith, Friedman, Chung, & Markovic, 2012). In addition, stigmatized minority groups, including sexual minorities, are more likely to experience victimization, which is correlated to substance abuse (Fifield, 1975; Nicoloff & Stiglitz, 1987). Substance use among this population of youth is concerning because of the problem behaviors associated, such as, homelessness, running away, prostitution, difficulties in school and with learning, dropping out of school, and problems with the law (Jordan, 2000; Rotheram-Borus et al., 1995). Also, substance abuse among LGBTQ youth has been linked to higher rates of suicide ideation and attempts (Hammelman, 2008; Remafedi, Farrow, & Deisher, 1991; Rofes, 1983).

Resilience. Researchers have been looking into the effects of resiliency as a protective factor for youth who have experienced victimization (Eisenberg & Resnick, 2006; Hatchel, Merrin & Espelage, 2016; Hatzenbuehler, 2011; Ueno, 2005). According to Van Rensburg, Theron, and Rothman (2019), resilience is not a linear, simplistic concept. A thorough definition of resilience by Ungar (2011) involves two components: the capacity of young people to navigate their way to the resources they need during crises, and their ability to negotiate for these resources to be provided in meaningful ways. Further, resilience is a resource for youth to draw upon to achieve positive outcomes, especially during stressful experiences (e.g., victimization, abuse, neglect; Sanders, Munford, Thimasarn-Anwar, Leibenberg, & Ungar, 2014). To fully understand resilience, a social ecological perspective is needed. This perspective views a youth's social resources within their life as potential sources of support and methods of resilience. Attention should be given to the supports and the quality of support within youth's social ecology (Ungar, 2011; 2012). This is referred to as the Social Ecology of Resilience Theory as proposed by Ungar (2011), a leading researcher in resilience for at-risk youth. This theory emphasizes that constructive, bi-directional transactions between youth and their ecology is the basis of resilience.

Ungar (2012) proposed four principles of resilience that are important in the understanding of resilience. First, social ecologies are a partner of resilience and need to initiate or reciprocate support for youth, especially those who are at-risk (e.g., minority youth). That is not to say that youth's contributions to support are not important, but that youth must not be solely responsible for their adaptation to stressful life situations. Second, youth may differ in their perceptions of what a meaningful, positive adjustment

and resilience is. Building resilience does not look the same for every person. Therefore, adults providing resilience to youth must focus on the functionality of the behavior during stress or a crisis, instead of predetermining how to improve resilience for that youth. Third, resilience is changeable in nature. Factors that may impact the process of building resilience include: subjectively meaningful resources (e.g., assistance on a math assignment, asking for advice to leave a relationship), exposure to new or different contexts (e.g., transition from one school to another, relocation to a new town), and experiencing new relationships (e.g., a new sibling, interactions with different peers). Fourth, the underlying processes of resilience and of building resilience will differ based on the youth's culture. The understanding of a youth's meaningfulness of resources is determined by their culture (Panter-Brick, 2015). From these four principles, Ungar (2012) proposed an explanation of resilience as a process in which social ecologies and individuals collaborate in contextually and culturally relevant ways to achieve functional outcomes in the face of adversity. Thus, the culture of the youth matters in the process of building resilience.

In the study by Van Rensburg et al. (2019), a structural model was built to further conceptualize resilience. This model was based on a study of 730 Sesotho-speaking adolescents in South Africa, grades 6 to 12, who participated in the South African Pathways to Resilience Research Project. They found that adolescent's social ecologies were significantly related to resilience processes. Meaning that the resources made available and accessible to the adolescents had to be culturally and contextually relevant. The researchers indicate that mental health service providers, social work professionals,

teachers, and other community members need to customize resilience support that draws on culturally and contextually relevancy.

Another study by Sanders, et al. (2014), looked at youth who were receiving more than one service (e.g., child welfare, juvenile justice, additional education, mental health) and who were facing high levels of risk (e.g., delinquency, dropping out of school, exposure to abuse; see Sanders, et al., 2014). The goal of this study was to identify resilience as a mediating factor between high risk youth and well-being. They looked at 605 adolescents, age 12-17 years, from New Zealand. Results indicated that resilience mediated the impact of risks and service delivery factors on youth's well-being. Further, youth who received empowering and respectful services reported higher resilience that was associated with better well-being outcomes than youth did not receive empowering and respectful services. Therefore, this study found support that the quality, not quantity, of services had the largest impact on the levels of youth resilience and on positive outcomes (e.g., well-being).

These two studies did not specifically look at LGBTQ youth, however, they looked at minority and at-risk youth. One study that specifically focused on LGBTQ youth, explained below, emphasizes involvement in student activism.

One qualitative study by Grace and Wells (2009) found that student activists find it necessary to focus on resistance and resilience as well as how to mitigate the negative outcomes related with victimization, including negative self-esteem, feelings of depression and isolation, drug and alcohol abuse, and other behaviors that negatively affect school performance. Those students did not react negatively or engage in unhealthy responses to those outcomes (Grace & Wells, 2009; Toleson, 2014). However, not all

students within the schools have the ability to be resistant and resilient. Those students would potentially benefit from adult support and a positive school climate. Although there is little research on LGBTQ youth and positive experiences in school environments, Espelage, Aragon, Birkett, and Koenig (2008) found that positive school climates may lessen negative outcomes for LGBTQ students by reducing homophobic harassment. In addition, resiliency has been found to have a mediating and moderating role in reducing psychosocial risks for LGBTQ youth (Elze, 2013). Social support has been widely understood to serve as a protective factor promoting resilience (e.g., Afifi & MacMillan, 2011). Therefore, school-based social support may benefit LGBTQ youth by reducing socio-emotional difficulties. However, this social support, with the idea that it can improve LGBTQ youth's resilience, needs to be specifically catered to the LGBTQ culture and context.

Subjective Well-Being

Subjective well-being (SWB) refers to a person's overall satisfaction and quality of life (Diener, 1994) and is a multidimensional construct including cognitive and affective components such as an overall perspective that a person's life is good (Park, 2004). According to Park (2004) three components make up SWB, including positive affect, negative affect, and life satisfaction. High levels of positive affect and low levels of negative affect are momentary feelings that can be sensitive to changes over time. The addition of life satisfaction is important because life satisfaction is more stable over time (Pavot & Diener, 1993; Schuessler & Fisher, 1985). A study by Suldo and Huebner (2004) found that life satisfaction for adolescents has a moderate test-retest reliability over a one-year time period. This study looked at students enrolled in grades six through

11 over a one-year time period and used a life satisfaction scale for children, a behavior checklist, and a life events checklist. The main goal of this study was to identify if life satisfaction was a moderator of stressful life events and psychopathology in adolescence. They found partial support for this hypothesis. More stable, positive reports of life satisfaction indicated that youth were less likely to exhibit externalizing behavior than youth who reported less stable, positive life satisfaction. However, this finding was not significant for internalized behavior (Suldo & Huebner, 2004).

Studies on LGBTQ youth and young adults have not looked at SWB. In the report by Kosciw et al. (2010), LGBTQ students who were out to others reported better psychological well-being, which included measures of self-esteem and depression. According to a study by McCarty (2015) on the quality of life and SWB among LGBTQ, homeless youth in Dallas, TX. Preliminary results indicated that LGBTQ adults, under 30 years of age, reported lower levels of SWB than the heterosexual homeless population. Another study by Toomey, Ryan, Diaz, and Russell (2011), looking at LGBTQ young adults, ages 21-25, who disclosed their sexual orientation to at least one adult during adolescence and had LGBTQ involvement in a Gay-Straight Alliance (GSA), found that GSA involvement was associated with fewer substance abuse problems, lower high school dropout rates, and higher levels of completed education (which ranged from high school to post-graduate school). Interestingly, this study did not find that LGBTQ-specific victimization within schools was associated with perceived GSA involvement during high school (Toomey, et al., 2011). This indicates that students who receive support within a group, specifically GSA groups, may have higher levels of resiliency

and are more likely to persevere under high-stress conditions (e.g., victimization, lack of acceptance).

