Identification of Strengths among Southwestern LGBTQ+ Young Adults

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Research on lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth has predominantly operated within a risk framework, highlighting the risks youth face in their homes, schools, and communities and how these risks are associated with disparate mental health outcomes. This research has been important in establishing the challenges faced by LGBTQ+ youth and the need for interventions to reduce stigma and victimization and promote well-being. However, a predominant focus on risk fails to account for the strengths and resilience of LGBTQ+ youth and positions them as "at-risk" rather than as resilient. This chapter describes a study aiming to redress this gap in the literature by assessing the types of strengths LGBTQ+ young adults identify with and the association between their identified strengths and mental health. First, we provide a summary and critique of the literature on LGBTQ+ youth risks and strengths.

LGBTQ+ YOUTH RISKS

Research has documented that LGBTQ+ youth are at risk of stigma and violence based on their sexual or gender identities (Poteat, Aragon, Espelage, & Koenig, 2009; Ryan, Huebner, Diaz, & Sanchez, 2009). As many as 40% of LGBTQ+ youth report experiencing ten or more types of victimization annually (Sterzing, Ratliff, Gartner, McGeough, & Johnson, 2017). One study found that 98% of LGBTQ+ students reported overhearing anti-LGBTQ+ language at school, while 70% and 50% reported verbal harassment based on sexual or gender identity, respectively (Kosciw, Greytak, Giga, Villenas, & Danischewski, 2018).

LGBTQ+ youth also have documented health disparities when compared with heterosexual and cisgender youth. In a meta-analysis, Marshall et al (2011) found that LGBQ youth have greater rates of depression and suicidality than heterosexual youth. LGBTQ+ youth also have higher rates of risky sexual behavior and substance use (Fish, Schulenberg, & Russell, 2019). Numerous studies have documented the relationship between victimization and health outcomes for LGBTQ+ youth. Discrimination and bullying are associated with increased depression, anxiety (Paceley, Goffnett, & Gandy-Guedes, 2017), and stress (Woodford, Paceley, Kulick, & Hong, 2015). A few studies have identified discrimination or victimization as a mediator between sexual identity and depression (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009), alcohol use (Fish et al., 2019), and self-reported health (Mereish & Poteat, 2015).

Identifying and understanding the risks that LGBTQ+ youth experience and the impact of these experiences on their well-being has been critical to the field of LGBTQ+ youth research. By understanding and acknowledging the ways in which a society that stigmatizes diverse sexualities and genders affect young people who hold those identities establishes the problem where it belongs—within society—rather than as a deficit inherent to LGBTQ+ youth. However, the predominant focus on risk fails to account for the unique strengths and resilience of this population. Over a decade ago, scholars engaged in LGBTQ+ research issued a call to action for researchers to shift away from a risk-focused paradigm when studying LGBTQ+ youth (Horn, Kosciw, & Russell, 2009).

STRENGTHS PERSPECTIVE AND LGBTQ+ YOUTH

Within social work, the strengths perspective provides an important framework within which to study issues affecting LGBTQ+ youth. The strengths perspective underscores the importance of individual strengths as both personal resources and as responses to challenges (Saleebey, 1996). As a social work practice framework, Saleebey (1996) described how a focus on strengths could move practitioners away from "the emphasis on what is wrong, what is missing, and what is abnormal" (p. 297) to a focus on resilience, strengths, and personal resources. The strengths perspective has been adopted and utilized by community-based practitioners, educators, and researchers (Saleeby, 1996). Utilizing a strengths perspective in research with LGBTQ+ youth does not negate the risks and challenges this population faces. Rather, a strengths perspective acknowledges both challenges and opportunities and frames them within the strengths of individual youth and their opportunities to cultivate resilience.

Research on LGBTQ+ youth that explicitly utilizes the strengths perspective has primarily included evaluations of practice models. Craig and Furman (2018) identified LGBTQ+ youth's perspectives of two strengths-based programs for LGBTQ+ youth. Youth reported positive perceptions of both programs; indicating how both interventions gave them opportunities to access social support, build community, enhance their own confidence, and access mentors. Craig (2012) evaluated a

strengths-based case management model serving primarily Black and Latinx LGBTQ+ youth to assess whether youth were able to identify strengths in their own lives as a result of participation in the program; youth were able to identify strengths as being able to ask for help (81%), access social support (80%), having at least one supportive family member (58%), access to community-based support (45%), and support at school (44%). Other scholarly work has focused on describing and promoting strengths-based interventions for LGBTQ+ youth (e.g. Craig, 2013; Craig, Dentato, & Iacovino, 2015; Crisp & McCave, 2007).

