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**The Lived Experience of Safety Among LGBTQ Youth:
A Hermeneutic Phenomenology**

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**The Lived Experience of Safety Among LGBTQ Youth:
A Hermeneutic Phenomenology**

by

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Dissertation

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

Doctor of Philosophy

The University of Texas at Austin

August 2019

Dedication

To my parents, Charles T. McDonald, PhD and Dora A. Gandy McDonald, MPA. Thank you for always believing in me and for the nonjudgmental, unconditional connectedness you have always given me. And to all the LGBTQ youth out there who may be wondering if you are okay; you are important and deserve to feel safe and loved.

Acknowledgements

I want to say a heartfelt thank you to everyone who supported me through this process, particularly my committee: Dr. Donna Lynn Rew, committee chair; Dr. Donna G. Rolin, methodologist; Dr. Karen E. Johnson; Dr. Stephen Russell; and Dr. Lorraine O. Walker. Being able to work with Dr. Rew as my committee chair and mentor was invaluable. The time I spent working as a GRA on her project provided the first-hand experience, which helped me realize how much I loved nursing research and gave me the confidence to finish this dissertation. Dr. Rolin's expertise in phenomenology was vital to the completion of my dissertation in addition to her endless supply of patience, support, and solutions. I want to thank the Jonas Nurse Leader Scholarship program and The University of Texas at Austin, School of Nursing for providing me with financial assistance and work so that I could complete my degree within four years.

I want to thank all the informants who were willing to participate in this study. There were so many people willing to take part in the study, and I can't thank you enough for your interest. For those that interviewed, thank you for sharing your stories with me. You were vital to this project, and I hope I have done justice to your life experiences.

I could not have done this without the help of a lot of people, especially my family and friends. To my beloved spouse, who pushes me to be a better person and supports me even when I fall, Petti, you will always be the love of my life. To my beautiful and precious daughters, Julia and Sarah, I appreciate your love and support more than you know. I am so proud of the women you have become. I want to thank my parents for always believing in me and being there to help at a moment's notice. Mom and dad, thank you for spending hours reading over my dissertation and providing feedback and support. Mom, thank you for your grammar and writing skills when I was at my wit's end. They were exceptional,

much needed, and appreciated. To my sister, Lori and my niece, Gillian, thank you for always listening and being a sounding board for all my thoughts and ideas. To Audrey, Cathy, Georjean, Mark, Mike, and Tres (aka “The Posse”), thank you for having my back and supporting Petti and me through thick and thin. I would also like to thank my many classmates and peers for being there for me through this process including Adam, Amanda, Amy, Kimberly, Laura, Matthew, Nicole, Pam, Rodolfo, Sandy, and Whitney.

I offer my sincerest apologies for all the missed parties, birthdays, and significant events because I was so focused on finishing this degree. This apology includes the epic party I missed for my dear friend and mentor Kitten. Without your support, I would have never started down the road to becoming a nurse. I love you, friend. Also, a big thank you to my friends and Church family at St. John’s United Methodist Church for understanding why I was missing in action for a while. I would be remiss if I didn’t include a special thank you to Dr. Craig Hella Johnson for creating and composing the beautiful passion called “*Considering Matthew Shepard*” and performed by the beloved and talented Conspirare musicians. I did not expect the story of Matthew Shepard to be a part of my dissertation, and when it did, you graciously autographed CDs for each of my committee members.

Finally, but not lastly, I’d like to thank myself for my tenacity, perseverance, and desire to make the world a better place. I hope that I will continue to grow and learn as a nurse researcher and educator while making positive changes supporting the mental and physical wellbeing of LGBTQ youth and other underserved populations.

Abstract

The Lived Experience of Safety Among LGBTQ Youth: A Hermeneutic Phenomenology

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The University of Texas at Austin, 2019

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Increasingly, LGBTQ youth are subjected to higher rates of violence, mental health issues, and homelessness than heterosexual youth. Objective data validates that mental health issues are higher among LGBTQ youth than heterosexual youth due to a lack of subjective emotional and physical safety. Researchers seek data about perceptions of safety through close-ended questions. However, we do not know what safety means to LGBTQ youth. To my knowledge, there is no identified definition of safety among LGBTQ youth. Not knowing the meaning of safety for LGBTQ youth leads to assumptions on the part of teachers, school officials, and healthcare providers. The specific aim of this study was to explore the lived experience of safety as defined by LGBTQ youth. A qualitative descriptive study design following an interpretive hermeneutic phenomenological methodology was used to explore the lived experiences of safety among LGBTQ youth. Eleven LGBTQ informants ages 18 to 23 provided data on the concept of safety using their language and definitions through in-depth interviews. The data retrieved from this project provided a rich description of the definition and lived experience of “safety” for LGBTQ youth. Findings of this research study provided a definition of safety among LGBTQ youth as being nonjudgmental, unconditional connectedness with others. I identified nine dominant themes leading to a detailed

description of the lived experience of safety among LGBTQ youth. The nine themes were: mental health; hiding; connections and relationships; community; family; gender identity; sexuality; coming out; and school. All the informants discussed issues within the dominant themes. A dominant metaphor of a lock and “turning the key until it clicks” was envisaged to facilitate the synthesis of the data and create a flow between the themes. Recommendations for practice, policy, and future research are discussed.

Table of Contents

List of Tables	xiv
List of Figures	xv
Chapter 1: Introduction	1
Statement of the Problem.....	3
Purpose.....	6
Research Questions.....	7
Background and Significance	7
Philosophical Perspective and Method	12
Phenomenology	13
Hermeneutic Phenomenology.....	15
Sample and Setting	17
Data Analysis.....	18
Definitions	18
Summary.....	21
Chapter 2: Literature Review.....	22
Overview of Integrative Review Process.....	24
Research Questions.....	25
Search Strategy	25
Selected Databases and Search Terms.....	25
Screening Criteria	26
Methodological Screening Criteria.....	27
Data Extraction	28

Data Analysis	31
Critical Appraisal of the Findings.....	31
Research Designs	33
Tools Measuring Safety	34
Quantitative Literature.....	34
Qualitative Literature	35
Addressing Bias, Rigor, and Samples.....	36
Synthesis	41
Historical Perspective of Safety Research for LGBTQ Youth.....	41
Historical Perspectives.....	43
Defining Safety	45
Measuring Safety	46
Limitations	47
Implications	48
Conclusion	49
Chapter 3: Methods.....	51
Methodologic Design.....	51
Hermeneutic Phenomenology.....	51
Preliminary Case Study Results.....	53
Sample and Setting	54
Sample Selection.....	54
Setting	57
Ethics Review	58

Consent	58
Privacy, Confidentiality, and Anonymity	59
Data Collection	60
Interviews.....	60
Field Notes.....	62
Data Analysis.....	63
Transcription.....	63
Coding.....	64
Data Analysis.....	64
Validation and Trustworthiness.....	65
Summary.....	67
Chapter 4: Findings.....	68
Description of Participants.....	68
Current Study.....	70
Overall Findings	71
Descriptions of Safety.....	71
Themes.....	74
Mental Health	74
Hiding	77
Connections and Relationships.....	78
Community	81
Family	82
Gender Identity	86

Sexuality	88
Coming Out.....	89
School	92
Summative Description of Phenomenon	93
Chapter 5: Discussion	96
Summary of Findings.....	96
Research Question One.....	96
Research Question Two	99
Dominant Metaphor.....	99
Discussion.....	101
Mental Health	103
Hiding	106
Connections and Relationships.....	108
Community	110
Family	113
Gender Identity	114
Sexuality	115
Coming Out.....	116
School	118
Strengths and Limitations	119
Implications for Nursing Practice	120
Implications for Policy.....	122
Implications for Future Research.....	123

Conclusions.....	125
Appendices.....	126
Appendix A.....	127
Data Extraction Form.....	127
Appendix B.....	128
Article Review Chart.....	128
Appendix C.....	135
Resource List.....	135
Appendix D.....	140
Demographic form.....	140
Appendix E.....	141
Sample Questions.....	141
Appendix F.....	142
Sample Field Notes.....	142
References.....	143

List of Tables

Table 1:	Race/ethnicity/culture and highest level of education completed.....	69
Table 2:	Article Review Chart	128

List of Figures

Figure 1:	Article extraction diagram	30
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Chapter 1: Introduction

The prevalence of violence against individuals due to their sexuality or gender identity is consistently featured in our news and media (National Coalition of Anti-Violence Programs [NCAVP], 2016). Notably, in the recent release of data from the Centers for Disease Control and Prevention (CDC) regarding the Youth Risk Behavior Survey (YRBS), the rate of suicidal ideation for based on “sexual identity indicated nationwide, 13.3% of heterosexual students; 47.7% of gay, lesbian, and bisexual students; and 31.8% of not sure student had seriously considered attempting suicide” (Kann et al., 2017, p. 24). Lesbian, gay, bisexual, transgender or queer (LGBTQ) people are also often targeted by policies, laws, and politicians who are determined to remove or reduce their human and sexual rights (Chakraborti & Garland, 2009; Knight & Wilson 2016). The prevalence of violence and negative policies continues to create a greater burden of physical and mental health issues within the LGBTQ community.

It is important to note that throughout this dissertation, there will be varying acronyms of LGBTQ (e.g., GLBT, LGB, LGBT, LGBTQ, and queer). The acronym will change only when I am citing publications focused on specific sexual orientations or gender identities within their study (e.g. LGB or LGBT). However, the focus of this dissertation will include the acronym of individuals identifying under the expanded umbrella of LGBTQ within their communities.

The United States has a long history of denying rights to LGBTQ people based on their sexual orientation or gender identity (Knight & Wilson, 2016). However, this does

not mean that key health organizations are not attempting to address these issues. For instance, the World Health Organization (WHO) has been working to address sexual health concerns since 1974 (WHO, 2018). In 2002, the Pan American Health Organization (PAHO) and the WHO assembled experts to discuss and evaluate of key terms. The joint effort produced a report providing working definitions of sexual health and sexual rights (World Health Organization [WHO], 2006).

The WHO (2006) defines sexual health as the following:

...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. (*para 4*).

The definition of sexual rights is also important to this study. The WHO (2006) also defines sexual rights as the following:

The responsible exercise of human rights requires that all persons respect the rights of others. The application of existing human rights to sexuality and sexual health constitute sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination. (*WHO, 2006a, updated 2010, para 10*).

In 2016, Starrs and Anderson of the Guttmacher Institute took a closer look at defining sexual rights and sexual health including definitions related to women and LGBTQ individuals. According to Starrs and Anderson (2016), the increasing focus on sexual rights of women and LGBTQ individuals also uncovers the “need for more comprehensive, systematic, and applicable definitions of sexual health and rights” (p. 9). Additionally, the interpretation of these terms mentioned above are essential in developing “a strong foundation for the coordination of robust policy and effective programs” (p. 9). Having definitions of sexual rights and sexual health that include LGBTQ people are of critical importance in order to “address the underlying social aspects that contribute to sexual and gender-based violence” (p. 20).

STATEMENT OF THE PROBLEM

The issues surrounding the support and definition of sexuality, sexual rights, and sexual health have a decidedly negative effect on LGBTQ people and youth in particular (Chakraborti & Garland, 2009; Starrs & Anderson, 2016). Long held beliefs that homosexuality or gender variance is against societal norms increases health risks for the LGBTQ population. The hate crimes and microaggressions experienced by this community are overwhelming but the experiences among young LGBT persons are even more distressing (Knight & Wilson, 2016).

Living with the constant threat of violence alone can lead to destructive behaviors such as drug and alcohol misuse, smoking, and risky sexual behaviors (Anderson, 2014). In general, LGBTQ people experience higher levels of mental health concerns such as

depression, suicidal ideation, eating disorders, and suicide than heterosexual individuals (Davis, Saltzburg, & Locke, 2009). The violence LGBTQ individuals face on a daily basis, creates increasing anxiety and mental strain that, when left untreated, leads to mental health concerns that profoundly affect their lives (Hatzenbuehler & Pachankis, 2016).

The Youth Risk Behavior Survey (YRBS) is a national survey administered to adolescent students (Grades 9 – 12) in public and private schools and was developed to document, outline, or expose the concerns and needs among youth in the school systems. According to data from the National YRBS, which surveyed 15,624 students, adolescents who identified as a sexual minority or gender variant were three times more likely to seriously consider suicide and five times more likely to necessitate medical assistance than heterosexual adolescents (Kann et al., 2016).

The Gay, Lesbian & Straight Education Network (GLSEN) National School Climate Survey is a survey of experiences of 23,001 middle and high school youth between the ages of 13 and 21 years who identify as LGBTQ (Kosciw, Greytak, Zongone, Clark, & Truong, 2018). The 2017 GLSEN National School Climate Survey confirmed that LGBTQ youth felt much less safe in schools than heterosexual youth (Kosciw et al., 2018). According to the GLSEN survey, 59.5% of high school students who identified as LGBTQ felt unsafe in their schools while 28.9% experienced physical harassment, and 70.1% endured verbal harassment (Kosciw et al., 2018). Despite these statistics of bullying and feeling unsafe, some LGBTQ youth will thrive in their environments and go on to achieve college educations (Russell & Fish, 2016). But the concern for mental health among LGBTQ individuals does not stop after high school. As many as 43% of LGBT faculty,

staff, and students admit to hiding their sexual identity while on campus and another 63% hide their gender identity, which leads to an increasing risk for the continued mental wellbeing of this population (Windmeyer, 2016).

There is abundant research regarding LGBTQ youth feeling unsafe. It is reiterated over and over in our literature that LGBTQ feel unsafe in many areas of their lives. Hackford-Peer (2010) addresses the issues of safety in her discourse regarding queer youth and safety. In her article, she points out that professionals and, society in general, continually makes assumptions about queer youth and what they need in order to feel safe or what they need in terms of support (Hackford-Peer, 2010). In short, the dialogue we create about the queer population is presented through a lens that is corrupted by our own views and biases. Hackford-Peer (2010) touches on a critical point that is missing in the literature when she states, “I am concerned with the seemingly unquestioned ease and frequency by which these discourses are drawn upon and strategically spoken in the name of creating safe spaces for queer youth” (p. 243). This echoes my sentiment of the potential that we really do not know what LGBTQ youth need because we make assumptions of how we believe that need should be fulfilled. It appears that adults, parents, and schools decide what is best for queer youth without bringing them into the conversation. In doing so, we miss a vital component necessary for the success of anti-bullying programs, school-based equality programs, or support groups for LGBTQ youth. Additionally, we shut out the one population that could help healthcare providers and mental health professionals identify the needs of the population.

Based on what little we know about the actual needs of LGBTQ youth, and the continuing experiences of violence and psychological illness within this population, I believe the missing component is the definition of safety from the LGBTQ youths' lived experience. We can't know the meaning of safety from the perspective of this unique population simply based on asking if someone feels safe or unsafe. Surveys often ask if a person feels unsafe at school, but this seems to be geared more toward safety in the physical sense not the emotional sense. Given that LGBTQ youth are likely to experience more emotional and verbal assault and physical violence than their heterosexual peers, defining the lived experience of safety from the viewpoint of this population in a meaningful way could provide multiple benefits. A definition of safety could ensure LGBTQ youth receive the maximum assistance possible from interventions and support techniques, developed with their population and needs in mind. Accurately defining safety from the LGBTQ youth perspective could lead researchers to develop better tools that in turn could aid health care providers (or school officials) in identifying students who are at a higher risk of mental health issues.

PURPOSE

Given the higher rates of violence, bullying, verbal abuse, and mental health risks experienced by this population, along with the lack of understanding regarding their needs, the purpose of this study was to describe the lived experience of safety as defined by LGBTQ youth.

RESEARCH QUESTIONS

Two research questions were answered in this study:

- 1) How do LGBTQ youth define safety?
- 2) What is the essence of the lived experience of safety for LGBTQ youth?

BACKGROUND AND SIGNIFICANCE

In the 2017 GLSEN school climate survey, students reported an increase in transphobic and homophobic comments from their teachers as well as a decrease in interventions by school staff when anti-LGBTQ comments were made (Kosciw et al., 2018). A little more than 55% of LGBTQ adolescents did not report physical assaults or verbal harassment because they worried about the reactions of the school administration or staff (Kosciw et al., 2018). LGBTQ students reported that 29.9% chose not to report issues due to homophobic or transphobic administration or staff with 8.9% stating that school officials were the perpetrators (Kosciw et al., 2018). Transphobia is a type of prejudice against transgender or transsexual individuals. This term is defined in a later section of this chapter.

Approximately 98% of LGBTQ adolescents hear negative and homophobic remarks, 12.4% were physically assaulted, and 48.7% were experienced cyberbullying while in high school (Kosciw et al., 2018). Repeated physical and verbal assault often results in higher levels of psychological distress among the LGBTQ population (Russell & Fish, 2016).

Historically, LGBTQ youth have experienced very little support from society, health care providers, and school officials. Queer students and educators alike faced public

scrutiny of character and morality under the guise of protecting youth and upholding expectations (Ball & Tyson, 2011; Graves, 2009; Sears, 2005). In response, we see LGBTQ youth who struggle with their own developing sexual or gender consciousness who could have benefitted from role models or just acceptance. “I didn’t want any special treatment. I wanted to be normal: I wanted my sexuality to be treated as part of the diversity of the school environment, not ignored” (Sears, 2005, p. 10). Out of concern for LGBTQ youth and their needs, support programs were developed to attempt to address the harm caused by the bullying and harassment they faced. Educators and communities concerned about the mental health of LGBTQ youth founded support groups such as the Gay Straight Alliance (GSA) and Project 10 in the late 1980s (Toomey, 2016). These groups were intended to provide a haven or safe space for LGBTQ youth and in many instances have been a positive addition to a school environment (Porta et al., 2017).

While there are support groups and Gay Straight Alliances (GSAs) addressing the issues of safety among LGBTQ youth in school settings, their existence in public school systems is sometimes controversial (Watson & Miller, 2012; Wozolek, Wootton, & Demlow, 2017). Documentation exists supporting the benefits of GSAs in schools, but these benefits are contingent upon the support of school officials, teachers, and counselors, not to mention the support of the communities (Poteat, Scheer, & Mereish, 2014; Wilkerson et al., 2016). Agencies such as the It Gets Better Project, and local youth support programs also strive to create safe spaces, increased awareness, and support for LGBTQ individuals outside of school settings. Yet even their benefit is debated by some researchers as critics warn against an “over-emphasis of negative aspects associated with LGBT

identification” actually causing more destructive behaviors (Bryan & Mayock, 2017, p. 68).

Kumashiro (2008) devotes a chapter in his text to the appropriation and framing of the concept of safety for LGBTQ youth. Although it is widely accepted that there is a problem of bullying and harassment in school systems, Kumashiro points out three issues when schools and support groups focus solely on safety for intervention and policy development. These three issues are: 1) focusing the attention on homophobia sidelines LGBTQ youth when it should be focusing on heterosexism; 2) the focus on safety has a narrow focus aimed at reducing bullying and harassment of LGBTQ youth which implies that the youth is the problem; and 3) the “language of safety has become appropriated by the Right” (Kumashiro, 2008, p. 52). These important issues must be considered when contemplating interventions on the behalf of LGBTQ youth.

The fact remains, mental health issues are exponentially more prevalent in the LGBTQ population (Russell & Fish, 2016). For instance, LGBTQ adolescents, who reported repetitive instances of victimization in their high school years, were nearly three times more likely to receive a diagnosis of depression and those individuals were six times more likely to have attempted suicide (Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). We have statistics supporting the reality of mental health disparities among LGBTQ youth as compared to heterosexual youth, and the importance of support groups, programs, and policies to help the LGBTQ population. Therefore, becoming more cognizant of what this unique population needs, and desires appears to be the next best step in identifying supportive tools and mechanisms.

Thus, in pondering the great amount of information regarding mental health concerns in the LGBTQ population, my wonder begins with the developing adolescent cognition, and their physical, and emotional safety from a holistic viewpoint. I wonder if the key ingredient we are missing when we undertake measures to ensure safety among LGBTQ youth is the concept and definition of safety for this population. I wonder if we (health care providers, school officials, school counselors, and mental health professionals) are injecting our own biases of the concept and bypassing an important component that might facilitate not only healthier mutual conversations but also guide the development of policies and support programs more accurately when addressing LGBTQ youths' psychological needs and concerns. This wonder led me to the desire to understand the concept and definition of safety in the LGBTQ youth population.

Consequently, with safety being a valid concern for this population, it is surprising that very little literature was found regarding the understanding of the construct of safety as defined by LGBTQ identified individuals. Explicating the definition of safety for this population could provide a valuable way to link supportive personnel with the needs of LGBTQ youth thereby allowing health care providers and school professionals the tools necessary to not only support this population but also identify youth who are at a higher risk of mental health issues.

The YRBS gathers data for their national survey from students in Grades 9 through 12. In 2017, of the 14,765-youth participating in the YRBS national survey provided usable data. Of the 14,765 usable questionnaires, 10% who identified as GLB and 10.7% of students who were not sure of their sexual orientation or gender identity, admitted that they

had missed school due to safety concerns (Kann et al., 2018). These percentages are in contrast to the percentage of heterosexual youth (6.1%) who did not attend school due to feeling unsafe (Kann et al., 2018). Because of constant threats of violence (either physically or verbally) more than 57% of LGBTQ youth reported that they didn't feel safe at school due to their sexual orientation and more than 35% of LGBTQ youth avoided school areas that were gender-segregated because they felt there was a safety issue (Kosciw et al., 2016).

Unfortunately, finding a sense of safety in society and the public-school system is not the only concern for LGBTQ youth. The family can also be a source of anxiety for physical and emotional safety for a young person who is considering coming out or is "outed" without their permission (Chakraborti & Garland, 2009). For all youth, nurturing and protective values in families as well as healthy connections to family members can be highly protective against health disorders in general (Resnick et al., 1997). Therefore, parental support can have far-reaching implications for mental health and satisfactory cognitive development in adolescence (Katz-Wise, Rosario & Tsappis, 2016). Furthermore, navigating a complicated social environment can affect any child, creating stress and anxiety regardless of sexual orientation or gender identity.

Familial support of LGBT youth is associated with good health and is also protective against negative societal pressures that lead to depression, substance abuse, and suicidality (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). However, disclosing sexual orientation or gender identity to a family member can put an adolescent at risk of physical or emotional harm (Kosciw et al., 2016). Violence and punishment can occur after a youth tells their family about their sexual orientation or gender identity, resulting in the

adolescent leaving home by running away or being rejected by the family (Rew, Taylor-Seehafer, Thomas, & Yockey, 2001). According to a national survey of service providers sponsored by the Williams Institute, 40% of homeless youth also identified as LGBT (Durso & Gates, 2012). Reasons for homelessness among LGBT youth were cited as being due to family rejection (46%), being forced out of the home (43%), and physical, emotional, or sexual abuse (32%) (Durso & Gates, 2012).

The pressure experienced by LGBTQ youth who experience ostracism from family, friends, and society, often begins a cycle of distrust. When individuals do not trust their environment or network and feel unsafe, they may be unwilling to share crucial or private information with family, healthcare providers, or sometimes even close friends (Rounds, McGrath, & Walsh, 2013). For LGBTQ individuals, the fear of discrimination from healthcare providers can be so great, that they will forego preventative and routine care including accessing mental health services when needed (Davis & Berlinger, 2014).

PHILOSOPHICAL PERSPECTIVE AND METHOD

The philosophical perspective of phenomenology and the methodology of hermeneutic phenomenology often overlap (van Manen, 2016). As a philosophical discipline, phenomenology is a tradition of research focusing on life experiences or essences. The philosophical perspective of phenomenology is that that which is understood to be fact may not be the entire depth of the true phenomena (van Manen, 2014). Therefore, phenomenology is the study of experiences as they become conscious thought (Powers & Knapp, 2011). With this perspective in mind, the purpose of phenomenology is to revisit

what we already believe to be true, delving further into the lived experiences of others, thereby creating a newer and deeper understanding of the phenomenon in question (Powers and Knapp, 2011).

This interpretive hermeneutic phenomenological study employed van Manen's (2016) method of inquiry in order to make sense of and interpret the meaning of "safety" among LGBTQ youth. It is important to note that the term hermeneutic phenomenology is often used interchangeably with phenomenology. This is more to alleviate the cumbersome repetition of the phrase. Additionally, per van Manen (2014), most phenomenological studies are also hermeneutic, meaning that they are concerned with interpretation, thus lending itself to a simpler labeling process. Therefore, at times I will refer to hermeneutic phenomenology or simply phenomenology interchangeably. In this next section, I first explain the philosophical perspective of phenomenology, then I discuss hermeneutic phenomenology and the method of inquiry developed by van Manen in greater detail.

Phenomenology

Including a well-thought out theoretical framework is an integral component for nursing research based on theory (Polit & Beck, 2012). Yet, when employing a phenomenological method, the theoretical framework becomes too abstract thereby distracting the researcher from the true intent of the phenomenon they are exploring (van Manen, 2014). By removing the theoretical framework from the process, one can reduce the distractions of looking for set constructs, which frees the creativity and imagination of the researcher and reduces bias. But, according to van Manen (2016), we cannot fully

ignore our life experiences or biases. In doing so, we allow our beliefs or assumptions to make their way back into our thought process. By acknowledging those presuppositions and continuing to remind ourselves of them, we can “hold them deliberately at bay” turning “this knowledge against itself, as it were, thereby exposing its shallow or concealing character” (van Manen, 2016, p. 47). This allows for a stronger more successful research study.

The philosophical perspective of phenomenology is an essential and fundamental component of hermeneutic phenomenological research. Originally a philosophical discipline, phenomenology is from the Greek term *phenomenon* and *logos* (van Manen, 2016). Phenomenon is the observance or existence of an event, while logos provides the reasoning behind the description of the event (van Manen, 2016). Therefore, the term phenomenology refers to allowing something to be seen for what it is (Heidegger, 1927/1962). Phenomenology moves the scholar into a consciousness or deeper understanding of a phenomenon as it really exists.

