

Provider Perspectives on the Needs of Gay and Bisexual Male and Transgender Youth of Color

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Introduction

Gay, bisexual, and questioning male and transgender (GBTQ) youth of color typically face challenges related to racism, homophobia, transphobia, disadvantaged neighborhood, and school conditions. Despite these challenges, little is known about the particular needs and resources available to GBTQ youth of color and what interventions ought to be developed to address their needs. Even without the help of much research evidence, service providers have worked with GBTQ youth for decades. We sought to learn from their experience. To begin to understand the service needs and resources of GBTQ youth of color we surveyed service providers in Los Angeles using semi-structured qualitative interviews. Respondents represented organizations providing a variety of services, such as schools and community-based health and social service organizations, some specifically targeting LGBT youth or youth of color and some targeting the general public.

Our specific aims were to:

- 1** Understand the experience and needs of GBTQ youth of color in L.A., including barriers and opportunities to health and well-being
- 2** Assess participation of GBTQ youth of color in existing services in LGBT community and communities of color
- 3** Recommend policy and programmatic changes that would enhance the health and well-being of GBTQ youth of color

Following The California Endowment's Boys and Young Men of Color project, this study focused on gay, bisexual, and questioning males and transgender (GBTQ) youth of color. We did not specifically study cisgender females and did not differentiate among subpopulations of transgender youth. Although it is reasonable to believe that many of the issues and recommendations discussed here would apply to cisgender females, additional research is needed to examine the experiences and needs of the multiple subpopulations of LGBT youth. Also, although HIV/AIDS and HIV prevention are the most serious and urgent public health needs of GBTQ youth of color, this report does not address HIV/AIDS needs and resources specifically. While many issues we discuss here may apply to HIV/AIDS-related services as well, additional research on HIV/AIDS-related service is necessary.

Findings and Recommendations

Individual-Level Findings

Participants identified a number of issues related to individual attitudes and interpersonal experiences as being significantly problematic for GBTQ youth of color. In contrast to common perceptions, several teachers suggested that GBTQ youth of color in their schools appear to do well and do not receive much attention because of more pressing issues, such as gang violence. When pressed, these teachers suggested that they might only know about those youth who have disclosed their sexual orientation or gender identity and do well, and suggested that youth who are not out at school may struggle in that environment. Similarly, school-administered sexual health education often alienates GBTQ youth and places on them the burden of asking questions about sexual orientation or gender identity in a classroom setting, making them vulnerable to harassment. Thus, GBTQ students were often invisible to school staff. Such invisibility diminishes the ability of school staff to provide services to GBTQ students. Moreover, when some teachers attempted to increase visibility of GBTQ students, obstacles arose, such as negative reactions from non-LGBTⁱ students, parents, and other school staff. Research participants spoke of additional challenges related to heterosexism and homophobia, especially GBTQ youth missing or dropping out of school as a means of avoiding the chronic stress of bullying and harassment. Other GBTQ youth of color respond to being bullied with bullying others, possibly to actively cope with the harassment, leading to disciplinary actions against them.

ⁱ We use ‘GBTQ’ to refer to male and transgender youth of color in our study and use ‘LGBT’ to refer to the general population of lesbian, gay, bisexual, transgender, gender non-conforming, queer, and questioning persons and the community as a whole.

Regarding after-school programming, anti-gay and anti-transgender attitudes affect the accessibility of GBTQ youth of color to programs. GBTQ are more likely to have access to programs, such as arts or drama clubs, that stereotypically fit the interests of such youth, but they are often not made to feel welcomed in after-school programs that depart from such stereotypical interests, such as athletics. When arts programs are absent, or when they do not fit the needs of the youth, GBTQ youth of color may be left without extracurricular resources.