Social Support

The important role social support plays on positive development is apparent in the literature. Social support is associated with several positive outcomes including academic achievement, self-esteem, and well-being (Demaray & Malecki, 2002; DuBois, Felner, Brand, Adan, & Evans, 1992; Jackson & Warren, 2000). In addition, studies have found that more social support serves as a protective factor against depression and less social support implies a risk for depression among youth (Auerbach, Bigda-Peyton, Eberhart, Webb, & Ho, 2011; Colarossi & Eccles, 2003; Rueger, Malecki, & Demaray, 2008, 2010). This negative association between more social support and the risk of depression indicates that social support may be an important protective factor for youth, especially populations of youth with a prevalent risk for depression, such as LGBTQ youth. However, this study did not evaluate community-based support both within and outside of schools.

One meta-analytic study investigating the associations between social support and well-being found that different types of social support, including within the school, had stronger associations with well-being (Chu, Saucier, & Hafner, 2010). For example, the researchers, Chu, Saucier, and Hafner (2010), found that teacher support had the strongest relations with well-being and peer support had the weakest association with family support between teacher and peer support. In addition, they found that older youth had a stronger relation between social support and well-being than younger youth.

Components of Social Support. According to the literature, social support is a multidimensional construct (House, 1981; 1981; Tardy, 1985) and should be studied through five distinguishing components (Winemiller, Mitchell, Sutliff, & Cline, 1993; Tardy 1985). These components, according to Tardy (1985), include (a) description/evaluation, (b) disposition, (c) content area, (d) specific sources of support, and (e) direction of social support. First, description/evaluation of social support involves the mechanisms of social support such as frequency of availability or utilization of support and satisfaction of the support. Second, disposition refers to the support that is available and how it is given. Third, the content area distinguishes four subcontent areas: emotional, instrumental, informational, and appraisal support. Emotional support includes caring, empathy, and trust; instrumental support includes helping behaviors (e.g., giving one's time or skills or financial aid); informational support includes providing relevant information like advice; and appraisal support includes providing assessment information like feedback (Demaray & Malecki, 2003). Fourth, the specific sources of support component allow a distinction among the network of support providers. The final component, direction of social support, distinguishes between support that is received and given (Tardy, 1985). For the purposes of this study, disposition, emotional support, and specific sources of support will be discussed in terms of relevancy to the proposed hypotheses.

Definitions of Social Support. Current literature has focused on separating social support into two distinct definitions: functional and structural to incorporate the dimensions of social support (Rueger, Malecki, Aycock, & Coyle, 2016). The functional definition of social support, which provides a distinction between specific interpersonal

resources (e.g., the content area of support) and level of social integration (e.g., utilization of the support), explains how social support can serve a function based on the quality of social relationships (Cohen, 2004; Cohen & Wills, 1985; Schwarzer & Leppin, 1991). A structural definition of social support includes the number of people available in a person's social network. These two definitions are important within the literature because of their effects on mechanisms of social support. A study by Schwarzer and Leppin (1991) found that functional support had a stronger relation to mental health than structural support for adults. Chu, Saucier, and Hafner (2010), found evidence of this association within youth as well. As described in a study by Rueger, et al. (2016), most studies on the multidimensions of social support looked at the emotional support content area and found that the perception of support quality is more negatively related to depression than the number of people in their network as well as the availability of social support was more negatively related to depression than enacted support, consistent with previous findings on youth (Chu et al., 2010) and adults (Haber, Cohen, Lucas & Baltes, 2007). This suggests that quality of social support is more impactful on youth's well-being than quantity of social supports.

Although traditionally, the literature on social support for youth has focused on the shift from relying on familial social support during preadolescence to peer support during adolescence (Bukowski, Newcomb, & Hartup, 1996; Levitt, Guacci-Franco, & Levitt, 1993), a focus on support from adults, such as teachers and community supports, has remained an important factor in adolescents' social lives and is maintained throughout adolescence (Colarossi & Eccles, 2003; Rueger, Malecki, & Demaray, 2010; Chu et al., 2010). One study by Rueger, et al. (2016) focusing on types of support, found

that family and general peer support were stronger sources of support than teacher and close friend support. However, these differences may be due to a limited measure of well-being in the study. In addition, studies have not looked at social support in relation to LGBTQ youth, in particular. Social support is identified as a way to reduce stressful experiences, which makes it relevant to LGBTQ youth in this study.

Models of Stress. Two models have been developed to describe the relationship between social support and stress: the general benefits model (previously identified as the main effect model) and the stress buffering effect model (Rueger, et al., 2016).

The stress-buffering effect model for social support on stress has been widely used to understand the role of social support (Aro, Hänninen, & Paronen, 1989; Nuñez, Plancherel, Bolognini, & Bettschart, 1992; Plancherel, Bolognini, & Nuñez, 1994; Roos & Cohen, 1987; Smith, Smoll, & Ptacek, 1990; Wertlieb, Weigel, & Feldstein, 1987; Wheaton, 1985). In this model, social support moderates the impact of stress on psychological health and overall well-being. The relation between stress and distress is stronger when adults have less social support (Barrera, 1986). Social support offers benefits to both those under low stress and high stress conditions; however, those under high stress conditions receive greater benefit from social support (Stroebe & Stroebe, 1996). Preadolescents who reported low satisfaction with social support, also reported problems of anxiety, depression, or sleep disturbances (Bolognini, Plancherel, Nuñez, & Bettschart, 1992). Studies have also found that for adolescents and young adults, reports of low satisfaction with social support were associated with depressive or psychosomatic symptoms, anxiety, and interpersonal sensitivity (Burke & Weir, 1978; Compas, Slavin, Wagner, & Vannatta, 1986). The meta-analysis conducted by Rueger, et al. (2016) did

not find evidence supporting the stress-buffering effect model, with the exception of youth who are medically ill. In this study, stress was analyzed as a moderator of the association between social support and depression. The researchers suggested social support may be less effective in stressful contexts. However, their study had a large variance for stress variables, possibly compromising the results.

The general benefits model for social support suggests that social support offers positive effects through an increase in well-being and benefits psychological well-being including self-worth, purpose, and positive affect (Cohen, 2004; Cohen & Wills, 1985). This model of social support has strong evidence in the adult social support literature (Rueger, et al., 2016); however, in the youth literature, this model has varied results in the relation between social support and levels of depression, depending on the source of support and the characteristics of the receiving youth (e.g., Auerbach et al., 2011; Kerr, Preuss, & King, 2006). Research involving this theory has found that school support can help to protect youth from depressive symptoms (Rueger, et al., 2016; Joyce, & Early, 2014). More specifically, youth who reported support from their teachers were associated with lower levels of depression (Fredriksen & Rhodes, 2004; Reddy, Rhodes, & Mulhall, 2003). Within research on this model, evidence has been found that the level of importance of adults who provide support for adolescents, despite the shift toward more peer support than adult support (Bukowski, et al., 1996; Levitt, Guacci-Franco, & Levitt, 1993), is maintained throughout adolescence (Colarossi & Eccles, 2003; Rueger et al., 2010, Rueger, et al., 2016). A meta-analysis by Rueger, et al. (2016) found that support from family members, the general peer group, and teachers had a stronger association between social support and depression than close friends. Studies have not evaluated an

association between community support geared toward LGBTQ youth and psychological health or overall well-being.

