

**Risk and Protective Factors:
A Literature Review on the Impact of Homophobia on LGBTQ Youth in Canada**

Prepared for the Society for Safe and Caring Schools and Communities

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Introduction

This literature review draws upon historical and contemporary research to identify the risk and protective factors experienced by lesbian, gay, bisexual, trans-identified, and queer (LGBTQⁱ) youth. Emphasis is given to Canadian-based research and statistics where available and appropriate.

Contemporary research into school violence, bullying, and harassment indicates that is important for educators to identify risk and resiliency factors that serve to compromise or promote the healthy development of sexual minority youth. By understanding related risk and resiliency factors, educators, health care and social service providers, and parents or guardians can more effectively plan for critical interventions, which can either serve to help protect at-risk youth or activate the protective factors that can enable them to more effectively respond to adversity or stressful life experiences.

Risk factors are commonly understood as those experiences that tend to increase the likelihood for the development of problems or negative consequences in a young persons life. Whereas protective or resiliency factors are identified as internal and external influences that can have a positive impact on healthy youth development by helping to protect them from engaging in unhealthy behaviours or destructive coping mechanisms. Inherently, all youth are born with an innate resiliency and the capacity to further develop protective factors. This literature review explores the risk and resiliency factors that play prominent roles in the lives of sexual minority youth in Canada.

Moving from At-Risk to Resilient

A small collection of Canadian-based educational resources and academic research that examines the unique needs and experiences of LGBTQ youth in Canadian K-12 educational and community-based settings has begun to emerge within the past decade. Forming a diverse body of professional and research literature, such studies have explored inclusive curriculum strategies (GALE-BC, 2004a; GRIS, 2003; STA, 2000; McCaskell, 2005; TBE, 1997; TDSB, 2002), professional development initiatives (CTF, 2004; CTF & ETFO, 2003; Grace & Wells, 2004; Rainbow Resource Centre, n.d.; STF, n.d.; Wells, 2002/2006; 2003), LGBTQ inclusive policy development (Bacon, 1999; Shortall, n.d; VSB, 2004; Winnipeg School Division No. 1, 2002), LGBTQ youth health and safety (Grace & Wells, 2001; McCreary Centre Society, 1999; Janoff, 2005; Peterkin & Risdon, 2003; Williams, Connolly, Pepler, & Craig, 2005), supports and services for LGBTQ youth (Fisher, 1999; GALE-BC, 2004b; Morton, 2002; Ryan, 1998 & 2003; Schneider, 1997; Schrader & Wells, 2005; Wells, 2004, 2005, & 2006; Wells & Tsutsumi, 2005); religious education (Henry, 2001; Podgorski, 2001; Grace & Wells, 2005); and LGBTQ educational theory/pedagogy (Britzman, 1995 & 1997; Bryson & de Castell, 1993; Lewis & Karin, 1994; McNinch & Cronin, 2004; Smith & Smith, 1998; Sumara & Davis, 1998). Although this collection creates an impressive corpus of Canadian-based literature, there is still relatively little national research data on the risk factors experienced by LGBTQ youth in Canadian schools, families, and communities.

Notably, there is also a paucity of research that explores the resiliency or protective factors that help LGBTQ youth overcome adversity in their lives.

Research Trends Investigating the Experiences of LGBTQ Youth

Rich Savin-Williams (2005) identifies four stages that encompass how researcher's understandings of LGBTQ youth have evolved:

- (1) First stage response: 1970's & 80's – The experiences of LGBTQ youth are positioned as “a distinct category from ‘normal’ adolescence” (Savin-Williams, 2005, p. 49). LGBTQ youth are constructed as deviant, pathological, and in need of specialized medical intervention.
- (2) Second stage response: 1980's & 90's – Distinctive LGBTQ youth realities are recognized, although primarily through a clinical lens, as being “at-risk” for increased drug and alcohol abuse, homelessness, violence, suicide, and school related problems (Friend, 1993 & 1998). The research literature during this time period is dense with narratives of victimization, or what Rofes (2004) identifies as the “martyr-target-victim” (p. 41) paradigm. The key outcomes of this early research led to the widespread recognition of formal schooling as an exclusionary heteronormative site that has tremendous consequences for the health and safety of sexual minority youth. Quantitative research studies on the risk factors associated with being or being perceived as an LGBTQ youth become critical catalysts in advocating for educational and political responses to the health and safety needs of LGBTQ students. Anti-gay violence and abuse become increasingly recognized as a serious source of concern.
- (3) Third stage response: Late 1990's & early 2000's – Characterized by education for social change to ameliorate the social, cultural, and political marginalization of sexual minorities. Educational interventions focus on the creation of safe spaces, LGBTQ inclusive curriculum, and anti-harassment policy development. Advocacy is based in identity politics and liberal human rights discourses that call for a “space at the table.” Rapid and significant gains are made in law and legislation at federal and provincial levels. For example, in 1998, the Alberta human rights statute was amended to include sexual orientation protections, and in 2005 same-sex marriage was legalized in Canada. However, these gains are largely assimilationist in nature and the (hetero)normalizing structures of schooling are left largely in tact. During this time period, research on LGBTQ youth begins to shift its emphasis and concentrates on a resiliency or developmental assets-based approach. The protective factors that enable LGBTQ youth to overcome discrimination and thrive as leading change agents in their schools, families, and communities increasingly become key sites for research investigations (Grace & Wells, in press; Savin-Williams, 2006). The establishment of gay-straight student alliances (GSAs) are identified as critical sites within formal schools that challenge the heteronormative status quo (Wells, 2005 & 2006). Queer begins to enter the classroom vernacular as students assert their identities as fractured, multiple, and situational. Issues of queer being,

becoming, belonging, and desire begin to emerge as key sites of contestation within public schools (Grace & Wells, 2005).

- (4) Fourth stage response: The future – With increasing gains in the legal recognition and protection of LGBTQ individuals, Savin-Williams (2005) argues that “banality” may be the wave of the future. He posits that youth are increasingly adopting a “post-gay” identity where sexuality is no longer considered the defining characteristic of their personhood. Savin-Williams maintains that the everyday ordinariness of same-sex attractions may well become the defining feature of LGBTQ youth.

Risk Factors for LGBTQ Youth

Suicidality

Suicide is one of the leading causes of death of today’s youth. For LGBTQ youth, suicide *is* the number one cause of death (Campos, 2005). In comparison with heterosexual youth, sexual minority youth represent a disproportionate percentage of annual youth suicides in North America (Campos, 2005, p. 20). As Canadian researchers Dorais and Lajeunesse (2001/2004) point out, “most suicide attempts occur when youths either fear coming out or when they have just done so – often a time associated with personal and/or family crisis” (p. 24).

