Stigmatization and Suicide Vulnerability in LGBT Students: Inquiry and Recommendations

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Abstract

In all countries, schools should be a safe environment for the students. Nonetheless, the LGBT students are too often faced with a schooling experience that is characterized by inadequate access to LGBT-related information, discrimination, harassment, cyber bullying, and, in worst cases, sexual and physical abuse. The different abusive experiences of these students cause great physical and emotional stress leading to poor performance, increased school dropout cases, and suicide among others despite the fact that the right to have education is being protected under the most countries' laws as well as the international law. The article reviews the existing research in regards to stigmatization and how it makes the students vulnerable to suicide, and it suggests recommendations for dealing with the existing knowledge and policy gaps. Studies indicate that LGBT students in schools which promote the formation of GSAs are less likely to attempt suicide, miss school, and suffer from bullying as compared to schools without the support groups. Moreover, parents with LGBT children should become more supportive, educative and monitor their children's behavior to ensure that they do not suffer from stigmatization which triggers suicidal behavior.

Contents

Contribution of this paper to the literature
This study contributes to the existing literature by reviewing the existing research in regards to stigmatization and how it makes the students vulnerable to suicide, and it suggests recommendations for dealing with the existing knowledge and policy gaps.

1. Introduction

All over the world, schools have remained the most important platforms for offering services, socializing and educating the young people. Due to the amount of time spent in schools, competition, and their composition, they can be a difficult environment for the students despite their sexual orientation (Meyer, 2003). In fact, the school environment is even more hostile, especially to the LGBT students. The stigma or discrimination against gay people, which is commonly known as homophobia, is rampant in most countries, and especially in the schools, where the wellbeing of the LGBT members is negatively affected (Payne and Smith, 2011).

Inadequate practices and policies to support and strengthen LGBT students, as well as the reluctance in implementing the already existing protections, increase the discrimination cases in most schools. Moreover, the key concerns in the schools include bigotry from classmates and teachers, restrictions of LGBT student groups, prohibition of LGBT topics in the curricula and bullying (Meyer, 2003). Notably, despite some of the developed states being seen as reasonably progressive, they also witness various cases of crimes targeting the LGBT community; for instance, the recent Pulse nightclub massacre in the United States where forty-nine people were killed is among the recent cases (Nelson, 2016). The nightclub was seen as a safe gay space where the members of the community would throw parties freely. Furthermore, for the students to feel motivated and thrive both in the society and in schools, they must receive physical and emotional support from all the relevant stakeholders. Research points out that a positive school environment is associated with decrease in unexcused school absences, substance use, suicidal feelings, and depression among the LGBT students (Ioverno *et al.*, 2016). Important to note, most LGBT youths tend to be more active and have a chance to thrive during their teenage years. As a result, a supportive and positive school environment for the teenagers assists them in maintaining a good emotional and physical health, which is necessary for them to have higher scores.

The lack of approval towards the LGBT students is normally a hatred expression towards the minority populations, anyone who is perceived as different, and those individuals who hold an opinion that is contrary to the majority. The lack of acceptance is a characteristic of a primitive mentality, regardless of the social standing of the individual expressing the displeasure. Although the approval of LGBT communities continues to improve in the modern world, its members are still viewed as deviants with heterosexuality being regarded as the norm (McCormick *et al.*, 2014).

Additionally, little attention is given to the issues of stigmatization and suicide vulnerability in LGBT students in spite of the studies pointing that there is an elevated risk. The LGBT students are seen as a risk population although very little research and data is available in regard to the contributing factors and the most appropriate policies and strategies for minimizing both stigma and suicide vulnerability. In a conference organized in 2007 by Gay and Lesbian Medical Association in partnership with the American Foundation for Suicide Prevention, there was a call for the need to understand suicide risk and suicidal behavior in LGBT populations, and especially among the young generation (Kosciw *et al.*, 2009).

Considering such a background of discrimination and suicidal behavior, this article focuses on analyzing already existing research, identifies the prevailing knowledge rifts, and encourages the formulation of new interventions, policy changes, and interventions to minimize suicide risk and discrimination among LGBT students. The article, in particular, seeks to:

Make a summary of what is currently known in regards to LGBT student stigmatization experiences as well as their suicide risk and attempts.