In the proposed study, stress is inversely measured as overall well-being and uses the stress-buffering effect model as a theoretical base for the association between social support and subjective well-being. Therefore, this study uses the Stress Buffering Effects model as a basis for how social support mitigates psychological stress.

Effective Social Support. Not all social support is effective for the individual seeking support (Burlison, 2009). During times of stress, an individual needs support that is perceived as meeting their needs in a sensitive and effective method. Characteristics of social support that may be beneficial for a person include, but are not limited to: expressing care, concern, interest and affection (Burlison, 2009). Marigold and Cavallo (2014) have coined the term, positive reframing, to indicate social support defined as reassurances that the negative event is beneficial to a person's growth and that the problem is minor or insignificant. Positive reframing has been suggested to appear to be beneficial, but may be ineffective (e.g., perceived as dismissive or invalidating) depending on the circumstances of the negative event (e.g., age, gender, type of stressor, degree of distress, time since the incident; Marigold and Cavallo, 2014). Evidence from Dunkel-Schetter, Folkman, and Lazarus (1987) suggests that social support may not be effective if the intentions and helpfulness of social support is misinterpreted and providers may hold assumptions about the helpfulness of social support. Dunkel-Schetter and Bennett (1990) also explain that providers who feel uncomfortable around the recipient of social support may not provide effective social support. Providing effective social support for youth is important to help them feel more positive about themselves,

assist them during times of stress, and help them to cope during stressful situations (Dunkel-Schetter, et al., 1987).

LGBTQ Youth and Support. Previous findings on sexual minority youth and disclosing their LGBTQ identity within perceived supportive relationships places them at-risk for unwarranted consequences that may involve negative outcomes. Sexual minority youth are more likely to lose supportive relationships, including with their parents, when they disclose their sexual orientation. (Boxer, Cook, & Herdt, 1991; Rotheram-Borus, Rosario, & Kooperman, 1991; Savin-Williams, 1991). For sexual minority youth to feel safe coming out to people perceived as a source of support is important. In Minnesota, an analysis from a statewide survey of 6th, 9th, and 12th grade students found three factors to be of significance in supporting sexual minority youth and protecting them from suicide attempts including family connectedness, perceived caring from other adults, and school safety (Eisenberg & Resnick, 2006). In addition, a study conducted in New York City found that sexual minority young adults who were connected to the LGBTQ community and culture was associated with greater social and psychological well-being (Kertzner, Meyer, Frost, & Stiratt, 2009).

Current literature on social support and LGBTQ youth indicates that LGBTQ youth typically have one close family member identified as a source of support (Doty, Willoughby, Lindahl, & Malik, 2010). Of those who have a family member as a social support, 29% indicated that person lived with them and 66% of the social supports knew about the person's sexual orientation (Doty et al., 2010). Of other sources of support, heterosexual friends provided sexuality support more than family members, but provided less sexuality support than support for other problems (e.g., academic). Sexual minority

friends were found to provide the highest levels of sexuality support compared to heterosexual friends and family members. In fact, 97% of sexual minority friends in this study knew about the participant's sexual orientation (Doty et al., 2010). This finding is consistent with previous research by Savin-Williams (2005) that found sexual minority friends are more likely to know about and accept their friends' sexual orientation minority identification. In addition, sexual minority youth have been found to highly value their friendships with sexual minorities (Anderson, 1998; Cox, Dewaele, Van Houtte, & Vincke, 2010). In fact, when sexual minority youth had supportive lesbian, gay, or bisexual friends, they were more likely to come out to parents in an attempt to improve relationships with their parents (Anderson, 1998). The above findings indicate that social support for LGBTQ youth involves aspects of disclosing their sexual orientation and may be beneficial in seeking support from other close relationships, such as parents. In addition, this research highlights the importance of providing social supports that provide a safe, trusting relationship for LGBTQ youth.

School Social Support. Rutter and Leech (2006) looked at gay, lesbian, and bisexual adolescents' perceptions of school acceptance of their sexual orientation and how the school responds to suicide risk interventions. The results indicated some teachers were allowing homophobic comments and bullying in the classrooms. Meanwhile, administrators seemed uncomfortable with the topic of suicide and were only going to intervene after a completed suicide. On the other hand, LGBTQ students who were involved in an in-school support group reported better school experiences (Rutter & Leech, 2006). This indicates that students who have adult support within the school may have more positive experiences with LGBTQ identity development than those who do not

have adult support within the school (Toleson, 2014). Thus, school-based adult social support may reduce the risk of suicidality among LGBTQ youth. However, the research on social support from a school setting for LGBTQ youth is limited. This study aimed to address this gap in the literature.

Social Support, Overall Well-Being, and LGBTQ Youth

Research has found, in general, social support is related to well-being for LGBTQ youth and young adults (Birkett, Espelage, & Koenig, 2009; Doty et al., 2010; Haas, Eliason, Mays, Mathy, Cochran, D'Augelli, ... Clayton, 2011; McConnell, Birkett, & Mustanski, 2015, 2016; Russell & Joyner, 2001; Saewyc, 2011). Positive school environments, friendships, and family relationships may promote wellness for LGBTQ students (Toleson, 2014). However, sexual minority youth were less likely than heterosexual youth to report having adult support (Coulter, Schneider, Beadnell, O'Donnell, 2017). According to Bowlby's theory (1969), having adult support increases adolescents' sense of psychological and emotional well-being, thus reducing suicide ideation and attempts. Studies have found support for Bowlby's theory in that support from parents, adults at school, or other groups such as youth groups and community centers, is associated with lower levels of suicidality among youth (Eisenberg & Resnick, 2006; Mustanski, Newcomb, & Garofalo, 2011; O'Donnell et al., 2003; Stone, Luo, Lippy, & McIntosh, 2015). An important note on the studies analyzing Bowlby's theory is that LGBTQ youth were not evaluated separately from the general population. Developing positive, affirming relationships with adults has been previously identified as an important factor in LGBTQ youth's well-being. Adults who model and serve as a source of support for LGBTQ youth include family members, GSA advisors, community-

based support groups, and LGBTQ school personnel (Sadowski, Chow, & Scanlon, 2009). However, not all LGBTQ youth have access to these specific sources of support, thus may seek support from others. Adults who serve youth, such as but not limited to, teachers, counselors, medical professionals, and school administrators, might be supporting LGBTQ youth and impacting overall well-being for this at-risk population.

For example, one longitudinal study (McConnell, Birkett, & Mustanski, 2016) found that youth who lack social support experienced higher psychological distress across adolescence and young adulthood than youth who received high amounts of social support, even when controlling for victimization and overall support. Furthermore, youth who lacked family support in early adolescence were at a higher risk for struggles with emotional well-being than youth who did not lack family support. Participation in community activities moderates LGBTQ esteem for transgender and gender-nonconforming youth adjustment, which may suggest that social support from adults within community settings may impact LGBTQ youth emotional well-being (Snapp, Watson, Russell, Diaz, and Ryan, 2015). Previous research has found negative adjustment for gender-nonconforming youth (D'Augelli, Grossman, & Starks, 2006), suggesting that gender-nonconforming youth may receive positive effects on their well-being from receiving social support, although research has not looked at it.

