**Efficacy of Supports Available to Marginalised Sexual Minority Youth Through an
Attachment Theoretical Lens**

by

Naseem Hedayatipoor

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Michael Kariwo, PhD
Research Supervisor
City University of Seattle

Dedication

This capstone is dedicated to my family, friends, and the resilient youth with whom I have had the pleasure of working throughout my career. The boundless love, support, and encouragement from my mother, father, and brother have been pivotal to my pursuit of academic studies. They have created space for my learning and understood and empowered me to help clients to find peace. I am grateful for the sacrifices that my mother and father have made as first-generation immigrants to provide me with the life lessons that I needed to learn and grow as an academic and an independent female and the empowerment to pursue my passion to help others. To my brother: You have nurtured my soul with your compassion, kindness, and unconditional support and given me the inspiration to continue when life became hard. To my close friend Tia: I dedicate this capstone to you for the countless hours that you encouraged me throughout my graduate studies. You have walked alongside me during periods when I struggled with my mental health and celebrated milestones with me. I am grateful that you have gifted me with years of unwavering and true friendship. Last, I hope that this capstone will bring a sense of safety and belonging to the youth who have felt unheard, misunderstood, and alone. I also devote this to the countless youth with whom I have worked who felt lost and displaced as they stood outside society's social, cultural, and normative boundaries. I hope that I have advocated for and empowered you to enable you to be seen and to have your voices heard.

Abstract

The prevalence of homeless youth in Canada has been increasing with over 30,000 youth homeless, and Indigenous and sexual- and gender-minority youth being overrepresented. A disparity exists amongst marginalised sexual-minority youth (MSMY) who experience bullying, victimisation, mental health challenges, and homelessness disproportionately to their cis-gendered peers. The author drew on existing literature to examine the unique needs of MSMY who are street involved, homeless, and/or transient and the efficacy of available community supports through an attachment theoretical lens. Common themes that the author synthesised from the literature are levels of victimisation, prevalence of relational and social trauma, cultural needs, and protective factors of sexual-minority youth (SMY). The findings suggest that systemic discrimination (i.e., sexism, racism), organisational systems (i.e., school systems, governments), adverse childhood experiences (ACEs) and relational trauma, and the lack of natural supports are associated with poor outcomes for MSMY. However, accessibility to resources, communities' acceptance, collaboration amongst professionals, and therapeutic tools such as affirmative cognitive behavioural therapy (CBT) and mindfulness interventions are associated with positive health outcomes. The literature review reveals a gap in research on MSMY in Canada, and further research in this area is warranted. Lastly, the author makes recommendations based on empirical findings and suggestions for future research.

Keywords: *sexual minority youth or adolescent*, *marginalisation*, *childhood trauma*, *attachment theory*, *relational trauma*, *mental health*, *sexual minority victimisation*

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Through an Attachment Theoretical Lens

The systemic gaps in the organisational fabric of our society perpetuate and increase the challenges and vulnerability of marginalised sexual-minority youth (MSMY) in Canada. In this paper I focus on the increased susceptibility of the maladaptive coping behaviours of MSMY who feel displaced and fall outside the boundaries that our predominantly heteronormative and cis-normative society sets (Kidd et al., 2021). The literature distinguished the disparity amongst homeless and marginalised lesbian, gay, bisexual, transgender, queer, and all other folks within the sexual minority community (LGBTQ+) youth with that among their cis-gendered counterparts (Abramovich & Shelton, 2017; Kidd et al., 2021; Saewyc et al., 2020). I will delve into the current literature to present information on the factors that contribute to the increased disparity amongst MSMY. The research question of why this disparity exists is encompassed within the parameters of the identified research problem that the rates of disparity among MSMY are continuing to increase. The goal of this paper is to synthesise current literature to identify the factors that contribute to the increased disparity amongst MSMY and investigate the efficacy of resources and supports available to this population. To promote a comprehensive understanding of the effectiveness of these supports, I will draw on and apply Ainsworth and Bowlby's (1991) research and findings on attachment theory and the implications for marginalised LGBTQ+ youth. I will present foundational knowledge about the differentiating needs, experiences, and gaps in services provision to the youth while making assessment if the supports are effective in meeting their needs. Drawing from the teachings of attachment theory and empirical evidence from the literature, I recognise the unique needs and experiences of these youth and recommend practical and meaningful ways in which mental health professionals can tailor resources and

supports. The salient themes from the literature findings, the gaps in research, and the challenges that sexual-minority youth (SMY) face can be synthesised and explained within the fundamentals of attachment theory.

In this paper I address the research problem by presenting (a) a brief background of the prevalence of the challenges that MSMY face; (b) a review of the current literature to gain a deeper understanding of their needs and challenges and the risk and protective factors that affect the vulnerability and risk of MSMY in their community; and (c) recommendations for mental health clinicians, community professionals, and future researchers; I weave the findings from the literature throughout the parameters of attachment theory. This will help the reader to frame the challenges that these youth face within the parameters of attachment theory; this perspective will ensure that my recommendations are practical and based on empirical academic studies and literature.

Justification

The literature identified various factors that demonstrate the need for additional research and inquiry into MSMY in Canada and the United States. First, the prevalence of homeless youth in Canada has been increasing since the first national survey in 2015; over 30,000 youth have been homeless, and Indigenous and sexual- and gender-minority youth are overrepresented in this population (Forge et al., 2018; Kidd et al., 2021). Although about 5% to 10% of Canadian youth identify as part of a sexual minority, homeless SMY account for 25% to 40% of the homeless population (Abramovich & Shelton, 2017). Additional factors, including identification as a young female, a sexual minority, or part of Indigenous subpopulation, also heighten the risk of adversity amongst the homeless youth population (Abramovich & Shelton, 2017). Furthermore, youth who identify as LGTBQ are also overrepresented in the child-welfare

system, are homeless longer, and are disproportionately forced out of their homes compared to heterosexual youth (Forge et al., 2018; Rusow et al., 2018).

The prevalence and increased risk level of mental-health challenges amongst MSMY is also evident in the research findings. Rusow et al. (2018) found that homelessness increases the risk of precipitating mental health symptoms for MSMY, including depression, posttraumatic stress disorder (PTSD), and suicidality. Further, suicide rates are the highest amongst LGBTQ youth, and suicide is a leading cause of death compared to their cis-gendered counterparts (Hatchel et al., 2019; Rusow et al., 2018). Abramovich and Shelton's (2017) mirror these that death by suicide is the leading cause of fatality amongst 15- to 24-year-old youths in Canada and represents 24% of all recorded deaths. Girouard et al. (2021) and Heiden et al. (2020) found that SMY youth are 29 times more likely to attempt suicide if they lose friends when they come out and 9.5 times more likely if they do not have psychological support from caregivers.

Homeless MSMY are also more at risk of various types of victimisation than their cis-gendered peers are: 51.1% compared to 34% of heterosexual youth (Forge et al., 2018). In addition to victimisation while they are homeless, SMY are overrepresented as victims of bullying and sexual and physical violence, both of which are nearly five times as likely to lead to severe mental-health symptoms; females are more susceptible (Girouard et al., 2021; Heiden et al., 2020). Abramovich and Shelton (2017) also reported heightened victimisation; they associated the absence of family contact with increased risk and distress amongst MSMY youth who have experienced sexual violence.

Last, I am concerned about MSMY because Alberta's increasingly polarising political climate has shifted the provincial legislation that governs the educational system and therefore directly impacted Gay Straight Alliances (GSAs) in schools. As per the 2015 amendment of the

School Act (CanLII, 2000), principals could immediately grant permission for the creation of student groups to promote equality and nondiscrimination and create "a welcoming, caring, respectful and safe learning environment that respects diversity and fosters a sense of belonging" (s. 50.1; s. 16.1(6)) and could inform parents only that a GSA group existed in the school. However, in 2019 Alberta's United Conservative government amended the GSA provisions and introduced Bill 8: The Education Amendment Act (Legislative Assembly of Alberta, 2019). Effective September 2019, the new amendments allow the disclosure of students' participation in GSA groups to their parents at the discretion of school officials. This setback in sexual-minority protections has created an alarming reality for students as they no longer have safeguards in school, and school officials can disclose their participation and involvement in GSAs to their caregivers. In addition to provincial hindrances, conversion-therapy practices (CTPs) are still prevalent in Canada; 1 in 10 sexual-minority men have disclosed that they have undergone CTPs, and those with lower incomes and Indigenous, racialised, and gender-diverse persons are disproportionately represented (Salway et al., 2021). The aim of CTPs is to alter nonconforming expressions of gender and/or sexual orientation (i.e., lesbian, gay, queer, etc.) to a heterosexual expression (Salway et al., 2021). Despite the recent efforts in November 2021 of the Minister of Justice and Attorney General of Canada to criminalise CTPs in Canada, it is evident that the Alberta's culture continues to perpetuate the systematic victimisation of sexual-minority folks.

Research Problem

In this paper I explore the increasing disparity among and worsening circumstances for MSMY in the community compared to those of their cis-gendered counterparts. These youth have often experienced multigenerational trauma and might lack a sense of belonging and acceptance from their community, and they cope through maladaptive behaviours such as

substance use (Eisenberg et al., 2018). In addition to substance use, LGBTQ+ youth who are homeless are also more likely to be victimised and face subsequent mental-health challenges (Eisenberg et al., 2018). I also explore this prevalent issue to identify the variables that contribute to the increased numbers of homeless LGBTQ+ youth. Understanding the factors that contribute to this problem will help mental-health and community supports to implement proactive interventions to challenge the cycle of disparity amongst this population. Further, early intervention and relational healing from a space of acceptance and compassion are protective factors for MSMY and help them to feel safe in their community (Kidd et al., 2021). Children who lack a sense of belonging and connection can have increased negative health outcomes, including physical and mental deficits (Perry, 2007). Perry and Szalavitz (2007) emphasised the importance of early intervention for children who have experienced childhood trauma and noted that "you cannot love yourself unless you have been loved and are loved; [therefore,] the capacity to love cannot be built in isolation" (p. 220). In the literature review I discuss the importance of social support and relational healing, which, as I have observed in my employment experience, is pivotal in fostering a sense of security and belonging for MSMY.

Purpose of the Study

The main purpose of this paper is to review the literature to investigate why the rates of disparity and homelessness for MSMY are higher than they are among their cis-gendered counterparts, assess the resources available to support the mental health of MSMY, and address the risk factors associated with the disparities. Specifically, the study will answer the research questions itemized in the next section.

Research Question

My research question, based on the social problem that I identified above, is as follows: "What factors contribute to the increased disparity amongst homeless sexual minority youth compared to their cis-gendered counterparts in the community?" In addition, I will simultaneously answer the following subsidiary question: "What types of resources are effective in supporting the needs of homeless SMY in their respective communities?"

Significance of the Study

In this capstone I have targeted mental-health professionals in the field of counselling and in educational settings and community programs who work with SMY. The findings from this paper will support mental-health professionals such as psychologists and counsellors in schools and the community to implement additional programming and supports to meet the needs of SMY specifically. Nonetheless, because of the pervasiveness of SMY in the community, the information in this capstone will benefit all individuals who work or interact with SMY, including advocates, researchers, and social workers because supports for SMY enhance the protective factors and reduce the risk of mental-health symptoms amongst MSMY (Shattuck et al., 2020). Additionally, the findings of this paper will benefit educators and interested folks as it will increase their awareness of the lived experiences of sexual minority folks, support increased advocacy, and lessen the stigma and social stereotypes facing this population.

Researcher Background

I have many years of experience in working with at-risk and high-risk youth within various settings, including group homes and low-income community programs, as well as with youth in the child-welfare system who have been removed from the care of their guardians. I have witnessed the additional social stigmatisation, internalised negative self-concepts and

beliefs, and victimisation that MSMY face. Victimisation because of their sexual and gender orientations stems from the rejection of family members and peers, cultural and religious shaming, and public scrutiny. It is interesting to note that some MSMY also face ostracisation from peers within their street communities (the sexual-minority community, gangs, and other groups).

Specific to MSMY, I have worked closely with numerous homeless youth who identify as sexual minorities. I was drawn to this research inquiry because I have witnessed the victimization of youth from both their cis-gendered peers and members of sexual-minority groups because they did not fit into the heteronormative standards of sexuality or fully fit into their group of SMY. Further, I worked closely with various youth whose families rejected them because they perceived that their sexual and gender identity brought shame and dishonour to their families. The cultures and religions of many of these youth prohibit alternative sexual and gender identities. It is particularly disheartening to witness the shaming of the identity of children and youth who have been torn apart and rejected by those whom they love. I have seen youth lose layers of their identity over time as they feel that not only their families, but also their peers and spiritual and religious affiliations have rejected them, in addition to their being homeless and facing multitudes of social stigma. I decided to research why the rates of disparity are continuing to increase amongst MSMY and not only analyse the current literature, but also increase my own competency and awareness as I continue to work with this population.