Come up with the existing knowledge gaps that future researchers should focus on. Suggest necessary recommendations on how to use the existing research in minimizing stigmatization and suicide susceptibility among the students.

2. Definition of Terms

2.1. Gender Identity

The internal wisdom of being feminine or masculine is understood as gender identity. Apart from being a two-fold term, gender identity also includes the shifts of femininity to masculinity and femaleness to maleness (Whittle *et al.*, 2007). Over the years, the term has also included the classification as neither in essence female nor male and is also closely associated with gender role. Gender role is shown within the society by various viewable factors such as appearance and behavior while identity is a result of extrinsic and inherent factors. Therefore, gender role is more like the outward expression of gender identity. To fully understand gender identity, its definition must be emphasized clearly. Notably, every person holds gender identity and most importantly the process of discovering.

2.2. Sexual Orientation

People are said to have a sexual orientation when they portray the following dimensions: sexual attraction, behavior, and self-identification (Saewyc *et al.*, 2004). Most modern scholars have a habit of describing sexual orientation using either of the above dimensions where the description measure is self-identification as lesbian or gay. In most countries, the prevalence estimates of bisexual, lesbian, and gay people vary depending on how the above groups are defined. Data collected between 2001 and 2002 in Europe showed that approximately three percent of people aged between eighteen and twenty-six years categorized themselves as either bisexual or homosexual with the age group having more females than males (Pathela *et al.*, 2006).

Despite the immense interest in the area of sexual orientation, a great number of issues still remain to be researched, especially in regards to which of these dimensions contribute to the suicidal behavior. Nonetheless, the

studies on adolescence applying various measures of sexual orientation have shown that suicidal behavior is much more likely to be rampant in youths who are identified as bisexual, lesbian or gay (Haas *et al.*, 2010).

2.3. Transgender

The term transgender is applied in characterizing individuals with gender behaviors and identities differing from their biological sex. Despite the fact that term is commonly used in place for transsexual, the latter defines a group who use hormone treatment or reassignment surgery to match their gender identity with physical sex (Kirk and Kulkarni, 2006). The term gender queer is commonly applied by the transgender people who do not wish to be classified as transgender, and in describing a broader array of gender expressions, behaviors and identifications other than fully female or male (Richards *et al.*, 2016). Therefore, in both gender identity and sexual orientation, there is not a fixed quality as most people make a smooth transition between identities. The inconsistent definitions make it difficult to accurately estimate the prevalence of transgender people in the country, and especially the young people. Normally, the females seek gender reassignment surgeries more than the males (American Psychiatric Association, 2000).

2.4. Stigma

Stigma is understood as an enduring attribute or condition which could be a figurative or physical mark held by a person. The significance of a stigma is established and developed through social interactions (Russell and Fish, 2016). Normally, the given meaning to the mark by the bigger society consists of a damaging valuation. The bearer of the mark is seen by the bigger society to deserve condemnation, shame, infamy, social ostracism, and in worst cases seen as villain or criminal (Russell and Fish, 2016). Therefore, the stigma victims are not any different from others, but the society views their nonconformity to be discrediting. In addition, the different members of the society respond differently to each of the prevailing stigmas; however, everyone understands that the mark has a negative value. Unfortunately, most society members in both developed and developing states share the belief that homosexual identities, desires and acts are widely seen as inferior to heterosexuality, sick, immature and bad. Therefore, stigma is all about the socially constructed meanings, which are linked with a certain characteristic (Russell *et al.*, 2016).

Furthermore, accepting the society's damaging evaluation of homosexuality as well as concealing the negative attitudes towards LGBT students' personal homosexual desires could lead to self-stigma. The attitudes may be shown when a student renounces their homosexuality to become heterosexual. Therefore, self-stigma is equated to internalized homophobia where an LGBT member despises their sexual orientation in a similar manner like how the heterosexuals hold bias against homosexuals. In extreme cases, the self-stigma negatively affects the victim's physical and psychological health leading to mental disorders which are responsible for suicidal behavior (Russell *et al.*, 2016).