Previous studies on social support for lesbian, gay, and bisexual participants found positive relationships of general social support with personal self-esteem, collective self-esteem, and overall psychosocial adjustment and negative relationships with loneliness, depression, and externalizing behavior (Grossman, D'Augelli, & Hershberger, 2000; Waller, 2001; Williams et al., 2005; Zea, Reisen, & Poppen, 1999);

however, these studies have not included other sexual minority identities such as transgender and other queer identities incorporating sexual minorities. Inclusion of all identities within the LGBTQ umbrella is an issue within the literature that I addressed in this study. Coping with sexual orientation stigma is a challenge faced by sexual minority youth regardless of experiences with victimization because of a pressing possibility of experiencing negative remarks regarding their sexual identity (D'Augelli, Pilkington, & Hershberger, 2002; Williams et al., 2005; Sheets & Mohr, 2009). Social support, with as little support as acceptance of identity, has been found to be a core feature of emotional support in studies of adolescents (Scholte, van Lieshout, & van Aken, 2001) and a strong protective factor when provided from at least one family member and a supportive school (Garmezy, 1985). The current research on LGBTQ youth and social support does not include findings on how school-based social support and LGBTQ community-based support predict young adult overall well-being. The aim of the current study was to understand the associative relationship of school- and community-based support on overall well-being among the whole spectrum of young adults who self-identify as LGBTQ (lesbian, gay, bisexual, transgender, queer, and other sexual orientations and gender identities). In addition, I analyzed the perspectives of LGBTQ young adults on adult supports they had or did not have between the ages of 12 and 18 years to identify themes and patterns among providers of support for LGBTQ youth.

The Current Study

To summarize, the goals of the current study was to (a) describe adult social supports for LGBTQ youth and (b) to identify if there is an association between social support and subjective well-being. The first goal of the present study was to identify and

define patterns or themes of social support specifically for LGBTQ adolescents through the subjective lens of LGBTQ young adults. This was accomplished by collecting qualitative data with the use of an online short answer questionnaire I created. I then coded responses from the online questionnaire. The second goal of this study, to identify the association between social support and overall well-being, was analyzed by utilizing an overall well-being questionnaire. An overall well-being score was calculated for each participant, which was the sum of the scores on the subjective well-being likert-scale. In-person interviews were made available for participants who wished to further participate to further explore the supportive relationships that may have contributed to well-being.

Research Questions

The current study looked to answer these main questions:

1. What does adult social support for LGBTQ youth look like?
2. Does the presence or absence of a supportive adult for LGBTQ youth correlate to overall well-being among LGBTQ young adults?
3. What qualities or characteristics of school- and community-based social support do LGBTQ young adults find important and helpful during their adolescent years?

These research questions have not been covered in previous literature. For example, previous research on LGBTQ youth has not included all identities within this population. Studies have predominantly covered lesbian, gay, and bisexual identities or transgender identities, but did not include gender non-conforming identities. In addition, this study specifically looked at the school and community settings, which has not previously been looked at while including all LGBTQ identities. Further, the literature

has an in-depth description of social support for the general population, but does not include specific developmental considerations (e.g., sexual orientation and gender identity) for LGBTQ youth and their culture.

CHAPTER III

METHOD

Participants

Data for this study came from 30 young adults (ages 18-25 years old) from the Midwest area of the United States. Participation in this study was solicited through advertisements in LGBTQ community groups and centers. This data was collected during an approximated 45-minutes to one-hour time period in which the participants completed an online survey using Qualtrics. An optional follow-up interview on participants' responses on the survey was available to every participant. All participants in this study needed to identify as a member of the LGBTQ community, although public identification of their identities was not necessary for participation in the study.

Table 1
Percentages of Gender Identity and Sexual Orientation Data

Variable	%
Gender Identity	
Non-binary	30.0
Gender queer	3.3
Female	36.7
Male	6.7
Transgender male	13.3
Gender fluid	3.3
Gender queer and non-binary	6.7
Sexual Orientation	
Queer	10.0
Gay	3.3
Lesbian	3.3
Bisexual	40.0
Pansexual	26.7
Straight	6.7
Combination including Queer	10.0

Demographics. Demographic information was collected from the participants. Information included sexual orientation, gender identity, race and ethnicity, age, socioeconomic status (e.g., average household income; income satisfaction of living costs), location of residence (e.g., city, state), and email (optional). Participants included in the analyses were 30 adults (90% white, 6.7% other, 3.3% prefer not to answer; 13.3% Hispanic or Latinx; mean age = 21.13 years, $SD = 2.08$) who completed the well-being scale and 20 adults (85% white, 10% other, 5% prefer not to answer; 20% Hispanic or Latinx; mean age = 21.0 years, $SD = 2.02$) who completed both the well-being scale and the social support questionnaire. Of the 30 participants, 50% reported that their income met their basic living needs. Of the 20 participants, 45% reported that their income met their basic living needs.

LGBTQ Identification. Identification of sexual orientation and gender identity was assessed by having the participants write in their sexual orientation. Participants who identify as both heterosexual/straight and cisgender were not included in the study. All other participants were included in the study. See Table 1 for descriptive statistics on gender identity and sexual orientation.

Materials

Subjective Well-Being. The participants completed The Ryff Scales of Psychological Well-Being (RPWB) six factor scale, 42-items total, which took approximately 10-15 minutes (Ryff, 1989). The RPWB scale measures the following components of well-being: autonomy (“I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.”; internal consistency [α] = .83), environmental mastery (“In general, I feel I am in charge of the situation in which I

live.”; $\alpha = .86$), personal growth (“I think it is important to have new experiences that challenge how you think about yourself and the world.”; $\alpha = .85$), positive relations with others (“Most people see me as loving and affectionate.”; $\alpha = .88$), purpose in life (“I have a sense of direction and purpose in life.”; $\alpha = .88$), and self-acceptance (“When I look at the story of my life, I am pleased with how things have turned out.”; $\alpha = .91$; Ryff, 1989). According to a study by Shryock and Meeks (2018), internal consistency average alphas were .71 (older-age group), .78 (middle-aged group), and .77 (youngest age group). Factorial validity was reasonable (NFI = .777, CFI = .836, and RMSEA = .063; Shryock & Meeks, 2018).

Social Support. Participants were given a series of open-ended questions to assess social support from both adult(s) from their school and community. Questions included identification of number of supportive adults within their school(s), the role the adult played within the school (e.g., teacher, counselor, administrator), and if the participant felt comfortable coming out to that adult. Questions also included identification of a number of supportive adults within their community (e.g., LGBTQ youth group, LGBTQ support group, LGBTQ community group), the role the adult played within the community (e.g., facilitator, educator, advocate), and whether the participant felt comfortable coming out to that adult or not. A supportive adult was defined as “an adult who provided social support without judgement and provided a safe relationship for coming out to, or talking to, about LGBTQ identity.” Participants were asked to only report on supportive adults that were available when they were between the ages of 12 and 18 years old. The participants were asked to describe how they felt this person provided social support. In addition, the participants were asked to describe an

event or situation in which the person provided them support. See Appendix A for the list of questions that were administered to the participants on social support.

Follow-Up Interview. Participants were given an opportunity to meet with me for a semi-structured interview on their experiences as an LGBTQ young adult and how their experiences or lack of experiences with at least one socially supportive adult during adolescents has affected their depression and anxiety. This interview gave an opportunity for participants to discuss this topic further and provide more qualitative information on their experiences and what LGBTQ youth find helpful from their social supports. The follow-up interview was expected to take about 30 minutes to complete and would have been conducted in a controlled, laboratory space on a Midwestern campus. No participants met with me to complete the interview. See Appendix B for the list of interview questions.