Definitions

In this section I define the terms and concepts that I use throughout this paper. I refer to folks who identify as lesbian, gay, bisexual, transgender, transsexual, 2/two-spirit, queer, questioning, intersex, asexual, ally, or any other form of nonbinary gender or sexual orientation

or preference as *sexual-minority youth* (*SMY*). The abbreviation *LGBTQ+* refers to lesbian, gay,

bisexual, transgender, and/or queer folks, and + symbolises all other folks within the sexual

minority community; it is an all-encompassing term for all folks who do not fall within the

bounds of heteronormative and/or heterosexual expressions of sexuality and whose sex at birth

does not align with their identified gender or sexual orientation. We often refer to the LGBTQ+

community as the *queer* or *rainbow community*. I also refer to the term *marginalised sexual*

minority youth (*MSMY*) as an all-encompassing term for those who do not fall within the bounds

of heteronormative and/or heterosexual expressions of sexuality. Further, within the context of

this paper, *youth* refers to folks whose age during the time of the study fell between early

adolescence (12 years old) and late adolescence (19 years old). It is important to consider that

much of the research that I review in this paper included participants who ages were outside this

specified range; I will discuss the lack of research within this specific age rage and population in

the Limitations section.

Last, in this paper I adhere to the *Canadian Code of Ethics for Psychologists*' (Canadian

Psychological Association [CPA], 2017) definition of vulnerable populations as individuals

whose

> dignity, well-being and best interests are more easily violated due to . . . [factors that
> include the] (a) characteristics of the individual or group, . . . (b) level of voluntary
> consent/assent, . . . (c) interests of individual or group compete with interests of more
> powerful individual(s) or group . . . and (d) high risk of harm. (p. 10)

The marginalisation and increased vulnerability of this population is one of the primary reasons

that I decided to focus my research on MSMY. In the next sections I discuss the prevalence of

the challenges that these youth face, the gaps in research on transient and homeless SMY, and

the efficacy of available resources to support their distinct needs.

Attachment Theoretical Framework

In this paper I merge the attachment-theory framework with my review of the body of literature to examine and understand the lived experiences of MSMY. I consider the application of queer theory to MSMY in this paper because this framework challenges the existing social, political, and hierarchical systems and organisations, which perpetuate social inequality and sex-based bias towards sexual minorities (Elliott, 2016). Although queer theory expands our understanding of the interplay of oppressive factors such as cultural/religious homophobia and gender normativity while challenging the institutions that perpetuate stigma, I found that queer theory has some limitations. Smith (2010) discussed one of these limitations and critiqued queer theory as adhering to the White, middle-class identity while dismissing other identities (race, culture, etc.) that contribute to an individual's experience. Further, few researchers have applied queer theory specifically to homeless SMY; therefore, although queer theory effectively applies to studies on SMY, the homeless youth population is not an adequate scope for this literature review. However, attachment theory is more applicable as it encompasses an understanding of the antecedent factors, current circumstances, and future implications for the lack of interventions for MSMY. Therefore, I interweave attachment theory throughout this paper to promote a reactive understanding and proactive measures to support MSMY.

The incorporation of attachment theory will ground the research findings and the lived experiences of MSMY within the interpretive scope of the impacts of attachment and relational trauma. I provide empirical data and studies to demonstrate the commonalities between the concepts of attachment theory and the findings from the literature on MSMY. Consequently, the foundations of attachment theory will help to shift the trajectory for these youth because of our understanding of the antecedent factors and their early childhood experiences and lead to

effective and practical interventions. Therefore, the dualistic nature of this paper offers a unique opportunity to highlight the gap in the literature on minimal research on MSMY in Canada, increase the awareness of their experiences, and generate intentional dialogue on accessible and meaningful supports. Last, my primary goal in this paper is to improve accessibility to and the efficacy of available services and supports for these youths and ensure that they are not forgotten within the various social, organisational, and political systems.

I will also use attachment theory as a compass for my examination of the findings from the literature and my exploration of the risk factors and needs of MSMY. Our understanding of attachment theory is based on the joint work of John Bowlby, who initially focused on attachment behavioural systems with regard to the separation of parents and infants, and Mary Ainsworth, who explored caregivers as a secure base for their children (Ainsworth & Bowlby, 1991). Bowlby (1951) explained that a child "should experience a warm, intimate, and continuous relationship with his mother in which both find satisfaction and enjoyment, . . . and each needs to feel closely identified with the other" (p. 13). Children who are deprived of such parental care in the early years of life are more likely to face mental-health challenges as adults, as well as social, intellectual, and physical hindrances in their development (Bowlby, 1951). Ainsworth and Bowlby's (1991) suggested that the relationships between infants and their caregivers affect the development of adult attachment styles with romantic partners and/or peers. They further explained that these attachments influence the associations between feelings and internal relationships, assign meanings to interactions, and can shift our perspectives on the world. The intricacies of human experiences and the subsequent meaning making stem from our connection to others and begin to develop in utero and continue into infancy, and caregivers play a crucial role in fostering and nourishing our sense of security and growth. Consequently,

childhood adversity and certain attachment styles such as fearful or anxious can significantly predict disruptions to children's developmental milestones (Gwadz et al., 2004). Gwadz et al. (2004) found that young men with fearful attachment styles who have sex with men are more likely to have a negative view of themselves and others as a result of their ostracisation from the primary protective systems within the family and in educational and employment settings. They also found that male youth who have sex with men are less likely to develop resilience, which manifests largely through relationships with others.

Correspondingly, research on sexual minorities has incorporated the rejection sensitivity model, which helps to understand that the feelings, thoughts, and behaviours related to rejection and active avoidance of future rejection are rooted in early childhood experiences of rejection (Feinstein, 2020). These early negative experiences increase children's defensive and anxious state and create a protective safeguard to detect and respond to social threats such as rejection (Feinstein, 2020). Therefore, there is a correlation between the rejection sensitivity model and attachment theory, because they both emphasise the influence of adverse early-childhood experiences in the adult development of indiscriminately activated responses to stimuli (i.e., social and relational connections). The implications of these adverse experiences and relational trauma also manifest in our physiological development, when the trauma becomes trapped within our systems (Van der Kolk, 2015). The entrapment and suppression of trauma form a 'survival brain,' which inhibits the capacity to assess danger and safety and contributes to the various levels of emotional dysregulation and disconnection that Feinstein (2020) and Gwadz et al. (2004). However, few researchers have directly applied attachment theory to an examination of the experiences of SMY who are also street involved and marginalised in society. The lack of research on this specific population is worrisome because it demonstrates the absence of

awareness of the barriers, challenges, and trauma symptoms that this population faces and hence, might contribute to the documented disparities between SMY and their cis-gendered peers.

Literature Review

In this literature review I synthesise recently published articles and classic and seminal references to identify themes, gaps, and noteworthy findings relevant to this research inquiry. Initially, I began the literature review process by searching electronic databases, including the University of Alberta library database, Google Scholar, ProQuest, EBSCO Academic Search Complete, and the City University library database and generally reviewing printed books and textbooks. After I gained a general understanding of the current studies and literature relevant to this topic, I used specific keywords to narrow the scope of studies to my inclusion criteria, the specific research problem, and my research question. Keywords that helped to tailor the articles to this topic included *sexual minority or LGTBQ adolescent and homeless*, *queer youth and marginalisation*, *mental health and homeless LGTBQ youth*, and *LGTBQ youth and homeless or marginalised*. I incorporated additional keywords such as *supports or resources*, *attachment theory*, *relational trauma*, and *childhood trauma* to find articles in which the experiences of SMY and the attachment theorical framework merged.

Initially, I review the prevalence of mental health and substance use amongst MSMY followed by rates of victimisation that perpetuate poor mental health and the increased substance abuse of MSMY and SMY. Next, I discuss the role of social stigmatisation and relational trauma, which heighten the negative experiences of MSMY. Following this, I discuss the unique cultural and social factors that influence the healing of MSMY and the required competencies to support it. I conclude the literature review with a discussion of the shifts in approaches to the MSMY

research and resources that researchers have empirically found effectively support the distinct needs of MSMY.

At the conclusion of this review, I note the gaps in and various limitations of the literature. Although researchers have conducted a significant body of quantitative research SMY, they have conducted minimal research on marginalised SMY who are transient, homeless, or otherwise unstably housed. Further to this point, I found a limited number of qualitative studies that focused on MSMY in Canada, which limits the scope of the understanding of their lived intersectional experiences. I will discuss the shortcomings of the literature in the Limitations section of this paper.

Prevalence of Mental Health and Substance Use

A prevailing commonality that emerged from the literature is the increased risk of mental-health challenges, suicidality, and self-harming behaviours that disproportionately affect youth who identify as LGBTQ+ (Gnan et al., 2019). Further, Gnan et al. (2019) found that the negative experiences of LGBTQ+ students who identify as sexual minorities increases the risks for mental-health problems, suicide, and self-harm. They studied the outcomes of mental-health problems, the use of mental-health services, suicide risk, and self-harm amongst youth and found that the factors that are significantly associated with at least one outcome include identifying as "bisexual; thinking they were LGBTQ under the age of 10, . . . not feeling accepted where they live; having no out staff at university and experiencing LGBTQ-related crime" (p. 1397). However, the intersectionality of marginalisation, homelessness, and sexual identification of SMY increases their risk of mental-health problems and substance abuse (Abramovich & Shelton, 2017; Rusow et al., 2018). In their study Rusow et al. (2018) found that 23% of the youth who contacted the LGBTQ crisis line reported being homeless and that their families

rejected them when they disclosed their sexuality or gender. They also found that the rates of rejection are associated with the increased odds of homelessness and that homeless youth have a higher rate of suicide attempts, depression, PTSD, and feelings of being burdens on others.

The association between poor mental-health symptoms and the increased prevalence of substance abuse is greater amongst MSMY (Dawson et al., 2020; Kidd et al., 2021; Stein et al., 2009). Dawson et al. (2020) noted an increased prevalence of substance use amongst homeless youth, the majority of whom reported tobacco use (78%), followed by binge drinking (69%), prescription-drug use for nonmedical reasons (29%), and illegal-drug use in the past year (51%). They found that substance use is significantly correlated with mental-health symptoms as 80% of their participants met the diagnostic threshold for PTSD, 74% for depression, and 51% for at least moderate anxiety. Similarly, Kidd et al. (2021) also researched associations among drug overdoses, substance use, and mental health; over one third of the homeless youth in their study reported at least one suicide attempt and at least one drug overdose that required hospitalisation. Kidd et al. found that the age of homelessness correlates with mental-health distress, which is significantly associated with substance abuse. This finding is in line with findings of Gnan et al. (2019), who noted that coming out before the age of 16 years is associated with mental-health symptoms and increased victimisation.

Victimisation

The connection between mind and body is crucial in the recognition of danger, self-awareness, and self-regulation (Van der Kolk, 2015). However, victimisation can limit the capacity to create this connection, which can lead to long-lasting social, cognitive, and emotional impediments that affect social and physical development. According to Girouard et al. (2021), difficulties with regulating emotions mediated their finding that bullying victimisation is directly

associated with lower sexual desire and arousal difficulties, higher sexual distress, and more orgasmic-function difficulties. Other researchers such as Van der Kolk (2015) and Perry and Szalavitz (2007) supported Girouard et al.'s suggestion that trauma from bullying victimisation can fragment the mind-body connection; they elaborated that chronic disconnection can lead to dissociation and avoidant symptoms in survivors of trauma.

In addition, peer victimisation, depressive symptoms, and the intention to use drugs are predictable factors in SMY's suicidal ideation and attempts. Hatchel et al. (2019) reported that the predictability of suicide ideation is the higher amongst youth with depressive symptoms because they are less likely to seek help when they are distressed.

Relational Trauma

Interpersonal experiences and connections play an important role in our understanding of ourselves and help us to navigate our communities (Eisenberg et al., 2018). Social relations can be categorised within the social ecological (socioecological) model, which involves the complex and dynamic interplay between individual relationships and community and social factors (Eisenberg et al., 2018). At an individual level, SMY have higher rates of internalised guilt because they feel that they are a burden on others and lack a sense of belonging (Hatchel et al., 2019). The prevalence of mental-health symptoms, particularly higher rates of suicide, suicide attempts, and depression, suggest the internalised negative beliefs of many MSMY (Eisenberg et al., 2018; Hatchel et al., 2019). Austin and Craig (2015) demonstrated the interplay between internalised self-concepts, interpersonal relationships, and larger community factors. They linked individual and societal factors and found that perceptions of masculinity or femininity in society affect SMY because they confuse transgender youth who do not conform to either concept.

In addition to societal considerations, SMY have reported higher rates of challenging family dynamics and adverse childhood experiences (ACEs), which are associated with increased interpersonal trauma and poor mental health (Austin & Craig, 2015; Feinstein, 2020; Rusow et al., 2018). ACEs and histories of childhood maltreatment are positively associated with adults who identify as a sexual minority (Corliss et al., 2002). Corliss et al. (2002) suggested that identification as a sexual minority places these folks outside the societally acceptable heterosexual boundaries; therefore, identifying as a sexual minority in and of itself can be a risk factor in their increased victimisation. Furthermore, folks who identify as a sexual minority have reported higher rates and more extreme forms of childhood physical abuse from their guardians compared with heterosexual individuals (Alvy et al., 2013; Corliss et al., 2002). Specifically, sexual minority women have reported higher rates of childhood sexual abuse (Alvy et al., 2013) and major physical maltreatment from both maternal and paternal guardians, whereas men have reported emotional and physical maltreatment from maternal guardians and major physical abuse from paternal guardians (Corliss et al., 2002). Further, SMY with an earlier sexual debut have reported more strained relationships with their mothers compared to other adolescents (Brown et al., 2015). Subsequently, ACE abuse can contribute to the increasing mental health challenges, substance abuse, negative physical and psychological health, and poor educational and economic outcomes amongst MSMY (Brown et al., 2015; Corliss et al., 2002; Dawson et al., 2020; Gnan et al., 2019). The increased prevalence of ACEs amongst sexual-minority folks is significant because of their potentially long-term implications. The close relationships and connections of SMY who are exposed to ACEs can contribute to their reported earlier sexual debut, which is also linked to an increased likelihood of sexual abuse (Lin et al., 2011, as cited in Brown et al., 2015) and physical abuse during childhood and poor reproductive health after adolescence.

