INSTITUTIONAL BETRAYAL AMONG LGBTQ YOUTH: EXAMINING THE

ASSOCIATION WITH SUICIDALITY

by

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DISSERTATION ABSTRACT

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Title: Institutional Betrayal Among LGBTQ Youth: Examining the Association with
Suicidality

Suicide is a national public health issue that effects communities, individuals, and society

as a whole. Suicidality among youth in the United States in on the rise. Some groups of

youth are unequally burdened by suicidality, particularly lesbian, gay, bisexual,

transgender, and queer (LGBTQ) youth. There has been a good amount of research

establishing the elevated risk for suicidality among LGBTQ youth. Extant literature has

attempted to identify risk and protective factors for suicidality among all youth, but there

is a lack of understanding about the impact of identity-based risk factors that impact

LGBTQ youth. This study examines previously identified risk and protective factors:

identity-based school violence, having a Gender/Sexuality Alliance in schools, and

having identity-based antibullying policies in schools.

Another challenge of this work is the lack of theoretical foundation. Though such an

integrated theoretical framework has not yet been established, the present study utilizes

components from two often utilized models and introduces a case for including

interpersonal trauma-focused theory (institutional betrayal) in order to inform a more

comprehensive approach to understanding suicidality among LGBTQ youth. Including

institutional betrayal in the study of suicidality among LGBTQ individuals, particularly

youth, is relevant, as they report multidimensional discrimination from various institutions, including schools. A potential explanation for the disproportionate rates of suicidality are due to the high rates of institutional betrayal these youth experience. This retrospective study found that institutional betrayal was an important contributor to suicidality among participants in grades 5 through 12. The results of this study provide compelling evidence for the impact of schools on the mental health of LGBTQ youth. Throughout each iteration of the analyses, institutional betrayal remained robustly associated with suicidality. The results of this study have important implications for field of suicidology, especially in light of unsupported hypotheses. Limitations of the study, implications, and future directions are discussed.

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This work is dedicated to Bianca Gomez. I love you, B.

TABLE OF CONTENTS

LIST OF FIGURES

Figure																		Page

LIST OF TABLES

CHAPTER I

INTRODUCTION

Suicide is a national public health issue that impacts communities, individuals, and society-at-large (Hedegaard et al., 2020; Melhem et al., 2019). In 2020, national data found that approximately 12.2 million adults considered suicide, 3.2 million created a plan for suicide, and 1.2 million made a suicide attempt (Substance Abuse and Mental Health Administration; [SAMSHA], 2021). Cerel and colleagues (2016) found that the impact of a single death by suicide affects 135 people, with 34% of those people reporting substantial levels of long-term distress. The economic impact of suicidal behavior and deaths is considerable. Suicide-related behavior in the United States cost $490 million dollars in medical, work, and quality of life expenses (Peterson, et al., 2019).

The reasons for suicidality are varied and complex. Suicidality can broadly be defined as one or more suicidal behaviors: suicidal ideation, suicide attempt(s), and death by suicide (Goodfellow et al., 2019). Suicidal ideation encapsulates of broad range of thoughts and desires, all centered around the wish for death or suicide (Reeves et al., 2022). Suicide attempts are a non-fatal attempt to take one's life, with the intention to die (Crosby et al., 2011). Suicidality involves a number of interpersonal, environmental, psychological, and biological factors (Franklin et al., 2017; Tureki et al., 2019). The complexities of these factors, along with their intersections, make suicidality and suicide prevention an ambitious area of study.

Suicidality Among Youth

Although suicidality is an issue that affects individuals across the lifespan, youth suicide is especially concerning. Recent data found substantial increases in the rates of depression and suicidal ideation among youth. The Centers for Disease Control and Prevention (CDC) reported 6,769 completed youth suicides nationwide, with suicide being the second leading cause of death among youth, aged 10 to 24, in the United States (CDC, 2020). From 2009 to 2019, there was a 40% increase in self-reported feelings of persistent sadness and increased hopelessness among youth, with 36% reporting that they were seriously considering suicide, and 44% reporting that they had a suicide plan (CDC, 2020). Additional data from the National Center for Health Statistics reported that, between 2007 and 2018, youth suicide, among those 10 to 24, increased by 57% (Curtain, 2020). As highlighted by previous literature, suicidality among youth has significantly increased over the past two decades. However, some groups of youth are unduly burdened by this issue, particularly lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) youth.

