

LGBTQ Youth Suicide Prevalence and Prevention in Rural Communities

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Suicide falls into the top three causes of death for American adolescents, ages 10-24 (CDC, 2010; The Trevor Project, 2020). While all adolescents are at risk based on their age, brain development, and stage of life, youth that identify as lesbian, gay, bisexual, transgender, and queer (LGBTQ) are especially vulnerable. In a 2020 study conducted by the Trevor Project, 40% of the LGBTQ youth surveyed and over 50% of transgender or gender-fluid youth said they had seriously contemplated suicide in the last 12 months. These statistics demonstrate a growing concern for youth that identify as LGBTQ when it comes to mental health and suicide. Youth in rural areas are also at a higher risk of suicide when compared to their urban counterparts (Wallis, 2015). According to Wallis (2015), rural youth commit suicide two times as often as youth in urban areas. With consideration to the many vulnerabilities faced by adolescents, this data leads to a growing concern for LGBTQ youth who live in rural communities.

Suicide prevention data is often grounded in research conducted in schools called National Youth Climate Surveys (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2012; Kosciw, Greytak, Palmer & Boesen, 2014). These yearly studies ask students to report various behaviors, feelings of depression or sadness, as well as sexual activity and orientation. The findings of these studies indicate that LGBTQ youth overall experience higher rates of verbal and physical harassment, assault, sexual harassment, social exclusion, and isolation (Kosciw, 2009). These negative experiences are exacerbated by the geographic location of the youth (Kosciw, 2009; Wallis, 2015). Studies have found that youth who lived in rural settings were more likely to experience harassment and assault due to their gender identity and sexual orientation (Kosciw, 2009). These research findings are not surprising when considering the cultural climate of most rural communities. With limited resources, diversity, and people in

general, these smaller schools allow for differences to stand out and others to notice (GLSEN, 2017; Kosciw, 2019).

LGBTQ communities are working to combat problems related to rural communities by developing supportive networks such as GSAs (Genders and Sexualities Alliance Networks), online community forums, safe social media spaces, and increased representation in popular culture. While the hope is for these support networks to extend far and wide, many rural communities lack the population and infrastructure that allows LGBTQ youth to feel supported in their local environment. In 2020, 46% of LGBTQ youth reported wanting to see a counselor but not being able to (The Trevor Project, 2020). As the pandemic continues to isolate people physically, special consideration must be given to those who are already vulnerable and look for ways to ensure their needs are still being met.

Quantitative Data

In the United States, a lot of quantitative research conducted on youth comes from school or online surveys (GLSEN, 2020; The Trevor Project, 2020). GLSEN's (Gay Lesbian & Straight Education Network) National Youth Climate Survey (NYCS), a well-respected survey, was first conducted in 1999 to assess the social supports LGBTQ youth feel they have (Kosciw, Clark, Truong & Zongrone, 2019). In 2020, the NYCS study consisted of 16,713 students ranging in age from 13-21, including representation of all 50 states, the District of Columbia, Puerto Rico, American Samoa, and Guam (GLSEN, 2020). This study is conducted yearly and many researchers analyze the data to explain phenomena and explore potential solutions to the barriers youth face (GLSEN, 2020).

GLSEN produces report cards from the data they collect in their annual survey for each state. These report cards provide a snapshot of overall LGBTQ student experiences within that state and include statistics for each state (GLSEN, 2017). GSAs and school support make a difference, but these data indicate that the majority of LGBTQ students are still being verbally harassed at school. In New York State, 67% of students reported being verbally harassed based on their sexual orientation and 9% reported physical assaults (GLSEN, 2017). New York State's data may not accurately reflect rural communities due to the impact of New York City's large population. Therefore, to compare rural youth experiences, North Carolina's survey results were utilized. According to census data from 2014, North Carolina has the largest population of people living in rural areas, which may explain why 72% of LGBTQ youth report being verbally harassed based on their sexual orientation and 14% reported physical assaults (GLSEN, 2017). This is quite the increase from New York State's report and showcases the increased risk for rural LGBTQ youth. However, establishing GSA's as a viable solution is reinforced by the fact that 69% of New York schools have GSAs and in North Carolina only 46% do. Another critical result was that even with the majority of LGBTQ youth reporting verbal harassment in both states, over 97% of youth could still identify at least one supportive staff member in their school (GLSEN, 2017). These numbers represent an important feature in LGBTQ research, the impact of perceived safety and supportive adults.