Therefore, SMY report higher rates of ACEs and poor interpersonal relationships with their families of origin. Moreover, the age of sexual debut and identification as a sexual minority is an additional risk factor for this population.

Regarding peer relations, researchers have found that SMY also experience ostracisation from peers within their sexual-minority community (Austin & Crag, 2015; Feinstein, 2020). The concept of relational trauma for MSMY is often based on their relationship with themselves, their natural and peer networks, and the larger social systems; it includes systemic discrimination, stigma, and polarising views of sexual expression and mental health (Austin & Craig, 2015). A participant in Austin and Craig's (2015) study stated the following:

> I think that's why a lot of adults also judge, you know, the homosexuals, cuz they don't see it like an often thing and they don't consider it like normal. Like my mom says, that's not part of our community. That's what my mom says, it's not part of the community and that people, um, society basically sees people like that, like aliens. (p. 571)

The fact that this participant referred to himself as an "alien" highlights the common experience of many SMY who often lack a sense of belonging and acceptance in their social worlds (Hatchel et al., 2019). This quotation captures the oppression and discriminatory perceptions at multiple social levels that impact youth who identify as a sexual minority.

Cultural Competency

The transitional phases in adolescence can be a difficult and confusing period for many youths as they develop their sense of identity, navigate social dynamics, and situate themselves in the world. This time can also be increasingly confusing and challenging for SMY who are exploring their individuality and discovering that they do not fit into the assigned sexual and gender norms in society (Austin & Craig, 2015). The cultural and sociocultural competency of individuals who provide services to SMY is important to ensure that the supports are appropriate and proficient. Austin and Craig (2015) expanded on this sentiment and noted the additional

stressors and complexities that culturally diverse SMY face if their culture and society have predetermined their orientation within rigid parameters of sexual orientation, gender identity, and gender expression. They stressed that it is important that community-based programs and resource persons ensure cultural competency to support culturally diverse youth by educating themselves on SMY and passing their knowledge to youth who need additional guidance and support to understand their experience.

Sociocultural Competency

Social competency extends beyond social skills to the capacity to comprehend and integrate thoughts and feelings through meaningful and intentional interactions (Barbosa Romera Leme et al., 2016). Higher levels of social competency are also positively correlated with the social-emotional development, psychosocial adjustment, and overall quality of life of adolescents (Barbosa Romera Leme et al., 2016). The social competency of educators and professionals plays an important role in creating safe spaces for MSMY who are increasingly attuned to the mannerisms, behaviours, and language of those around them as a result of their heightened experiences of trauma (Van der Kolk, 2015). The findings in the literature indicate that, despite the prevalence of mental-health issues, substance-abuse, and social stigma, SMY who have supportive interpersonal and community supports are more likely to feel supported and safe in their respective communities (Eisenberg et al., 2018; Hatchel et al., 2019; Kidd et al., 2021). SMY have reported that the most valuable resources are supportive and socially competent interpersonal supports, such as family, teachers, and friends, who are nonjudgmental and respect their identified pronouns (Eisenberg et al., 2018). Schools have a role in implementing trauma-informed interventions to increase the social competency of educators to create safe and positive environments for SMY (Heiden et al., 2020). Further, Eisenberg et al. (2018) found that

organisational and institutional supports, including the programs that SMY-serving organisations offer, safe spaces, and community events (e.g., Pride festival) that also enhance adolescents' development are valuable to MSMY. Professionals and community workers who actively pursue and acquire knowledge and skills to work with sexual minorities are more likely to support SMY, thus, facilitate cultural and social competence through their professional development (Craig et al., 2015).

Current Supports for SMY

The current supports for homeless SMY fall within varying levels of accessibility. The literature reflected a shift in the understanding of the disparities amongst SMY to a more structural and systemic approach. The increased focus on the importance of interpersonal relationships and relational supports for these youth deviates from the negative portrayal of them to a more compassionate and understanding perception. Further to this point, researchers have drawn from various theories, including minority stress theory, to support their findings that sexual minority folks face disproportionate mental-health challenges compared to heterosexual individuals (Feinstein, 2020; Gnan et al., 2019; Hatchel et al., 2019). Minority stress theory applies to studies of sexual minorities because it suggests that these disproportionate challenges result from the increased social stigma that sexual minorities experience that leads to distal minority stressors (external stressors; e.g., discrimination) and proximal minority stressors (e.g., internalised stigma; Feinstein, 2020). Minority stress theory supports the increased awareness of the increased prevalence of risk for this population because it points out the perpetuating social factors.

As I discussed previously, the study findings stress the effectiveness of community and school-based supports in creating a safe and nonjudgmental space and reducing the risk factors

for SMY and MSMY (Heiden et al., 2020; Shattuck et al., 2020). Shattuck et al. (2020) found that structural and organisational structures often make sexual- and gender-minority youth (SGMY) invisible. They found that schools that change their policies and implement health curricula create safe zones, modify physical spaces (e.g., gender-neutral bathrooms), and continue to train their staff to develop professional skills to combat disparities amongst SGMY enhance the normalisation of, advocacy for, and visibility of SGMY. The findings show that after the use of the Reducing LGBTQ+ Adolescent Suicide (RLAS) program, staff become more aware, SGMY become more normalised in their schools, and administrators encourage staff participation in SGMY training. Shattuck et al. suggested that the first step is to implement the initial RLAS program, but that staff need to continue to learn about appropriate terminology to use with SMY youth and combat the misperception of invisibility of SGMY decrease the disparity that they face and advocate on their behalf.

Lastly, discussions and assessments of the accessibility of resources for marginalised SMY in the literature are limited. However, Rusow et al. (2018) found that many SMY, including actively homeless youth, access the LGBTQ crisis telephone line for support. They noted that increasing the awareness of service providers to better equip them to support LGBtQ youth during crisis situations is beneficial in tailoring their support. This finding suggests that technology plays an important role in facilitating access to appropriate resources for MSMY who might not have other means of reaching out for support. Still, this crisis-intervention resource is a reactive support to immediate stabilisation of MSMY and does not proactively prevent and combat the underlying catalysts that foster crises for these youth. Based on this limitation, I recommend further research on proactive rather than reactive supports for MSMY by increasing the efficacy of technology and the benefits of call centres. Also, the lack of accessibility to

community resources for homeless SMY who actively use illicit substances is also a barrier to access to appropriate medical care (Hatchel et al., 2019). Hatchel et al. (2019) found that increasing their accessibility to mental-health treatments and promoting supportive and safe spaces in the community have favourable health outcomes for MSMY who follow through and access the available supports (Hatchel et al., 2019).

Methodological Analysis of Current Research

In this section I review 10 core articles (see Table 1) and discuss the researchers' methodological analyses to understand why the rates of disparity are higher amongst SMY In my search for literature, I found seven quantitative and three qualitative core articles and incorporated the findings from two classic references from John Bowlby's and Mary Ainsworth's work on attachment theory (see Table 1 for a summary of the analyses). The intention of this literature review is to familiarise the readers of current research in this field, present common themes, and noteworthy observations that emerged from the literature on MSMY.

I begin by considering the backgrounds and roles of the researchers and then discuss the methodological approaches that the researchers used to conduct and analyse their research on SMY. In this section I outline, review, and critique the research paradigms, participants, data collection and analysis, recommendations, and limitations of the seven qualitative and three qualitative core articles.

Table 1

Summary of Primary Articles Selected for Review

Author(s)	Title	Year	Methodology	Research inquiry and findings
Austin, A., & Craig, S. L.	Empirically Supported Interventions for Sexual and Gender Minority Youth	2015	Qualitative	• Incorporated affirmative practice with traditional Cognitive Behavioural Therapy • Findings: Youth need to cope with notions of heterosexism, homophobia, and transphobia within their family, school, cultural, and community networks. • The need to support culturally diverse youth understand their experiences of sex and gender within their respective cultural context.
Craig, S. L., Doiron, C., & Dillon, F.	Cultivating Professional Allies for Sexual Minority Youth: A Community-Based Educational Intervention	2015	Quantitative	• Investigated learning outcomes following participation in the community-based educational interventions • Findings: Increased skills, knowledge and self-efficacy of participants in the community-based educational interventions increased cultural and professional competency and decreased negative attitudes of SMY
Dawson, R. C., Shehadeh, D., Hao, J., Barnard, J., Khoddam, K. L. (Ladi), Leonard, A., Clark, K., Kersey, E., Mousseau, H., Frank, J., Miller, A., Carrico, A., Schustack, A., & Cuca, Y. P.	Trauma, Substance Use, and Mental Health Symptoms in Transitional Age Youth Experiencing Homelessness	2020	Quantitative, cross-sectional	• Substance use was significantly correlated with mental health symptoms, however, was not significantly correlated with trauma. • One's response to trauma is influenced by accessibility to available resources • Researchers note that this population is at a disadvantage due to inaccessibility to supports compared to those with stable housing.
Eisenberg, M. E., Mehus, C. J., Saewyc, E. M., Corliss, H. L., Gower, A. L., Sullivan, R., & Porta, C. M.	Helping Young People Stay Afloat: A Qualitative Study of Community Resources and Supports for LGBTQ Adolescents in the United States and Canada	2018	Qualitative, multisite	• Greatest support for youth is non-judgmental interpersonal relationships and safe and supportive spaces in the community. • Focused on lived experiences of youth

(table continues)

Author(s)	Title	Year	Methodology	Research inquiry and findings
Girouard, A., Dion, J., Bőthe, B., O'Sullivan, L., & Bergeron, S.	Bullying Victimization and Sexual Wellbeing in Sexually Active Heterosexual, Cisgender and Sexual/Gender Minority Adolescents: The Mediating Role of Emotion Regulation	2021	Quantitative, cross-sectional	• Explored difficulties in emotion regulation to assess associations between bullying victimisation and sexual well-being • Findings: Higher emotion regulation difficulties mediated their findings of bullying victimisation being directly and negatively associated with difficulties in sexual desire/arousal and positively with sexual distress.
Gnan, G. H., Rahman, Q., Ussher, G., Baker, D., West, E., & Rimes, K. A.	General and LGBTQ-Specific Factors Associated With Mental Health and Suicide Risk Among LGBTQ Students	2019	Quantitative, exploratory analysis	• LGTBQ university students have higher rates of risk of self-harm, suicide and mental health challenges (depression and comorbid suicide risk for females). • Risk factors include identifying as bisexual, identifying as female, sexual abuse and adverse childhood experiences and the age of coming out without a healthy support network • Peer or natural support networks and feeling accepted reduce associated risks to the outcomes
Hatchel, T., Ingram, K. M., Mintz, S., Hartley, C., Valido, A., Espelage, D. L., & Wyman, P.	Predictors of Suicidal Ideation and Attempts Among LGBTQ Adolescents: The Roles of Help-Seeking Beliefs, Peer Victimization, Depressive Symptoms, and Drug Use	2019	Quantitative, cross-sectional	• Used interpersonal theory of suicide and minority stress theory to support findings that lacking a sense of belonging and feeling like a burden to others may contribute to LGTBQ youth's increased risk of suicidal thoughts and behaviour
Rusow, J. A., Goldbach, J. T., Rhoades, H., Bond, D., Lanteigne, A., & Fulginiti, A.	Homelessness, Mental Health and Suicidality Among LGBTQ Youth Accessing Crisis Services	2018	Quantitative, cross-sectional	• Homelessness was prevalent amongst those who contacted the LGTBQ crisis line. • Rates of rejection were associated with increased risk of youth becoming homeless. • Homeless youth had higher rates of depression, PTSD, feeling they were a burden and were more likely to attempt suicide.

(table continues)

Author(s)	Title	Year	Methodology	Research inquiry and findings
Saewyc, E. M., Li, G., Gower, A. L., Watson, R. J., Erickson, D., Corliss, H. L., & Eisenberg, M. E.	The Link Between LGBTQ-Supportive Communities, Progressive Political Climate, and Suicidality Among Sexual Minority adolescents in Canada	2020	Quantitative	• Goal: investigate the impact of community-level LGBTQ supports on the mental health of sexual minority adolescents in western Canada • Findings: Higher levels of LGBTQ-supportive community resources and progressive social climates associated with lower suicidal ideation, suicide attempts, and self-harm.
Shattuck, D. G., Willging, C. E., & Green, A. E.	Applying a Structural-Competency Framework to the Implementation of Strategies to Reduce Disparities for Sexual and Gender Minority Youth	2020	Qualitative	• Research inquiry: role of schools in decreasing the risk of adverse health outcomes for sexual and gender minority youths. • Findings: Implementation of Resource Teams within schools increased the awareness and normalisation of SGMY • Found that the political, economic and social systems often perpetuate disparities.

