Suicide Prevention for LGBT Students

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Abstract:

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Keywords: LGBT | Student Services | College Students | Mental Health | Suicide Prevention

**Note: Full text of chapter below

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Suicide Prevention for LGBT Students

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Extensive media coverage of the suicide deaths of several gay and lesbian youth (including Rutgers University student Tyler Clementi) has highlighted lesbian, gay, bisexual, and transgender (LGBT) youth as a population at-risk for suicide. In addition, it has caused colleges and universities to address mental health and suicide behavior among this very diverse college population. One issue that researchers, administrators, and students alike must address is how to delineate the membership of this population. Depending on whom you ask, the letters involved can be as long as LGBTTTQQIPAAA. The literature reviewed for this chapter used a variety of terms from LGBTQ to sexual minority and used various definitions to determine membership within these groups. We use the term *LGBT* unless we are referring specifically to a subpopulation within this group.

In this chapter, we review the research about LGBT suicide, risk factors and protective factors for LGBT students, and bullying and cyberbullying. The chapter concludes with a description of how one institution addressed suicide prevention for LGBT students.

Over the past three decades, research on the experiences of LGBT youth has increased substantially within education, especially within secondary education. Despite this increase, gauging the number of LGBT students in higher education is difficult. However, one source, a survey by the American College Health Association (2010), indicates that 7.2 percent of

U.S. college students identify themselves as lesbian, gay, or bisexual. Beemyn (2003) noted that "there is no accurate measure of the number of transgender college students (just as there are no reliable statistics on the number of lesbian, gay, and bisexual students)" (p. 34); however, it is likely that there are a few transgender students on every college campus (Carter, 2000).

There are no authoritative data on suicide rates among LGBT persons because this information is not typically reported in death certificates. Therefore, it is necessary to look at mental health concerns, suicide ideation, and suicide attempts among LGBT persons. The literature shows a prevalent relationship between mental health issues, suicidal ideation, and suicide and sexual orientation and sexual identity within the LGBT population. Lesbian, gay, and bisexual (LGB) young people typically report higher levels of depression (D'Augelli, 2002; Westefeld, Maples, Buford, and Taylor, 2001) and substance abuse (Bontempo and D'Augelli, 2002), both of which are associated with suicidality (Russell and Joyner, 2001) (see Chapter 1). Other researchers have found that LGB college students are more lonely, more depressed, and endorse fewer reasons for living than their heterosexual peers (Westefeld, Maples, Buford, and Taylor, 2001). Data indicate that LGB young people are more likely than their peers both to consider and to attempt suicide (D'Augelli, Hershberger, and Pilkington, 2001; Russell and Joyner, 2001). A 1989 study reported that LGB youth were "two to three times more likely to attempt suicide than other young people and might comprise up to 30% of completed youth suicides annually" (Eisenberg and Resnick, 2006, p. 662), and Russell and Joyner (2001) found that LGB adolescents were more than twice as likely to attempt suicide than their heterosexual peers. Other studies have found that about half of the LGB participants have thought about suicide (D'Augelli, Hershberger, and Pilkington, 2001) and that 33–45% of LGB respondents have attempted suicide (Child Welfare League of America, 2009; D'Augelli, Hershberger, and Pilkington, 2001; Eisenberg and Resnick, 2006).

Although LGBT students usually are categorized together as "sexual minority" students, the "T" is really quite different from the "LGB." Whereas the terms *lesbian, gay*, and *bisexual* refer to sexual orientation (to whom one is attracted), the term *transgender* refers to gender identity (the gender one considers oneself) (Diamond, 2002; Grossman and D'Augelli, 2007). Transgender youth have been less studied than their LGB peers. However, one study of transgender youth (Grossman and D'Augelli, 2007) found that almost half of the participants had considered suicide seriously and that one fourth had attempted suicide.

In one of the largest studies of mental health issues and sexual orientation, Oswalt and Wyatt (2011) noted that the LGBT population was more at risk for mental health issues, not because they are members of this sexual minority group, but as a result of "environmental responses to their sexual orientation" (p. 1257). Navigating being a member of the LGBT community can be difficult for many youth. According to Morrow (2004),

"GLBT adolescents must cope with developing a sexual minority identity in the midst of negative comments, jokes, and often the threat of violence because of their sexual orientation and/or transgender identity" (pp. 91–92) and that, given the pervasive homophobia in our culture and in the families of LGBT youth, "the internalization of homophobic and heterosexist messages begins very early—often before GLBT youth fully realize their sexual orientation and gender identity" (p. 92). In addition, it is just recently that youth have been able to see role models in prominent roles on television with whom they can identify.