Within a strengths framework, although not explicitly identified as such, LGBTQ+ youth research has also focused on resilience. Meyer (2015) defined resilience as "the quality of being able to survive and thrive in the face of adversity" (p. 210). Asakura (2016) utilized grounded theory methodology to explore the resilience pathways of LGBTQ+ youth in Canada. Youth identified resilience strategies that were often in direct response to the challenges faced: establishing safety, self-efficacy and agency, establishing relationships with others, being vocal about their own and others' LGBTQ+ identities, and participating in advocacy and activism. A related study aimed to identify resilience strategies among transgender youth in the U.S. (Singh, Meng, & Hansen, 2014). Youth identified their own resilience strategies as self-defining their own gender, accessing support and resources, community connections with other transgender people, reframing their own mental health concerns, and navigating relationships. Other resilience research has identified the use of online resources (Craig, McInroy, McCready, & Alaggia, 2015b; Singh, 2013), personal self-acceptance (DiFulvio, 2011), connecting with other LGBTQ+ youth (Craig et al., 2015b; DiFulvia, 2011; Singh, 2013; Zeeman et al., 2017), and engaging in activism (Craig et al., 2015a; Singh, 2013; Zeeman et al., 2017) as resilience strategies utilized by LGBTQ+ young people.

Outside of social work, positive psychology offers a framework for understanding the strengths of LGBTQ+ youth. One of the three pillars of positive psychology is the strengths of character (Seligman & Csikszentmihalyi, 2000) and is often used to understand pathways to positive outcomes such as overcoming stigma (Antebi-Gruszka, 2016) and positive youth development (Park & Peterson, 2008). The strengths of character model (Peterson & Seligman, 2004) categorizes 24 personal traits into six strengths categories (see Table 1) and have been used in research with LGBTQ+ individuals. Miller (2010) found that college students with a balanced sense of well-being scored higher on character strengths associated with interpersonal wisdom. Antebi-Gruszka (2016) used the strengths of character framework to create a stigma-related strengths model. This model was used to examine the relationship between stigma and character strengths; findings suggested that the development of certain character strengths could bolster an LGBQ person's stigma-related strengths and therefore improve their well-being. Taube & Mussap (2019) examined character strengths in transgender and gender diverse adults and found some strengths to be related to resilience. These studies suggest that the strengths of character framework have promised to better understand pathways to positive

outcomes for LGBTQ+ persons, although the research is still preliminary and needs further development, especially with people who hold historically marginalized racial identities (Taube & Mussap, 2019).

Several gaps exist in this literature. First, the field remains predominantly risk-focused; more strengths-based research is essential to move the field away from a risk paradigm to one focused on strengths. Second, we lack research exploring the ways in which LGBTQ+ youth utilize their own internal strengths as a response to the challenges they face. Finally, among LGBTQ+ youth research, more research is needed in regions of the country characterized as hostile to LGBTQ+ people, including the Midwest and South. Understanding resilience within these more challenging contexts is critical as we move forward. Therefore, this study utilized the strengths of character model to identify the strengths of LGBTQ+ young adults within one Southwestern State and the association between those strengths and their mental health. Our research questions include:

1) What internal strengths do LGBTQ+ young adults rely on?
2) Are there any differences in identified strengths by social identity characteristics?
3) Are there differences in identified strengths in the severity of depression, anxiety, and stress?

Methods

Secondary data from a pilot needs assessment survey were used to examine the strengths of LGBTQ+ young adults in the Southwest. The needs assessment survey was conducted in 2018 by an LGBTQ advocacy group in a rural, conservative Southwestern state and was administered to LGBTQ+ young adults attending a leadership summit (further identifying information is not provided so as to maintain the anonymity of participants). The survey was voluntary and no incentive for participation was provided; informed consent was given to participants during the main event of the symposium and was attached to the survey. It included sections on program evaluation; campus and community experiences; the Depression, Anxiety, and Stress Scale (DASS); and strengths of character, as well as other topics. The survey was a pilot of a needs assessment intended to be replicated with other youth in the region who did not attend the leadership summit. Only demographics, the DASS, and strengths were utilized for these analyses.

Participants

All attendees of the leadership summit were eligible to participate. Young adults between the ages of 18-29 were selected from the overall dataset. Of the 80 people in attendance, 41 participated in the survey (51.25%); of those, 30 provided answers in the strengths section of the survey (the last section). The drop in responses towards the end of the survey was likely due to its length. Missing responses were analyzed for patterns and found to be missing at random; these participants were excluded from the analysis. Participants' mean age was 21.33 (*SD*=2.510), the sample was

mostly non-Hispanic white (70%), cisgender (50%), masculine gender expression (45%), pansexual/panromantic (33%), disclosed their sexual orientation or gender identity to only certain people (63%), and mostly did not receive free or reduced lunch during primary/secondary school (an indicator of childhood poverty) (63%) (see Table 2).