The research literature on adolescent suicide identifies several critical risk factors that significantly influence suicidality. For example, depression is considered one of the most fundamental suicide risk factors for adolescents with hopelessness, substance abuse, and the recent or attempted suicide of a family member or close friend also identified as increased stressors (Russell & Joyner, 2001). As well, a history of family dysfunction and sexual abuse are also considered to be key suicidal risk factors in the general adolescent population (Remafedi, 1994). In addition to these general risk factors, more recently researchers have identified specific risk factors unique to sexual minority youth. These risk factors include gender atypicality, age of disclosure/coming out, family acceptance, and intrapersonal conflict regarding sexuality (Dorais & Lajeunesse, 2001/2004; Friedman, Koeske, Silvestre, Korr, & Sites, 2006; Remafedi, 1994). Sexual minority youth who have had experiences of victimization were also found to be strongly associated with suicidality (Friedman, et al., 2006; Russell & Joyner, 2001).

In 1989 a landmark study entitled the “Report of the Secretary’s Task Force on Youth Suicide” was released by the US Secretary of Health and Human Services (Gibson, 1994). This report contained a controversial chapter on gay and lesbian youth suicide, which identified gay and lesbian youth as being 2 to 3 times more likely to attempt suicide than their heterosexual peers. This ground breaking study indicated that gay and lesbian youth may account for up to thirty percent of all youth suicides and identified that one third of all LGBTQ youth suicides occur before the age of 17 (Gibson, 1994). In Canada, these findings are consistent and have been validated by numerous research studies. For example, Kroll and Warneke (1995) posit that “Canada has one of the highest youth suicide rates in the world . . . of all teens who commit suicide, about one third appear to be homosexual in orientation” (p.

1). In Alberta, a more recent study indicates that gay male and bisexual youth are 13.9 times more at risk for a serious suicide attempt than heterosexual male youth (Bagley & Tremblay, 1997). In a comparative study of the United States and Canada, Saewyc, Skay, and Pettingell (2004) found that “sexual minority youth were consistently at increased risk for suicide involvement vs. heterosexual peers, with a large population of GLB [gay, lesbian, bisexual] teens reporting ideation or attempts” (p. 138). Complementary research suggests that lesbian teens, identified in one British Columbia youth survey, are nearly 5 times more likely to attempt suicide than heterosexual girls (Bohn, 2006). Saewyc, the studies lead author, suggests that these statistics may be high as girls are generally more likely to attempt suicide, whereas boys use more lethal means and actually commit suicide (Bohn, 2006).

A comparative report (Tonkin, Murphy, Lees, Saewyc, & The McCreary Centre Society, 2005) of the trends evident in three large scale studies of 72,000 students in grades 7-12 in British Columbia (1992, 1998, 2003) found that gay, lesbian, and bisexual youth when compared with their heterosexual peers:

- are more likely to report a history of abuse (pp. 16-17),
- report a higher percentage of suicide attempts (25% in 2003) (p. 18), and
- are 6 times more likely to attempt suicide (p. 19).

Overall, the report identifies that although trends indicate a decrease in the levels of abuse reported by heterosexual teens, GLB youth are more likely to report having had a history of abuse and suicidality than their heterosexual peers (pp. 16-17).

Numerous studies, such as the McCreary Report cited above, have replicated and validated many of the original landmark findings of the 1989 US Secretary of Health and Human Services report. Correspondingly, researchers now commonly believe that gay and lesbian youth are at minimum 2 to 3 times more likely than their heterosexual peers to attempt suicide (Russell & Joyner, 2001; Ryan & Futterman, 1998). Accordingly, prevention efforts should focus on key risk factors such as depression, alienation from family, disconnection from the school community, and substance abuse as precursors to suicidality.

However, when exploring the risk factors associated with LGBTQ youth, Russell and Joyner (2001) offer a compelling note of caution, “the overwhelming majority of sexual minority youths ... report no suicidality at all” (p. 1280). Clearly, further research is needed to explore the protective factors that enable so many sexual minority youth to remain resilient in the face of discrimination, victimization, and abuse. Correspondingly, Ryan & Futterman (1998) suggest two important sources for possible intervention: lesbian and gay persons who do not attempt suicide often differ in two important ways from those who did: (1) they experienced less stress in coming out to their parents and family, and (2) they experienced less ridicule because of their sexual orientation. Unfortunately, very little research has been conducted on the suicidality of trans-identified youth. These youth may be at risk for some of the most extreme forms of self-harm, violence, and discrimination as they attempt to navigate the complexities of gender, sexuality, and identity in a heteronormalizing and often transphobic world.

School-Related Problems

In 1999, with funding from the Vancouver Foundation, the McCreary Centre released the *Being Out: Lesbian, Gay, Bisexual, & Transgender Youth in BC Adolescent Health Survey*ⁱⁱ. This survey engaged seventy-seven LGBT youth from across British Columbia in an examination of their health and self-esteem needs in relation to issues that explored their feelings about school, body image, emotional health, sexual behaviour, and other risk-taking behaviours (McCreary Centre Society, 1999, p. 9). Youth surveyed ranged in ages from 13-19, with a median age of 17. Of the 77 youth who participated in the survey, sixty-eight percent were male and thirty-two percent were female (p. 12).

The McCreary Report represents the first health survey of LGBT youth undertaken in British Columbia, and is notably one of the few quantitative-based surveys of LGBT-specific youth health needs assessments conducted in Canada. Although the survey sample is small, the findings bear a strong correlation with large-scale LGBT youth health surveys conducted in the United States (Remafedi, 1994). Significantly, findings from this survey indicate that more research is needed to investigate how schools and communities can build safe, supportive, and inclusive environments that work collaboratively to meet the specific health and safety needs of LGBT youth in Canada.

Selected findings from the McCreary Report (1999) include:

- Almost 50% of the youth surveyed reported suicide attempts, with over 50% of these youth reporting a history of sexual and/or physical abuse.
- 66% of gay and lesbian students heard homophobic remarks made by other students at school.
- 37% of gay and lesbian youth questioned felt like outsiders in their school.
- 17% reported being assaulted at their school within the past year.
- Almost 40% of gay and lesbian youth surveyed had dramatically low self-esteem.
- 39% of participants told a teacher or school counsellor that they were gay or lesbian.
- 37% stated that they hated or disliked school.
- 82% reported regularly hearing their peers make homophobic remarks at school.
- 28% reported that they also heard their teachers making homophobic comments.