3. LGBT Students Stigmatization Experiences

Regardless of a student's sexual acclimatization, all of them are faced with similar social pressures while pursuing their studies in schools. Nonetheless, the different school experiences are particularly intricate for the LGBT students who have little support from friends and family, have a hard time understanding their identities, and are faced with negative messaging regarding LGBT people both in school and from the wider community (Haas *et al.*, 2010).

Additionally, LGBT students have also protested over challenges in accessing relevant information that is related to their issues both from counselors and teachers. Additionally, some states in the U.S. such as Utah, Texas, and Alabama the silence on the LGBT issues is worsened by the state laws restricting any gay discussion within the schools (Mays and Cochran, 2001). The gay discussion limitations in the above states make it tough for the students from the LGBT population to get information regarding their well-being and health.

In an effort to deal with the rampant discrimination, many LGBT students form Gay-Straight Alliances (GSAs). The GSAs are very important sources of information for the LGBT students as well as support spaces which deal with issues like bullying in schools, and the silence of the administration in regards to their discrimination (Toomey *et al.*, 2011). Nonetheless, the GSAs have continually faced sharp criticism from some school administrators, making it impossible for them to operate effectively. Moreover, a few schools which allow for their formation employ harsh measures like being left out of school activities in which other clubs are widely involved. The students also lack role models that even the LGBT teachers are afraid of parents' attacks and in extreme cases loss of employment (Munoz-Plaza *et al.*, 2002).

For the transgender students, discrimination takes extreme forms including limited participation during extracurricular events, restricted access to locker rooms and the bathrooms as well. The LGBT students suffer from constant models of marginalization, exclusion, and isolation that make the school environment hostile. Most LGBT students report being regularly misgendered, disheartened from starting relationships, lacking adequate resources that are associated with their challenges, and hearing slurs now and then which make their school life considerably harsh (Mays and Cochran, 2001). Due to the unfriendly environment in schools, most LGBT students are under the risk of committing suicide when compared to their heterosexual schoolmates.

4. Suicide Vulnerability among LGBT Students

Since suicide death records fail to capture or include the deceased sexual identity or orientation, it is a bit difficult to have a general or official method of determining the suicide rates among the LGBT students. Using psychological autopsy, which entails reports from friends and family in determining a deceased person's sexual orientation, various researchers have suggested that there is an overrepresentation of LGBT students who commit suicide (Renaud *et al.*, 2010). Nonetheless, in comparison to global data on suicide deaths, there is a strong link witnessed between nonfatal suicidal tendencies and sexual orientation. Different studies in Europe and U.S. present evidence of increased cases of attempted suicide among LGBT students (Haas *et al.*, 2010).

Based on the population studies where sexual orientation is reviewed in randomly selected samples, it is easier to make comparisons between sexual orientation groups in a well-defined population. Such a comparison study gives the most accurate data in regards to the related risk factors and suicidal prevalence behavior in students, without the prejudices likely to arise in non-representative or convenient samples (Renaud *et al.*, 2010). For over the last two decades, population-based studies on the sexual orientation of American students have constantly reported that the suicide attempts rate of LGBT high school students is two-seven times higher than that of heterosexual students. Furthermore, gender-specific research has indicated that sexual bearing is a major suicide causing influence, especially in male students compared to females. Therefore, despite some reports suggesting that LGBT students exaggerate the seriousness of their suicidal behavior, most reports have classified their suicide tryouts as pernicious with over twenty percent leading to psychiatric hospital admission (Husain-Krautter, 2017).

According to Haas *et al.* (2010) a longitudinal study carried out in New Zealand birth cohort in the late 1990s discovered that at the age of twenty one, "homosexuals were six times more likely to attempt suicide than heterosexuals" (p. 27). In addition, when the group was cross-examined again four years later, the LGBT participants in this group reported considerably higher suicide attempt rates. In other health-related surveys of the Dutch respondents aged between 18-64 as well as the Americans aged 17-39, it was established that the individuals with the same-sex behavior reported higher lifetime suicide attempt rates than those with opposite-sex sexual behavior (Graaf *et al.*, 2006). Furthermore, a current meta-analysis involving twenty five international population-based researches measuring suicidal tendencies among the LGBT students reported that the prevalence of suicide attempt in this group was "four times higher than that of heterosexuals" (Haas *et al.*, 2010).