The greatest development of modern phenomenology has been attributed to Edmund Husserl (Moran, 2005). Husserl (1931/2012) developed his transcendental philosophical thought regarding pure phenomenology in his text, *Ideas: General Introduction of Pure Phenomenology*. He described phenomenology as a dispensing of our natural attitude and theoretical speculation to describe our experiences as the thing itself without confines of the metaphysical (Husserl, 1931/2012). Advancing this position of phenomenology, “Heidegger takes from Husserl the idea of a return to the things or ‘matters’ themselves” leading to the famous quote: “zu den Sachen selbst!” (back to the

things themselves!) (Gorner, 2007, p. 28). Husserl (1931/2012), argued that phenomenology itself was its own rigorous science of consciousness. This transcendental philosophical approach emphasized the intuitive above the empirical and epistemology above ontology (Husserl, 1931/2012; Reiners, 2012). Phenomenology, to Husserl, was a rigorous study with an unbiased viewpoint of a phenomenon as it *appeared* to an individual. For Husserl, the only way to extract the essence of a phenomenon was to reduce (or bracket) subjective thoughts and biases which would leave only the purest form of the phenomenon: consciousness (Dowling, 2007). However, even though Husserl is considered one of the greatest contributors to phenomenology, more than one philosopher had ideas about its methods and uses.

Martin Heidegger was a famous student of Husserl. In the beginning, Heidegger worked very closely with Husserl, however, Heidegger came to reject Husserl's view of phenomenology (Heidegger, 1927/1962). While Husserl focused on the bracketing out of experiences to find the true essence of a phenomenon, Heidegger contended that the human experience could not be totally removed from the phenomenon of interest and therefore focused on "being" (van Manen, 2014).

Hermeneutic Phenomenology

Simply put, hermeneutics is an interpretation of something unknown, which in ancient Greece was applied by early philosophers to sacred texts or "divine messages" (Zimmerman, 2015, p. 3). Often seen together, hermeneutic phenomenology is both theory and methodology encompassing understanding or interpretation of something unknown

from the perspective of the individual. Cohen, Kahn, and Steeves (2000), described hermeneutic phenomenology as a rich qualitative descriptive methodology based on the philosophy of phenomenology. Continual questioning is vital to phenomenological research. This repetitive “researching-questioning-theorizing” inherent in phenomenology is an act of “intentionality” (van Manen, 2016, pp. 4-5). Intentionality is a means of deliberate movement in a specified direction that allows us to study an experience or phenomenon with the end result of greater consciousness or awareness (Cohen et al., 2000). “Consciousness is the only access human beings have to the world” (van Manen, 2016, p. 9).

Heidegger embraced the essence of “Dasein” or more specifically “Da-sein” (being) in his text *Being and Time* and focused on *being* in the world instead of *knowing* the world through experience (Heidegger, 1927/1962, p.8). Heidegger’s work became more involved and grounded in existential phenomenology as he moved away from Husserl’s transcendental philosophical perspective (van Manen, 2016). For Heidegger, meaning was hidden in everyday experience or seemingly mundane occurrences (Heidegger, 1927/1962). Heidegger’s philosophical viewpoint was that phenomenology provides a meaning-giving method to inquiry in qualitative research (van Manen, 2014). One could still arrive at a true consciousness of a phenomenon while embracing our predetermined thoughts and biases, not removing them entirely. Indeed, Heidegger believed it was impossible to remove those preconceptions (van Manen, 2016).

Finally, it is van Manen who brought the methodology of hermeneutic phenomenology into sharper focus by uniting the meaning giving of everyday life with

reflective research practices thereby removing the onus of traditional technical processes, which “serves to foster and strengthen an embodied ontology, epistemology, and axiology of thoughtful and tactful action” (van Manen, 2014, p. 15). Phenomenologists actively explore a phenomenon through the interpretations of an individual’s chosen language allowing the researcher to then extract meaning from the text subsequently dissecting the richness of the language and leading to a greater understanding of the phenomenon (Cohen et al., 2000). Van Manen (2016) stated that hermeneutic phenomenology “...is less a determinate code of inquiry than the inceptual search for meaning of prereflective experience” (p. 27). More specifically, van Manen described phenomenological research as beginning with “wonder” and exploring the “...experiences as we live through them” (van Manen, 2016, p. 27).

Sample and Setting

The methodology of phenomenology is well suited to a study exploring the everyday lived experience of safety among the LGBTQ population. For this study, I used purposive sampling methods by recruiting informants from local LGBTQ support programs at the Gender and Sexuality Center at The University of Texas at Austin and the Adolescent Medicine Clinic of Dell Children’s Medical Group. I recruited 11 informants for this interpretive descriptive hermeneutic phenomenological research design. Informants identified as a part of the LGBTQ spectrum and were willing to participate in a one-on-one interview process. I used one-on-one interviewing, follow-up interviewing

for selected informants, field notes, transcription, and coding to ensure that I captured all data appropriately.

Data Analysis

For data analysis, I applied a creative inductive approach by detecting recurrent patterns of data that are part of the lived experience of safety for my population of interest. This was accomplished in part by use of the hermeneutic circle. The hermeneutic circle is best expressed as a part-whole relationship where the researcher attempts to understand a particular phenomenon as a whole by iteratively considering its smaller components and completing a continuous cycle of reexamination until a level of data saturation and satisfaction is achieved (Cohen et al., 2000).

Interviews were audio recorded and transcribed verbatim for data analysis. After professional transcription and verification of recorded data were completed, I coded the data with the aid of software designed specifically for qualitative research analysis: ATLAS.ti version 8. Through this rigorous process of data gathering and analysis, I arrived at a new meaningful perspective and greater consciousness of the definition and lived experience of safety for LGBTQ youth.

DEFINITIONS

The following definitions are used throughout this study.

LGBTQ: This unique acronym is only a small representative of the broad and diverse spectrum of sexual orientations and gender identifications (Browne & Nash, 2011). To break this down further, each letter used in this acronym is defined as:

Lesbian: The Webster's New World Medical Dictionary (Shiel & Stöppler, 2009) defines lesbian as "female homosexual" (page 242) and lesbianism as "female homosexuality" (page 243). A more simplified version of the term lesbian would be women who are sexually attracted to women.

Gay: The word gay is often used as a colloquialism of "homosexual" which is a person who is sexually attracted to someone of the same gender identification. The term "gay" is typically used to describe men who are sexually attracted to men (Shiel & Stöppler, 2009).

Bisexual: This term refers to an individual who considers themselves sexually attracted to both the same sex (homosexual) or the opposite sex (heterosexual) (Pennington, 2009; Shiel & Stöppler, 2009).

Transgender: Trans or transgender is an umbrella term used by individuals who do not identify with the sex they were assigned at birth. The terms within this umbrella vary and include nonbinary and genderqueer (Budge, 2016). Identifying as transgender does not automatically mean the individual has had gender reassignment surgery or hormonal therapy. Transgender has also been referred to as "transsexualism," (Shiel & Stöppler, 2009, p. 173) or "gender dysphoria" (American Psychiatric Association, 2013).

Queer: This term has historically been used in a derogatory manner but has been "reclaimed" by individuals who identify on the LGBTQ spectrum (Hammers, 2016, p. 907). The term queer encompasses sexual and gender minorities who do not

identify as heterosexual or cis-gender (e.g. individuals who identify as nonbinary or heterosexual transgender individuals) (Queer, 2017).

Gender identity: how one identifies or presents themselves. Gender is not connected to one's sex but is more indicative of a complex connection between a person's gender biology, their internal sense of sex (male or female) and their outward expression of their gender identity (gender expression) (Baum, 2016).

Gender variant or variance: This term is applied to individuals who are nonconforming to the binary gender classification or different from the normal societal boundaries of the heteronormative binary classification for gender (male/female) (Roan, 2016).

Homophobia: Translated literally, homophobia is a fear of homosexuals or homosexuality. Homophobia is a cultural construct that is associated with negative thoughts, ideas, feelings, and actions towards individuals who are attracted to others of the same sex (Bolen & McGreehan, 2016).

Biological sex: A binary (female or male) assignment made at birth based on any of the following: external anatomy, chromosomes, secondary sex characteristics, and/or hormones (Akinniyi & Budge, 2017).

Sexual minority: The term describes an individual who does not conform to sexual norms as sanctioned by society or rather, "non-heterosexual youth" (Patterson, 2014).

Example: LGBTQ

Transphobia: Is a cultural belief or opinion that is similar to homophobia but directed toward transgender or transsexual individuals. A typical definition is "a dislike,

disgust for, or fear of people who are, or appear to be, transgender” (Green & Levand, 2017, p. 1732).

Youth: Depending on the source, the term youth has a wide variation of answers. Youth encompasses a period “between childhood and maturity” (Shiel & Stöppler, 2009, p. 464). The United Nations Educational, Scientific, and Cultural Organization, defines youth as people between 15 and 24 years old (UNESCO, 2017).

SUMMARY

Applying the hermeneutic phenomenological methodology to the concept of safety for LGBTQ youth will support ongoing and future endeavors for mental health amelioration. By exploring the essence of the lived experience of safety among LGBTQ youth, I developed a meaningful description that can be applied consistently to future research studies while also assisting mental health professionals, health care providers, and school officials in the care of these individuals.

Chapter 2: Literature Review

The Youth Risk Behaviors Surveillance System (YRBSS) is sponsored by the CDC and provides information regarding sexual identity and sex of sexual contacts (Kann et al., 2016). The YRBSS monitors six categories which are unintentional injuries and violence; sexual behaviors; alcohol and drug use; use of tobacco; dietary behaviors; and, physical activity (Kann et al., 2018). The 2015 summary of the YRBS results reported higher levels of risk for GLB students than heterosexual students in 16 of the 18 violence-related behaviors (Kann et al., 2016). Violence-related behaviors included carrying a weapon; being threatened with a weapon; receiving threats of physical harm or physical fights on school property; experiencing bodily injury; electronic bullying; and, missing school due to safety issues (Kann et al., 2016). According to the summary, 10% of GLB students and 12% of questioning students had been threatened or injured with a weapon (Kann et al., 2016). These statistics contrast with heterosexual students, with 5.1% having been threatened or injured on school property (Kann et al., 2016). Additionally, 43% of GLB students and 32% of questioning students had seriously considered suicide as compared to 15% of heterosexual students (Kann et al., 2016).

Due to the higher rates of violence and risk behaviors among the population, it is no surprise that lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth experience higher rates of mental health disorders than heterosexual youth. In the most recent school climate survey by the Gay, Lesbian & Straight Education Network (GLSEN), researchers identified key areas where LGBTQ youth are most vulnerable (Kosciw et al., 2018). These areas include safety and trust among their peers and safety with adults. Per Kosciw et al.

(2018), many of the mental health issues LGBTQ youth face can be attributed to violence such as bullying while in school, in the home, or by society. Although in recent years there seems to be an improvement in societal attitudes toward LGBTQ people, the prevalence of verbal taunts about sexual orientation or gender identity and harassment in school or issues of safety within schools continues (Kosciw et al., 2018). LGBTQ students may feel unsupported, underrepresented, and unfairly targeted in school settings. However, these concerns can also extend to home life. Many LGBT youths are also homeless due to family violence or being forced to leave (e.g., Durso & Gates, 2012; Mallon, Aledort, & Ferrera, 2002). According to a National survey with 381 respondents across 354 service providing agencies for homeless individuals, at least 40% of homeless youth identify as LGBT (Durso & Gates, 2012). Most alarming is the trend of LGBTQ youth and the school-to-prison pipeline. Youth become “vulnerable to the pipeline” which is “exacerbated by family rejection, homelessness, and other forms of discrimination...” (Snapp, Hoenig, Fields, & Russell, 2015, p. 77).

It is not difficult to imagine, based on the statistics above, that LGBTQ youth will feel unsafe at some point in their lives. Interventions to address LGBTQ safety concerns have led to programs creating safe spaces, support groups, or anti-bullying awareness (CDC, 2017). The creation of programs to support LGBTQ youth has had positive effects in some areas. For instance, Gay Straight Alliances (GSAs) have been in existence since 1989 and have made great strides in providing a safe environment for LGBTQ students and their straight allies (Snively, 2015). A GSA is only effective when it receives the support it needs from the school (e.g., Fetner, Elafros, Bortolin & Drechsler, 2012). One

concern about support groups specifically for LGBT youth is that in schools where parents do not support a GSA presence, the administration becomes more vigilant and restricts advocacy efforts with the effect of limiting the impact in the school (Mayberry, Chenneville, & Currie, 2011).

Regardless, I believe that these support programs and others like them, continue to make assumptions about safety on behalf of the individuals using their services. Hence, I am seeking to understand the true meaning of safety from the viewpoint of LGBTQ youth. To do this, I will explore the literature for definitions of safety for the LGBTQ adolescent population. I will also explore how safety has been measured regarding LGBTQ youth.

Therefore, the purpose of this integrative review is to explore how the extant literature measures and defines safety among LGBTQ youth and how safety research has evolved over time.

OVERVIEW OF INTEGRATIVE REVIEW PROCESS

To conduct this integrative review of the literature, I followed the seven-step process outlined by Fink (2014, pp. 3-5):

1. Select (or identify) research questions to guide the review.
2. Select bibliographic and article databases.
3. Choose search terms, seeking assistance from experts to review databases and search terms.
4. Apply practical screening criteria: such as preferred language, type of article, and publication date.
5. Apply criteria for methodological screening to evaluate scientific quality.

6. Data extraction including use of a standardized form for abstracting data.
7. Synthesis of results including interpretation of findings.

RESEARCH QUESTIONS

Research questions developed to guide this review of the literature are:

1. How is safety defined in studies focusing on LGBTQ youth?
2. What tools were used to measure safety among LGBTQ youth?
3. How has research about LGBT safety changed over time?

SEARCH STRATEGY

Selected Databases and Search Terms

In the beginning stages of searching literature, I consulted a research librarian with expertise in the subject of LGBTQ literature. Based on the meeting with this expert librarian, the following databases were included in searches: CINAHL, Medline, PsycARTICLES, Psychology and behavioral sciences collection, PsycINFO, Gender Studies Database, Health Sources: Nursing Academic Edition, and LGBT Life.

The following key words were chosen to represent the variables presented in the research questions: *lesbian, gay, bisexual, transgender, queer, questioning, LGBTQ, safe, safety, definition, adolescent, youth, teen, and teenager*. After multiple attempts resulted in zero findings, a Boolean phrase was created to facilitate searches: (lesbian or gay or bisexual or transgender or queer or lgbt or lgbtq or lgbtq+) AND safety NOT “sexual safety” NOT “hiv or aids” AND adol*. The term “define” or “definition” was left out of the Boolean phrase after multiple search attempts resulted in minimal returns.

Search terms were intentionally broad both in the use of key words and in the lack of dates. The intention was to gain a comprehensive perspective of the research about safety for the LGBTQ population and capture a wide variety of the way's safety might be defined for this population. I was also interested in historical changes occurring in research regarding safety and the LGBTQ population. Leaving out a prescribed range of dates allowed for a review of changes in research over time.

Screening Criteria

Limiters used during searches were peer-reviewed, academic journals that included the age range of adolescent (13-18 years), child (6-12 years), and young adult (19-24 years). I excluded items that were not in English or were not translated into English. Because I wanted a global view of the research about safety and LGBTQ youth, I chose not to exclude studies from other countries. No date limits were applied in order to gain a broad selection of studies that had occurred over time regarding the subject of safety for LGBTQ youth. Initially, I considered including studies that had a clear definition of safety or attempted to define safety for the LGBTQ youth population. I quickly discovered that very few studies regarding LGBTQ youth defined safety explicitly from their viewpoint. Literature searches were conducted from January to July 2018.

Inclusion criteria were as follows:

- qualitative or quantitative studies including LGBTQ youth (or a mixture of the LGBTQ spectrum, such as LG, LGB, or LGBT, etc.),
- includes a type of measurement of safety among LGBTQ youth, and

- focuses on the age range of 11 to 23. Additionally, retrospective designs were included in the review as long as the research covered an aspect of adolescence and safety from the viewpoint of LGBTQ participants.

Exclusion criteria included literature reviews; newspaper articles or opinion editorials; and, textbooks. As well, full-text was required complete a thorough review of the article. If the full text was not available through the library, scans or interlibrary loans were requested. Literature reviews were excluded so that I could focus on primary literature and create a reproducible systematic review (Fink, 2014). Newspaper articles and opinion editorials may report on research but would not include sufficient data for an integrative review.

Methodological Screening Criteria

The process of evaluation and synthesis of the review articles was guided by the Critical Appraisal Skills Programme (CASP) criteria (CASP, 2018). CASP was developed in response to the need for a more rigorous review of research and awareness as it is applied to evidence-based practice (CASP, 2018). The program was designed to train healthcare providers to hone critical appraisal skills fostering sound judgment during practice (CASP, 2018). Ultimately, CASP developed eight appraisal tools or checklists for reading and evaluating research studies (CASP, 2018). I have chosen items from the qualitative and quantitative checklists that best address the risk of bias. Additionally, I have used the guidance of Fink (2014) and Polit and Beck (2012) to synthesize the findings of this review. CASP criteria for qualitative and quantitative studies were applied during the final

examination of articles that met the criteria for this review and focused on the risk of bias. It is important to note that per the usual guidelines of CASP, there was no scoring completed at the time of the review. However, questions were adapted from the CASP criteria to fit the relevance of the review and applied to the final articles to assist in synthesis of the information. The risk of bias for each of the final articles was reviewed utilizing the following criteria: clearly focused issue or statement of the research aims; clear description of analysis methods; measures taken to minimize and address bias; identification of confounding factors and how they were addressed; issues concerning ethics and ethical research; if the data analysis was sufficiently rigorous for quantitative research; and if the researchers had addressed trustworthiness for qualitative data.

A blended evaluation and data extraction protocol form was created for analysis of the final articles in the review to facilitate consistency and rigor of the evaluation process. The data extraction form was adapted from both Polit and Beck's (2012, p. 107) and Fink's (2014, p. 170-173) suggestions for maintaining consistency and organization and included the CASP criteria mentioned above (*Appendix A*). The data extraction form was utilized for all the studies retained for this review to maintain consistency in the reviewing process. There were periodic check-ins with the committee chair to review coding and the data extraction process.

DATA EXTRACTION

A total of 755 articles were retrieved from all sources. After removing 144 duplicates, titles and abstracts were read for content applicability resulting in the exclusion

of 483 articles. The remaining 128 articles were subjected to a review where inclusion and exclusion criteria were applied, resulting in 51 articles. The final data extraction review was a complete review of each article for content, purpose, research results, and focus. An additional 30 articles were discarded during this final review resulting in a final sample of 21 articles (see Figure 1). Reasons for discarding articles are discussed in the data evaluation and analysis section.

Throughout the review, articles were coded with an identification number specific to the location (and database) in the search and the record number within that search. During the review, a table was developed to track reasons articles were discarded from the review. For the final reviews, additional tables were created, which included the following information: first author, ID number, article title, digital object identifier (DOI) number, or database link, and notes specific to the article. Notes were color-coded in red (rejection), green (keep), or yellow (re-read or required additional time for article retrieval). Notes included reasons for rejection or keeping each article in the review. Reasons for rejection in the data extraction review were: did not provide relevant data or outcomes pertinent to LGBTQ youth, researched bathroom usage rather than questions of safety, focused on experiences of harassment or verbal abuse that were not tied to safety measurements, and measured aggression toward students in general and did not focus on LGBT youth.

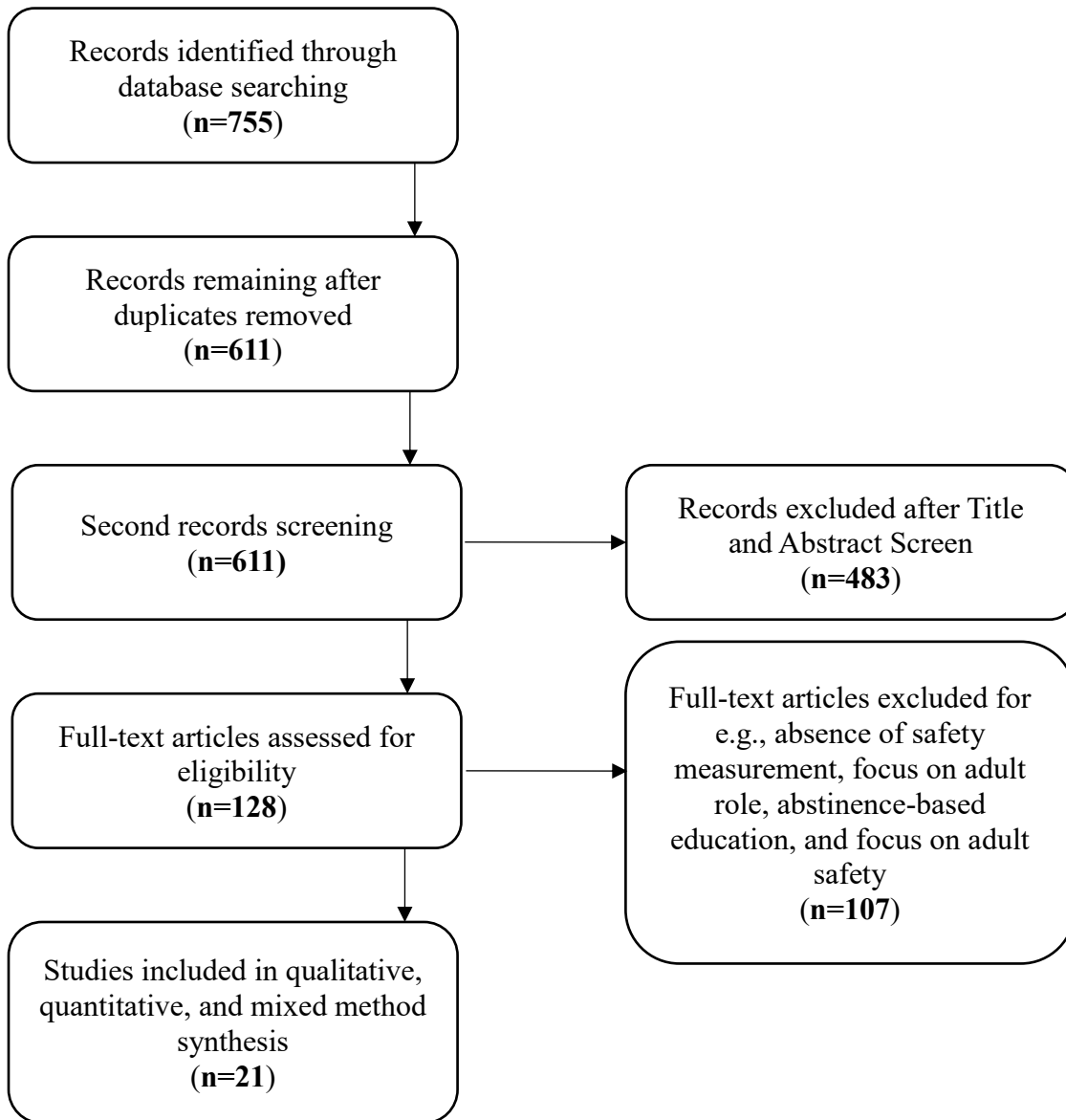


Figure 1: Article extraction diagram adapted from the PRISMA 2009 Flow Diagram depicting article selection. Adapted from “Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement,” by D. Moher, A. Liberati, J. Tetzlaff, and D.G. Altman, 2009, *The PRISMA Group*.

Hand searches via Google and Google Scholar using the same key words situated in the Boolean phrase replicated the same articles from original searches and were subsequently not included in the count of articles retrieved.

Reasons articles were discarded during the reviews were:

- lack of focus on LGBTQ youth in the study methods or outcomes;
- a mean age of participants above the age of emerging adulthood;
- did not include results focusing on adolescents (prospectively or retrospectively);
- measured safety but was focused on adults and their feelings of safety within school systems, and the role that safe adults can play in high schools with GSAs;
- measured parents' perceptions of safety for their LGBTQ youth; and
- one article was removed because it outlined the protocol of an ongoing study without any study results.

After reviews were completed, the articles were arranged in alphabetical order. Essential information and findings during final analysis were arranged in Table 2, the Article Review Chart located in Appendix B.

DATA ANALYSIS

Critical Appraisal of the Findings

This section presents findings of the literature review; research designs; tools measuring safety, and; addresses bias, rigor, and issues with samples. All articles in the review had a clearly defined purpose or aim of the research study. Only one article applied

a component of safety among LGBTQ youth as it related to risk factors such as alcohol or drugs (Ciro et al., 2005). Other articles included research studies examining safety among relationships, the value of GSAs, mental health outcomes, safety and access to bathrooms; and symbolism. One article in this review examined disparities among young men who have sex with men (YMSM) and racial bias (Lesesne et al., 2015). Additionally, one article addressed the experiences of gay and lesbian youth in the child welfare system (Mallon et al., 2002). According to Mallon et al. (2002), more than 30% of the 45 GLBTQ youth in the study reported being homeless due to safety concerns at home after their families found out their sexual orientation or gender identity, and 78% felt it was not safe for GL adolescents to be in group homes.

Although 86% of the articles reviewed explored varying levels of the LGBTQ spectrum, only 14% focused solely on gender nonconforming or transgender youth (McGuire, Anderson, Toomey, & Russell, 2010; Toomey, McGuire, & Russell, 2012; Wernick, Kulick, & Chin, 2017). The low representation of exclusive focus on transgender or gender nonconforming youth in this review, echoes the paucity of literature regarding research explicitly designed for this distinctive population (Wanta & Unger, 2017). Thirty-three percent of the studies focused on the perception of safety from the LGBTQ youth perspective (e.g., Fetner et al., 2012; Gamarel, Walker, River, & Golub, 2014) whereas the remaining 67% incorporated safety as an assessment tool examining the relationship between safety and another outcome (such as suicidal ideation or protective factors) (e.g., Ciro et al., 2005; Mooij, 2016).

Only one quantitative study used an assessment tool that was specifically designed for the study regarding feelings of safety when seeking health care (Ginsburg et al., 2002). Ginsburg et al. incorporated a teen-centered approach in a four-stage mixed methods study. A questionnaire was developed in the beginning stages of the study and then used in the final stages with 202 sexual minority youth (SMY). The result provided insight into how LGBTQ teens ranked their feelings of safety in the healthcare setting.

Remaining studies used assessment tools that were already established, either using only questions regarding safety and how it pertained to issues relevant to their studies or using the entire assessment tool. This finding highlights the need for a consistent and stable assessment tool for safety among the LGBTQ population.