In their 2019 report, GLSEN published research they conducted across the U.S in 2013 with 1,741 school counselors, psychologists, and school social workers that work with grades 5th-12th. This research assessed how helping professionals viewed the climate for LGBTQ youth at their schools, as well as how prepared they felt for working with the youth. Results of the year-long study indicated that while 8/10 professionals believed bullying was a serious

problem at their school, only 33% felt LGBTQ students would feel unsafe where they worked (Kull, Greytak & Kosciw, 2019). The data indicate that while helping professions in the school see bullying as an issue, they don't necessarily relate it to LGBTQ issues, or see what students are reporting as harassment based on their sexual orientation. Perhaps these discrepancies in reporting are due to where and when youth make these comments and because there are so few school social workers, psychologists, and counselors when compared to the number of students.

Mental health professionals in schools are one of the first lines of support for LGBTQ youth.

Therefore, it is important to examine how comfortable they are with serving that population. Of the school counselors, social workers, and psychologists interviewed, 7 out of 10 reported having little to no competency training in graduate school related to working with LGBTQ populations and 8/10 had no training on working with those who identify as transgender (Kull et al., 2019).

This research suggests most school mental health professionals are learning from the students as they go and while this is good, it is not necessarily ideal. Students report that they are seeking mental health counseling but it is not always accessible (The Trevor Project, 2020). Schools have the opportunity to provide counseling for these vulnerable students seeking it and therefore must be trained and able to appropriately help them, even if the majority of these helping professionals are heterosexual, cisgender females (Kull et al., 2019). The diversity among mental health professionals in schools does raise many concerns when it comes to the importance of representation within a population and hopefully, this will begin to change. Of the professionals surveyed in this study, 95% were female, 84% were white and 91% were heterosexual with an average of 11.4 years working in the field (Kull et al., 2019). GLSEN's research represents a sample of the United States school mental health workforce and suggests that more diversity and education may result in a higher level of understanding on LGBTQ related topics.

Prior to GLSEN's survey, smaller studies were conducted that primarily focus on levels of victimization faced by LGBTQ youth in their schools and communities (Murdock & Bolch, 2005). Research conducted by Remafedi (1987) stated 55% of the gay and bisexual male adolescents in their study reported having been physically assaulted because of their sexual orientation, and half of these incidents occurred at school. The school culture appears to be important in a lot of LGBTQ research studies, which makes sense as students who attend public school spend the majority of their day there. In comparing the numbers from Remafedi's research to more current research, physical assaults appear to have declined. This could be due to the addition of sexual orientation and gender hate crimes to penal law in 2009, as well as the implementation of GSAs nationally in 1998 working to raise awareness and school support for LGBTQ youth.

In one study on the lifetime prevalence of mental health disorders, researchers completed mental health assessments with lesbian, gay, and bisexual black, Latinos, and white individuals (Meyer, Dietrich & Schwartz, 2011). The results of this study indicated that black and Latino lesbian, gay and bisexual individuals reported a greater number of serious suicide attempts than white participants (Meyer et al., 2011). This smaller sample, consisting of 388 individuals, allowed the study to focus on the differences within the LGBTQ community, especially taking into consideration more than just the sexual orientation of the participants (Meyer et al., 2011). Overall, LGBTQ youth research lacks a breakdown of how other identities such as race, religion, socio-economic status, and disability impact suicide rates and mental health.

Global research has been conducted in numerous countries to look at LGBTQ youth mental health and suicide. Researchers in the United Kingdom found that the National Institute of Health spent only .01% of research funds between 1998 and 2011 on LGBTQ related topics,

and the majority of them focused on sexual minority men and HIV/AIDS (Coulter, Kenst, Bowen & Scout, 2014). This data represents a larger issue in research globally, representation of LGBTQ populations within larger studies proves to be limited by the number of participants, and smaller-scale studies, though widespread, lack depth across communities and cultures.

Qualitative Findings: Field Interviews

Mental health and suicide within rural LGBTQ youth populations cannot be explained by victimization numbers alone. While larger-scale studies can provide a breadth of data, showing general trends and overall perceptions, they don't dig into the root causes of why LGBTQ youth take their own lives. To delve further into why suicide happens in rural communities, interviews were conducted with two New York Finger Lakes region professionals to address local issues facing LGBTQ youth.

In an interview with the LGBTQ program coordinator at Family Counseling of The Finger Lakes in upstate New York, Mitchel discusses the nuances of youth growing up in rural communities. Mitchel grew up in the region and after having traveled throughout the United States came back and began his work as an LGBTQ coordinator for a local mental health agency. Emergency housing for LGBTQ youth is nowhere to be found in this region and Mitchel states this is the biggest unmet need. When youth come out to their families many do not feel safe staying in their home or are kicked out (M. Leet, personal communications, November, 9th 2020). The rural environment does not provide easily accessible transportation and the nearest youth shelter is an hour away with limited space (M. Leet, personal communications, November, 9th 2020). These physical barriers to housing make it harder for youth to come out for fear of being kicked out, and increasingly traumatic if they are forced out of their home without somewhere else to stay.

