

An LGBT Youth Group's Role in Building Social Support and Implications for Risk Behavior

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ABSTRACT

This study examined a La Crosse, WI, LGBT (lesbian, gay, bisexual, transgender) youth program's efficacy in lowering risky behavior due to its role in building social support and connectedness. The relationship between social support and connectedness provided by the youth group program called GALAXY (Gay Alliance of La Crosse Youth) and youth engagement in risky behaviors was examined through surveys and interviews of sexual minority youth currently involved, past participants, and others affiliated with the group. A total of 16 surveys of current participants were conducted. Semi-structured interviews were also completed: 11 with current members, 4 with past members, 2 with GALAXY founders, and 2 with group facilitators. Results indicated a presence of risk behaviors amongst the youth, particularly in relation to substance use. However, group participation was also associated with positive mental health outcomes, lowered suicidal thoughts and attempts, lower instances of depression, and a heightened awareness of safe sexual practices.

INTRODUCTION AND STATEMENT OF PROBLEM

In retrospect, it is remarkable to consider that just thirty years ago, homosexuality was still classified by the American Psychological Association (APA) as a mental illness that merited a cure. Gay rights activists successfully lobbied the APA to change this in 1973. One could argue that this decision would serve as an impetus for subsequent changes at the institutional level to allow for more rights, as well as higher levels of social acceptance, for the lesbian and gay population in the United States. This can be evidenced with Congress's decision in 1975 to allow gays and lesbians to work in government employment and Harvey Milk's 1977 election to San Francisco's Board of Supervisors as the first openly gay elected public official (Smith 2003:19).

Despite these changes at the institutional level, research consistently shows that LGBT (lesbian, gay, bisexual, and transgender) youth, herein also referred to as sexual minority youth, experience higher rates of mental health disorders, substance use and abuse, risk for suicide, unmet mental healthcare needs, and unsafe sex practices (Burgess et al. 2007; DiFulvio 2011; Marshal et al. 2008; VanVoorhis and Vogt 2003). One method of countering these negative outcomes for sexual minority youth has been through the institutionalization of LGBT community agencies. There is one such agency in downtown La Crosse, Wisconsin—the LGBT Resource Center—that serves the La Crosse community and the Seven Rivers Region by promoting its mission statement of providing services to foster understanding and to build connections on issues related to sexual orientation and gender identity through education, events, and programming. The focus of this research was thus to examine and evaluate the efficacy of this agency's LGBT youth program, GALAXY (Gay Alliance of La Crosse Youth), in reducing risk behavior amongst the youth who partake in the group. Relevant literature will be examined that provides for a better understanding of the theoretical and empirical approaches that come into play when discussing sexual minority youth and community agencies' roles in promoting overall positive outcomes.

Background of the Sexual Minority Youth Group

Inspired by her experiences with an LGBT youth group while living in Austin, Texas, and having recently received a Masters Degree in Social Work with an emphasis on sexual minority youth work, Marilyn Levin initiated the youth group program GALAXY (Gay Alliance of La Crosse Youth) by hosting its first meeting at her home that she shared with Dr. Kimberly Vogt in 1996. Although this first meeting was held during the mid-1990s, it was nonetheless set against the backdrop of the rather active and vibrant queer community of La Crosse, Wisconsin and had support from gay-friendly allies. Levin points to this support as having been fundamental in the implementation

of such a youth group while referring to an established rapport with active members of PFLAG, the La Crosse Community Foundation, various community non-profits and agencies, and even La Crosse's mayor of the time.

After meeting to form an adult and youth leadership committee, the group received a \$5,000 grant from the organization that would come to be known as Diverse and Resilient. Levin explains the youth group's purpose:

It was holistic youth development. Basically the state-wide group Diverse and Resilient had that emphasis. You know, so it was inclusive. You know, everything from leadership development to prevention to risk reduction to, uh, giving back in your community to activism for those youth who wanted to. You know, it was really just a whole picture. And then, you know, we even, um, we just...we came in with that, serving the whole youth idea. And then, we responded to what the needs were.

The group, which was limited to youth aged 13 to 20, began meeting in the back of a women's bookstore in downtown La Crosse but would eventually expand to larger places to allow for higher youth attendance. The group met on a weekly basis, but once established at the YWCA, GALAXY youth were able to additionally spend time with office staff, volunteer, or pursue activism.

As the group expanded under Levin and the GALAXY committee's direction, so did its budget through Levin's grant-writing efforts. These funds permitted for a number of things: GALAXY played a key role in setting the stage for state-wide coalition and training efforts of gay youth programs similar to GALAXY, regional and national conferences were attended by GALAXY youth to promote educational endeavors specific to sexual minority youth, and the program was able to hire a series of AmeriCorps members to aid in facilitating the youth group. At one point in time, GALAXY's annual budget was \$130,000 to support these projects. At another instance, the program was awarded a \$100,000 grant to be dispersed into the La Crosse community; organizations then requested funds from GALAXY to build bridges between the gay and straight community.

A typical GALAXY session consisted of the reiteration of rules and group agreements, followed by paired discussions with "listening partners," news sharing and introductions, and the session's scheduled event, programming, or exercise. These sessions involved guest speakers talking about risk reduction, queer films, presentations on issues pertinent to sexual minority youth, games, and a variety of other activities with the ends of empowering the youth. Levin explains how GALAXY served the youth: "Well, it gives them a place to practice self-acceptance, number one. Number two, it gives them an opportunity to get educated about a variety of things that make a difference in their lives, um, and it gives them a place to belong in a healthy context."

In March of 2009, GALAXY shifted structurally by transferring from the YWCA to the LGBT Resource Center for the Seven Rivers Region in downtown La Crosse. Leadership of the program changed as well, with Levin leaving the program and the induction of Rosanne St. Sauver, who was also the Executive Director of the LGBT Resource Center until August 2012, as the GALAXY coordinator. Meetings were increased at this point in time from one meeting a week to group sessions being offered on a bi-weekly basis in order to accommodate youth coming from Iowa and Minnesota and to increase the program's accessibility. St. Sauver has since coordinated the youth group program with the assistance of interns and volunteers and has retained a similar structure in regards to the GALAXY sessions and meetings.

REVIEW OF THE LITERATURE

Researchers explain the aforementioned negative outcomes for LGBT youth in social and social-psychological terms rather than merely in psychological terms (Vincke and Heeringen 2002; Meyer 1995; Meyer 2003). As a result of society's heterosexist norms, LGBT individuals hold a minority status within society and must learn to cope with negative societal attitudes and stigma directed toward them (Meyer 1995). This coping can be referred to as *resilience* (DiFulvio 2011). Meyer (2003) posits a minority stress model, which explains that mental health problems can be attributed to stigma, prejudice, and discrimination creating stressful social environments for LGBT individuals. These minority social positions add excess stress to these individuals' lives, resulting in detrimental effects on their mental health and overall well-being. Plummer (1996) asserts similar internalizations experienced by LGBT individuals in the forms of hostile imagery of homosexuality, privatization of sexuality, and the emphasis on proper gender behavior and their implications for guilt, secrecy, loneliness, and identity building. He also states three problems faced by sexual minority youth: 1) lack of access to others like themselves, 2) dealing with the guilt of being perceived as deviant, and 3) developing a satisfactory self-image and a positive sense of identity.

Expanding upon the issues Plummer raises, other researchers note the correlation between a sense of connectedness and social support with higher levels of resilience and positive youth outcomes (Gerstel et al. 1989; Savin-Williams 1990; DiFulvio 2011). Through interviews with fifteen sexual minority youths, DiFulvio (2011) was able to draw three common themes between resilience and social connectedness: 1) affirming the self, 2) finding other sexual minority individuals, and 3) working toward change. She argues that LGBT youth's levels of social connectedness affect these three thematic elements in sexual minority youths' lives, which in turn have implications for their overall well-being.