5. Discrimination as a Risk Factor for Suicidal Tendencies

5.1. Personal Discrimination

One of the most prevailing stressors for LGBT youth is being rejected by the family members, and especially the parents. Ryan *et al.* (2009) affirm that various non-random studies have reported a higher relationship between the suicide attempts in LGBT students and parental rejection due to sexual bearings and gender personality. One study carried out with Danish LGBT students aged between eighteen and twenty years reported that those who suffered regular rejection from their caregivers or parents were up to "eight times more likely to commit suicide when compared to those with tolerant parents" (Haas *et al.*, 2010). Moreover, in another study targeting young Latino and White LGBT males, it was discovered that the Latinos suffered a greater amount of rejection; therefore, they were more likely to commit suicide. The high family and parental rejection can be explained by the huge number of homeless LGBT minors estimated to make up between twenty and forty-percent of the over two million American homeless adolescents (Ray, 2006).

The students with cross-gender behaviors, traits, and appearance are more likely to suffer from gay-related victimization as well as those who portray a minority sexual orientation. With the rampant discrimination in schools, there are elevated stress-related mental complications, depression, and anxiety among the LGBT students (Ploderl and Fartacek, 2007). Further evidence highlights that the link between suicidal tendencies, mental disorders and LGBT-related stressors vary from one ethnic group to the other. In another nonrandom study where approximately four hundred young LGBT participants from New York City with diverse ethnic backgrounds were interviewed, it was reported that the Whites were affected more by mood disorders than the Latino or the Blacks (Meyer *et al.*, 2007). The study, however, noted that the Blacks and the Latinos were more likely to commit suicide than the Whites before the age of twenty. The evident assumption from the above study is that suicide vulnerability among the Latino and Black LGBT students is related to the stress factors such as homelessness, abuse, and assault rather than mental disorders and depression.

5.2. Institutional Discrimination

The stigma by various institutions and the schools in particular arises due to the public policies and laws that tend to establish the inequalities or deliberately fail to offer protections against discrimination of LGBT students based on their sexual orientation (Hatzenbuehler *et al.*, 2009). The institutionalized forms of stigma have been committed throughout history ranging from the Nazi execution of LGBT members to the establishment of anti-gay laws punishing by the means of torture, harassment, imprisonment, and hanging.

Moreover, the establishment of the LGBT self-support organizations over the years has made the members more identifiable and visible; therefore, they are increasingly becoming the targets of antigay discrimination and violence. According to a 2001 Amnesty international report, the LGBT students were subjected to extensive human rights violations, torture, and abuses which ranged from dignity abuse to assault (Amnesty International, 2001). Most of the abuses are sanctioned and carried out with impunity by schools and governments through various formal mechanisms like discriminatory laws.

In a random study of students from Massachusetts high school, it was discovered that the LGBT students experience more often cases of deliberately damaged or stolen property as compared to the heterosexual students (seven percent vs one percent). The students were also injured or threatened with a weapon (six percent vs one percent), and got more into corporal fights that demanded medical treatment (six percent vs two percent) (Meyer, 2003).

Notably, the constitutional prohibitions on the same-sex marriages in different states greatly affect the mental health of LGBT students. The prohibition of same sex marriages also leads to the inequalities in health coverage between the homosexual and heterosexual partners. The different pressures targeting the LGBT community contribute to various self-destructive activities such as alcohol and substance use (Huygen, 2006).

5.3. Mental Disorders

Mental disorders are the main cause of suicide among the LGBT students which arise due to constant stigmatization and discrimination in schools. In a birth cohort survey carried out in New Zealand, the researchers sought to measure for the different psychiatric diagnoses such as substance use disorder, conduct disorder, anxiety disorder, and major depression (Fergusson *et al.*, 2005). The survey established that the LGBT youths reported

higher suicide attempt rates due to their association with the above mental disorders. Moreover, the male participants were more likely to suffer from various mental disorders than the females.