The LGBT youth surveyed were very clear in suggesting that their schools had failed to provide them with safe and supportive learning environments. When asked where they found sources of support, these youth stated that they primarily turn to close friends and female family members (p. 5).

In order to address the devastating effects of homophobia, transphobia, and heterosexism on the emotional and physical health needs of LGBT youth, the McCreary Report developed the following recommendations:

- Create school-based educational programs designed to support LGBT youth and combat heterosexism, homophobia, and transphobia.
- Provide specific support services that address the unique health and safety needs of LGBT youth, with specific emphasis on self-esteem building and suicide prevention.

- Develop LGBT sensitivity training programs for school staff and other professionals working with LGBT adolescents.
- Design support services and educational programs to meet the needs of same-gender parented families (p. 7).

Significantly, many of the findings of the McCreary study resonate with a recent report from the Children's Commission of British Columbia. The Children's Commission report identifies significant factors in the suicide deaths of children, which include a lack of meaningful connection in school and a hostile reaction to the disclosure of sexual orientation (Office of the Auditor General of British Columbia, 2000/2001). Sadly, the legacy of homophobia, transphobia, and heterosexism continues to severely impact the health, safety, and emotional needs of many LGBT youth, not only in British Columbia, but across Canada as well.

In 2004, Youthography, a division of Ping national marketing, questioned 1358 youth participants between the ages of 13 and 29 on a variety of social issues, including a series of questions on LGBT topics (Wells, 2006). This sample included youth from every province and territory in Canada. The survey revealed that:

- 3.5 per cent of respondents identified as an LGBT person.
- Of the respondents who identified themselves as heterosexual, 7.5 percent acknowledged experimenting with members of their own sex.
- 58.6 per cent reported knowing a LGBT coworker or classmate.
- 62.1 per cent agreed or completely agreed that they were very comfortable with the topic of LGBT issues.
- 23.8 per cent reported witnessing an act of violence or verbal abuse directed toward a LGBT person their own age (in the 15–19 age group the rate increased to 27.5 per cent).

This survey represents the only national quantitative baseline data on LGBT youth in Canada.

In 2005 researchers Williams, Connolly, Pepler, and Craig studied a sample of 97 gay, lesbian, bisexual, and questioning high school students from a large south central Canadian city. This data was collected from a large scale survey of 1,598 adolescents from five high schools. Six percent of the students surveyed self-identified as a gay, lesbian, bisexual, or questioning (45 males and 52 females). Notably, 53 of the 97 participants described their identity as questioning (p. 474). Overall, the study found that sexual minority and questioning youth reported:

- more emotional and behavioural difficulties,
- higher symptoms of depression and externalizing behaviours,
- more hostile peer environments and victimization,
- greater rates of bullying and sexual harassment, and
- less social support in both their family and peer group contexts (pp. 479-480).

Importantly, this study also found that questioning youth experienced similar rates of victimization, adjustment difficulties, and perceived social support experiences when

compared with the gay, lesbian, and bisexual youth surveyed (p. 480). Previous research has largely ignored the experiences of questioning youth, which is problematic as youth who are questioning their sexual orientation or gender identity may be as vulnerable to discrimination, victimization, harassment, and decreased social support as their LGBTQ peers (p. 472). Similarly, more research is needed to investigate the school-based experiences of heterosexual youth who come from same-gender parented families.

Overall, the results from the Williams, et al. study suggest that the depression and externalizing behaviours reported by sexual minority and questioning youth are largely a result of their experiences with victimization and a lack of social support. Importantly, these risk factors are not directly related to a youth's sexual orientation or gender identity on its own (p. 479) rather they are influenced significantly by the lack of a supportive and understanding social environment.

Williams, Connolly, Pepler, and Craig conducted a similar study in 2003. This study involved 3, 636 adolescents from 17 high schools in Toronto, Kingston, and Montreal. In this survey, 130 youth self-identified as gay, lesbian, bisexual or questioning (60 male, 70 female). These 130 LGB and questioning youth were then statistically matched to a random comparison group of 130 self-identified heterosexual youth in an effort to compare, contrast, and evaluate the survey's results. The study's combined grouping of the 260 adolescents ranged in ages from 14 to 18. Overall, the 2003 study found that:

- 3.6% of all adolescents surveyed identified as lesbian, gay, bisexual, or questioning.
- More youth identified as bisexual (50) or questioning (68) than as gay (9) or lesbian (3).
- Sexual-minority and questioning youth reported higher incidences of bullying, sexual harassment, and physical abuse than their heterosexual peers (p. 53).
- Sexual-minority and questioning youth reported significantly more experiences of physical victimization by a romantic partner than did heterosexual youths (p. 54).

Recommendations from this study include the need to:

- Develop spaces for positive peer group interactions, which are critical for successful prevention and intervention efforts (p. 55).
- Review school-based non-discrimination policies and practices and their effectiveness in relationship to the health and safety needs of lesbian, gay, bisexual, and questioning youth (p. 55).

Homelessness and Street-Involved Youth

Research estimates that everyday there are 150,000 youth living on the streets in Canada (Public Health Agency of Canada, 2006a, p. 1). Correspondingly, findings from a large scale, multi-year Health Canada study, which involved just under 5000 street youth, indicate:

- The ratio of males to females living on the street is approximately 2:1 (p. 5).
- Conflict with parents was identified as the most significant reason why most street youth left home (p. 5).
- In 2003, more than 35% of street youth reported dropping out of school or that they had been expelled (p. 5).
- More than one-half of street youth reported emotional abuse or neglect (p. 5).

- Approximately 80% of street youth reported smoking daily (p. 5).
- Street youth have high rates of STIs and blood-borne infections such as the hepatitis C virus (p. ix). Reports indicate that these rates are 10 to 12 times higher than youth from the general population who are in their same age group (p. 1).
- Street youth were also found to be 11 times more likely to die of a drug overdose and suicide (p. 2).
- Estimates suggest that between 12% and 32% of street youth in Canada are involved in prostitution.

Moreover, because of these collective risk factors and limited opportunities due to formal education and training, many youth become dependent on the “street economy.” This economy often entails participation in sex work, panhandling, drug trafficking, and theft, as primary sources of income necessary to meet basic survival needs for food, clothing, and shelter (p. 2).

American studies indicate that between 11% and 35% of street youth self-identify as LGBTQ or questioning (Cochran, Stewart, Ginzler, & Cauce, 2002). These rates are most likely underreported since LGBTQ youth are unlikely to reveal their sexual identity or gender orientation to authorities. Not surprisingly, LGBTQ youth are often at an increased risk for street-involvement as many are forced out of their homes and cast away from their support networks when they disclose or have their non-heterosexual identity exposed (Ryan & Futterman, 1998).