A way in which the LGBT community, as well as LGBT youth, can counter hostile and homophobic social climates while building connections and social support for each other can be found in the form of "safe zones" or community-based LGBT centers with youth programs (Baker 2002; Davis et al. 2010; DiFulvio 2011). Gerstel et al. (1989) raise the interesting point that LGBT adolescents are not often born of LGBT parents, which renders parents unable to provide their children with stories of personal experiences or strategies to deal with sexual minority issues. Therefore, LGBT individuals often seek extrafamilial support in developing a sexual identity. While there are various options for sexual minorities to find extrafamilial support, this can equally be accomplished through the utilization of an LGBT Center for those who have access to one. These community centers can be "life-saving" tools for sexual minority youth (Baker 2002).

VanVoorhis and Vogt (2003) previously did similar research concerning the same LGBT youth program that was examined in this study. They sought to find a relationship between participation in the LGB youth group and risk behaviors amongst the youth being studied. More specifically, researchers posited that LGB youth would engage in higher risk behaviors than their heterosexual counterparts. However, researchers argued that higher levels of involvement with the youth group would result in lower levels of risky behavior. As predicted, the LGB youth studied reported higher rates of depression, suicidal thinking, and suicidal behavior than non-sexual minority youth. The youth also reported adequate amounts of social support, but there was no correlation between this support and involvement with the youth program. Additionally, VanVoorhis and Vogt (2003) found no significant relationship between involvement with the youth group and most of the risk behaviors being discussed. Several explanations are offered for this: same-sex sexual activity may have been higher among youth who utilized the center as a place for meeting potential sexual partners, and researchers suggest, based upon previous research, that the youth center could have served as a normative agency through a select few individuals who negatively influenced the others by promoting risky behaviors, such as drug and alcohol consumption.

HYPOTHESES

Building upon the literature on the subject, this study sought to test if there was a relationship between higher levels of social support and connectedness built through the utilization of a local LGBT resource center's youth group program and lower levels of risk behavior for these sexual minority youth. This was accomplished through interviews and surveys distributed to the youth to gauge their levels of social support and risk behavior. This study in particular reexamined the same youth program studied by VanVoorhis and Vogt (2003) to see if there has been a change since they initially gathered their data in 2000 and 2001.

Surveys distributed to and interviews with the youth provided for a better understanding of a sexual minority youth group in a smaller town setting, as opposed to an urban setting, which is where studies concerning the subject tend to take place (VanVoorhis and Vogt 2003). Data gathered presents information that can be used to improve methods utilized by the center in order to better meet the needs of the sexual minority youth partaking in the youth group program. Data gathered through surveys was subject to quantitative analysis. Information gathered through interviews was likewise subject to qualitative analysis after the interviews were transcribed to allow for content analysis.

RESEARCH METHODS

The sample for this study was a convenience sample of the sexual minority youth who were currently attending the youth group at the La Crosse LGBT Resource Center, those who have participated in GALAXY in the past, and those affiliated with the youth group program. Snowball sampling was used to collect data from other past youth participants. Since the research involved human subjects, permission was secured from the IRB. As minors were concerned, special IRB permission was granted so that the research could take place *without* minors' parental consent so that 'outing' youth to their parents could be avoided. It should be mentioned that the researcher of this study had been interning at the LGBT Resource Center as a GALAXY facilitator since January 2012 and had thus been able to build a rapport with the youth who partook in this research.

Surveys were distributed to the youth, which permitted for later quantitative analysis of the data collected. This equally allowed for the operationalization of the variables being analyzed: levels of social support and connectedness and levels of various risk behaviors. Questions were asked concerning the level of involvement with the sexual minority youth group, and levels of overall youth connectedness were examined through use of the Social Provisions Scale (SPS). To measure for varying levels of risk behavior and well-being outcomes, survey data included questions posed on the Youth Risk Behavior Surveillance Survey (YRBSS) and the Center for Epidemiological Studies Depression Scale (CESD). The YRBSS collected data on tobacco use, alcohol and other drug use, risky sexual behaviors, unhealthy dietary behaviors, and physical inactivity (VanVoorhis and Vogt 2003). Survey questions were altered in order to fit into the context of a sexual minority youth group and were distributed to sixteen current participants of the GALAXY youth group program.

Qualitative data were collected in the form of informal semi-structured interviews, which allowed for the understanding of the youth's experiences in their own terms and the context of their situations (Schutt 2009). These open-ended questions allowed youth to express themselves and provide information that survey data would otherwise be unable to provide. The interviews additionally served to supplement the survey data with further explanations behind the reported behaviors. Interviews were recorded with a tape recorder and then later transcribed to allow for content analysis of transcriptions. There were eleven interviews with current GALAXY youth, four interviews with past GALAXY youth, and four interviews with individuals affiliated with the directing of GALAXY and the LGBT Resource Center.

The combination of both qualitative and quantitative methods in gathering data enhanced the quality and value of the research design (Schutt 2009). Analysis of the data was achieved through the coding and careful assessment of transcribed interviews, as well as through statistical analysis gathered by means of the collection of survey data. Having both kinds of research provides for complementary results in testing the relationship between levels of social support and connectedness provided by the youth group and risk behaviors among sexual minority youth. Some of the participants in this study filled out a survey and responded to questions in an interview setting, some filled out only the survey, some only partook in interviews, but not all GALAXY youth were involved in this study. This study represents a sample of volunteer participants who willingly participated in this research.

RESULTS

Information Obtained from GALAXY Founders and Facilitators:

Interviews conducted with Marilyn Levin, Dr. Kimberly Vogt (one of the two researchers in the 2003 analysis of GALAXY), Rosanne St. Sauver, and Nicolette Begeman (a current GALAXY facilitator) yielded several thematic results. Primarily, all four of these individuals indicated that GALAXY is a safe space in which sexual minority youth are able to safely develop their identities. According to St. Sauver:

I just think that it's a safe space for youth to navigate and to figure out what their identity is and to question and to be comfortable questioning and not to feel insecure. And, to know that, you know, one week, they might come here and they'll say that they're gender neutral. They'll do that for like a month, and it's like, not really...then they'll come out as bisexual, and they figure it out. It's a space where they can figure it out, and they know that no matter what, (...) this is a safe space where they can do that.

Begeman indicated that GALAXY provides youth with certain terminology that can oftentimes be beneficial for youth because it puts a name to how they are identifying throughout the development of their sexual identities: "I think having a group where everyone kind of understands when you can't even put the language to it is very helpful and supportive and encouraging."

In regards to building social support, those involved in directing GALAXY indicated the closeness of bonds that exist amongst the youth partaking in the group and it being a "pretty permissive environment to learn about [one]self and to be OK with that and not to have to conform to other people's expectations." Levin particularly sought to empower the youth by outlining the oppression that brought them together: "And then, we tried really hard to focus on giving back and not being in victimhood and not, "Poor me—that I'm gay." And to realize that, you know, this is just one form of oppression, and that we're in good company." However, those interviewed reported the presence of cliques amongst the youth and the challenges that this can pose for newcomers or in affecting the group dynamic.

Those directing the youth group exhibited an acknowledged awareness of youth participation in risk behaviors, and this is something that was often broached during GALAXY sessions. This open discussion offers youth a chance to talk about their past experiences and share their concern for youth that may be engaging in risk behavior. St. Sauver explains:

We talk about STIs, we talk about queer sex, and um, ways to reduce your risk. We talk about alcohol. We talk about drugs. We talk about all those things. The perspective isn't about, "Don't do it, it's not good for you," because that's not real realistic, and it's not going to help. Um, it's more about ways to reduce your risk, how to be more safe, and how to make the best choices for you. And, not make people feel bad if they do those things because that doesn't really keep the dialogue open to kind of know if someone is safe or not, and they develop that, and I think that's good for youth. And I think they can kind of check themselves and check their peers. And, I think it's good. I think it helps them be healthier.