Researcher Roles

As per the *Canadian Code of Ethics for Psychologists* (CPA, 2017), the selection processes are important to consider to ensure that the facilitators were knowledgeable and experienced, worked in multidisciplinary teams on possibly triggering subject matter, and were aware of the cultural and religious norms (CPA, 2017). Adhering closely to these guidelines, Eisenberg et al. (2018) recruited six young female graduates as interviewers who were not only aware of, respected, and were knowledgeable about LGBTQ folks, but also identified as part of the LGBTQ community themselves. Similarly to the diverse demographics of the interviewers, the research teams also consisted of people from various ethnicities, sexual orientations, genders, ages, and academic levels. These factors help to build rapport among the participants, interviewers, and researchers. Further, Craig et al. (2015) recruited facilitators based on their experience of delivering training to service providers and provided them with a three-hour orientation prior to the commencement of their study. The group included two academics and people from three community organisations.

Other researchers such as Austin and Craig (2015) included social-work and psychology graduate students (Girouard et al., 2021). However, I found a noticeable gap in clarity of the researchers' roles in the studies that I reviewed for this paper. This limitation in the documentation of the researchers' roles undermines the importance of careful and appropriate recruitment of facilitators and researchers, especially for studies in which the researchers used constructionist paradigms. The background and diversity of the facilitators and researchers is influential in the analyses, syntheses, and interpretations of the data.

Methodology

I begin by describing the parameters of qualitative and quantitative research methods. Next, I integrate all of the qualitative studies with regard to their respective research paradigms, participant demographics, and data-collection and -analysis methods. I follow the same process for the quantitative articles and then discuss the roles of the researchers, significant findings, and limitations in the literature.

The researchers of three studies that I reviewed used a qualitative methodological approach. Qualitative methodology involves emic and inductive approaches to collect, analyse, and interpret data and derive theories by constructing and attributing meanings to patterns in the data (Creswell & Creswell, 2018; Merriam & Tisdell, 2016). Creswell and Creswell (2018) explained five common qualitative approaches: phenomenology, narrative inquiry, grounded theory, ethnography, and case study. Assumptions and theoretical frameworks lay the groundwork for qualitative researchers to gain an understanding of a research problem prior to the employment of various qualitative methods to collect their data (Creswell, 2013, as cited in Creswell & Poth, 2018). Researchers use tools to collect data that include open-ended interviews, focus groups, and observations, and they explain and theorise about phenomena and produce rich

descriptions. Compared to quantitative research, to ensure reliability, qualitative researchers triangulate their data sources and methods to strengthen the validity and establish the credibility of their findings (Creswell & Poth, 2018).

However, my literature review reveals that researchers prefer descriptive-quantitative methodological approaches to study this population and identify associations among the variables. Compared to the qualitative approach, the quantitative approach involves deductive reasoning to test theories and hypotheses empirically by using various quantitative tools such as surveys, statistical analyses, and measures (Creswell, 2013; Creswell & Poth, 2018). The quantitative researchers of the studies that I reviewed prefer to use survey designs over experimental or quasi-experimental designs and various analytical measures and tools to increase the validity and reliability of their data and understand the causes and effects of the variables (Creswell & Creswell, 2018).

Qualitative Research Articles

The researchers of three studies used qualitative methods to gather and analyse their data. Eisenberg et al. (2018) conducted a multisite qualitative study and drew on the ecological model to better understand the environmental and social influences on LGBTQ youths. Shattuck et al. (2020) used qualitative methodology and applied a structural competency framework to assess the structural and organisation factors that affect the implementation of the RLAS program. They assessed the policies, procedures, and resources that perpetuate adverse health outcomes for SGMY. Austin and Craig (2015) also used a qualitative, community-based, participatory-research approach to affirmatively adapt cognitive behavioural therapy (CBT) to suit diverse SGMY. They used the "adapt and evaluate" framework to ensure the cultural congruence of the interventions for minority groups and capture the voices of SGMY.

Research Paradigms

According to the interpretivist paradigm that qualitative researchers use, socially developed meanings and understandings construct our reality (Creswell & Poth, 2018). Creswell and Poth (2018) explained that interpretivists adhere to subjectivist epistemology, which assumes that we cannot separate what we know and our understanding of our beliefs from ourselves; therefore, researchers and participants are linked because we understand the world based on our own subjective experiences. Social constructivists, or interpretivists, explore subjective meanings of experiences and the views of the participants while considering the social, historical, and cultural contexts (Creswell & Poth, 2018). Researchers who use this inductive approach generalise their open-ended questions to enable their participants to construct meanings, which helps researchers to interpret the participants' meanings and develop theories based on the thematic patterns in the data (Creswell & Poth, 2018). Shattuck et al. (2020) and Eisenberg et al. (2018) used this paradigm in their qualitative studies to interpretive the realities of SGMY within the school system based on themes that they identified in the data that they collected from interviews and focus groups. Austin and Craig (2015) also implemented a social constructivist approach to their research. They gathered data from three culturally diverse SMY focus groups and analysed them to create meaning from the salient themes in the youths' cultural and sexual minority identities. Aligned with Creswell and Poth's (2018) description of social constructivism, Austin and Craig focused on the importance of cultural and social contexts to construct and process their data to create meaning of the experiences of their participants in developing appropriate interventions for SMY in schools.

Participants, Sample Size, and Recruitment

Unlike the large participant sample sizes in the quantitative studies, Eisenberg et al. (2018) and Austin and Craig (2015) included smaller sample sizes by recruiting 66 and 28 participants, respectively. Qualitative researchers prefer smaller sample sizes to collect more descriptive and richer data (Creswell & Creswell, 2018). However, Shattuck et al.'s (2020) sample size of 187 participants was larger. Their study spanned 2018 and 2019, and they included 81 and 106 participants in each year, respectively. The researchers did not indicate why they chose a larger sample size, because it had potential implications for their interpretations of the data.

The ages of the participants also varied significantly in the studies that I reviewed: Eisenberg et al.'s (2018) participants from Minnesota, United States, and British Columbia, Canada, were 14-19 years old (average age of 16.6); Austin and Craig (2015) recruited high school students from Miami who were 12-18 years old; and Shattuck et al. (2020) adult participants who were principals, nurses, members of implementation resource teams, teachers, librarians, and administrative staff from 18 different schools in New Mexico, United States. Eisenberg et al. and Austin and Craig included youths in their study, and Shattuck et al. included adults who worked with MSMY, which resulted in researchers being able to provide alternate perspectives in supporting SMY. I chose their articles because of the participants' diverse ages and backgrounds.

Regarding the cultural background and sexual/gender range of their participants, Eisenberg et al. (2018) and Austin and Craig (2015) used convenience and random sampling to ensure the recruitment of diverse participants. Eisenberg et al.'s study consisted of 33% males, females, and those who identified as transgender and over 50% as White or European; 25% as

mixed ethnicity; and others as Hispanic, Aboriginal, African, Asian, or Middle Eastern.

Similarly, Austin and Craig included cultural minorities with the following racial/ethnic

identities: Hispanic (14), Haitian (7), African American (4), and Caribbean (3). Their participants

identified as female (23), male (4), and other (1). The researchers of both studies diversified the

age, sex/gender orientation, and cultural backgrounds of their participants to represent the

population appropriately. Further, the inclusion criterion in both studies was participants' self-

identification as part of the LGBTQ population; and the researchers distributed flyers, informed

the staff at LGBTQ organisations, held group meetings, distributed information at larger events,

and used general networking to recruit participants, with the support of these organisations and

their staff. They screened the interested participants for sexual orientation, gender identity, and

age to ensure they met the inclusion criteria, then conducted intake interviews. In the case of

minors, both research teams obtained parental consent as well as assent form the youths to ensure

informed consent.

Shattuck et al. (2020) used purposive sampling to recruit 187 adult participants whose

occupations varied; they included, but were not exclusive to, community workers, lawyers, and

social workers; and many worked within the school system. Unlike Eisenberg et al. (2018) and

Austin and Craig (2015), Shattuck et al. (2020) included a disproportionate number of Caucasian

female participants in both their initial 2018 study and the follow up 2019 study: 70% and 77%

women, 70% and 73% Caucasian, respectively. Their population sample might not have

accurately represented the targeted population and could have skewed the research findings.

Although the purposive sampling method might not appropriately represent the population,

Shattuck et al. used it because the purpose of their study was to target folks in supportive roles

who worked with SMY. I chose this study for this literature review because it offered a different perspective—from service providers and school staff—on support for SMY.

Data Collection

The data-collection methods of the articles differed slightly and ranged between go-along interviews, focus-group interviews, and a combination of both. Shattuck et al. (2020) and Eisenberg et al. (2018) gathered data through interviews; the latter conducted 66 audio-recorded go-along, open-ended interviews with MSMY to contextualise and interpret their perceptions and experiences. In the go-along interviews the interviewers moved through the action space of the participants to obtain their responses in real time within the setting of interest. In the interviews the researchers noted visual cues and observations to gain a well-rounded understanding of the participants' lived experiences in their communities. This method of data collection yields a richer set of data-collection points from various perspectives for analysis. Similarly, Shattuck et al. conducted 75 individual interviews with school staff and administrators and 32 focus groups in 2018 and 2019 to assess the factors that impacted the implementation of the RLAS program over the last 2 years. The interviews were one hour in length, and the focus groups lasted about 90 minutes.

Aligning with best practices for qualitative interviewing, all of the researchers asked open-ended questions, and Shattuck et al. (2020) and Austin and Craig (2015) also collected data from semistructured focus group interviews. However, the facilitators in Shattuck et al.'s research focused on the participants' experiences with the RLAS program and factors within the school, district, state, and national contexts that might have impacted the implementation of the program and/or uptake of the practice.

Austin and Craig (2015) used a unique data-collection method that included community-based participatory-research strategies in their research. They followed five steps to collect data: They (a) facilitated focus groups, (b) included the feedback in an adapted manual, (c) followed through with their revisions to the manual and subsequent recommendations, (d) requested feedback on the revised manual, and (e) incorporated the new feedback into a final version of the manual. However, they noted that they did not test the final adapted manual because of research time constraints. Their focus groups consisted of youths, and they discussed salient aspects of their cultural and sexual minority identities to inform beneficial and representative interventions that apply to a wide range of SGMY. Focus groups create a safe and supportive environment for youth to share answers, and they save researchers time, but they can also elicit moderator bias and a group bias effect, which will result in inconsistent and inaccurate answers from the participants.

Data Analysis

Shattuck et al. (2020) and Austin and Craig (2015) used an iterative coding method and grounded-theory open coding to analyse the data from the transcripts of their digital recordings of the interviews and focus groups and identify key themes and issues. Both research teams used similar methods to transcribe and analyse the data from the interviews and audio-recorded focus groups. The researchers performed line-by-line focus coding to refine patterns and determine representative themes. They developed the codes based on the interview topics and assigned new codes as topics emerged. However, Shattuck et al. considered the themes in relation to the sensitising concept of structural competency, which is an interpretative device that researchers use in inductive coding processes to focus on important patterns and features of the data. They also moved towards saturation of the data as they gathered additional information from their

participants in 2019, in addition to those whom they interviewed in 2018, to ensure that the theory remained true to these participants (Creswell & Poth, 2018).

Austin and Craig (2015) developed new adaptions of their manual after they categorised their classified codes and identified emerging concepts. Likewise, Eisenberg et al. (2018) followed a similar analytical process in their quasi-deductive analysis to test their initial theory based on the data that they gathered throughout their research. However, they repetitively reviewed the transcripts to ensure accuracy and removed all identifying information about their participants. Eisenberg et al. analysed their data in stages: Initially, two coders coded all of the transcripts independently, noted any discrepancies, reviewed and coded the data, and used ATLAS.ti software to establish a set of broad descriptive codes. This statistical software enables researchers to organise their coding and findings from graphic, audio, and visual data (Creswell & Poth, 2018). It is practical as it helps researchers in connecting passages, memos, and codes visually in a concept map to compare, search for, and retrieve data quickly (Creswell & Poth, 2018). Eisenberg et al.'s use of reflective journals enhanced their analysis and strengthened the confidence of their findings. Lastly, they identified salient themes across the codes and related them to theories and resources. Eisenberg et al. triangulated their data from different sources (journal entries, observations, transcripts) to identified themes and codes and ensure the validity of their findings.

Quantitative Research Articles

Quantitative methodology was the most common approach that the researchers of the studies on SMY that I reviewed used; those of 7 of the 10 studies preferred this approach to address their research problems. Dawson et al. (2020), Hatchel et al. (2019), and Rusow et al. (2018) conducted cross-sectional quantitative studies. Craig et al. (2015), Girouard et al. (2021),

and Saewyc et al. (2020) also used quantitative approaches, and Girouard et al. conducted an exploratory study. Moreover, Gnan et al. (2019) also conducted a quantitative, exploratory analysis to investigate the factors that demonstrated independent relationships with mental health and suicide risk when they entered them together in multivariate-regression mode. Dawson et al.'s, Hatchel et al.'s, and Rusow et al.'s cross-sectional designs were a limitation of their studies because their data were representative at one point in time; therefore, they could not determine causality.