Procedure

Data collection for this study took place from November 2019 through December 2019. Participants provided informed consent and completed the self-reported questionnaires online. Questionnaires were expected to take up to an hour to complete. Upon completion, the participants were thanked for participating in the study and offered a debriefing of the study (see Appendix D) as well as LGBTQ resources. Participants were also given contact information for the optional follow-up interview with me. I provided them with my academic email address and explain the purpose of the follow-up interview. The data collection and analyses reported in this paper were approved by an Institutional Review Board from a university in the Midwest. All participants provided informed consent prior to completing the study.

CHAPTER IV

RESULTS

Data are reported in three stages: a quantitative analysis on reported well-being, a qualitative report on social support, and a mixed method report on the correlation between well-being and social support variables. Analyses draw on data from 30 participants between the ages of 18 and 25 years, currently from Midwestern states. The study was distributed by posting an anonymous link from LGBTQ affirming organizations.

Subjective Well-Being

Participant scores on the Ryff's Psychological Well-Being scale (RPWB) were averaged. The scores on the RPWB range from 1.0 to 6.0. A score of 1.0 was the lowest score of well-being and a score of 6.0 was the highest score of well-being. The RPWB data ranged from 2.74 to 5.12; mean score = 3.91, *SD* = 0.60.

Social Support

An analysis of social support was conducted on the information provided by 20 participants on the social support questionnaire. Descriptive statistics on social support variables are reported in Table 2. Results on the social support questionnaire are reported as (a) a description of supportive adults within the schools, (b) a description of supportive adults within the community, (c) comfort in coming out to the adult(s), (d) characteristics

Table 2
Types and Numbers of Social Supports

Variable	<i>n</i>	<i>M</i>	<i>SD</i>
School supports	20	2.15	2.64
Community supports	19	1.00	1.91
Come out to school supports	20	0.85	0.81
Come out to community supports	20	0.30	0.47

of supportive adults, (d) events or situations either with or without supportive adults, and (f) additional comments from participants about supportive adults.

Number of Supportive Adults in Schools. The range of the number of supportive adults per participant ranged from zero to ten. Nine of the 20 participants reported having zero supportive adults in their school. There did not appear to be a pattern between identity and number of supportive adults within the schools. On average, there were two supportive adults in the school per participant. Eight (40%) participants reported zero supportive adults within their school. Only one participant identified ten supportive adults within her school. Data on number of supportive adults in schools is presented in Table 2.

Types of Supportive Adults in the Schools. Many of the participants (50% of all participants and 80.3% of participants who identified at least one supportive adult within the school) identified at least one teacher as a source of support within the schools. Only two did not report a teacher. The other sources of support included a school counselor (3), social worker (2), GSA leader (2), school psychologist (1), practicum student (1), school police officer (1), school nurse (1), and coach (1).

Number and Types of Supportive Adults in the Community. Most of the participants (70%) did not report an adult from their local community as a source of

social support. The six participants who reported supportive community adults, reported either one, three, or five supportive adults. One participant did not specify a number, but identified a group of supportive adults. One participant reported one adult, who was identified as an “LGBTQ-identified professor.” No participants identified two community adults as sources of social support. One participant reported three adults as sources of support. These three adults were LGBTQ youth group leaders as reported by the participant.

Two participants identified five adults as supportive. Two of these three participants labeled the adults as “Kaleidoscope” group leaders. Kaleidoscope is a local LGBTQ+ youth support group in a local community in the Midwest. The other participant identified the five adults as “group leaders,” but did not specify what community group.

The final category of support is from a participant who reported that their religious organization had a “group” of leaders who provided social support. It should be noted that the religious group reported contained family members as well. The participant reported, “My religious group was really supportive, but a lot of them were also family.” Due to the vague definition of how many people are within a group, this response was removed from the quantitative data analysis.

Comfort with Coming Out. As an extension to the description of number and type of supportive adults, participants reported whether or not they were comfortable coming out to these adults. The identified supportive adults from the school had mixed results. Seven participants (58.3%) reported comfort in coming out and five (41.7%) reported not comfortable coming out. The participants who identified supportive adults

from the community all reported to feel comfortable coming out to the supportive adults. The participants who did not feel comfortable coming out to their school support reported zero supportive adults from their community. They also accounted for 50% of the participants from rural areas. The other 50% from rural areas did not have supports from either the school or the community. See Table 2 for descriptives on comfort with coming out to social supports.

Characteristics of Social Support. Participants reported either characteristics that they identified from the adults who provided social support or characteristics that they believe would make an adult supportive. Characteristics reported from most reported to least reported included: talking about LGBTQ identity, accepting and being “open” about LGBTQ identity, using correct identification terms (correct name, pronouns, and gender identification), listening on a basis of caring for the individuals, talking about LGBTQ culture, being openly “out,” creating a sense of “safety,” helping individual build confidence and self-esteem, talking about relationships with peers and partners, encouraging exploration and expression of LGBTQ identity, providing resources, undifferentiating treatment, attending LGBTQ Pride events, and having a visible online LGBTQ allyship. These characteristics have been sorted into three major themes: openly talking about LGBTQ identity, using correct identification terms, and equal treatment. See Table 3 for more details on characteristics of social support.

Significant Events with or without Social Support. Of the responses on an event in which social support was received or not received, I have identified four themes:

Table 3
Characteristics of Social Support for LGBTQ Youth

Characteristic Theme	Details
Openly talking about LGBTQ identity	Active listening, talking about relationship, providing a safe environment where youth can be their most authentic self
Using correct identification terms	Names, pronouns, gendered terms
Equal treatment	Ability to trust adults without experiences of repercussions of their identity
Public allyship	Attending pride events, visible online allyship

starting a conversation about LGBTQ identity, advocating for LGBTQ identity, providing relationship support, and affirming LGBTQ identity. See Table 4 for more details on events and situations in need of social support.

Correlational Analyses

A Pearson’s *r* correlational analysis was run between social support variables. Most analyses were unsurprising and matched hypotheses. One finding stood out: Number of community supports was not significantly related to coming out to social supports within the school. In addition, coming out to a school support was not related to

Table 4
Situations in Need of Social Support

Event Theme	Details
Starting a conversation about LGBTQ identity	Attraction to different gender, feelings about attraction and sexuality, asking, “Would you like to talk about your LGBTQ identity?”
Advocating for LGBTQ identity	Successfully reporting homophobic comments about behavior, advocating for gender identity
Providing relationship support	Teaching about healthy and safe relationships, providing emotional support during conflicts
Support during crisis or trauma	Build relationships with youth, so they can reach out to adult supports during a crisis or trauma

coming out to a community support. Contrary to the hypothesis, social support variables were not significantly related to RPWB. Correlations are presented in Table 5.

Table 5
Correlational Analyses

Variable	1	2	3	4	5
1. RPWB	-	.09	.07	-.31	-.20
2. School Support (SS)	.09	-	.48*	.61*	.64**
3. Coming Out to SS	.07	.48*	-	.10	.12
4. Community Supports (CS)	-.31	.61**	.10	-	.90***
5. Coming Out to CS	-.20	.64**	.12	.90***	-

Note. * indicates $p < .05$. ** indicates $p < .01$. *** indicates $p < .001$.

CHAPTER V

DISCUSSION

The purpose of this study was to explore the definition of social support for LGBTQ youth and understand its potential relationship to overall well-being. By analyzing qualitative and quantitative data, this study found important characteristics to social support from adults within schools and communities.