RESEARCH DESIGNS

This review included two qualitative studies, nine mixed-method studies, and 10 quantitative studies. In general, I concentrated only on the aspects of a study that connected to my research questions. This is particularly so for mixed method designs. The psychometric method for measuring safety is listed in the safety measurement column in Table 2 of the Article Review Chart (*Appendix B*). Five mixed method studies included a safety assessment in both aspects of their analysis (Davis et al., 2009; Gamarel et al., 2014; Ginsburg et al., 2002; Mallon et al., 2002; McGuire et al., 2010; Peter, Taylor, Ristock, & Edkins, 2015). The remaining three mixed method studies incorporated safety into either the qualitative or quantitative portion of the study (Jones, 2016; Lesesne et al., 2015; Porta et al., 2017). Most of the quantitative studies (81%) utilized cross-sectional data analysis.

Two studies provided longitudinal data (Horowitz & Hansen, 2008; Mooij, 2016). Mooij (2016) examined differences in discrimination between students, faculty, and school systems over a three-year period. Only one intervention study was included in this review (Horowitz & Hansen, 2008). This study was set in a large urban school district in Minnesota through the Saint Paul Public School system and was a follow-up to evaluate changes in the education of the administration, classroom education, and inclusion of anti-harassment policies (Horowitz & Hansen, 2008).

TOOLS MEASURING SAFETY

Quantitative Literature

Safety assessments noted in the research articles for this review were mostly specific safety items from either a database (such as Adquest) or existing national surveys such as the Massachusetts Youth Risk Behavior Survey, the Minnesota Student Survey, or adaption of the GLSEN school climate survey (e.g., Ciro et al., 2005; Eisenberg & Resnick, 2006; Goodenow, Szalacha, & Westheimer, 2006; Horowitz & Hansen, 2008). The questions used from these surveys mentioned above were not always clearly defined. Some articles included the actual questions posed to the youth participating in the survey. Typical questions about safety were tied to either feeling safe at school, missing school due to feeling unsafe, and safety walking to and from school (e.g., Ciro, et al., 2005; Goodenow et al., 2006; Jones, 2016). These types of questions were essential when gauging how safe an LGBTQ individual felt at any moment in time.

Eight of the articles included heterosexual youth in their studies for outcome comparison (e.g., Fetner et al., 2012; Horowitz & Hansen, 2008; Mooij, 2016). The studies that took a comprehensive view provided opportunities for several important conclusions. The comparison studies that corroborated previous research were LGBTQ youth statistically experienced higher levels of violence, verbal abuse, and mental health issues than heterosexual youth. Maybe more importantly, the comparing and contrasting of sexual orientations (SO) brought to light the disconnect between heterosexual youth and LGBTQ youth. Heterosexual youth may conclude an environment is safe for LGBTQ youth when, in fact, LGBTQ youth or previous studies do not agree (e.g., Goodenow et al., 2006).

Qualitative Literature

It is in the qualitative studies that I began to see actual questions about safety from the LGBTQ perspective. Fetner et al., 2012 reviewed GSAs and safe spaces leading to the development of three dimensions: context, membership, and activity. From these dimensions, the following questions were created for the study: “safe from what?”; “safe for whom?” and; “safe for what activities?” (p. 190). The first question (“safe from what?”) seemed most promising in the production of an actual definition (Fetner et al., 2012, p. 190). Unfortunately, the answers to the first question (“safe from what?”) centered around issues that occurred regarding the ability to create a safe space, like a GSA, in the school environment, but did not define what that space looked like (Fetner et al., 2012, p. 190). It is possible that researcher bias could have played a role in the determination of the direction this question took. Alternatively, the participants may have felt that it was more important

to discuss the difficulties of having a safe space in their schools. However, their responses could also be attributed to a contextual issue. Follow up questions were not provided, so it is difficult to know how the discussion was directed.

Lesesne et al. (2015), asked participants to describe the characteristics that would help them feel safe in approaching staff members with concerns. Per Lesesne et al., results were that most “youth equated ‘safe’ conversations with keeping what was shared private” (p. 269). Porta et al. (2017), included six open-ended questions in their mixed method study. One of the questions included a safety component: “what other places in your community make you feel safe?” (Porta et al., p. 491). Wolowic, Heston, Saewyc, Porta, and Eisenberg, (2017), conducted a secondary analysis of data from a larger study subset entitled Research and Education on Supportive and Protective Environments for Queer Teens (Project RESPEQT), and appears to come the closest to questioning youth about safety. Project RESPEQT interviewed participants with the following question regarding safety: “How do you know a space is safe? What do you see?” (p. 560). This compelling question provides a context for LGBTQ youth to describe what contributes to safety in their environment from their perspective. Because Wolowic et al. were looking specifically for mentions of the rainbow or rainbow pride, and symbolism, only those specific answers were included in the study.

ADDRESSING BIAS, RIGOR, AND SAMPLES

According to Polit and Beck (2012), “bias is an influence that produces a distortion of error in the study results” (p. 176). Bias can affect both qualitative and quantitative

research and should be addressed to produce the “truth” of the research (Polit & Beck, 2012, p. 176). Most studies in this review included potential limitations regarding the generalizability of the data or sample size issues. Authors who provided explanations for varying types of bias within their study design also provided the most detail (e.g., Porta et al., 2017). The two traditional qualitative studies in this review provided the most information concerning the reduction of researcher bias through intercoder checks or intentions to reduce threats to validity in their study design before the results or discussion sections (Fetner et al., 2012; Wolowic, 2017). The qualitative portion of the mixed methods studies also had detailed information regarding multiple member checks, establishing trustworthiness, and rigor (Davis et al., 2009; Lesesne et al., 2015; Porta et al., 2017). Five articles addressed researcher bias in the study design (Eisenberg & Resnick, 2006; Gamarel et al., 2014; Perales, 2016; Porta et al., 2017; Wolowic, 2017). Most of the articles provided either a formal limitations section or wrote about limitations in the discussion section. The potential for bias was noted during analysis and recorded in the evaluation protocol and also noted in the risk for bias section in Table 2 of the Article Review Chart (*Appendix B*). Researchers did discuss the presence of confounding factors and potential reasons for how they could have affected outcomes in their data (Davis et al., 2009; Eisenberg & Resnick, 2006; Horowitz & Hansen, 2008). Horowitz and Hansen (2008), simply stated that there could be confounding issues and that they were “impossible to rule out” (p. 83). Davis et al. (2009), mentioned that differences in ages of their study participants between the two study sites could have been a confounding factor, particularly when considering the influence of gender. In contrast, Eisenberg and Resnick (2006), took necessary steps to

avoid confounding by including grade level (either 9th or 12th grade), race, and family structure with key dependent and independent variables in their logistic regression models. Issues of confounding effects cannot be entirely circumvented yet acknowledging or teasing out those confounding factors increases the transparency of the study process thereby increasing the trust in the outcomes (Šimundić, 2013).

Seventy-six percent of the articles using quantitative data (13 out of 17 articles with quantitative data) did not provide validity or reliability of the assessment tools used in the studies. However, out of the 17 articles with quantitative data, 52% used recognizable and familiar assessment tools, incorporated questions from larger established surveys; or adapted questions from common surveys (e.g., Horowitz & Hansen, 2008; Wernick et al., 2017). By comparison, 50% of the studies with qualitative data (5 out of 10 articles with qualitative data) provided either an in-depth explanation of addressing bias through ensuring trustworthiness or rigor.

Nine of the studies reviewed addressed ethical concerns by providing Institutional Review Board (IRB) approval, ethical review board approval, or human subjects approval (Eisenberg & Resnick, 2006; Ginsburg et al., 2002; Lesesne et al., 2015; McGuire et al., 2010; Porta et al., 2017; Taliaferro & Muehlenkamp, 2017; Wernick et al., 2017; Whitaker, Shapiro, & Shields, 2015; Wolowic et al., 2017). However, 12 of the studies reviewed used secondary analyses to answer their hypotheses or research questions (Ciro et al., 2005; Davis et al., 2009; Eisenberg et al., 2006; Goodenow et al., 2006; Jones, 2016; Mooij, 2016; Perales, 2016; Peter et al., 2015; Porta et al., 2017; Taliaferro & Muehlenkamp, 2017; Toomey et al., 2012; Wernick et al., 2017). Two of the studies received exempt status

(Wernick et al., 2017; Whitaker et al., 2015). I also want to note that two studies used data from the same project with a different analysis focus (Porta et al., 2017; Wolowic et al., 2017).

One of the most significant concerns in gathering data for the LGBTQ youth population is the potential for outing an individual and unintentionally causing harm. Mustanski (2011), points out this concern while addressing the difficulty of obtaining IRB approval for research involving younger subjects. Requiring parental consent can have negative consequences on research mainly if the LGBT youth is unable to safely gain parental consent subsequently withdrawing or not participating in the study (Mustanski, 2011). Five studies had the formal consent process waived based on concern for increased safety risk to the subject or unintended disclosure to parents or family members (Gamarel et al., 2014; Ginsburg et al., 2002; McGuire et al., 2010; Porta et al., 2017; Wolowic et al., 2017). Although in recent years, access to youth within the school system may have improved, the concern for outing LGBTQ youth continues to affect the research process. In other words, researchers may feel no other choice but to use the surveys and assessment tools already in place, or a secondary analysis of established data, because the IRB approval process is faster and easier to obtain.

The largest sample size included in this review had over 216,000 students in a secondary school program (Mooij, 2016). The study included LGB youth and heterosexual youth, and no numbers were provided to parse out how many participants were sexual minority youth (Mooij, 2016). Another study reported over 15,000 individuals (Perales, 2016). It is important to note that this number included all individuals within a household

census-type survey. Out of that large survey, only 421 individuals identified as GLB (Perales, 2016). The smallest sample size was the qualitative portion of a mixed methods study that included six youth randomly assigned to participate in interviews (Mallon et al., 2002). Overall, 31% of studies included heterosexual students or allies in their samples.

A common trend noted in research studies of LGBTQ people was the tendency to combine two groups together. This was often done for several reasons: to increase group size, have a more significant effect size, or for the ease of statistical analysis. At least four of the studies in this review combined gay and lesbian categories to create one category (gay/lesbian). While this practice may increase the numbers and create a better effect size, it also introduces imprecision and potential inaccuracies in measurement into the study. As defined in Chapter 1, gay typically refers to a male who prefers romantic relationships with men, and lesbian refers to a female who prefers romantic relationships with women. Putting these two vastly different categories together may not produce a valid result.

Another trend was assuming youth who reported having had a same-sex sexual partner (for any length of time) also identified as part of the LGBTQ spectrum. Two studies in this review utilized this practice. Assuming a sexual orientation or gender identity based on sexual encounters is a risky procedure. Not all youth who experience same-sex sexual encounters consider themselves as part of the LGBTQ spectrum. By making this assumption about same-sex sexual partners, the researchers introduced the potential for confounding factors and paradoxical effects since those individuals may not have the same experiences as LGBTQ identified youth. Sexual behavior does not imply sexual orientation or gender identity (American Psychological Association, 2008).

What remains to be done is synthesizing these findings beginning with the historical perspective of safety research regarding LGBTQ youth. Synthesis of the findings will be covered in the following section.

SYNTHESIS

Historical Perspective of Safety Research for LGBTQ Youth

While analyzing the articles for this review, I realized the importance of having a historical perspective regarding the issue of safety for the LGBTQ population in general. I wanted to know the focus of safety research in the past coming forward to the present. The earliest articles fitting research criteria for this review were from the year 2000 and up. Many of the topics researched AIDs and HIV prevention, safety in meeting other gay men, and the experiences of children whose parents were gay or lesbian. Interestingly, some of the articles in the primary search, even though written in the current millennium, researched information from the 1970s to 1999 regarding safety for LGBTQ people. I began to see greater numbers of studies done regarding physical or emotional safety among LGBTQ youth in the 1990s and into the current century with the most activity beginning after 2000. In this review, the years of the articles ranged from 2002 to 2017.

I reviewed several of the most extensive and commonly used research studies to provide a historical perspective for safety research among LGBT youth. GLSEN was founded in 1990 and initially situated in Massachusetts when teachers came together to work towards improving the educational system for LGBTQ students (GLSEN, 2018). GLSEN is now one of the largest national education organizations and is a leader in

focusing on ways to ensure the continued safety of LGBTQ youth in the school systems (GLSEN, 2018). GLSEN produces a biennial survey titled, *The School Climate Survey*, which originated in 1999 and was specific to the experiences of LGBT youth in the school system (GLSEN, 2018). The School Climate Survey focused on the victimization and harassment experienced by LGBT youth and subsequently the impact on their “overall comfort in school” (Kosciw et al., 2016, p. 7). Kosciw, Bartkiewicz, and Greytak (2011) reviewed the School Climate Survey data from 1999 to 2009. Their review of the combined surveys included a total of 17,414 participants which concluded that although society views had changed, the experiences of LGBT youth had remained relatively the same with only slight improvements (Kosciw et al., 2009). Unfortunately, statistics regarding negative remarks about gender expression increased from the time it was first included on the survey in 2003 to 2009 (Kosciw et al., 2009).

The interest in the comfort of students within the school system was not an entirely novel idea. The National Youth Risk Behavior Survey (YRBS) conducted by the CDC examines the experiences of all youth including any harassment or harm during their school years (CDC, 2018). Specific questions regarding sexual orientation or gender identification, however, were not included in the YRBS until 2015 (Goodenow, Watson, Adjei Homma, & Saewyc, 2016; Mustanski, Van Wagenen, Birkett, Eyster, & Corliss, 2014). Another vital survey during this time was the National Longitudinal Study of Adolescent Health (Add Health) (Harris et al., 2009). Add Health conducted a longitudinal survey of over 90,118 students in Grades 7 through 12 examining family dynamics, school connectedness, and self-esteem (Harris et al., 2009). The results of the Add Health survey

reported the levels of harassment, bullying, and violence experienced by SMY and was not limited to experiences on school property nor did it research the feelings of safety among the SYM population (Harris et al., 2009).

Over time, there has been a notable change to questions among the surveys mentioned above. These large youth surveys, like the School Climate Survey, accelerated the efforts towards addressing LGBT youth and safety concerns. In considering the historical perspective of research, it is not surprising that the majority of articles in this review occurred in the current century. This information is crucial to the context of my research in that it is only within the last 18 years that we have begun asking specific questions about sexual orientation and gender identity and applying questions that filter out the perception of safety from the viewpoint of LGBTQ youth. It is important to note that none of the articles reviewed utilized an actual definition of safety from the perspective of LGBTQ youth. The following section will provide a discussion of my findings, and the concept of safety among LGBTQ youth along with possible implicit definitions.

Historical Perspectives

Gaining the historical perspective of safety research concerning LGBTQ youth allowed me to view the changes that have occurred over time. Over more than 30 years ago, the emphasis of research in the articles reviewed for this chapter, related to the prevention of diseases; reduction of drug and alcohol abuse, and; how homosexuality affected the family unit. In the current century, and according to this literature search, research has shifted toward keeping LGBTQ youth safe by preventing harassment,

bullying, or violence; and by providing safe spaces for improvement of mental health issues. The shift in consciousness noted in literature and research is in line with significant societal shifts as well.

For instance, one significant change in recent history is the Supreme Court decision about marriage equality. Although the history of the gay rights movement is credited as beginning many years ago (Hall, 2010), marriage equality for the United States was only achieved in 2015 (*Obergefell v. Hodges*, 2015). Another event that may have contributed to societal changes regarding safety for LGBTQ people was the brutal beating and death of Matthew Shepard in Laramie, Wyoming in 1998. Matthew Shepard's murder was widely publicized and the reports of what he experienced shocked the nation (Noelle, 2002). Noelle (2002) noted the shift in society and termed the resulting changes as a "ripple effect" due to the concerns of a nation during Matthews's hospitalization and the sensitivity of news coverage at the time (p. 28). I believe this event was a catalyst for parents and concerned allies to begin addressing harassment and violence against LGBTQ youth. Socially, our worldview shifted and saw the human-ness in the face of Matthew Shepard.

Schools began working toward making changes and creating safer environments for LGBTQ youth around this time. In particular, GSA Network advocates began influencing change such as the California Student Safety and Violence Prevention Act of 2000. Advocates for this safety and violence prevention act recognized the brevity of this issue relating it to the self-esteem of LGBT youth as well as all students in school systems (Schwartz & Laub, 2016).

Defining Safety

Initially, having a definition of safety for LGBTQ youth was part of the inclusion criteria for this paper. When search attempts elicited no articles with explicit definitions, I consulted an expert librarian in LGBT research and changed the inclusion criteria to reflect a broader aspect of safety. Nevertheless, the evaluation protocol I created for this literature review included a section for an implicit definition of safety. Obviously, none of the articles provided an explicit definition of safety from the perspective of LGBTQ youth. Still, 52% of the articles provided common themes that could contribute to implicit definitions of safety.

Common themes of safety in the articles reviewed for this paper that could contribute to an implicit definition of safety were: trust; confidentiality; physical safety; emotional and psychological security; symbolic representation (rainbows); freedom to express oneself; and being able to withdraw from a hostile environment (e.g., *Ciro et al., 2005; Fetner et al., 2012; Gamarel et al., 2014; Mallon et al., 2002*).

Again, and again, the importance of an internal school support group or protective policies from the administrators or school officials was recommended by researchers to ensure the safety of LGBTQ youth within the school systems. Fifty-two percent of the articles in this study recommended the presence of a GSA, safe environment, safe space, or the inclusion of LGBT affirming support groups in order to increase feelings of safety for LGBTQ youth (*Ciro et al., 2005; Davis et al., 2009; Fetner et al., 2012; Gamarel et al., 2014; Goodenow et al., 2006; Horowitz & Hansen, 2008; Lesesne et al., 2015; McGuire et al., 2010; Peter et al., 2015; Porta et al., 2017; Whitaker et al., 2017*). Authors reinforced

the importance of GSAs and argued that GSAs provided support, safety, a sense of belonging, and helped youth build connections outside of the school environment. However, it is important to remember the warnings noted in chapter one about focusing on safety for interventions. Per Kumashiro (2008), creating safe spaces for LGBTQ youth could continue to emphasize the differences between these youth and heterosexual youth leading to further ostracism of the population.

A participant in a study regarding GSAs and youth views stated: “It’s mainly a safe space where we can talk about anything that we want to. Like, we don’t even talk about queer things sometimes. We might just talk about movies, and it’s just a place to hang out” (Porta et al., 2017, p. 495). Conversely, it was notable in one study that GSAs could be limited in their effectiveness if they lacked the support of the administration and school officials (Fetner et al., 2012). Beyond the calls for more research and the need for replicating findings, several researchers provided strong statements regarding the actions of school administrators and staff and their potential to address current issues of harassment. Acknowledging that school staff has the power to make change within their classrooms and schools, was a consistent recommendation. Making homophobia and harassment an unacceptable attitude and behavior in the classrooms and schools was vital to increase the feeling of safety among LGBTQ youth.

Measuring Safety

There is no known safety assessment tool specifically designed for LGBTQ youth. Although there are several reliable and valid assessment tools and surveys including

questions about safety, they are from a limited perspective. Researchers decided which questions to use to explore safety experiences. These safety questions were usually related to attending school or walking to and from school. Of course, these are typical items that one would expect to find in an assessment tool with a safety component.

My point is that the simplicity in these questions leaves out the other aspects affecting an LGBTQ identified youth. Knowing that the term safety has a wide variety of definitions, it is possible that simple questions such as feeling safe in an environment may fall short of the real issues LGBTQ youth are experiencing. Some of the richest data in this review are provided through the qualitative interviews where LGBTQ youth described where they were and what safety felt like to them. Even though Wolowic et al. (2017), provided an in-depth and rigorous qualitative analysis of the significance of rainbows for LGBTQ youth, it still had a very narrow focus. I can only imagine the gems hidden in the remaining data.

LIMITATIONS

A limitation of this review is the volume of articles concerning safety research in the LGBTQ population. Even though most of the articles discarded during the review process focused on issues that did not fit the inclusion criteria, it is possible that I may have missed some articles in search strategy that were appropriate for review. I am also aware that by choosing to search the literature for the term “safe” or “safety” imposes a narrow view of what is available in the literature. However, I intended to find a definition of safety as described by LGBTQ youth. If I had incorporated other search terms that may or may

not be linked to the definition of safety, I may have retrieved many more examples. Assuming the definition of safety for LGBTQ youth at this juncture could introduce implicit bias. My concern in doing so was that I would obtain too much data which would overwhelm the process producing a broad description and awkward result. Another limitation is the combining of the CASP (2018) criteria with other tools. Although the CASP (2018) criteria provided guidance in the evaluation of the articles, there was no actual scoring of the articles during the review process.

IMPLICATIONS

A concern discovered in the course of this research was the increasing practice of assuming that youth who had sex with same-sex partners identified as part of the LGBTQ spectrum. Although this practice of using sexual encounters as a method of identification may increase the amount of data, it completely negates the possibility that some youth who have same-sex sexual encounters do not identify as LGBTQ. Sexual behavior does not fully imply sexual orientation identification. Additionally, sexual behavior does not imply sexual orientation. Moreover, of course, this leads to potential inaccuracies in measurement and may introduce bias that cannot be addressed. Simply put, in order to obtain accurate and trustworthy data, researchers must resist the temptation to include this type of data in their LGBTQ specific research. Or, at the very least, parse out the data in such a way that it is maintained as a unique category.

The importance of researching safety from the viewpoint of LGBTQ youth is that it provides researchers with a specific understanding or outcome that is measurable. Being

able to compare the differences between heterosexual youth and LGBTQ youth, however, increases the visibility of the issues that LGBTQ youth encounter. It is from studies including a comparison of heterosexual youth and LGBT youth that we gain a complete view of an issue (such as safety) as well as the differences in outcomes for LGBTQ youth versus heterosexual youth. With that being said, research studies need to continue to make a considerable effort to address confounding factors. Per Toomey et al., (2012), more than 50% of the participants perceived their school to be safe for gender nonconforming youth when, in fact, the percentage was lower for LGBQ youth. Toomey et al. (2012), wisely relate their outcome to a disconnect between heterosexual youth and LGBTQ youth in a predominantly heteronormative environment.

An ecological approach to providing safety could address all factors of safety for LGBTQ youth from intrapersonal to public policy changes. Applying a holistic approach to combating safety and mental health concerns among LGBTQ youth, could be a significant factor in reducing oppression of this population. Additionally, increasing awareness, changing public policy, and continuing to support LGBTQ youth could lead to greater acceptance within communities with a result of greater safety for this population.

CONCLUSION

After completing this literature review, I find myself having more questions than answers regarding safety for LGBTQ youth. Are we genuinely providing safety to LGBTQ youth in the school settings, and is that in turn creating a safer environment outside of a support group? Alternatively, does participation in a GSA create a stronger, more confident

LGBTQ youth ready to face the challenges in society? Finally, by creating a safe space or safe zone for LGBTQ youth where they can forget their concerns, are we inadvertently forgetting to address the broader social issues that perpetuate violence against this population? Will defining safety among LGBTQ youth lead to further research examining and facilitating better support groups in schools or will it instead facilitate a change in the views of society through policies and acceptance? It is my hope that this study will provide a foundation for a future program of research resulting in inclusion and normalization of the LGBTQ youth population in society subsequently facilitating mental health amelioration among the population.

Chapter 3: Methods

This study was based on an interpretive descriptive design exploring the lived experience and definition of safety among LGBTQ youth. There is an abundance of literature regarding physical and emotional safety concerns about this population but very few researchers address the lived experience or definition of safety from the viewpoint of LGBTQ youth. More specifically, I completed a hermeneutic phenomenological study using van Manen's (2014) method of inquiry to examine the lived experience of safety among LGBTQ youth and determine the definition of "safety" from their unique perspective.

METHODOLOGIC DESIGN

Hermeneutic Phenomenology

Hermeneutic phenomenology is a rich qualitative method employing exploration of a phenomenon through the interpretations of individuals using everyday language (Cohen, Kahn, & Steeves, 2000). Aligning his beliefs about phenomenology with those of Heidegger, van Manen (2014) maintained that this method of inquiry builds on reflections of experiences of the human existence. Those practicing Husserlian principles of the philosophy of phenomenology would move forward with the practice of "bracketing" of their a priori knowledge of a phenomenon to render it to its purest form (Husserl, 1954/1970). However, in pondering the practice of bracketing, van Manen (2014) agrees with the tenets of Heidegger (1927/1962) that although worthwhile, bracketing in hermeneutic phenomenology is very difficult to achieve. Hence, by applying van Manen's

approach to hermeneutic phenomenology (such as the language and experiences surrounding the phenomenon), I worked to tease out the richness of the lived experience for this population (Cohen et al., 2000). This rich dissection contributed to the development of a common interpretive meaning of the phenomenon (Cohen et al., 2000).

The methodical structure of hermeneutic phenomenology requires creativity in the researcher and the ability to engage in an active interchange between researcher and informant (van Manen, 2014). Dynamic interchange was accomplished by using the following research activities suggested by van Manen (2014):

- (1) turning to a phenomenon which [sic] seriously interests us and commits us to the world;
- (2) investigating experience as we live it rather than as we conceptualize it;
- (3) reflecting on the essential themes that characterize the phenomenon;
- (4) describing the phenomenon through the art of writing and rewriting;
- (5) maintaining a strong and oriented pedagogical relation to the phenomenon;
- (6) balancing the research context by considering parts and whole. (p. 30)

I chose the hermeneutic phenomenological approach of van Manen because of his dynamic flexibility in viewing and interpreting phenomena around us. The methodology of phenomenology attempts to remove any predetermined or fixed procedures that would be utilized in empirical research (Heidegger, 1927/1962; van Manen, 2014). Instead, phenomenology moves us towards openly investigating a phenomenon by examining seemingly mundane words and experiences. Consequently, applying this approach to the lived experience and definition of safety by LGBTQ youth was appropriate because it

resulted in a meaningful description and characterization of the phenomenon. Using the six activities suggested by van Manen inspired an awareness of the phenomenon as well as creativity within the study.

As for theoretical frameworks, van Manen (2014) notes that although they are needed for use in research, they remain too abstract, leading the researcher away from the authenticity of the phenomenon of interest. Yet, van Manen (2014) also believes that examining the extant realities of a phenomenon within a theoretical context is important. In this study, I utilized the philosophical perspective that forms the underpinnings of phenomenology.