Begeman shares this perspective of not encouraging an abstinence-like approach: "I don't try and sugarcoat anything because I don't think that's helpful. I just think, you know, they're going to encounter these things. We all do at some point, and it's just giving them the facts, like, if you're going to do it, which happens, just do it safely."

When asked if participation in GALAXY does indeed lower youth involvement in risk behavior, current GALAXY leaders tend to believe that it does. Levin and Vogt, in the current study's interviews, indicated and reaffirmed the results of VanVoorhis and Vogt's (2003) study; there were charismatic individuals in earlier groups of GALAXY who were influential in convincing other GALAXY youth to partake in risk behaviors, particularly *vis-à-vis* substance use and abuse. When asked if she believes this to still be the case, St. Sauver asserted,

From what I know, um, from facilitating GALAXY for the few years that I have, I do not think that youth that come to GALAXY start doing things that they weren't already doing because of their exposure to other youth. (...) But, I don't think that people are coming here and then being recruited to do things maybe they weren't already doing or maybe weren't already curious about.

While group leaders acknowledge that depression and suicidal thoughts are present among the youth, GALAXY leaders affirmed that having a space in which connections are built and strengthened among the youth while they develop feelings of self-worth effectively aids in countering these depressive feelings and suicidal ideation. The repetition of this message of the youth being valued, as affirmed by the group and between the youth themselves, St. Sauver argues, is what helps youth in having more positive mental health outcomes and lowers suicidal contemplation. Group leaders stated that none of the youth who have gone through the youth group program during its sixteen years of existence have successfully completed a suicide. Vogt referred to this in saying, "I always look back and say that the community itself can be proud, and the people who've been involved can be really proud of that because that's rare." St. Sauver equally mentioned that youth have contacted her after having partaken in the youth group and have told her that, had it not been for GALAXY, they would have committed suicide.

In regards to safe sex practices and sexual health, program facilitators avowed that in being a sexual minority youth group, GALAXY provides a group in which the youth are able to find potential sexual partners. This in turn could increase the amount of youth engagement in unsafe sexual practices, particularly with partners of the same sex. Vogt nonetheless thinks that the group has had a significant impact on HIV reduction. St. Sauver discusses that creating an environment in which dialogue concerning safe sex practices can be had and teaching youth how to talk about sex is educationally effective, but she questions if the learned practices are reflected in youth behavior:

But, I think it helps youth be safe, and I really think it helps youth reduce risk of STIs, or it can. I don't know. I do know that all the youth do not necessarily use condoms or dental dams, but I do know that when we're having discussions, and when people are talking about stuff, (...) they have a list of them, so they're learning it. I don't know if they're necessarily doing it in their actions.

Identity

While identity was not one of the intended areas of study for this research, it is nonetheless pertinent to mention in order to provide a clearer picture of who composed the sample of the current GALAXY youth of this study.

There were several unexpected results that merit discussion in regards to self-reported gender identity and sexual identity. Quantitative results will first be discussed followed by qualitative data gathered through interviews.

Table 1 – Sexual and Gender Identity Items

	Full Sample ^a (n=16)	Frequency (n=16)
Gender		
Female	43.8	7
Male	25.0	4
Other	31.2	5
Transgender		
Yes	18.8	3
No	81.2	13
Sexual Orientation		
Straight	0	0
Gay	25.0	4
Lesbian	18.8	3
Bisexual	25.0	4
Questioning/Unsure	12.4	2
Pansexual	18.8	3

^a numbers are percentages

As depicted in Table 1, sixteen youth responded to a series of survey questions regarding their sexual and gender identities. Seven youth indicated they were female, four indicated they were male, and five others specified their gender identity as being something other than female or male. Three of the youth indicated being transgender, which sets apart being transgender (n=3) from being ‘other’ in terms of gender identity (n=5) for the survey respondents. No youth indicated being heterosexual, four as gay, three as lesbian, four as bisexual, and two as questioning or unsure. Three survey respondents wrote in their own sexual identity by indicating that they were “pansexual.” This identity is explained in one of the youth’s own words below. Fifteen of the youth responded that they were White or European-American, and one youth reported being Black or African-American. The youth who had filled out the surveys varied in age from 14 to 21 (M = 16.94, SD = 2.32).

Those interviewed were rather homogeneous in regards to racial and ethnic diversity; this group of youth predominantly consisted of white individuals. The ages of current youth being interviewed ranged from 14 years of age to 21 years of age. When asked about their sexual and gender identities, the questions were posed so that youth responded in their own terminology. They were also able to define what they meant by defining their self-applied identifications. Gender and sexual identity varied amongst the youth, and within the eleven current youth interviewed, there were those who defined their sexual orientation as pansexual, queer, gay, lesbian, bisexual, bi-curious, questioning, person-specific and asexual. In regards to gender identity, there were youth who self-identified as male, female, transgender (both male to female and female to male), unsure, gender queer, and gender non-conforming.

When asked to define pansexuality as a sexual orientation, one youth provided the following explanation: “I don’t limit myself to like only male and females. I include all the gender identities.” Another youth explained queer, “It’s just a blanket term most of the time because I don’t like being too specific, but like, it’s just a blanket term for being gay in general.” One youth explained what was meant by person-specific, “I’m attracted to not the gender, but the person, and I just, like, I don’t really care about what you identify as, your gender identity. I just care about who you are as a person, and that’s what attracts me to you.” In discussing his sexual identity, one of the youth used the term ‘gay-ace’: “I refer to it as gay-ace. And ace is another word for asexual, so I’m attracted to men, but I also have a very low sexual drive.”

In discussing their gender and sexual identities, it was apparent with many of the youth that these are subject to change over the course of time. One of the youth explains the development of her sexual identity after initially identifying as bisexual:

That progressed with me, um, first off I came to GALAXY. Then, I thought maybe I was a lesbian, and I started identifying as a lesbian, and then I realized that I was still attracted to guys. Um, then, I heard the term person-specific, and I liked that term because it wasn't really labeling anything, and that's when I started using that as my identification.

Several of the youth discussed the role the youth group played in providing them with terminology to express how they were feeling in regards to sexual and gender identity and finding comfort in that. Others, after having attended GALAXY as straight allies, began to question the overarching heteronormativity found at the societal level and no longer identify as heterosexual; when asked how GALAXY changed her life, one youth responded, "I probably would still be like, "I'm as straight as they come.""

There were several indications from the youth that they sometimes identified differently with various people in their daily lives, but they were nonetheless able to explore different identities while attending the youth group. One of the youth described having to be "another person" around certain members of her family. A trans-identified youth explains using terminology that is easier for others to understand, although it may not necessarily be how the youth identifies:

Youth: I use the term 'gay' right now because that's what most people will understand. I don't want to confuse people even more.

Researcher: For a lot of people, it's complex and hard to understand, or keep track of it. I just want to know how you identify for yourself.

Youth: I feel like I'm straight, but for everyone else, I'll just go ahead and say that I'm gay.

Social Support and Social Connectedness

Gauging levels of social support and connectedness is an intricate task, as these are abstract concepts that cannot be directly measured. Multiple approaches were thus used in an attempt to assess levels of youth support and connectedness developed through GALAXY in addition to the general levels of social support in the youths' lives.

Quantitative measures were used to gauge youth connectedness to GALAXY; survey questions were included to determine the amount of time youth had been associated with the program, the number of meetings they attended each month, if youth had ever held leadership positions in the program, if youth had participated in a GALAXY-sponsored educational panel as a panel member, if youth had attended an educational conference as a representative of the youth group, and the number of people to whom the youth were 'out.'