Despite advances in coverage of gay rights concerns in the media and the recent addition of more LGBT characters in the media, there is still a stigma around being LGBT. This stigma allows society to continue to devalue and discredit being LGBT relative to being straight or heterosexual or cisgender. It is the embodiment of this stigma by institutions, such as colleges and universities, and non-LGBT individuals' internalization of this stigma that can lead to heterosexism and thus result in prejudice (Herek, Chopp, and Strohl, 2007). As a result of stigma and prejudice, members of the LGBT community report higher levels of social stressors that result in higher rates of mood, anxiety, and substance abuse disorders (Meyer, 2003). In addition, social stressors from stigma and prejudice can lead to some members of the LGBT community to reject their own identity, be bullied, or experience discrimination.

Researchers have referred to the idea of "gay-related stress" (Bontempo and D'Augelli, 2002; Heck, Flentje, and Cochran, 2011; Kitts, 2005; Rotheram-Borus, Hunter, and Rosario, 1994) or "minority stress" (Meyer, 1995, 2003), that is, stressors that are unique to LGBT individuals and are related to coming out; discovery of being lesbian, gay, bisexual, or transgender; or being victimized for being LGBT. Also related to this gay-related stress is "'institutional discrimination' resulting from laws and public policies that create inequities or omit LGBT persons from benefits and protections afforded others" (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012, p. 122). Studies have found that internalized homophobia and victimization and gay-related stress can lead to psychological distress and other mental health concerns that may in turn contribute to overall suicidal ideation and behavior (Igartua, Gill, and Montoro, 2003; Meyer, 1995; Suicide Prevention Resource Center, 2008). This risk may be heightened by the lack of coping skills and protective factors that promote resilience, such as family and peer support and access to both physical and mental health providers (Suicide Prevention Resource Center, 2008).

Risk and Protective Factors

Risk factors for suicide are "characteristics that make it more likely that a person will think about suicide" or attempt suicide (U.S. Department of

Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012, p. 13). Protective factors, in contrast, are characteristics that promote resilience and make suicide less likely (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012). Suicide prevention efforts attempt to reduce risk factors and increase protective factors.

One of the reasons that LGBT students are more at risk for suicide than their heterosexual peers is that LGBT students experience greater prevalence of suicide risk factors (Eisenberg and Resnick, 2006). LGBT students exhibit higher levels of substance abuse (Bontempo and D'Augelli, 2002; Rosario, Schrimshaw, Hunter, and Gwadz, 2002; Russell and Joyner, 2001) and depression (Russell and Joyner, 2001; Safren and Heimberg, 1999). LGBT students also experience higher rates of parental and peer rejection (Ryan, Huebner, Diaz, and Sanchez, 2009) and parental and peer physical and verbal abuse (Grossman and D'Augelli, 2007). Having a family member or friend who has attempted suicide or has died by suicide also is a risk factor for suicide. Research indicates that LGB young people are more likely to have a friend who has attempted suicide than are their heterosexual peers (D'Augelli, Hershberger, and Pilkington, 2001). Harassment and bullying in schools has been linked to suicide (Bontempo and D'Augelli, 2002; Rivers, 2004). Rankin (2003) found that more than one-third of LGBT undergraduates had experienced harassment during the previous year, and 20 percent of respondents feared for their physical safety.

Risk factors for suicide that have been identified for transgender individuals include reporting depression, having a history of substance abuse, being under twenty-five years old, being forced into sex, and feeling victimized and being discriminated against based on gender (Clements-Nolle, Marx, and Katz, 2006). Other risk factors for suicide among transgender persons are similar to those for LGB students: parental rejection, substance abuse, peer victimization, and family violence (Grossman and D'Augelli, 2007).

There is relatively little research on protective factors for LGBT students (Suicide Prevention Resource Center, 2008). Eisenberg and Resnick (2006) identified three protective factors in their study of middle school and high school LGB students: family connectedness, caring adults, and school safety. Other protective factors for LGBT students include support from parents and peers (D'Augelli, 2002; Heck, Flentje, and Cochran, 2011; Kidd and others, 2006), the presence of Gay Straight Alliance organizations in their educational settings (Heck, Flentje, and Cochran, 2011), positive sexual or gender identity (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012), and access to culturally appropriate mental health services (U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012).