The Seattle-based Cochran, et al. (2002) study on homeless youth found more negative outcomes for street-involved LGBTQ adolescents than their heterosexual counterparts. These outcomes include “more-frequent departures from home, greater vulnerability to physical and sexual victimization, higher rates of addictive substance use, more psychopathology, and riskier sexual behavior” (p. 775). The study found that adolescents face great challenges as they work to come to terms with their sexual orientation... Their [LGBTQ] homeless counterparts, however, frequently have no family members available, no school environment to support them, and transient or insufficient peer networks. (p. 775)

Key intervention strategies for the street-involved youth population include identifying and building upon prevention programs that help youth to build positive social networks. A critical aspect of these social networks includes strengthening ties to the home and with peers who are not street-involved (Public Health Agency of Canada, 2006a, p. 35).

Correspondingly, educators, counsellors, social workers, and police officers should attempt to facilitate supportive connections and contacts with supportive friends at home and in the school environment (p. 35). Effective intervention strategies should also seek to work with the school system to develop family-focused interventions for youth who are at-risk for becoming street-involved (p. 36).

Violence and Physical Safety

In 2005, criminologist Doug Janoff released a ground-breaking study on homophobic violence in Canada. His book begins with a necrology, which details the more than 100

homicides of LGBTQ persons in Canada from 1990-2004. In his analysis Janoff identifies that more than 40% of the perpetrators of these hate crimes were homophobic teenagers. Correspondingly, the Public Health Agency of Canada (2006b) identifies that the most common *perpetrators* of youth violence are young, heterosexual males. The most common *victims* of youth violence are: “peers, including girlfriends, boyfriends and other young people; family members, including siblings and parents; and members of ethnocultural groups or sexual minorities” (Public Health Agency of Canada, 2006b, para. 4).

As indicated in a previous section of this report, a recent 2004 Ping national youth survey of 1358 Canadian youth between the ages of 13 and 29 indicated that 23.8% had witnessed an act of violence directed toward a sexual minority person their own age (Wells, 2006). In the 15 to 19 year old age group this rate increased to 27.5 per cent. Violence is an ever present reality in the lives of sexual minority youth. The 1999 McCreary Centre Society study reported that 20% of gay and lesbian youth had been physically assaulted in the past year in British Columbia. A 1999 Safe Schools Coalition study of Seattle public schools found LGBTQ youth were five times more likely than their heterosexual peers to be targets of violence and/or harassment, almost three times more likely to be injured in a fight severely enough to need medical attention, and nearly twice as likely to be threatened or injured by someone with a weapon. Since the study’s inception in 1993, seven young people have reported being gang raped in public schools because of their sexual orientation (Reis, 1999).

A US-based study of more than 12,000 adolescents in grades 7-12 (Russell, Franz, & Driscoll, 2001) found that youth who reported same-sex or both-sex romantic attractions were more likely to:

(1) Experience extreme forms of violence – For example, these youth were more likely to have been in a fight that resulted in the need for medical treatment (p. 904). Those youth who reported being attracted to both sexes were also more likely to have been jumped and violently attacked (p. 904).

(2) Witness violence – With few safe social spaces for LGBTQ youth to meet one another to socialize and experience the normal developmental process, many turn to bars and nightclubs, which are often located in more dangerous parts of a city that are intended for adults. As a result, these youth often find themselves in spaces where they may be the witness or object of violence (p. 905).

(3) Display a higher incidence of perpetrating extreme forms of violence – Sexual minority youth are not only the victims of violence, in some cases they may also become the perpetrators of violence. DuRant, Krowchuck, and Sinal (1998) reported that young gay and bisexual males are more likely to carry and use weapon when compared with their heterosexual peers (pp. 113-118). This self-defensive behaviour is often linked to youth feeling at-risk for violence based on their actual or perceived sexual orientation (Russell, Franz, & Driscoll 2001, p. 903). Russell, Franz, and Driscoll (2001) found that “youths attracted to the same sex were more than twice as likely to perpetrate violence” (pp. 904-905). This violence was often motivated by feelings of fear and a perceived need for self-defense.

D'Augelli (1998) articulates several key reasons why lesbian, gay, and bisexual youth are more victimized than adults:

- (1) adolescents in general are at a greater risk of experiencing violence;
- (2) they tend to congregate in LGBTQ identified neighborhoods and at events;
- (3) people associate them with the HIV/AIDS epidemic; and
- (4) they often experience a “backlash” resulting from increased LGBTQ visibility in the media and society (p. 188).

As youth increasingly begin to self-identify as non-heterosexual at younger and younger ages, they will inevitably experience greater vulnerability and, in turn, seek out avenues for support. The nature and scope of the social and educational services available will have a tremendous impact on the development of their self-esteem and safety. When these supports are in place they can help to assist sexual minority youth in positively meeting the everyday challenges and opportunities of adolescence and young adulthood.

D'Augelli (1998) identifies systemic victimization, institutionalized silence, marginalization, and direct attacks towards those youth who are or are perceived as being an LGBTQ person as key areas that ought to be addressed if the health and safety needs of sexual minority youth are to be improved. Correspondingly, a healthy personal and social identity can only be developed in a safe, supportive, and inclusive environment. These environments often make the difference between youth who enter adulthood with resilience and those that slide towards self-erasure (p. 206).

Substance Use, Sexual Abuse, and HIV-Risk Behaviours

Research indicates that gay, lesbian, and bisexual youth are at a higher risk for acquiring HIV than their heterosexual peers (Saewyc, Skay, et al., 2006). Those gay, lesbian, and bisexual youth who are from racial or ethnic minorities are at an even greater risk for HIV infection. These increased instances of HIV-risk related behaviours “appear to be associated in part with a higher prevalence of sexual victimization” (p. 1108).

A large comparative survey, which analyzed a cohort of adolescent health surveys conducted in the Pacific Northwest (Seattle and British Columbia) from 1992 to 2003, found that gay, lesbian, and bisexual adolescents who reported a history of sexual abuse or assault were more likely than their heterosexual peers to have had an “earlier sexual intercourse debut, engage in unprotected intercourse, have multiple sexual partners or be involved in prostitution or survival sex, become pregnant, and use illicit substances, including injection drug use” (Saewyc, Skay, et al., 2006, p. 1104). The study also found that gay, lesbian, and bisexual youth may engage “in HIV high risk behaviours as a way of coping with sexual orientation stigma and sexual violence they may experience” (p. 1104). Correspondingly, Ryan and Futterman (1998) suggest that sexual minority youth often internalize society’s negative messages regarding sexual orientation and gender identity and may suffer from self-hatred as well as social and emotional isolation. Substance abuse can be motivated by an LGBTQ youth’s attempts to manage stigma and shame, to deny same sex feelings, or as a defense against ridicule and anti-gay violence (p. 45).

