RISK BEHAVIOR, PERSONAL ASSETS AND SOCIAL SUPPORT IN THE LESBIAN AND GAY ADULT POPULATIONS: HOW THESE CONTRIBUTE TO SUICIDALITY?

by

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ABSTRACT

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The purpose of this exploratory study is threefold 1) to assess whether risk factors for suicide among LG individuals older than age 18 are the same as those among heterosexual individuals; 2) to assess whether suicidality decreases for the LG population; and 3) to identify what factors are associated with this decrease if there is one. Are the risk behaviors that are correlated with suicide risk among heterosexuals comparably correlated among LG individuals? What is the relationship between developmental assets and suicide risk among LG? The research was done online, through social networking sites. The findings were that the main risk behaviors correlated to suicide were violence, substance abuse, hopeless and running away, along with certain internal and external Developmental Assets. This implies that the need for a strong support system is vital to helping maintain a healthy life.

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CHAPTER 1

INTRODUCTION

Suicide is a global problem, especially in the youth population (Bridge, Goldstein, & Brent, 2006). It is perhaps more pronounced among Lesbian and Gay (LG) youth. Internationally the Lesbian and Gay youth community has a higher rate of suicidal ideation and suicide attempts than do their heterosexual cohorts by 20 to 42%, according to many studies throughout the last decade and a half (D'Augelli, Hershberger, & Pilkington, 2001; Remafedi, Farrow, & Deisher, 1990; Remafedi, French, Story, Resnick & Blum, 1998; Russell & Joyner, 2001; Wichstrom & Hegna, 2003). The risk for suicide does not come from being Lesbian or Gay; it comes from stress connected with being Gay (Kitts, 2005). According to six different research studies Remafedi (1999) reviewed, the reasons for this stress have to do with "gender nonconformity, early awareness of homosexuality, stress, violence, lack of support, school drop-out, family problems, acquaintances' suicide attempts, homelessness, and substance abuse or other psychiatric symptoms" (paragraph 3). Additional factors that increase risk for LG individuals include: the stress of coming out, religious background, and risky behaviors (Remafedi, Farrow, & Deisher, 1990). Pilkington and D'Augelli (1995) have shown that victimization in the LG community puts this population at greater risk, especially since in most cases these youth do not always have the support of their family and in some cases their families are part of the problem, contributing the abuse and threats. Lack of support may also be due to religious background of the LG individual especially if the religion places added guilt, strain or disowns the individual who is seeking support and understanding at a critical time in their life (Exline, Yali, & Sanderson, 2000). All of these difficulties tie into Thomas Joiner's (2005) theory of suicide. Joiner's interpersonal theory of suicide explains that suicide is the

result of three factors in a person's life: acquiring the ability to overcome the fear of death, developing the feelings of burdensomeness and having an overall lack of belongingness (Joiner, 2005).

1.1 Prevalence of the Problem in the U.S.

In the United States, suicide is the third leading cause of death among people aged 24 and younger (Minino, Xu, Kochanek, & Tejada-Vera, 2009). According to the American Association of Suicidology ([AAS] 2007), suicide among 15 to 24 year olds has increased by 200% from the 1950's to the 1970's and has remained consistent until the late 1990's (McIntosh, 2010). From the late 1990s to now, there has been a consistent yet slight decrease in suicide among this age group (McIntosh, 2010). Several studies over the past 39 years have shown that suicide attempts and ideation among the LG youth range from 11 to 42% as compared to the estimated range of 6.9% to 14.5% for heterosexual youth (Centers for Disease Control, 2009; D'Augelli & Hershberger, 1993; Remafedi, 1987; Remafedi et al., 1991; Roesler & Deisher, 1972; Rotheram-Borus, Hunter, & Rosario, 1994).

1.2 Prevalence of the Problem Internationally

Since suicide is a global problem, it is important that the research be done across all continents. There is sparse information from different countries on the LG population and suicidality. There is some agreement that LG individuals have a higher rate of suicide attempt than does the Heterosexual population (King et al., 2008). In the United Kingdom, approximately one third of the LG population studied had attempted suicide (Johnson, 2007). In Norway there was an extensive and longitudinal study done on youth in the high schools and questions about sexual orientation were included (Wichstrom & Hegna, 2003). This study found that the LG youth were at higher risk for suicide attempts and these attempts occurred temporally close to when they began questioning their sexual orientation (Wichstrom & Hegna, 2003). Emotional stress, identity crisis, early age of coming out, self hatred related to this process (coming out), and discrimination even though Norway has a more open and accepting

society are just a few of the reasons offered for the increase in suicidal ideation for LG individuals (Wichstrom & Hegna, 2003).

A study done in Quebec did not find sexual orientation to be a major factor in youth who die by suicide, however they did say that the findings could have been misrepresented if the investigation into the death did not include same sex relationships as part of the equation because family and friends did not want to disclose these relationships or were unaware of them (Renaud et al., 2010). This study did suggest that an association between suicide attempts and victimization in populations with LG sexual orientation exists (Renaud et al., 2010).

1.3 Gaps in the Existing Literature

Though this is an important area for study, relatively little is known about suicidality among LG individuals. Gaps in the literature include lack of information about suicidality during different developmental stages and varied samples with limited generalizability. It is important to note that most of the research done on suicidal ideation among the LG population has been conducted on people 24 years old and younger. Specifically, a majority of these studies focus on youth who were able to access clinics, universities or other agencies that tend to more readily work with the LG population (Anhalt & Morris, 1998). Many of the studies also include Bisexual, and Transgender some even include Queer[1] or Questioning[2]. Very few studies look at just Lesbian and Gay individuals. Additionally, some of the earlier studies only looked at Gay and Bisexual men without including Lesbian and Bisexual women (Anhalt & Morris). Finally, few of the studies have a heterosexual comparison group (Anhalt & Morris).

[1] Queer is a broad term used to cover those individuals that want to be considered Queer and feel they want to be outside the standard community ideals, or feel the labels provided do not fit who they are (PFLAG, 2011).

[2] Questioning refers to people who are still exploring who they are and are unwilling to commit to a sexual orientation or still unsure of their sexual identity (Morrisey, 2010).

1.4 Purpose of the Study

It is fascinating that these studies look at the youth of the LG community and cease research after the age of 24. Are these people still contemplating suicide? If they are not, then there is much information that can be learned from adults as to how they were able to cope when they were younger. The purpose of this exploratory study is threefold 1) to assess whether risk factors for suicide among LG individuals older than age 18 are the same as those among heterosexual individuals; 2) to assess whether suicidality decreases for this population; and 3) to identify what factors if any, are associated with this decrease. Select variables to be measured are risky behaviors, violent victimization and its impact, support systems and personal assets within the Lesbian and Gay (LG) population in the U.S. Specific demographic characteristics to be included are: age, gender, sexual orientation, religious background, homelessness, when they came out and to whom, education level, income level, if they are in a stable relationship now, and their sexually activity. Specific questions guiding the research include:

- Are the risk behaviors that are correlated with suicide risk among heterosexuals comparably correlated among LG individuals?
- What is the relationship between developmental assets and suicide risk among LG?

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CHAPTER 2

LITERATURE REVIEW

Even though society's openness to the idea of the LG population has come a long way in the last 20 years, there is still stigma, victimization, family issues and disapproval surrounding the coming out process as well as living as an LG individual (Kitts, 2005). There are several gaps in the LG research. In a majority of the research there is very little that focuses on just LG—most includes the Bisexual and Transgender populations as well. Rarely is the age range just 18 to 24. Most studies start at age 13 and end at 24 or 25. There are many developmental differences in these age ranges. There were some studies that include ages 16 to 59 or older, and the differences in maturity are factors in the mental state of the participants. Even the American Association for Suicidology has the age ranges from 5 to 14, 15 to 24, and 25 to 34. The purpose of this exploratory study is threefold: 1) to assess whether risk factors for suicide among LG individuals older than age 18 are the same as those among heterosexual individuals; 2) to assess whether suicidality decreases for this population; and 3) to identify what factors are associated with this decrease if there is one. Though the study focuses on adults over the age of 18 who are LG, there is little literature related to these demographic groups. Thus, literature reviewed for this study focuses on mostly youth under the age of 18 and many of the studies included groups additional to LG. Thomas Joiner's interpersonal theory of suicide is the theoretical framework for this study. It will be applied to the LG population and the issues associated with the difficulties of living in today's society: the stress of coming out, early awareness of one's sexual orientation, religious background, violence, family support, and risky behaviors.

2.1 Interpersonal Theory of Suicide

According to Thomas Joiner (2005), there are three key components of suicide risk: a lack of belongingness or feeling disconnected from others, feeling like a burden to others or feeling useless and the third is the capacity to hurt oneself. Each of these components will be explained within the context of the LG experience and the interaction of these components.

2.1.1Social Support: Lack of Belongingness, Disconnectedness

Illustrations of this component include feelings of alienation from society; not feeling one is an important part of the family, friends and/or groups (Joiner & Van Orden, 2008). In a study done by Hershberger, Pilkington and D'Augelli (1997), the early understanding of LG sexual orientation and admission to others seems to coincide with their suicidal attempts. The openness about one's sexual orientation caused friends to no longer have anything to do with them (Hershberger, Pilkington & D'Augelli). It is oftentimes found that when the family and friends find out that someone has homosexual tendencies, whether they were told by the individual or it was disclosed in another fashion, they are more likely to be physically abused and confronted with disapproval and rejection (Rotheram-Borus, Hunter, & Rosario 1994). This creates the beginnings of feelings of isolation and lack of belonging.

This is compounded by victimization, a legitimate factor when looking into the suicide attempts of the LG population (Hershberger, Pilkington & D'Augelli, 1997). The LG community has oftentimes fallen victim to verbal cruelty as well as physical attack, which leads to fear of safety and wanting to stay hidden from their peers and family members (Pilkington & D'Augelli, 1995). Gender Non-conformity has led to victimization in youth who do not consider themselves LG (D'Augelli, Grossman, & Starks, 2006). Isolation sets in even more when these factors are added to the already fragile situation. Grossman et al (2009) found that LG youth have two running themes when it comes to violence in schools: "Lack of community and Lack of empowerment." These youth did not fit in the school community and did not have the power to influence change in the school environment (Grossman et al, p. 31). This is a key component in

Joiner's (2005) theory; these youth know that as a sexual minority they had no voice and do not belong, Grossman et al.'s research supports this.