Anti-gay and anti-transgender stigma and prejudice also can cause family rejection, which, in turn, can have severe consequences for youth, including homelessness, either because a youth was thrown out of his home or because he has found the climate so intolerable that he chose to leave. Even without contributing to homelessness, family rejection can also restrict youth access to LGBT-related programs and services either because parents block youth from participating or because youth choose to avoid LGBT-identified programs as they stay closeted in order to prevent confrontations with parents and other family members.

GBTQ youth of color who are homeless or unable to find stable housing face a host of significant issues at the individual level, and providing services to them becomes more difficult. The need for housing and other basic services (such as food) were described as having priority over all other types of issues faced by these youth. In general, the impermanence of homeless GBTQ youth results in limitations to when and where they have access to needed services.

“Let’s say you’re an out student who comes across as a gay male and you try to play on the basketball team. I don’t know if they’ll have that opportunity to be accepted and not be judged to do that, unfortunately, by the coaches.

That kind of deters them from even going out and trying out for a team just based on the fact that they’re fearful of what will happen to them.”

-Joshua, Program Coordinator

Recommendations

- 1. Increase inclusion and participation of GBTQ youth of color in school-based educational and after school programs such as athletics, academic clubs, and college preparation courses.**
- 2. Develop specialized services for subgroups of GBTQ youth, including transgender youth, closeted or questioning youth, and bisexual youth.** These subgroups of youth often have distinct needs relative to gay male youth, such as the unique healthcare needs of transgender youth, or are disconnected from services, such as youth who are reluctant to disclose or who are unsure of their sexual orientation.
- 3. Create, expand, or enhance (as appropriate) availability of needed services including, mental health services, mentorship programs, life skills training, vocational and workforce training, and health education programs that cater to the special needs of GBTQ youth of color.**
- 4. Connect GBTQ youth with adult LGBT role models to facilitate mentorship relationships not always available to youth.** This is particularly significant with regard to modeling diversity within an organization. Role models are also helpful for parents and families of GBTQ youth of color as family members see successful LGBT people of color and can promote family acceptance.
- 5. Widely publicize resources through youth networks and creative marketing strategies so that more GBTQ youth (and their families) are aware of the services available to them.** Publicizing effort should target youth themselves, their families, and non-LGBT organizations so that they can make appropriate referrals to GBTQ youth they see. To design effective advertising campaigns, agencies ought to tailor messages to subgroups of GBTQ youth.

Findings and Recommendations

Organizational-Level Findings

A positive result emerging from the data was that participants cited a variety of services currently being offered by their organizations, including HIV and STI testing, condom distribution, safer sex training, smoking cessation tools, mental health counseling, and healthy eating and exercise classes. Participants whose organization did not have the health resources needed by GBTQ youth said they were ready to refer youth to outside resources, including organizations that serve the LGBT population and specific communities of color. For example, several participants were aware of transgender health clinics at the Children's Hospital of Los Angeles and the Los Angeles Gay and Lesbian Center. But most often service providers acted independently and made connections with individuals at other agencies, without formal collaboration or communication at the organization level. Many participants identified this lack of collaboration and information sharing among agencies as a major service deficiency. In part this was because providers feared that if GBTQ youth of color are connected with services outside LGBT-identified organizations, youth will suffer from lack of cultural competency among general community providers. Providers wanted to protect youth by not sending them to organizations that providers feared might not appropriately address LGBT-related issues among people of color. Therefore, when need arose, service providers sought to develop new interventions or were frustrated by the need and the lack of access to the required services.

Interestingly, research participants noted that not only in community organizations, but also in LGBT-specific organizations there were insufficient training and lack of

clear policies specifically related to LGBT issues. Even when training occurred, it was sporadic or available to only professional staff, and may have reached only some providers who were able to access training at a particular point in time. Particularly lacking were explicit policies and training about the needs of transgender and gender nonconforming GBTQ youth.