Mutchler, Ayala, and Neith's (2005) research on building resiliency in young gay men identifies that effective HIV prevention programs should include the following criteria:

- (1) peer driven (e.g., program decisions are made by young gay men),
- (2) explicit about gay sex and condom usage (e.g., materials discuss how to use condoms for anal intercourse),
- (3) culturally relevant (e.g., messages makes sense to the particular population),
- (4) on-going and conducted in safe non-homophobic spaces (e.g., group activities happen in a place designated for gay youth),
- (5) tailored to gay youth's issues including their perceptions of HIV risk (e.g., focus groups are used to understand the factors that lead to HIV high risk behaviors and programs address those),
- (6) skills-building (e.g., teaching young gay men how to negotiate using condoms and/or refusal skills) (p. 46).

LGBTQ Youth of Colour Face Additional Challenges

Sexual minority youth from cultural and ethnic minority backgrounds also face increased risk factors that may expose them to greater harm than their Caucasian LGBTQ peers.

Historically, most of the research on LGBTQ youth has been based on the experiences of primarily white middle and upper class lesbians and gay men (Ryan & Futterman, 1998). For many ethnocultural minority groups, homosexuality is seen as a distinctly Western phenomena or "disease." This cultural standpoint places enormous pressure on ethno-cultural minority youth who may be coming out or coming-to-terms with an LGBTQ identity.

"Unlike racial stereotypes that are often positively reframed by the family and ethnic community, negative cultural perceptions of homosexuality are reinforced; within ethnic minority communities, as with mainstream culture, homophobia is generally high" (Ryan & Futterman, 1998, p. 14).

When designing inclusive programs for LGBTQ youth, Stapel (2005) suggests the importance of recognizing the critical intersections of race, culture, and sexuality. Questions to consider when designing these outreach programs include:

- Does our organization reach out to youth from ethnocultural minority backgrounds?
- Do ethnocultural minority youth feel comfortable and safe here?
- Do our materials include diverse images of minorities?
- Do the topics that we address appeal to multiple minority groups? (p. 9)

Meeting the Needs of Rural LGBTQ Youth

Being an LGBTQ youth in a rural community can pose unique challenges. Stapel (2005) identifies nine factors that can help to create successful outreach programs for sexual minority youth who live in rural environments:

- (1) Embrace technology – The Internet can serve as a powerful tool to enable rural youth to access information and resources on LGBTQ issues. Ensure that school and public libraries do not use software programs that filter out LGBTQ websites or restrict access to information on healthy sexuality (Schrader & Wells, 2005 & in press). For many youth, the Internet is a virtual lifeline of support. However, not all youth have confidential access to computers and/or the Internet. Therefore resources and services must also be provided in other ways to ensure that outreach efforts are not class-based

and only serving those youth who have the economic and/or geographic means to access them.

- (2) Network with Professional Service Providers – Help educate local social workers, nurses, counsellors, and medical professionals on LGBTQ youth issues. For many youth, these professionals will be the first line of support they seek out when questions or difficulties arise. Work with these professionals to ensure that they understand and respect confidentiality guidelines and ethical codes of conduct that pertain to LGBTQ youth (Wells & Tsutsumi, 2005).
- (3) Address Transportation Issues – For many rural youth, transportation is the largest barrier to service. Consider providing travel stipends, bursaries, car pools, charter buses, or a travel buddy system. Successful programs designed to meet the needs of rural LGBTQ youth must address travel limitations if their programs are to achieve designated goals and outcomes.
- (4) Develop Inclusive Resource Collections – Work with your school or public libraries to ensure their holdings are inclusive of LGBTQ topics and issues. See Schrader and Wells (2005 & in press) for a comprehensive annotated listing of Canadian-based LGBTQ library and educational resources.
- (5) Evaluate New and Existing Programs – Very little research has been conducted on the needs and experiences of LGBTQ youth living in rural communities. Therefore it is important to create a database of exemplary practices that can help to inform future practice, influence policy development, and to develop targeted funding opportunities.
- (6) Create Local Alliances – Rural individuals and communities often value their independence and autonomy. Many communities are skeptical of outside interventions. To help address this barrier to service, organizations and educators should seek to build local community partnerships and “home grown” strategies that are designed to meet the needs of the community.
- (7) Partner with Local Colleges and Universities – Consider developing a gay–straight student alliance (Wells, 2006) or LGBTQ student group with college/university faculty or staff. Encourage LGBTQ and questioning youth from the local and surrounding communities to attend these programs.
- (8) Maintain Confidentiality and Anonymity – The coming out and coming-to-terms processes are unique for each individual. Rural communities are often tightly knit and well connected. As a result, many closeted LGBTQ youth are fearful to access supports and services. Emphasizing confidentiality and maintaining anonymity can help to dissuade these fears and in turn encourage youth to seek out sources of support.

- (9) Be Visible – The presence of supportive programs, services, and adult LGBTQ and allied role models can give young people a sense of hope and possibility for their future.

Building Resiliency in At-Risk Youth

Why study resilience? One glance at today's newspaper headlines or television sound bites demonstrates how the world around us, and our role in it, is growing increasingly complex. Parents, teachers, and health care professionals recognize that today's youth are facing a multitude of new challenges and adversities. Correspondingly, research is needed to explore the variables that can help to predict (and prompt) youth resiliency in the face of adversity. Perhaps, more pointedly stated, what conditions enable some youth to overcome tremendous obstacles and still thrive? How can we as researchers learn from these examples to help other youth develop what Goldstein and Brooks (2005a) identify as a "resilient mindset" (pp.3-4)? Understanding these complex processes can help to inform and develop models and critical interventions that can serve to foster resiliency. Goldstein and Brooks (2005a) argue that every child is capable of developing a resilient mindset, which can enable them to deal more effectively with stress and pressure, to cope with everyday challenges, to bounce back from disappointments, adversity, and trauma, to develop clear and realistic goals, to solve problems, to relate comfortably with others, and to treat oneself with respect. (p. 4)

Resilience is a fairly new concept in the research literature (Glicklen, 2006). While there is no common definition of resilience, most contemporary researchers agree that it is a "biopsychosocial process" (Goldstein & Brooks, 2005a, p. 4), which represents a combination of one's ability to overcome adversity and develop the skills necessary to adapt, mature, increase competence, and thrive in challenging or high risk environments. In addition to this definition, some researchers also consider resilience to be an integral part of an individual's genetic makeup. For example, Masten (2001) postulates that resilience should be considered the norm, rather than exception for the human species. To support her claim Masten asserts that resilience is not an extraordinary quality, rather it is inherent and therefore can be developed and nurtured. This perspective reflects a newer trend in resiliency research, which attempts to move beyond clinical symptom-driven approaches related to treatment and intervention to more contemporary research that examines and fosters the development of protective factors that are necessary to help build resilience (Goldstein & Brooks, 2005a).