Bullying

Bullying and cyberbullying have received a great amount of attention in the media as a result of recent deaths by suicide of a number of teens and young adults within the past few years. Bullying is defined as a behavior that (1) is intended to harm or disturb another, (2) occurs repeatedly over time, and (3) is imbalanced in terms of power (Nansel and others, 2001). The power described in this definition can be real or perceived and is exercised by a more powerful person or group over another (Ericson, 2001). Bullying may be verbal, physical, or psychological. Table 5.1 describes some of the direct and indirect forms of each type of bullying behavior (Berman, 2010). For many, bullying starts early, with approximately 5 million children in elementary and junior high school being affected each year (Blumenfeld and Cooper, 2010). Additionally, between 10 and 15 percent of young persons report being a victim of bullying on a regular basis (Blumenfeld and Cooper, 2010).

Until recently, there has been little study of bullying on college campuses and few statistics on LGBT students on college campuses experiences. The lack of statistics on LGBT students is further increased given that institutions of higher education typically do not collect demographic information such as sexual orientation or gender identity or expression from their students. Based on data from the State of Higher Education Report (Rankin, Blumenfeld, Weber, and Frazer, 2010), LGBT students reported being the victim of many types of harassment. In total, 23 percent of LGBT students, faculty, and staff reported being the victim of some form of harassment (Rankin, Blumenfeld, Weber, and Frazer, 2010). Harassment included having derogatory remarks made about them (61.1 percent), feeling deliberately ignored or excluded (47.0 percent), feeling isolated or left out (40.0 percent), feeling intimidated or bullied (30.1 percent), fearing for

Table 5.1. Direct and Indirect Forms of Bullying

	Direct	Indirect
Verbal	• Insulting language • Name calling • Ridicule • Cruel teasing or taunting rumors	• Persuading another to verbally abuse someone • Spreading malicious rumors • Anonymous phone calls • Offensive text messages and e-mails • Demeaning content on Web sites
Physical	• Striking, kicking • Throwing objects • Slapping, shoving • Using weapons	• Deliberately and unfairly excluding someone • Removing and hiding things
Gestural	• Threatening gestures • Staring at someone	• Repeatedly turning away

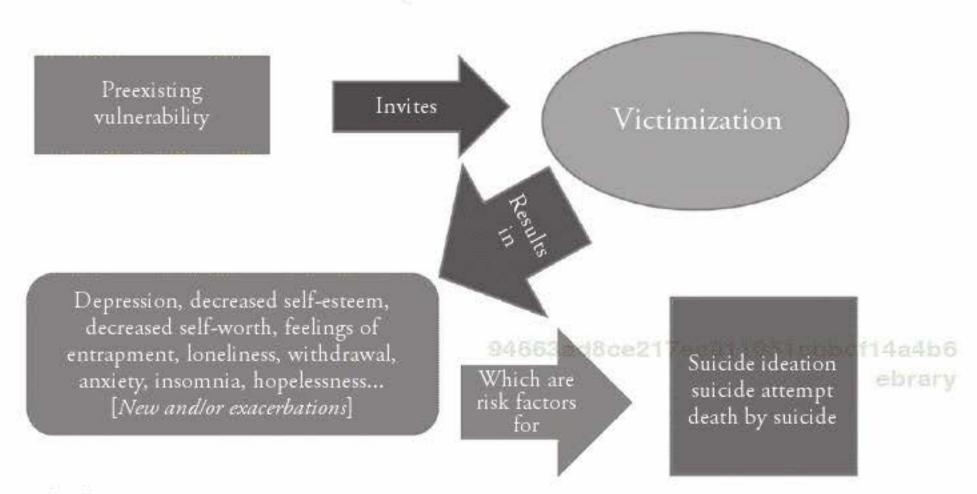Used with permission from Berman (2010).

their physical safety (12.7 percent), being the victim of a crime (3.3 percent), or being the target of physical violence (3.2 percent). In addition, one-third of LGBT students, faculty, and staff have considered leaving their institution due to perceiving a hostile climate (Rankin, Blumenfeld, Weber, and Frazer, 2010).