Research Paradigms

The researchers of six studies that I reviewed used the postpositivism paradigm to conduct their research. Quantitative researchers usually take a postpositivist approach because of their perspective that reality and knowledge are relative and can be determined empirically through observations, measurements, and various empirical data-collection and -analysis tools (Merriam & Tisdell, 2016). Therefore, researchers who adopt a postpositivist paradigm use empirical elements of research methods of collecting and analysing data to identify and assess the factors that influence the outcomes (Creswell & Poth, 2018). Dawson et al. (2020) used a postpositivist paradigm to understand the correlations among the variables that influence transitional-aged youth and statistically analysed the responses to their face-to-face surveys. Similarly, Gnan et al. (2019) and Hatchel et al. (2019) also approached their research from a postpositivist perspective by collecting and analysing measurable and observable data from surveys and questionnaires. Likewise, Craig et al. (2015), Girouard et al. (2021), and Rusow et al. (2018) also used this approach in their studies.

Saewyc et al. (2020) utilised a pragmatism paradigm in their study. Pragmatism enables researchers to focus on actions that generate the most favourable outcomes regardless of whether

they use qualitative or quantitative methodological approaches (Creswell & Poth, 2018). Saewyc et al. (2020) used quantitative pragmatism in their study. Although pragmatists consider antecedent factors, they primarily focus on the outcomes of their research to determine solutions to their identified research problems (Creswell & Poth, 2018).

Participants, Sample Size, and Recruitment

Initially, I intended to focus on research with adolescent participants between the ages of 12 and 19; however, relevant literature in this age range was limited. Many of the researchers of the studies that I reviewed extended the scope of the ages of their participants beyond this range based on their respective sampling, recruitment, and selection processes. Their inclusion criteria for participants were generally similar in that they screened all of the participants for eligibility, and some of the researchers asked their participants whether they identified as part of a sexual minority. The common element in the quantitative studies was the large sample sizes. Dawson et al. (2020) recruited 100 homeless transitional-age youth in San Francisco, California. Similarly, Gnan et al. (2019), Hatchel et al. (2019), Saewyc et al. (2020), and Girouard et al. (2021) also recruited large sample sizes of 1,948, 4,867, 2,678, and 2,904 participants, respectively. The ages of the participants overlapped within the 15-24 age range, and Hatchel et al. and Rusow et al. (2018) included the youngest high school students, who ranged from 12 to 14 years old; Rusow et al. extended the age range to 24 years old.

Dawson et al.'s (2020) research is particularly relevant because their participants ranged from 16 to 25 years of age and included youth who were in temporary housing or shelters, in foster care, or otherwise unstably housed. Of their participants, 67% were men; 52% identified as lesbian, gay, bisexual, transgender, or queer; 77% were persons of colour; 23% lived with HIV;

50% were homeless; and 29% had been previously incarcerated for more than 3 days. This was one of the very few studies with homeless youth.

Girouard et al. (2021) and Rusow et al. (2018) recruited participants from surveys that they had completed; the latter selected their 657 participants from youth who had accessed LGBTQ youth-focused suicide prevention crisis service during an 18-month period from September 2015 to April 2017. Rusow et al. also differed from other researchers in that they excluded youth who had had mandated child-abuse reports and been in imminent risk of suicide. Their participants identified as gay (36%), which included transgender, bisexual, and pansexual; and another gender identity (21%); the majority were Caucasian (63%). The researchers' failure to provide data on the ethnic or cultural backgrounds of the participants created a gap in their reporting. Similarly, Girouard et al. selected 1,036 participants of diverse socioeconomic status from 22 urban and rural schools and ethnic populations from an ongoing longitudinal study on adolescents' sexual health and victimisation experiences.

Unlike most of the quantitative researchers who recruited only high school students (Girouard et al., 2021; Hatchel et al., 2019; Saewyc et al., 2020), Gnan et al. (2019) included a very diverse sample of 16- to 25-year-old participants from the United Kingdom. The majority identified as female (914), followed by males (901), nonbinary (133), heterosexual (21), gay or lesbian (1,201), bisexual (446), 'not sure' (103), and transgender (214); and 316 were postgraduate students. All of the studies included a mix of female and male participants from various ethnic backgrounds; however, Eisenberg et al. (2018), Gnan et al., Rusow et al. (2018), and Craig et al. (2015) included participants who identified as transgender or other (including nonbinary, genderqueer, etc.). Saewyc et al. (2020) were the only researchers who noted that their use of sampling weights within the scope of 274 public schools across British Columbia

resulted in a representative sample of the estimated provincial population of 24,624 sexual-minority students. They drew their data from the June 2013 British Columbia Adolescent Health Survey, which was a cluster-stratified random survey of public-school students in British Columbia. Apart from Gnan et al. and Saewyc et al., who recruited only youth who identified as a sexual minority through LGBTQ and youth organisations, social media, advertisements in the LGBTQ press, and LGTBQ community events, the other researchers included heterosexual youth for their studies.

Although the selection and recruitment processes that the researchers of the core studies used varied depend on the focus of their inquiries, various researchers employed similar recruitment and selection processes. Dawson et al. (2020) utilised convenience sampling in close collaboration with a local community-based organisation that served the target populations. Dawson et al. initially informed community agencies, their respective staff, and youths through flyers, meetings, and events and asked the staff to refer youth before the youth met with the research assistants to be screened for eligibility. Although Gnan et al. (2019) also used similar strategies in their studies, they used snowball sampling to grow their participant pool. The use of random sampling enhanced the diversity of their 2,850 participants, and their inclusion of only every third survey enhanced the external validity of their findings. Through flyers and electronic mail, they recruited participants from local community health and social service organisations and trained facilitators from sites that the potential participants who met the inclusion criteria visited. Varying the sampling techniques can be circumstantial and based on the context of where researchers conduct their studies; however, these researchers did not justify why they utilized certain sampling methods over others.

Further, Eisenberg et al. (2018), Girouard et al. (2021), and Gnan et al. (2019) distinctly noted that they actively sought participants from populations with diverse ethnicities and socioeconomic status, including but not limited to urban and rural sites with included multicultural populations of Caucasian, mixed ethnicity, and others who identified as of Hispanic, Aboriginal, African, Asian, or Middle Eastern descent. Both teams of researchers also ensured that they and the interviewers were diverse by selecting from a range of genders, sexual orientations, ages, and academic levels. The majority of the studies included a disproportionate number of heterosexual youth in their samples, which might have prevented the researchers from capturing the contributing factors and experiences of SMY.

Data Collection

Gnan et al. (2019) and Dawson et al. (2020) conducted longitudinal research, the latter from May 2017 to April 2018; they conducted one-on-one survey interviews that lasted from 45 to 120 minutes in which the research assistant read each question out loud to the participants in a private room and recorded their answers in a Computer-Assisted Survey Information Collection system on an iPad. Gnan et al. also collected their data online from May 2012 to April 2013. They ensured that the participants provided informed consent prior to their participation in the study and offered them additional supports at the completion of the survey to ensure that they had access to available resources. Gnan et al. collected data through surveys; the also used the Suicide Behaviours Questionnaire-Revised to assess the suicide risk, in addition to other risk factors such as support networks; the experience of violence, including honour-based violence; and forced marriage. The surveys included questions within the context of the various factors, and Gnan et al. formatted them to receive multiple choice, scaling, or incremental answers (*none, somewhat*, etc.).

Correspondingly, Craig et al. (2015) and Hatchel et al. (2019) administered surveys to collect data. Craig et al. collected their data after they delivered community-based educational interventions, which is the training that a community-based organisation delivered; this organisation educates professionals on a specific population (in this instance, SMY) to increase their awareness, skills, and knowledge (Craig et al., 2015). Correspondingly, Saewyc et al. (2020) also collected data from a cluster-stratified random survey, the 2013 British Columbia Adolescent Health Survey of public-school students in British Columbia. Hatchel et al. (2019) collected data from students in the fall of 2017 during class time via online or paper surveys. They assigned the students unique usernames and passwords to log in and gave them the option of skipping questions that they did not feel comfortable answering. At the conclusion of the study, the researchers gave the parents, school administrators, and students the results of the study; however, Hatchel et al. did not clarify the information that they disclosed to the parents. I will discuss the limitations of survey search later in this paper.

Unlike the paper-survey method of data collection, Rusow et al. (2018) screened youths who called the LGBTQ crisis line for eligibility via telephone, chat, or text. If the youths consented to being contacted to participate in the study, research assistants contacted them. They asked them to identify which crisis line they had called, and, if they were not able to identify it, they disqualified them from participation. Next, Rusow et al. obtained assent from the youths and conducted a suicide-risk assessment to identify their risk levels; they then forwarded a link to the survey to the youths. After the respondents completed the study survey, they received a $15 gift card.

Last, Girouard et al. (2021) collected data by using self-reporting measures, including Lambe and Craig's (2017, as cited in Girouard et al., 2021) Victimization Scale to measure the

variables in bullying and victimisation. Further, they employed four indicators to measure the sexual well-being of the adolescents; this included the Global Measure of Sexual Satisfaction (Lawrance & Byers, 1992, as cited in Girouard et al., 2021) to measure sexual satisfaction, the Arizona Sexual Experiences Scale (McGahuey et al., 2000, as cited in Girouard et al., 2021) to measure sexual desire/arousal difficulties and orgasmic-function difficulties, and the Sexual Distress Scale (Derogatis et al., 2002, as cited in Girouard et al., 2021) to measure sexual distress. They also used a modified version of the 36- item Difficulties in Emotion Regulation Scale to measure emotional difficulties and five indicators, sexual, emotional abuse, physical abuse, neglect, and the witnessing of parental violence, to measure ACEs.

Data Analysis

The primary statistical-analysis software that the quantitative researchers used was the SPSS system (Creswell & Poth, 2018). Dawson et al. (2020) utilised various metrics, including NIDA–National Institute on Drug Abuse Modified Alcohol, Smoking, and Substance Involvement Screening Test to measure the frequency and substance-use risk; the 10-item Adverse Childhood Experiences for the prevalence of trauma; the Posttraumatic Stress Disorder Checklist for DSM-5 for PTSD symptoms; the Center for Epidemiologic Studies Depression Scale for depression symptoms; and the Generalized Anxiety Disorder 7-Item Scale for anxiety symptoms. Dawson et al. used the Statistical Package for the Social Sciences (SPSS) to analyse their data and calculate bivariate correlations. Additionally, Hatchel et al. (2019) analysed the data from the various scales and self-reporting assessments by using IBM SPSS 24.0. They completed a hierarchical logistic regression analysis to determine whether the variables and interactions predicted the mentioned health outcomes of interest. Although self-measure tools can measure participants' answers directly, the reliability of the data can be increased by

ensuring the participants have clear instructions (Hatchel et al., 2019). Further, additional training of supervisors can also increase the reliability of the data because it better equips them to answer students' questions regarding the survey.

However, a limitation that I found in Hatchel et al.'s (2019) study is that, with the option that they offered the students not to answer a question if they felt uncomfortable, they might have decided not to answer. Various factors could make students feel uncomfortable (maturity, age, cognitive or emotional intelligence, etc.), and the fact that they could opt out could have skewed the findings of the study. Researchers could possibly lessen the effects of the option by added a dropdown menu and asking the students what part of a question made them feel uncomfortable; this insight could improve the reliability of future surveys.

Craig et al. (2015) and Girouard et al. (2021) also used statistical tools, including SPSS 22, to analyse their data. The former researchers employed bias-correcting bootstrapping methods because the variables were significantly skewed, and there was some kurtosis or outliers. Craig et al. also conducted logistic regression to identify the educational-intervention elements that increased the behavioural intentions of their participants. Girouard et al. used descriptive statistics, independent samples t-tests, Cronbach's alphas, and JASP (Version 0.14.1; JASP Team, 2020, as cited in Girouard et al., 2021) to calculate McDonald's omega. They used Cronbach's alpha and McDonald's omega to assess the reliability and found that the construct, concurrent, discriminative, and predictive validity, and the reliability of the measuring tools were appropriate and adequate for the purpose of their study, which further demonstrates the consistency and accuracy of their overall findings. Statistical software such as the preferred SPSS software that the quantitative researchers used, is helpful in analysing and sorting data;

however, the researchers needed to ensure that they documented the limitations of their studies in

in their papers (Creswell & Poth, 2018).

Gnan et al. (2019) also conducted a statistical analysis by using independent univariate

and multivariate logistic regression for the four outcome measures: the use of mental-health

services, current mental-health problem, suicide risk, and self-harm. The independent univariate

models enable researchers to test the independent association between one predictor and an

independent variable. Gnan et al. also used multivariate logistic regression to test the risk factors,

which they adjusted simultaneously to show independent associations with the outcomes. Instead

of using SPSS software, they used principal-components analysis and the Kaiser-Meyer-Olkin

measure. However, this study demonstrates a limitation in that the researchers did not discuss the

role, or lack of role, of socioeconomic status. They studied sexual-minority university students,

and I am curious about whether these participants were of higher socioeconomic status, had

additional financial stressors, or had more advantages than those with additional socioeconomic

stressors.

Last, Gnan et al. (2019) did not make tangible recommendations for supports for these

populations, which challenges the ethical integrity of their study, considering that they identified

many significant risk factors in their population without making any recommendations for

support. The findings of this study suggest significant associations among the risk factors and

suicide, self-harm, and mental-health symptoms; however, they did not discuss mandated

reporting and how they assessed the imminent risk to their participants. Gnan et al. also received

funding for this study from the Big Lottery Fund, and I am curious about whether any external

pressures might have influenced the researchers; therefore, a brief discussion of the funding and

reassurance of the integrity of the study would have been beneficial.