PRELIMINARY CASE STUDY RESULTS

I conducted a preliminary single case study with a similar phenomenological design in 2016 resulting in the dominant metaphor “gliding under the radar.” Four major themes were identified: influential surroundings, self-awareness, perseverance, and personal safety. The theme “influential surroundings” included sub-themes such as family, friends, Utopia, and religious beliefs/religion. The theme “self-awareness” included sub-themes related to growing up, coming out, sexual orientation/gender identity, reaction, feeling, not knowing, and self. The dominant metaphor for the case study was found in this category. The theme “perseverance” included life & living, peace, hope, love, death, and trust. The final theme of “personal safety” were more tangible thoughts and statements regarding safety, violence, bullying, and kidnapping. The dominant metaphor of “gliding under the radar” was chosen because of the informants’ desire to remain hidden and undetected. The informant mentioned several times throughout the one hour and eight-minute interview

that she felt safest if she was able to avoid the scrutiny of others by fitting in or appearing normal.

Changes were made to the interview process and the demographic survey based on feedback from the informant. Changes to the demographic survey were made to provide a better reflection of the population interviewed for the current study.

SAMPLE AND SETTING

Sample Selection

For sample selection, I followed the four-point approach to sampling for interview-based qualitative research: 1) defined a “sample universe” – setting inclusion and exclusion criteria 2) decided on a “sample size” – envisioning an ideal sample size and ensuring practicality 3) devised a “sample strategy” – a strategy to include a specific category of informants, and 4) sourced the sample – recruiting informants from the target population and determining incentives (Robinson, 2014, p. 26). For this study, a purposeful sample of people who had experienced the phenomenon of interest was preferable when conducting the interpretive phenomenological analysis (Robinson, 2014). Inclusion and exclusion criteria ensured that I arrived at a sample that reflected the LGBTQ youth population.

The sample size for this study was not selected a priori. Qualitative research takes many forms, each requiring distinct approaches to their processes. Hermeneutic phenomenology requires a method of sampling that ends when saturation of the data is achieved (Creswell, 2014; Trotter, 2012). Also, in phenomenological research, it is typical to have a range of three to 10 informants (Creswell, 2014; Miles, Huberman, & Saldaña, 2014). According to Miles et al. (2014), greater than 10 informants in a study may become

too “unwieldy” resulting in large amounts of data that cannot effectively be researched by one individual (p. 34).

For sampling strategy, I used a purposive sampling method of informant recruitment. The purposive method of recruitment focused on individuals fitting the study criteria who have experienced the phenomenon of interest and were willing to share their knowledge and stories about their experiences. Additionally, snowball sampling was used to ensure that I recruited a sufficient number of informants. Recruitment locations will be discussed in greater detail in the settings section.

Finally, in approaching how to “source the sample,” I recruited individuals from my target population by using flyers and incentives for participation (Robinson, 2014, p. 26). I did this with the knowledge that I might encounter bias, such as self-selection bias, that could impact the generalizability of the study (Robinson, 2014).

Inclusion and Exclusion Criteria

Inclusion criteria for participation in the study were; 1) ages 18 to 23 years; 2) self-identified as part of the LGBTQ spectrum; 3) English speaking. Individuals who self-identified as or were visibly observed as to be experiencing a crisis or acute mental health issue were excluded from the study.

Foremost, participants were required to self-identify as part of the LGBTQ spectrum because they were the key population of interest in the study of this phenomenon. The age range of 18 to 23 years was chosen for several reasons. First, phenomenological research relies on a recount of experiences by the informant that can prove difficult to obtain while the individual is in the midst of the experience (van Manen, 2014). Thus, the

age range of 18 to 23 was valuable because it captured the period immediately after high school when memories were recent and fresh. This stage is often referred to as “emerging adulthood,” which is generally the ages of 18 to 25 (Nelson & Barry, 2005). Arnett (2000) noted that the unique period of late teens through early twenties were “volitional years” and “not simply a brief period of transition into adult roles” (p. 469). The emerging adult stage provided a fixed period that is “characterized by change and exploration of possible life directions” (Arnett, 2000, p. 469). Therefore, capturing data during this phase provided rich and current information regarding the phenomenon. Secondly, ensuring that I had a sample homogenous in age was important to garner an in-depth view of the lived experience of safety among the population of interest (Patton, 2002; Robinson, 2014).

Although I did not expect any harm to befall informants during the study, I realized that we might discuss sensitive information that could bring up sad or scary feelings. To ensure the emotional safety of the informants, I excluded individuals who were currently experiencing an acute crisis or mental illness. Although their insight and information would have been valuable, they would unlikely have been able to concentrate on the interview process at the time, and I did not want to risk any further mental duress to someone who was already in crisis. If an informant appeared to be experiencing an emotional crisis or admitted to having a mental health crisis during the interview process, the interview would have been immediately terminated, and the informant would have been guided to resources (*Appendix C*). However, no informants admitted to having a mental health crisis or appeared to experience an emotional crisis during audio-taping.

Setting

The study took place in Austin, Texas. Informants were recruited from the Gender and Sexuality Center at The University of Texas at Austin campus and the Adolescent Medicine Clinic of Dell Children's Medical Group (where the medical director focuses on medical care for LGBTQ adolescents). According to Mallory, Brown, Russell, and Sears (2017), an estimated 930,000 LGBT youth and adults live in Texas. Of those LGBT people, 8.4% are ages 13 to 19, and 3.8% are adults over age 19 (Mallory et al., 2017). To date, I have been unable to locate specific statistics regarding individuals who identify as queer in Texas. The lack of statistics for the queer population in Texas is possibly related not only to the broad spectrum of individuals identifying as queer but also to the absence of this specific term used in government and census reports.

Centers for LGBTQ youth and emerging adults, such as the Gender and Sexuality Center and the Adolescent Medicine Clinic of Dell Children's Medical Group, provide valuable services for those seeking support and inclusion. Centers such as these support individuals in a safe location where they can openly explore their sexual orientation and gender identity. The Gender and Sexuality Center and the Adolescent Medicine Clinic of Dell Children's Medical Group were chosen because they could provide private areas for interviews as well as support staff. The Gender and Sexuality Center was opened in 2004 and was created to support women and LGBTQ individuals on The University of Texas at Austin campus. The Adolescent Medicine Clinic at Dell Children's Medical Group is run by Dr. Maria Monge, Director and provides care to adolescents up to the age of 18. Only

youth that were 18 or older were recruited for this study from the Adolescent Medicine Clinic location.

I offered an incentive of a \$25 gift card to each informant for their participation in the study. Additionally, I provided a \$25 gift card for those participants who were selected for a follow-up interview. The process of follow-up interviews will be detailed further in the interview section.

ETHICS REVIEW

I obtained IRB approval before conducting recruitment. I contacted each recruitment site and provided electronic and physical copies of the approved recruitment flyer. Flyers were posted on either bulletin boards or websites recruiting informants fitting the inclusion and exclusion criteria. Additionally, after interviews, I gave the informant a copy of a flyer if they expressed an interest in sharing the information with a peer.

Consent

Each informant read an IRB approved consent form. The signature requirement for the consent form was waived by the IRB to ensure confidentiality for the informant. The informant was given a copy of the description of the study, procedures, and risks and benefits associated with the study. The study description included the consent for audio-taping during the interview period for purposes of data collection. Providing as much information as possible about the goals of the study and informant's rights within the project was imperative in establishing not only trust but also maintaining ethical standards (Miles et al., 2014). Informants were advised that they might not experience any benefit

from the study process, but published data findings could positively impact other LGBTQ individuals. After allowing the informant time to read the consent forms, I answered any questions or concerns about the project or participation in the project. All informants were asked if I could contact them after the interview (for participation in member checking) to learn about the results of the study.

Privacy, Confidentiality, and Anonymity

Privacy, confidentiality, and anonymity are of utmost importance during the study process. Consent included information about the control over information associated with the informant, agreements about how their data would be used, and the importance of maintaining anonymity throughout the process (Miles et al., 2014). Once consent was obtained, the informant chose a pseudonym (either a letter or a name) for use during the interview. Informants were referred to by their chosen pseudonym throughout the interview and reporting process.

Demographic data forms (*Appendix D*) created for this study were confidential and did not collect birth dates or names. Data collection occurred in a location such as private rooms in the participating research site that was safe for the researcher and informant. Once the information on the demographic form was uploaded to the password protected master key in UTBox©, the paper form was shredded.

To ensure further confidentiality, I will not publish any information that may lead to the potential identification of the informant. All concerns regarding private information being released were verified through the committee chair and the methodologist to ensure

appropriateness of inclusion or exclusion. For this reason, some of the specific names of locations or other potentially identifying information were changed to ensure confidentiality.

DATA COLLECTION

Interviews

“A basic premise of the hermeneutic phenomenological method is that a driving force of human consciousness is to make sense of experience” (Cohen et al., 2000, p. 59). One way of gathering data regarding a phenomenon is to conduct in-depth, one-on-one interviews with informants who have experienced the phenomenon (Cohen et al., 2000). Data were collected through semi-structured interviews of 18 to 23-year-old LGBTQ youth. The timing of the interviews ranged from 25 minutes to one hour. Interviews were considered completed when the informant felt they had covered the content sufficiently. The semi-structured interview consisted of minimal questions designed specifically for this study following four existential lifeworld themes prescribed by van Manen (2016) (*Appendix E*).

The fundamental existential lifeworld themes guiding reflection during the research process included: “*lived space* (spatiality), *lived body* (corporeality), *lived time* (temporality), and *lived human relation* (relationality or communality)” (van Manen, 2016, pp. 100-101). By using these lifeworld themes, I was able to formulate questions during the interview process with the intention of gaining as much knowledge as possible about the phenomenon of interest. A sample question began each interview: “I’d like you to think

about a time in your childhood (adolescence, adulthood) where you felt safe. Can you describe that experience for me?” In keeping with the lifeworld themes, a sample follow-up probe to these questions was: “Can you describe your surroundings.” As the interview progressed, I asked minimal questions with the intent of keeping the informant focused on the phenomenon and enhancing the feeling of ease and freedom of discussion.

Informants were asked to describe events, thoughts, or ideas in greater detail to gain insight into their life experience. Additional questions that occurred during the interview process arose naturally and with the intent of revealing essential information. Because data collection begins immediately during a hermeneutic phenomenological study, I reviewed experiences or narratives during the interview process with the informant for clarity purposes.

Per van Manen (2014), the interview process for a phenomenological study has a very explicit purpose of exploration wherein the researcher gathers many different types of data. The experiential data I looked for were stories, anecdotes, or narratives that may have held clues to a more profound understanding of the lived experience and definition of “safety” for the population of interest. When applying a hermeneutic lens to the interview, I explored the way in which LGBTQ youth experience the phenomenon of “safety” through their lived experience accounts. This type of exploration allowed me to gather data through not only the interviews but also observations of body language and unspoken cues not recordable through audio-taping (van Manen, 2014).

Field Notes

Field notes were written immediately upon completion of the interview to capture any essence of the meeting that could prove valuable during further data analysis. I included in my field data any non-verbal gestures, body language, vocal intonations, environment, and responses to external stimuli that could have been an interpretation of the phenomenon (Miles et al., 2014; Crist, 2003). The data from field notes were analyzed along with the interview text transcript so that a more robust account could be provided. Informants were referred to by their chosen pseudonym and correct pronouns in the field notes. A field note was also made to describe the area where interviews took place. Following is a sample of a field note from one informant:

____ is a confident ____ cis-gender female. She is wearing leggings and a miniskirt with a mock turtleneck sweater. Her hair is ____ in a ponytail that sways back and forth as she talks. She is animated while talking and gestures with her hands (which are nicely manicured). Other times her hands rest comfortably on the table. To emphasize something she is saying, she may tap the table or bring her hand down flat (or in a fist).

She doesn't look down or outside. Sounds outside the room don't distract her. She only appears misty eyed and little teary when we talk about marriage equality... ____ appears to have an excellent connection with her parents and family and has felt safe throughout her childhood and adolescence despite living in areas that are not "gay friendly" or not friendly to people who aren't "religious."

She maintains eye contact throughout the interview and never blushes when talking about liking girls. She has a nervous type of laugh and giggle, but this also seems to be a part of her bubbly personality. She doesn't seem to have a preference between her parents. She is equally comfortable with either parent.

Additional samples of field notes are located in Appendix F.

DATA ANALYSIS

Transcription

All interview sessions were audio-recorded with permission from the informants, so that I did not rely solely on my own memory of the conversation. I was also able to review key moments in the interview for clarification. Audio recordings from the interview sessions were sent to a professional transcription service for verbatim processing within 24 hours of the interview. Transcripts received from the secure transcription service were checked against the audio recording to ensure accuracy. Recordings were uploaded to a secure password protected cloud-based file service managed by The University of Texas called UTBox©. Audio files were deleted from recorders immediately after being uploaded to the secure server. Audio files were professionally transcribed by a transcription service and all audio and transcribed files were deleted by the transcription service after I received the transcript. Only the professional transcriber and I heard the audio files. The transcription service was chosen based on their ability to ensure privacy and that professional transcribers were required to sign a non-disclosure agreement. Transcripts

were maintained on the secure server and no paper copies were made. Deidentified transcripts were uploaded to ATLAS.TI for coding and analysis.

Coding

Coding was completed with the assistance of ATLAS.ti version 8 software developed specifically for qualitative research analysis. ATLAS.ti is a sophisticated software that allowed the systematic and creative arrangement and management of textual and audio data. In addition to facilitating the arrangement of data, ATLAS.ti had numerous tools that enabled data coding and discovery of significant meanings within my research subject. The benefit of utilizing this software was the ease of use, readily available YouTube instructional videos, and most importantly, the availability of an expert committee member well versed in its use.

Data Analysis

Applying an inductive approach to analysis, I detected a recurring pattern of the phenomenon that, after repeated exploration, revealed a fundamental complex network of the chosen phenomenon (Miles et al., 2014). Heidegger's interpretive hermeneutic phenomenology moves beyond descriptive hermeneutics as it "seeks meanings that are embedded in everyday occurrences" (Reiners, 2012, p. 1). In line with Heidegger's philosophy, van Manen (2016), explains how we analyze data by not only describing the "lived-through quality of lived experience" but also by describing the "meaning of the expressions of lived experience" (p. 24).

Utilizing this method, I began an interpretive process to arrive at a thick description best summarizing and connecting the lived experience of safety from the viewpoint of the informant (Cohen et al., 2000). Following the pattern of a hermeneutic circle provided a continuous process of data analysis wherein I visualized components of text as they related to the whole and around again to re-visualize smaller components (Cohen et al., 2000). This iterative process continued until data saturation was reached and recurring themes were identified. By utilizing the hermeneutic circle approach to data analysis, I was able to dissect the phenomenon of safety through the human experience, not just the broader context of social processes of research (Cohen et al., 2000).

Finally, this process of continued reviewing allowed me to extract common interpretive meanings of the phenomenon (Cohen et al., 2000). This pattern of inquiry was repeated until themes and subthemes began to take shape. From the repetitive process of identifying themes, I also noted anecdotal narratives providing not only a compelling recount of the experience of safety but also allowed myself to become involved personally with the interpretation and essence of the phenomenon (van Manen, 2014). From these themes, subthemes, and anecdotes, a dominant metaphor was identified providing clarity and ultimately a descriptive definition of safety for LGBTQ youth (Miles et al., 2014).

VALIDATION AND TRUSTWORTHINESS

To ensure trustworthiness, I was transparent in the process both with the informant and in the data analysis. Maintaining a record of methods and procedures was essential to ensure confirmability as was preserving objectivity and neutrality (Miles et al., 2014). This

creation of “external reliability” reduces bias on the part of the researcher (Miles et al., 2014, p. 311). Before conducting interviews, I examined my own beliefs and definitions of safety. The process of self-examination was key to addressing reliability by acknowledging any preconceived bias (van Manen, 1997). Heidegger (1927/1962), opposed Husserl’s beliefs that we must “bracket” our knowledge and interpretations of a phenomenon in order to study it. Van Manen (2016) agreed with the views of Heidegger and explained the risk of Husserl’s practice when he stated: “If we simply try to forget or ignore what we already ‘know,’ we may find that the presuppositions persistently creep back into our reflections” (p. 47). Therefore, to increase trustworthiness, I continued to consider my ideas and knowledge about the phenomenon of safety and make notations of those biases in the data.

Evaluation with experienced qualitative researchers ensured that data were coded and analyzed appropriately according to phenomenological research guidelines. Internal validity was addressed by making sure that the findings of the study were sensible and understandable to others with descriptions that were clear and coherent (Miles et al., 2014). Additionally, I completed member checks in the form of a second interview chosen from a select sample of informants to ensure that my interpretations were relatable and realistic. These member checks were vital for “setting up a situation conducive to collaborative hermeneutic conversations” (van Manen, 2016, p. 98). “For this purpose [sic] a series of interviews may be scheduled or arranged with selected participants that allows reflection on the text (transcripts) of previous interviews in order to aim for as much interpretive insight as possible” (van Manen, 2016, p. 99). Finally, providing direct quotes in the form of anecdotal narratives from informants within my study report increases credibility

because the reader is able to view some of the data themselves further validating my interpretations (Cope, 2014).

SUMMARY

Interviews for this study were conducted from January 31 to February 13, 2019. Interpretation of the data began immediately facilitating the detection of themes and subthemes applicable to the phenomenon. I discussed my findings throughout the data analysis process with committee members and peers, as well as conducted member checks to ensure valid and credible results.

Chapter 4: Findings

The results of the data analysis including the results of the demographic survey are presented in this chapter. In addition to describing the demographics of informants in the study, key findings are highlighted including thematic findings. Utilizing an interpretive reflection, I brought together the collective memories of the informants' lived experiences of safety. Narrative anecdotes are used to provide a thick and rich description of the lived experience among LGBTQ youth. A dominant metaphor was found and will be discussed in greater depth in Chapter Five.

DESCRIPTION OF PARTICIPANTS

A total of 11 informants were interviewed and audio-taped. All informants were interviewed at the Gender and Sexuality Center at The University of Texas at Austin campus in Austin, Texas. Five informants indicated they were dating, four reported they were single, and two stated that they had a significant other. Race/ethnicity/culture, and highest level of education completed are listed in Table 1 below.

Table 1

Race/ethnicity/culture and highest level of education completed

Gender	Pronouns	Sexual orientation	Race/ethnicity/culture	Highest level of education
Female	She/Her/Hers	Bisexual	Asian	High School
Female	She/Her/Hers	Queer	White	High School
Female	She/Her/Hers	Lesbian	White	High School
Female	She/Her/Hers	Bisexual	Hispanic	High School
Female	She/Her/Hers	Lesbian	African American/White	High School
Female	She/Her/Hers	Lesbian	White	High School
Female	She/Her/Hers	Lesbian/Queer	Hispanic/White	High School
Female/ Transgender	She/Her/Hers	Bisexual	White	Associate Degree
Male	He/Him/His	Gay	Asian or Pacific Islander (Indian)	High School
Nonbinary/ Transgender	They/Them/Their	Lesbian	White	Associate Degree
Nonbinary/ Transgender	He/Him/His or They/Them/Their	Asexual	White	Associate Degree

Three informants identified as lesbian, one informant identified as gay, three were bisexual, one identified as asexual, one identified as queer, one identified as lesbian/queer and one as lesbian/transgender. Seven informants identified as cis-gender females, one informant identified as a cis-gender male, one informant was a nonbinary/lesbian/transgender person. Additionally, one informant identified as a transgender/nonbinary identifying with he/his/him or they/them/their pronouns and one informant identified as a transgender female.

Informants were predominantly college students who grew up in Texas, including the Austin area. Six informants were employed part-time, one full-time, and four indicated they were not employed, or that the question did not apply to them. Four informants lived

in a dorm room on campus, five lived in an apartment with a roommate, and two lived in an apartment alone.

CURRENT STUDY

The phenomenological research design remained the same for the current study, including potential questions for informants. I began all interviews with the same question: “I’d like you to think of a time when you were a child, and you felt safe. Can you describe that experience for me?” Follow up probes were: where were you, and who was with you? I asked additional questions throughout the interview sessions to address the guidelines listed in Chapter Three regarding lived space, lived body, lived time, and lived human relation. All subsequent follow up probes were tailored to the informant’s responses and did not follow a specified structure. Tailored probes included clarification or elaboration. Field notes and member checks revealed further data which corroborated the themes that emerged from the semi-structured interview.

Informants were given the opportunity to choose a pseudonym for the interview. Each informant was identified by their pseudonym throughout taping. Quotes supporting the essence of the phenomenon were screened for information that could unintentionally reveal the informants’ identity. If words within a quote are deidentified to protect the informant, the word will appear in [brackets]. Additionally, if words are added to make the quote more understandable, the word will appear in brackets.

To increase credibility, I conducted member checks after completion of the analysis process of the 11 interviews. The informants who participated in the member checking process reported that the themes and dominant metaphor provided a sensible and relatable portrayal of their life experiences and definition of safety.

OVERALL FINDINGS

After data analysis, a definition of safety and a total of nine thematic categories describing the lived experience of safety among LGBTQ youth were identified. The thematic categories are: Mental Health, Hiding, Connections and Relationships, Community, Family, Gender Identity, Sexuality, Coming Out, and School. All informants discussed these themes with detailed descriptions of experiences and feelings.

DESCRIPTIONS OF SAFETY

All the informants provided detailed descriptions of safety from their perspective and lived experiences. The informants discussed feelings and memories of safety in terms of being afraid; having anxiety; coming out; connections and relationships; living in a conservative environment; feeling the need to hide; parents; attending school, and sexuality. Some of the experiences of safety were associated with positive memories. For example, “J” is 22-years-old and identifies as transgender, nonbinary, and asexual. They were assigned female at birth. “J” smiles and becomes wistful while reminiscing about being in the hospital for a medical issue and waking up to see their parents sleeping next to them.

I don't remember too much about the hospital visit or anything like that, but I just remember being asleep, but then waking up and it was dark in the room. I looked to my left and both my parents were just sleeping next to me, by the window. I remember that felt really good.

“L2” is an 18-year-old female who identifies as queer. She talked about childhood memories of safety with her parents but also acknowledged that for her safety, or feeling safe, wasn't just about an experience, it was also about trust: “I think just the biggest part of safety for me is just trust and having people who I trust.”

All of the informants experienced feeling unsafe at some point. An example of where some of the unsafe feelings occurred were: outside playing with their sibling and investigating spooky tent in a forest; being in a bathroom or locker-room; or, being out on the street with a group of friends. Bathrooms were problematic for the individuals who identified as nonbinary. Frequently, outward appearance forced a decision with both choices feeling uncomfortable, unsafe, and unfair. Did they look more masculine or feminine? Did they look too manly to use the women's restroom? "J" talked a lot about feeling unsafe most of their life. Part of this feeling was around bathroom choices. Binary bathroom choices caused "J" to have to make conscious decisions about their gender identity every time they sought out a bathroom. "J" has recently started testosterone ("T") so that their body better reflects their gender identity. Going to the bathroom for them is associated with feeling unsafe, having anxiety, feeling concern for how others are affected by their presence, and feeling like they don't fit in, or worse, feeling like they stand out.

I never had any super bad bathroom situations, but I always feel uneasy using bathrooms because it's just like, I used to use the women's restroom and especially after starting T. Like a little bit before I started T, I would use the men's restroom. Now, I would never be able to use a woman's restroom now. That would feel unsafe for other people. I'd be worried that other people would feel unsafe. Also, I wouldn't feel comfortable either. I also don't feel comfortable using the men's restroom and I feel like that's a combination of, there's definitely a combination of, okay if I have to use the bathroom, I can't use a urinal. I'd have to go into the stall. There's always like okay, is there gonna be a stall available when I go in there? If I'm using the bathroom, will other people hear me peeing? But I'll be in the stall there's a lot of uneasiness with thinking people know I'm trans when I'm in there.

Feeling unsafe was sometimes handled with humor, especially when an informant was with a group of friends. "Leo" is 20-years-old who identifies as nonbinary and transgender. They talked about going out with friends to a popular fast-food restaurant at 1:00 a.m. "Leo" began their story with a sly grin on their face, but as they moved through

the details, their grin turned into a grimace. While at the restaurant, some of their friends were talking louder than usual about a lesbian relationship. “Leo” and their friends noticed that people were giving them odd stares and the fun of being out late at night eating fast-food fizzled out.

And there was also a time where my group of friends and I, it was about like five of us and we were all LGBT. So, we went to Whataburger around 1:00 AM and we all, I say all of us, but like at least three of us looked very outwardly gay, you know, shaved heads, pixie cuts. And one girl was talking about another girl's girlfriend really loudly and you just look around Whataburger. And there are people death glaring at you. And we joked about it afterwards. We were like, "Did you see that guy? He's going to hate crime us." And we use hate crime as a verb a lot. "We're going to get hate crimed in the Whataburger and Little Caesars". Kind of like humor makes it bearable.

Even though “Leo” felt some sense of being safer with a group of friends, they also admitted that they were still very scared, and the incident left them with a bad feeling that they couldn't shake.

I still felt unsafe because it was rural Texas. Everyone has a gun. And I thought, “If this guy has a gun on him, he could just shoot us if he really wanted to.” So that there's a lot of like fear in that especially. We went back to my house and so that was kind of safer. We just sat on the porch and talked most of the night and some people went inside to go to sleep, but it was just kind of a lingering feeling of ickiness.

Safety in this situation became a gut feeling, deep in their core. Something that didn't go away when “Leo” left the uncomfortable situation. I noticed a physical change when “Leo” talked about the incident at the fast-food restaurant. When they described living in a homophobic and transphobic community, their shoulders slumped, and they seemed resigned to the fact that they don't feel safe anywhere except with some of their closest friends.

These experiences of safety seemed to have a direct effect on the lives of the informants, how they coped with difficult situations, and how they developed relationships.

Following are detailed descriptions of the lived experiences of safety in the nine thematic categories.

THEMES

Mental Health

Mental health appeared to be a vital component of safety. All the informants discussed mental health by describing experiences of depression, anxiety, suicidal ideation, suicide attempts, and shame. Finding resilience, strength, and coping also appeared to be experienced by some of the informants. “Z” is a 23-year-old and identifies as a lesbian. She openly talked about her struggle with depression and anxiety. She stopped going to school because of her mental health issues but found comfort, safety, and support from her dogs.

I got them [dogs], especially the first one, I got at a really rough time. They've just been through a lot with me, and they're very therapeutic. I was just really depressed and had stopped going to high school a couple different times. The second time, I don't call it dropping out, but the second time I stopped going that's when I got Daisy, my first dog. I rescued her. But then I started taking her on walks, and enjoying nature more, and getting out. because when you have dogs you have to do that. It really helped me get out there and feel safe.