Beyond the physical barriers to living in rural areas, Mitchel also speaks to the limited support for families of LGBTQ youth as a whole. In describing importance of the work Family Counseling does with youth Mitchel stated,

An argument with a parent or guardian who in the heat of the moment wasn't able to hear what their child was saying or remain empathetic has spurred immeasurable cases of running away, self-harm, suicide attempts, and other long-term harmful events. Youth are building their abilities to cope and their understandings of what appropriate family relationships can be expected to look like, and they can't do that in a safe, healthy way when they're having to fight to get an adult to validate a basic, fundamental part of who they are. (M. Leet, personal communications, November, 9th 2020).

These situations called for more family education and support, which will now be provided as Mitchel, and Family Counseling of the Finger Lakes have secured additional grant funding to provide family and parent support groups in the region. With a smaller population of LGBTQ people in the area, it is important that youth and adults have access to information that better informs their decisions and corrects previous assumptions. Mitchel believes that now more than ever it is important for people that do not belong to the LGBTQ community to come together in education themselves so there is no longer the fear that comes from the unknowns of queer existence (M. Leet, personal communications, November, 9th 2020). It is important to examine how LGBTQ youth mental health and suicide arise within local communities when considering opportunities for improvement. Mitchel also shed light on the importance of appropriately trained professionals when discussing his own experiences as a youth. When 16, Mitchel saw two different counselors while suicidal, one was openly Christian which made him feel unable to be honest, and the second believed in conversion therapy, now illegal in New York State (M.

Leet, personal communications, November, 9th 2020). This personal first-hand experience exposes the dangers that come with being an LGBTQ youth and trying to find appropriate help.

Tanya Baker, a mental health professional, noted during her interview that LGBTQ youth must feel comfortable and confident in the therapeutic environment in order to get the most out of their sessions (T. Baker, personal communications, November 23rd, 2020). Tanya works in a small town in the Finger Lakes region as a private practitioner, operating on a sliding scale, as well as in public school. She holds both an LMSW and LPN license in New York State and reports having training throughout her undergraduate and master's programs that focused on LGBTQ needs. Tanya believes it is imperative mental health professions receive adequate education to work with not only LGBTQ populations but any populations they do not regularly interact with (T. Baker, personal communications, November 23rd, 2020). As a licensed social worker, Tanya states being educated on community resources assists with connecting LGBTQ clients to specialized services for youth (T. Baker, personal communications, November 23rd, 2020). Knowing what services are available for LGBTQ youth is an important aspect to providing support, but it's also important to acknowledge there may not be enough.

Based on the two interviews, it is clear that there are not many services available specific to LGBTQ youth in the Finger Lakes. While Family Counseling of The Finger Lakes provides support groups, a YouTube channel, and school-based advocacy, they are the only program amidst 4 counties doing this work (M. Leet, personal communication, November, 9th 2020). As a social worker providing direct therapy, Tanya suggests that more LGBTQ-specific services in the Finger Lakes area are needed to meet the various needs of the youth (T. Baker, personal communications, November 23rd, 2020). Lowering LGBTQ youth suicide requires

acknowledging the first-person narratives and qualitative research that comes from one on one conversations with youth.

Intervention Strategies

GSAs (Gender and Sexuality Alliance) are school-based groups that provide safe spaces for lesbian, gay, bisexual, transgender, and queer or questioning youth. Participation in GSAs has been linked to increased grade point averages for LGBTQ students and a sense of security/safety in numbers (Ioverno, Belser, Baiocco, Grossman, & Russell, 2016). Results from a longitudinal study of LGBTQ youth suggest that the presence of and participation in GSAs indicated an increase in perceived safety, even without a decrease in reporting homophobic bullying (Ioverno, et al., 2016). This suggests that GSA's are not only a viable solution to LGBTQ isolation but also an important social support that builds youth's resilience to overcome bullying.

One example of GSA success local to the Finger Lakes region is a story shared by LGBTQ coordinator, Mitchel. In the 2018-2019 school year, one youth came forward to a school-based advocate asking for support in starting their own GSA club. This club quickly grew to have over 31 students in attendance and showcased how influential supporting one youth can be for the community as a whole (M. Leet, personal communications, November, 9th 2020). Examples such as this suggest that the more support youth receive, the more accepting a community can become. Just one youth coming forward and receiving help allowed 30 more to gain a safe space where they can learn.