In their analysis of the emerging body of literature related to resilience, O'Dougherty Wright and Masten (2005) describe three waves of research:

- (1) Individual resilience – traditional focus on individual traits or characteristics of resilient people.
- (2) Processes leading to resilience in development – emphasis are placed on the role of relationships and systems that extend beyond the immediate family (i.e. biological, social, and cultural influences).
- (3) Interventions to foster resilience – explore the development of resiliency frameworks or models and conducts experimental studies to test resilience theory. For example, intervention programs such as early childhood education and Head Start programs

often utilize a developmental, ecological, and systems-based approach that attempt to understand and address the multiple, situational, and cumulative risk factors in the lives of young children.

Most contemporary resiliency-based research has undertaken a conceptual shift away from simply identifying the individual attributes of resilient children (a check list style approach) to a more complex understanding that emphasizes the processes of resilience (Glicken, 2006). Regardless of the approach taken in studying resilience, “We must remember that resilience is not absolute. Virtually every youth has a breaking point” (Gabarino, 2005, p. xi). Youth may appear resilient in social terms, but can be severely wounded in inner or emotional ways (p. xii). For example, boys tend to act out in explicit anti-social ways whereas girls tend to internalize stressors, which often do not manifest themselves in outward or physically noticeable behaviours.

There are multiple pathways to developing resiliency or a resilient mindset. Resiliency models should focus on assets and abilities rather than a sole focus on diagnosis and disability (Goldstein & Brooks, 2005b). These multiple pathways represent a complex combination of risk and protective factors that are present or absent in a child’s life (Goldstein & Brooks, 2005b). Key areas of focus for future resiliency research include: (1) the development of ecologically-based models that take into account the interaction of youth and their environment, which forms their developmental context, (2) the important role of positive relationships with healthy adults, and (3) the present competencies of a child rather than a sole focus on deficiency measures. Collectively, this focus can help to influence the development of evidenced-based models that take advantage of and foster preventative factors that reduce risk, foster relationships, and enhance self-esteem (Goldstein & Brooks, 2005b).

The remainder of this literature review will focus on both the attributes of resilient young adults and children and the processes that can help them to foster resiliency and the development of a resilient mindset. The literature review will then examine the resiliency factors and processes that are unique to LGBTQ youth.

Identifying Protective Factors of Resilient Children and Young Adults

Glicken (2006) identifies protective factors as “the supports and opportunities that buffer the effect of adversity and enable development to proceed” (p. 11). Protective factors are also commonly understood as “assets”, “resources”, and “buffers”, whose presence or absence can have a significant impact on a young adult’s or child’s ability to overcome or positively address risk factors and/or stressful life events. For example, the Public Health Agency of Canada (2006b) identifies several key protective factors that can help to reduce the risk that youth will experience violence. These protective or resiliency factors include “a nonabusive home; strong, early childhood attachment to caregiver(s) and good parental supervision; positive adult role models; and completion of high school and post-secondary school” (para. 28).

Thompson (2006) provides this widely held definition of youth who are considered at risk: “[they] are more vulnerable to becoming pregnant, using alcohol and other drugs, dropping

out of school, being unemployed, engaging in violence or other high-risk behaviors, and facing an increased propensity to develop a host of mental health problems” (p. 1).

Current resiliency-based research and program development for youth focuses on the “need for school and community programs to build on individual, family, or community strengths rather than focusing on individual, family, or community deficits or risk factors” (p. 54).

Thompson identifies the attributes of resilient people to include the following characteristics:

- A sense of self-esteem.
- Independent thoughts and actions.
- The ability to compromise in interactions with others and a well-established network of friends.
- A high level of discipline and a sense of responsibility.
- Acknowledgment of one’s own special gifts and talents.
- Open-mindedness and willingness to explore new ideas.
- A willingness to dream.
- A broad range of interests.
- A sharp sense of humor.
- Insight into one’s own feelings and those of others, and the ability to effectively communicate these.
- A high endurance of distress.
- Focus, a commitment to life and hope for the future even at the most despairing time of life. (p. 55)

Correspondingly, characteristics of resilient children and youth include:

- Ability to actively solve problems and think for themselves. These youth often demonstrate higher academic outcomes, intellectual aptitude, good conduct, and a positive social history.
- Capacity to navigate complex emotions and deal with frustration. These skills are often learned from parents who are readily available and of good mental health.
- Avoid taking responsibility for other people’s problems and demonstrate a strong internal locus of control.
- Have an awareness of the structures of oppression, such as an alcoholic parent, hostile or racist school environment.
- Hold an optimistic outlook and persistence in the face of adversity, suffering, or failure.
- Maintain a healthy self-concept and hold a positive vision for the future and the ability to live a meaningful and rewarding life.
- Resist internalizing put downs and negative labeling.
- Have a sense of humor and do not hold grudges.
- Develop and build friendships based on mutual support and trust.
- Demonstrate the ability to successfully manage their lives and positively influence their environment. Resilient people often have a strong desire to help others. They often exhibit a sense of strength, connection, and interdependence found through cooperation and collaboration and are not afraid to reach out to offer support and encouragement.

- Have a sense of autonomy. (Goldstein & Brooks, 2005a&b; Thompson, 2006)

Thompson (2006) suggests that “schools, institutions, and community groups can foster these qualities by helping young people establish relationships with caring adult role models and by providing environments that recognize achievements, provide healthy expectations, nurture self-esteem, and encourage problem-solving and critical thinking skills” (p. 71).

Fostering Resilience in Vulnerable Youth

In a recent analysis of the experiences, risks, and health challenges faced by vulnerable youth in British Columbia, the McCreary Centre Society found that “vulnerable youth are at greater risk for not finishing school, experiencing homelessness, problem substance use, and other health-compromising behaviours” (Saewyc, Wang, et al., 2006, p. 4). Correspondingly, the report also identified key protective factors that helped to build resilience and a positive outlook for the future. Two key resiliency factors for vulnerable youth were identified as positive relationships and feeling safe at school. Positive relationships included a sense of connectedness to family members and people at school. This sense of belongingness was identified as one of the most potent protective factors for vulnerable youth (p. 6). Safety at school was also identified as a key protective factor. When youth do not feel safe or welcome in their educational environments they are less likely to learn and have more difficulty forming supportive relationships, which are of paramount importance in helping youth to overcome obstacles and thrive. Key stressors that mitigate against the healthy development of youth include a history of:

- physical abuse and sexual violence;
- families dealing with substance abuse, mental health problems, and violence;
- multiple moves, living in foster care, and running away from home (p. 8).