School environments are rampant with violence against LG youth, especially among their peers; however teachers have been known to be the abusers as well (Pikington & D'Augelli, 1995). These youth are physically attacked, verbally abused and even sexually assaulted because of their sexual orientation (Kosciw, Diaz, & Greytak, 2008). D'Augelli, Grossman, and Starks (2006) found an association between victimization, trauma and PTSD in their study. This study is one of many that state that anti-Gay and Lesbian victimization can lead to trauma and lack of belongingness (Rivers & D'Augelli, 2001). Post Traumatic Stress Disorder (PTSD) has been found to have strong associations with suicide ideation (Nock et al., 2009). PTSD with Major Depressive Disorder has an even stronger link to Suicidal behavior (Oquendo et al., 2005). Given the loneliness and amount of abuse the LG individuals withstand and internalize, there is little doubt of the feelings of lack of belongingness.

Lack of belongingness is also influenced by one's religious background. Judeo-Christian beliefs tend to ostracize the LG population and often condemn them with various acts such as rarely acknowledging their marital status (Rostosky, Riggle, Brodnicki, & Olson, 2008). When looking at religion, Schneider and Farberow (1989) found that more of the suicidal youth reported no religion. There is speculation as to why this could be, whether it had to do with these youth walking away from the religion they grew up with, because of disapproval or it could be these youth were brought up in a family with no religious background altogether (Schneider & Farberow, 2006). Conservative Judeo-Christian religious groups do not typically accept the LG youth and are often the ones creating a hostile environment with prejudice, discrimination and harassment (Jagosh, 2002; Rostosky, Riggle, Brodnicki, & Olson, 2008). The strain of the conflict between one's religious beliefs and their way of life was connected with depression and suicide, even if the person had positive religious ties (Exline, Yali, & Sanderson, 2000).

This negative interaction between religion and one's sexual orientation further impacts social support. Religion can create a loving caring environment to help support a person who is going through a difficult time, which in turn can help stop suicide attempts and ideation (Koenig, 2009) yet this resource is often lost for an LG individual. Additionally, some religions have strict rules regarding suicide (Koenig, 2009). If religion does serve to protect against suicide, does it help a population where most religions barely tolerate the LG way of life (Schneider & Farberow)? Many LG individuals and couples tend to find their own way among the religions, whether it is to find a religion that is more accepting or to go more towards a spiritual ideation (Rostosky, Riggle, Brodnicki, & Olson, 2008). It is Halikitis et al's (2009) belief that religion also shapes how the LG populations practice their faith with some avoiding religion altogether if they have had a hostile experience with their religious upbringing such as having to face the "Judeo-Christian belief that homosexuality is a sin against God and nature" (Jagosh, p. 268, 2002).

2.1.2 Burdensomeness

When looking at burdensomeness as another aspect of suicidality, this has to do with the belief that one is a burden to their family, friends and/ or community and it deals with the belief that one's life is not as important as their death (Joiner & Orden, 2008). Religion may be a significant factor in why an LG individual may develop a sense of burdensomeness. Because of Judeo-Christian beliefs surrounding homosexuality, there is also an internal conflict that goes on and can lead to internal homophobia, causing a person to deny who they are (Halikitis et al, 2009), creating not only a lack of belongingness but a sense of being a burden to themselves. Someone who grew up in a hostile religious setting, was ostracized by family and friends, victimized by classmates, experiencing depressed with possible symptoms of PTSD, could draw the conclusion that their life as a Lesbian or Gay individual is a burden to their family, friends and themselves. Typically when a person "comes out" to someone, it is a close friend because they believe a friend will be more accepting. They are typically more afraid to tell family members (Gilchrist & Sullivan, 2006). If this friend has difficulty with this disclosure, and many

times this is the case, the friend may begin ignoring the LG person or even worse begin harassing the LG person (Rotheram-Borus et al., 1995). The harassment begins with name calling and teasing eventually turning into violence; the LG person no longer belongs with their peers at school, becoming a burden to friends who do remain supportive. Likewise, when the LG person comes out to the family, if the family affiliates with a religion that is not welcoming of homosexuality, they face choices of disowning the child or facing the religious conflict. Regardless of religious affiliation, their values may be such that they cannot accept the sexual orientation of the LG individual and start causing difficulties for the LG person at home. The LG person thus becomes a burden to family. Combine this with the increased violence at school or in the neighborhood and this can culminate in PTSD, with all of these factors increasing the ability for the LG individual to consider and perhaps die by suicide.

2.1.3 Additional Risk Factors—Acquiring the Ability to Hurt Oneself

Stressors such as burdensomeness and belongingness often lead to maladaptive coping. Many maladaptive coping behaviors are considered “risky”. The Centers for Disease Control’s (CDC) Youth Risk Behavior Surveillance System (YRBSS) measures the risky behaviors that are typically connected with youth. Many of these behaviors are associated with suicidal behavior (Bridge, Goldstein, & Brent, 2006). These include eating disorders, excessive drinking, tobacco use, fighting, having a weapon handy, and sexual promiscuity (King et. al, 2001). LG youth are said to have added risks in that they have higher rates of substance abuse, increased victimization and a lack of family support (King et. al, 2001). It is also said that LG youth runaway more often than heterosexual youth (Cochran, Stewart, Ginzler, & Cauce, 2002), further decreasing their supports and belongingness. These risky behaviors point to Joiner’s idea that people who die by suicide are more likely to have become increasingly desensitized to pain and are more capable of getting past the natural instinct of survival (Joiner, 2005).

CHAPTER 3

METHODS

The purpose of this study is threefold: 1) to assess whether risk factors for suicide among LG individuals older than age 18 are the same as those among heterosexual individuals; 2) to assess whether suicidality decreases for the LG population; and 3) to identify what factors are associated with this decrease if there is one. There was an application filed with the University of Texas at Arlington, Internal Review Board; and it was approved October 19, 2010 (IRB #2010-0293, Appendix A).

3.1 Sample

The target population for this study was adults ages 18 and older who identify as Lesbian and Gay. A convenience sample of adults found on Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, and Heterosexual (LGBTQH) Facebook groups was gathered through inviting these groups to participate in the study by means of the Facebook group administrators posting a link with access to the survey, using Survey Monkey. Data was collected without collecting identifying information. Groups invited did include more than LG individuals because there are few groups on Facebook that are solely for LG. Additionally, this provided a heterosexual comparison group to strengthen the research.

3.2 Instrumentation

The instruments that were used in this study were the Youth Risk Behavior Surveillance System (YRBS), the Post-traumatic stress disorder checklist (PCL-C); and the Developmental Assets Questionnaire (DAP). Participants began with the YRBS. If the participants indicated being threatened with or victimized by violence, they were administered the PCL-C. After the

YRBS, the participants completed the DAP. The battery of assessments is available in Appendix B.

3.2.1 Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) was developed by the Centers for Disease Control and Protection (CDC) and is used throughout the country at the high school level to assess the Risk behavior of Students in America. The CDC allows modification for population characteristics (CDC, 2010). Since it is designed for a younger population, it was modified to apply to young adults. There were some questions which did not apply to older adults and so they were deleted. Also this questionnaire does not address sexual orientation, so questions were added to the survey to address this. The main categories contained in this survey are: risky behaviors, eating habits, social availability, substance abuse, alcohol use, tobacco use, sexual behavior, violence, self-harm, and suicide.

According to the CDC (2010) this assessment tool has a validity based on self report and it has been proven to be reasonably accurate. Besides the validity, the reliability of the YRBSS, in 1991 was found to have a substantially high reliability rate (kappa=61%-100%) for students eighth grade and higher. In the 1999 revision the reliability was found to be lower (kappa< 61%). The YRBSS has since been revised again to address that issue. No data is available on the reliability of the newest revision at this time.

3.2.2 Post-traumatic stress disorder checklist-Civilian version

The PCL-civilian (PCL-C) is used to assess PTSD. This looks at the responses to stressful life events instead of a specific event (weathers et al., 1993). It is typically given to anyone between the ages of 18 and 65 who has encountered a traumatic experience. Participants will only take this assessment if they answer yes to questions that ask about violent victimization or threats of violence such as bullying. This questionnaire has not modified. The reliability of this assessment has good internal consistency (Weathers et al., 1993). The PCL-C has had significant correlation with other PTSD measures (Weathers et al, 1993).

3.2.3 Developmental Assets

The Developmental Assets Questionnaire (DAP) is a 58-question survey used to look at assets. The assets assessed are: support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity. This test is usually given to youth between the ages of 11-18 (Search Institute, 2005). It was modified to fit the adult population.

When looking at the reliability of the DAP, it is important to look at the test-retest reliability. This refers to the consistency over a short period of time. This score was fairly high at .79. The internal consistencies of the DAP were relatively high as well at .81 for the 8 asset category scales and .88 for the 5 context scales. The score for the internal assets was .93; for the external assets it was .95; and for the total assets it is .97. These scores did not vary significantly between groups (Search Institute, 2005).

Several different measures for validity have been done on the Developmental Assets questionnaire; however, the one of interest for this study is self-esteem. Harter's Gobal Self-Worth scale and Rosenberg's Self-Esteem Scale were used to assess convergent validity. The correlation with Harter was .72 and Rosenberg was .70 ($p < .001$) (Search Institute, 2005).

3.3 Data Collection

Facebook group administrators were asked to post on their group pages a link to the survey through Survey Monkey (Appendix C). There is an invitation letter that went out to the participants (Appendix D). There was a consent form at the beginning of the survey though signatures will not be collected to ensure anonymity. When the participant agreed to go into the survey, there ass a box for them to check which says they give their consent to participate in the survey. Responses will be downloaded into SPSS for analysis.

3.4 Validity

3.4.1 Internal Validity

As stated before, this study was done using a convenience sample of people found on Facebook group pages. This means that full power of random assignment was not used in this study. This possibly affected the internal validity on many levels. There could be a contemporary history threat if an event happens that is stressful to the community being surveyed (Campbell & Stanley, 1963). An example of a stressful event that would affect the Lesbian and Gay population would be the recent suicide of Tyler Clementi, a Rutgers University student who was Gay. His death sparked a nationwide attempt at changing the way LGBTQ are treated in schools (Friedman, 2010).

Besides the effects of a nationally publicized stressful event, there are other possible validity threats. Since this is a survey, the main maturation threat would be that some people might not be able to sit through the survey if it takes too long (Campbell & Stanley, 1963). Also some people answered more questions than other people if they were physically or mentally abused. There is a selection bias because there is not a random sample (Campbell & Stanley, 1963). The attrition/mortality threat could also be a factor since there is a possibility of people dropping out of the survey before completing it (Campbell & Stanley, 1963). For example, someone with difficulty reading might drop out of the study if the reading is cumbersome.

3.4.2 External Validity

The design of the study also places limits on its external validity. The participants were reached through LGBTQ Facebook group pages—creating a selection threat since there was not a random sample (Campbell & Stanley, 1963). Which implies that the people are “out” at least on Facebook; they have access to the internet; and are willing to join groups that support the LGBTQ life style. This made them unique and not necessarily typical among the LGBTQ population. There was also the possibility of having a reactive effect of experimental arrangements threat because the LG population knew what the researchers were looking for

and could answer accordingly (Campbell & Stanley, 1963). Also the LG population has a tendency to be cautious about whom they talk to about their sexual orientation and avoid exposing themselves (King et al., 2008; Warren, 1977). Having the survey be anonymous would hopefully help deal with some of these issues and allow the participants to open up and answer truthfully. The survey could also be affected by the novelty and disruption effect, in that the LGBTQ population is generally not asked about their sexual orientation in surveys.