Education for LGBTQ youth and their families is an important part of the coming out process and allows people to accept themselves and others (Kosciw, 2012). Youth seek answers

to their questions online, which makes service providers worried about what they may find (M. Leet, personal communications, November, 9th 2020). On-going research suggests that YouTube has become one of the most popular sites for youth ages 3+ and various outreach utilizes videos to spread awareness and information (Gal, Shifman & Kampf, 2016). One project targeting LGBTQ youth is the It Gets Better Campaign, which utilizes inspirational videos of queer adults ensuring younger generations that their life will get better with time (Gal et al., 2016). In researching the It Gets Better campaign videos on YouTube, researchers found that norms are established throughout the LGBTQ community and while the project started with two cisgender white men, it paved the way for more diverse members to also share their experiences (Gal et al., 2016). Overall the internet is seen as a positive solution to building community, especially in rural communities where finding other openly queer individuals may be more difficult.

Online communities have grown tremendously in size and popularity, especially for those living in rural regions (Jackson, 2017). The use of the internet to connect with others makes finding like-minded individuals easier, especially for LGBTQ youth who may not think anyone in their local community understands. Research suggests that even online opportunities for expressive writing and self-affirmation have the power to decrease suicidality and improve mental health in LGBTQ youth in even the most rural areas (Pachankis, Williams, Behari, Job, McConocha, & Chaudoir, 2020). Even with intervention as short as three months, youth who experienced greater discrimination and minority stress factors demonstrated greater reductions in depression after completing online writing assignments (Pachankis et al., 2020). These results are very encouraging for rural communities as the methods were tested in high-risk, low resource, rural settings, and still found to be effective. Locally, Family Counseling of the Finger Lakes has developed online support groups, as well as a YouTube channel that focuses on

LGBTQ related topics and education (M. Leet, personal communications, November 9th, 2020).

It is important to meet youth where they are and it is common knowledge youth spend a lot of time online.

Recommendations

A three-pronged approach to addressing mental health and suicide in rural LGBTQ youth populations is recommended based on scholarly research and the two qualitative interviews. The first is access, followed by increased community support, and thirdly, more opportunities for professional training on LGBTQ topics.

Improving youth's access to resources and information is a crucial way of ensuring their needs are met. Isolation, bullying, and misrepresentation are common problems faced by LGBTQ youth, many of whom are afraid to tell their caregivers about their gender or sexuality. As early research and Mitchel, both suggest, utilizing online platforms is a great way to access youth who may not have the ability to attend meetings or come out to their families (Pachankis et al., 2020). More research on the digital lives of LGBTQ youth would help organizations and mental health providers better understand what applications and social media sites youth frequent, as well as what misinformation they may be obtaining.

Community support through school-based GSA's or organizational meetings is proven to improve LGBTQ youth's perceived safety (Kosciw et.al., 2009, 2012, 2015; Kull et al. 2019). Encouraging schools and the community to support these youth-led groups must continue, and more research on how to do so remotely is also necessary. With quarantines, limited in-school education, and decreased in-person social interaction due to the COVID 19 pandemic,

researchers must look into the best ways to implement online communities safely, especially for youth.

The successful support of LGBTQ youth from mental health professionals requires adequate training and knowledge of available resources by the provider (T. Baker, personal communications, November 23rd, 2020). From her personal experience working with a 7-year-old who was transitioning, Tanya Baker, LMSW suggests that not only is counseling important, but children also need to know that their voice is being heard. This means that mental health professionals who work with LGBTQ youth must be comfortable advocating for their clients, especially when it comes to finding appropriate support in school and at home. There is a wealth of information made available by The Trevor Project and GLSEN regarding LGBTQ youth experiences in school, but more can be studied to better understand the importance of the therapeutic relationship. The social work code of ethics requires professionals in the field of social work to obtain appropriate training and receiving updated information on LGBTQ youth experiences and awareness of community resources should be a part of that (NASW, 2017). Mental health and suicide are not unfamiliar topics for mental health professions, it is the LGBTQ culture, community, and services that providers must take the time to learn.

Conclusion

This research project has solidified the need for more LGBTQ-specific research that moves beyond data and examines the real-life situations of rural youth. The interviewees provided a more in-depth picture of what suicidal ideation and mental health look like for queer youth and adults. LGBTQ youth should have the basic right of access to services, social support, and therapies that understand and accommodate them but currently, they do not. The internet opens opportunities for access to resources, but also spreads misinformation and dangerously

unhealthy “norms”. The current body of research has primarily focused on victimization, and bullying in school environments, asking youth how often they hear homophobic comments (Kosciw et al., 2009, 2012, 2015; Kull et al. 2019). This is important information, but to truly make positive changes for LGBTQ youth more research needs to focus on solutions to overcoming these experiences. GSAs, online forums, and therapy all show promise in improving the lives of LGBTQ youth in even the most rural of settings. Moving forward in this quarantine era there is increased opportunity to research the best ways to counsel LGBTQ youth virtually, as well as provide group support options that are accessible and inviting.

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