The amount of time the sixteen surveyed youth reported being associated with GALAXY ranged from one day to four years ($M = 15.81$ months and $SD = 13.84$ months). Meetings attended ranged from one to eight meetings per month ($M = 3.03$ and $SD = 2.00$). One youth reported holding a leadership role within the youth group. Nine youth reported never having participated in a youth group sponsored educational panel, three youth reported having participated in one, three youth reported having participated in two, and one youth reported participating in three panels. Nine youth reported never having attended an educational conference as a GALAXY representative, four youth reported having attended one conference, and three youth reported having attended two conferences.

The youths' level of general connectedness was determined through a series of 24 statements with corresponding point values in responses via the Social Provisions Scale (SPS). With this scale, youth responded to statements in which the level of agreement to the statement corresponded to the following scores: Strongly Disagree = 1, Disagree = 2, Agree = 3, and Strongly Agree = 4. Possible scores could thus range from 24 to 96, with lower scores indicating lower levels of social connectedness and vice versa. Scores between 24 and 32 indicated low levels of perceived support; scores between 33 and 64 indicated moderate levels of perceived support; scores between 65 and 96 indicated high levels of perceived support. Data collected from the surveys ($n=15$, 1 youth did not respond) scored none of the youth at a low support level, three youth at a medium support level, and twelve youth at a high level of social support. Scores ranged from 47 to 93 ($M = 73.00$ and $SD = 13.22$).

Qualitative measures of social support were gathered through questions designed to elicit descriptive information regarding the types of support offered to youth, both within the context of the youth group program and outside of it. These questions pertained to the people with whom the youth had conversations concerning their sexual minority status, the type of support offered to them at home, school, and from friends, how youth became involved with GALAXY, the regularity of attendance of the program, the number of youth in the program with whom the youth meet outside of scheduled GALAXY meetings, and the comfort levels of the youth while in attendance at GALAXY.

Throughout the interview process, it was apparent that the youth had varying levels of social support, found within the youth group program as well as outside of it. The amount of time that youth were associated with GALAXY ranged from several weeks to four years. In regards to frequency of attendance, some youth attended rarely (i.e. once every few months) while others attended as often as possible (i.e. eight times per month). Something that was, however, thematic throughout the interviews was that many of the youth reported sporadic attendance; youth often go through periods of high attendance and then go without attending for time periods which may last weeks, months, and in some cases, several years. This irregular attendance further renders measuring levels of social support built through the program a difficult task.

In regards to being ‘out’ to family, friends, classmates, teachers, and people in their lives, youth again reported having a range of *outness*. Many of the youth reported being open about their sexual and gender identities to almost everyone, if not all people, in their lives. Several of the youth reported having talked to a select few individuals in their lives concerning their sexual minority status. One youth referred to living in an “iron closet.” There were additionally multiple indications from the youth interviewed that they were only comfortable being fully out within the context of the youth group program.

During their coming out processes, a large majority of the youth reported being positively received by the peers, family members, or acquaintances with whom the youth discussed their sexual minority statuses for the first time. Four of the youth reported having had closely related family members who were also sexual minorities, which made the process go more smoothly. A couple of the youth discussed their coming out experiences as being met with neutral responses. As one youth stated, “So, it wasn’t really like anything. It was like an everyday conversation, kind of.” There were, nonetheless, youth who were poorly received within their families. One youth discussed her father’s reaction: “He thinks it’s disgusting and that I’m going to burn in hell.” Another talked about being physically assaulted and verbally harassed within her family and by peers upon the disclosure of her sexual minority status. Two of the youth reported being rejected by their families and subsequently being homeless. One of these youth was able to find support and temporary housing with the assistance of a GALAXY facilitator.

Like the second theme—finding other sexual minority individuals—outlined by DiFulvio (2011) in her social connectedness and resilience research, the youth interviewed in this study also sought others who shared similar experiences, and they ended up discovering GALAXY. Youth were able to find the youth group program via referrals by current youth group participants, family members, panel discussions in local schools, GSAs (gay-straight alliances), and six of the eleven youth interviewed mentioned having found the LGBT Resource Center, GALAXY, or both, through social media such as Facebook or through an internet search of area resources.

Youth discussed first-time experiences with the youth group program with marked levels of anticipation, anxiety, and nervousness, but a large majority nonetheless talked about it being a welcoming environment. Initial issues youth came across were pre-established connections between the youth posing problems for integration into the group. One youth talked about this, “I still don’t get the, like, everybody is close-knit, and they’ve known each other for a really long time, and I’m just like, “Hi, guys.”” In fact, when asked how many of the youth group participants they spent time with outside of normally scheduled GALAXY activities, some youth reported meeting seven to eight youth on a regular basis, others reported several, and others reported never meeting youth participants outside of GALAXY. One youth emphasized the growth of her social support system because of attending the youth group:

I don’t think I’d have as much support in how many friends I have. I don’t think I’d have that many. Because before I came to GALAXY, before I moved to the La Crosse area, I only had a couple of friends, and then, it wasn’t a whole big group of friends. It was just like two or three people, and, now I’ve got a big group of friends. It’s been a lot of help.

Youth reported attending GALAXY both in order to meet some kind of need—oftentimes some form of psychological and social support—and as their circumstances permitted. Some reasons mentioned for not attending the youth group on a regular basis included conflicts in schedules between extracurricular activities, work, familial obligations, intergroup “drama” causing certain youth to avoid others, and, in some cases, depression. One youth talks about this oscillation between meeting psychosocial needs through attendance of the youth group and a depressive state preventing her from coming to GALAXY:

It slowed the process. Definitely. Having that there made it better, but then, like, I’d have just random spouts where I’d stop coming. And then things would get worse. And then I’d start coming again, and things would get better. Like, it

would repeat, and everything I would stop going, everything would...things would just get almost double as worse as they were before.

Despite the sporadic attendance reported by the youth, they nevertheless pointed to a certain level of comfort in knowing that there was a safe space where they could go and receive support should that need arise.

Questions were also posed to the youth about the support offered to them by the youth group facilitators and the program coordinator, Rosanne St. Sauver. The youth referred to the facilitators as mentors, role models, friends, and as resources for when the youth had questions. One of the youth explained the roles of the facilitators:

Well, I like you guys. You're nice. But, uh, you're kind of like the, I don't know—forgive this—but the mother duckling people of GALAXY. Like you're like the older people, and although (...) the youth make up the life of the group, essentially you guys are there to, like, keep an eye on things and stuff. And it's kind of like a, um, I don't know, a comforting thing I guess.

In discussing St. Sauver and how the youth perceived her position within the group, the youth described her similarly, but with reference to her having more authority and to the respect they have for her. The aforementioned youth expanded upon the “duck” metaphor in describing Rosanne, “She, if you guys are like the mother ducklings, she's like the queen duckling.” Five of the youth interviewed discussed the maternal-like role that St. Sauver plays in their lives, and one youth explained:

Rosanne is like the kind of woman that I want my mother to be, which is kind of sad that I want my mother to be somebody other than who she is. I kind of feel as if Rosanne supports people no matter what. She cares. They aren't just youth that come in and out. (...) she makes them feel like part of her family. And, it's very much appreciated.

Substance Use and Abuse

Information related to youth engagement in substance use and abuse was obtained through the collection of quantitative and qualitative data. The latter was particularly useful in determining if the youth, as supposed by VanVoorhis and Vogt (2003), were influenced by other youth group participants in terms of substance use and abuse.

Youth responded to questions on the Youth Risk Behavior Surveillance Survey (YRBSS) to gauge various levels of consumption of substances such as alcohol, tobacco, marijuana, and other various drugs. Questions asked youth if they had ever consumed certain substances, if they had consumed them during the last 30 days, and if they had consumed them before the age of thirteen. This data was then compared to data collected from the 2009 Wisconsin Youth Risk Behavior Survey (YRBS) of youth who had reported being sexually active, both for youth reporting partaking in same-sex sexual behavior and for those reporting heterosexual sexual behaviors (Karki et al. 2010). The comparison of these samples is exemplified in Table 2.