Suicidality Among LGBTQ Youth

At an elevated risk for suicidal ideation, suicide attempts, and death by suicide are LGBTQ youth (Aranmolate et al., 2017; Haas et al., 2010). This risk has been established by a substantial body of literature and has been replicated by numerous sampling methodologies using individual, community, and national-level data (Gnan et al., 2019; Johns et al., 2020; Russell & Joyner, 2001). A national study conducted by the Trevor Project in 2022 found that 42% of LGBTQ youth and 52% of transgender and non-binary youth reported suicidal ideation in the past year, with 20% of transgender youth reporting

a suicide attempt within the past year (Trevor Project, 2022; TTP). Similarly, the 2019 Youth Risk Behavior Survey (CDC, 2020) found that lesbian, gay, and bisexual (LGB) youth were 3 times more likely to report suicidal ideation than their heterosexual peers. Additionally, 23% of LGB youth reported a suicide attempt in the prior year, compared to 5% of their heterosexual peers (Johns et al., 2020). To date, there are no local, state, or federal agencies which regularly collect and report sexual orientation or gender identity data when an individual dies by suicide (Haas et al., 2019). Thus, the scope of suicidality among LGBTQ youth is not fully known at this time.

There have been attempts to explore the elevated risk of suicide among LGBTQ youth, with brief explorations into the developmental considerations pertaining to suicidality among LGBTQ youth. Early onset of suicidal behavior, particularly at or before the age of 13, has been associated with an individual's sexual orientation and gender identity (D'Augelli et al., 2005; Gnan et al., 2019). Additionally, other studies have found that many LGB youth will often make their first suicide attempt before coming out (Hershberger et al., 1997). The developmental component is important in the examination of suicidality among LGBTQ youth and needs further attention.

Previous literature has found that coming out is a critical time for queer youth, who have to hold a variety of stressors, including real and expected rejection, violence, discrimination, and internalized negative beliefs about their own identity or identities (D'Augelli et al., 2002). As such, it is important to understand the risk and protective factors that impact LGBTQ youth, which can be used to inform strategies pertaining to suicide prevention and intervention efforts.

Risk and Protective Factors for Suicidality Among LGBTQ Youth

There has been extensive research around the importance and identification of risk and protective factors in the field of suicide prevention (Ati et al., 2021; Bilsen, 2018; Ong et al., 2021; Ream, 2019). Risk and protective factors for suicidal behavior have been broadly defined as traits or circumstances that increase or decrease an individual's disposition toward suicide (American Foundation for Suicide Prevention, 2022). Common risk factors for youth suicidality include depression, substance use, childhood trauma, poverty, lack of connectedness, and access to lethal means while common protective factors include connectedness with community and peers, supportive families, and access to quality medical care (CDC, 2022). While some of these factors are universal, there is a lack of understanding about the identity-based risk factors that greatly impact LGBTQ youth and their inordinate risk for suicidality.

Not included in commonly listed risk and protective factors are identity-based components, specifically looking at the impact of betrayal in and amongst people and places one would expect to be supportive and safe. For example, as of March 2022, there are 39 states proposing bills which actively discriminate against LGBTQ individuals, with 34 states proposing bills with will actively discriminate against transgender individuals (American Civil Liberties Union n.d.). The proposed bills call for parental permission to discuss any subject matter pertaining to LGBTQ identities while in the classroom, denying gender-affirming healthcare, and denying transgender students the ability to participate in school athletics (American Civil Liberties Union, n.d.). As such, attempts at codifying these measures into state and federal laws go against much of the scientific recommendations for supporting LGBTQ students and are brazen attempts to

deny basic rights to these youth (Fish, 2020; Gower et al., 2019). More alarmingly, these types of laws put the existence of LGBTQ youth up for debate. Not surprisingly, recent data from a national survey found that these laws are negatively affecting the mental health of 51% of cisgender LGBQ youth and 85% of transgender and non-binary youth (TTP, 2022).

As sites where most LGBTQ youth spend the majority of their time and are undergoing crucial developmental processes, schools are an especially important place to examine risk and protective factors (Eccles & Roeser, 2011; Wigfield et al., 2006). While no single factor can explain the reason of high suicide rates among this population, previous research has identified three school-centered components which have been found to promote risk and offer protection in regards to their impacts on the mental health and wellbeing of LGBTQ youth: identity-based violence in school (Hall, 2018); Gay/Straight Alliances or Gender & Sexuality Alliances (Gorse, 2022; GSAs); and anti-bullying policies based on LGBTQ identities (Russell et al., 2021).