Measurement

Demographics. Demographic data included in these analyses are racial identity, gender identity, level of identity disclosure, and childhood poverty. Participants identified their racial identity by selecting all that applied among a census-based racial classification and then consolidated to one identity (including multiracial) for analysis. Given the small sample, participants were further grouped into two categories: 1) white (only indicated a white racial identity), or 2) person of color (indicated at least one marginalized racial identity).

Participants identified their gender in two ways: 1) describing their gender identity in their own words; 2) assign a label to their gender identity. This enabled participants to self-identify rather than choose from a predetermined list of identities. For the purposes of analyses, participants were grouped into two categories: 1) cisgender, or 2) transgender, non-binary, etc.

A measure of identity disclosure was used to determine how open participants were about their sexual orientation and/or gender identity. Participants identified to what extent they are open about their sexual orientation/gender identity from among three options: I am not out/open in any aspect, I am out/open with only certain people, I am out/open in every aspect.

Childhood poverty was measured by asking participants to self-report whether or not they received free or reduced lunch at any point in their primary or secondary education.

Depression, Anxiety, & Stress. The Depression, Anxiety, & Stress Scale (DASS) 21-item version was used to measure participants' level of depression, anxiety, and stress. Participants indicated how often a statement applies to them using a 4-point scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or all of the time) (Lovibond & Lovibond, 1995). The DASS-21 is scored using the summation of scores, then multiplying by two to match the metric of the original DASS (42 items) for interpretation.

Strengths of character. To measure participants' perceptions of their internal strengths, we utilized survey questions created from the strengths of character classification (Peterson & Seligman, 2004). The six strengths are: wisdom and knowledge, courage, humanity, justice, temperance, and transcendence (see Table 1 for operational definitions and traits). Participants chose among a list of traits to answer the question, "I rely on these strengths to help me when I am facing challenges." Selected traits were coded as one; non-selected traits were coded as zero. Cron-

bach's alpha for these data was 0.89 for the total of all items, and for each subscale: wisdom and knowledge α=0.53, courage α=0.37, humanity α=0.65, justice α=0.27, temperance α=0.55, and transcendence α=0.65.

Analyses

Descriptive statistics are provided for each of the six strengths categories and the total number of strengths using a ratio of mean to total possible number. Independent sample t-tests were conducted to determine if there were significant differences between dichotomized demographic groups and strengths. Correlational analyses were used to determine if scores on the DASS were associated with the number of strengths in each of the six categories.

Results

Table 3 provides details of the descriptive statistics for the categorized strengths and the total number of strengths. Ranked highest to lowest, the six categories in order were: humanity (0.723), wisdom & knowledge (0.62), transcendence (0.61), justice (0.58), temperance (0.52), and courage (0.45).

Four independent sample t-tests were conducted to determine whether there was a difference between groups based on race, gender identity, level of identity disclosure, and childhood poverty on the mean of self-reported strengths in each of the six categories and the total number of strengths (see table 3). There were no statistically significant differences based on gender identity or level of disclosure.

There was one statistically significant result based on race in self-reported strengths in the justice category. Participants in the people of color category self-reported a mean of 2.22 and those in the white category self-reported a mean of 1.52 out of a possible total of 3. The t-test result indicated that participants of color self-reported 0.7 more strengths in the justice category than did those in the white category (t(28)=-2.034, p≤0.05). There were five statistically significant differences based on childhood poverty; four of the six strengths categories (wisdom & knowledge, humanity, justice, and transcendence) and the total strengths count. Those reporting childhood poverty had a statistically significantly higher number of strengths in each category except courage and temperance. Participants with childhood poverty self-reported 6.22 more strengths than did participants without the poverty indicator (t(25)=-2.706, p≤.01).

Mean scores on the DASS include a rating from normal to extremely severe: depression, M=17.79 (SD=12.04), moderate; anxiety, M=17.29 (SD=11.17), severe; and stress M=19.8 (SD=11.28), moderate. The only statistically significant correlation between DASS sub-scores and strengths categories was between courage and the depression subscale (r=-.404, p<.05); higher depression scores were correlated with lower numbers of strengths in courage category.

Discussion

This study identified Southwestern LGBTQ+ young adults' personal strengths, determined if there were social identity group differences, and assessed if there were associations between the number of strengths selected and depression, anxiety, and stress. The findings indicate that humanity was the most frequently selected character category, which included the traits of love, kindness, and social/emotional intelligence. This is not surprising given that the sample was comprised of LGBTQ+ young adults attending a symposium with themes of social, economic, and environmental justice. Indeed, the humanity aspects of the symposium could have attracted participants whose strengths lie in humanity-based traits. The finding that the courage category was least selected may also be a reflection of the sample composition since the participants are LGBTQ+ minorities living in a very anti-LGBTQ+ political and social climate.