With the advent of technology and new technologies coming about daily, cyberbullying has become a real concern as of late. Cyberbullying is defined as the use of computers, cell phones, and other technology to intentionally and repeatedly harm another (Hinduja and Pathcin, 2008). Students who identified as a member of the LGBT community are more likely to have been or to know someone who has been a victim of cyberbullying or have had negative information posted about them online (MacDonald and Roberts-Pittman, 2010). MacDonald and Roberts-Pittman (2010) found that 38 percent of college students had known someone who was a victim of cyberbullying, 21.9 percent had been a victim themselves, and 8.6 percent had cyberbullied someone else. MacDonald and Roberts-Pittman (2010) also found that 25 percent of college students reported they had been harassed through a social networking site, 21.2 percent had received harassing text messages, and 9.9 percent had had embarrassing things posted about them in a chat room.

It is interesting to note, however, that LGBT students do not report higher levels of victimizations than their heterosexual peers, perhaps due to the constant negative online interactions LGBT students may receive and the desensitization that may occur. This may lead to a decreased perception of negative interactions as cyberbullying, thereby leaving LGBT students particularly vulnerable to these actions (MacDonald and Roberts-Pittman, 2010). This can be particularly problematic because many LGBT youth can become socially isolated and explore their sexuality virtually through the use of the Internet and other technologies in an effort to find accepting and supportive peer and support groups (Brown, Maycock, and Burns, 2005; Hillier, Kurdas, and Horsley, 2001; McFarlane, Bull, and Rietmeijer, 2002). Many tend to choose this avenue because of the perceived privacy and ease of finding a supportive environment (Hillier, Kurdas, and Horsley, 2001). Given this, sites like Facebook and MySpace have been embraced by youth and young adults, especially those in the LGBT community (Egan, 2000; Hillier, Kurdas, and Horsley, 2001; Koblin, 2006). These sites allow students to interact and explore their identities in a perceived safe environnment (Maczewski, 2002).

Figure 5.1 explains how bullying, mental health concerns, and suicide are connected. Persons with a preexisting vulnerability (that is, disability, Asperger syndrome, member of a minority group) are often singled out. This means they are viewed as vulnerable by others in a given population. This then "invites" or leads to behavior on the part of one group or individual to exercise power over (bullying) this vulnerable individual, thereby leading to victimization. Table 5.1 lists some of the ways this occurs.

Figure 5.1. The Intersection of Vulnerability, Victimization, Mental Health, and Suicide

Used with permission from Berman (2010).

Victimization can lead to increased feelings of or manifestation of mental health concerns such as loss of self-worth, depression, and anxiety. As noted in Figure 5.1, all of these are risk factors for suicidal behavior. This is important to note, as being a member of the LGBT community or a victim of bullying does not automatically mean that one will become engaged in suicidal behavior.

Training

Most colleges and universities strive to create a safe and welcoming environment for all members of their community. Many colleges and universities have begun to see a growing enrollment among LGBT students. Resources such as Campuspride.com and Princeton Review's *Gay and Lesbian Guide to College Life* have made it easier for prospective students to identify welcoming campus environments.

Creating a welcoming campus involves increasing the ability and willingness of faculty, staff, and students to interact with students regardless of their identity. At the heart of this process is learning, which is defined as a change in cognition, usually permanent, that has an influence on behavior (Blanchard and Thacker, 2007). Learning comes in many forms and includes a person's knowledge, skills, and attitudes. One means of helping people gain new knowledge, skills, and attitudes is through training.

Diversity training is unique in its implementation. Awareness and knowledge are areas of great concern when addressing issues related to diversity but perhaps one of the greatest areas is that of self-efficacy.

Self-efficacy is defined as a belief of an individual to produce a given level of performance in a given domain (Bandura, 1994). Diversity self-efficacy thus addresses an individual's overall level of confidence in his or her ability to gain and use knowledge, skills, and attitudes to respond to diversity concerns and issues appropriately and aid in promoting a positive climate for diversity (Combs, 2002). Diversity trainings must, therefore, include mastery, modeling, and observational learning experiences that allow for persons to practice skills and identify and address mistakes as part of the transfer of skills back to a person's life (Combs, 2002). Diversity trainings thus allow for the empowerment of participants to produce change in their organization and affect their own personal judgment (Combs, 2002). This type of self-efficacy is paramount to persons working with LGBT students, faculty, and staff and must be incorporated in trainings.