All the informants mentioned experiencing anxiety in their lives — some more than others. “E” is 18-years-old and identifies as bisexual and transgender. She experiences debilitating anxiety and attributes it to having grown up in a very strict religious community and homeschooled until she was around 14 years of age. “Leo” was also diagnosed with social anxiety and attributed their diagnosis to medical issues early in life.

“Ian” is a 19-year-old female who identifies as queer. She has experienced anxiety all her life. She spoke about having the greatest amount of anxiety when she’s in school and social situations: “I'm not sure if I've ever felt particularly really safe in school

specifically, just because I've had a lot of anxiety just all my life, especially around school.”

“Ian” also admitted that some of her anxiety was due to what she feels is “brain chemistry.”

Yeah, so it's always been just part of my brain chemistry I think. Then the aspect of being queer and public [high school] just kind of, especially in my hometown, added another layer to that, I think.

Perhaps most telling were mental health issues causing suicidal ideation or suicide attempts. Only two informants talked about suicidal ideation or attempted suicide. Both informants were screened about their feelings during the interview to ensure that they were no longer feeling suicidal. Neither informant admitted to having a plan for suicide or feeling suicidal during the interview.

“Z” felt that her experience of suicidal ideation came from being involved with a bad therapist who pushed her to do things that were mentally, emotionally, and physically unsafe. It was “E” who openly talked about a suicide attempt that changed her life. Suicidal ideation was a constant theme for “E” since she began puberty around 11 years of age. But, she admitted that she did not become suicidal until after she came out to her mother. She attributed her attempt to needing to transition. “E” described her attempt in detail and credited her sister and beginning her transition with hormones with saving her life.

Honestly, I started hormones two months ago and I feel fantastic since then. Hormones have been huge. My suicidal ideation which, since I hit puberty, has been almost constant, has almost completely gone away.

“E” went on to describe her experience. She is very poised and relaxed throughout the interview. I found myself screening her several times throughout the interview to ensure she felt safe and was not feeling suicidal. Her story was not unique to me. I have heard it many times before.

My sister called the cops and I don't know how she read into the text message but, it was midnight and I just sent her a text. I said, ‘hey, I love you. I know things have been tough, but everything's going to be okay.’ She called me, and I was

sitting there taking a bunch of pills and I ignored her call. Fifteen minutes later, the cops showed up at my door. My roommates opened the door for the cops and I ended up telling them I was trans. The cops come in and he was like, hey, I've been told this name but is there something you'd rather me call you? Which was great.

The fact that healthcare professionals (the paramedics, the nurses, the psychiatrists, and psychologists) would take the time to call her by the correct name and pronouns has had a profound effect on “E.” Even while retelling this difficult story, “E” paused, as if a lightbulb had gone off, and talked about how much her chosen family meant to her. They accepted her for who she was, which was monumental to her and for her mental health. “E” talked about optimism and showed remarkable resilience. Being able to start hormones has all but ended her constant battle with suicidal ideation.

I didn't even want to transition before I moved down to Austin because, I just couldn't imagine being at a level of comfort with myself that I could do that, or having the support system that I could do that. Then, I moved down to Austin and I've met a wonderful group of friends, including the friend who referred me.

I spoke to “E” about her strength and resilience to make it through the really tough times. I asked her to expand on what that was for her. Her response was optimistic and full of hope. She didn't bat an eye as she said:

There's always been a part of me that, in the back of my mind, but what if? What if you're okay? What if things work out or what if ...Yeah. I think what got me through so many days as a teen was just trying to see that what if. For me, Austin has been that 'what if?' coming true.

Deep down, inside of “E,” she seemed to have a visceral reaction to our conversation and just wants to believe that her life is going to get better: “I wanna believe that things are gonna work out somehow.”

A few informants talked about support groups and gay-straight alliances (GSAs). But, only a few of the informants spoke about GSAs, mentioning that although the school climate valued their existence, the students looked down on it. Subsequently, the

informants who mentioned experiences with a GSA, did not want to be associated with them for fear of being outed. One informant indicated that the GSA in their school was viewed as a superficial attempt to be supportive which made the informant feel unsafe, leading them to hide their sexual orientation.

Hiding

All the informants mentioned hiding in some form such as isolating from everyone; trying not to be noticed; not telling anyone about their sexual orientation or gender identity; covering up relationships; or, just being able to “drift out of the picture” because they passed as straight. “A” is 19 years-old and identifies as bisexual. She referenced hiding the most of all the informants. She prefers to keep her life private and feels truly safe only when she is alone in her room or at home.

I feel safe, I don't know, maybe sometimes at home I feel safe. I think in my childhood I just feel safe when I'm alone at home, just doing my own things, playing my computer or watching TV something I feel safe.

“A” described herself as being independent and introverted and wanting to hide from “everything.” “A” admitted that hiding who she is can be very exhausting and that when she does finally tell someone, she feels much better. She also talked about hiding who she was by maintaining her independence and intentionally pushing people away, shutting them out to keep herself safe.

I'm just so independent, like I try to make my heart as a stone. Yeah, hard as stone. Yeah, it's really hard. I just try to keep people away from my heart really, because if no one close to me, I don't open to them, I won't get hurt.

Some of the informants experienced medical issues early in life. On occasion, an informant would “hide” something from their parent for fear of causing concern or because they just didn't want them to know that anything was wrong. “Leo” talked about having difficulty eating as a child and chewing their food but then spitting it out to avoid choking.

I would say with the medical issues there were a lot of points where I was [pause] food made me feel unsafe, kind of, or eating made me feel unsafe so it was just being at the table, the dinner table, and having food out and I was like, "Well now I have to eat this or pretend to eat it", and it's just so scary swallowing it. So that was a lot of [pause]. It was, I don't know, I think it was just a lot of fear because I was just sitting there, and I was thinking if I swallow this I'm going to choke on it basically. And so, I would just chew food and then I would spit it out because I liked how food tasted but I was too scared to swallow it any of the time. So, there was all of that. I didn't really want my parents knowing that I spit it out because, I dunno, it was just I didn't want them to know something was up, but of course they knew, and I would always go in my room and spit it out. But it was a lot of kind of hiding my issues from them I think.

Hiding a relationship seemed to weigh heavily on "Libby." "Libby" is 18-years-old and identifies as a lesbian. She talked about going out with a group of people who ended up being more conservative than she thought. She felt the need to hide her relationship from this group, and it bothered her.

Yeah, I just don't like being around people who I can't- I can't mention that I have a girlfriend, and that feels really, I don't know. People who are in a straight relationship, they can be like, oh yeah, my boyfriend. Yeah, I just hate not feeling like I can talk about my significant other, because I love her.

Because she felt uncomfortable with this group of people and felt like she couldn't talk about her girlfriend, she decided not to spend any more time with them.

"Rae" talked about her friends and hiding. "Rae" is 22-years-old and identifies as lesbian and queer. She grew up in a conservative town with religious parents. Because being out wasn't safe, "Rae" and her friends denied their sexuality or hid it.

A lot of people from my high school were not openly queer or didn't come out until after high school. So, most people's approach was just not letting it out yet.

This sentiment brings us to our next theme of connections and relationships.

Connections and Relationships

All the informants discussed how important their relationships and connections were throughout their lives. The connections that they talked about could be between

friends, teachers, family, groups, or someone they encountered in their community. One informant felt that one particular friend made them feel very safe when they were with them. Additionally, several informants mentioned that having a friend in school who identified as LGBTQ was important for feeling safe and made them feel comfortable within themselves.

“C” is 19-years-old and identifies as bisexual. She was hesitant and shy. While she talked, she popped her chewing gum and was constantly repositioning the sweater in her lap. When queried about where she felt safe, her answer was about being with people. “C” feels like she’s on guard, even when she is with trusted friends.

I'm just thinking of people that I feel most comfortable with, which is probably around five people. It's just a cousin, my two best friends and then my brother and then probably someone else, but I feel I'm the safest with them because I'm closest with them. I'm sure there are other spaces, but I have a lot of anxiety. I feel I'm always on guard.

“C” joined a sorority in college and mentioned feeling much safer in the company of people like herself. When she talked about going places with her sorority friends, she smiled and looked up at the ceiling recounting their trips together. To her, feeling safe was being in a space where she could be herself. However, she can never really let go as evidenced in the last sentence.

I guess it's a space where I feel totally comfortable and I can let loose. I don't share sides of myself that I try to make sure that I don't show anyone how weird I am I guess or laughing too much or, I don't know.

Connecting with someone seemed to be essential to “Ian.” She answered my question when I asked what comes to mind when she thinks about being safe or the concept of safety. For “Ian,” it was not so much the physical aspect of safety; it was also the community or connections that needed to be there for LGBTQ people.

Yeah, I think both, or physical, mental, emotional safety are all really important. I think maybe an emphasis is often placed on physical safety, which is I guess probably maybe of foremost importance just because there could be direct threats to physical safety. I guess I think of just supportive communities as really an important component of that and having support systems to talk things over with. Yeah.

Friendships appeared to be vital to having a sense of safety for “Libby,” who looked to other people for security. When friends weren’t available, she turned to her mom for support.

I think if I get really anxious or something, I’ll call one of my friends, or call my parents-or not my parents [pause], I’ll call my mom.

Teachers could unknowingly have a positive impact on their students. “E” remembered an instructor very fondly. She spoke about never coming out to her instructor but felt like the instructor knew and accepted her anyway.

My first instructor was, [pause] I took a psychology class and a programming class online my first semester. She was just fantastic, and she was in her 70s and she was very supportive of gay rights and we had a whole section in our human growth and development class where we talked about gay and transgender people. She was just very scientific and the whole class, which 'cause it was community college in my small town, was not okay with it and she was like, well, this is the way it is.

“E” talked about affirmation from her instructor that was just a subtle exchange of eye contact. At that moment, “E” felt that her instructor fully saw her for who she was and not as her sex assigned at birth.

I will forever remember her because, I remember that I talked in a higher voice in that class than I did outside of it. When I talked to her after class, the whole time, I never came out to her or anything but ... Yeah, I felt very incredibly validated by her.

Her instructor didn’t know that she was the first person to affirm “E’s” identity. When “E” talked about this moment, her eyes widened, she looked down at her hands, and her voice became quieter. The memory appeared to be treasured by “E.” While recounting

it, “E” sat up taller in her chair. This single moment with a teacher provided an incredibly vivid memory.

There have been a couple moments in my life where people have given me a look and I know that they're cool with it, but I know that it's maybe clicked for them and before I ever came out to them or something like that. She gave me that look.

Connections and relationships overlap with the theme of community. Many informants talked about connections with friends and family in the context of their community.

Community

Finding a sense of community seemed to be essential for some of the informants. The theme of community took many different forms and could also be associated with strict religious beliefs and a conservative environment. Often, the informants spoke about how the combination of a strict religion and a conservative environment led to the isolation of the individual or forced them to deny who they really were. “E,” who was raised in a very conservative and strict religious community, talked about how the Internet was the first place she found a sense of community where she could be who she wanted to be without judgment. “E” had very little support from her community growing up. When asked about her earliest memory of feeling safe, it was not her parents but the Internet that provided safety for her.

Once I got access to the Internet, when I was 10, the Internet was a huge point of safety for me. I was raised in a very, very religious, conservative home and we weren't allowed to have friends outside of the synagogue or [pause] Yeah, so whenever I got access to the Internet and I found community and I had friends online and stuff.

Because of her strict religious upbringing, “E” didn’t know what gay meant until she was nine. Getting to be on the Internet and find people like her was liberating and validating.

I found a lot of us on a lot of different chat rooms and stuff early on and forums for different fandoms and Tumblr, actually. Yeah, I just, I think it was I felt like I could, not even related to being queer, I felt like I could express my genuine interests and I didn't feel like I could do that in my day-to-day life.

Living in a conservative environment was talked about by informants as affecting their sense of wellbeing or overall feeling of safety. “L2” talked about living in a conservative environment and having the ability to blend in because she was assumed to be straight. She saw this as a privilege. A privilege that her partner didn’t get to experience.

Honestly, I think I'm one of the lucky ones in the fact that I don't look obviously gay. And that it's easier for me to hide it. And that I think in some cases it's an advantage. Like in Fredericksburg with my girlfriend at the time, I could have just as easily pretended because she also didn't look super gay. She was also pretty feminine looking. We could of, I mean, people probably thought we were just best friends because I think as long as we're not holding hands, kissing, and calling each other honey, if we're just walking together people probably think, oh look, that's sweet. And so I think if anything I kind of have that privilege of being able to kind of drift into the background if I want to. Whereas my current partner, they don't have that ability because like you said, they're a person of color. They're obviously presenting as nonbinary. And so for me, I guess it doesn't bother me or threaten me as much. But it just makes me more concerned for either my partner or just my other gay friends I have that are obviously gay.

Communities were also discussed under the umbrella of culture and heteronormativity. Most informants spoke about where they lived, and the location of the community being dictated by their family. It is in the theme of the family that I noticed the most descriptions of early childhood memories of feeling safe.

Family

Several informants talked about their mothers when describing their earliest memory of feeling safe. Childhood memories centered around their mother either holding them, rocking them, or reassuring them. “Leo” remembered being rocked by their mother. They put their hand over their heart as they mimicked rocking back and forth with their

mother. With a shy smile on their face, “Leo” admitted that they were probably too big to do that, but it meant a lot to them.

I would say whenever I was little I would get in my mom's lap and she would kind of rock me in this chair and I would say I was like eight or 10, so I wasn't too young, but I was kind of pretty old too. But she would just hold me like a little baby and we'd be in a rocking chair and watching TV or something like that.

Mothers were also important when awkward school experiences occurred. “A” is very independent but comes from a culture of conformity and correctness. An early memory of feeling safe for “A” was after she had an unfortunate mishap with ink at her school. “A” spilled ink all over her uniform. She talked about feeling ashamed and awkward as she waited to be picked up from school. Her mother’s ability to reduce her anxiety solidified this early memory of feeling safe.

They [her parents] don’t know that class is canceled, so I have to wait one hour each to wait them to pick me up. So, my clothes were covered in ink, I feel so awkward, I just sit on the staircase. When my mother finally come to pick me up I feel so safe, like finally I can go home.

“A” smiled at the memory of her mother picking her up. She talked about the feeling of shame that she messed up her uniform and her fears that her mother would be angry with her.

I definitely feel shame and awkward because I was covered in ink. I thought my mom was going to be harsh on me, but she said, "That's okay, people do that."

While “A” is talking about this vivid memory, her body language relaxed, and she had a pleasant look on her face. I queried further about the look on her mother’s face when she saw “A” covered in ink. “A” smiled and said: “She’s smiling maybe. Yeah, I feel so safe the moment I saw her.”

Fathers were sometimes mentioned to be distant, unsupportive, or emotionally abusive. “E” talked about the expectations of her father and her father’s toxic masculinity.

According to “E,” her father expected her to be masculine as well and often used offensive words when describing something that he didn’t consider to be manly.

I’ve always been really into art. I’m not an artist myself but just, consuming it. My dad was like, “that’s a sissy thing.”

“E” went on to talk about her father and how unsupportive and abusive he was to her and her mother. “E” described the emotional reactions she has now when she sees similar traits like her fathers, in other men.

I’ve talked to my therapist about this but, if I see men that have ... I don’t know what it is, but there are certain characteristics that I can see in an adult man that remind me of my dad and I immediately feel very anxious and viscerally react to it.

“E” described how her father tried to get her to be more like a man by teaching her football. But she mentioned feeling turned off by the negative epithets he used to describe people he saw who identified as LGBTQ: “My dad used slurs constantly, like faggot and tranny.”

Contrary to the experience of “E” with her father, two informants described their earliest memory of feeling safe as being with their fathers. “Rae” described her earliest memory of safety as being with her father on a rollercoaster. As she talked about her memory, she gestured with her arms as if her father was wrapping his arms around her.

When I felt really safe, I remember I was on a rollercoaster with my dad, and the rollercoaster kind of went sideways, so I felt like I was going to fall out. I was really scared because I was a scrawny little kid and the bar didn’t really touch my lap very well, but then my dad just kind of grabbed me, and just held me, and I felt a lot safer after he did that.

Sometimes siblings were valued over parents when feeling safe. Siblings appeared to play an important role in some of the informants recounting of experiences. “J” described the sense of safety and connection they feel with their sister.

I feel like I feel most comfortable with my sister out of my other siblings. We’re the same age, so we get along really well, so it feels really safe with her. Yeah, so

it definitely feels safe when I'm with her. No matter what the situation is, I feel like. Even if it feels like we're in a weird situation, it still feels safe.

“L2” has a little brother and feels very protective of him. When they were young, she decided to take her little brother on a hike where they found a tent where people had been camping out. The situation became scary when the owners of the shelter returned. She feels responsible for him and feels bad that she almost put him in harm’s way.

And we stumbled across some super creepy tent. It wasn't an actual tent. It was made of sticks and had moss over the top. We went in. There was porno mags in there and a knife and broken bottles.

As “L2” and her brother were looking around in the tent, they realized that the owners were coming back. “L2” said they looked “methed up” and they began running towards her and her brother.

Yeah. So they saw me and my brother and immediately started screaming at us. And the guy pulled out ... I don't know if it was a knife or a broken bottle or what it was. And so they started running full speed towards us. And I remember just picking up my brother. I threw him over my shoulder. Because also, since I had gone through puberty so early, I was the big kid in all my schools. I was the tallest and the biggest. And my brother was still real wee. So I just threw him over my shoulder. Let's get out of here!

She talked about running all the way home with her brother on her shoulder. She reminisced further that once she reached her neighborhood, she felt safe. “L2” laughed while she talked about how this incident has now become a shared inside joke between her and her brother.

It's an inside joke between me and him now. We joke about it. Almost got him killed by two hillbilly tent guys.

Two informants experienced neither supportive nor positive memories from their parents. Interestingly, these informants also came from homes that were very religiously conservative or from an extremely conservative culture. “E” recounted about a time when

her mother talked about religion and transgender people. “E” hadn’t figured out she was transgender yet and wasn’t sure why her mother brought up the conversation.

My first introduction to the idea of a trans person, I was probably eight or nine and my mom told me that a trans person is whenever a man hates God so much that he decides to become a woman to make him angry.

It is “E” who realized she needed to create her own family. Her chosen family has been very supportive of her transition. You can tell they are very connected with her as her cell phone buzzed so much during the interview, that she finally silenced it.

Gender identity is a difficult topic when the informants talked about their families. Family members that knew about their child’s (or sibling’s) gender identity struggled with it at first. While some of the informants talked about family members eventually becoming accepting and validating, one informant spoke about the experience of family rejection. The informants who identified as nonbinary or transgender, spoke about their families and gender identity at length. Validation of a person’s gender identity is discussed in the theme of gender identity.

Gender Identity

All but one of the informants mentioned gender identity. The topic of gender identity ranged from a simple mention of feeling comfortable with their assigned sex at birth: *“I feel more connected with being female”* to another informant revealing that they prayed to God they wouldn’t go through puberty. “J” remembered being with friends while they played dress-up and looking in the mirror talking about chest development. “J” talked about gender identity the most and was very forthcoming about their desire to transition.

I very vividly remember when I was in elementary school, probably like second, third grade, I was hanging out with my sister and our neighbor. Although our neighbor was a couple years younger than us. I remember we were just all hanging out. There was a mirror in front of us and I think we were just in the

bathroom. She was like I can't wait until I grow a chest and stuff like that. I was like what? Is that gonna happen to me? I don't want that.

“J” realized that they needed top surgery. Top surgery is when an individual who identifies as nonbinary or transgender has a double mastectomy. They may begin taking “T” at the same time, but some individuals may decide that top surgery is enough of a transition for them. “J” made a list about taking “T” to try to figure out if they should also take that step. “J” spoke about making a conscious realization that expressing their gender was more important than worrying about what society thought.

I knew I needed top surgery. I wasn't sure if I needed to go on T, so that's why I made that pros and cons list for T. After I filled it out, that's when I realized, I was like oh a lot of the cons are social cons. The whole having to come out with people, having to deal with the bathroom situation, that's harder. That kinda thing. The pros were physical changes and being okay I'd probably be way happier with T.

Many of the informants talked about how understanding and developing their sexuality or gender identity was difficult. Some of the informants who identified as nonbinary mentioned feeling confused in the beginning but then talked about experiencing a sense of freedom once they had figured it out. “Leo” described what felt most comfortable to them as a nonbinary person.

I think it's just like I've never felt attached to the binary part of womanhood or manhood. And when I was younger I used to identify as gender fluid or [pause], yeah, I think it was gender fluid is what I used because I always felt like one day I felt like a girl and the other day I could feel like a boy. But now it's just kind of a big spectrum instead of a line where one side is girl, one side's boy and I'm in the middle. So it's just a lot of freedom for my expression for myself.

Sexuality appeared to be closely linked with gender identity when interviewing the informants. Typically, the informants talked about gender identity and sexuality together. Some of the informants talked about how gender identity was confusing, but some also discussed feeling confused about their sexuality. This theme is covered in the next section.

Sexuality

As a young child, “A” talked about being confused by her attraction to females and males. She didn’t recognize her bisexuality until “very late.”

It's like until very late, because when I was a kid ... Or not a kid, like middle school, elementary school, something, I kind of feel like I have crush on females, but I don't know what does that mean 'cause I'm just so confused. I know the concept of lesbian, but sometimes I feel like I have a crush on guys. So, I haven't really touched the idea of LGBTQ, the bisexual I feel is okay, so that's-yeah, that fits for me.

“Rae” talked about growing up in the Catholic religion and dating boys. She said didn’t think about feeling attracted to women until she was a senior in high school. Even though she identifies as bisexual now, she admits that she’s still not sure.

I grew up Catholic and I just dated boys, and I wasn't repulsed by them, and yeah. I just had never really considered that I might also have an attraction towards women, and then my senior year, I sat next to this girl in my biology class, or AP environmental, it doesn't matter which class. And she was one of the few out lesbians in the school, and we just became friends really immediately, and it was super flirty, but I didn't really know that I was flirting, but I also kind of did because I felt butterflies, and I really would try to advance that friendship really quickly, and we started hanging out, and then we kissed, and I was like oh crap. Do I like this? Am I [pause], and I'm like yes, yes. You do, you do. And so, then that relationship happened. Since then, I've been questioning whether I'm bi or queer, or whatever.

Trying to figure out one’s sexuality at a young age appeared to be difficult based on discussion with the informants. Additionally, some of the informants mentioned that figuring out their sexuality became a safety issue. “Z” talked about having a therapist who encouraged her to take risks and be promiscuous to figure out her sexuality. She openly talked about considering she was a lesbian during school and discussed her process of coming out.

Many of the informants talked about memories of asserting their gender identity or sexual orientation being difficult but also shared memories of difficulty when they came

out to family, friends, and society in general. Several informants spoke about the need to come out repeatedly to family or friends. Some of the informants also discussed having to decide about coming out to health care providers. Coming out is discussed in the following section.

Coming Out

In this theme, most of the informants talked about experiences of acceptance or rejection. Acceptance could be from parents, friends, the community, or school. “Z” talked about coming to terms with her sexuality and trying to tell her friends she was a lesbian.

When I look back I can see it a lot, but I don't know if at the time because I was in a Catholic school and it wasn't really a thing that was talked about until like middle school whenever I actually started kissing girls and stuff like that. And then I think, I was on a camping trip with two of my best friends, one of who I was in love with. I would tell her, "If you were a guy I'd totally marry you." But then I remember saying, it was late and we had our own tents, and we were talking. It just got quiet, and I don't know if they had either gone to sleep, or it was just quiet for a while and I just said, "I think I'm gay." And nothing. I just remember-well, no one said anything because I think they were asleep, but I remember just saying that out loud and being like, "Yeah."

“Z” seemed perplexed that they didn’t respond and found herself repeating this scenario again at another sleep over. She smiled a little but looked down while she talked. Coming out did not appear to be easy for her.

When talking about coming out in the context of safety, some of the informants described how they didn’t feel the need to tell anyone. Experiences with homophobia figured prominently in some of the informants’ decisions to come out to family members or friends. Several informants described choosing to stay closeted if people in their community, family, or school life were homophobic. Some of them mentioned that the decision to stay in the closet was to protect their family members or because they feared being disowned. One informant talked about waiting until they decided to date someone.

“L” is a 20-year-old gay male who isn’t out to his parents, found a little freedom from being closeted when he moved to a new high school away from the influence of his parents.

I moved to a different school in high school, so there my parents had a lot less influence. I wasn’t out to my parents. So, then it was like a new place where I could be a little bit more open because my parents wouldn’t be there, like their kids didn’t go to school with me or whatever. So, I was able to be more expressive or whatever and still keep it away from them.

“L” talked about repressing his sexuality in middle school. He doesn’t feel comfortable coming out to his parents. He talked about trying once but was rejected and hasn’t since then. “L” mentioned that he was just hoping to finish his degree before they found out about his sexual orientation.

I don’t feel really comfortable with my parents. My parents are really conservative. I tried to come out, and they were kind of not too pleased about it, so I went back in.

“Leo,” expressed that the fear of coming out to their parents was so great, they decided to stay closeted until leaving their small town.

They're gonna disown me, they're gonna hate me. They're not going to think it's real, like it's a phase or something like that. And that's how most of it was with everyone because I came from a really small town that was like 5,000 people, very conservative, very homophobic, all those things. So, I just stayed in the closet until I came to Austin three years ago.

Informants who talked about having supportive parents seemed to experience less trauma associated with coming out and were more accepting if their parents made mistakes along the way. “L2” had a bubbly personality and was animated, gesturing with her hands while she talked. She appeared confident and maintained eye-contact throughout the interview.

I was working at a candy store at the time and my coworker there, her and I had become really close friends. And then we eventually started dating. And I think my parents probably were suspecting something, so I was like I’m just going to go ahead and tell them before they have to ask. And so, I told them. And they were

both really accepting of it. They were like oh, that's really cool. That night I was going to the bathroom to get in the shower and then my mom burst in and she was like all upset. She was like, "I just want to make sure that you know that we support you!" It was really sweet! But I think she was worried that I had thought she was being unsupportive or something. Because I think they were a little bit shocked. So, they didn't say a whole lot. I didn't think they were being unsupportive. I was just like, oh, this was a big curve ball I'm throwing.

According to most of the informants, coming out at school depended upon how supportive the environment was for LGBTQ people. In most cases, the informant talked about hearing offensive language or negative discussions about homosexuality, which caused them to withdraw or choose not to come out to their peers. "Libby" remembered talking about marriage equality in her class and walking the thin line of supporting gay rights and at the same time, not revealing her sexual orientation. The discussion made her feel "gross" about herself and, based on her body language, seemed to be a negative memory.