3.5 Data Analysis

The purpose of this study was to assess the relationship between suicide and select variables including risky behaviors, support systems and personal assets within the Lesbian and Gay male (LG) population in the U.S. Data was collected and put into SPSS to analyze what the correlations of the variables were to suicide. An alpha of .10 was used to interpret the findings, because this is acceptable for exploratory studies (Black, 1999).

3.6 Objectives

- Are the risk behaviors that are correlated with suicide risk among heterosexuals comparably correlated among LG?
- What is the relationship between developmental assets and suicide risk among LG?

CHAPTER 4

RESULTS

The primary purpose of this exploratory study was threefold: 1) to assess whether risk factors for suicide among LG individuals older than age 18 are the same as those among heterosexual individuals; 2) to assess whether suicidality decreases for the LG population; and 3) to identify what factors are associated with this decrease if there is one. The questions guiding the study were: 1) Are the risk behaviors that are correlated with suicide risk among heterosexuals comparably correlated among LG?; and 2) What is the relationship between developmental assets and suicide risk among LG?

Data were collected online over seven months. Sixty participants began the survey, 16 of whom did not complete the survey. Of the 44 who completed the survey, 12 were Lesbian and 12 were Gay (See Table 1 for the range of responses). Given the small sample of LG (n = 24), the analyses of the study were broadened to include Bisexual (n = 6), Transgender (n = 6) Questioning (n = 1), and Queer (n = 2) to increase the sample size to 39. It also applies to individuals who do not want to be singled out but want to be accepted for being different and band together with others who are different too (PFLAG). Related to the dependent variable, suicidality, 12 of the 39 LGBTQ participants met the requirements for having thought about or attempted suicide.

Table 4.1 Sexual Orientation of Respondents

Orientation	Frequency	Percent
Gay	12	27.3
Lesbian	12	27.3

Table 4.1 - continued

Bisexual	6	13.6
Transgender	6	13.6
Heterosexual	5	11.4
Queer	2	4.5
Questioning	1	2.3

4.1 Demographics

Per the literature on suicide, there were many demographic variables that could influence the risk of suicidality among the LGBTQ population. The variables accounted for in this study are:

- Age
- Gender
- Sexual Orientation
- Gender role started out in
- Religion (during childhood and current)
- Education
- Income (during childhood and current)
- Race
- Geographic location (during childhood and current)
- Ever been homelessness
- Ever ran away (during childhood)
- Romantic Relationships
- Commitment ceremony / marriage (past and current relationships)
- Out as LGBTQ

4.1.1 Age

Respondents had to be 18 years old or older to participate in the study. The youngest aged participant was 18 and the oldest was 62. There was a mean of 35.32 years old (SD = 12.49).

4.1.2 Gender

There were 20 females, 18 males, and 6 people who were Transgendered who completed the survey.

4.1.3 Sexual orientation

This variable has been previously described above. See Table 4.1 for the full range of responses.

4.1.4 Gender role started out in

Of the 6 people who are Transgendered, 5 were born male and 1 female. One person who was born male had treatment to alter his body (i.e., hormone treatments and or surgery) to become female. The other 5 are planning to have treatments to alter their bodies. One female will be transforming to male and 4 males will be transforming to female.

4.1.5 Religion

When looking at participants' childhood religions, a majority grew up Christian (n = 31). Comparing that to their current religion, Christian (n = 11) was no longer the majority; no clear majority emerged, and other, new categories emerged: Atheist, Buddhist, Congregational/United Church of Christ; Pagan and Spiritualist.

Table 4.2 Religion of Respondents

Religion	Growing up	Present
Agnostic	1	1
Atheist	0	6

Table 4.2 - continued

Baptist	4	0
Buddhist	0	3
Catholic	12	1
Christian-no denomination supplied	4	3
Churches of Christ	1	0
Congregational/United church of Christ	0	5
Episcopalian/Anglican	2	1
Jewish	2	0
Lutheran	4	1
Methodist/Wesleyan	4	0
Mormon/Latter-Day Saints	1	0
No Religion	4	6
Nondenominational	2	2
Other/unclassified	2	4
Pagan	0	1
Presbyterian	1	0
Spiritualist	0	4

4.1.6 Education

There was a wide range of educational attainment. Only one person's highest level of education was Middle School; the majority had some level of higher education ranging from some college to a Master's degree. See Table 4.3 for the range of responses.

Table 4.3 Education of Respondents

Education	Frequency	Percent
Middle School	1	2.3
High School	7	15.9
Some College	13	29.5
Associate's Degree	4	9.1
Bachelor's Degree	10	22.7
Master's Degree	9	20.5

4.1.7 Income

Income during childhood and now were fairly widely distributed across categories. Fifteen of the participants did not know what the income was in their childhood home. There were 7 participants who identified an income of under $25,000 growing up; 6 of these 7 have not experienced an improvement. There are 13 who have a current annual income of $25,000 or less. See Table 4 for the full range of responses. Thirteen of the participants increased their financial position, 12 have a worse financial situation and 4 reported no change.

Table 4.4 Income of Respondents

Income	Growing up	Present
Under $15,000	2	10
$15,001-25,000	5	3
$25,001-$35,000	2	8
$35,001-$45,000	4	5
$45,001-$55,000	5	3
$55,001-$65,000	5	2
$65,001-$75,000	4	4
$75,001 and up	2	8
Do not know	15	0
No Answer	0	1

4.1.8 Race and Ethnicity

The majority of the people who took the survey were Caucasian (n = 40). There were 3 who indicated being multi-racial and 1 who indicated being African American. Of the 40 Caucasians, there were 5 who stated they were of Hispanic ethnicity.

4.1.9 Geographic Location

The majority of the participants grew up (n = 38) and still live (n = 39) in the United States. See Table 4.5 for the range of locations.

Table 4.5 Geographic Location

State/Country	Growing up	Present
Alabama/USA	1	0
Arkansas/USA	1	0
California/USA	2	2
Idaho/ USA	0	1
Illinois/ USA	0	1
Indiana/ USA	2	1
Kansas/USA	1	1
Maine/ USA	1	1
Michigan/ USA	1	1
Minnesota/USA	1	1
Mississippi/ USA	1	1
Missouri/USA	2	1
Montana/USA	1	1
Nebraska/ USA	2	0
New England/USA	0	1
New Mexico/USA	1	1

Table 4.5 - continued

New York/USA	2	3
Ohio/ USA	1	0
Oklahoma/ USA	1	0
Oregon/USA	1	1
South Carolina/ USA	1	1
Texas/ USA	12	18
Utah/ USA	1	0
Washington/USA	1	1
Different States	2	0
Cottam, England	0	1
Essex, England	1	0
Buckinghamshire/ UK	0	1
Crewe Cheshire/UK	2	1
Ontario/ Canada	1	1
Pietermaritzburg/ South Africa	1	1
Kingston/Jamaica	1	0

4.1.10 Homeless/Runaway

Eight were homeless at one time. Seven had runaway before the age of 18 and stayed gone for more than 24 hours without parental permission. Three of the participants had both runaway and been homeless.

4.1.11 Romantic Relationships

Out of the 44 people who answered the survey, 33 (75%) of them are currently in a relationship. Twenty-seven (61.4%) have never had a marriage, civil union, private ceremony or commitment ceremony of any kind. For those who have had a union, 13 have been married, 2 have had civil union, and 4 have had a private ceremony. Table 4.6 illustrates current romantic relationships; table 4.7 illustrates unions. (Note: respondents were allowed to select more than one response.)

Table 4.6 Current Romantic Relationship

Orientation	With Male	With Female	Did not Respond
Gay	10	0	2
Lesbian	0	10	2
Bisexual Males	0	1	1
Bisexual Females	1	2	1
Transgender (female progressing toward male)	0	0	1
Transgender (male progressing toward female)	0	4	1
Heterosexual Male	0	1	1

Table 4.6 - continued

Heterosexual Female	4	0	0
Queer Male	0	1	1
Questioning Female	0	0	1

Table 4.7 Unions Ever Had

Orientation	Married with Male	Married with Female	Civil Union with male	Civil Union with Female	Private Ceremony With Male	Private Ceremony With Woman	I did not have any of these
Gay	1	0	1	0	3	0	7
Lesbian	0	0	0	0	0	0	11
Bisexual Males	0	1	0	0	0	0 1	
Bisexual Females	3	0	0	0	0	0	1
Transgender (female progressing toward male)	0	0	0	0	0	0	1
Transgender (male progressing toward female)	0	3	0	1	0	0	1
Heterosexual Male	0	1	0	0	0	0	1
Heterosexual Female	2	0	0	0	0	0	2

Table 4.7 - continued

Queer Male	0	1					
Questioning Female	0	0	0	0	0	0	1

4.1.12 Out as LGBTQ

The range for how long this population has been out is from not Out at all to a maximum of 32 years Out. The average time out is 7.57 years (SD=8.38); table 4.8 illustrates the distribution of responses.

Table 4.8 Time Out of Respondents

Orientation	Out	Not Out
Gay	11	1
Lesbian	12	0
Bisexual	5	1
Transgender	6	0
Queer	2	0
Questioning	1	0

4.2 Post-Traumatic Stress Disorder (PTSD)

According to the United States Department of Veteran Affairs (2011), when looking at the scores of the Post-traumatic Stress Checklist-Civilian Version (PCL-C), 30 to 38 is the score range given for civilians indicating a need for further interviewing and assessment to decide if a

PTSD diagnosis is present. Walker et al. (2002) found that a score of 30 was the most sensitive for the PCL-C to identify true situations of PTSD.

Not all respondents were asked to complete the PCL-C—only those who had been violently threatened or victimized. There were 20 people who qualified to take the PCL-C assessment and 12 of them qualified for further assessment for PTSD, using 30 as the minimum requirement for determine whether further assessment is required. There was a minimum score of 19 and a maximum score of 70. There was a mean score of 39.60 (SD=16.05).

4.3 Developmental assets

The possible range of total scores for the Developmental Assets (DAP) is from 0 to 60. The total scores on the DAP have 4 categories for interpretation: 51 to 60 is excellent, 41 to 50 is good, 30 to 40 is fair and 0 to 29 is low. In the data collected, the Total DAP score ranged from a minimum of 6.53 to a maximum of 48.56 with a mean of 32.43 (SD=10.07).