Research demonstrates that “certain positive attitudes and goals are strongly associated with long-term health and well being, such as: doing well in school, aspiring to post secondary education, or feeling in good or excellent health” (p. 10). Based on these factors, recommendations from the McCreary Centre Society report to support vulnerable youth include:

- Providing safe and caring schools – Supportive educational environments help youth to develop connectedness and sense of belonging. “Teachers who demonstrate respect and caring for all students, staff who help teens get along with their teacher and with other students, and policies and practices that support safe school environments contribute to positive outcomes for vulnerable youth” (p. 25).
- Promote healthy attitudes about risky behaviours – Open communication and positive role modeling can contribute to the development of healthy values and attitudes among youth.
- Support families in parenting roles – Healthy family relationships are key protective factors in the lives of vulnerable youth. Vulnerable youth need to feel connected to important adults in their lives. If these youth cannot live with their parents, teachers can serve as an important source of support that can provide youth with someone to talk to and confide in.

- Provide opportunities to get involved – Civic participation, volunteerism, and the development of leadership skills can help vulnerable youth to build their self-esteem, increase their competency, and enhance their self-worth.
- Create an environment for positive youth development – Help youth to move beyond at-risk labels by focusing on their assets, strengths, and resiliency factors.

Taking Gender into Account: Developing Resilience in Boys and Girls

Pollack (2005) suggests that there is an urgent need for mentoring and interconnectedness to promote the development of resiliency in boys and young males. Imprisoned by a strict code of masculinity, he argues that young males often internalize their emotions and suffer in silence. The “boy code” and its associated hard masculinity tell young males that they will lose the respect of their peer group if they follow their emotional voices, reach out for a sense of connectedness, or talk openly about their feelings. To counter this inward reaching focus, in an effort to foster the development of resiliency in young males, Pollack identifies four key influences:

- (1) Friendships – The need for boys and young males to develop close friends they can count and depend on (p. 73).
- (2) Platonic friendships with girls (p. 74).
- (3) Development of empathy and love (p. 74).
- (4) Family mentors – Trusted adults who will help boys feel loved and protected (p. 75).

Jordan (2005) suggests that fostering a sense of connection is critical to the development of resiliency in *both* boys and girls. Girls tend to “attribute failure to internal factors and success to chance or external factors, while boys tend to attribute failure to external factors and success to internal factors” (p. 81). Girl’s coping styles are also more relational, whereas boy’s styles are more problem focused or instrumental (p. 81). Typically, males engage in a “fight or flight” response when faced with stress, while women respond to stress with a “tend-and-befriend” response. This relational response is associated with the creation of networks to protect themselves and others from threat or as Jordan suggests, “Women respond relationally to stress; they seek connection” (p. 82). Perhaps what is needed for both sexes is a shift away from an exclusive focus on the development of self-esteem, which is individualistic and derives from comparisons with others, to a more holistic understanding of social esteem, which “depends a lot on how one is treated by others and whether one can be authentic and seen and heard in relationships with important others” (p. 81).

In times of stress youth need to learn to move outward, rather than inward in focus. This is particularly true for young males. Human connection is vital and in the developing years it plays a significant role in creating neural connections and reinforcing positive patterns of behaviours. All youth need to be encouraged to seek out supportive relationships that do not pose further danger or risk in their lives. This relational resilience focuses on strengthening “relationships rather than increasing an individual’s strength” (p. 83). Clearly, strengthening important relationships in a young person’s life helps to build and strengthen their personal resiliency and, in turn, their ability to positively face life’s challenges and adversities.

Building the Resiliency of Sexual Minority Youth

The historical focus on the risk factors faced by sexual minority youth has been an important area of study. It has driven new forms of research, identified areas for critical intervention, provided an impetus for inclusive policy development, and created a heightened awareness surrounding the health and safety needs of LGBTQ youth. However, as Russell (2005) notes, the “body of research on sexual minority youth... is arguably obsessed with risk. As a result we lack clarity in our use and understanding of risk and resilience... more attention is needed to [understand] the ways that risk and resilience may operate at multiple levels or in multiple contexts” (p. 7).

Much of the resiliency-based research conducted in relation to sexual minority youth has highlighted “risk and protective factors in their lives that are no different than those in the lives of all adolescents” (p. 9). While many of these risk factors are indeed normative and applicable to the lives of all youth, there are a number of risk and protective factors that are unique to sexual minority youth. For example, Russell identifies the following risk factors as being unique to sexual minority youth:

- coming out at a younger age, which is associated with suicidality,
- coming out at school, which is associated with peer harassment and victimization,
- coming out to parents, which is associated with suicidality,
- conflict at home due to an adolescent’s sexual orientation, which has been linked to running away,
- sexual orientation-based victimization, which is associated with psychological distress, personal homonegativity, suicidality, sexual risk-taking, school drop-out, and truancy, and
- gay-related stress (gay-related stressful events, negative attitudes toward or discomfort with homosexuality), which is associated with compromised emotional health, conduct problems, and suicide attempts. (p. 10)

Correspondingly, contemporary research describes resiliency or protective factors unique to sexual-minority youth to include:

- (1) Positive representations – Affirming media representations on television, in magazines, and on the radio are cited as important factors in the healthy development of sexual minority youth (Fenaughty & Harré, 2003). These positive representations not only help to challenge stereotypes and misrepresentations they also play an important role in the lives of rural LGBTQ youth who may not have safe access to local support groups or youth serving agencies. Given the traditional dominance of Caucasian LGBTQ representations, it is critical that LGBTQ role models be ethnically and culturally diverse.
- (2) Family acceptance – welcoming and affirming family relationships are arguably the single most important resiliency factor in the lives of sexual minority youth. These familial relationships are critical in helping youth to develop a positive sense of self and, in turn, can help to reduce the stresses associated with coming out and coming-to-terms with a non-heterosexual identity (Brown & Colbourne, 2005; Fenaughty & Harré, 2003; Russell, 2005).