I just felt gross, I guess. I think I contributed, I just didn't say that I was bi. I just didn't say anything about my sexuality.

Lastly, several informants mentioned the desire to "fit in" to their communities, schools, and families and subsequently decided against coming out. "L2" touched on this when she talked about the awkwardness of being in middle school and the verbal bullying that happened.

I would say it [bullying] was more emotional and just being very aware that I was an outsider. So, I would say that probably led to me not wanting to investigate the gay thing any further, yeah, I was like, I'm good.

When saying "I'm good," "L2" brings her hands up in a "don't shoot me" stance as if she was backing away from an unsafe situation.

"L" talked about choosing to change the way he dresses to fit in, particularly in a more conservative environment. "L" talked about being in an academic degree program that has little diversity. He also comes talks about being from a culture that expects high

grades and values financial success. In college, he said that he feels the need to “dress down” to make it less evident that he is gay.

I make a conscious effort to dress a little bit more conservatively, dress a little bit more typically. Maybe just a sweater, a nice pair of jeans. I'm also in a pretty conservative [degree] field, so I don't want to make a huge gay impression on people. My personality doesn't really change, it's just the way I dress will. Just slightly change, it's still not complete straight dressing, but it'll definitely tone down for sure.

With the analysis of the data turning towards school and college, I am led to the final thematic finding of the study.

School

Middle school and high schools were sources of anxiety and difficulty for the informants in this study. Some of the informants reported they had moved schools or left school for extended periods due to mental health issues or bullying. Informants talked about having awkward school experiences, being harassed, finding support in special interest groups, and experiencing racism in school.

When I asked “Ian” about feeling safe in high school, she stared off into the distance and had an edge to her voice.

High school? High school? I'm not sure I've ever felt particularly safe in school specifically, just because I've had a lot of anxiety just all my life, especially around school.

“Ian's” concern for safety in school included a conversation with her mother. After coming out to her mom, “Ian” tells her mother about an unpleasant experience at school where she was yelled at because she was holding her girlfriends' hand. “Ian” talks about what felt like a confusing twist when her mother blamed her for the incident. “Ian” seemed to try to understand her mother's response by assuming her mother's concern was more about safety.

Yeah, I told her that I was I guess kind of dating this girl, and I told her what happened with that guy that yelled at us and she seemed to kind of blame it on us for holding hands. “You've only been dating her for this long, you shouldn't be doing that in public yet. Everybody's gonna know,” which I guess maybe she was kinda trying to look out for my safety because she knew what the town was like.

“Libby” talked about a positive experience at school when she joined a theater group. According to her, this was the only time she felt safe in school. I questioned her about what led her to feel safe with them.

Everyone was, they were just completely themselves, and they didn't care. I was always really anxious about making sure that everyone liked me, and I wasn't bothering everyone, and I could tell that they didn't think about any of that. They were just them. I'd never been around a whole group of people that collectively was like that, I guess.

SUMMATIVE DESCRIPTION OF PHENOMENON

It is at this point in my analysis that I realized I have come back around to the theme of safety. While safety stands alone as its own theme, it also seemed to permeate all aspects of the informants' lives. Whether conscious or unconscious, safety was intricately woven throughout all ten themes.

The sense of safety was unique to the person experiencing the phenomenon. Although the LGBTQ individuals in this study spoke about common themes associated with the lived experience of safety, the depth of the discussion of those themes varied for each person. Overall, when safety was discussed with the informant, most of the informants talked about feeling as if they had been seen, heard, and that they mattered to someone. Examples from the conversations with the informants of being seen, heard, and that they mattered, were noted as a connection of some sort either as a child (without regard to their sexual orientation or gender identity), as a pre-teen, or as an adolescent looking for support from others. A simplified explanation of how the informants spoke about safety was that safety equaled a non-judgmental, unconditional connectedness with others.

The idea of unconditional connectedness was illustrated in the case of “Rae” who remembered her father holding on to her on a rollercoaster ride. When she revisited the memory in her interview, she knew that she was okay, but her father did it anyway to give her that sense of security. She remembered that he didn’t judge her fear and she talked about him simply holding on to her tightly. She spoke about how the act of holding her closer gave her the feeling of being safe. The earliest memories of feeling safe may not be with parents. “E” revealed that she did not start to feel safe until she found people on the Internet who liked and supported her for who she was. By her interpretation, she was “seen” and heard; and her life mattered to her online community. In her interview, she talked about how her existence was validated, not by her parents, but by her Internet “family,” who did not judge her and loved her unconditionally.

Having and holding on to that sense of safety appeared to be integral to mental health. When an informant discussed having experiences with mental health issues and feeling unsafe, they also mentioned feeling the need to hide their true identity from others. Several informants revealed that hiding was painful and felt like a burden; yet, it could also be a means of self-preservation. Most of the informants mentioned that they felt relief when they were able to confide in trusted friends about their sexuality or gender identity. Most of the informants described having strong connections and relationships, which appeared to be important to maintaining a sense of internal and external safety.

When talking about their communities, informants spoke about an external feeling of safety. Most of the informants mentioned that growing up in a conservative community caused anxiety, leading them to leave their hometowns for a more progressive environment. However, in those conservative environments, some informants acknowledged feeling a sense of safety in groups of similar friends.

The informants who spoke about an early memory of safety with their families also revealed more experiences of acceptance regarding their sexual orientation or gender identity than those who did not feel the same level of safety with their families. Informants who mentioned a weaker connection with their families often spoke about hiding their true selves until they were able to leave home.

Finally, most of the informants spoke about school being one of the hardest places for an LGBTQ youth to feel safe. All the informants described several approaches they used to achieve safety while in school. Examples of these self-preservation methods were developing a sense of hyper-awareness of the people and the environment around them; hiding their true identity, or by toning down their “gayness” to draw attention away from themselves.

And so, the cycle came back to the meaning of safety. For most of the informants, it appeared that the meaning of safety could be emotional, physical, innate/deep within the core, superficial, or within support systems. When reviewing the data for this study, safety appeared to exist separately and also intertwined among all the themes. In this sense, the pattern of safety resembled the internal mechanism of a lock. The person was the unique key that clicked along the themes to find a niche that supported their feeling of safety. Sometimes the connection was made and sometimes it was not. Somehow, the youth (or key) kept turning the key in the lock until something clicked.

Chapter 5: Discussion

To summarize the purpose of this study: LGBTQ youth experience significant amounts of stress, mental illness diagnoses, and violence in school settings, in society, and sometimes at home. Therefore, I sought to understand the lived experience of safety for LGBTQ youth. The following research questions guided my study:

1. What is the definition of safety among LGBTQ youth?
2. What is the lived experience of safety among LGBTQ youth?

To answer these questions, I conducted a qualitative study utilizing van Manen's style of hermeneutic phenomenology with a sample of 11 LGBTQ youth ages 18 to 23. In this Chapter, I will provide a summary of the findings in relation to existing literature answering each research question; a dominant metaphor description; implications for nursing practice, policy, and future research; limitations of the study; and a conclusion.

SUMMARY OF FINDINGS

Research Question One

Results from data analysis provided a flexible definition of safety among LGBTQ youth. The definition of safety was a nonjudgmental, unconditional connectedness between the informant and someone they trusted or within themselves. Trust was also an implicit definition of safety noted in the review of the literature in Chapter Two. Within this study, it appeared that the definition of safety as nonjudgmental, unconditional connectedness was variable to the needs of the informant and could change depending on the situation.

Nonjudgmental

According to the informants, nonjudgmental meant accepting the person for who they were. The informants described feeling free to share something about themselves without the fear of being judged. Freedom of expression was also an implicit definition of safety observed in the literature in Chapter Two. The freedom of sharing information may be related to sexual orientation or gender identity, but most often it wasn't. Early childhood memories of a nonjudgmental relationship were usually with a parent. Typically, that parent was the mother although a few informants mentioned experiencing nonjudgment from their fathers. Informants who did not have an early childhood memory of a nonjudgmental relationship described experiences where they were able to draw upon a sense of nonjudgment from themselves. This happened in various ways either through religion or connecting with the internet and meeting people like themselves. All informants described experiencing a type of nonjudgmental relationship in varying degrees even if it was later in their lives. Several informants talked about experiencing nonjudgment from friends or chosen family.

Unconditional

As described by most of the informants, the word unconditional seemed to mean that there were no constraints to the relationship. Informants described being able to be who they were, open, and free. Some informants spoke about instances where they would be particularly emotional and sad one day and happy the next, and it did not matter to their friend or family member. Many informants indicated that a friend or family member continued to accept the informant regardless of their current state of wellbeing. The

unconditional context in this definition meant the informants did not have to figure out the nature of the relationship beforehand. According to most of the informants, they could assume they were loved by the friend or family member unconditionally.

Connectedness

Connectedness was one of the essential components of the definition of safety described by the informants. Connectedness meant that the informants talked about feeling a sense of belonging when they were with another person or were able to draw upon a sense of connectedness within themselves. Some of the informants discussed feeling linked with another person in an unspoken way. Informants who did not describe an early childhood memory of connectedness with someone, expressed an ability to feel an internal connectedness that kept them going in the face of adversity. In the descriptions by the informants, it seemed that they did not have to tell the other person how they felt as the connected individual already knew. Informants who mentioned having a strong early childhood memory of connectedness with a parent described more occurrences of being able to cope with unsafe situations during middle and high school than informants who did not feel connected with their parents.

Informants who talked about feeling safe with a family member before the age of six also described more events of feeling safe during their middle and high school years than those who did not experience an early feeling of safety with their families. Having discussed the definition of safety in response to research question one, I will proceed with the lived experience of safety in response to research question two.

Research Question Two

The lived experience of safety was unique among the 11 informants. Nine dominant themes revealed the essence of safety among the informants. Although these themes were shared among all the informants, the degree to which the informants described their experiences relating to the phenomenon of safety within each theme varied. Based on the analysis of the themes, I developed a dominant metaphor to facilitate the experience of safety among the informants, which will be described in greater detail in the next section. The discussion section that follows the dominant metaphor fully describes the lived experience of safety among the LGBTQ youth involved in this research study.

DOMINANT METAPHOR

Each informant described very similar issues leading to common themes in the data. Nevertheless, the lived experience of safety had intricate nuances and differences between each of the informants. Because of the intricacies of safety among the informants, I envisioned a dominant metaphor of a lock and key mechanism. In the literal sense, a lock keeps something we have safe from being either lost, stolen, or destroyed. Typically, a lock is made of sturdy metal and requires a key that is explicitly designed for that lock. To open the lock, the cylindrical pin tumblers situated internally must “recognize” the peaks and valleys on a key, thereby opening the lock to reveal the contents within. Only one key can open the lock.

In this dominant metaphor, the informant is the unique key. The pin tumblers are the dominant themes of mental health, hiding, connections and relationships, community,

family, gender identity, sexuality, coming out, and school. The unique key slides along the barrel of the lock with each pin coming into contact with the key and opening the lock.

Sometimes, the lock opens easily, but sometimes the lock jams and will not open. The jamming of the lock can signify the mental duress experienced by LGBTQ youth as they come to terms with their sexual orientation or gender identity. Or, the jamming of the lock can be the unsafe feeling the informant experienced in their homes or communities forcing them to withdraw and hide.

There are occasions when jigging the key loosens the pin tumblers, and they fall into place along the peaks and valleys of the key. The informants who did not feel secure or safe with their families or parents often had to keep trying the key several times only to discover that they needed a new lock or that some of the pins needed replacement. In this way, the lived experience of safety becomes highly personalized. Only the person with the key knew the way to achieve safety. Although anecdotes and narratives of safety were similar among the informants in this study, the individual was unique. In this sense, the individual is key to the overall feeling of safety. For most of the informants, the pathway to feeling safe required continuing to turn the key in the lock until it clicked. Turning the key in the lock until it clicked could mean that they found a support group in high school, a trusted teacher, or a new family. For others, turning the key in the lock until it clicked took minimal effort. Perhaps the ease with which the key turns within the lock was tied to early feelings of safety by the informant without regard to sexual orientation or gender identity.

DISCUSSION

The following section is a synthesis of the findings that answered the two research questions of the lived experience and definition of safety among LGBTQ youth and its comparison to previous research. The results of this discussion may help to fill gaps regarding the definition and experience of safety among LGBTQ youth.

In Chapter Two, common themes were found in the literature leading to an implicit definition of safety. Those themes were: trust; confidentiality; physical safety; emotional and psychological security; symbolic representation (rainbows); freedom to express oneself; and being able to withdraw from a hostile environment (e.g., Ciro et al., 2005; Fetner et al., 2012; Gamarel et al., 2014; Mallon et al., 2002). I have already discussed trust and freedom of expression in the definition of safety. The remaining themes of confidentiality; physical safety; emotional and psychological security; symbolic representation (rainbows); and being able to withdraw from a hostile environment, will be noted throughout the discussion section. New themes that emerged during the current study will also be woven into the discussion.

My initial request from the informants was to describe a time when they were young and felt safe. I wanted to hear about their earliest memories of safety to gain a strong basis for understanding the definition of safety from their viewpoint. Results indicated that safety was heavily influenced by feeling safe with trusted people (such as a parent), feeling safe with a large group of friends, and protecting themselves (such as making a plan for safety). Usually, for the informant, feeling safe meant they had someone who provided nonjudgmental, unconditional connectedness.

Informants who reported an early memory of safety with a parent before the age of six described increased feelings of safety during their middle and high school years. Conversely, informants who could not express an early memory of safety with a parent were likely to identify more instances of feeling unsafe. This experience of safety was not always related to sexual orientation or gender identity.

Even with early memories of safety, feeling physically and emotionally safe was an issue for all the informants in the study. This finding is similar to the findings of Russell and Fish (2016) in their review of the literature which validated that repeated physical and verbal threats to safety resulted in higher levels of psychological distress among individuals who identify as LGBT. None of the informants felt completely safe during middle school, high school, or college, and several admitted to never feeling safe unless they were alone. This finding supports previous literature by Kosciw et al. (2018), who reported that six out of 10 LGBTQ youth described feeling unsafe at school because of their sexual orientation. For the current study, the degree by which the informant felt unsafe appeared to be lessened by the nonjudgmental, unconditional connectedness they experienced in their lives. Informants who described feeling an early connectedness with a parent also described having better relationships and healthier connections with friends than the informants who did not feel connected with a parent.

The experiences of safety described by the informants in this study align with previous research regarding connectedness and feelings of safety. Gamarel et al. (2014) proposed the importance of connection: "...feeling a sense of safety connected to group identity may offset the possibility of identity threat and result in feelings of trust and

connection, thereby fostering positive health behaviors” (p. 291). Additionally, connectedness was linked to greater feelings of safety and mental wellness (Eisenburg et al., 2006; Taliaferro & Muehlenkamp, 2017; Whitaker et al., 2015).

In reviewing and analyzing the data, I recognized a pattern of themes that was consistent throughout all the informants. To establish the lived experience of safety among the informants, I developed the connecting themes discussed in Chapter Four. The following discussion connects the results of previous research regarding safety as they relate to the dominant themes and thus the lived experience and definition of safety among LGBTQ youth in this study. Beginning with the thematic category of mental health, I will provide connections between the current study and the extant literature.

Mental Health

All the informants discussed mental health concerns which are similar to the findings in the literature. Results from previous research indicate a very close link between safety and mental health in LGBTQ youth. Davis et al. (2009) highlighted that LGBT youth experienced higher levels of mental health issues than heterosexual youth. Additionally, the diagnosis of anxiety is common among LGBTQ youth and validated in the literature (e.g., Ciro et al., 2005; Horowitz & Hansen, 2008; Mallon et al., 2002; Porta et al., 2017). All the informants recalled being affected by feelings of anxiety at varying levels of severity; several of them had actual diagnoses of severe anxiety. Severe anxiety diagnoses among the informants were related to anxiety in social situations, such as in middle or high school. Several informants discussed a general feeling of anxiety, mainly when talking

about their sexuality, coming out to a parent or friend, or when trying to reconcile their sexual orientation or gender identity. Informants who felt anxious about their sexual orientation or gender identity during puberty also mentioned feeling fearful of being different from their peers. In more recent research, Painter, Scannapieco, Blau, Andre, and Kohn (2018) conducted a secondary data analysis of 3,208 LGBTQ and non-LGBTQ youth and young adults regarding mental health. Results of their study indicated that LGBTQ youth were 1.9 times more likely to experience depression and 1.7 times more likely to have anxiety than non-LGBTQ youth (Painter et al., 2018).

In addition to anxiety, previous literature explored the increased rates of sexual abuse among LGBTQ youth and subsequent higher rates of mental illness. (Davis et al., 2009; Friedman et al., 2011). Only one informant in this study disclosed a history of sexual abuse. This informant also suffered from severe mental health issues requiring court-ordered hospitalization which she attributed to her sexual abuse history. However, the design of the current study did not include specific questions regarding sexual abuse and therefore did not capture this experience for all the informants. It is possible that other informants had similar experiences but chose not to talk about them during their interview.

One area that was mentioned repeatedly in the literature regarding increasing mental health and physical safety was the availability of GSAs within high schools. According to previous research, GSAs provided a haven for LGBTQ youth, leading to a greater acceptance of their sexuality, and creating better tolerance within the school (e.g., Fetner et al., 2012; Porta et al., 2017; Toomey et al., 2012). The results of the current study did not support these findings. Informants either discussed feeling that GSAs were

disingenuous or could lead to negative consequences in school. The findings of this study supported the findings of Mayberry et al. (2011), who discovered that a GSA was only as active as the school that promoted it. Support from school officials was talked about by the informants, and those who spoke about GSAs said they were not safe spaces for them. Those informants who mentioned GSAs also voiced their fear of being “outed” to friends and family if they had been involved in the group. This fear was validated in the literature by Fetner et al. (2012) regarding students who participated in a GSA being subjected to a “backlash, making visible some of the hostility to LGBTQ people that had previously been hidden” (p. 197).

Because the findings of the current study were so different from previous literature regarding the support of GSAs in the schools, I reviewed the research locations of the articles in Chapter Two. Of the 21 articles in my literature review, none of the studies were conducted in a Southern State. Most of the research studies that reported finding support among LGBTQ youth for involvement in GSAs took place in the Northern States, California (specifically San Francisco), and Canada (e.g., Fetner et al., 2012; Mooij, 2016; Porta et al., 2017). It is possible that the findings of the current study highlight the lack of research in the Southern States regarding safety and LGBTQ youth. The majority of the informants in the present study were raised in rural Texas. Therefore, this discrepancy may also be drawing attention to the distinct differences between social environments that are more accepting of gender and sexual minorities, and GSAs; and more conservative environments. This interpretation could suggest a need for growth in research that will be discussed further in the “Implications for future research” section.

To connect the theme of mental health to the definition of safety used in this study, informants who mentioned fewer issues with depression and anxiety, were also able to describe an early childhood memory of feeling connected with a family member. Some of the informants who disclosed mental health issues with depression and severe anxiety also described feeling the need to hide who they were from family members, friends, teachers, or health care providers. Therefore, the theme of hiding will be covered in the next section.

Hiding

The concept of “hiding” was a frequent topic among the informants in this study. There were varying degrees of hiding described by the informants which included: wanting to be alone; trying not to be noticed; covering up relationships; denying their sexual orientation or gender identity to themselves or others; keeping their sexuality private; and, not talking about their sexuality with others.

Mallon et al. (2002), linked the phenomenon of hiding to the feeling of safety among LGBTQ youth in child welfare systems. It was unsafe and emotionally detrimental for LGBTQ youth to be “out” in homes that were not gay-affirming (Mallon et al., 2002). Subsequently, gay youth would keep their sexuality to themselves while in the system (Mallon et al., 2002). Chakraborti and Garland (2009), and Starrs and Anderson (2016) made salient points about the support of youth regarding sexuality, sexual health, and sexual rights. Chakraborti and Garland determined that living in a conservative political climate and observing the negative treatment of LGBTQ people in society was harmful to sexual and gender minority youth. The findings of the current study corroborate these

findings. A conservative environment was one of the reasons mentioned by most of the informants who hid their sexual orientation or gender identity. Informants appeared to make decisions about hiding based on many factors, mainly when safety was a concern. All the informants discussed the need to hide their identity at some point during their lives. Most of the informants talked about hiding who they were while they were in high school. Hiding was often related to sexual orientation and gender identity. To make a connection with the theme of mental health and GSAs discussed earlier, it could be that the informants decided not to engage in a GSA because they were hiding their identity in a community that did not support them. In a qualitative study by Hutcheson and Tieso (2014), 12 LGBTQ college students reported “hiding or downplaying their LGBTQ identity” (p. 363). According to Hutcheson and Tieso, LGBTQ youth hiding their identity was a coping mechanism and used to fit in among their heterosexual peers.

Nonbinary and transgender informants had to make decisions about hiding when using the bathroom. Nevertheless, at some point, informants who identified as transgender or nonbinary talked about making a conscious choice to risk the consequences of living as their true selves. Hiding for these informants seemed to have severe mental health consequences. All the informants described making daily decisions between “coming out” or hiding their sexual orientation or gender identity from the people they met, friends, or family members. A few of the informants discussed the same issue when seeking healthcare from a provider.

Being able to withdraw from a hostile environment to a safer environment was mentioned by a few of the informants. Several informants shared that their family homes

were typically a safer environment for them. One informant who identified as transgender reported never feeling safe at home. After coming out as transgender, she was rejected by her father and mother. Eventually, her mother became more supportive but remained distant. The experience of this informant corresponds with the research of McGuire et al. (2010), who found that transgender youth risked being rejected by their families because of their gender identity.

Informants typically discussed hiding their sexual orientation or gender identity from friends who were less trusted or with whom they felt less connected. It was friends who were trusted and supportive that were more likely to know about the informant's sexual orientation or gender identity. This finding can also be linked to the definition of safety and feeling connected to a trusted friend who cared for them regardless of their sexual orientation or gender identity and did not judge them based on those characteristics. These connections with others seemed to play an important role in the memories of safety shared by the informants. Therefore, connections and relationships will be discussed in the following section.

Connections and Relationships

As in prior studies, the idea of connectedness and feeling as if the informants could trust someone seemed to be essential for them. Most of the informants discussed how relating to someone positively affected their perceptions of physical safety, emotional, and psychological security. This finding is similar to the research of Davis et al. (2009), who emphasized the importance of having support from peers and mentors for a continued

feeling of safety among LGBT youth. Additionally, peer support was a significant protective factor against mental health issues (Davis et al., 2009). The informants in this study discussed their connections to other people, such as friends, extended family members, and teachers, relating how vital their support was for creating and maintaining a sense of safety. Connectedness was a frequent topic with the informants and subsequently became one of the constructs of the definition of safety for this study.

Having social support from friendships and networks of supportive people seemed to have a profound and positive effect on the informants. Informants spoke about friendships with supportive individuals improving their lives or helping them form a different outlook on life. One informant spoke about making a friend, while in a psychiatric facility, with whom she continued a brief friendship after she was released from the hospital. She reported the importance of her friend and how they supported each other during their hospital stays and after they were discharged. Taliaferro and Muehlenkamp (2017) also highlighted the importance of connection with LGBQ youth. In their study, finding this type of support in relationships and the community played a vital role in reducing non-suicidal self-injury behaviors among LGBQ youth (Taliaferro & Muehlenkamp, 2017). The same type of result was noted in the research study by Whitaker et al. (2015), who discussed how a stable connection with an adult in the school setting was beneficial in the reduction of suicidal ideation among gay, lesbian, and bisexual youth. The current study supported the findings in Whitaker et al. and Taliaferro and Muehlenkamp's research when most of the informants mentioned how their friend or group of friends were essential to their mental wellness and self-identity. Two of the informants who discussed

suicidal ideation talked about the importance of friendships during their recovery. Discussions regarding connections and relationships were often connected to the theme of community, which will be detailed in the next section.

Community

Although the theme of the community may conjure thoughts about feeling fellowship with others or sharing common attitudes, most of the informants in this study discussed the more negative aspects of their community as lived space. All the informants mentioned feeling that the communities where they grew up were conservative and disapproving of their sexual orientation or gender identity. In this theme, when the informants spoke about community, they referred to their physical environment in conjunction with other features of their communities such as culture, experiences with health care providers, heteronormativity, homophobia, or religion.

In previous literature, symbolism was a visible sign of community for LGBTQ youth. Wolowic et al. (2017) examined symbolism and evidence of community for LGBTQ youth in the form of rainbows. Participants in their study felt that rainbows produced positive feelings and seeing them displayed in public created an affiliation with the LGBTQ community (Wolowic et al., 2017). This study did not have a similar result. Only one informant talked about rainbows and how she did not like to wear them. The lack of information regarding symbolism in this study could be due to the absence of specific questions about rainbows and symbolism in the study design.

Porta et al. (2017) explored GSA communities and the authors asked their participants about “other places” where they might feel safe (p. 491). Their participants felt that community was a shared connection providing emotional support (Porta et al., 2017). However, informants in this study did not seem to have the same sense of community within their hometowns. Many informants stated that their hometowns were not safe spaces to be “out” and several described uncomfortable situations in public places. Furthermore, several informants expressed that they found or made a community of friends at college once they left the conservative environment of their hometowns. Among the informants, it appeared that college provided a place for the development of community through friendships and connections. College played an important role in many of the informants’ ability to feel connected and receive emotional support. This ability to feel connected with others supports the connectedness construct in the definition of safety used in this study.

Experiences in the community also included encounters with health care providers. Visits with health care providers were described by a few of the informants in this study who mentioned feeling uneasy about going to the doctor. Similar to previous research, Ginsburg et al. (2002) and Lesesne et al. (2015) explored the willingness of LGBTQ youth to speak with healthcare providers or school officials about their sexuality. Gender and sexual minority youth preferred to communicate with providers they knew were professionally required to keep their information private and confidential (Ginsburg et al., 2002). As well, Davis and Berlinger (2014) discovered that LGBTQ people might avoid health care providers or medical treatments for fear of prejudice from their providers. These issues were validated in the current study. The informants in this study who discussed their

encounters and willingness to be open about their sexual orientation or gender identity with healthcare providers experienced mixed reactions. One individual talked about positive experiences with a clinic for transgender identified patients. Other informants voiced their frustration with experiences of heteronormativity from providers during routine health visits. As per the informants, if the provider assumed the informant was straight, the informant verbalized feeling forced to choose between coming out or keeping quiet to get the treatments or prescriptions they needed. Several of the informants stated that having to make this type of choice severely impacted their desire to seek health care. This finding aligns with Ginsburg et al. (2002) and their recommendation that healthcare providers should not automatically assume a patient is heterosexual. The informants who discussed health care talked about feeling safer and more supported if a health care provider acknowledged their sexual orientation or gender identity and provided sensitive and nonjudgmental care. This feeling of safety from considerate providers among some of the informants also supports the findings of Ginsburg et al. (2002), where LGBTQ youth trusted healthcare providers who were respectful and professional.