“There’s tons of places that take youth, but making sure they’re gay-friendly and safe... I think that’s still the biggest challenge. I’ve had youth refuse to go to certain places because they felt it wasn’t safe for them.”
-Tamara, LGBT Outreach Coordinator

“Social workers who I’ve encountered are sponges. They wanna know, ‘How can I do better?’ But what I also get from them is, ‘We’re not getting [support] from our supervisors and [supervisors] are not getting it from *their* supervisors.”

-Clyde, Program Director

Recommendations

- 1.** *Have specific policies in place that are sensitive to the needs of transgender and gender nonconforming youth in schools and service organizations.* Schools and organizations ought to take steps to validate a youth’s gender identity, such as ensuring that all internal paperwork uses a youth’s preferred name and gender identity. Recommended policies include, among others, staff referring to transgender and gender non-conforming youth by their preferred names and pronouns, allowing youth to dress in accordance with their gender identity, and providing accessible restrooms and other facilities. Additional considerations are required for supporting transgender youth in institutions like detention centers.
- 2.** *Provide training about best practices and organizational policies related to services to GBTQ youth of color in both LGBT and non-LGBT specific organizations.* Training ought to be ongoing rather than sporadic to increase the sustainability of organizational efforts at improving services. Training ought to include the different types of personnel who may interact with the youth (e.g., security guards, custodians, teachers, counselors). Training also ought to include information on special populations, such as transgender youth.
- 3.** *Establish safe spaces as a pre-condition for other service recommendations to take effect.* A full approach to safe spaces would include making LGBT issues part of any organization’s mission and agenda. This means not relying on the perception that a select few providers are individually LGBT-affirming but demonstrating that the organization as a whole is supportive of them.
- 4.** *Hire LGBT-identified staff, particularly including people of color, and ensuring their visibility among leadership positions.* Doing so would help create safe spaces within organizations and normalize youths’ experiences as sexual minorities and people of color. In turn, this matching process might increase youth engagement with services.
- 5.** *Include youth input in service organizations and schools.* Include youth in organizational leadership to advise staff on problem solving, networking, and developing needed interventions.
- 6.** *Evaluate the implementation of organizational programs, youth experiences in seeking services, and the effectiveness of programs.* With empirical data, organizations could contribute to the development of best practices within their discipline and outline standards of evaluation for service provision. Participants also saw empirical data as a means of gaining administrative support for addressing LGBT-related topics in general community organizations and schools.

Findings and Recommendations

Structural-Level Findings

In addition to the individual and organizational level issues participants raised, structural barriers to accessing resources and experiences with systemic oppression and disenfranchisement were noted as issues affecting the service needs of GBTQ youth of color. For example, accessing services is a great concern in Los Angeles and many other urban and rural communities because of challenges youth face in traveling to available resources. In L.A., most of the LGBT-related services we identified are concentrated in the specific geographic areas, primarily West Hollywood, making it difficult for GBTQ youth who live outside this area to access available specialized LGBT services. Research participants cited other barriers to obtaining services, including lack of health insurance, limited availability of school-based medical staff, unemployment, and poverty. Participants also noted that within some communities of color, distrust of the medical establishment and norms that discourage professional help seeking are obstacles to GBTQ youth of color seeking care.

Other research participants spoke of the effect of structural racism on GBTQ youth of color, who because of their race or ethnicity are seen as less desirable and more threatening than White youth. As a result, participants reported that compared with White youth, GBTQ youth of color are more frequently targeted by police, are presumed by other service providers to be less competent, and experience barriers to permanent housing or foster placement. GBTQ youth of color have limited access to general services that are available within ethnic minority communities often because of anti-gay stigma and prejudice among religious institutions. Where such

religious organizations are prominent in service provision, anti-gay attitudes limit these organizations' ability to serve GBTQ youth of color.