- (3) School and peer support – teacher training on LGBTQ issues is associated with the development of positive school outcomes and can be a significant contributing factor in the decrease of stress associated with homophobic bullying and harassment (Fenaughty & Harré, 2003; Russell, 2005). Gay–straight student alliances are one example of school-based supports that can help to foster resiliency (Szalacha, 2003; Wells, 2006). For example, Goodenow, Szalacha, and Westheimer’s (2006) recent population-based study found that “the presence of school support groups for LGB students was significantly associated with lower victimization and suicidality risk for sexual minority adolescents, that the perception of staff support was protective, and that victimization was a significant predictor of suicidality” (p. 583). In an earlier comparison-based study, Szalacha (2003) reported that schools with GSAs were rated by both students and staff as “having significantly less hostile, more supportive psychosocial climate for LGB students than was true in schools without GSAs” (as cited in Goodenow, Szalacha, & Westheimer, 2006, p. 576).
- (4) School-based policies – schools with policies that prohibit discrimination on the grounds of sexual orientation and gender identity are also considered a significant resiliency factor in the lives of sexual minority youth (Russell, 2005). Goodenow, Szalacha, and Westheimer (2006) found that schools that had support groups for sexual minority students were more likely than other schools to have written policies on sexual orientation and were more likely to have trained staff on those policies (p. 578). Clearly, the school environment is a major influence in suicidality and other risk factors that sexual minority youth experience. As Goodenow, Szalacha, and Westheimer state,
- Threats, harassment, and intimidation at school may be especially critical for sexual minority youth.... Anti-gay victimization has been found to occur often in the presence of others, and is sometimes even encouraged and applauded by peers.... [As a result,] LGB adolescents may be reluctant to report even the most severe victimization if they perceive school authorities as unsympathetic, unapproachable, and unwilling to intervene on their behalf. (p. 585)
- (5) Support networks – LGBTQ youth are often one of the most important sources of support for other sexual minority youth. The sense of a common shared experience of coming out in a heteronormative world can help to foster a sense of connection, which, in turn, can reduce feelings of isolation, alienation, and despair when sexual minority youth realize that they are not alone in their experiences (Fenaughty & Harré, 2003). For example, community-based support groups provide a critical source of resiliency by providing a space and place where sexual minority youth can openly discuss their feelings without fear of stigmatization or violence (Grace & Wells, 2001). These youth groups provide an important opportunity for peer-to-peer and intergenerational mentoring to occur. In these spaces, youth can find “everyday” role models who can share or help youth to develop real-life strategies for overcoming adversity within their local communities.
- (6) Sexual health education – Fears and inaccurate information related to sexually transmitted infections and HIV/AIDs can be significant factors related to increased

suicide risk for sexual minority youth (Fenaughty & Harré, 2003). Accurate and LGBTQ-inclusive information that is provided in a non-judgmental manner is correlated with a reduction in sexual risk-taking behaviours (Russell, 2005). For some LGBTQ youth who may be or fear being HIV positive, informed education can help them and others to more fully understand that HIV is a preventable disease and not a “death sentence” (Fenaughty & Harré, 2003, p. 14). Unfortunately, many sexual minority youth continue to be denied access to non-judgmental sexual health information in their schools, families, libraries, and communities placing these youth at increased risk for physical and mental health problems (Mutchler, Ayala, & Neith, 2005; Schrader & Wells, in press).

Collectively, the above unique protective factors can help sexual minority youth to develop a resiliency mindset. With proper supports in place, these youth can be assisted in developing positive attitudes about their sexual orientation or gender identity. However, it is critical to note that despite the presence of certain resiliency factors, potential risk factors can also increase and in some cases even compound. In certain situations, what may be considered as a risk factor for one youth might also be understood as a protective factor for another youth. This duality indicates the complex nature of the coming out and coming-to-terms processes that sexual minority youth must navigate. For example, as Russell (2005) suggests, “timing (developmental and chronological age) and context (supportive versus hostile family, peer, and school environments)” can significantly influence whether coming out will be perceived as a risky or protective factor (p. 11). As a result, it is essential to recognize that sexual minority youth require a variety of sources of support to help them navigate and potentially negate sources of discrimination and/or internalized homo- or transphobia (Fenaughty & Harré, 2003). With a variety of supports in place, youth can be encouraged to develop a “resiliency toolbox” from which they can select the right “tool” or strategy to help them address a particular problem or challenge in their lives. By having the right tool for the right challenge, youth are more able to successfully cope with adversity and the complex challenges of personal growth and development in a heteronormalizing world.

Concluding Perspective: Implications for Future Research

All sexual minority children and youth have the added challenge of growing up in a heteronormative world. Thus, as traditional research might argue, all sexual minority youth can be considered “at-risk” (Fenaughty & Harré, 2003). Therefore building resiliency is of paramount importance in helping sexual minority youth to learn how to survive and, in turn, thrive in a heteronormative society.

While attention to risk factors in the lives of LGBTQ youth remains critical, as Russell (2005) posits, “We must be diligent that research does not serve to marginalize or label individual sexual minority youth as unavoidably at risk” (p. 14). Indeed, by moving beyond a sole focus on risk-related behaviours we can learn how and why the vast majority of sexual minority youth not only survive their adolescence, but also thrive amidst constant oppression to become advocates for change and social justice in their schools, families, and communities (Grace & Wells, in press). Rather than viewing sexual minority youth as solely as at-risk or dysfunctional, teachers, researchers, and clinicians would do well to recognize their coping strategies as strengths. It is their inherent desire or ability to survive in the face of adversity

that helps many LGBTQ youth to build self-esteem rather than feelings of negative self-worth.

Instead of focusing on LGBTQ youth as being solely at-risk, researchers would do well to articulate the need for a shift in the traditional deficit-research paradigm by positioning sexual minority youth as “at-promise”. What different kinds of questions might researchers ask, what different kinds of programming might teachers create, and how might LGBTQ youth understand themselves differently if they were viewed as having inherent strengths rather than deficiencies that needed to be overcome? This new resiliency paradigm might help develop a future in which sexual minority youth do more than simply persist or endure. Instead they might be encouraged to prevail against the forces of oppression to become more than they ever thought they could be and, in turn, foster a sense of change and hope in themselves and the world around them.

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End Notes

ⁱ I primarily use the acronym LGBTQ or sexual minority youth in this paper to identify non-heterosexual youth. However, I adhere to the acronyms used by various researchers when citing their work. For example, some researchers use LGBT, while others use LGB to designate specific research target populations.

ⁱⁱ Funding has been secured and the McCreary Centre Society plans to repeat the 1999 Being Out Report using 2003 survey data. The report is expected to be released in April 2007 (Personal Communication, July 25, 2006).