Institutional Example

The University of North Carolina at Greensboro (UNCG) has a history of working toward equity and inclusion for its LGBT students, faculty, and staff. The Safe Zone program at UNCG was established in 2000 to educate and train allies (students, faculty, and staff) to provide a safe, comfortable, and supportive environment for LGBT and questioning individuals within the campus community, approximately 12 percent of whom identify themselves as LGBTQ, according to the 2011 American College Health Assessment results at UNCG. Safe Zone trainings were held every fall semester; a second training was added during the spring semester beginning in 2009 to meet the high demand for participation. This same year, program coordinators also established a train-the-trainer program and trained several campus members (currently thirty-two trainers) to serve as facilitators for Safe Zone programs to meet the high demand for the training sessions. Safe Zone participants attend a daylong workshop addressing a variety of topics and issues related to the LGBTQ community. At the end of the training, participants receive a certificate of completion, a Safe Zone sticker to display at their office, and a Safe Zone pin to wear to show their commitment to providing a comfortable environment for LGBTQ members of the community.

Since its establishment, Safe Zone has trained over 900 allies for the LGBTQ community. Almost 5,000 students, faculty, staff, and community members have attended Safe Zone programming events over the course of twelve years.

UNCG recently earned four and a half out of five stars on the LGBT-Friendly Campus Climate Survey sponsored by Campus Pride, which ranks areas of policy inclusion, support and institutional commitment, academic and student life, housing, campus safety, counseling and health, and recruitment and retention efforts of the institution.

UNCG, emphasized training in addressing suicide prevention for LGBT students. Training took various forms and involved multiple stakeholders and was based on the principles mentioned above. Training was not simply a onetime educational endeavor, but was an ongoing process that involved improving the overall knowledge, skills, and attitudes of participants. The multiple stakeholders involved in these trainings included students, faculty, staff, and community members in an effort to develop a network of support for those who identified as members of the LGBT community at UNCG.

Training opportunities were offered in train-the-trainer, workshop, and semester-long training styles. Although all training styles had a focus on the LGBT community, each had its own objectives. Each of these trainings was funded by grants from either the Guilford Green Foundation, the Adam Foundation, or the Garrett Lee Smith grant from the Substance Abuse and Mental Health Services Administration. (The Adam Foundation and the Guilford Green Foundation are two local LGBT service organizations that provide grants to LGBT-serving groups.) The train-the-trainer series focused on developing advocates and helping build the efficacy of people to be able to deliver presentations to the campus and surrounding community on issues facing the LGBT community, including mental health and bullying. The workshops were aimed at developing allies for the LGBT community who could serve as liaisons to the university as well as help take a stand on matters of injustice. The semester-long trainings focused on training students to help other students, thereby creating student peer educators who were able to meet their peers where they were and assist them as needed in getting assistance and reducing stigma around LGBT and mental health concerns. It is important to note that the trainers for these initial training styles were professionals in the field of LGBT health, student affairs professionals, or professionals in the field of health education. However, a trainer can be defined as anyone responsible for the delivery of instructional material (Lawson, 2010).

The first training focused specifically on LGBT mental health and suicide. For this training, we contracted with the Youth Suicide Prevention Program (YSPP) out of Washington State. This organization started in 1995 as a program under the Washington State Department of Health and became an independent 501(c)(3) in 2000 (Youth Suicide Prevention Program, n.d.). Since then, they have become locally and nationally recognized in the area of youth suicide prevention. The grant allowed UNCG to bring in their LGBT program coordinator for a presentation on suicide, bullying, and LGBT students. YSPP provided a two-tiered training. One training focused on raising awareness about LGBT youth and suicide risk. The other training was a train-the-trainer program. The train-the-trainer program covered factors that affect mental health concerns of LGBT youth, risk and protective factors, statistics related to LGBT youth suicide, and how to address suicide concerns. This training used several real stories from students who had

experienced hardships as a result of their sexual orientation or gender identity and case studies on how particular cases were handled. Each of these allowed participants to engage in dialogue and practice addressing particular concerns that may arise on the college campus. Participants were given the PowerPoints, handouts, and training tips handouts. In addition, how a presentation was to be presented was role-played, along with the potential pitfalls and concerns that may arise in the training. Some of the anticipated concerns that were discussed were how to address difficult questions related to religion, choice versus "born this way," and so on.

The purpose of offering the YSPP trainings was to increase the overall self-efficacy of participants to address LGBT-related concerns on the campus. The train-the-trainer series was designed to help create advocates on the campus who could then help create an open and affirming campus culture. Given this information, each of the train-the-trainer programs looked to meet participants where they were and helped to develop their diversity self-efficacy. These types of trainings are a type of metatraining that allows you to model what it is you are asking participants to do (Biech, 2009).