In their initial demographical survey, Rusow et al. (2018) used dropdown menu options to gather information on youths' race, age, ethnicity, gender identity, and sexual orientation. They also assessed their suicide risk, homelessness, transiency, disclosures of rejection from family/peers and community, and mental-health symptoms. Rusow et al. conducted bivariate analyses to assess for statistically significant differences in homelessness. They gathered information on homelessness after the participants completed the initial survey. In the measures of the demographic characteristics, disclosure and rejection, mental health, and suicidality, therefore, Rusow et al. detected a statistically significant bivariate relationship and conducted multivariate regression analysis to determine the relationships with homelessness while they adjusted for the other demographic information that they gathered. They used Stata version 14 to conduct their data analyses.

Finally, Saewyc et al. (2020) employed a different method of data analysis and combined their student data with their community-level data. A team of 13 trained coders used the LGBTQ Supportive Environments Inventory to conduct comprehensive Internet searches and survey and code LGBTQ-supportive businesses and organisations in geographically defined communities within 30 minutes' travel time around each school. The coders used Google Street View's archival images and Wayback Machine–Internet Archive to record data during or immediately before 2013 to match the year in which they collected data on the students. Two independent coders worked with one community, and the project director reconciled inconsistent coding between the two coders. Saewyc et al. diversified their geographical scope by limiting overlap between communities dispersed widely across British Columbia's mountain and coastal-island geography.

Limitations of the Literature

Researching this population can present potential challenges for researchers because the transiency and age of MSMY can be barriers to building rapport, conducting follow-up interviews, and obtaining consent and assent. Further, there is a lack of research on the unique factors that influence MSMY and specific supports that effectively reduce the disparities between MSMY and their cis-gendered counterparts. As I discussed earlier, ample research exists on the increased risks that SMY face but minimal research on the additional challenges and implications that marginalisation and transiency present for access to supports.

Geographical Limitations

One noticeable limitation of the literature is the lack of diverse geographical areas in which the researchers conducted their studies on MSMY. Although conducting research in urban centres might be more convenient for researchers because of better access to research resources such as data-analysis tools, personnel, assistants, and access to a physical examination (i.e., a university, a room in a community agency), focusing on urban centres limits the diversification of the participants. Rurally homeless youth with greater mental-health symptomology and stressors because of the distance from urban centres might be underrepresented. Kidd et al. (2021) noted the potential for underrepresentation in the statistics on homeless SMY. They reported data on overdoses in which youth require hospitalisation and found that their statistics might not have represented the prevalence of drug overdoses because homeless youth might not report overdosing or have the means to access medical care, or they might be hesitant to report overdoses because of the additional stigma of substance use and mental-health issues.

Research Design

Also, many of the researchers adopted primarily a convenience-sampling and cross-sectional design in the urban communities (Dawson et al., 2020; Gnan et al., 2019; Hatchel et al., 2019; Heiden et al., 2020; Kidd et al., 2021; Rusow et al., 2018). Further, the cross-sectional design of these studies is a limitation, and qualitative, longitudinal research might have offered a deeper sense of the lived experiences of the participants. The restriction of a cross-sectional study design is the scope of the data that researchers collect; they are only a snapshot of the moment at which they collect them. Therefore, without evaluating and examining the predicators of the variables that they measure, researchers cannot determine causality between the outcomes and the factors (Creswell & Creswell, 2018). Although establishing strict causality is difficult in qualitative studies because of the multiple interplay of uncontrollable variables, it is important to merge the entire story of MSMY to understand how supports can address the root factors that precipitated their homelessness.

Limitation in Diversity

Additionally, the lack of randomisation of the participants and accurate representation of the population in the studies in which the researchers used convenience sampling to recruit is a concern because of the potential for selection bias. Social-desirability bias was also possible because the researchers offered the participants in the face-to-face interviews a monetary incentive for their participation (Dawson et al., 2020; Eisenberg et al., 2018). Although face-to-face interviews are valuable because they provide richer data, they present complications because various factors, including the gender, race, physical appearance, and age of interviewers, as well as their tone of voice and posture, can bias the participants' answers. Additionally,

reporting bias might skew the data from self-report surveys and face-to-face interviews in which interviewers ask the participants to answer survey questions.

Last, a limitation in the literature is the lack of physical and cognitive diversity of the participants. None of the researchers of the core studies that I reviewed for this capstone project discussed measures, factors, or the prevalence of physical or cognitive disabilities amongst the youth and how these additional barriers might have influenced their access to and awareness of supports. Further, despite the fact that literature highlighted the disparity between MSMY and heterosexual youth, I am curious about how the presence of a physical or cognitive disability is associated with the findings that I discuss. Last, in this capstone paper I included studies conducted in the United States and a few in Canada and the United Kingdom to demonstrate the integrity of the presented findings. Further research on MSMY in Canada is warranted because of the varying legislation, cultures, and political climates of each province and territory.

Findings

In this section I review and synthesise the findings of the three qualitative and seven quantitative studies and integrate supplemental findings from relevant literature. Additionally, I highlight the significance of the findings as they relate to the research question, "Why is the disparity amongst MSMY increasing compared to their cis-gendered counterparts?" I begin with a thematic analysis of the qualitative findings and then review the findings from the quantitative research; the analysis includes notable similarities and differences among the findings from the use of the two methodological approaches. I chose both qualitative and quantitative studies because I found limited qualitative studies relevant to this topic; however, it is important to include qualitative findings as well, because the research methodologies offer insight into the perceptions and lived experiences of the participants. I believe that merging my analyses of the

quantitative and qualitative studies will result in a more comprehensive and well-rounded response to the research question.

Qualitative

I used reflexive analysis to begin my synthesis of the three qualitative studies. First, I organised the findings by condensing relevant information (participant size, population, findings, etc.) in Excel tables to categorise the data prior to beginning the thematic synthesis process (Petticrew & Roberts, 2006). Next, I categorised the data into themes by colour coding each study's findings and cross-refencing them within the pool of qualitative articles. Thematic analysis of the qualitative findings revealed the primary theme of safety, which includes the subtheme of cultural connection. I decided to include qualitative articles because the insights and data-collection methods such as focus groups and go-along interviews provide a richer understanding of the lived experiences of this population than quantitative studies do (Petticrew & Roberts, 2006).

Safety

Community safety and supports play significant roles in the development of a sense of acceptance of MSMY. The findings from the qualitative studies create a multidimensional perspective of safety for SMY. First, more than half of Eisenberg et al.'s (2018) participants stated that the most important resource for them was interpersonal supports, including family, teachers, and friends who were nonjudgmental and respected their preferred pronouns. Most of their participants reported that organisations and institutions meaningfully supported them, including LGTBQ youth-serving organisations, safe spaces, community events (Pride festival), and services that focus on adolescent development and challenges. Similarly, Austin and Craig (2015) found that the role of community and family can have either harmful or beneficial

implications for culturally diverse SMY; however, they incorporated the additional layer of cultural perspective into the conceptualisation of safety for SMY. Austin and Craig reported that discussions of the "omnipresent role of heterosexism, homophobia, and transphobia in the youths' family, school, cultural, and community lives" (p. 571) were prevalent in the data they collected in culturally diverse focus groups. They noted that the absence of a supportive community for culturally diverse youth (Haitian, Hispanic, African American) often perpetuates external stigma and internalises the ostracization of SMY. In particular, they emphasised the importance of safe and affirming discussions and language in the community for transgender folks who might be confused, lack knowledge and access to information, and require additional support, because they might not conform to neither masculine or feminine identities. The security that collaborative and safe community supports offer SMY are crucial to ensure that the protective factors embedded in the lives of youth and the supports are tailored to this population. However, Austin and Craig explicitly recruited culturally diverse youth who identified as sexual minority, whereas Eisenberg et al. recruited and collected data from youth within their community. The varying methods of data collection and the participant pools might have affected the generalisability of the findings. Nonetheless, the importance of ensuring community safety for SMY is a common theme in the two studies. The findings align closely with the outcomes from numerous quantitative research studies, which I will discuss in the next section.

Additionally, Shattuck et al.'s (2020) findings add another facet to the conceptualisation of community safety because they included practitioners and supportive folks in the community in their study. The researchers were curious about the role of schools in decreasing the risk of adverse health outcomes for SGMY. The researchers designated staff and teachers as implementation resource teams who underwent professional development training to implement

school strategies in the RLAS program. Shattuck et al. followed up on the adverse health outcomes of LGTBQ+ youth and assessed the implementation of the RLAS program in the same schools after 2 years. They found that not only did the staff become more aware of and normalise the SGMY in their schools, but the administrators also encouraged staff participation in training with regard to SGMY. Shattuck et al. suggested that the first step is to combat the misperceptions and invisibility of SGMY through staff training to decrease the disparities that these youth face and increase advocacy for them. Similarly to Eisenberg et al. (2018) and Austin and Craig (2015), Shattuck et al. (2020) noted that political, economic, and social systems often perpetuate disparities and therefore recommended the implementation of institutional-level interventions as well. The staff at these schools implemented various programs to combat the disparities, which included changing the policies and health curricula, creating safe zones in the school, modifying the physical environment of the school (e.g., gender-neutral bathrooms), and continuing the skill-building training to enable the staff to recognise signs of suicidality, intervene, and facilitate access to supports for their students.

Cultural Connection

Building on the empirically researched benefits of CBT, Austin and Craig (2015) adapted it for culturally diverse sexual minorities by enhancing the cultural congruence of the interventions for MSMY. They found that affirming approaches help SMY to affirm their sexual-minority identities by shifting the pathologising narratives to empowering youth, supporting self-determination, and challenging homophobic, transphobic, and discriminatory narratives. Austin and Craig noted that affirmative therapists help youth to cope with the implications of heterosexism, homophobia, and transphobia by valuing and positively affirming their sexual-minority identities. This proactive affirmative approach raises consciousness and empowers

youth to cope with identity-based stigma. They identified three salient themes based on the data that they collected from their three focus groups: the dynamics among cultural norms, gender norms, sexual and gender orientation, and identity; the role of respective religious communities; and the role of extended family and cultural communities. Considering that Austin and Craig evaluated an intervention, a strength of their study is the external validity or generalisability of their findings, because they suggested that incorporating these themes into CBT interventions and encouraging feedback from the participants will ensure their applicability to a broader range of MSMY (Austin & Craig, 2015; Petticrew & Roberts, 2006).

Quantitative

I began the systematic review of the seven quantitative studies' findings by initially clearly arranging the findings, methods, and results in various tables for convenient review and comparison (Petticrew & Roberts, 2006). I used Excel to convert the data in the tables to a chart to enable me to visualise the similarities and differences in the data that I extracted from the studies. I chose the quantitative articles that I reviewed in this paper because not only did the researchers discuss the risk factors such as mental health (Dawson et al., 2020) and mental-health challenges (Hatchel et al., 2019) associated with identification as a sexual minority, but they also presented practical findings to support therapists who work with this population. I also chose them because of the statistical correlations among the research variables, which I will further discuss in the next section.

The literature review has highlighted multiple significant findings with regard to working with MSMY. First, the primary findings from the literature suggest that collaborative approaches and social connections in interpersonal and social communities buffer and increase the development of and access to early interventions for youth at multiple societal levels (Dawson

et al., 2020; Eisenberg et al., 2018; Kidd et al., 2021; Shattuck et al., 2020). Craig et al. (2015) determined that the improved skills and knowledge and the self-efficacy of professionals in offering community-based educational interventions increase their cultural and professional competency and reduce the negative attitudes toward SMY. Craig et al. found that that the odds of supporting SMY and their mental health were higher amongst the diverse sample of multidisciplinary professionals who participated in their program. Shattuck et al. (2020) also found that political, economic, and social systems often perpetuate disparities and worsen the mental health of MSMY and therefore recommended that institutional-level interventions be implemented at a system level. Part of this implementation includes shifts in the educational system because of youths' reports of positive mental-health outcomes in supportive school environments (Girouard et al., 2021; Shattuck et al., 2020). Similarly, Saewyc et al. (2020) found that LGTBQ programming and community programs and events have protective effects on SMY. Beyond the need for community supports and trained support workers, they found that progressive social and political climates are a factor in reducing the odds of LGTBQ youth's suicidal ideation, suicide attempts, and self-harm. Therefore, in addition to professionals' increased competency and training in community programming, those in political and higher social organisations need to be additionally aware of how to support SMY. Advocates, professionals, and allies can support this population by enhancing preexisting services such as safe spaces, community events, and institutional supports (i.e., supports for LGTBQ+ in schools); remaining cognisant of gaps in services; and focusing on adolescent development and challenges within the larger community.

Hatchel et al.'s (2019) findings show that 42% of the students who identified as LGTBQ considered suicide, and 29% reported suicide attempts. This is in stark comparison to the 14%

and 9% of non-LGTBQ youth who reported suicide ideation and attempts, respectively. Their findings create a comprehensive visual of the perpetuation of the cycle of trauma for SMY. Hatchel et al. reported that LGBTQ adolescents are 12 times more likely to have suicide ideation and that depressive symptoms are the strongest predictors ($p < .001$). Further, they found a positive correlation between future drug use and suicidal ideation (b - .81, z - 12.84, $p < .001$). Similarly, Dawson et al. (2020) found that substance use is strongly correlated with mental-health symptoms (r, .691, p, .058); however, it is not significantly correlated with trauma, which the researchers assessed to determine whether the response to trauma is influenced by access to available resources to process the trauma and whether the lack thereof can lead to unhealthy coping through substance use. In addition to substance use, Gnan et al. (2019) found significant correlations between social supports (fewer than five friends) and an increased risk of self-harm and suicidality. Their findings are consistent with those from previous studies that LGTBQ university students have a higher risk of suicide, self-harm, and mental-health problems. Therefore, the social marginalisation, including sexual-minority identity and homelessness, of these youth placed them at a disadvantage because of the inaccessibility of supports compared to supports available to those with stable housing.