Contrary to the findings of Lesesne et al. (2015), none of the informants revealed that they willingly talked to school counselors about their sexuality. The reason for this finding could reflect that high school was a time when most of the informants reported hiding their sexual orientation or gender identity from friends and family. Informants talked about the difficulty they faced when deciding to talk to their families about their sexual orientation or gender identity. Most of the informants expressed a closeness with their

families and how important this was for them. Therefore, the experiences of safety and family will be discussed in the next section.

Family

In reviewing the literature about family, Eisenberg and Resnick (2006) highlighted the importance of family connectedness for the support and wellbeing of LGB youth. These findings were consistent with the results of this study where it appeared that the family was crucial to increasing the sense of safety for the informants. Informants who discussed feeling safe with their families also acknowledged feeling a strong sense of connection after coming out. This finding supports the definition of safety used in this study regarding a feeling of unconditional connectedness with an individual. The feeling of safety among the informants and their families is similar to the findings of Ryan et al. (2010), who noted that familial support of LGBT youth was a protective factor against psychological illness, substance use, and suicide. Many informants who felt connected to their families also reported a strengthening of their relationship with their parents after coming out, even for those informants who talked about their parents having a difficult time initially. Similarly, Davis et al. (2009) identified a theme of family acceptance and sibling support when researching the importance of emotional and social support of LGBTQ youth.

Although several informants discussed difficult situations with their families after coming out, none of the informants mentioned being thrown out of their homes or experiencing physical violence from family members. These results are different from those of Kosciw et al. (2016) who reported a potential increase in physical violence in the

home after a youth who identified as LGBTQ came out to their family members. However, the difference between the current study and the literature could be explained by the fact that the majority of the informants were living on campus or in an apartment and several did not come out until they left home. One informant was still not out to his parents. Most of the informants who reported feeling unsafe with their families also communicated the desire to avoid moving back to their parents' home or their hometown. Informants who identified as nonbinary or transgender spoke about difficult experiences with their families and friends when they came out to them or began the transitioning process. Informants who mentioned feeling secure and loved by their family members when they came out, also talked about experiencing nonjudgment from them. The feeling of nonjudgmental connectedness corroborates the definition of safety used in this study. The process of transition leads to the theme of gender identity, and the connection with safety.

Gender Identity

Informants who identified as nonbinary or transgender reported distressing experiences such as transphobia (internally and externally), feeling like they didn't fit in, problems with bathroom usage, or hearing negative comments. McGuire et al. (2010), Toomey et al. (2012), and Wernik et al. (2017) focused on experiences of nonbinary, gender non-conforming, or transgender youth. According to Wernik et al. (2017), transgender youth reported feeling less safe than cis-gender youth. This report of feeling less safe is comparable to the discussion with informants who identified as transgender in the current study. McGuire et al. discussed the psychological trauma transgender students

experienced due to harassment in school. The issue of psychological trauma also appears in the current study where informants identifying as transgender spoke about instances of harassment and feelings of fear in public. Informants who described experiences with family members who were accepting of their gender identity also mentioned feeling less judged by their families and more connected than informants who did not receive support. This further supports the definition of safety used in this study as nonjudgmental, unconditional connectedness.

Gender identity and sexual orientation were often discussed at the same time. In the following section on sexuality, I will review the outcomes of this study as they relate to previous findings in the literature.

Sexuality

When discussing sexuality, most of the informants talked about the need to either hide their sexuality or deny their sexuality when confronted by a parent or peer. Informants who spoke about their fear of others finding out about their sexuality were mostly concerned with the adverse reactions that might occur. Some of the informants talked about having experienced negative reactions from friends. One informant, who realized that they were asexual, reported that they lost a friendship because their friend was unsupportive and couldn't understand why they felt "that way." This experience with the loss of a friend corresponds with the results of Ciro et al. (2005) who noted that concerns about safety and disclosure of sexual identity were often due to the fear of undesirable responses from others.

A few of the informants talked about their current sexual relationships and how the community they lived in affected them. Several informants mentioned wanting to be braver about displaying their sexuality such as holding their girlfriend's hand in public or being more open in their classes. The desire to be more open seemed essential to some of the informants, but according to several informants, the fear of potential negative consequences held them back. The feeling of insecurity during exploration of sexuality by LGBTQ youth was noted in previous literature. Mooij (2016) described similar concerns of LGBTQ youth exploring their sexuality who felt unsafe because of a heteronormative society and culture. To connect this theme with the definition of safety used in this study, informants who shared feeling supported in the exploration of their sexuality also expressed more instances of feeling connected with others, particularly family members.

Heteronormativity and harmful behaviors towards LGBTQ people seemed to temper not only the relationships and exploration of sexuality but also the timing of the informant's decision about "coming out." Coming out and its relation to safety will be discussed in greater detail in the next section.

Coming Out

For most of the informants, considerable time and thought went into the decision to come out. Several informants talked about having to come out repeatedly to people such as friends, peers, teachers, or health care providers. Most of the informants discussed worrying about the reactions of their parents or friends when they came out. Some of the informants considered coming out in several steps to gauge how their loved one felt about

their sexual orientation or gender identity. One informant, who identified as nonbinary, said that they chose to come out as lesbian first because coming out little by little made it easier for them. This slower approach to telling their mother their gender identity allowed them to see their mother's reaction before giving her the "final news." This occurrence is a similar finding in the research study by Davis et al. (2009), who noted that "coming out" had several stages and required a lot of energy on the part of the LGBT youth.

Many of the informants talked about coming out as a time when they sought acceptance about their sexual orientation or gender identification. Most often, the informants were seeking the acceptance of their parents, but several informants talked about acceptance being important during their high school years. McGuire et al. (2010) noted the same desire in their study of transgender and queer youth who expressed the value of an environment who accepted them regardless of their sexual orientation or gender identity. Informants who were able to describe an early childhood feeling of safety as nonjudgmental, unconditional connectedness, also related stories of coming out that were less frightening than those who could not describe feeling safe in childhood. Most of the informants who felt a sense of safety as defined in this study, depicted coming out scenarios where they were nervous but not afraid of the reaction from the person they were telling and comfortable that there would not be any untoward effects after they came out.

Some informants described either feeling like they did not need to tell anyone about their sexual orientation or about their gender identity. Other informants talked about how they did not want to come out because they wanted to fit in with their peers. As in Porta et al.'s (2017) study, LGBTQ youth worried about fitting in with others, particularly in

special interest groups. Informants who identified as nonbinary or transgender talked about delaying their decision to come out to family or friends. One informant who identified as transgender was clear about her concern regarding gender identity exploration, particularly when she considered coming out during her early teens. She admitted that it wasn't until she came to college that she began to explore and live in her identity fully. This is in line with the research of Ciro et al. (2005) who posited that youth who are questioning their gender identity may be “risk averse” during their high school years in an attempt to avoid conflict, leading to a resistance in acknowledging their identity and decreasing their willingness to come out to friends or family (p. 230).

School

The findings of this study validate Kosciw et al. (2018), who observed that LGBTQ youth were more likely to hear anti-gay slurs, experience homophobia, and feel unsafe in school. However, unlike Kosciw et al. (2018), none of the informants reported experiencing physical violence. Several of the informants in this study discussed the fear of physical violence and the lack of safety in school restrooms. Similarly, Wernick et al. (2017) reported the results of their study regarding discrimination, transgender youth, and perceptions of safety in school. Bathroom safety was a mediating factor in the overall feelings of wellbeing and safety among transgender youths in school (Wernick et al., 2017).

Further, in previous literature, transgender and nonbinary informants indicated that schools were unsafe for them and they were afraid of physical violence while in school (McGuire et al., 2011). In line with this research, nonbinary and transgender informants in

this study spoke about experiencing a lot of anxiety regarding bathroom use and safety. The nonbinary and transgender informants in this study indicated that the fear of physical violence caused them to change their bathroom usage behaviors. To connect this theme with the definition of safety used in this study, informants who described feeling nonjudgmental, unconditional connectedness with a teacher or school official, also described feeling supported, heard, and validated. Some of the informants who described feeling unsafe in their schools also talked about special teachers who they knew they could turn to for assistance if they were threatened.

STRENGTHS AND LIMITATIONS

Purposive sampling was used to select informants who fit the criteria of having experienced the phenomenon of safety. Consequently, the results of this study are representative of the sample presenting a viewpoint of young, predominantly white, female, college students. Only one cis-gender male was interviewed for this study. Seven informants (63.6%) identified as cis-gender females and six informants (54.5%) indicated their race/ethnicity was White. The sample was not as diverse as desired. However, a qualitative phenomenological study does not warrant a heterogeneous sample to inform a phenomenon. Additionally, the director of the Gender and Sexuality Center where recruitment and interviewing took place confirmed that the sample of informants reflected the demographics of the center, which could be considered a strength.

This research study was limited to one geographic area in a Southern State. While it may represent the LGBTQ population in this region, it could be considered a limitation

because of its narrow focus. However, this could also be a strength because this study may highlight a discrepancy between the geographical regions of research studies regarding the effectiveness of GSAs in the Southern States and the Northern or Western States.

Finally, it is possible that the interpretation of the data in this study could have been biased due to my own experiences of safety as a cis-gender female. To minimize the possibility of bias, I reviewed my personal definition of safety prior to each interview. I revisited my own definition of safety throughout data analysis to attempt to reduce the possibility of bias. But, per van Manen (2016), it is impossible for me to completely bracket out my own experiences of safety over my lifetime.

IMPLICATIONS FOR NURSING PRACTICE

It is important to note that I could not find any previous studies researching the definition or lived experience of safety from the viewpoint of LGBTQ youth. It is possible that this study is the first of its kind to explore the phenomenon of the lived experience of safety in the LGBTQ population. Having an appreciation of the intricate and complex definition of safety for LGBTQ youth is critical to understanding the needs of this population. Noting that each person has a unique set of circumstances leading them to feel safe is a significant implication for practice. The youth is the key in a lock with many combinations leading to an overall feeling of safety.

The only way to honestly know how a person self-identified as LGBTQ feels safe, is to ask. Most of the informants described feeling safest with their parents, but some did not feel safe with their families, as was evident in this study. Particular attention should be

given to those who identify as nonbinary or transgender individuals because they seemed to encounter more unsafe and uncomfortable social situations as well as more instances of rejection from family members than cis-gender youth. Sometimes, without the attachment to, and support from parents, nonbinary and transgender youth must venture outside the family to seek safety in the form of support from a community. Viewing the LGBTQ youth as the key, and therefore central to the discussion, is the most effective way of supporting the feeling of safety for that individual.

A more straightforward view of safety from the perspective of LGBTQ youth is that the definition of safety starts at home. Those early experiences of feeling safe or unsafe will forever dominate the continuation of the feeling of safety at home with parents and families. If we wait until high school to make changes with policy implementation and support groups, it may be too late. The groundwork has already been laid out.

Most of the informants reported beginning to realize they identified as a gender or sexual minority in middle school. Without any understanding or explanation of their feelings or thoughts, most of the informants talked about feeling a sense of confusion leading to a loss of safety, which led to the suppression (or hiding) of their true feelings or identities. Identifying that safety begins at home is not to negate the fact that policies and support groups (like GSAs) may be relevant to LGBTQ youth. Policies and support groups in high school are vital to ensuring the continued feeling of safety of LGBTQ youth. Finding refuge in support groups or even extracurricular activities (such as a theater group) can be crucial to the mental health and safety of the LGBTQ identified person.

Nursing has a unique opportunity for addressing the feelings of safety among LGBTQ youth. Nursing has been considered one of the most trusted professions in the United States for the past 17 years (Brenan, 2018). Yet, we continue to fall short of educating our nurses to improve the treatment of LGBTQ youth in school and health care settings. Nursing schools have little education regarding the care of the LGBTQ population. To advance the improvement of a relationship between LGBTQ youth and nurses, nursing schools should implement a sophisticated and comprehensive curriculum including didactic and rigorous education along with simulation experiences. Nursing students can apply their knowledge in simulation settings to gain a better understanding of appropriate and sensitive approaches to caring for LGBTQ youth. Also, this type of inclusive education can have a direct impact on the LGBTQ youth population by ensuring school nurses are educated in the most current practices. Our school nurses, after all, are on the frontline caring for our LGBTQ youth in school systems.

By facilitating a positive connection with LGBTQ youth through mutual respect and trust, nurses could help identify youth who need additional services in the health care setting or school systems due to feeling unsafe in school or at home.

IMPLICATIONS FOR POLICY

Policy development may be one of the critical areas where LGBTQ youth can be supported in the school and health care environments. Even though the feeling of safety for the informants in this study began in the home, it is noticeable that the school system is still an unsafe environment for them. Having policies against bullying and addressing

homophobia may help to alleviate some of the issues LGBTQ youth experience in school. According to McGuire et al. (2010), stopping the harassment when it happened was vital to promoting a safer environment. School policy needs to have a holistic approach by addressing LGBTQ issues with administration, teachers, students, and parents.

For nurses and other health care providers, implementing a policy to appropriately and accurately identify the patients' needs is crucial. As noted in this study, the use of correct pronouns and names aligning with an individual's gender identity may be vital in facilitating their recovery from a mental health crisis. For all the informants, being validated and heard was essential for their feeling of safety. Including education for health professionals regarding the care of LGBTQ people may provide an element of safety for youth that is missing in our health care professions. Health care providers who receive a more inclusive education may be better equipped to address concerns of parents and youth alike. Implementing policies to ensure this type of education becomes more routine and prevalent in our medical and nursing schools may address a missing component of safety for this population.

IMPLICATIONS FOR FUTURE RESEARCH

Solutions involving the family, society, and schools are essential to provide a holistic intervention for LGBTQ youth. For a population who desires to fit in but has the tendency to hide their true selves, it seems that the best approach for future research would be to focus interventions on early acceptance and understanding by parents coupled with supportive interventions for youth during school years.

Very few informants spoke positively about GSAs in their high schools. The discrepancy between the literature and the current study may be attributed to the conservative environments of the informants. The likelihood of minimal support for a GSA in a school system may be in line with the conservative atmosphere where the informants lived. Most of the studies reviewed in Chapter Two were from States with a history of acceptance and tolerance of LGBTQ people. Considering the environment and political climate where LGBTQ youth live when researching the population may prove beneficial in gaining better insight into the success of future support systems.

A future program of research regarding this subject should include focus groups exploring the experiences of safety among LGBTQ youth and ways to ensure these youth feel safe in their homes and school environments. These focus groups could lead to the development of a survey tool designed to help health care providers and school officials identify at-risk youth who feel unsafe. LGBTQ youth who feel unsafe also experience mental health issues. An important contribution to nursing research and the mental health of LGBTQ youth could be a safety assessment tool that reflects and incorporates the definition and essence of the phenomenon of safety among the population.

Lastly, I suggest that this study design be used for other underserved populations. Finding the definition of safety among veterans with post-traumatic stress disorder could provide insight into the needs of the population regarding mental health care. Additionally, a definition of safety among domestic minors involved in sex trafficking could be beneficial to help care facilities address ways to increase feelings of safety for individuals during treatment.

CONCLUSIONS

This study provides a definition of safety among the informants who participated in the interview process. This research study offers insight into the experiences of safety among LGBTQ youth and their safety needs for mental wellness and physical wellbeing. The success of this project was due to the willingness of LGBTQ youth who articulated their needs and experiences of safety. Perhaps the interest in this project by LGBTQ youth speaks not only to the needs of this population but also the importance of safety in their lives. To conclude, I hope that this study has given a voice to a community often excluded from the conversation.

Appendices

APPENDIX A

Data Extraction Form

Study ID: _____ Date: _____

Citation: _____ Authors: _____
Title: _____
Journal: _____
Year: _____ Volume: _____ Issue: _____ Pages: _____

Type of Study: **Quantitative** **Qualitative** **Mixed Method**

Location/Setting: _____

Key concepts/ Concepts: _____
Variables: Intervention: _____

Framework/Theory: _____

Design Type: Experimental Quasi-experimental Nonexperimental

Specific Design:
Blinding? None Single _____ Double _____

Description of intervention: _____
Comparison group(s):
 Cross-sectional Longitudinal/Prospective

Qualitative: Grounded theory Phenomenology Ethnography
 Other: _____

Types of validity: Plausibility Credibility Trustworthiness Face Content
 Sensitivity Specificity

Sample: Size: _____ Sampling Method: _____
Sample characteristics: _____

Data Sources: Type: Self-report Other _____
Description of measures: _____
Data quality: _____

Statistical Tests: Bivariate: *t*-test ANOVA Chi-square/ Pearsons' *r* Other: _____
Multivariate: Mult regression MANOVA Logistic Regression
 Other: _____

Findings/Effect Sizes/Themes: _____
Recommendations: _____
Strengths: _____
Weaknesses/Bias: _____
Definitions of Safety: _____
Safety Measurement: _____

Note: adapted from Polit and Beck (2012, p. 107); and Fink (2014, p. 170-173) with supplemental items from CASP (2018).

APPENDIX B

Table 2

Article Review Chart

Reference	Purpose/Aims	Sample	Design/ Analysis	Safety Measurements	Major findings & Implications	Risk for Bias
Ciro et al., 2005	To examine the relationship between sexual identity, safety, other risk factors, & youth willingness to participate in counseling.	n = 723 LGB youth ages 11 – 21	Quantitative Non-experimental; cross-sectional; descriptive non-parametric; Pearson's Chi square	Adquest data instrument – 80 item adolescent self-report; 7 items assess safety	Findings: sexual identity strongly associated with issues of safety; Bisexual youth experienced highest levels of safety risk, victimization, inappropriate touching, witnessing violence, & forced sex. Lesbian & gay youth ranked highest in feeling unsafe. Implications: access to services must be made easier for LGBQ adolescents. Programs must show they are a safe space.	Database not originally intended for research; combined lesbian & gay youth into one category; data focused on LGB youth seeking mental health services.
Davis et al., 2009	To identify support mechanisms for GLBT adolescent youth from 2 geographically different communities.	n = 33 GLBT youth avg. age 18 – 19	Mixed methods; Inductive secondary analysis of qualitative & quantitative data gathered through Concept Mapping	Quantitative: Concept mapping analysis providing quantitative results. Qualitative: Youth described what they needed from their communities for support	Findings: school climate; GLBT safe environments; psychological & physical safety equals emotional & psychological security; physical safety within schools, homes, & communities. Implications: include “voice” of GLBT youth in research; straight allies stand up for GLBT youth; do not pathologize connection among LGBQ youth.	Secondary analysis. Differences between sites such as age range & unique themes; multiple reviewer checks of data; consensus of thematic groupings through meetings; ongoing iterative process; agreement on thematic labeling created trustworthiness, & credibility.
Eisenberg & Resnick, 2006	Examine protective factors consistently featured in literature including school safety & the association with suicidal behaviors & ideation.	n = 2,255 GLB youth grades 9 – 12	Quantitative Chi-square: between demographic factors, suicidal behaviors, & protective factors. Multiple logistic regression General linear modeling	MSS School safety question regarding feeling safe going to & from school, & bathroom safety.	Findings: family connectedness, caring adult (non-family), & school safety-significant protective factors in reducing suicidal behaviors. Implications: replicate findings in minority & low-income populations. Use qualitative methods to understand outcomes. Longitudinal research to uncover causal associations.	Categorized students who experienced same-sex sexual encounters as GLB. All youth included in the study were sexually active. Limited ethnic/racial diversity. Provided Cronbach's alpha for safety questions.

Table 2. Continued

Reference	Purpose/Aims	Sample	Design/ Analysis	Safety Measurements	Major findings & Implications	Risk for Bias
Fetner et al., 2012	To create a dialogue regarding safe spaces for LGBTQ individuals & to add to the study of GSAs & their benefits.	n = 57 in high school-based LGBTQ support groups ages 18 – 25	Qualitative Online semi-structured interviews via instant messaging: iChat & MSN Messenger	3 questions regarding safety	Findings: 3 dimensions of safe space included: context, membership, & activity. GSAs not all the same. can be influenced by administration, restrictive policies, & social pressures. Implications: focus on & support GSAs is important; GSAs can enhance activism, mobilize students, & reduce stress.	Question regarding “safe from what?” doesn’t fully address topic, instead discusses issues creating safe space & difficulties with GSA acknowledgment; no mention of reviewer bias or limitations; 4 authors & 2 coders collaborated to systematically identify themes.
Gamarel et al., 2014	Discover how engagement in youth support groups fosters resilience in LGBTQ youth	n = 29 LGBTQ ages 16 – 21	Mixed methods: Grounded theory Content Analysis ANOVA	Quantitative: between group variability regarding data from focus groups Qualitative: assessment in focus groups regarding definition of space for youth in a youth organization.	Findings: 2 categories: home space & building a sense of “we.” Implications: future research to examine safe spaces, relational health model, & potential to act as stress buffer.	Does not produce between group variability statistics; no measures ensuring trustworthiness or validity; small sample creates issues with generalizability.
Ginsburg et al., 2002	Explore what influences feelings of safety among SMY seeking health care.	n = 94 LGBTQ youth ages 14 – 23	Mixed methods 4-stage teen centered approach including open focus groups Marginal homogeneity test Kruskal-Wallis	Quantitative: Completed a 34-item survey from first stage Qualitative: stage 1 & 2 focus groups-important identified ideas were for LGBTQ youth to feel safe in seeking health care	Findings: 34-item survey developed from stages 1 & 2; highest rank for concerns not directly related to SMY; LGBTQ concerns in line with heterosexual adolescent concerns. Implications: sensitivity training for clinicians particularly how SO can affect emotional health. HCPs need to learn how to address LGBTQ issues, particularly not assuming all SMYs are at risk for HIV. Future research as a follow up to trainings for evaluation of effectiveness.	Wide varieties in numbers of SMY youth utilized; no mention of overlap between groups in all stages; sample size & narrowly focused location creates issues with generalizability.

Table 2. Continued

Reference	Purpose/Aims	Sample	Design/ Analysis	Safety Measurements	Major findings & Implications	Risk for Bias
Goodenow et al., 2006	To investigate feelings of safety among SMY & school factors associated with greater feelings of safety.	n = 202 SMY ages 14 – 23	Quantitative Logistic regression	1999 MYRBS: 2 questions regarding safety: skipping school & safety at school.	Findings: suicide attempts & injuries more common among SMY in schools that were perceived to be safe by majority of youth; presence of a GSA associated with greater feelings of safety. Implications: need to replicate findings; more prospective longitudinal studies regarding GSAs; staff training, LGB curriculum introduction, & focus on school culture; ecological approach critical for primary prevention of suicidal behaviors or attempts.	Included youth who reported same-sex sexual contact as SMY; 49.5% reported same-sex sexual contact; possibility of selection bias if youth did not identify as LGB.
Horowitz & Hansen, 2008	Intervention study involving school officials & students. Changing attitudes towards LGBTQA students & perceived safety within the school	n = 1661 total LGBT & non-LGBT students 2001 survey n = 767 2002 survey n = 894	Quantitative Longitudinal Pre-test/post-test intervention study; Independent sample t-tests Quasi-experimental	10-item Likert-style scale adapted from GLSEN school climate survey.	Findings: systems level intervention approach associated with gradual school climate improvement; students perceived safety “sometimes”; difficulty getting teachers to integrate LGBT information into lessons. Implications: school staff have significant power in reducing unacceptable behaviors regarding harassment & homophobia. Teachers need more information on addressing homophobia in the school & classroom.	No demographic break down; content & discussion very brief; no validity or reliability for scale items; no discussion about inclusion of staff development, class lessons, or increasing awareness of LGBT issues.
Jones, 2016	GLBTIQ youth feelings of safety, policy analysis, & the correlation between the two.	n = 2,994 Australian GLBTIQ youth ages 14 – 21	Mixed-methods Chi-square; correlations of policies & issues of safety.	Quantitative: National online survey – interfaced with Demographix	Findings: perceived policy protection increased GLBTIQ student’s feelings of safety. Policy affects wellbeing & safety of GLBTIQ youth. Implications: more global approach to fighting homophobia; include anti-homophobia policies.	No demographic break down; open access to national survey; no validity or reliability for scale items.

Table 2. Continued

Reference	Purpose/Aims	Sample	Design/ Analysis	Safety Measurements	Major findings & Implications	Risk for Bias
Lesesne et al., 2015	Examining black & Latino YMSM & their likelihood of talking with school officials about SO, health, & safety.	n = 415 (questionnaires) n = 32 (interviews) ages 13 – 19	Mixed methods exploratory study 53-item questionnaire (online) – unidentified	Qualitative: 60 – 90-minute in-depth interviews	Findings: 63% YMSM youth willing to talk to school staff member about feeling unsafe; 16% willing to talk to school nurse about safety issues. Implications: value importance of LGBT teachers & ability to help youth; more research & education on how schools & staff create safe spaces.	Safety discussed in interviews but unclear if each participant was asked same question; not generalizable to non-Black or non-Latino teens who are not YMSM; did not include the trans population; utilized Fleiss's kappa for intercoder reliability.
Mallon et al., 2002	To examine the challenges in the child-welfare system in New York & Los Angeles regarding permanency, safety, & well-being for GL youth.	n = 45 GLBTQ youth ages 12 – 20	Mixed methods Questionnaire with open-ended questions & Likert-type scaled questions	Quantitative: questions regarding safety within group homes & safety within families. Qualitative: interviews reviewing perceptions of safety in Child & Family Services.	Findings: themes – safety, permanency, & wellbeing. Implications: youth in welfare system need gay-affirming services & placements; need targeted & appropriate efforts to protect safety.	93% male; no discussion of limitations or bias of reviewers; no discussion of validity or trustworthiness; no statistics or in-depth explanation of questions on questionnaire; only 6 youth randomly selected for interviews
McGuire et al., 2010	To examine the experience of school harassment of trans youth & implementation of harassment reducing strategies.	n = 2,560 middle & high school students (LGBT & straight allies) grades 6 – 12 n = 36 transgender youth ages 12 – 23	Mixed methods Secondary analysis Focus groups	Quantitative: California PSH survey – 2 items concerning safety Qualitative: Focus groups regarding school experiences	Findings: focus group agreement schools unsafe for trans & gender non-conforming youth; teachers & administration intervening on behalf of trans youth during harassment increased safety; trans youth experienced physical & psychological distress from harassment resulting in decreased safety & increased fear of physical violence. Implications: stop harassment of trans youth; administrative policies supporting LGBT affirming groups; sensitivity training for teachers & peers.	Phase 1 study data collected in California which requires anti-harassment policies; focus groups occurred in LGBT youth centers in community centers in Western US; small sample size of trans youth; most participants FTM.