Number of Supportive Adults in Schools. Almost half of the participants did not report a supportive adult from their school. This is concerning for youths who could benefit from having a supportive adult. The research highlights that youth who have social supports have better outcomes than those who do not (Demaray & Malecki, 2002; DuBois, et al., 1992; Jackson & Warren, 2000). This includes LGBTQ youth. To improve students' outcomes both within and outside of school, school personnel need to develop supportive relationships with their students.

Only one participant identified ten supportive adults within her school. This participant was a member of a Gay-Straight Alliance (GSA) group within the school, which supports previous data explained in the literature review (Toomey, et al., 2011). It is possible that this participant was highly involved in her school's GSA group, therefore she received greater supportive benefits from her school. This participant may be considered an outlier in this set of data.

Types of Supportive Adults in Schools. Ten of the 20 participants reported a teacher as a source of support. Teachers spend the most amount of time with students in the school, therefore, it was unsurprising to find this result. Two participants did not

identify a teacher as a source of support. One participant identified a social worker, did not have support from her surrounding community, and was located in a rural area in the Midwest. In addition, she stated that she did not feel comfortable coming out to the social worker. Reasons for her not feeling comfortable coming out to the social worker could be due to less time spent with her social worker, unpredictability of the social worker if she had come out, or she was not ready to come out to the social worker. It could also be that this participant did not find her LGBTQ identity relevant to the meetings with the social worker. In addition, this participant attended high school in a rural town, where they may have been less awareness of LGBTQ youth and/or supportive trainings than urban towns that have more access to resources and trainers.

The other participant who did not identify a teacher, identified four supportive adults within the school (a school counselor, therapist, school nurse, and a coach). In addition, this participant had four supportive adults within their community (pastor, youth pastor, and counselor) and felt comfortable coming out to all of their supports both within and outside of the school. They went to a school in an urban city in the Midwest and had family, online friends, LGBTQ friends, and members of the church as supportive adults as well. This participant may not have identified a teacher because they already had enough supportive adults both within the school and the community or they may not have had as strong of a relationship with their teachers as the other adults involved in their life during high school.

An interesting addition to the identification of teachers as supportive adults is that many participants specified what subject area the teacher taught. The subjects reported were science, English, government, literacy, physical education (P.E.), choir, and history.

This is not a comprehensive list of teachers. Five out of the ten participants who identified at least one teacher did not specify what subject the teacher taught. See the section on future research for more details.

The main theme for school social supports is that participants find teachers to be a source of social support. Another theme is that support comes from adults who are working in a human services field. All of the supportive adults listed by the participants are in a human service field (e.g., teachers, counselors, school psychologists, etc). This makes sense considering the majority of staff in a school within this field. Further, the supportive adults come from health-related fields such as counseling, social work, school psychology, and nursing. A possible reason for this is that people providing health-related services must build rapport with clients to provide space for the client to feel comfortable being vulnerable. In addition, to best serve someone seeking health-related services, knowing information about their identity can be beneficial, although not always necessary.

Number and Types of Supportive Adults in the Community. The majority of participants did not report social supportive adults from their community. This may be the case for several reasons. First, there may not be resources within that community to provide social support specifically for LGBTQ-identified youth. For example, towns with smaller populations compared to towns with higher populations may not have an LGBTQ community center or Pride events. Second, participants may not have been highly involved in their community as youth. Third, if the participants already had social supports within the school, they may not have sought out social supports from the

community. Fourth, participants may have felt they already had enough supportive adults, family members, and/or peers, therefore, did not seek more social supports.

An analysis of the community group members as a whole identifies that most supportive adults reported were leaders of a social group. Two groups stood out in particular in this data: LGBTQ youth groups and religious groups. This may indicate that social support for LGBTQ adolescents from adults within a community is more likely to come from a social group than an individual. It should be noted that some reports were vague: only “group leaders” was reported. However, this label indicates that the support was from a local community group.

Other sources of support included a counselor, LGBTQ-identified professor, a youth pastor, and a pastor. This theme correlates with the school social support because a counselor and pastor are human service professions that tend to have supportive goals. The LGBTQ-identified professor is an interesting finding. It is possible that this professor is involved in the local LGBTQ community and builds relationships with LGBTQ-identified youth who are seeking mentorship or joining LGBTQ community groups.

Comfort Coming Out. It is possible that the difference between coming out to supportive adults from the school and not coming out supportive adults from the school is related to a lack of community supportive adults. Due to the potential lack of resources from rural areas (e.g., less likely to have a LGBTQ-affirming community center or group), these participants may have felt less comfortable coming out to supportive adults at school. Whereas, youth who had supportive adults within the community may have been more comfortable coming out because LGBTQ-affirming community centers or groups are likely to have other LGBTQ-identified individuals who are out or are visible

allies. Community organizations that are not specifically LGBTQ-identified, such as some religious organizations, may publicize their acceptance of all people, thus making a LGBTQ-identified youth feel comfortable coming out to a supportive adult in that setting.

Characteristics of Social Support. The most consistent theme was openly talking about LGBTQ identity, which includes active listening, talking about relationships, and providing a “safe” environment where the youth can present their most authentic self were apparent in the data. For example, one participant responded:

“The English student teacher/practicum student that I’ve had this year is queer herself and I’ve had some really really meaningful conversations with her about her experiences as an LGBTQ+ individual. She listens to me as well when I just need to ‘word vomit’, but there’s added sense of true understanding and solidarity because we both identify as queer...”

From this response, the participant was able to have meaningful conversations with the supportive adult about LGBTQ identities, both the participant’s identity as well as the adult’s identity, was represented through talking (e.g., “word vomit”) as well as listening.

Another highlighted characteristic, that supports previous research discussed in the literature review, was the correct usage of identification through names, pronouns, and gendered terms. Participants who either did or did not have at least one supportive adult, reported that correct identification of a person’s identity would be a way of supporting that person. This finding correlated with encouragement to live as a person’s genuine self. For example, if a transgender youth self-identifies with a specific name, pronouns, and/or gender that is different than what they were assigned to at birth, having a supportive adult use those terms is both directly showing that the adult accepts and approves of that child as well as encouraging that youth to continue exploring their

identity. In addition, although not directly mentioned in the data, adults who use the correct name, pronouns, and gender terms for youth is modeling how to actively support an LGBTQ individual to other students and other adults. This fosters a safe and healthy environment for youth to explore their identity, which was explicitly reported as a characteristic of social support.

The last main characteristic reported on adult social support was treating the student equally. For example, one participant wrote, “Just treating me like a normal person, not like my sexuality has to change everything. I’m still the same person.” This data supports the notion that youth want to have trusting relationships with adults in which they can discuss their lives without having to think about repercussions of their identity. By accepting a person for who they are, encouraging that student to grow as oneself, and providing a caring relationship where they can talk about their identity and relationships is supporting that youth’s LGBTQ identity.

Two other themes from the social support data to report were attendance to LGBTQ pride events and visible online allyship. Both of these characteristics express publicly accepting members of the LGBTQ identity, which is important because it shows that an adult is willing to be visible about advocating for an identity that largely receives negative treatment, as described in the literature review (e.g., victimization). Publicly expressing support also shows that the adult is not ashamed or afraid to support LGBTQ-identified people despite the risk in supporting a group that widely receives social disapproval.