Focusing on internal and external assets as well as the asset categories which include support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies, and positive identity, there are 4 categorical sub-ranges, 26 to 30 is considered Excellent, meaning that the person has a good asset base. The range of 21 to 25 is considered Good. The range of 15 to 20 is the Fair; these people could use some work to build assets. And finally 0 to 15 is considered Low; it is noted that the people who fall under the range of 0-8 are deemed having little to no assets at all and could be cause for concern. The external score is the average score of the external subcategories: support, empowerment, boundaries and expectations, and constructive use of time. The internal score is the average of the internal subcategories: commitment to learning, positive values, social competencies and positive identity.

The external score ranged from a minimum of 1.61 to a maximum of 26.21. The mean was 17.27 (SD=6.01) the internal asset scores ranged from a minimum of 4.09 to a maximum of

22.54; the mean was 15.16 (SD=4.69). Table 4.9 illustrates the total, external, internal and asset category ranges.

Table 4.9 Developmental Assets (DA) Scores

	Minimum	Maximum	Mean	Std. Deviation
DA Total	6.53	48.56	32.43	10.07
External	1.61	26.21	17.27	6.01
Internal	4.09	22.54	15.16	4.69
External support	1.43	28.57	18.05	7.08
External empowerment	5.00	28.33	19.85	6.25
External boundaries	.00	27.78	17.07	6.77
External time	.00	30.00	14.09	7.61
Learning	2.86	30.00	20.45	6.84
Values	8.18	30.00	19.21	5.60
Social competencies	7.50	30.00	20.26	5.29
Identity	1.67	30.00	18.14	7.69

4.4 Risk Behaviors

There were two questions that guided this study: 1) Are the risk behaviors that are correlated with suicide risk among heterosexuals comparably correlated among LG?; and 2) What is the relationship between developmental assets and suicide risk among LG? For the first question: Are the risk behaviors that are correlated with suicide risk among heterosexuals

comparably correlated among LG?, the Centers for Disease Control's Youth Risk Behavior Surveillance System (YRBSS) questionnaire was modified and used to identify risk behaviors. The questionnaire included the following:

- Transportation risk, e.g. not wearing a helmet when riding a bicycle, not wearing a seatbelt in an automobile
- Victim of physical violence or threat thereof
- Eating and exercise habits, e.g. healthy eating, eating disorder habits
- Computing, e.g. time spent on games, texting, etc.
- Illicit Drugs
- Alcohol
- Tobacco
- Sexual activity
- Hopelessness

The risk behaviors in this survey considered of importance in relation to suicidality are riding around without seat belt or head gear if on a motorcycle, eating disorders, excessive drinking, tobacco use, fighting, having a weapon handy, and sexual promiscuity (King et. al, 2001).

To answer this question, a score was calculated for each of the risk categories in the YRBS questionnaire. The score for suicide risk was used as the dependent variable and then the scores for the other risk categories was used for the independent variables. To calculate risk scores was through the YRBSS. Each group was put together and a numerical score was placed on it according to the amount of risk involved. Zero was assigned to no risk and 1 and up would be assigned to each answer as the risk increased. Some categories had greater weight than others and is a reflection of the literature on risk. An example would be in the substance abuse category, the literature has proven many times that substance abuse is a risky behavior and is connected to suicidal ideation.

A Pearson's correlation coefficient was calculated between suicidality score and each of the risk behavior scores. Additionally, from demographic questions, years out, religion growing up, current religion, the risks of homelessness and having runaway were added along with an assessment for PTSD (PCL-C) for those who experienced some level of violent victimization or threat thereof. The variables religion growing up, current religion, homelessness and having runaway were categorical data so a Kendall's Tau was calculated to assess association. See Table 10 for the correlations. Of these correlations, the behaviors/circumstances that were found to be statistically significantly correlated with LGBTQ suicide risk are substance abuse (r = .55, p = .05), violence (r = .48, p = .09), hopelessness (r = .49, p = .09), and having runaway (T = .49, p = .07).

Table 4.10 Correlations between Suicidality and Risk Behaviors

Risk Behavior/Circumstance	Correlation	Significance
Years Out	-.21	.49
Transportation	-.21	.49
Eating Disorders	.39	.19
Poor eating	-.08	.81
Computing	.25	.40
Exercise	-.20	.50
Substance	.55	.05*
Violence	.48	.09*
Hopeless	.49	.09*
Sexual activity	.30	.32
PCL Score	.57	.18
Religion growing up[a]	-.05	.86
Religion now[a]	-.04	.89

Table 4.10 - continued

Homelessness[a]	-.21	.45
Runaway[a]	.49	.07*

[a]All correlations are Pearson's correlation coefficient except these four which are Kendall's Tau.

*Statistically significant items ($p < .10$).

For the question: What is the relationship between developmental assets and suicide risk among LG?, the Development Assets Scores—total, external and internal—show a connection between support systems in the participants' lives and suicidal ideation (as shown in tables 4.11 and 4.12).

Table 4.11 Correlations between Suicidality and Developmental Assets (DA)

	Pearson's Correlation	**Significance**
Total	-.61	.03*
Internal	-.64	.02*
External	-.52	.07*

*Statistically significant items ($p < .10$).

Table 4.12 Correlations between Suicidality and Developmental Asset Categories

Asset Category	**Pearson's Correlation**	**Significance**
External Support	-.51	.07*
External Empowerment	-.60	.03*
External Boundaries	-.47	.10*
External Time	-.24	.43
Learning (Internal Asset)	-.62	.03*
Values (Internal Asset)	-.68	.01*

Table 4.12 - continued

Social Competence (Internal Asset)	-.54	.06*
Identity (Internal Asset)	-.57	.04*

*Statistically significant items ($p < .10$).

For this second question, a multiple regression was also planned. However, because the sample size was so small and there were so many independent variables, it was not possible to conduct the regression without inflating error.

CHAPTER 5

DISCUSSION

The purpose of this exploratory study was threefold 1) to assess whether risk factors for suicide among LG individuals older than age 18 are the same as those among heterosexual individuals; 2) to assess whether suicidality decreases for this population; and 3) to identify what factors are associated with this decrease if there is one. Two questions guided the study:

- Are the risk behaviors that are correlated with suicide risk among heterosexuals comparably correlated among LG individuals?
- What is the relationship between developmental assets and suicide risk among LG?

Data were collected online over seven months. Sixty participants began the survey, 16 of whom did not complete the survey. Of the 44 who completed the survey, 12 were Lesbians and 12 were Gays (See Table 4.1 for the range of responses). Given the small sample of LG (n = 24), the analyses of the study were broadened to include Bisexual (n = 6), Transgender (n = 6) Questioning (n = 1), and Queer (n = 2) to increase the sample size to 39.

5.1 Conclusions

5.1.1 Demographics

There were several interesting things found when going through the data collected. First it was interesting that of the 44 people surveyed, all but 2 of the LGBTQ were out (1 Gay man and 1 Bisexual were not out). Second, when it came to relationships, of the 12 Gays and 12 Lesbians who took the survey, only 2 of each did not say whether they were in relationships with the gender of choice. Religion showed another area of interest in this survey. There were more than half of the participants who were Christian during childhood and as adults that has changed. Very few of them consider themselves Christian anymore. In fact, some of those

people are now Buddhist, Spiritualist, Pagan and Atheist (there were none of these religions represented in childhood for the participants).

5.1.2 Are the risk behaviors that are correlated with suicide risk among heterosexuals comparably correlated among LGBTQ?

The risk behaviors that have been association with suicide for the heterosexual youth population are eating disorders, excessive drinking, tobacco use, fighting, having a weapon handy, and sexual promiscuity (King et al., 2001). Participants were asked about these and other risk behaviors using a modified version of the Centers for Disease Control's (CDC) Youth Risk Behavior Survey (YRBS). Scores were calculated for the risk behaviors included in the survey and then correlations calculated with risk for suicide. Additionally, from demographic questions, years out, the risks of homelessness and having runaway were added along with an assessment for PTSD (PCL-C) for those who experienced some level of violent victimization or threat thereof. Of these correlations, the behaviors/circumstances that were found to be statistically significantly correlated with LGBTQ suicide risk were substance abuse ($r = .55$, $p = .05$), runaway ($T= .49$; $p= .07$), violence ($r = .48$, $p = .09$), and hopelessness ($r = .49$, $p = .09$). This also points to what King et al (2001) says about LGBTQ having to deal with higher rates of substance abuse and more violence in their lives. It is important to note that though tobacco use, eating disorders, and sexual promiscuity ($r= .30$; $p= .32$) are correlated to suicide risk among heterosexuals, these did not emerge as significant for this sample of LGBTQ. It was fascinating that sexual behavior did not show up as a risk behavior connected to suicide ($r= .30$; $p= .32$). And finally the correlation with homelessness was not significant ($T =-.21$; $p=.45$) however being a runaway was ($T =.49$; $p=.07$); having been homeless and runaway is a behavior supported by research from Cochran, Stewart, Ginzler, and Cauce (2002) that is risk for suicide among LGBTQ but not heterosexuals.

5.1.2.1 Interpersonal Theory of Suicide, Risk Behaviors and Violence

The components identified in the Interpersonal Theory of Suicide that contribute to suicide risk are lack of belongingness, being a burden or feeling as if they are a burden to their

family or friends, and being able to hurt oneself, i.e., the ability to override the desire to live (Joiner, 2005). The risky behaviors and violence that emerged as significant correlates to suicide in this study of LGBTQ point toward several components of the theory. Substance abuse ($r = .55$, $p = .05$), having runaway ($T = .49$; $p = .07$), and hopelessness ($r = .49$; $p = .09$) are the main factors that contribute to the connection. Substance abuse may be a form of self-medication to deal with feelings of lack of belongingness and being or feeling a burden to family and friends. Running away may be related to lack of belonging or a sign that they feel as if they are a burden to their family and friends. Violence is also looked at when trying to understand the behavior behind feeling as if they are a burden. Violence becomes a factor especially with the friends of LGBTQ who have come out, when classmates find out, there can be bullying and friends can be caught in the middle. Finally, related to being able to hurt oneself, violence can desensitize people to the threat of pain and death (Joiner, 2005); the same applies to substance abuse (Joiner 2005). The circumstance of being violently victimized or threatened may lessen the fear of death; substance abuse as it escalates reduces inhibitions and also incurs more and more physical harm to the body, also lessening fears of death due to the substance abuse behavior which creates a need for the substance far stronger than a need for living.

5.1.3 What is the relationship between developmental assets and suicide risk among LGBTQ?

It is fascinating how well the Developmental Assets Profile (DAP) showed the risk of suicide by showing that when scoring low on this instrument or its subscales, there was a greater risk of suicidal behavior as demonstrated by the Developmental Assets (DA) Total ($r = -.61$, $p = .03$), External Assets (i.e. support, empowerment, boundaries and expectations, and constructive use of time [Search Institute, 2005]) ($r = -.52$; $p = .07$), and Internal Assets (i.e. commitment to learning, positive values, social competencies and positive identity [Search Institute, 2005]) ($r = -.64$; $p = .02$) correlations. All of these indicated that as assets decreases, suicidal risk increases.