GALAXY youth respondents reported smoking fewer cigarettes than Wisconsin youth who had reported same-sex sexual activity. However, GALAXY youth reported a higher percentage of cigarette smoking than Wisconsin youth reporting only heterosexual sex practices. GALAXY participants reported a higher percentage of drinking alcohol before the age of 13 than other the other two groups, but GALAXY youth reported lower percentages of binge drinking during the past 30 days. Marijuana use was also reported at a higher percentage amongst the GALAXY youth than amongst YRBS data of Wisconsin youth.

Table 2 – Substance Use Items

Question	% GALAXY ^a (n=16)	% Same-Sex ^b (n=138)	% Hetero-Sex ^c (n=1,255)
Have you ever tried cigarette smoking, even one or two puffs? (% answering “yes”)	62.5	n/a	n/a
During the past 30 days, on the days that you smoked, how many cigarettes did you smoke per day? (% answering more than 2)	25.1	29.4	15.2

During the past 30 days, on the days that you smoked, how many cigarettes did you smoke per day? (% answering more than 10)	12.5	17.2	4.6
During your life, on how many days have you had at least one drink of alcohol? (% answering "1 or more")	87.5	n/a	n/a
How old were you when you had your first drink of alcohol other than a few sips? (% answering "younger than 13")	43.8	35.4	22.2
During the past 30 days, on how many days did you have at least one drink of alcohol? (% answering "1 or more")	56.2	85.5	87.9
During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (% answering 1 to 2 days)	18.8	28.7	25.9
During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (% answering 3 to 5 days)	0.0	40.0	56.0
During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (% answering 6 or more days)	18.8	42.2	37.5
During your life, how many times have you used marijuana? (% answering 1 or more)	68.8	n/a	n/a
During the past 30 days, how many times did you use marijuana? (% answering "1 or more")	43.8	37.8	28.6
During the past 30 days, how many times did you use marijuana? (% answering more than 10 times)	18.8	16.6	12.4
During your life, how many times did you use any form of cocaine, including powder, crack, or freebase? (% answering "1 or more")	12.5	n/a	n/a

^a Data were obtained from the youth surveyed in this study

^b Data were obtained from 2009 Wisconsin YRSB respondents who had reported engaging in same-sex sex practices

^c Data were obtained from 2009 Wisconsin YRSB respondents who had reported engaging in heterosexual sex practices

Qualitative data concerning substance use and abuse was obtained by posing youth questions to better contextualize their engagement in these risk behaviors. Questions asked gauged youth participation in alcohol, marijuana, and other substance consumption, the age at which consumption occurred, the duration, the social setting of these experiences, and GALAXY's connection to or influence on these behaviors.

Youth responses varied in regards to the presence of substances in their lives. Substance use was reported by a large majority of the youth interviewed, with alcohol and marijuana as the most prevalent substances consumed. One youth attested to never having consumed any type of substance, several have experimented with alcohol, marijuana, or both once or multiples times but have discontinued use, others have experimented and continued to use these substances occasionally (i.e. several times a month to once every three months), and two youth reported substance consumption on a regular basis (i.e. several times per week). One youth reported smoking marijuana on a

daily basis and being a self-professed addict to painkillers and barbiturates. Two youth discussed their tobacco consumption, with one smoking cigarettes on a regular basis and the other having ceased smoking cigarettes. One youth reported sniffing paint and permanent markers in order to get high.

Most of the youth who had reported substance use claimed to have consumed in social situations in most contexts of the substance use. For three youth, however, consumption of these substances served for the purpose of self-medication. One youth explained her marijuana use, "It's because I'm nervous a lot and like anxious and fidgety. I can't concentrate. It helps." Another youth explained her alcohol consumption, "Yeah, and sometimes it'll be just like if I had a hard day, I'll have one or two." The third youth to report self-medication through substance use explained, "Every drug I've used has been trying...it was an attempt to make myself feel better, (...) to make myself happy, (...) to forget about everything."

There was some correlation between low levels of social support received from youth families and their levels of substance use. Three youth in particular who had not been well received by their families upon disclosure of their sexual identities reported higher levels of alcohol and marijuana consumption as compared to the other youth. This does not mean, however, that each youth who was ill received in regards to disclosed sexual minority status reported higher levels of substance use; two youth, one of whom had a less than ideal family situation and the other, self-described as an "outcast," reported no substance use in their lives. Involvement with the youth group program, both duration of time and frequency of attendance, did not have an evident effect on youth consumption of substances; some active participants reported higher levels of substance use than those who attended less frequently and for not as long.

The youth group program itself, and not strictly the connectedness and support it provides, affected youth engagement in and perception of substance use in various ways. Five of the youth indicated that that program had had no influence in regards to either their perception of substance use and abuse or their consumption of substances. Several of the youth discussed having altered behaviors while partaking in substance use because of knowledge acquired through the youth group program. In talking about using substances in controlled environments, one youth stated:

We used to always just go outside. Now we stay inside because it's safer. But, I don't know, it's kind of like health class. We tell you the cons of it and why you shouldn't and everything, and if you are and how you cannot and resources to help you. It's like you just convince yourself how to do it better.

Another youth contemplated how the youth group formed her perceptions and affected her behaviors related to substance use:

Researcher: How, if at all, has GALAXY changed your opinion or influenced your opinion on substance use or abuse?

Youth: Um, with my time at GALAXY, all 13 months, we didn't really talk about it. We did one day talk about alcohol, but we never really talked about marijuana. So, it hasn't really changed much, but the drinking thing was more in a social setting, so I kind of cut back on drinking in social settings once I realized how risky it actually is.

Researcher: So, is that something you wish GALAXY had talked about?

Youth: Uh, yes. Definitely.

Researcher: Do you think it would have changed any of your behaviors?

Youth: It probably wouldn't have. That probably wouldn't have changed it, but the more and more I thought about the facts, it probably would have. So, in a way, yes.

Two out of the eleven youth discussed having consumed substances with other GALAXY youth, while the other nine explicitly stated that their substance use, if any, had been with individuals from outside of the youth group program. One of the two having participated in intra-GALAXY substance use reported alcohol and marijuana consumption with other youth and having witnessed other GALAXY youth partake in additional substance use. The other youth who consumed substances with program participants reported having smoked marijuana and cigarettes with another youth from GALAXY. When questioned further, this youth claimed to have already experimented with marijuana prior to participating in GALAXY but smoked tobacco products for the first time with a youth met in

the GALAXY program. Neither of these two youth, however, discussed having been influential in convincing other youth program participants to partake in recreational substance use.

Mental Health Outcomes and Suicide

Quantitative and qualitative approaches were used in determining mental health outcomes and suicidal thoughts and attempts amongst the youth. Quantitative data obtained were subject to statistical analysis and comparison to Wisconsin YRBS datasets. Quantitative data gathered were additionally scored based upon the Center for Epidemiological Studies Depression Scale (CESD) to gauge levels of depression.

Data gathered through the YRBSS determined youth levels of sadness or hopelessness affecting usual activities, suicidal ideation, and suicidal attempts. This data, as collected from the youth group (n=16), is indicated in Table 3 and is compared to 2009 YRBS data collected in Wisconsin. GALAXY youth group respondents reported higher percentages of sadness and hopelessness, suicidal ideation, suicidal planning, and suicide attempts requiring medical attention as compared to Wisconsin youth who reported having had same-sex sexual activity and youth who reported having had heterosexual sexual activity.