Identity-Based Violence in School

Along with an increased risk for suicidality, LGBTQ youth face an elevated risk of victimization, violence, and discrimination throughout their lifetime (Bouris et al., 2016; Poteat et al., 2020a: Robinson, 2020). Among these negative experiences, exposure to identity-based school violence is particularly harmful (Muraco & Russell, 2011; Myers et al., 2020). Prior research suggests that attending school may be a source of additional vulnerability to verbal abuse, physical abuse, and sexual violence (Murchison et al., 2019; Vance & Rosenthal, 2018). Identity-based school violence has been found to set a course for increased mental and physical health risks, such as depression, HIV-risk, poor

self-esteem, and substance use that can continue throughout the lifespan (Fish et al., 2019; Earnshaw et al., 2016; Huebner et al., 2015).

Historically, identity-based school violence has been studied among LGBTQ youth and their peers (Abreu & Kenny, 2018; Aragon et al., 2014; Fontaine, 1998; Kosciw et al., 2020; Rivers, 2004). However, a growing body of research is highlighting the impact of educators, administrators, and school policies in place that contribute to the marginalization of LGBTQ students in school settings (Ancheta et al., 2021; Kolbert et al., 2015; Snapp & Russell, 2016). Efforts to curb identity-based violence among LGBTQ youth are often dealt with by advocating for GSA's and implementing identity-based antibullying campaigns and policies (McCormick et al., 2015; Whalen & Esquith, 2016), while not considering whether measures are in place to provide LGBTQ students a protective and supportive educational space.

GSAs

GSAs are student or community-led organizations typically found in high schools (Poteat et al., 2015). More recently, GSAs have been started in middle schools, as LGBTQ youth are coming out at younger ages and key developmental timepoints, which often result in bullying, harassment, and violence (Poteat & Espelage, 2007). GSAs serve an important purpose and have been identified as a protective factor, helping LGBTQ youth and their allies organize and address issues affecting their schools and communities (Poteat et al., 2020b; 2020c). There has been a breadth of literature documenting the positive impact of GSAs in schools. Marx and Kettrey (2016) found that schools with a GSA were associated with less victimization of LGBTQ youth than schools without a GSA. Specifically, LGBTQ youth reported 30% lower odds of homophobic-related

victimization, 36% lower odds of fearing for their safety, and 52% lower odds for hearing homophobic remarks (Marx & Kettrey, 2016). Other literature has found that schools with a GSA in place have greater allyship between LGBTQ students and school-sanctioned adults and peers (Day et al., 2020; Feldman et al., 2022; Kosciw et al., 2016).

Identity-Based Antibullying Policies Based on LGBTQ Identities

LGBTQ youth who are clearly protected by their schools, in the form of policies which prohibit harassment and bullying based on their respective identities, have been to found to have better mental health (Killen & Rutland, 2022). Hatzenbuehler and Keyes (2013) found that gay and lesbian youth living in school districts without antibullying policies (based on sexual orientation) were 2.25 times more likely to report a suicide attempt, compared to gay and lesbian students living in counties with inclusive anti-bullying policies. While bullying is harmful, identity-based bullying, centered on perceived sexual orientation, gender identity, and/or gender expression, has been found to be particularly injurious, with LGBTQ youth reporting high rates of substance abuse, absenteeism, lower academic achievement, and poor mental health compared to heterosexual, cisgender youth who report more generalized bullying (Bucchianeri et al., 2016; Price at al., 2019). For example, Jones and colleagues (2018) found LGB youth are at an increased risk for bias-based harassment when compared to other youth. Researchers also found that LGB-focused harassment was more likely to include longer timeframes of harassment and multiple perpetrators, resulting in negative mental health (Jones et al., 2018).

Theoretical Frameworks

To date, there are no comprehensive theoretical frameworks which fully account for the nuanced factors that contribute to the high suicide rates among LGBTQ youth. As theoretical models and frameworks assist in the conceptualization and study of different issues, it is imperative to develop a cohesive framework centered around the impact and interaction of external (e.g., victimization, family rejection) and internal (e.g., internalized homophobia or transphobia, expectation of rejection) factors that specifically impact the mental wellbeing of LGBTQ youth. Though such an integrated theoretical framework has not yet been established, the present study utilizes components from two often utilized models (i.e., the Minority Stress Model and the Integrated Motivational-Volitional Model of Suicidal Behavior) and introduces a case for including interpersonal trauma-focused theory (i.e., Betrayal Trauma and Institutional Betrayal), in order to inform a more comprehensive approach to understanding suicidality among LGBTQ youth.