The next train-the-trainer program grew out of the Safe Zone program offered through the university. The Safe Zone program, which had been in existence for eleven years, was getting inundated with requests to not only have its annual trainings, but also provide mini-trainings and outreach activities for the campus. As a result, one of the coordinators, along with the assistance of a graduate assistant, developed the idea of a train-the-trainer model. This program was aimed at members of the university community, students, faculty, and staff, who were already trained through the Safe Zone program. In addition, there was an overall application process through which a person's diversity self-efficacy was assessed prior to admission to the program. Although the aim is to increase self-efficacy, it was important to have persons who had a moderate degree of self-efficacy in being able to discuss issues related to LGBT concerns and issues initially. The material examined through this train-the-trainer program included training style, effective program development and delivery, material on LGBT terminology, transgender issues and concerns on the college campus, and ally development. Although not directly mentioning suicide and mental health, each of these sessions was meant to empower participants to deliver presentations and trainings that would help to change the culture of the university. Through this cultural change, the environmental concerns affecting members of the LGBT community, including isolation, harassment, and violence, can be mediated.

This training was kept small with only ten participants at a time being chosen from applicants. This helped to maintain an open atmosphere where dialogue was encouraged and participants had an opportunity to practice their skills and receive feedback from the trainers. In addition, it allowed for participants to fully embrace the intent of the training, which was to become more self-directed in their learning and style, discuss their

experiences (both personal and vicarious), and to understand the real-world application of the material presented. These concepts, all part of adult education theory as presented by Knowles, allow participants to integrate the information into their own experiences and their own lives and work (Lawson, 2010). The material was presented over two days, allowing participants to process the information, live with it, and practice the content as mentioned earlier. In addition, this helped to develop an environment where participants could learn best. It allowed the trainers to minimize lectures; have participants work on projects to gain a better understanding of the material; develop incremental learning opportunities by sectioning information out, referring to workbooks for homework to be done and to help keep participants engaged and on track; and, finally, help the participants understand and develop guides for themselves on how the information may be useful to others and to their jobs. These tips have been identified as the best way to help prevent participants from reaching cognitive overload (Lawson, 2010). In a study of a similar training on cultural competence conducted in a parallel format for pharmacy educators, Assemi, Mutha, and Hudmon (2007) found that the training led to an increased perceived and actual ability to train pharmacy students related to cultural competence. This confirms that these types of programs can have an impact on the diversity self-efficacy of participants.

Other trainings developed were in the format of workshops. These focused on topics related to LGBT adoption, mental health, suicide, campus climate, and retention. While these were conducted across the campus, these were not the sole means for imparting information and training; their foci were on imparting knowledge and increasing sensitivity and awareness. Combs (2002) notes that one of the main reasons trainings related to diversity fail is related to the content and method of delivery. These were supplemental and could be viewed as introductory (prior to the train-the-trainer) or supplemental (continuing education). Trainers from the train-the-trainer program above were able to provide these workshops to students, faculty, and staff across the campus. In all, a total of thirty programs with 450 participants were conducted during the 2010–2011 academic year.

Peer health educators were trained in basic mental health concerns, the mental health continuum, mental health and suicide among college students, mental health and suicide on college campuses, resources, and special populations' mental health and suicide concerns, including LGBT students (see Chapter Four). The peer educators were then asked to serve as change agents for the campus. One such avenue that they used to do this was a vigil held just days after the tragedy of Tyler Clementi's suicide. This brought the entire campus together to discuss bullying and the UNCG campus culture. A total of 300 students, community members, faculty, and staff showed up for the event. In the end, attendees listened to statistics, marched to end violence and bullying, and shared personal stories.

Whereas these trainings focused on stakeholders, these were not necessarily gatekeepers seen on a daily basis by a student or faculty or staff member. These people were not asked to help with developing prevention plans if there was ideation. The people trained through these programs were asked to serve as advocates for the LGBT community and as agents of change in the greater community, and to help decrease stigma of help seeking among LGBT students, faculty, and staff.

Conclusion

As recent media and data related to LGBT suicide indicate, lesbian, gay, bisexual, and transgender students deserve special attention when developing a comprehensive suicide program. However, it is important to note that to develop a successful program, institutions must be aware of campus culture; understand their LGBT community demographics and needs; and develop a working relationship with LGBT students, faculty, and staff. This will help to ensure that the work being done is in conjunction with and being developed for the community and not merely aimed at the community. At UNCG, much of this work had been done with the development of the Safe Zone program in 2000, thus allowing for the development and implementation of the trainings described.

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