Youth depression was also gauged through use of the Center for Epidemiological Studies Depression Scale (CESD) in which 20 statements were made, and youth responded how much of the time they felt what each statement described during the past week. Responses were scored in regards to youth frequency of feeling what the statement described: Rarely or None of the Time = 0, Some of the Time = 1, Much of the Time = 2, and Most of the Time = 3. Scores could thus range from 0 to 60, and a score of 16 or more indicated that the respondent was depressed. Data collected from the surveys (n=15, 1 youth did not respond) scored twelve of the youth as depressed and three of them as not depressed. Scores ranged from 15 to 56 (M = 29.87 and SD = 13.26).

Table 3– Mental and Emotional Health and Suicide Items

Question	% GALAXY ^a (n=16)	% Same-Sex ^b (n=138)	% Hetero-Sex ^c (n=1,255)
During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities? (% answering “yes”)	68.8	44.6	24.1
During the past 12 months, did you ever seriously consider attempting suicide? (% answering “yes”)	75.0	39.7	14.4
During the past 12 months, did you make a plan about how you would attempt suicide? (% answering “yes”)	68.8	32.2	10.6
If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdoses that had to be treated by a doctor or nurse? (% answering “yes”)	25.0	10.0	1.6

^a Data were obtained from the youth surveyed in this study

^b Data were obtained from 2009 Wisconsin YRSB respondents who had reported engaging in same-sex sex practices

^c Data were obtained from 2009 Wisconsin YRSB respondents who had reported engaging in heterosexual sex practices

Qualitative approaches allowed for youth to better contextualize their mental health outcomes, discuss how they dealt with negative emotional health, talk about suicidal thoughts and attempts, and elaborate on how GALAXY had an impact on these issues. All eleven of the youth interviewed discussed having experienced depression, and not just sadness, at some point in their lives and having contemplated suicide or experienced periods of suicidal ideation, but not all had attempted suicide. Four of the youth reported never having made an attempt to end their lives. One

youth reported maladaptive behaviors, other than substance use, in dealing with negative mental health; this youth reported being a “cutter” and inflicting self-harm.

Levels of depression and its effects on youths’ lives varied. Some youth talked about shorter periods of time, such as several weeks, during which depression affected their daily lives, whereas others reported depression being a life-long struggle. When asked what they believed to be at the root of their depression, responses consisted of being unsure, familial situations such as divorce negatively affecting the youth, abusive and isolative relationships, dealing with loss of loved ones, homelessness, rejection, stigma surrounding sexual minority status, or a combination of factors. One youth reported depression related to a romantic interest that could not be divulged because he was in the closet:

I’d have to say it was because I know that I was gay and, uh, and as I was saying earlier, there was that one guy I really liked, but I didn’t want to come out of the closet yet. So, I wanted to be with him a lot, but I wasn’t able to say anything. That depressed me from the inside out.

Youth reports of depression that stemmed from multiple factors within their lives, in addition to holding sexual minority status, supported Meyer’s (2003) minority stress model in which stigma, prejudice, and discrimination associated with sexual marginalization add excess stress to these individuals’ lives and have implications for mental health outcomes. One youth considered his sexual minority status as adding to his depression:

Researcher: From the period of time of 14 to 17 you had this veil of depression?

Youth: Yeah. And, shit would just keep happening and add on top of it.

Researcher: Was it your family situation?

Youth: It was a little of everything. School, family, and friends and everything became very overwhelming at one time.

Researcher: Do you think being part of a sexually marginalized, or being LGBT, group added to the depression?

Youth: Maybe. Slightly. That, and everything else.

All of the youth interviewed reported having had experienced instances of suicidal contemplation, but four of the eleven youth had never attempted suicide. Many youth chose to give no further information other than acknowledging having thought about suicide or attempting it. Those who had elaborated on the subject discussed low feelings of self-worth and not feeling needed. These thoughts and attempts were accompanied by long-term depression and negative mental health. Three youth discussed excessive alcohol or drug consumption in an attempt to end their lives. Two of these incidences involved subsequent hospitalization, and the third youth did not seek professional medical health because of the financial burden this could have posed. One youth abstained from necessary medical treatment in attempt to commit suicide.

Youth discussed a variety of methods for coping with negative mental health or suicidal ideation. Several, as discussed previously, self-medicated with alcohol or other substances. Many of the youth talked about the support and comfort they had found through confiding in family members, friends, or other confidants concerning negative mental health outcomes; however, some found little support in these areas. Ten of the youth reported having sought out professional help, which involved therapy, counseling, prescribed medication, or a combination of these methods. One of these youth reported having been institutionalized in a psychiatric ward. Some argued that these methods were effective, some had mixed results, and others claimed that they had no effect on mental and emotional well-being.

A large amount of evidence gathered during the interviews suggests that the youth group program has had a positive impact on youth emotional and mental health outcomes. One youth nonetheless reported GALAXY as having no effect on her levels of depression and suicidal thoughts or behaviors. Youth group participation affecting levels of depression ranged from having a reason to “get out of bed” to being in a better mood to youth attributing a complete loss of depression to GALAXY. One youth discussed the effects GALAXY has had on her emotional health:

Well, before, I used to stay in my room all the time, and like, I don’t know. I wouldn’t do anything. (...) [GALAXY] made me get out of bed, and it helps me figure out who I am. That made me happier. It’s just like people who are always there who will help me out.

Another youth reported finding comfort in being able to relate to others who have experienced negative mental health outcomes:

Researcher: How, if at all, has GALAXY changed your opinion about mental and emotional health, depression, and/or suicide?

Youth: It kind of seems like this big, lonely thing. I've talked to other people, and it's something that a lot of other people have conquered.

Researcher: And you've found people to talk to through GALAXY about it?

Youth: Yes. I feel like I've become a whole different person.

Researcher: And this was after starting GALAXY?

Youth: Yes.

One youth attributed feelings of self-worth built through the youth group program as having impacts on her emotional health, "Whenever I'd have depressive episodes, I kind of thought about the people in GALAXY, and I'd know that I was important to them. And, I knew that GALAXY was a place that I could feel safe and that I could feel important to people." One youth discussed a loss of depression due to GALAXY:

Researcher: What have been the positive impacts on your life of being involved with GALAXY?

Youth: A loss of depression. I was very depressed before I started coming here.

In regards to impacts on suicidal contemplation and behavior, youth responses affirmed that GALAXY is, in fact, a life-saving program. Five of the eleven youth interviewed explicitly stated that, had it not been for this youth group program, they would have either committed suicide or have continued to attempt suicide and have likely succeeded. One youth talked about this:

Researcher: How do you think your life would be different if you had not come to GALAXY?

Youth: I'd be dead.

Researcher: Meaning?

Youth: I would have killed myself while already up here.

Researcher: So, for those short five weeks that you were coming to GALAXY and coming to the Center, it helped you enough to keep you from taking your life?

Youth: Yeah.

Another youth attested to no longer considering suicide after attending the youth group, "My suicidal thoughts are gone—completely gone—after coming here."

Relationships and Safe Sex Practices

Information concerning relationships and safe sex practices amongst the youth participants was gathered with both quantitative and qualitative methods. Quantitative data were gathered through questions concerning these issues on the YRSSB, but the questions were altered to distinguish between same-sex sexual activity and heterosexual sexual activity. Qualitative data were gathered through interviews of the youth during which participants were asked questions about their relationships and sexual health and practices.

Since the current study's survey questions were altered to distinguish between same-sex and opposite-sex sexual activity, comparisons between GALAXY data and Wisconsin YRSB data from 2009 were difficult to make. Data from VanVoorhis and Vogt's (2003) study was instead compared to the current data pertaining to sexual behavior items. This data is depicted in Table 4.

Of the current youth surveyed, 25.0% reported alcohol or drug use prior to the last time engaging in sexual intercourse with someone of the opposite sex, while only 3.8% reported likewise in the 2003 study. There were no pregnancy-related issues with this group of youth interviewed. A lower percentage of youth reported ever having had same-sex sexual intercourse with current youth (56.3%) as compared to the 2003 study (68.0%).