Economic disadvantage also contributes to the stressors experienced by GBTQ youth. GBTQ youth of color may elect to leave school and find jobs in order to cope with economic stressors, but then need to deal with barriers in the workforce for GBTQ people of color. GBTQ youth of color who experience economic hardship may also seek employment opportunities in order to help support their families. And some GBTQ youth of color may become homeless and financial unstable as a direct result of disclosing their sexual orientation or gender identity within their families, often making it more difficult for these youth to find both work and housing. This was particularly true for transgender youth, or youth perceived as gender nonconforming, and especially in the context of meeting housing needs.

In meeting these challenges, service organizations need to be creative and innovative, but several social services providers noted that innovation is often limited by the funding opportunities available to them. Service agencies are often bound by funder's priorities and stipulations. One example of this is that services for youth come with age restrictions that lead to disruption in youth services when youth "age out" of services (typically, at 18 years old). To fund programs they want, organizations often make funding requests based on available resources and then try to allocate some of that money to other needs they identify. But this is a cumbersome process that does not end in optimal programming.

“I mean, if you get kicked out of your home, school is hard. Like, ‘I stayed up all night because I was too afraid to fall asleep outside and now you want me to sit in a classroom and do these problems?’ ...a lot of people’s last concern is, ‘I should get my GED’ when I haven’t slept in a week.”

-Sonia, Case Manager

Recommendations

1. Establish connections among community organizations, schools, and other stakeholders to increase opportunities for youth to access and receive needed services, ease transitions between services, and lower the risk of redundancy in service provision. Specifically, develop partnerships with organizations that have traditionally marginalized (or are perceived as having marginalized) GBTQ youth of color, such as police and faith communities. Still, participants warned that when working with outside organizations, it is important to screen providers for cultural competency and anti-oppression perspectives around LGBT issues before making referrals, in order to ensure the safety of GBTQ youth of color.

2. Address transportation barriers that youth face when attempting to access services. This is a particular concern in a city like Los Angeles, where public transportation is limited, but would be applicable in almost all urban and rural areas. Agencies can encourage participation by offering bus passes or public transportation vouchers to youth who need financial help so that they can use available public transportation. Another solution, which may require more resources, is to implement programs within diverse school and community settings, rather than locating all services in particular neighborhoods (typically,

more affluent neighborhoods that are friendly to LGBT population, such as West Hollywood in LA County). Service outreach can be achieved by agencies who provide services to LGBT youth moving to other neighborhoods using satellite or van services, collaborating with local service organizations, and/or increasing the capacity of agencies without an LGBT focus to offer LGBT-specific services. If necessary, access can also be done via electronic means, such as Web sites and texting software.

3. Integrate care required for some GBTQ youth of color when they experience multiple and challenging stressors, such as homelessness, family rejection, behavioral issues, or substance use problems. This is a great challenge as integrating complex services requires a level of funding and staff commitment that is not usually available at local agencies. To the extent possible, locating multiple services at the same site can ease the burdens youth face in obtaining holistic and comprehensive care.

4. To address rigidity in funding stipulations, encourage funders to allow more flexibility and better responsiveness to observed community needs. Such a shift would require grant-making organizations to find mechanisms to support programs that are innovative but potentially more risky than most of the current programs they fund.

Summary and Conclusion

We sought to inquire about providers' perspectives on the needs of GBTQ youth of color. In part, our findings echo what we have learned from previous surveys that describe the perspective of youth, available in the literature, showing that GBTQ youth of color face a variety of stressors across different social spheres, shaped by their membership in multiple minority groups. Other findings shed light on new issues and needs. For example, we found that the effects of economic disadvantage is very prominent in providers' account but it is not something that has been studied or highlighted extensively in the formal research literature on LGBT youth.

Social and interpersonal factors that negatively affect the health and well-being of GBTQ youth of color, such as poverty, homelessness, family rejection, and bullying, simultaneously create a need for and block access to resources and social service programs aimed at improving outcomes for this group. We categorized suggested solutions into one of three levels of youths' ecology: individual, organizational, and structural interventions. The need to continue work in all three spheres is commensurate with the literature on general public health as well as research focused solely on LGBT youth.