5.1.3.1 External Assets Sub Categories

Breaking it down even further and looking at the External Assets sub categories of external support (r= -.51; p= .07), empowerment (r=-.60; p=.03), boundaries (r=-.47 p=.10), and constructive use of time (r=-.24; p= .43), 3 of the 4 were significantly correlated with suicide risk. External Support is a measure of support from family (especially parents), friends, neighborhood/ community and school. External Empowerment is a measure of feeling safe, valued and respected in several areas. And according to the Developmental asset profile low scores in External empowerment points to depression, suicidal behavior and violence. Boundaries and Expectations relates to rules and consequences across one's environments. This also shows whether there are strong positive role models across one's social groups. Constructive use of time has four subcategories: "(1) religious or spiritual activity, (2) sport, club, or other group, (3) creative activities and (4) family life" (Search Institute, 2005, p. 25). To get a top score in this category there needs to be strong scores in all 4 categories. Strong scores indicate the person has a healthy development and well-being—they are flourishing (Search Institute, 2005).

5.1.3.2 Internal Sub Categories

Internal Assets sub categories were commitment to learning (r=-.62; p=.03), values (r= -.68 p= .01), social competency (r=-.54; p=.06) and identity (r=-57; p= .04). High scores in commitment to learning say the person is active and motivated to learning both in and out of the school environment. Positive Values looks at "honesty, integrity, responsibility and restraint" (Search Institute, 2005, p. 26). It also denotes "caring about others and working for equality and social justice" (Search Institute, 2005, p. 26). Social competencies assets cover "planning and decision making, cultural competence, and social skills involving the ability to build friendships, resist negative peer pressure, and resolve conflicts peacefully" (Search Institute, 2005, p. 27). Finally, Positive Identity is a strong indicator of how well a person feels about themselves with

things like “self- esteem, internal locus of control, optimism, and a growing sense of purpose in life [*reasons for living*]” (Search Institute, 2005, p. 27).

5.1.3.3 How Developmental Assets relate to The Interpersonal Theory of Suicide

Joiner’s idea of lack of belonging as a component of risk for suicide was looked at using the external DAP scores. The low scores of the External categories (r= -.52; p=.07) are moderately correlated to suicide since the external scores look at how people fit in with their environment, if they feel as if they have people around them that care and how well they are connected to others (Search Institute, 2005). The internal DAP categories (r= -.64; p= .02), especially identity (r=-57; p= .04), connect to the burdensomeness component of the theory. The internal scores look at how people feel about themselves, their integrity, honesty, and social skills (Search Institute, 2005). If a person has low self esteem, very little social skills and has no motivation to go on with things it can lead them down the road of burdensomeness.

5.2 Implications

What all this shows is that the Interpersonal Theory of Suicide does apply to the LGBTQ population. There is preliminary evidence for lack of belongingness, burdensomeness, and the ability to harm oneself. Therefore continuing to test this theory to find if differences exist between LGBTQ and heterosexuals on the components could help further inform practitioners of more ways to help the LGBTQ population navigate away from suicide and towards a more productive and happy life. Also the risk behaviors of violence, substance abuse, hopelessness and running away should be addressed when working with LGBTQ people. This can be accomplished by continued efforts to stop bullying and hate crimes and teaching the LGBTQ how to deal with the violence when it is aimed at them. There are many resources out there for dealing with substance abuse and it would be good to recognize when it is a factor and help find other ways for the LGBTQ to cope with the issues that are bothering them. This would also help with the hopelessness, listening and helping them find positive

resources. Practitioners should find out the reasons behind the runaway behavior and find different outlets. With the DAP being such a useful measure of belongingness and burdensomeness, it could be given to show how clients are doing. It could be useful to use interventions that improve motivation, self esteem and help this cliental find new ways to make friends and find a strong support system.

5.3 Looking to the future—Recommendations for future research

There were some areas that could have been better including sample size, additional demographic questions, and improvements in risk assessment. A larger sample size would help answer further questions that have been brought up from this project. It is suspected that sample size was low due to the procedure used to collect data. Anonymity was afforded to participants and is a necessity that should be employed in future research, especially related to increasing sample size. An additional strategy to increase sample size would have been snowball sampling. Finally, having to get permission from Facebook group administrators has become extremely difficult because they no longer list the administrators on the Facebook pages. For those administrators who were identified and willing to send/post the survey, details required by the IRB for each website were not always readily given due to the administrators' desire to protect privacy of the group members—a valid concern.

5.3.1 Demographics

Besides sample size, it would have been good to ask more questions, this would have allowed for some better informed answers to the questions. For example, it would be nice to know if the participants are in the relationship they would prefer to be in; meaning are they with the gender they are most comfortable with and wanting to be with and have they always been in the relationship of choice. With the questions asked, it would appear that the majority of them were in the relationship of choice now but it is unknown if this has always been so.

It would also be good to ask more about religion, for example, when they changed religions and why. Reasons for changing religions would help with understanding if there was a

relationship with suicidal ideation which might be the case if the religious atmosphere related to lack of belongingness and burdensomeness.

Also there were questions about runaways and homelessness, however it was not asked whether the people who ran away and were homeless, experienced these circumstances at the same time or were these separate occasions.

One of the issues that came up is labeling. It was brought to my attention that the few labels that I did place on the survey for LGBTQ were not enough. One person, a heterosexual cross dresser, answered Queer because no other label fit.

5.3.2 Risk behaviors

When looking at the violence questions, it would have been good to have questions in the survey asking more specifically about the violence. Some things that might have helped with understanding how violence had affected the participants include: when they had been a victim? Was it recent and/or was it a long time ago? Had they had counseling to help deal with it? This could be why Post-Traumatic Stress as measured by the PCL-C was not strongly related to suicide risk. If they had counseling then they might not have PTSD anymore or passage of time may have lessened the stress.

Another limitation was that the survey only asked questions about suicide in the last 12 months. During analysis, it was learned that the questions about suicide behavior over the participant's life-times were not asked of the participants, because of errors in the question contingency plans in the survey formatting.

Another question that could have been useful would be to know if when they came out, if they were suicidal at that time. Did they have support from their friends and family or were they ostracized?

To help shorten the survey to make it more manageable, it could also be useful to take out things that did not seem to be necessary in the survey. There were several areas that were not significantly correlated with suicide: the questions about transportation ($r=-.21$; $p=.49$),

eating disorders (r=.39; p=.19), poor eating (r=-.07; p=.81), how much time spent on the computer (r=.25; p=.40) which in today's society can actually lead to more friends and people to talk to, and how much exercise participants got (r=-.20; p=.50). There were 16 people who dropped out of the survey and they dropped at different areas, so it could be that length was one of the elements for early drop out. Sexual activity (r=.30; p=.32) did not show as being significantly correlated; it would be interesting to know if with a larger sample size this changes. Other researchers have found it to be connected such as King et. al (2001). Also, related to sexual activity, the question of whether or not they use protection against HIV and other STD's was not asked (It is also not asked in the original survey, the CDC's Youth Risk Behavior Survey).

APPENDIX A

INSTITUTIONAL REVIEW BOARD APPROVAL LETTERS

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October 22, 2010

Elizabeth Sabre
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FULL BOARD APPROVAL OF HUMAN SUBJECT RESEARCH

IRB No.: 2010-0293
Title: *Risk Behavior, personal assets and social support in the Gay, Lesbian, bisexual, transgender and queer adult population: How do these contribute to suicidality?*
Approval Date: October 12, 2010
Expiration Date: October 11, 2010

Approved number of participants: 5000 (Do not exceed without prior IRB approval)

The University of Texas at Arlington IRB has approved the above-referenced study effective October 12, 2010. IRB approval for the research shall continue until October 11, 2011. In order for the research to continue, Continuing Review must be completed within the month preceding the date of expiration indicated above. A reminder notice will be forwarded to the attention of the Principal Investigator (PI) at that time.

APPROVED NUMBER OF PARTICIPANTS:

This protocol has been approved for enrollment of a maximum of 5000 participants and is not to exceed this number. If additional data are needed, the researcher must submit a modification request to increase the number of approved participants before the additional data are collected. Exceeding the number of approved participants is considered an issue of non-compliance and will result in the destruction of the data collected beyond the approval number and will be subject to deliberation set forth by the IRB.

INFORMED CONSENT DOCUMENT:

The IRB approved informed consent document (ICD), showing the stamped approval and expiration date of the article must be used when prospectively enrolling volunteer participants into the study. The use of a copy of any consent form on which the IRB-stamped approval and expiration dates are not visible, or are replaced by typescript or handwriting, is prohibited. The signed consent forms must be securely maintained on the UTA campus for the duration of the study plus three years. The complete study record is subject to inspection and/or audit during this time period by entities including but not limited to the UT Arlington IRB, Regulatory Services staff, OHRP/FDA and by study sponsors (if the study is funded).

MODIFICATION TO AN APPROVED PROTOCOL:

Pursuant to Title 45 CFR 46.103(b)(4)(iii), investigators are required to, "promptly report to the IRB *any* proposed changes in the research activity, and to ensure that such changes in approved research, during the period for which IRB approval has already been given, are not initiated without prior IRB review and approval except when necessary to eliminate apparent

immediate hazards to the subject." Modifications include but are not limited to: Changes in protocol personnel, number of approved participants, and/or updates to the protocol procedures or instruments and must be submitted via the electronic submission system. Failure to obtain approval for modifications is considered an issue of non-compliance and will be subject to review and deliberation by the IRB which could result in the suspension/termination of the protocol.

ANNUAL CONTINUING REVIEW:

In order for the research to continue beyond the first year, a Continuing Review must be completed via the online submission system within 30 days preceding the date of expiration indicated above. A reminder notice will be forwarded to the attention of the Principal Investigator (PI) 30 days prior to the expiration date. Continuing review of the protocol serves as a progress report and provides the researcher with an opportunity to make updates to the originally approved protocol. Failure to obtain approval for a continuing review will result in automatic *expiration of the protocol* all activities involving human subjects must cease immediately. The research will not be allowed to commence by any protocol personnel until a new protocol has been submitted, reviewed, and approved by the IRB. Per federal regulations and UTA's Federalwide Assurance (FWA), there are no exceptions and no extensions of approval granted by the IRB. The continuation of study procedures after the expiration of a protocol is considered to be an issue of non-compliance and a violation of federal regulations. Such violations could result in termination of external and University funding and/or disciplinary action.

ADVERSE EVENTS:

Please be advised that as the principal investigator, you are required to report local adverse (unanticipated) events to The UT Arlington Office of Research Administration; Regulatory Services within 24 hours of the occurrence or upon acknowledgement of the occurrence.