Something should be noted in regards to condom and protective sexual barrier use compared between GALAXY youth and Wisconsin youth. Of the youth reported having partaken in same-sex sexual activity in the

Wisconsin YRSB 2009 dataset (n=138), 59.2% reported not having used a condom the last time having had sexual intercourse. This percentage was 33.7% for the youth that reported having partaken in heterosexual sexual activity (n=1,255). Of the current GALAXY youth surveyed, 31.3% reported not having used a condom or barrier the last time engaging in heterosexual sexual intercourse, while 31.3% also reported having not used a condom or barrier the last time having had same-sex sexual intercourse, indicating that GALAXY youth may have higher instances of condom use when compared to Wisconsin data, particularly involving intercourse between individuals of the same sex.

Table 4 – Sexual Behavior Items

Question	% GALAXY (2012) ^a (n=16)	% GALAXY (2003) ^b (n=26)
Have you ever had sexual intercourse with someone of the opposite sex? (% answering “yes”)	43.8	42.3
During your life, with how many people of the opposite sex have you had sexual intercourse? (% answering “4 or more”)	6.3	12.0
During the past 3 months, with how many people of the opposite sex did you have sexual intercourse? (% answering “1 or more”)	25.0	15.3
Did you drink alcohol or use drugs before you had sexual intercourse with someone of the opposite sex the last time? (% answering “yes”)	25.0	3.8
The last time you had sexual intercourse with someone of the opposite sex, did you or your partner use a condom or protective barrier such as a dental dam? (% answering “no”)	31.3	n/a
How many times have you been pregnant or gotten someone pregnant? (% answering “1 or more”)	0.0	7.7
Have you ever had sexual intercourse with someone of the same sex? (% answering “yes”)	56.3	68.0
During your life, with how many people of the same sex have you had sexual intercourse? (% answering “4 or more”)	18.8	20.8
During the past 3 months, with how many people of the same sex did you have sex? (% answering “1 or more”)	37.5	62.5
Did you drink alcohol or use drugs before you had sex with someone of the same sex the last time? (% answering “yes”)	12.5	8.0
The last time you had sexual intercourse with someone of the same sex, did you or your partner use a condom or protective barrier such as a dental dam? (% answering “no”)	31.3	n/a

^a Data were obtained from the youth surveyed in this study

^b Data were obtained from VanVoorhis and Vogt (2003)

Qualitative data involving relationships and sexual behaviors were obtained through questions concerning current romantic relationships, contentedness with the relationship, GALAXY's educative role concerning healthy romantic relationships, current and past sexual behaviors, contraceptive and protective methods, if any, used during sexual contact, and the youth group program's role in providing information concerning safe sex practices.

Four of the youth interviewed discussed currently being in a relationship, one talked about being in a complicated relationship, several discussed recent break-ups, and the rest were not romantically involved with anybody. Of those currently in relationships, all attested to being content in their relationships and asserted that these were healthy relationships. Of those recently involved in break-ups, relationships ended because they just were "not working," and differences in perceptions of using barriers during sexual activity. No youth reported being involved, either emotionally or sexually, with multiple people.

In talking about GALAXY's role in providing information about healthy romantic relationships, some youth claimed that the program had not covered these subjects while they were in attendance. Others, however, said that the group sessions provided youth with information to distinguish healthy relationships from unhealthy ones. One youth discussed coming to terms with an unhealthy relationship:

[GALAXY] actually helped me know what a healthy, romantic relationship was because, up until having discussed it in GALAXY, I thought I knew what it was. But, I didn't. (...) We talked about it in GALAXY, and after realizing that, basically, I've had the most toxic relationship out of anyone I can think of, it helped me realize what a good relationship was.

Another youth reported information learned through the youth group program concerning healthy relationships:

It has actually helped me to identify like when I'm in a relationship, signs of, ok, there's potential for this relationship to become abusive, this problem needs to be fixed so that our relationship can be healthier, and, um, it's helped me with communication skills as well with the other person.

In regards to sexual activity, three of the eleven youth interviewed claimed to never have been sexually active. Others have had limited sexual contact, such as oral sex, but no penile, vaginal, or anal contact. Some youth reported having had sexual intercourse solely with members of the same sex or solely with members of the opposite sex, while two youth reported having had sexual intercourse with members of both sexes. There were two youth who discussed having had sexual intercourse against their will. In one of these instances, no form of protective barrier, such as a condom, was used. In the other case, the assailant had used a condom.

Reported condom, protective sexual barrier, and contraceptive use varied from youth to youth. Several youth reported past instances of sexual behavior with no form of protection. Of those who have had at least one instance of unprotected sexual behavior, two youth had not been tested for sexually transmitted infections, HIV/AIDS, and/or pregnancy. One of these had not been tested because of the anticipated costs of the testing, but the youth was unaware of any low-cost testing options available in the area. The other youth who had not been tested stated being fairly certain of not having any infections related to sexual activity. Methods that youth reported in promoting their sexual health and safe sex behaviors were condoms, spermicidal lubricant, dental dams, the birth control pill, and getting tested in between partners. Two youth stated that they were opposed to using protective barriers while in a monogamous relationship with somebody, but they nonetheless supported frequent testing, particularly if changing partners. One of the youth explained:

If I were to make love to somebody, I wouldn't want to use one because I'd feel like there's a barrier there. I'd feel like I wouldn't be able to fully connect to that person. (...) That's what I would do before we decide to do anything. I'd have them...I'd want both of us to be tested.

In talking about ways in which GALAXY has provided the youth with information concerning safe sex practices, four of the youth talked about the program improving upon the knowledge provided to them in a school setting in actually talking about same-sex sexual activity. One of these youth explained, "In high school and middle school, they never even touch base on lesbian or gay sex, so, um, I actually had no idea what a dental dam even was until I came here." Another youth talked about learning about respect and protection, "If you respect yourself and your partner, you'll use protection." The majority of the youth reported having learned safer ways to engage in sexual activity.

If the youth group program builds on same-sex sexual education lacking in local middle schools and high schools, it was unclear throughout these interviews whether or not this information regarding safe sex and risk reduction in sexual behaviors was reflected in youth behaviors. One youth reflected on unprotected sexual activity in the past with regret, and after learning about safe sex practices in the youth group program, he planned on altering future behaviors. Many of the youth interviewed, even after sexual health themed GALAXY sessions, reported instances of sexual activity without protective barriers. However, besides the two aforementioned youth, the majority of the youth reported being tested for negative sexual outcomes on a regular basis.

Long-Term Implications

In an attempt to gauge long-term impacts of social support and connectedness built through the youth group program, four interviews took place with individuals who have taken part in GALAXY in the past. Since this was such a small group and likely not a representative sample of all the youth who have gone through the program, conclusions were difficult to draw. Because of this, anecdotal evidence will be discussed. Two females were interviewed; one identifying as queer, the other as a femme lesbian, and two gay males were interviewed. One of those interviewed was actively participating in the group during its beginning years, another was involved during its initiation but would become more involved in later years as an AmeriCorps member, and the other two were actively involved in the youth group in the early 2000s.

In regards to risk behaviors, only one of the four individuals interviewed had participated in any risk behavior prior to their involvement in GALAXY. This individual in particular had recreationally smoked cigarettes, drank alcohol, and had two instances of unprotected sexual activity, once with a male and once with a female. This youth stated that after beginning GALAXY, the substance use diminished and safe sex practices were adhered to because of knowledge gained through the program.

After beginning GALAXY, the other three individuals interviewed talked about very limited risk behavior. One of the people interviewed did not partake in any substance use or sexual activity until going to college. This past participant reported one instance of sexual activity without a protective barrier but has since been tested for negative sexual health outcomes. One individual talked about a period of time of occasional marijuana use, which also began in college. The fourth individual interviewed reported never having done drugs and drank alcohol for the first time at the age of 21. Two individuals reported unprotected sexual activity in monogamous situations only and were tested between partners.