Further, similarly to the qualitative findings, the quantitative findings support the implementation of affirmative mindfulness-based interventions for SMY (Craig et al., 2015; Iacono, 2019). Craig et al. (2015) conducted facilitator training for clinicians to enable them to deliver an affirmative CBT group intervention and found a significant difference between the scores before and after the training t(128), -16.21, $p < .001$). They concluded that the training improved the competency of clinicians from diverse backgrounds and helped them to facilitate affirmative CBT with SGMY. The participants reported that they better understood the stressors

on SGMY and how to support their coping by using affirmative and respectful language and affirmative cognitive and behavioural activities and exercises to shift the links among thoughts, feelings, and behaviours.

In regard to adverse early experiences, Dawson et al. (2020) found an association among the ACEs of this population; almost all of the participants (n = 98) reported that they had had at least one ACE, and 77% reported four or more. Likewise, the findings of Girouard et al. (2021) were also significant in promoting an understanding of the association between MSMY and attachment trauma; they found that higher levels of bullying victimisation are directly and negatively associated with sexual satisfaction and desire/arousal difficulties. However, bullying victimisation and orgasmic-function difficulties are related through the mediating role of emotion-regulation difficulties. Girouard et al. suggested that this discrepancy in the findings might be a result of the lack of mindfulness and interoceptive awareness of bodily sensations (Riggs & Brown, 2017, as cited in Girouard et al., 2021). These findings are congruent with the understanding that unprocessed trauma can manifest within the nervous system and block the mind from noticing sensations, feelings, thoughts, and emotions (Perry & Szalavitz, 2007; Van der Kolk, 2015). Craig et al. (2015) and Iacono (2019) concurred and found that mindfulness tools and strategies help folks to cultivate awareness of internal experiences and relate to themselves and others from a self-compassionate and fundamentally nonjudgmental perspective (Kabat-Zinn, 1994, as cited in Iacono, 2019).

Mindfulness-based interventions support healthy connections with internal sensations, emotions, and thoughts through intentional concentration and focus (Iacono, 2019). Fostering the mind and body connection through mindfulness can improve awareness and the regulation of distressing physiological arousal that often accompanies psychological trauma (Van der Kolk,

2015). Van der Kolk (2015) explained that mindfulness strategies such as breathing improves the top-down regulation of traumatic stress within the body by "strengthening the capacity of the watchtower to monitor your body's sensations" (p. 63). Referring to the expertise of Peter Levine in somatic experiencing, Van der Kolk explained that trauma can block or suppress sensory information, which further perpetuates the disconnection between mind and body. Based on their understanding of trauma trapped within the body, clinicians can empower SMY to regain control and agency by promoting self-healing through mindfulness to improve their awareness and the connection between the "watchtower" and the body (Van der Kolk, 2015). Girouard et al. (2021) echoed this understanding of disconnection and suggested that the increased victimisation of SMY disconnects them from their bodies and creates difficulties with sexual satisfaction and orgasm. Therefore, the literature findings support mindfulness-based interventions and sexual-health education programs and demonstrate the effects of ACEs such as neglect and physical, psychological, and sexual abuse (Brown et al., 2015).

Recommendations

According to the findings in the literature, SMY who are marginalised, transient, and/or homeless are at a greater disadvantage with regard to effective and accessible supports in the community. These findings and those of other research show that positive mental-health outcomes for MSMY are positively associated with their means and access to resources and supports. Dawson et al. (2020) suggested that the response to trauma depends on access to available resources to process the trauma and that the lack of access can lead to unhealthy coping through substance use. Therefore, the marginalisation and lack of stable housing place MSMY at a greater disadvantage because of the inaccessibility of supports compared to those with stable housing and supportive natural networks. The overarching recommendation from the literature is

that a collaborative approach and social connectedness within the participants' interpersonal and social communities can increase the development of and access to early interventions for youth at an individual, interpersonal, policy, and structural/organisational level (Dawson et al., 2020; Eisenberg et al., 2018; Kidd et al., 2021; Shattuck et al., 2020). Based on the presented empirical evidence, I therefore recommend that advocates support this population by enhancing services in the youth's communities by ensuring they are inviting the youth to provide feedback on the services being offered. The voices of the youth and their feedback are crucial in ensuring that supports and services are effective and tailored to their specific needs.

Similarly, the majority of Eisenberg et al.'s (2018) participants stressed the importance of accepting and non-judgmental interpersonal supports who respected their preferred pronouns. This finding is significant because it points to the disconnection in the social systems between the research and academic findings and the practical follow-through of implementing favourable programs for youth. I therefore recommend additional funding for programs that target MSMY and their support networks to create safe spaces for youth and inform their support networks on how they can help their peers. Further, because of the increased marginalisation of homeless youth, I recommend the development of robust community programming through a multidisciplinary approach. As I discussed in the literature review, many of these youth struggle with substance abuse, victimisation, and criminal involvement, and I therefore recommend that competent and supportive workers in these agencies provide the youth with information on available supports.

Further, considering the overrepresentation of these youth in the child-welfare system, I noted a gap in the level of training for workers to best support their needs (Forge et al., 2018). As a Children's Services worker, I have also observed the increased rates of victimisation amongst

the high-risk SMY with whom I have worked and the lack of accessible and appropriate supports. Based on the findings from the literature and my personal experiences, I recommend ongoing training for child-welfare workers because many are not equipped to best support high-risk SMY. Many workers are not aware of the various gender and sexual orientations and identities and might seem neglectful or dismissive because of their lack of knowledge and understanding, which can reaffirm these youths' lack of a sense of belonging. I therefore recommend that diverse trainers train social-services and mental-health professionals to ensure that they have appropriate insight into the lived experiences and to promote the improvement and well-being of LGBTQ+ folks (Craig et al., 2015). Likewise, Craig et al. (2015) also found that when professionals who offer community-based educational interventions improve their skills, knowledge, and self-efficacy, they also improve their cultural and professional competency and decrease the negative attitudes toward SMY. Therefore, I recommend that community programs be tailored to professionals and service providers who work with SMY to ensure that they are more aware and competent to work with this population.

Last, based on the understanding of childhood attachment and relationships between caregivers and children, a noticeable gap in the research on information about youths' families of origin is evident. I therefore recommend that researchers of this population incorporate the youths' families of origin wherever possible. Stein et al. (2009) found that positive paternal attachment reduces substance use and criminal behaviour, whereas positive maternal relationships are a protective factor that reduces survival sex amongst youth. Further research on the early paternal and maternal relationships of high-risk youth might yield additional information, build on the knowledge of risk factors, and have beneficial outcomes for marginalised youth. Further to this, Perry and Szalavitz (2007) emphasised the importance of

early intervention with children who have experienced childhood trauma and noted that "you cannot love yourself unless you have been loved and are loved; [therefore,] the capacity to love cannot be built in isolation" (p. 220). The literature review revealed the importance of social support and connection, and I have observed that it is pivotal to helping SMY to feel loved and gain a sense of safety. I therefore recommend the implementation of early-intervention strategies, education, and programs for children within or outside the child-welfare system to ensure that they feel a sense of belonging and acceptance. Moreover, because some children might not access regular school programming, I recommend that additional community agencies work collaboratively to increase the predominance of supportive LGTBQ+ programming and awareness in the community. I also recommend that these programs be tailored to the cognitive and social functionality of the targeted population of children/youth to best promote their understanding and engagement.

Ethical Considerations

Ethical considerations in research play a crucial role in the authenticity and credibility of the research because the procedures and methods of data collection, the geographical location, and steps to maintain the privacy of the participants are appropriate (Israel & Hay, 2006, as cited in Creswell, 2013). Creswell (2013) noted that the initial step in research is to ensure approval for a study by consulting the relevant codes of ethics and professional associations; all of the researchers whose studies I reviewed reported having received approval from their respective ethics boards and associations.

Obtaining consent and assent from this population required additional ethical consideration because many of the participants were minors; therefore, in addition to their assent, the researchers received consent from legal guardians (Creswell, 2013). However, numerous

researchers were unclear about informed consent, particularly those who included youth who were actively using substances or contacting confidential hotlines, such as Dawson et al. (2020) and Rusow et al. (2018), respectively. How the researchers ensured that the youth were sober at the time that they provided consent required further discussion. Similarly, obtaining consent is also challenging when youth reach out to a hotline, because Rusow et al. should have clarified how they managed to obtain assent from these participants, addressed the lack of consent from the guardians of the underage participants, and determined that they did not require consent. Likewise, Forge et al. (2018) discussed the use of a parental-consent waiver when they determined that they did not require parental consent; however, they did not indicate the exemption parameters. Furthermore, with regard to the validity of the informed-consent process, Forge et al. did not indicate how they received informed consent from youth with lower cognitive functioning or whether they screened for this; this failure directly impacted the legitimacy of the youths' consent to participate in this study. Another reason for researchers to clarify this in their papers is to ensure that they document the number of youths who cannot provide informed consent or assent, because those who do not have guardians involved in any capacity can 'fall through the cracks' in the system. Although researchers might not collect data from and report on these participants, it is important that they bring awareness to this population, because they are in 'limbo' in society and might need additional advocacy.

Another methodological ethical consideration is the collection of data from participants. Creswell (2013) urged researchers to avoid collecting harmful information from participants because the ethical code for researchers protects the privacy of the participants and everyone involved in the study. However, I noted a lack of documentation regarding mandated reporting and safety-planning processes should the researchers have needed to take immediate action when

they interviewed MSMY. Hatchel et al. (2019) asked the minors in their study questions about suicide attempts and ideation within the last 6 months, and at the end of the survey they offered the students universal resources for mental health. An ethical issue with regard to this study is the lack of discussion on the protocols in place if students identified as actively suicidal and how the researchers would have navigated this imminent risk. Because of the vulnerable age of the participants and the potentially harmful information that Hatchel et al. gathered, it would have been beneficial if they stated whether the researchers had additional training and identify the procedures in place for high-risk participants. Further, surveys can be triggering for both students and supervising teachers; therefore, additional clarity is required on how the researchers prepared and trained the teachers to support students who might have become distressed because of the contents of the survey.

Regarding the analysis and reporting of the data, researchers need to ensure that they respect the privacy and confidentiality of their participants. Creswell (2013) discussed the safeguarding of confidentiality within various research methods, including by disassociating names from the responses during the coding and recording process in quantitative survey research and using aliases or pseudonyms for the participants in qualitative research. Although many of the researchers discussed the safeguarding of the privacy of their clients, it was unclear how they mitigated the risk of conflicts of interest. Dawson et al.'s (2020) and Eisenberg et al.'s (2018) convenience sampling methods and Gnan et al.'s (2019) snowball sampling presented the risk that the researchers would come into contact with participants whom they knew in their personal lives. Considering this potential conflict of interest, which could potentially skew the results and the interpretation of the findings (particularly in qualitative studies), the researchers should have noted their mitigation plans. Although in these studies the researchers screened all

of the potential participants prior to their participation, they did not mention how they mitigated this ethical challenge. Further, apart from Eisenberg et al., who reported that their assistants were diverse and included sexual minorities, none of the researchers of the qualitative studies discussed how they addressed their biases and experiences. One way that researchers can navigate this challenge is to ensure that they bracket their personal experiences and address how they will mitigate their possible preconceptions.

Clinical Ethical Considerations

Regarding clinical ethical considerations, the CPA's (2017) code of ethics outlines four principles, the most important of which is Principle I: Respect for the Dignity of Persons and Peoples. Respect for each client's dignity and inherent worth as a person is the foundation on which all of the other principles are built and should carry the highest weight if it conflicts with other principles. It is crucial that psychologists who work with this population adhere to this principle; subsection I.16. Informed Consent outlines the consent process, stresses clients' right to refuse or withdraw from therapy without prejudice and transparency, and requires that psychologists maintain honesty and respect for clients' innate worth. It is critical to uphold this principle in work with MSMY. As I discussed previously, clinicians must also mitigate the ethical challenges in obtaining consent and assent before they accept clients. Cormier et al. (2003) emphasised the importance of informed assent from children if judges do not consider them mature minors. Youth under the age of 18 years vary in their capacity (cognitive or otherwise) to provide informed consent/assent; however, the *Canadian Code of Ethics for Psychologists* (CPA, 2017) clear states that in urgent circumstances psychologists and researchers must obtain informed assent even if informed consent is not possible at that time for all activities that could possibly cause harm or invade their privacy, or if their involvement

includes any type of behaviour modification. Therefore, researchers obtain informed assent after they attempt to gain consent if the research activity could directly benefit their participants; however, they must clearly describe their methods of obtaining consent and assent from potential participants (CPA, 2017). Consent and assent are particularly crucial with regard to this vulnerable population if the cognitive functioning is lower, if they are under the influence or are actively and chronically using substances, if they have ulterior motives for their participation (financial incentives, which can affect the data that researchers collect), or if they have other mental-health issues that could impact their understanding and ability to fully consent/assent to participate in a study. According to subsection I.31. Protections for Vulnerable Individuals and Groups of the code of ethics, psychologists must pursue an "ethical review of moral rights issues and protections for any research involving vulnerable groups, . . . including individuals of diminished capacity to give informed consent, before making a decision to proceed" (CPA, p. 15). The vulnerability of MSMY clients complicates the consent/assent process before treatment planning, which psychologists need to consider prior to proceeding with therapy. Further, it is crucial that clinicians maintain the standard in this principle of ensuring boundaries, transparency, and honesty with this population because of their experiences of relational interpersonal trauma, victimisation, substance use, and childhood traumas. Therefore, clinicians must exemplify secure and safe spaces by respecting, empowering, and honouring this population through healthy and clear boundaries to enable them to regain power in their lives. Hence, interweaving the research findings, attachment theory principles, and the code of ethics (CPA, 2017) will support the holistic healing of these vulnerable and marginalised youth.