TRAINING

All investigators and key personnel identified in the protocol must have filed a Conflict of Interest Disclosure and have documented *Human Subjects Protection (HSP), CITI* or other approved training in the protection of human subjects on file with this office prior to protocol submission. HSP and CITI training certificates are valid for 2 years from completion date.

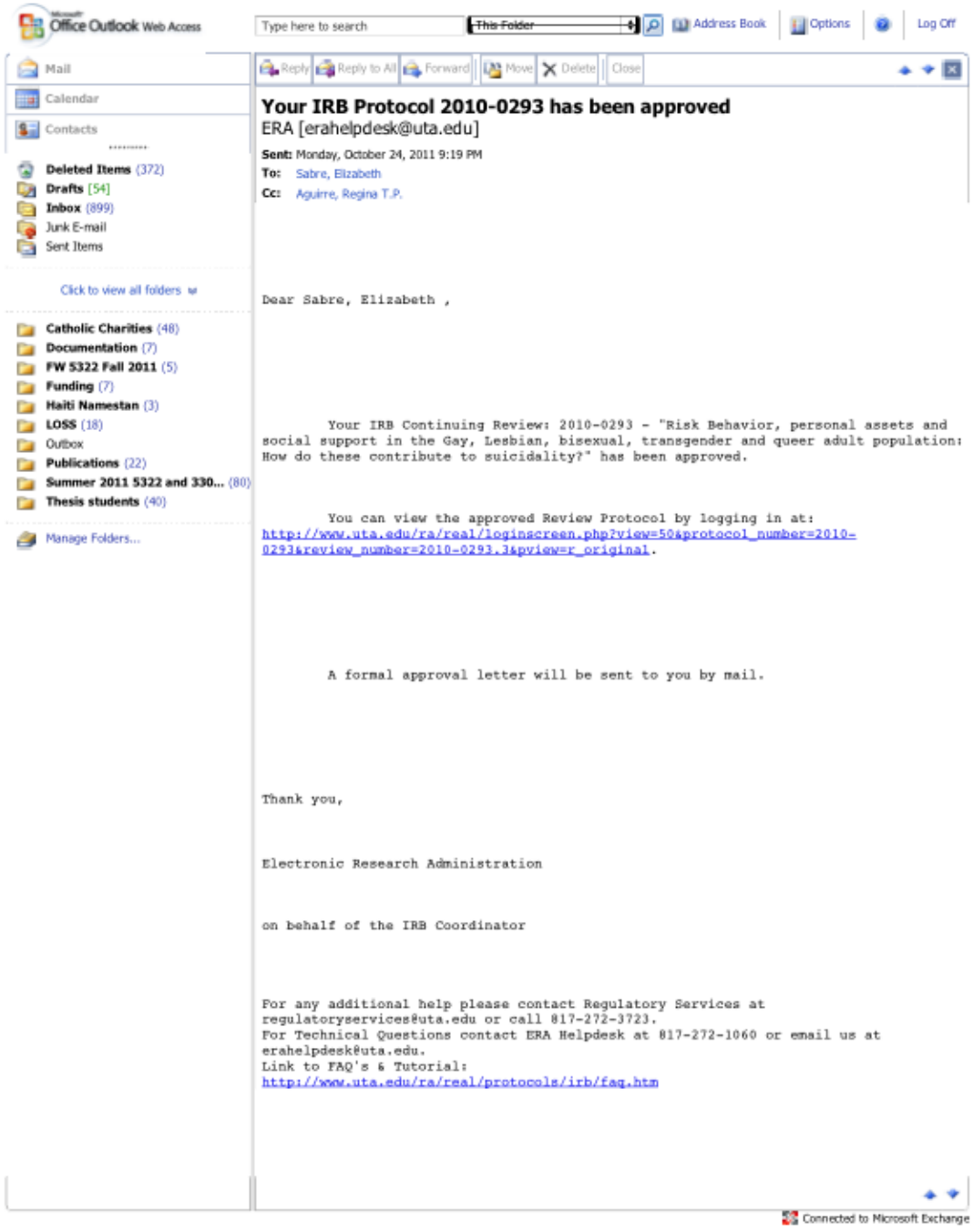
COLLABORATION:

If applicable, approval by the appropriate authority at a collaborating facility is required prior to subject enrollment. If the collaborating facility is *engaged in the research*, an OHRP approved Federalwide Assurance (FWA) may be required for the facility (prior to their participation in research-related activities). To determine whether the collaborating facility is engaged in research, go to: http://www.hhs.gov/ohrp/humansubjects/assurance/engage.htm

CONTACT FOR QUESTIONS:
The UT Arlington Office of Research Administration; Regulatory Services appreciates your continuing commitment to the protection of human research subjects. Should you have questions or require further assistance, please contact Robin Dickey by calling 817-272-9329.

Sincerely,

Patricia Turpin, Ph.D., RN, NEA, BC
Clinical Associate Professor
UT Arlington IRB Chair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Calendar
Contacts
Deleted Items (372)
Drafts [54]
Inbox (899)
Junk E-mail
Sent Items
Click to view all folders
Catholic Charities (48)
Documentation (7)
FW 5322 Fall 2011 (5)
Funding (7)
Haiti Namestan (3)
LOSS (18)
Outbox
Publications (22)
Summer 2011 5322 and 330... (80)
Thesis students (40)
Manage Folders...
Reply
Reply to All
Forward
Move
Delete
Close
Your IRB Protocol 2010-0293 has been approved
ERA [erahelpdesk@uta.edu]
Sent: Monday, October 24, 2011 9:19 PM
To: Sabre, Elizabeth
Cc: Aguirre, Regina T.P.
Dear Sabre, Elizabeth ,
Your IRB Continuing Review: 2010-0293 - "Risk Behavior, personal assets and social support in the Gay, Lesbian, bisexual, transgender and queer adult population: How do these contribute to suicidality?" has been approved.
You can view the approved Review Protocol by logging in at:
http://www.uta.edu/ra/real/loginscreen.php?view=50&protocol_number=2010-0293&review_number=2010-0293.3&pview=r_original.
A formal approval letter will be sent to you by mail.
Thank you,
Electronic Research Administration
on behalf of the IRB Coordinator
For any additional help please contact Regulatory Services at regulatoryservices@uta.edu or call 817-272-3723.
For Technical Questions contact ERA Helpdesk at 817-272-1060 or email us at erahelpdesk@uta.edu.
Link to FAQ's & Tutorial:
http://www.uta.edu/ra/real/protocols/irb/faq.htm
Connected to Microsoft Exchange

APPENDIX B

SURVEY

Beth--YRBSS LG2

PRINCIPAL INVESTIGATOR NAME:
Elizabeth Sabre

TITLE OF PROJECT
Risk Behavior, personal assets and social support in the Gay, Lesbian, bisexual, transgender and queer adult population: How do these contribute to suicidality?

INTRODUCTION
You are being asked to participate in a research study. Your participation is voluntary. Please ask questions by emailing Elizabeth Sabre (elizabeth.sabre@mavs.uta.edu) if there is anything you do not understand.

PURPOSE
The purpose of this survey is to collect information on lifestyle, risk behaviors, social support, attitudes and assets and their relationship with suicidal ideation (current and/or past thoughts of suicide). The information will be used to inform suicide prevention within the LGBTQ community.

During this study you will be asked to answer questions about your risk behaviors, attitudes and assets.

The specific purposes of this research study are to determine:
1. the relationship between risk behaviors and suicidal ideation among members of the LGBTQ community; and
2. assets and strengths among members of the LGBTQ community that serve as buffers to suicidal ideation.

DURATION
This survey will take approximately 30 to 60 minutes to complete depending upon your answers which may increase how many questions you are asked.

PROCEDURES
The procedures, involving you as a research participant, include you completing an online survey. You are being asked to answer questions regarding risk behaviors, support systems, and assets. The number of questions you are asked depends on your personal experiences. For example, if you indicate a particular experience of interest, you may be asked additional questions about that experience that someone who did not have that experience would not be asked.

POSSIBLE BENEFITS
There are no direct benefits for participating in this study; however, you will be contributing to the growth of knowledge of suicidal ideation and protective factors within the LGBTQ community to inform prevention programming.

COMPENSATION
No compensation is offered for participation in this study.

POSSIBLE RISKS/DISCOMFORTS
There are no perceived risks for participating in this research study. Certain questions may cause some emotional discomfort. If at any time you experience discomfort you may exit the survey at no consequence to you. If you would like to talk to someone or are in crisis please call 1-800-273-TALK.

ALTERNATIVE PROCEDURES
There are no alternative procedures offered for this study. However, you can elect not to participate in the study or quit at any time with no negative consequences.

WITHDRAWAL FROM THE STUDY
Participation in this study is voluntary. You may refuse to participate or quit at any time by closing the survey window.

NUMBER OF PARTICIPANTS:
We expect 5,000 participants to enroll in this study.

CONFIDENTIALITY:
This survey is intended to be anonymous. No identifying information will be collected from you and we will have no way of identifying you unless you contact us. If you contact us, we will have your identity (e.g. email address, phone number, name you provide) BUT we will not be able to link your survey responses to your identity. Every attempt will be made to see that your study results are kept confidential. The results of this survey will only be available to Elizabeth Sabre and her supervising professor, Dr. Regina Aguirre. A copy of the data from this study will be stored on the password protected computer of Dr. Aguirre and in a password protected online data backup program administered by the University of Texas at Arlington for at least three (3) years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a subject. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the UTA Institutional Review Board (IRB), and personnel particular to this research have access to the study records. If you contact the researcher with questions or discomfort, your identity will be kept separate from your answers on the survey. Your records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as noted above.

If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, then The University of Texas at Arlington will protect the confidentiality of those records to the extent permitted by law. Your research records will not be released without your consent unless required by law or a court order. The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

Beth–YRBSS LG2

*** CONSENT:**

As a representative of this study, I, Elizabeth Sabre, have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study.

By answering "Yes" below, you confirm that you have read or had this document read to you.

You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

You voluntarily agree to participate in this study. By answering "Yes" below, you are not waiving any of your legal rights. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

- ○ Yes, I consent to complete this survey.
- ○ No, I do not consent to completing this survey.

Beth–YRBSS LG2

*** What is your age?**

- ○ 17 and under
- ○ 18 and above

Beth--YRBSS LG2

Thank you for your interest. We are sorry you have chosen not to participate in this study.

Beth–YRBSS LG2

Thank you for your interest, because you are not 18 or older you are not eligible to participate in this survey.