In terms of depression and suicidal ideation, three of the four youth reported past histories of depression. Two had contemplated suicide but never attempted. One of these past participants talked about GALAXY's impact on his suicidal ideation, "Um, I'd say it diminished because I was occupied. I didn't feel alone. I had someone that, you know, that I could relate with at that point." The three who had suffered from depression reported positive outcomes after having attended GALAXY. None of these individuals continue to struggle with depression.

In regards to long-term impacts of GALAXY, one individual talked about his continued participation in risk behaviors:

I think each person makes their own choices of what they want to do in their life, and so, after GALAXY, um, what I do, what I did on the outside of GALAXY was my choice, but, the choices...the affection...the wisdom that I have about what I've done came from GALAXY. So, you know, the limits as to what to do, when to do it, and how to do it, I learned from, um, being a part of GALAXY.

Another individual talked about long-term impacts on her well-being:

Researcher: Do you think GALAXY has had any long-term effects on your well-being?

Past Participant: Completely. Absolutely, 100%.

Researcher: Ok. In what ways?

Past Participant: Um, it probably saved me. Like, I think it saved me from years and years of trying to do it on my own—trying to figure it out on my own. It educated me completely. Completely in terms of my own...my history, gay history, um, being safe, knowing what fluids transmit HIV, where to get tested, you know, what risky behavior is, um, just completely the gamut I learned at GALAXY. School was absolutely worthless for that kind of stuff. Just completely worthless.

Another past participant talked about long-term impacts:

I think it got me through high school. I don't know how I would have gotten through high school without it to be honest. I was very much a loner in school, and so, without having that outlet outside of school, I'd have gone crazy. I don't know what I would have done. And, I definitely think GALAXY helped me take...it helped me to just be confident and proud of myself. And, even as an adult now, I wish I had a GALAXY.

The final youth elaborated on long-term impacts, "I mean, I was involved with GALAXY for so long in like a number of different ways. So, it really helped me figure out who I am and what I wanted to do with my life."

DISCUSSION

This study, serving as a follow-up assessment of VanVoorhis and Vogt's (2003) study of the same youth group program, yielded several interesting findings. In an attempt to address the limitations these researchers outlined in their original study, qualitative methods were used in addition to quantitative methods in order to better contextualize youth behaviors and to provide the youth with the opportunity to describe their experiences in their own words.

In regards to identity, which was not an intended area of study for this research, there were a couple of noteworthy findings. Youth used terminology to identify their sexual identity, gender identity, or both, that was not provided on the surveys distributed to them. Some examples of this are *pansexuality*, *queer*, and *person-specific*. Youth were then able to explain these identities during interviews with the researcher in using their own terms. Identity building taking place in the context of a youth group program for sexual minority youth, as evidenced in this study, opens a new area of discussion for future research.

Survey responses and data gathered through interviews with the youth demonstrated that youth group participants did in fact have sufficient amounts of social support in various facets of their lives. None of the youth who had filled out a survey were scored at a low level of support on the Social Provisions Scale (SPS). Given the small sample size of survey respondents (n=16), inferential statistics could unfortunately not be used to assess a correlation between social support, or connectedness, and youth engagement in risk behavior. However, it was evidenced, through quantitative and qualitative methods, that the youth participants of this study did have ample amounts of social support. Despite these higher levels of social support, the youth nonetheless reported participation in risk behaviors.

Youth engagement in substance use and abuse was compared to data gathered in the 2009 Wisconsin Youth Risk Behavior Survey (Karki et al. 2010) that was separated to distinguish between respondents who had reported opposite-sex sexual contact only and those who had reported same-sex sexual contact. There are limitations in using this data, to which researchers themselves allude, in that this data is limited to behavior and is not necessarily how respondents may have identified their sexual orientations. Additionally, respondents who had not reported any sexual behavior were excluded from this data, which again limits its comparison to GALAXY results. Despite this, GALAXY youth fared better compared to Wisconsin youth reporting same-sex sexual activity in regards to the number of cigarettes smoked. Consistent with the findings of VanVoorhis and Vogt (2003), current GALAXY youth reported drinking at an earlier age than Wisconsin youth, but reported lower instances of binge drinking in the 30 days prior to filling out the survey. The GALAXY youth group, however, reported higher percentages of marijuana consumption.

Through qualitative analysis of substance use and abuse, it was evidenced that substance use behaviors took place in social settings, and in some instances, were carried out as means of self-medication. Several youth nonetheless indicated learning safer substance use practices through participation in the youth group program. Two out of the nine youth reported having partaken in the consumption of substances with other youth in GALAXY.

These youth however gave no indication that their behavior was influential for other youth group participants, which is contradictory to the assumption of VanVoorhis and Vogt (2003) in their original study.

In just examining the quantitative data, it is apparent that depression and suicidal thoughts and behaviors were much more prevalent amongst the GALAXY youth than evidenced in the 2009 Wisconsin YRBS data. Qualitative data reflected this in that all interviewed youth self-reported periods of depression and suicidal contemplation. However, evidence gathered through interviews with the youth suggested that some youth, but not all, are making progress in this regard. Many of the youth reported multiple approaches in dealing with their negative mental health outcomes, such as therapy, counseling, or medication. Some discussed depression going away and even attributed this to GALAXY, and five of the youth attributed still being alive to the youth group program in arguing that, had it not been for this program, their suicidal attempts would have continued.

Because of the way in which Wisconsin's 2009 YRBS data had been separated by sexual activity, this data was difficult to use in order to draw comparisons between data gathered at the state level and sexual practices reported by the GALAXY youth. Data gathered in this study were instead compared to data presented in VanVoorhis and Vogt's (2003) study. Current youth reported higher percentages of alcohol and drug use prior to sexual activity with those of the opposite sex, fewer same-sex sexual partners, and fewer same-sex sexual partners as compared to data from the original study. While taking into account how the Wisconsin YRBS data was gathered and the limitations this may pose, it is nonetheless notable that comparisons between these groups suggest that GALAXY youth reported higher instances of condom use when compared to Wisconsin youth, particularly when compared to Wisconsin youth reporting same-sex sexual activity.

Interviews with the youth concerning safe sex practices did not necessarily demonstrate that learned practices through the program were reflected in their behaviors; many of the youth reported instances of unprotected sexual activity even after having learned about proper protection methods in a group session. Many of the youth did nonetheless demonstrate that they were getting tested between partners. Youth discussed GALAXY conversation concerning safe sex practices as an improvement upon their sexual education provided by the school system because the youth group actually broached queer sex and sexuality.

An attempt was made to gauge long-term implications of participation in the youth group program in regards to risk behavior. Given that the number of past participants involved in this study was limited to four individuals, the evidence they provided should only be regarded as anecdotal because they are not necessarily representative of all past youth group participants.

Consistent with the results of VanVoorhis and Vogt's (2003) study, the current participants of the youth group reported sufficient amounts of social support within their lives. Whether or not quantitative levels of social support can be attributed to the youth group program is unclear, but interviews with the youth suggest that GALAXY plays a large role in building many of the youths' social support network. As previously mentioned, sporadic attendance of the youth group further renders the measurement of social support a difficult task. Risk behaviors amongst the current youth group participants were evidenced in this study, but their relationship to the ample amounts of social support in the youths' lives is unclear.

Similar research in the future should be longitudinal in regards to quantitative data in an attempt to gauge changes over time. Attempts should be made to get a large enough sample size to run statistical tests of significance and inferential statistics so that correlations can be made between variables being tested. If attempting to determine long-term impacts of participation in a youth group, surveys should equally be distributed to past participants, in addition to interviews with them, to not only improve triangulation, but also to provide comparisons between current youth participants. Finally, future comparison data should better match that of the youth group in regards to identity and not be based solely upon reported sexual behaviors.

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