The finding that there were no statistically significant differences among gender identity groups/level of disclosure and strengths of character may reflect the similarities of this specific sample or a need to investigate whether a mediating factor can help explain the lack of a statistically significant finding. Racial identity was associated with the strengths category of justice indicating that the participants of color had a higher number of strengths in the justice category (social responsibility, loyalty, and teamwork), fairness, and leadership. In previous research, there were no differences among racial groups (Peterson & Park, 2004). Additionally, participants who had experienced childhood poverty reported a greater number of strengths than those who did not. Meyer (2016) found that participants who were middle-class and white reported less violence than low-income participants of color and yet ranked their violence as more severe. They related this to prior research suggesting that people's reference groups affected how severe they perceived their violent experiences. Since white, middle-class LGBTQ+ participants had friends who had experienced lower rates of violence (like themselves), they were more likely to indicate their experiences were severe. This may function in the same way as the identification of strengths. LGBTQ+ individuals growing up with a marginalized racial identity or in poverty may have had the need to develop strengths in the face of oppression and may also be more aware of their strengths as they see them in their reference group. Further research is needed to examine this phenomenon.

Findings also revealed that the only relationship that was statistically significant between the number of strengths and mental health was that between the depression subscale and the courage category; as depression severity increased, courage strengths decreased. The finding that nearly no associations exist may align with Park's (2004) assertion that character strengths can moderate negative consequences of stress, which can include mental distress and mental illness. Thus, the more character strengths a person has, the potentially fewer symptoms of mental distress they have. In the present study, participants scored quite high on all domains of character strengths which may, in turn, influence the presence of mental distress symptoms. The finding that the courage subscale was negatively associated with

depressive symptoms may be due to those depressive symptoms exceeding the participants' strengths, particularly in the areas of persistence and vitality, two important components of the courage domain. Antebi-Gruszka (2016) determined that persons with moderate experiences of stigma also had more strengths of character, but found several mediating factors were involved, such as cognitive flexibility, brooding, social support, and suppression. The lack of significant findings in the current study may be due to not examining mediating factors such as these. The strengths of character in the study by Antebi-Gruszka were measured using the Values In Action (VIA) scale, a psychometrically valid instrument, which the current study did not use. Thus, it may be worthwhile to replicate the current study with a more psychometrically valid measure of the strengths of character.

These findings also call attention to the need to understand LGBTQ+ identities and strengths from an intersectional perspective. Intersectionality describes how facets of identity are situated in privilege and/or oppression and cannot be separated when attempting to examine marginalization (Crenshaw, 1991; Murphy, Hunt, Zajicek, Norris, & Hamilton, 2009). Multiple studies have documented the ways in which transgender women and people of color (Testa et al., 2010), immigrants, (Helm-Hernandez & DeFillipis, 2018), and people within low socioeconomic status-es experience greater victimization and discrimination than white, cisgender, U.S. citizens. Given the commitment to social justice in social work, scholars have called on researchers to incorporate intersectionality in our work with historically marginalized populations (Mehrotra, 2010). Although intersectionality attends to the ways in which multiple marginalized identities (e.g. based on race, gender, and sexuality) affect people's experiences, it is not incompatible with the strengths perspective. Murphy et al. (2009) described intersectionality as a mechanism for social change because it provides room for personal agency and empowerment.

Limitations

The findings of this study should be considered in the context of its limitations. First, it is a pilot study and thus the findings are tentative and should be subject to further inquiry in a larger, more representative study. Second, the size of the sample is limiting especially when splitting it into subgroups for comparison (e.g., race, gender identity, level of identity disclosure, and childhood poverty), the subgroup sample sizes became too small to have adequate power to identify between-groups differences, if they do exist. Lastly, the sample itself may not be representative of all LGBTQ+ youth in this context given that the sample was obtained from a leadership summit. Thus, the findings may differ significantly from other LGBTQ+ youth in the region.

CONCLUSION

By combining intersectionality, concepts in positive psychology, and an understanding of LGBTQ+ youth's perceived strengths, this study has important implications for understanding and utilizing a Strengths Perspective with LGBTQ+ youth. As indicated

earlier, a Strengths Perspective attends to both challenges and resilience, situating both within the strengths LGBTQ+ youth hold. Yet, the strengths-based social work literature on LGBTQ+ youth has primarily focused on evaluating interventions, rather than understanding LGBTQ+ youths' perceptions of their own strengths. We argue that, within a Strengths Perspective, we must engage with LGBTQ+ youth about the strengths they feel as if they possess and assist them in cultivating additional strengths to promote resilience. It is essential that practitioners and researchers alike understand the individual and community resilience strategies relevant to and utilized by LGBTQ+ young people, as well as the individual strengths identified by youth themselves. In this way, this pilot study demonstrates promise for the application of the strengths of character framework within a social work strengths perspective to understanding LGBTQ+ youth and young adults.

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