Beth–YRBSS LG2

* **What is your age?**

* **Please select the response that best identifies you:**

Beth--YRBSS LG2

*** What is your sex?**

- ○ Male
- ○ Female

Beth--YRBSS LG2

*** Please select the choice that best applies to you:**

- I was born with female sexual organs but had treatments (e.g. Hormone therapy, surgery) to alter this
- I was born with female sexual organs but plan to have treatments (e.g. Hormone therapy, surgery) to alter this
- I was born with female sexual organs and do not plan to have treatments (e.g. Hormone therapy, surgery) to alter this
- I was born with male sexual organs but had treatments (e.g. Hormone therapy, surgery) to alter this
- I was born with male sexual organs but plan to have treatments (e.g. Hormone therapy, surgery) to alter this
- I was born with male sexual organs and do not plan to have treatments (e.g. Hormone therapy, surgery) to alter this

Beth--YRBSS LG2

*** How many months (if out less than 1 year) or years have you been "out"?**

Months

Years

*** What Religion did you grow up practicing?**

*** What Religion are you practicing now?**

*** How much education have you completed?**

- Middle School
- High School
- Some College
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- PhD or other terminal degree (e.g. MD, JD)

Beth–YRBSS LG2

*** What is your sex?**

- ○ Male
- ○ Female

*** What Religion did you grow up practicing?**

*** What Religion are you practicing now?**

*** How much education have you completed?**

- ○ Middle School
- ○ High School
- ○ Some College
- ○ Associate's Degree
- ○ Bachelor's Degree
- ○ Master's Degree
- ○ PhD or other terminal degree (e.g. MD, JD)

What was your family's income growing up?

- Don't know.
- Under $15,000.
- $15,001 to $25,000
- $25,001 to $35,000
- $35,001 to $45,000
- $45,001 to $55,000
- $55,001 to $65,000
- $65,001 to $75,000
- $75,001 and up.

What is your income now?

- Under $15,000.
- $15,001 to $25,000
- $25,001 to $35,000
- $35,001 to $45,000
- $45,001 to $55,000
- $55,001 to $65,000
- $65,001 to $75,000
- $75,001 and up.

Beth--YRBSS LG2

* **What is your race?**

* **Are you of Hispanic origin?**

- Yes
- No

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Beth--YRBSS LG2

Where did you grow up (City, State and Country)?

Where do you live now (City, State and Country)?

* **Have you ever been Homeless? (out of your home of origin for more than 2 days)**

- Yes
- No

* **Did you ever run away? (Under the age of 18 and left home for 24 hours or more without parental permission.)**

- Yes
- No

Beth--YRBSS LG2

* **Are you in a relationship now?**

- ○ Yes
- ○ No

Beth–YRBSS LG2

*** Have you ever had a (check all that apply)**

- ☐ Private Ceremony
- ☐ Civil Union
- ☐ Marriage
- ☐ I have not had any of these

*** Check all that apply to your union**

- ☐ With a Man
- ☐ With a Woman
- ☐ I have had separate unions with both
- ☐ I have had a union with 2 people or more (1 union with more than 2 people)
- ☐ I have not had a union

Beth–YRBSS LG2

*** Check all that apply to your current relationship(s)**

- [ ] With a Man
- [ ] With a Woman

*** Have you ever had a (check all that apply)**

- [ ] Private Ceremony
- [ ] Civil Union
- [ ] Marriage
- [ ] I have not had any of these

*** Check all that apply to your union**

- [ ] With a Man
- [ ] With a Woman
- [ ] I have had separate unions with both
- [ ] I have had a union with 2 people or more (1 union with more than 2 people)
- [ ] I have not had a union

Beth–YRBSS LG2

*** 1. When you rode a bicycle or motorcycle during the past 12 months, how often did you wear a helmet?**

- I did not ride a bicycle or motorcycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

*** 2. How often do you wear a seat belt when riding in a car driven by someone else?**

- Never
- Rarely
- Sometimes
- Most of the time
- Always

*** 3. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?**

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

*** 4. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?**

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth–YRBSS LG2

How tall are you without your shoes on? (Please use feet and inches)

How much do you weigh without your shoes on? (Please use pounds)

*** 5. How do you describe your weight?**

- Very underweight
- Slightly underweight
- About the right weight
- Slightly overweight
- Very overweight

Beth–YRBSS LG2

*** 6. Which of the following are you trying to do about your weight?**

- Lose weight
- Gain weight
- Stay the same weight
- I am not trying to do anything about my weight

*** 7. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?**

- Yes
- No

*** 8. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?**

- Yes
- No

Beth--YRBSS LG2

*** 9. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?**

- Yes
- No

*** 10. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)**

- Yes
- No

*** 11. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?**

- Yes
- No

Beth–YRBSS LG2

*** 15. During the past 7 days, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not include diet soda or diet pop.)**

- I did not drink soda or pop during the past 7 days
- 1 to 3 times during the past 7 days
- 4 to 6 times during the past 7 days
- 1 time per day
- 2 times per day
- 3 times per day
- 4 or more times per day

*** 16. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal.)**

- I did not drink milk during the past 7 days
- 1 to 3 glasses during the past 7 days
- 4 to 6 glasses during the past 7 days
- 1 glass per day
- 2 glasses per day
- 3 glasses per day
- 4 or more glasses per day

Beth--YRBSS LG2

*** 17. On an average, how many hours do you watch TV per day?**

- I do not watch TV on an average day
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

*** 18. On an average,how often do you use a computer for something that is not work? (Include activities such as Internet Chat, You Tube, surf the net, Myspace, Facebook, Twitter, LinkedIn)**

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

*** 19. On an average, how many hours per day do you play on your iPhone? (Include surfing the web, YouTube, text messaging, Facebook, Games, ITunes, etc.)**

- Do not have an iPhone
- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

*** 20. On an average, how many hours per day do you play video or computer games (Include activities such as Wii, Nintendo, Game Boy, DS, PSP, PlayStation, Xbox, computer games.)**

- Less than 1 hour per day
- 1 hour per day
- 2 hours per day
- 3 hours per day
- 4 hours per day
- 5 or more hours per day

*** 21. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)**

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

*** 22. How old were you when you tried**

	Have never tried	8 or younger	9-10 years old	11-12 years old	13-14 years old	15-16 years old	17 years old	18+ years old
Tobacco Products	○	○	○	○	○	○	○	○
Drinking Alcohol	○	○	○	○	○	○	○	○
Marijuana	○	○	○	○	○	○	○	○
Cocaine (powder, crack or freebase)	○	○	○	○	○	○	○	○
Inhalants (such as glue, aerosole, paint, markers, gasoline)	○	○	○	○	○	○	○	○
Heroin (smack, junk, China white)	○	○	○	○	○	○	○	○
Methamphetamines (speed, crystal meth, crank, or ice)	○	○	○	○	○	○	○	○
Ecstasy (MDMA)	○	○	○	○	○	○	○	○
Steroid pills or shots without a doctor's prescription	○	○	○	○	○	○	○	○
Over the counter mixes (including Pseudoephedrine)	○	○	○	○	○	○	○	○
Prescriptions not prescribed to you	○	○	○	○	○	○	○	○
Prescription cocktails	○	○	○	○	○	○	○	○

Beth--YRBSS LG2

*** 23. Please indicate on how many days in the past 30 days did you use:**

	Have never used	0 days	1-2 days	3-5 days	6-9 days	10-19 days	20-29 days	All 30 days
Tobacco Products	○	○	○	○	○	○	○	○
Drinking Alcohol (other than a few sips)	○	○	○	○	○	○	○	○
Marijuana	○	○	○	○	○	○	○	○
Cocaine (powder, crack or freebase)	○	○	○	○	○	○	○	○
Inhalants (such as glue, aerosol, paint, markers, gasoline)	○	○	○	○	○	○	○	○
Heroin (smack, junk, China white)	○	○	○	○	○	○	○	○
Methamphetamines (speed, crystal meth, crank, or ice)	○	○	○	○	○	○	○	○
Ecstasy (MDMA)	○	○	○	○	○	○	○	○
Steroid pills or shots without a doctor's prescription	○	○	○	○	○	○	○	○
Over the counter mixes (including Pseudoephedrine)	○	○	○	○	○	○	○	○
Prescriptions not prescribed to you	○	○	○	○	○	○	○	○
Prescription cocktails	○	○	○	○	○	○	○	○

Beth--YRBSS LG2

*** 24. Please indicate how many times in your lifetime you have used:**

	Have never used	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
Tobacco Products	○	○	○	○	○	○	○
Drinking Alcohol (other than a few sips)	○	○	○	○	○	○	○
Marijuana	○	○	○	○	○	○	○
Cocaine (powder, crack or freebase)	○	○	○	○	○	○	○
Inhalants (such as glue, aerosole, paint, markers, gasoline)	○	○	○	○	○	○	○
Heroin (smack, junk, China white)	○	○	○	○	○	○	○
Methamphetamines (speed, crystal meth, crank, or ice)	○	○	○	○	○	○	○
Ecstasy (MDMA)	○	○	○	○	○	○	○
Steroid pills or shots without a doctor's prescription	○	○	○	○	○	○	○
Over the counter mixes (including Pseudoephedrine)	○	○	○	○	○	○	○
Prescriptions not prescribed to you	○	○	○	○	○	○	○
Prescription cocktails	○	○	○	○	○	○	○

Beth--YRBSS LG2

*** 25. Please identify any substances you have used at work or (during classes at school) in the past 30 days and how often:**

	Have never used	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
Tobacco Products	○	○	○	○	○	○	○
Drinking Alcohol (other than a few sips)	○	○	○	○	○	○	○
Marijuana	○	○	○	○	○	○	○
Cocaine (powder, crack or freebase)	○	○	○	○	○	○	○
Inhalants (such as glue, aerosole, paint, markers, gasoline)	○	○	○	○	○	○	○
Heroin (smack, junk, China white)	○	○	○	○	○	○	○
Methamphetamines (speed, crystal meth, crank, or ice)	○	○	○	○	○	○	○
Ecstasy (MDMA)	○	○	○	○	○	○	○
Steroid pills or shots without a doctor's prescription	○	○	○	○	○	○	○
Over the counter mixes (including Pseudoephedrine)	○	○	○	○	○	○	○
Prescriptions not prescribed to you	○	○	○	○	○	○	○
Prescription cocktails	○	○	○	○	○	○	○

Beth--YRBSS LG2

The following questions are about tobacco use. If you have never used tobacco, please click "next" at the bottom of the page.

*** 26. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?**

- I did not smoke cigarettes during the past 30 days
- Less than 1 cigarettes per day
- 1 cigarette per day
- 2 to 5 cigarettes per day
- 6 to 10 cigarettes per day
- 11 to 20 cigarettes per day
- More than 20 cigarettes per day

*** 27.During the past 12 months, did you try to quit tobacco?**

- Yes
- No
- I quit more than a year ago.

Beth--YRBSS LG2

The following questions are about alcohol use. If you have never used alcohol, please click "next" at the bottom of the page.