5.4. Interventions

The LGBT GSAs have played a major role in carrying out the awareness campaigns meant to inform their members about different health challenges that they disproportionately face. For many years, homosexuality was treated as a psychiatric disorder and was equated to sexual deviance or mental disorder requiring therapeutic treatment, but the establishment of GSAs has changed the ideology (Griffin *et al.*, 2004).

6. Recommendations

To ensure that the mental health of the LGBT students becomes a priority in every nation's agenda, the suicide prevention organizations as well as the support groups in schools should work together in eliminating the stigma in regards to the mental disorders, and especially the anxiety and mood disorders among the students. The campaign can be successful by educating the LGBT students about substance use disorders, anxiety and relationship of mood to suicide as well as encouraging those with suicidal behavior or those suffering from mental illness to seek help from relevant organizations.

The LGBT groups should also offer direction in creating the much needed programs and psychological fitness interventions for the students.

The programs should focus on early identification of substance abuse, psychological health disorders, and risk practices that can lead to suicide. Moreover, the LGBT students need mental health promotion programs offering information resources and education about gender and healthy sexual variations. The availability of the much needed information promotes not only community and family connectedness but also positive identities which are key factors in minimizing suicidal behavior among LGBT students. Furthermore, such programs will also ensure that there are available professionals with the necessary attitudes, skills and knowledge offering quality mental health care to all LGBT students, and especially those with suicidal behavior. The stigmatization of the students can be minimized by affirming that behavior, expression, and gender identity differing from the given natural sex is not an indication of psychological ataxia (Haas *et al.*, 2010).

6.1. Role of Schools and Organizations in Reducing Suicidal Behavior

From the different surveys conducted that relate to the discrimination of LGBT students, the most outstanding findings point out a strong relationship between public policies discriminating against homosexuals and higher mental disorder rates in LGBT populations. Therefore, the association between suicidal behavior and mental disorders suggest the importance of changing the prevailing policies and culture in schools to prevent harm of LGBT students (Johnson *et al.*, 2013).

Evidence-based policies can be implemented by schools as well as procedure and activities that promote a peaceful environment for all, including the LGBT students. Research shows that LGBT students in schools which allow for the formation of the Gay-Straight Alliances (GSAs) are less likely to attempt suicide, miss classes, and experience violence threats as compared to schools without the support groups (Russell *et al.*, 2016).

In addition to promoting the support groups, schools should ensure that violence, harassment, and bullying are prohibited against all the students, irrespective of their sexual orientation. The administration should establish safe spaces such as selected classrooms or counselors' office where the students can freely seek support from teachers. The educational materials and the curricula also ought to include the information relevant to LGBT students such as pregnancy prevention, HIV and other Sexually Transmitted Infections (Russell *et al.*, 2016). Finally, schools should enable access to experienced community-based health providers for psychological, social and counseling services.

To lower the undesirable psychological outcomes of schools' intolerance towards the LGBT students as well as the related prejudice and stigma, schools must advocate for safe schools and anti-bullying legislation. The policies should allow for the inclusion of gender self and sexual adaptation in the protective laws associated with school safety. Furthermore, the LGBT organizations should advocate for changes in state regulations that establish inequities centered on masculinity character and sexual bearing for the students (Griffin *et al.*, 2004).

In most countries across the world, LGBT organizations have been at the forefront in advocating and identifying legislative and policy changes that would protect LGBT students from harassment, bullying, hate crimes, and general violence. Apart from the school safety issues and bullying, LGBT advocacy has failed to connect discriminatory policies to negative mental health outcomes (Russell *et al.*, 2016). Nonetheless, the recent few years have witnessed most mental health associations acknowledging the relationship between discrimination and mental disorders which lead to suicidal behavior.

In addition, very little has been done in addressing the issue of LGBT students' suicide vulnerability, and the existing prevention strategies offer very little guidance to the LGBT groups. Very few suicide prevention programs specifically targeting the LGBT students are existent. Such programs as the Trevor Project advocate for policies aimed at minimizing LGBT stigma, provision of educational resources, and the organization of in-school workshops (Mann *et al.*, 2005). Nonetheless, there is no available data to show how such programs impact on reducing the suicide risk and suicidal behavior among the LGBT students. The provision of resource and educational materials to LGBT students will play a major role in addressing suicide risk and advance suicide prevention within the school context. The LGBT students will have a wider range of interventions in minimizing suicidal risk and behavior.