Providers struggled with meeting the challenge of improving youth access to and engagement with care, limited by transportation issues, low LGBT cultural competence among partner organizations, and lack of sufficient funding to foster new and effective programming. Despite these challenges, participants articulated a number of ways in which quality care could be defined – from creative advertising of resources to development of safe service climates for GBTQ youth to coalition-building and funding opportunities–providing concrete detail for theories of social service practice to consider.

Phase I: Individual Interviews

We recruited respondents from Los Angeles schools and community-based organizations to participate in the study. We selected schools and organizations with diversity in organizational geographic location, target population, and mission, and included organizations that do not serve primarily LGBT populations. Participants were given a small incentive (one \$10 gift card) for taking part in the study.

We completed interviews with 39 participants representing 20 organizations that provide a range of health, education, and social justice programs. Interviews took place at a location convenient to the participant. A semi-structured interview was developed by the study investigators for discussion of issues identified in previous research as being significant for GBTQ_{youth} (e.g. dress codes, neighborhood violence, school drop-out), and allowing participants to identify additional topics. Participants began by completing a brief screening questionnaire where they rated the degree to which they were familiar with each of 17 issues, such as school bullying, and barriers to services. Responses were used to guide the remainder of the interview toward topics that participants had knowledge of or experience with in their professional capacity. We prepared probe questions designed to ascertain differences among youth served based on racial-ethnic and cultural backgrounds, socioeconomic background, and gender identity or expression. Additional questions asked participants to reflect on their successes, challenges, and resource needs related to serving GBTQ_{youth} of color.

All interviews were transcribed verbatim and analyzed using an open and axial coding procedures generally used

as a foundation to qualitative analysis (Corbin & Strauss, 2007) to identify themes.ⁱ Interviews were coded using the Atlas.ti software program. To generate the codebook, the investigators each independently created a list of codes based on their reading of a transcript of a completed interview. The code list was then refined over a series of consensus-building meetings in order to capture the issues identified in our literature review as well as allow for the emergence of new themes. Coding questions were resolved through group discussion at weekly quality assurance meetings. All quotes included in this report are attributed using pseudonyms to protect the confidentiality of participants.

Phase II: Results Feedback Sessions

After interview responses were analyzed and initial themes and recommendations identified, we organized a summit meeting to present our findings to the organizations who took part in the interview phase and other community experts who serve GBTQ_{youth} of color. Approximately 15 individuals participated in the half-day workshop, the majority of whom had not taken part in the interview phase but were other representatives of these organizations, which included a review of the study methodology and presentations of initial findings. Feedback session participants were asked to comment on the initial findings during small group sessions and were tasked with formulating specific recommendations and steps for action to address the needs of GBTQ_{youth} of color at the youth- and organization-level. Feedback and recommendations from the workshop participants were incorporated into the final results.

ⁱ Corbin, J. & Strauss, A. (2008). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. Sage Publications: Thousand Oaks, CA.

Study Limitations

Several limitations should be noted. We explored the perspectives of providers who work with GBTQ youth to understand issues facing this population and this methodological approach limits the conclusions that can be drawn about the impact of these experiences on the youth themselves. In addition, that an issue was mentioned during the interview does not necessarily indicate the degree of importance of that issue to GBTQ youth overall, or among specific subgroups. Future research articulating the voice of the youth is needed. The study is also limited in that it may have captured issues that are particular to Los Angeles County and may not generalize well beyond this area, but we believe that many of the issues identified here are universal and to some degree are likely to be representative of other urban and even rural environments. Finally, our study is also limited in that it focused on males of color and did not differentiate between the needs of subpopulations of transgender youth. Although it is reasonable to believe that many of the issues and recommendations discussed by participants are not likely to be wholly unique among boys and young men, additional research should examine fully the experiences and needs of the multiple subpopulations of LGBT youth with regard to gender.

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