Significant Events with or without Social Support. Four participants reported that they had wanted an adult to talk to about their LGBTQ identity. “Talk to someone

about nerves with the same gender,” and “have someone to talk to about sexuality and liking other people regardless of gender,” were responses from different participants, one who did not have a supportive adult and one who did. Participants identified conversations as events that benefit from social support. Asking a youth about their relationships, friendships, identity development benefits LGBTQ youth because it provides an opportunity for them to discuss their LGBTQ-identity. Relationships with peers become a significant part of a youth’s life (Colarossi & Eccles, 2003; Rueger, et al., 2010; Chu et al., 2010) and often are topics that they want to talk about, according to this data.

Advocating for a person’s LGBTQ identity was another important theme. One participant reported an incident in school involving homophobic behavior from another student who was not held responsible when the incident was reported to school officials:

“One of my peers was blatantly homophobic to me in a government class and when I told school officials, they did nothing... I did not receive any support for the incident besides the email I wrote about it being forwarded to the principals at my school. When further reports were made detailing incidents that happened later in the school year, when administrators were present in the room [sic], they were not adequately pursued. The people who submitted reports were never reached out to and received absolutely no follow-up...”

This participant described a situation which they felt the policies and procedures of the school were not properly followed-through in order to provide a safe environment, free of discriminative comments about a person’s identity. The participant describes a need to have an adult be supportive by resolving conflict related to LGBTQ discrimination within the school by “pursuing” reports of discrimination from start to finish regarding consequences and abiding by the policies upheld by administrators. All students must be provided with a safe environment within the school; therefore, it is of

utmost importance to follow through when harmful situations like the one described occur.

Other participants reported a need to advocate for a person's gender identity. One participant wrote, "advocating for new name usage, introducing with correct name." Displaying a public support for a person's identity develops a sense of trust within the relationship, which not only fosters a stronger relationship between the people involved, but also models appropriate treatment of others. Within the schools and community this is an important social construct to model and teach because youth are learning how to be members of society and can impact more than the individuals directly involved in the adult-youth relationship. In addition, personnel who correctly identify a youth are setting an example for other students and personnel to do the same.

In addition, a participant reported that their counselor asked to talk about their identity prior to starting that conversation. A person's LGBTQ identity is considered an invisible identity. As described earlier, it includes assumptions that may be wrong about a person's identity. Social support involves consideration for a person's confidentiality and void of presumptions about how a person identifies. Youth seek respect for their autonomy and individuality. Asking prior to beginning a conversation about a youth's LGBTQ identity establishes a healthy rapport by allowing youth to maintain control over their developing identity. Other situations described by participants involved conversations in which the youth started the conversation with the adult they felt provided a sense of safety (e.g., adults who were openly out about their LGBTQ identity or those who built a trusting relationship involving some or all of the characteristics described in the previous section). Four of the situations described involved

conservations about LGBTQ identity. Three of those four involved conversations about dating relationships or attraction to certain genders. Another participant identified that their supportive adult provided “guidance in healthy relationships.” The theme of support about dating life was consistent among the situations described as either helpful or potentially helpful is important, especially because youth’s relationships with peers become prominent during this stage of development, as mentioned in the literature review.

A significant event described by one of the participants did not directly involve either a school or community supportive adult, but needs to be analyzed involving a lack of support after a sexual assault. The participant reported that they were sexually assaulted and did not receive support from their family. This person did not have a supportive adult within their school or community. This is highly problematic as LGBTQ-identified youth are at a higher risk for victimization and are more likely to experience a sexual assault than the general population of youth (cite). Professionals, especially within the school, should be providing support for all students. The participant stated that they reported the sexual assault to their family, who did not provide support. In fact, the participant wrote, “I ended up having to swallow all of my emotions and comfort them [the family].” In this case, the family was unequipped to provide support for their child and the school should have been a resource for that family and youth. Building relationships with youth is necessary to keep them safe.

Limitations

The introductory nature of this study and a mixed methods methodology indicated that a number of limitations were present in this study. The sample size for this study was

small. A larger, more representative sample size would benefit this study and future research in this area. The sample was also not representative of diversity of racial, sexual orientation, and gender identities. The majority of this sample was white. Some of the participants reported “other” or “prefer not to answer.” However, this leaves out many racial identities.

Bisexual and pansexual were also the dominantly reported sexual orientation of the sample. Many sexual orientations, including, but not limited to, asexual and polysexual, were not reported in this sample.

Female and non-binary were the dominantly reported gender identities of this sample. This bias leaves the question about other gender identities open. Further, none of the participants identified their gender identity as specifically transgender female. Few participants identified their gender identity as transgender male. Some transgender individuals prefer to not disclose their transgender identity. In this study, participants were not required to disclose a transgender gender identity. Therefore, it is unknown if all of the participants who identified as female or male are cisgender or transgender. In addition, many gender identities, such as, but not limited to, agender and demi-gender were not representative of this sample.

Overall, there are many different identities within the LGBTQ population. For this study and future research on LGBTQ youth and adult populations, a large sample size that has a diverse distribution of the various identities, including intersectional identities, would be most beneficial in representing this population. This study was primarily promoted in a Midwestern area for a total of two months, which limits ability to collect an ideal sample.

Another limitation of this study's sample includes the area in which participants were located. All of the participants were located in Midwestern areas. Expanding this research beyond the Midwest would incorporate a more diverse sample. This would also help to generalize the findings more easily to practitioners outside of the Midwest.

The Ryff's Scales of Psychological Well-Being (RPWB; Ryff, 1989), 42-item, was used to measure well-being for this study. The 42-item version was chosen due to its validity and reliability as well as its standard duration of time spent completing it by participants, approximately 10-15 minutes. The RPWB 84-item would likely have had higher validity and reliability. My hypothesis that this study did not find significant correlational results between social support variables and RPWB may be because the 42-item version is not as strong as the 84-item version. However, the 84-item RPWB takes double the amount of time to complete. Due to the length of time necessary for the Social Support Questionnaire, the 84-item RPWB may have added too much completion time.

Another limitation is the validity of the Social Support Questionnaire. I created this questionnaire with guidance from the literature on social support. The lack of social support questionnaires specifically for LGBTQ youth made it difficult to find an existing social support questionnaire for the sample. A modified version of an existing social support questionnaire was rejected because it lacked important aspects of the LGBTQ identity (e.g., coming out, exploring transgender identities, attraction to different gender identities). This questionnaire was created specifically for this study to collect qualitative information on LGBTQ social support. Creation of a Social Support Questionnaire that can be used for specific populations, like LGBTQ individuals would benefit this area of research.

Individual responses may also affect the results of this study. One of the participants in this study gave vague answers to the Social Support Questionnaire that were unusable. When asked how many social supports this person had within their high school, the participant answered, “group.” When asked how many social supports they had within their community, they answered, “hundreds and hundreds.” These answers were not quantifiable. However, the participant’s remaining answers for the Social Support Questionnaire and their response on the RPWB were kept in the study. This removal of two answers on the Social Support Questionnaire likely impacted the results of the study.

The findings are also limited due to the age group of participants. It would be beneficial to extend research to older populations as well as younger populations. Future research on children, pre-adolescents, and adolescents would greatly benefit this area of research to understand how social support and well-being are potentially related during identity development at those stages. In addition, it is important to note that identity development for LGBTQ-identified individuals may be different than the cisgender, heterosexual population; this needs more consideration and research. For example, how far into adulthood does the LGBTQ identity extend? Also, there is evidence that gender identity begins during the toddler years (Fast & Olson, 2018). Is this the same for sexual orientation? Overall, more efforts toward researching sexual orientation and gender identity development over the lifespan is needed.