6.2. Role of Parents

The parents are also very important stakeholders in ensuring that LGBT students do not commit suicide by practicing positive parenting. The positive practices should include being honest and open for the conversations which can assist in minimizing the students health risk behaviors (Johnson *et al.*, 2013). Accepting and supportive parents help LGBT young adults deal with the various challenges they face. The parental rejection among LGBT

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youths is associated with risky sexual behavior, substance abuse, and depression. Being supportive also demands that the parents support their LGBT children in handling their concerns and challenges. The parents should also closely monitor their children to watch for behaviors suggesting that they could be victims of violence and bullying. When the parents suspect depression, violence or bullying, they should act immediately by working with the teachers as well as other members of the community. Furthermore, the parents can access online information resources as well as local organizations to learn on how they can support their LGBT youths.

6.3. Knowledge Gaps

Over the years, different researchers have reported that the rate of suicide attempts among LGBT students has constantly been rising, mainly due to stigmatization. Other causes of the increasing suicide rates include mental disorders which are mainly caused by stress resulting from the widespread challenges faced by LGBT students (King *et al.*, 2008). The current knowledge gaps touching on the suicidal behavior among the LGBT students are as a result of several factors including omission of gender and sexual orientation available from the routinely assessed socio-demographic characteristics. Moreover, the gaps are a result of the largely concealed population groups, the challenges related to studying small groups, low priority from researchers, and little funding to sexual minority studies (King *et al.*, 2008).

In the future, researchers should focus on establishing better methodological approaches which can collect accurate gender identity and sexual orientation information. The methodological approaches will be vital in identifying completed suicide rates as well as the different risk factors in various LGBT ethnic, gender and age groups (Toomey and Russell, 2013). Additionally, it is also imperative that whenever possible, all the benchmark psychological aptness surveys conducted in different countries involve measures of gender identity and sexual orientation. Although such surveys would demand exceptional attention, especially in regards to privacy guarantees and confidentiality during data collection, they would assist in developing reliable and appropriate techniques of analyzing gender identity. The development of suitable techniques would be applied during community-based appraisals in tracking the expected influence of sex character on suicidal risk and behavior.

The national mental surveys also face another major restriction since they tend to cover various topics; therefore, the number of questions concerning the suicidal tendencies among the LGBT community is also limited. In fact, most surveys pose a single question in regards to the history of suicide attempt. Therefore, moving forward, it is important that general surveys include more questions to gauge the participants' current sexual orientation and establish changes in their orientation.

7. Conclusion

In the recent past, research has shown that the LGBT students are more prone to committing suicide than the non-LGBT students. The high rate of suicidal behavior among the LGBT students is caused mainly by stigmatization and discrimination. The stigma comes from the self, parents and friends as well as from the schools. The self-stigma is likened to internalized homophobia where an LGBT student despises their sexual orientation in a comparable manner similarly to how the heterosexuals hold bias against homosexuals. The self-stigma mainly arises due to the institutional stigma, where laws are established to punish LGBT members by imprisonment, torture, assault and in some cases death. In such cases, the LGBT members have no other preference but to conceal their sexual direction for prolonged periods leading to self-stigma. Parents can also be a major source of stigma and discrimination against LGBT youths leading to suicidal behavior.

In addition, research points out that a solid relationship exists between unsupportive parents and high suicide rates among their LGBT children. Furthermore, the schools are yet another major source of stigmatization for the LGBT students as they spend most of their time with other schoolmates. Stigmatization in schools involves cyber bullying, harassment, violence, and intimidation, all of which trigger the LGBT students towards committing suicide. As a result, it is important that schools develop policies and legislations, which promote a friendly environment for all students regardless of their gender and assimilation. Notably, recent research highlights that the LGBT students in schools which promote the formation of GSAs are less likely to attempt suicide, miss school, and suffer from bullying as compared to schools without the support groups. Moreover, parents with LGBT children should become more supportive, educative and monitor their children's behavior to ensure that they do not suffer from stigmatization which triggers suicidal behavior.

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