Additionally, Principle II. Responsible Caring (CPA, 2017) is important because it includes maintaining competence in practice by ensuring that psychologists are grounded in

sound theoretical knowledge and awareness of physiological functioning and development to maximise therapeutic benefits and ensure no harm. Psychologists who work with MSMY must be competent and aware of the risk factors and circumstances that these youth face to support their therapeutic journey ethically and adeptly. The CPA stipulated that a crucial step for psychologists to maximise the benefits to MSMY clients is to engage in literature reviews, ongoing peer consultations, and ongoing supervision to explore tailored interventions and minimise the harm to clients by considering the ethical decision-making process when potential conflicts arise (Truscott & Crooks, 2013). As I discussed previously, a collaborative approach to supporting MSMY is beneficial; therefore, according to subsection II.20. Maximizing Benefit (CPA, 2017), with appropriate consent and assent, psychologists will provide relevant information to everyone in the support networks of their clients (CPA, 2017). This reinforces the collaborative nature of supporting MSMY and ensure that interventions and services from community support workers will align with therapeutic goals and progress.

The importance of collaborative practice is evident in Principle III. Integrity in Relationships (CPA, 2017), which includes establishing and maintaining integrity within the therapeutic relationship. With an understanding of attachment theory, psychologists need to assert strong boundaries and consider appropriate levels of disclosure in communication with MSMY clients because of the increased prevalence of the experience of relational trauma. Psychologists must hold space for their clients' experiences and ensure that they remain honest, honour commitments, and remain grounded. Subsection III.9. Objectivity/Lack of Bias of the code of ethics (CPA, 2017) outlines the importance of psychologists' evaluations of the implications of their beliefs, thoughts, attitudes, and culture in therapeutic settings with clients. Psychologists must minimise countertransference and transference through ongoing supervision,

self-care, and reflection (CPA, 2017). Values and interests inevitably play a role in understandings and meaning making; however, self-awareness of biases and beliefs will alleviate countertransference to clients.

Last, Principle IV. Responsibility to Society (CPA, 2017) includes guidelines that outline the responsibility of psychologists to maintain the welfare of all clients to enable them to thrive and grow beyond the narrow, socially constructed confines of society. Specifically, subsections IV.1 and IV.3. Development of Knowledge and V.4. Beneficial Activities stress the importance of psychologists' contributions to society's understanding of psychological knowledge and the need for them to remain informed and contribute to advancements in innovations in the field of psychology to support the growth of "self, students, trainees, colleagues" (p. 32) and better society overall. These proactive approaches can reduce the misconceptions and stigma that MSMY face and, as I discussed within the findings, improve these clients' sense of belonging and acceptance. Furthermore, the research finding that protective factors for MSMY include safe spaces with supportive workers/peers might lead to fewer drug overdoses, less potential strain on the health care system, and fewer mental-health symptoms amongst this population, which will benefit society.

Additionally, various regulatory bodies such as the CPA (2017) have outlined specific practice and ethical guidelines for psychologists to ensure public safety (Truscott & Crook, 2013). Truscott and Crook (2013) emphasised that self-regulation within the profession is a responsibility to the public and requires reporting any misuse of psychological knowledge, unethical behaviour, and incompetent practices to the appropriate regulatory bodies. Psychologists' self-regulation is crucial, considering the increased vulnerability of MSMY, who do not have stable housing or safe natural supports and might not trust the authorities (i.e.,

police) to report harm. Therefore, the CPA holds psychologists and the profession more accountable for using their knowledge and influence for the betterment of society through advocacy in social policy and public education to support social justice.

Applications to Clinical Practice

Personal Development

As I reviewed the literature on this topic, I began to think critically and examine the structural, societal, and systemic inequalities that either actively perpetuate disparities (i.e., amendments to GSAs in schools) or contribute to the perpetuation by failing to take action to support MSMY. As I gained insight into these social factors and research findings, I became curious about and examined my own assumptions and preconceptions of SMY and homelessness. Although I have claimed to be an advocate for MSMY, I have come to realize I have not applied my knowledge and skills in practical ways to support this population. The findings from literature have highlighted various modifications I need to make to my practice to ensure I am appropriately responding to the needs of MSMY. These modifications include increasing my knowledge of appropriate terminology, and pronouns as well as my lack of awareness of LGBTQ+ resources in my community. My intention in this capstone paper was to incite passion and advocacy in the readers, but I arrived at a place of urgency within myself to take action.

Professional Development

The research findings and recommendations provide valuable insights and contributions to the body of scientific and required clinical knowledge on this social problem. Diverse conceptual models such as those that I have discussed in this capstone paper will enable researchers and mental-health professionals to develop a more comprehensive understanding of

the factors that influence sexual minorities' mental health and identify the risk factors for clinical

intervention. I have made various recommendations to help clinicians to create a safe and

welcoming environment for youth. A sense of safety and belonging is central to the healing and

empowerment of MSMY. Further, clinicians will be able to approach their work with MSMY

from a trauma-informed and affirmative space to build trust with them. They should also

consider access to mental-health supports for homeless SMY, which can include virtual

counseling services and telecommunication if mobility is a barrier to their access.

Additionally, mental health professionals have a duty to actively support the progression

of the rights of LGTBQ folks by ensuring that we remain competent in our practice by remaining

aware of relevant current research, findings, and community programs. Although I noted gaps in

the existing literature, there is a significant body of empirical and practical knowledge from

attachment theorists and researchers on the associations among ACEs, mental-health challenges,

victimisation, and relational traumas and implications within the SMY population. The literature

has supported the implementation of culturally appropriate affirmative mindfulness-based

interventions for SMY (Austin & Craig, 2015; Iacono, 2019). The intentional concentration and

focus of mindfulness-based interventions maintain a healthy connection among internal

sensations, emotions, and thoughts (Iacono, 2019). Fostering mind and body connection

improves the awareness and regulation of distressing physiological arousal that often

accompanies psychological trauma (Van der Kolk, 2015). Van der Kolk (2015) explained that

mindfulness strategies such as breathing improve the top-down regulation of traumatic stress

within the body by "strengthening the capacity of the watchtower to monitor your body's

sensations" (p. 63). He referred to the work of Peter Levine with somatic experiencing and

explained that trauma embedded in the body perpetuates the disconnection between the mind and

body by blocking and suppressing sensory information. Van der Kolk stated that "dissociation is the essence of trauma" (p. 66) and that dissociation in traumatised folks further perpetuates the fragmentation of oneself as the internal systems and warning signs are suppressed and ignored. Because unprocessed trauma disconnects us from our body mechanisms, self-regulation becomes difficult because we are not aware of the signals that our bodies send us. Therefore, incorporating mindfulness into practice will enable clinicians to recalibrate the nervous system to strengthen core self-awareness and increase clients' self-regulation by promoting a healthy and safe connection between the minds and bodies of SMY (Van der Kolk, 2015).

Well-Being of Society

Last, I found a lack of literature on the intersectionality of nonconforming LGTBQ+ Canadian youth who are marginalised and street involved. In this project I aimed to further delve into this niche population of hidden and vulnerable folks in society who are 'falling through the cracks' in a fragmented and disjointed system. Working with MSMY requires a systemic and organisational shift in the approaches. The need to protect the well-being of vulnerable young people is not only embedded in the *Canadian Code of Ethics for Psychologists* (CPA, 2017), but is also the obligation of mental health professionals. As graduate students, scholars, academics, and part of the mental-health field, we are held accountable for our role in ensuring that we advocate for and foster awareness of the disparities amongst vulnerable populations without judgment, discrimination, or prejudice (CPA, 2017). Further, we can support these youth at the societal level in various ways, including by participating in advocacy events, raising awareness in community agencies, attending legislative meetings, and applying for funding and grants to support social and community programs for MSMY. Systemic change begins with opening dialogue and discussions in safe and open spaces. Critically thinking and speaking about gender

nonconformity are critical to create a safe environment that supports all experiences and identities. The emergent data echo this sentiment and are in line with the findings from other studies that show the buffering effect of social connectedness and the centrality of acceptance and belonging to reduce the risk for SMY (Kidd et al., 2021).

Future Research

Researchers of current studies drew on various theories and models such as the interpersonal theory of suicide (Hatchel et al, 2019), the ecological model (Eisenberg et al., 2018), and the minority stress theory (Gnan et al., 2019; Hatchel et al., 2019). However, I did not encounter the incorporation of queer theory in my work with this population. Queer theory might be an area for inquisitive readers to expand their understanding of the construction of the intersectional experiences of this population within historical, cultural, social, and political discourses (Creswell & Poth, 2018). I recommend that future researchers draw on queer theory as well as other relevant theories to enhance the reader's understanding of the experiences of these youth.

Additionally, further research might be warranted on the role of technology in facilitating youth's access to supports. As I noted in this paper, actively homeless youth readily access crisis call centres, which suggests that if MSMY are aware of telecommunication and telehealth services, they might be more likely to access mental- and medical-health services; I hypothesise that this will decrease their negative health outcomes. Further on this topic, the additional stressors and disconnection that the COVID-19 pandemic has incited might create more need for youth to access supports. The COVID-19 pandemic has significantly limited in-person supports, services, and outreach programs; and the sudden impact of these measures might be an interesting area for further inquiry.

Last, I briefly discussed the impact of Alberta's political climate on legislation on sexual-minority in the education system. The polarising political climate in Alberta has trickled down to the education system and is directly impacting the provisions that protect students who participate in GSA groups in schools. I did not find any research on MSMY in Alberta when I reviewed the literature. An area for future research might be the impact of Alberta's political climate and cultural norms on SMY in Alberta, with a subquestion on the role of the Alberta government in ensuring the safeguarding of sexual minority rights. Further to this, future researchers might also explore the treatment of SMY and infringement on their human rights as a result of political agendas. Based on the discussed gaps, I present the following research questions for consideration for future research:

1. How can queer theory support the understanding of the intersectional experiences of homeless sexual-minority youth?

2. What role can technology play in supporting access to resources for marginalised and homeless sexual-minority youth?

3. In what ways has the COVID-19 pandemic impacted homeless youth and their access to supports?

4. What implications do conservative political agendas have for sexual-minority rights and legislation?

Conclusion

In conclusion, it is clear that some communities have appropriate and accessible supports for SMY, but there is a clear disparity between those who are street involved and marginalised and others whose basic needs, including stable housing, are being met. I hope that my discussion in this paper will promote an understanding of the numerous complex factors that contribute to

the increasing disparity of street-involved LGBTQ+ youth. The findings from the literature

demonstrate that the prevalence of relational trauma, stigmatisation, victimisation, and substance

use amongst MSMY is disproportionately higher because of the inaccessibility of resources for

homeless youth. However, it is apparent that most of the literature on street-involved and high-

risk/at-risk LGBTQ youth is quantitative, which limits the understanding of the lived experiences

of SMY. Although statistical data are important to understand the prevalence of this issue, they

do not foster a perceptual understanding of their experiences through an intersectional lens. It is

important to consider suicide, suicide attempts and ideation, and drug overdose, in addition to the

increased levels of victimisation amongst MSMY, a public-health crisis; however, they have

received little attention.

My analysis of these articles clearly demonstrates that, regardless of the geographical

location of the studies, street-involved LGBTQ+ youth are at a greater disadvantage and risk

than other youths. Further, considering the lived experiences of these youth through an

intersectional lens, other factors might contribute to their marginalisation, including their gender,

race/ethnicity, religious background, and so forth. As researchers gather additional data on this

population, I hope that my literature review will contribute to the existing literature and enhance

the understanding of the experiences and needs of these youth in the community. My article

analysis identified common themes and factors amongst this population that almost all of the

researchers found cause significant mental-health symptoms, including an increased risk of

suicidal ideation and attempts, increased social stigmatisation and victimisation, and increasing

rates of sexual and physical violence.

My research supports incorporating the attachment-theory framework to understand the

biological impacts of trauma and how they shift youths' perceptions of themselves and others

and lead to increased risk and vulnerability. I chose this specific population because of the intricacies of their intersectional experiences, increased marginalisation in society, and, as I noted in this paper, the lack of research on the homelessness of SMY. This target population also demonstrates that researchers must remain curious about emergent and dynamic phenomena and advocate for the increasingly marginalised and vulnerable members of our society. The research findings and recommendations provide valuable insights and contributions to the body of scientific and required clinical knowledge on this topic. The implementation of these recommendations will further advance our understanding of the lived experiences and barriers that vulnerable LGBTQ+ youth face to tailor the development of the mental-health and social-work professions to enhance the services for these youth.

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