Another limitation of this study was that the themes were created by myself. The themes were developed with the use of current literature on social support as well as qualitative data analysis techniques. However, the themes were not analyzed with other

researchers. In addition, it is possible that one of the participants reflected on their college experience instead of their high school experience. This is evident by their identification of a “professor” as a source of social support. However, the participant did not include details of when or where they met this professor, therefore that student may have received support from that professor during high school.

Future Research

Future studies on LGBTQ youth and social support could utilize other variables to measure the outcome of psychological health and well-being. This study focused on a positive psychology lens and used subjective well-being as an outcome measure. However, other studies could use a psychopathology lens and look at internalizing (e.g., anxiety, depression) or externalizing (e.g., aggression) behaviors. Many other outcome measures would be beneficial for this area of research.

An interesting finding from this study for further exploration is the identification of teachers who provided social support for LGBTQ students. Many of the participants specified which subjects their teachers taught (e.g., English, history, science, etc.). Exploring the role and position of the school personnel who provide social support may contribute to better understanding of who and where students are receiving social support.

The importance of continuing research on LGBTQ youth and social support is essential. Social support may serve as a protective factor for LGBTQ youth (Toleson, 2014). Social support can be included in practitioner trainings, safe zone trainings, teacher and school personnel trainings, and other human service fields to provide beneficial ways of helping LGBTQ youth become resilient.

Conclusion

Attention to how to provide social support particularly for the LGBTQ+ youth population has been further explained by the results of this study. The study found that LGBTQ+ youth and young adults feel most supported from the adults in their school and community when social support includes talking about LGBTQ+ identities openly, using the correct identification terms (e.g., name and pronouns) for transgender and gender non-conforming individuals, treating LGBTQ+ individuals with equality, and showing public allyship for the LGBTQ+ community. Further, situations in which social support would be most beneficial include starting conversations about LGBTQ+ identities, advocating for LGBTQ+ identities, providing relationship guidance, and supporting LGBTQ+ individuals during a crisis or trauma. This study used a mixed-methods approach to produce these results. LGBTQ+ individuals are more likely to face challenges in relation to their identity than the general population (CITE). Therefore, adults who work in the schools and/or community may find this information beneficial to provide the highest quality of social support for this unique population. Providing high quality social support may help to reduce the prevalence of difficulties (e.g., depression, anxiety, school-related problems, substance abuse; CITE) that LGBTQ+ youth are at higher risk of experiencing than the general population.

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APPENDIX A

Social Support Open-Ended Questionnaire

1. When you were in school between the ages of 12 and 18, how many supportive adults within school did you have? If none, skip questions 2 and 3.
2. What role(s) did this/these adult(s) have within the school(s)? For example, was this/these adult(s) a teacher, special education teacher, counselor, school psychologist, paraprofessional, principal, GSA (Gay-Straight Alliance) leader, nurse, or other (please identify). If unknown, please identify as “unknown.”
3. Did you feel comfortable coming out (telling the adult(s) about your LGBTQ identity) to this/these adult(s)? If you had more than one supportive adult, please clarify which ones you felt comfortable coming out to.
4. When you were between the ages of 12 and 19, how many supportive adults within your community did you have? For example, your community could have been an LGBTQ youth group, an LGBTQ support group, LGBTQ community group, religious community, sports club/team, or any other community group (please identify the community group). If unknown, please identify as “unknown.” If none, skip questions 5 and 6.
5. What role(s) did this/these adult(s) have within the community group? For example, was this/these adult(s) a group facilitator, a group member, a leader, or other (please identify).

6. Did you feel comfortable coming out (telling the adult(s) about your LGBTQ identity) to this/these adult(s)? If you had more than one supportive adult, please clarify which ones you felt comfortable coming out to.
7. Select one or a few adult(s) you felt was most supportive of your LGBTQ identity during the ages of 12 to 18 years old. How did you feel this person provided you social support? If you did not identify a supportive adult from school or the community, what do you think support of your LGBTQ identity would look like from an adult from your school or community?
8. Describe an event or situation in which a supportive adult provided you with support. If you did not identify a supportive adult from school or the community, describe an event or situation in which you would have liked to have a supportive adult provide you with support.
9. When you were between the ages of 12 and 18 years old, were you involved in a Gay-Straight Alliance (GSA)? If so, describe your role in that group and how involved you were.
10. Did you have other sources of support for your LGBTQ identity? If so, who (family members, peers, or other, please identify)?
11. What was approximately the size of your graduating senior class at your high school?
12. What state was your high school located in?
13. Was your high school located in a rural (not located in a city or town, less than 2,500 population) area or an urban (located within a city or town, more than 2,500 population) area?

14. If you have other comments on support from your school or community regarding your LGBTQ identity when you were 12 to 18 years old, please comment below.

APPENDIX B

Follow-Up Semi-Structured Interview

1. Did you identify at least one supportive adult of your LGBTQ identity from school your community when you were between the ages of 12 and 18?
2. Describe this person. If not, describe what type of adult you would have wanted to have provide you with support.
3. What characteristics of this adult (or adult you would have wanted) do you feel make an adult supportive of your LGBTQ identity?
4. Did you have any supportive adults who were out as LGBTQ themselves? Did that make a difference and how so?
5. Do you feel having an adult who is supportive particularly of your LGBTQ identity is beneficial? Why or why not?
6. How do you feel having or not having an adult who is supportive of your LGBTQ identity has affected you as a young adult?
7. How do you feel your overall well-being and life satisfaction today have been affected by having or not having at least on supportive adult as an adolescent?
8. Do you have any other thoughts or comments related to this topic that you would like me, schools, or the community know?

APPENDIX C

Informed Consent

The Department of Psychology at Minnesota State University Moorhead supports the practice of protection of human participants in research. The following will provide you with information about the study that will help you deciding whether or not you wish to participate. If you agree to participate, please be aware that you are free to withdraw from the study at any point throughout the duration of the study.

In this study, you will be asked to answer open-ended questions followed by filling out rating scales for individual items. This study is for individuals who identify within the LGBTQ (lesbian, gay, bisexual, transgender, queer or questioning) who are between the ages of 18 and 24 years old. If you do not fall within the identity criteria, please do not continue with the study. All information you provide will remain confidential and will not be associated with your name. If for any reason during this study you do not feel comfortable, you may exit the online study. Your participation in this study will require approximately 45 minutes. When this study is complete you will be provided with more information on the study questions and an opportunity to participate in a follow-up interview.

If you have any further questions concerning this study, please feel free to contact me through phone or email:

Adrienne MacDonald
XXX
XXX

By clicking “next,” you are indicating that you understand your rights and agree to participate in the study.

APPENDIX D

Debriefing Form

Thank you for participating in this study. This study is a pilot study with the goal of understanding how to be offer social support to LGBTQ youth within schools and within the public community specifically. Information from this study will be used to help educate personnel in schools and the community who work with youth. In addition, this study is aimed at understanding how having an adult who supports LGBTQ youth relates to LGBTQ-identified young adults' overall well-being. All information collected in this study is confidential and not shared with anyone other than the researcher.

If you have any questions related to the purposes of this study or your rights as a participant, please contact Adrienne MacDonald at XXX.

If you are interested in further participating in an interview with Adrienne to help create a better picture of how to support LGBTQ youth, your experiences, both past and current, of identifying within the LGBTQ spectrum, and adding your voice/opinion to this area of research, please email Adrienne, informing them that you are interested in an interview.

If you feel you are experiencing adverse consequences from this study, please see the following F/M Area LGBTQ Resources list.