Table 2. Continued

Reference	Purpose/Aims	Sample	Design/ Analysis	Safety Measurements	Major findings & Implications	Risk for Bias
Mooij, 2016	To examine differences between LGBTQ-related discrimination in schools.	n = 216,000 youth secondary school	Quantitative Longitudinal Pearson's r, Correlation of means	NSSMS – 29 items 2 alpha scale means assessing feeling unsafe.	Findings: LGB students experience more violence & less safety than non-LGB over all 3 years. LGB discrimination against students greater than for LGB staff or teachers. Implications: further research to improve the questions & gain better clarity of issues within the NSSMS. Increase school involvement in prosocial behaviors. Create clear policies & monitor compliance.	Secondary analysis; no amount of LGB involved in study; indirect method of measuring SO of students in questionnaires; potential selection bias due to exclusion of LGB youth who did not experience violence due to SO. Cronbach's alpha = .88 for safety questions
Perales, 2016	To determine how sexual identity influences well-being & other health outcomes including feelings of safety.	n ≈ 15,000 individuals Household members ages 15 & up	Quantitative Linear regression OLS	2012 HILDA survey; Medical Outcomes Questionnaire; overall life self-satisfaction; feelings of safety; Kessler Psychological Distress scale	Findings: disparities for well-being most apparent during adolescence; GL people scored lower on safety than heterosexual; highlights patterns of safety over lifespan; overwhelmingly shows GLB feel less safe during teen/adolescent years. Implications: interventions should target needs of GLB teens & young adults.	Study not originally designed to focus on LGBT youth; combined gay & lesbian categories together; secondary analysis; HILDA survey focuses on identity rather than SO; 92% participants were straight; 421 identified as GLB.
Peter et al., 2015	Examine the relationship among LB & heterosexual students regarding homophobia, safety, victimization & school attachment	n = 1256 LGB & heterosexual females avg. age 17.5	Mixed method Bivariate analysis; Multivariate analysis; t-test; ANOVA; Pearson's correlation; OLS regression; Tukey post- hoc tests; Qualitative – open ended questions	Quantitative: First National Climate Survey on Homophobia & Transphobia in Canadian schools; Open access survey – non-probability sample; Controlled access survey – probability sample Qualitative: excerpts from open ended questions	Findings: bisexual & lesbian female students 57% to 67% more likely to feel unsafe in school; lesbians feeling unsafe at school reported lowest level of school attachment. Implications: research to provide more comprehensive comparison between bisexual females, lesbian & heterosexual peers; anti-homophobia policies; more LGBTQ-inclusive system interventions to support well-being.	Focused only on female population; no discussion of bias, trustworthiness, or statistical measures; no age range.

Table 2. Continued

Reference	Purpose/Aims	Sample	Design/ Analysis	Safety Measurements	Major findings & Implications	Risk for Bias
Porta et al., 2017	To gain a better understanding on LGBTQ youths' perspectives of GSAs & their effectiveness.	n = 58 LGBTQ youth ages 14 – 19	Mixed method Part of a larger study using Project RESPEQT	Qualitative: Interviews with 6 open-ended questions; one including the feeling of safety within the community.	Findings: 3 themes: GSAs provide & build community, GSAs serve as gateways to building relationships & activism, & GSAs represent safety. Implications: school administration, health professionals, & staff should support presence of GSAs in their schools.	Established trustworthiness, rigor, & credibility; in-depth account of study protocol; included diverse set of youth; potentially greater generalizability of findings; addressed researcher bias; included a multidisciplinary research team; focused solely on mention of GSAs resulting in smaller sample size.
Taliaferro & Muehlenkamp, 2017	To examine types of social connections associated with reducing the risk of NSSI among SM youth.	n = 4,960 LGBQ youth grades 9 & 11	Quantitative Logistic regression; Chi-square; ANOVA	2013 MSS; Minnesota Departments of Education, Health, Human Services, & Public Safety survey; 5-point Likert scale; school safety	Findings: school safety significantly related to protective factors. GL students who reported depressive symptoms also reported higher levels of perceived safety, but less likely to report repetitive NSSIs. Implications: encourage connections to non-familial adults for support; implement cultural norms for acceptance & tolerance; more longitudinal research.	Combined gay & lesbian categories together; geographic limitation; variables only measure 1 to 2 items; no mention of validity or reliability of tools used for survey.
Toomey et al., 2012	To assess perceptions of school climate safety for gender nonconforming students.	n = 1415 LGBQ, heterosexual, & straight allies youth ages 11 – 19	Quantitative Multiple regression models Pseudo R ² Multi-level modeling	PSH Survey; 2 survey questions regarding safety for gender non-conforming students; school safety strategies	Findings: schools with GSAs had increased perceived safety for non-masculine males; LGBQ students reported less safety than heterosexual students. Implications: need more research on gender non-conforming youth & perceptions of safety; schools should implement safe school strategies; school administration & faculty should be intentional in inclusion of gender non-conforming students; teachers need more training to support gender non-conforming youth.	19% identified as LGBQ; remaining 81% were straight allies; potential selection bias because of disproportionate representation; no measures of validity or reliability for questions regarding perceptions of safety; geographic limitation; statistical validity given for school safety strategies questions.

Table 2. Continued

Reference	Purpose/Aims	Sample	Design/ Analysis	Safety Measurements	Major findings & Implications	Risk for Bias
Wernick et al., 2017	Testing hypotheses regarding discrimination against trans youth & perceptions of safety.	n = 1046 youth LGBTQ & heterosexual youth grades 9 – 12	Quantitative Mediation & moderation linear regression models OLS	2 items measured safety of youth in bathrooms & locker rooms at school adapted from unspecified community surveys.	Findings: gender & SO significantly associated with safety; trans youth reported lower levels of safety than cis-gender; LGBQ youth reported lower levels of safety than heterosexual youth; bathroom safety mediated effect on trans identity on overall school safety. Implications: holistic interventions addressing behaviors, policies, & practices; ensuring safe access to bathrooms is vital; newer schools should be built with gender inclusive bathroom access.	Data obtained by a nonprofit organization; questions adapted from previous community surveys by individuals within a nonprofit organization; no mention of how survey was given or addressing duplications; provided internal reliability for questions regarding safety.
Whitaker et al., 2015	To examine relationships between suicidal ideation, school safety, & connections with adults in the school environment.	n = 356 GLB youth grades 9 & 11	Quantitative Bivariate logistic regression Logistic regression models	SFUSD/ California Health Kids Survey; Five-item Likert-type scale for safety rating	Findings: every 1- unit increase on school connectedness scale decreased odds of suicidal ideation by 41%. 65% of GLB youth reported feeling safe at school. Implications: research on suicide risk & protective factors; include school-level protective factors such as GSAs in larger scale research.	Combined gay & lesbian categories together; geographic limitation; unable to ascertain which groups within Combined categories experienced least amount of safety; no discussion of addressing bias.
Wolowic et al., 2017	To uncover the meaning & symbolism of the rainbow for LGBTQ youth.	n = 55 LGBTQ youth ages 14 – 19	Qualitative Go-along interviewing Semiotic analysis Subset of RESPEQT data set	Secondary analysis of qualitative data regarding rainbow & pride themes.	Findings: themes: display affiliation with LGBTQ community, produce positive feelings, help navigate youth towards safe spaces/people, & have limits; rainbows important sign of support. Implications: display rainbows for positive identity development; research needed to confirm & explore relationship between intersectionality & identity development.	Did not specifically ask meaning of the rainbow or rainbows; described rigorous research method; established transparency & trustworthiness; wide range of gender identities & SOs included; more generalizable.

Note: LGBTIQ =lesbian, gay, bisexual, transgender, intersex, queer or questioning; LGBTQA =lesbian, gay, bisexual, transgender, questioning, allied; RESPEQT =Research & Education on Supportive & Protective Environments or Queer Teens; NSSI =Nonsuicidal Self-Injury; MSS =Minnesota Student Survey; GSA =Gay Straight Alliances; SMY =sexual minority youth; HCP =health care provider; SO =sexual orientation; MYRBS =Massachusetts Youth Risk Behavior Survey; YMSM =young men who have sex with men; PSH =Prevention School Harassment; NSSMS =National School Safety Monitor Survey ; HILDA Survey =Household, Income & Labour Dynamics in Australia; SFUSD =San Francisco Unified School District.

APPENDIX C

Resource List

RESOURCES IN AUSTIN AND SURROUNDING AREAS	
Hill Country Counseling 1433 Fairfield Dr., Austin, TX 78758	512-491-8444 www.hillcountrycmhc.com/
Sage Recovery & Wellness Center 7004 Bee Caves Rd., Bldg., 2, Ste 200, Austin, TX 78746 <i>Intensive Outpatient Program</i>	512-306-1394 www.sagerecoveryaustin.com/
Seton Mind Institute: Behavioral Health Care 7 locations in the Austin area <i>Intensive Outpatient Programs, Inpatient Services, and Emergency Services</i>	512-324-2039 www.seton.net/behavioral-health-care/
Psychiatry Resources	
Integral Care Serving Austin Travis County Psychiatric Emergency Services Richard E. Hopkins Behavioral Health Building 1165 Airport Blvd., Second Floor, Austin, TX 78702 <i>Behavioral Health Services for Adults, Adolescents & Children</i> Hours Monday – Friday, 8am to 10pm, Saturday, Sunday and Holidays, 10am to 8pm	512-472-HELP (4357) Toll-Free: 844-398-8252 Deaf/Hard of hearing, use VRS TTY: 512-703-1395 https://integralcare.org/en/home/
Bluebonnet Trails Community Services 711 North College Street Georgetown, Texas 78626 1009 N. Georgetown St., Round Rock, TX 78664 <i>Crisis Services, Substance Use, Behavioral Health Services for Adults, Adolescents & Children in Williamson County</i>	800-841-1255 hotline 512-869-2650 Georgetown 844-309-6385 Round Rock http://bbtrails.org/
Lonestar Circle of Care-Behavioral Health 1221 W. Ben White Blvd, Ste B-300, Austin, TX 78704 <i>Behavioral Health Services for Adults, Adolescents & Children</i>	877-800-5722 http://www.lscctx.org/locations/behavioral-health-at-ben-white-health-clinic/
Counseling Resources	
Austin Counseling Connection, PLLC 3355 Bee Caves Rd., Ste 507 & 510, Austin, TX 78746 <i>Individual, Family & Group Therapy; Sliding Scale Fee Based on Income</i>	512-329-9455 http://www.austincounselingconnection.com/

RESOURCES IN AUSTIN AND SURROUNDING AREAS	
Capital Area Counseling 2824 Real St., Austin, TX 78722 <i>Individual, Couples, & Families; Sliding Scale Fee Based on Income</i>	512-302-1000 http://www.cacaustin.org/
Plumeria Counseling Center 2501 W. William Cannon Dr., Bldg. 6, Ste A, Austin, TX 78745	512-344-9181 http://www.plumeriacounseling.com/
Samaritan Center 8956 Research Blvd., Bldg. 2, Austin, TX 78758 <i>Individual, Group, & Family Counseling; Accepts Insurance & Sliding Scale Fee Based on Income</i>	512-451-7337 http://samaritan-center.org/
South Austin Counseling Services, P.C. 1715 W. FM 1626, Ste 102, Manchaca, TX 78652 <i>Individual, Couples, & Family Counseling; Sliding Scale Fee Based on Income</i>	512-280-5315 http://www.southaustincounselingservices.com/
C2 Change – Counseling + Connection = Change 1715 S. Capital of Texas Hwy, Suite 101 Austin, Tx. 78746 <i>Individual, Couples, & Family Counseling; Sliding Scale Fee Based on Income</i>	512-981-8787 https://www.c2change.org/contact
Therapy Austin 1415 W. 51st St., #1, Austin, TX 78756 3 locations <i>Individual and Couples: Sliding Scale Free from \$75-95</i>	512-201-4501 http://www.therapyaustin.com/#about
PsychologyToday	https://www.psychologytoday.com
Support Groups and Hotlines	
Depression and Bipolar Support Alliance	www.dbsalliance.org
National Alliance on Mental Illness	512-420-9810 www.namiamustin.org/
Emergency Services	
Psychiatric Emergency Department Dell Seton Medical Center at the University of Texas at 1500 Red River Street <i>Emergency Treatment for Individual in Psychiatric Crises</i>	512-324-2039 www.seton.net/behavioral-health-care/emergency-services/
Psychiatric Emergency Services (PES) Need updated location: Nadine L. Jay Bldg., 56 East Ave., Austin, TX 78701 <i>Walk-in Psychiatric Emergency Services Clinic</i>	512-472-HELP (4357) http://www.integralcare.org/content/psychiatric-emergency-services-pes
Travis County Crisis Intervention Team <i>Emergency Response Involving Mental Health Crisis</i>	512-854-3445 512-974-0845

RESOURCES IN AUSTIN AND SURROUNDING AREAS	
Williamson County Crisis Intervention Team After Hours: <i>Crisis Intervention Assistance in Williamson County</i>	For Non-Emergencies email Lt. Golmon: dgolmon@wilco.org 512-943-1624 - Division Commander Deaton 512-864-8282 - For Non-Emergencies After Hours
Acute Inpatient Hospitalization	
Austin Lakes Hospital 1025 E. 32nd St., Austin, TX 78705 <i>Outpatient, Partial Hospitalization or Inpatient Care</i>	512-544-5253 http://austinlakeshospital.com/
Austin Oaks Hospital 1407 W. Stassney Ln., Austin, TX 78745 <i>Inpatient, Partial Hospitalization, Intensive Outpatient Programs; Detox</i>	512-440-4800 http://austinoakshospital.com/
Austin State Hospital 4110 Guadalupe St., Austin, TX 78751 <i>Inpatient Care</i>	512-452-0381 https://hhs.texas.gov/services/mental-health-substance-use/state-hospitals/austin-state-hospital
Rock Springs 700 SE Inner Loop, Georgetown, TX 78626 <i>Inpatient Care, Outpatient Treatment</i>	512-819-9400 http://www.rockspringshealth.com/
Seton Shoal Creek Hospital 3501 Mills Ave., Austin, TX 78731 <i>Inpatient Care</i>	512-324-2000 https://www.seton.net/locations/shoal-creek/
Residential Treatment	
The Arbor Treatment Center - West <i>Gender-specific programs; 90-day Treatment Program for Men, 12-month Aftercare, Recovery Mentoring Program, Structured Sober Living</i>	844-413-2690 http://thearbor.com/arbor-west/ https://thearbor.com/gender-specific-treatment-mens-womens-programs
The Arbor Treatment Center 1443 CR 103, Georgetown, TX 78626 <i>90-day Drug & Alcohol Rehab</i>	844-413-2690 http://thearbor.com/
Austin Recovery Center 4201 S. Congress Ave, Ste 202 Austin, TX 78745 <i>Inpatient & Outpatient Treatment</i>	512-697-8600 https://www.austinrecovery.org/service/residential/
Burning Tree Lodge 122 Fisher St., Elgin, TX 78621 <i>Long-term Inpatient Drug Rehab</i>	866-287-2877 512-285-5900 http://www.burningtree.com/
Covenant Hills Treatment Center 9 Brandt Rd., Boerne, TX 78006 <i>30-day Residential Treatment Program; Treatment of Co-occurring Disorders</i>	830-336-2300 http://covenanthillstreatment.com/

RESOURCES IN AUSTIN AND SURROUNDING AREAS	
The Last Resort Recovery Center 1620 FM 535, Smithville, TX 78957 <i>90-day Spiritual 12-step Immersion Program for Adult Men; Guidance for Chronic Relapse</i>	877-892-7997 512-982-9577 – men’s program http://www.lastresortrecovery.com/
OSAR (Outreach, Screening, Assessment & Referral) <i>Resource for Individuals Seeking Substance Abuse Treatment</i>	877-541-7905 http://dshs.texas.gov/sa/OSAR/
Promises Austin 840 CR 420, Spicewood, TX 78669 <i>Medical Detox, 35- or 60-day Residential Program, 7-day Evaluation</i>	512-808-4056 888-298-2240 https://www.promises.com/locations/promises-austin/?utm_source
The Ranch at Clear Springs 3662 Patton Lake Rd., Aquilla, TX 76622 <i>Medically Supervised Detoxification, Treatment for Alcoholism & Substance Abuse</i>	877-843-7262 http://www.clearspringsranch.com/
Right Step - Hill Country 440 Fischer Store Rd., Wimberley, TX 78676 <i>Residential Treatment, Residential Detox</i>	512-808-4057 844-768-0086 https://www.rightstep.com/locations/hill-country/
Salvation Army’s Adult Rehabilitation Centers Austin Adult Rehabilitation Center 4216 S. Congress Avenue Austin, TX 78745 <i>Residential Housing, Work, Group, & Individual Therapy, 6- month Commitment is Required</i>	800-SAL-ARMY (725-2769) 512-447-2272 https://www.salvationarmyusa.org/usn/combat-addiction/
Starlite Recovery Center 230 Mesa Verde Dr. E., Center Point, TX 78010 <i>30-35 Day Residential Treatment Program, Adult Detox; Offers Day Treatment As Well As IOP</i>	866-560-3812 http://www.starliterecovery.com/
Texas NeuroRehab Center 1106 W. Dittmar Rd., Austin, TX 78745 <i>Detox, Residential Treatment, Intensive Outpatient, Aftercare, Medical Rehab</i>	800-252-5151 512-444-4835 http://texasneurorehab.com/
Detox	
Sober Austin – Addiction & Recovery Community Resources Briarwood Detox Center 11711 North Lamar Blvd, Austin TX 78753	888-857-0557 https://soberaustin.com/ www.BriarwoodDetox.com
Private Pay/Private Insurance Ambulatory Detox	
Harold F. Adelman, MD 3007 Dawn Dr., Ste 106, Georgetown, TX 78628	512-943-4585
Craig Franke, MD Medical Director, Texas Star Recovery Program 1106 W. Dittmar Rd, Austin, TX 78745	512-462-6729 http://texasstarrecovery.com/about/physicians/

RESOURCES IN AUSTIN AND SURROUNDING AREAS	
David G. Jones, MD, MPH, ABAM Prudent Opiate Practices & Psychological Services (POPPS) 8700 Manchaca Rd., Ste 103, Austin, TX 78748 1130 Cottonwood Creek Trl, Ste B-1, Cedar Park, TX 78613	512-474-5904 (A) 512-986-7537 (CP) http://www.poppwebsite.com/
Matthew E. Masters, Jr., MD Austin Addiction Medicine Associates 2525 Wallingwood Dr., Bldg. 1, Ste 124, Austin, TX 78746	512-329-0435 http://www.drugfreeaustin.com/
William C. Nemeth, MD, PA Medical Director, Restore FX Program 4534 Westgate Blvd., Ste 112, Austin, TX 78745 <i>Addiction Medicine & Pain Rehabilitation</i>	512-439-7360 http://www.restorefx.com/our-team.html
North Austin 24 AA Group 1000 Prairie Trl., Austin, TX 78758	512-614-0184 http://www.northaustinfoundation.com/

APPENDIX D

Demographic form

DEMOGRAPHIC FORM– Please place a √ (or X) next to the statement that best describes you or write in a response in the area designated.

<p>1. Today's Date: _____</p> <p>2. Age: _____</p> <p>3. Highest level of Education Completed</p> <p><input type="checkbox"/> Elementary School</p> <p><input type="checkbox"/> Middle School</p> <p><input type="checkbox"/> High School</p> <p><input type="checkbox"/> Associates Degree</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctoral Degree</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>4. Partner relationship:</p> <p><input type="checkbox"/> significant other</p> <p><input type="checkbox"/> engaged</p> <p><input type="checkbox"/> dating</p> <p><input type="checkbox"/> single</p> <p><input type="checkbox"/> divorced</p> <p><input type="checkbox"/> widowed</p> <p><input type="checkbox"/> committed</p> <p>5. Paid Employment Status</p> <p><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>6. What is your current living arrangement?</p> <p><input type="checkbox"/> Apartment (alone)</p> <p><input type="checkbox"/> Apartment (with a roommate or roommates)</p> <p><input type="checkbox"/> Parents' home</p> <p><input type="checkbox"/> Home that I own</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Shelter</p>	<p>7. Gender</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Transgender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary</p> <p><input type="checkbox"/> Nonbinary</p> <p><input type="checkbox"/> Gender fluid</p> <p><input type="checkbox"/> If not listed here, please write in: _____</p>		
	<table border="1"> <tr> <td data-bbox="776 716 1133 1087"> <p>8. What are your preferred pronouns?</p> <p><input type="checkbox"/> He/Him/His</p> <p><input type="checkbox"/> She/Her/Hers</p> <p><input type="checkbox"/> They/Them/Theirs</p> <p><input type="checkbox"/> Ze/Hir/Hirs</p> </td> <td data-bbox="1133 716 1481 1087"> <p>9. What is your sexual orientation?</p> <p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Questioning</p> <p><input type="checkbox"/> Not listed, please write in: _____</p> </td> </tr> </table>	<p>8. What are your preferred pronouns?</p> <p><input type="checkbox"/> He/Him/His</p> <p><input type="checkbox"/> She/Her/Hers</p> <p><input type="checkbox"/> They/Them/Theirs</p> <p><input type="checkbox"/> Ze/Hir/Hirs</p>	<p>9. What is your sexual orientation?</p> <p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Questioning</p> <p><input type="checkbox"/> Not listed, please write in: _____</p>
<p>8. What are your preferred pronouns?</p> <p><input type="checkbox"/> He/Him/His</p> <p><input type="checkbox"/> She/Her/Hers</p> <p><input type="checkbox"/> They/Them/Theirs</p> <p><input type="checkbox"/> Ze/Hir/Hirs</p>	<p>9. What is your sexual orientation?</p> <p><input type="checkbox"/> Lesbian</p> <p><input type="checkbox"/> Gay</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Transgender</p> <p><input type="checkbox"/> Queer</p> <p><input type="checkbox"/> Questioning</p> <p><input type="checkbox"/> Not listed, please write in: _____</p>		
	<p>10. Race/Ethnicity/Culture: Recognizing the complexity of answering race/ethnicity/culture questions, please answer the following using the categories below by marking as many of the letter(s) that best describe your family and yourself.</p> <p>A. <input type="checkbox"/> American Indian or Alaskan Native</p> <p>B. <input type="checkbox"/> African-American, not of Hispanic origin</p> <p>C. <input type="checkbox"/> Asian or Pacific Islander</p> <p>D. <input type="checkbox"/> Hispanic</p> <p>E. <input type="checkbox"/> White, not of Hispanic origin.</p> <p>F. <input type="checkbox"/> Other (Please indicate) _____</p>		
<p>Thank you very much for taking the time to complete this interview and survey. If you have any questions or wish to obtain a copy of the results, please contact Kari McDonald at 512-296-9450 or kari.mcdonald@utexas.edu.</p>			

Adapted from Rolin-Kenny (2012) Background Questionnaire

APPENDIX E

Sample Questions

I'd like you to think about a time in your childhood (adolescence, adulthood) where you felt safe. What was that experience for you?

Probe 1) How old were you? (*lived time*)

Probe 2) Can you describe who was with you? (*lived human relation*)

Probe 3) Can you describe your surroundings? (*lived space*)

Tell me about a time, when you were a child (adolescent, adult) where you felt unsafe?

Probe 1) What were you feeling at the time? (*lived body*)

Probe 2) What else do you remember about that time? (*lived time*)

Tell me what safety means to you as a lesbian, gay, bisexual, transgender or queer person.

Probe 1) Did your feelings of safety affect your "coming out"? (*lived body*)

Probe 2) Did you feel more comfortable talking to certain people about your sexuality or gender identity? (*lived human relation*)

a) Who were those individuals? (*lived human relation*)

b) What made you feel safe talking with them? (*lived human relation*)

APPENDIX F

Sample Field Notes

Informant A

Participant has a short bleached haircut. Wearing jeans and a crop top. Prefers they/them pronouns. They sit through the interview with their backpack in front of them and pressed up against the table. When talking about their mom, their gaze wanders off and they smile at memories. They also smile when talking about difficult times and scary situations. They have experienced significant [issues] as a child and also admit to having anxiety. They originally identified as bisexual, then lesbian, and now lesbian/trans/nonbinary. It seems to be a fluid identification depending on where they are and who they are with. When discussing being nonbinary, they slump their shoulders and seem resigned to the fact that no one is going to understand and that it is safer to identify as lesbian than trans or nonbinary.

Informant B

_____ is tall and gangly and enters the room a little apologetically. She's got perfectly coiled ringlets, wears a stocking knit cap and has bright orange eyeshadow on. She has on black skinny jeans and a striped shirt with a blue jean jacket. She's very trendy and also very thin. She's wearing mascara and her eyelashes are really long. She seems comfortable talking and only occasionally pauses when speaking. She doesn't cry but sometimes seems on the verge of tearing up but then stops herself. She has had a traumatic past that is a familiar story for trans people...As she reveals more about her suicide attempt and suicidal ideation, I feel compelled to repeat several times that she is not feeling suicidal at the moment and doesn't have a plan. She continued to reassure me and feels that being able to take hormones has made a significant difference in feeling that way.

Informant C

As he talks about uncomfortable situations (such as with his parents and how they react or his culture and how strict it is), he begins pushing his chair further away from me and the table (the chair has wheels). His back is to the sliding doors and at one point, I considered warning him that he might back into it. He doesn't, so I don't say anything. He has groups of friends, each different in levels of what appears to be trust. He only reveals his true self (feelings, thoughts, gay-ness) to his really close circle of friends. He appears resigned to the fact that his parents will not support him (being gay) after he graduates and has made a plan for how to support himself without his family. For now, he feels like he has to stay closed off about his sexuality because they are 'footing the bill' so to speak.

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