*** 28. During the past 30 days, on how many days did you have at least one drink of alcohol?**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

*** 29. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?**

- 0 days
- 1 to 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

*** 30. During the past 12 months, did you try to quit using alcohol?**

- Yes
- No
- I quit more than a year ago.

Beth--YRBSS LG2

*** 31. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?**

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

*** 32. During the past 30 days, on how many days did you avoid social or public activities because you felt you would be unsafe?**

- 0 days
- 1 day
- 2 or 3 days
- 4 or 5 days
- 6 or more days

*** 33. During the past 12 months, have you ever been bullied?**

- Yes
- No

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

*** 45. Over your lifetime, have you hurt yourself**

- ○ with the intention of dying by suicide
- ○ without the intention of dying by suicide
- ○ I have not hurt myself

*** 46. Over your lifetime, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**

- ○ Yes
- ○ No

*** 47. Over your lifetime, did you ever seriously consider attempting suicide?**

- ○ Yes
- ○ No

*** 48. Over your lifetime, did you make a plan about how you would attempt suicide?**

- ○ Yes
- ○ No

*** 49. Over your lifetime, how many times did you actually attempt suicide?**

- ○ 0 times
- ○ 1 time
- ○ 2 or 3 times
- ○ 4 or 5 times
- ○ 6 or more times

*** 50. If you attempted suicide during your lifetime, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?**

- ○ I have not attempted suicide over my lifetime
- ○ Yes
- ○ No

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

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Beth--YRBSS LG2

Sexual Activity- physical sexual contact between individuals that involves the genitalia of at least one person.

*** 51. Have you ever had sexual activity?**

- With a male only
- With more than one male at the same time
- With a female only
- With more than one female at the same time
- With both male and female
- With both male and female at the same time
- I have not been sexually active

*** 52. During the past month, with how many people were you sexually active?**

- I have had sexual intercourse, but not during the past month
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 people
- 7 people
- 8 people
- 9 people or more

*** 53. Did you drink alcohol or use drugs before you had sexual activity the last time?**

- Yes
- No

*** 54. The last time you had sexual activity, did you or your partner use a condom?**

- Yes
- No

Beth--YRBSS LG2

*** 55. The last time you had sexual activity, what one method did you or your partner use to prevent pregnancy? (Select all that apply.)**

- [ ] No method was used to prevent pregnancy
- [ ] Birth control pills
- [ ] Condoms
- [ ] Depo-Provera (injectable birth control)
- [ ] Withdrawal
- [ ] Some other method
- [ ] Not sure

*** 56. Have you ever been taught about AIDS or HIV infection?**

- ○ Yes
- ○ No
- ○ Not sure

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

* **51a. How old were you when you had consensual sexual activity for the first time with a male?**

* **51b. During your life, with how many males have you had sexual activity?**

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

*** 51c. How old were you when you had consensual sexual activity for the first time with a female?**

*** 51d. During your life, with how many males have you had sexual activity?**

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

*** 51e. How old were you when you had consensual sexual activity for the first time with**

a female?

a male?

*** 51f. During your life, with how many females have you had sexual activity?**

*** 51g. During your life, with how many males have you had sexual activity?**

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

*** 35. During the past 12 months, how many times were you in a physical fight?**

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or 7 times
- 8 or 9 times
- 10 or 11 times
- 12 or more times

*** 36. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?**

- 0 times
- 1 time
- 2 or 3 times
- 4 or 5 times
- 6 or more times

*** 37. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?**

- Yes
- No

*** 38. Have you ever been physically forced to have sexual intercourse when you did not want to?**

- Yes
- No

Beth--YRBSS LG2

*** Below is a list of problems and complaints that people sometimes have in response to stressful experiences. Please read each one carefully, put an X in the box to indicate how much you have been bothered by that problem in the past month.**

	Not at all	A little bit	Moderately	Quite a bit	Extremely
1. Repeated, disturbing memories, thoughts, or images of a stressful experience?	○	○	○	○	○
2. Repeated, disturbing dreams of a stressful experience?	○	○	○	○	○
3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?	○	○	○	○	○
4. Feeling very upset when something reminded you of a stressful experience?	○	○	○	○	○
5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?	○	○	○	○	○
6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?	○	○	○	○	○
7. Avoiding activities or situations because they reminded you of a stressful experience?	○	○	○	○	○
8. Trouble remembering important parts of a stressful experience?	○	○	○	○	○
9. Loss of interest in activities that you used to enjoy?	○	○	○	○	○
10. Feeling distant or cut off from other people?	○	○	○	○	○
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	○	○	○	○	○
12. Feeling as if your future will somehow be cut short?	○	○	○	○	○
13. Trouble falling or staying asleep?	○	○	○	○	○
14. Feeling irritable or having angry outbursts?	○	○	○	○	○
15. Having difficulty concentrating?	○	○	○	○	○
16. Being "super-alert" or watchful or on guard?	○	○	○	○	○
17. Feeling jumpy or easily startled?	○	○	○	○	○

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

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5. Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience?	○	○	○	○	○
6. Avoiding thinking about or talking about a stressful experience or avoiding having feelings related to it?	○	○	○	○	○
7. Avoiding activities or situations because they reminded you of a stressful experience?	○	○	○	○	○
8. Trouble remembering important parts of a stressful experience?	○	○	○	○	○
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10. Feeling distant or cut off from other people?	○	○	○	○	○
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	○	○	○	○	○
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8. Trouble remembering important parts of a stressful experience?	○	○	○	○	○
9. Loss of interest in activities that you used to enjoy?	○	○	○	○	○
10. Feeling distant or cut off from other people?	○	○	○	○	○
11. Feeling emotionally numb or being unable to have loving feelings for those close to you?	○	○	○	○	○
12. Feeling as if your future will somehow be cut short?	○	○	○	○	○
13. Trouble falling or staying asleep?	○	○	○	○	○
14. Feeling irritable or having angry outbursts?	○	○	○	○	○
15. Having difficulty concentrating?	○	○	○	○	○
16. Being "super-alert" or watchful or on guard?	○	○	○	○	○
17. Feeling jumpy or easily startled?	○	○	○	○	○

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Beth--YRBSS LG2

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7. Avoiding activities or situations because they reminded you of a stressful experience?					
8. Trouble remembering important parts of a stressful experience?					
9. Loss of interest in activities that you used to enjoy?					
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16. Being "super-alert" or watchful or on guard?					
17. Feeling jumpy or easily startled?					

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Beth--YRBSS LG2

*** I have...**

	Not At All or Rarely	Somwhat or Sometimes	Very or Often	Extremely or Almost Always
53. Loved one(s) who urge me to do well in life.	○	○	○	○
54. Loved one(s) that gives me love and support.	○	○	○	○
55. Neighbors who help watch out for me.	○	○	○	○
56. Loved one(s) who are good at talking with me about things.	○	○	○	○
57. A work or school environment that enforces rules fairly.	○	○	○	○
58. Loved one(s) that knows where I am and what I am doing.	○	○	○	○

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

*** Below are a number of statements about happiness. Would you please indicate how much you agree or disagree with each by entering a number alongside it according to the following code:**
1=strongly disagree
2=moderately disagree
3=slightly disagree
4=slightly agree
5=moderately agree
6=strongly agree

	1 strongly disagree	2 moderately disagree	3 slightly disagree	4 slightly agree	5 moderately agree	6 strongly agree
1. I don't feel particularly pleased with the way I am.	○	○	○	○	○	○
2. I am intensely interested in other people.	○	○	○	○	○	○
3. I feel that life is very rewarding.	○	○	○	○	○	○
4. I have very warm feelings towards almost everyone.	○	○	○	○	○	○
5. I rarely wake up feeling rested.	○	○	○	○	○	○
6. I am not particularly optimistic about the future.	○	○	○	○	○	○
7. I find most things amusing.	○	○	○	○	○	○
8. I am always committed and involved.	○	○	○	○	○	○
9. Life is good.	○	○	○	○	○	○
10. I do not think that the world is a good place.	○	○	○	○	○	○

If at any time during this survey you feel distressed and would like to talk to someone click here to locate a crisis hotline near you or call 1-800-273-TALK (8255).

Beth--YRBSS LG2

Thank you for your interest in this survey! If you have any questions or concerns regarding this survey please contact Elizabeth Sabre at elizabeth.sabre@mavs.uta.edu.

If you are interested in being contacted in the future for additional research purposes relating to LGBTQ, suicide and risky behaviors click here. You will be directed to a separate web page to provide contact information. If you choose to provide your contact information it will not be linked to your answers in any way. If you are not interested in providing your contact information click Done.

It is possible that you may have experienced some discomfort while responding to this survey. If you are in the United States and would like to talk to someone or are in crisis please call 1-800-273-TALK. If you are not in the United States click here to locate a crisis hotline near you.

APPENDIX C

INVITATION LETTERS

Dear _____,

I am a Lesbian, and I went back to school to pursue a Master's degree in social work. During my pursuit of a degree, I have discovered that the LGBTQ population is rarely looked at, except as an afterthought; for example "Oh, we had one of those in this study group." I decided to change this and do research to help the LGBTQ population. Part of the requirements for graduation is a thesis. I have an online survey that takes about 20 to 30 minutes. I would like to post to your group members to fill out. This can potentially help understand the behaviors of the under studied LGBTQ. I hope to isolate variables that lead to suicidal ideation so that treatments can be designed specifically for the LGBTQ population.

This survey would be anonymous. It could be distributed in a number of ways such as through an email to all members from you, posting the group's news, etc. Please let me know if you are willing to assist!

Thank You!

Have a Great day!

Beth Sabre
bsabre13@hotmail.com

Dear _____ group member,
You are being asked to participate in a research study. Your participation is voluntary. The purpose of this survey is to collect information on lifestyle, risk behaviors, attitudes and strengths and their relationship with suicidal ideation (suicidal ideation has to do with current or past thoughts of suicide and/or planning one's suicide). The information will be used to inform suicide prevention within the LGBTQ community. Participants who do not identify as LGBTQ will be used in a comparison group.

If you choose to participate, you will be asked to answer questions about your experience regarding different situations, risk behaviors, attitudes and your strengths. This survey will take approximately 30 to 60 minutes.

Please ask questions by emailing Elizabeth Sabre (elizabeth.sabre@mavs.uta.edu). If you would like to participate, please visit http://_____ to begin the survey. Thank you for your time.

Sincerely,

Elizabeth Sabre

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BIOGRAPHICAL INFORMATION

Elizabeth Sabre has a Bachelor of Science in Applied Behavior Analysis. She is graduating with a Master's of science in Social Work and plans on getting her Ph D. Her research interests are in the LGBTQ community, looking into suicide, homelessness and why they runaway. Her interests are in finding ways to build a support system that allows growth and success, for these individuals. She plans on publishing her research.