Minority Stress Model

The most utilized theoretical framework for examining mental health disparities among LGBTQ individuals is the Minority Stress Model (MSM; Meyer, 2003). Although the theory originally examined minority stress among those who are lesbian, gay, and bisexual, the MSM has been expanded to include the experiences of transgender individuals (Testa et al., 2015). The MSM posits that accrued stressful and repeated social situations, such as microaggressions, homophobia, transphobia, and discrimination, cause distress for LGBTQ individuals, resulting in mental health concerns that can often manifest in youth and continue across the lifespan (Frederickson-Goldson et al., 2015;

Hatzenbuehler, 2009; Meyer & Frost, 2013). These stressors are unique to LGBTQ individuals and cumulative to general stressors that can impact all individuals. For example, LGBTQ youth often have to navigate the coming out process, including disclosure of their identity/identities while also handling the more general stressors that come with being a developing individual (Green et al., 2022). More broadly, these unique stressors demand that LGBTQ individuals adjust their authentic selves (i.e., not talking about their partner to colleagues for fear or rejection or loss of job opportunities), resulting in chronic stress (Meyer, 2003).

Minority stressors are deeply ingrained in a variety of systems and culture, making them persistent throughout the life an LGBTQ individual. As such, they can be conceptualized as embedded components of institutions, social norms, and even laws. A vast amount of inquiry into the MSM has found that minority stress is associated with a range of challenging mental health outcomes, such as anxiety, depression, and suicidality (Burns et al., 2012; Edwards & Sylaska, 2013; Fulginiti et al., 2021). Broadly, these outcomes are thought to be the result of distal stressors (e.g., victimization, discrimination, and identity-based violence) and proximal stressors (e.g., internalized homophobia, expectations of rejection, identity concealment).

The MSM has been helpful in challenging the narrative that having an LGBTQ identity is itself a risk factor; instead it explicitly highlights the impact of homophobia and transphobia that individuals with these identities experience. A significant limitation of this model is that it fails to describe specific minority stressors as mechanisms of suicidality, thus making it necessary to examine elements contained in the traditional theories of suicide.

Integrated Motivational-Volitional Model of Suicidal Behavior

The Integrated Motivational-Volitional Model of Suicidal Behavior (IMV) is a trilateral model that incorporates components of four theoretical frameworks: the diathesis-stress model, the theory of planned behavior, pain theory of suicide, and the differential activation hypothesis. Essentially, the integration of these frameworks, and subsequent IMV, is built upon the precipice that suicidality follows a common pathway from suicidal ideation to suicide attempts. The IMV involves three different stages: (a) the pre-motivational phases, including social, biological, and psychological circumstances in which suicidality may manifest; (b) the motivational phase, which includes factors that instigate suicidal ideation; and (c) and the volitional phase, which includes factors that move an individual from suicidal ideation to attempting suicide (O'Connor & Kirtley, 2018).

To date, the majority of theoretical frameworks and models in the field of suicidology tend toward individual level determinants, while neglecting to incorporate the impacts of environmental and social components. The IMV examines these systemic-level factors during the pre-motivational stage, in the form of interactions between diatheses, environment, and adverse life events. While not central to the IMV, the pre-motivational component of this theory recognizes the value of including environmental stressors and adverse life events and their impact on pathways to suicidality, both of which LGBTQ youth are subjected to at higher rates than their heterosexual, cisgender peers (Bond et al., 2021; Giano et al., 2020).

The motivational phase seems to be the most developed aspect of the IMV. de Lange and colleagues (2022) conducted a meta-analysis examining minority stress and

suicidality among LGBT youth and young adults. Researchers found small effect sizes which they attributed to the IMV, hypothesizing that adverse life events, coupled with individual-level traits, have the potential to impact an individual's feelings of humiliation and entrapment, which is central to the motivational phase of the model (O'Connor & Kirtley, 2018). This interaction between humiliation and entrapment, along with other identity-based stressors, can culminate in suicidality (de Lange et al., 2022). These findings are similar to other research, which found an association between suicidality and proximal stressors (e.g., internalized homophobia and internalized entrapment; Rasmussen et al., 2021).

While the IMV fills a gap in theoretical models of suicide, this theory is largely understudied in LGBTQ populations and uses mostly individual-level associations to explain suicidality. As such, this model continues to frame suicidality as a pathological process. This is problematic, in that the high rates of suicidality among LGBTQ youth are complicated by a hostile political and socio-cultural climate. To properly explore the issue of suicidality among LGBTQ youth, it is important to widen the understanding of the ways in which we are conceptualizing the undue risk for suicidality among this population.

Betrayal Trauma

There has been an evolution in the way that traumatic events and outcomes are conceptualized. The fifth edition of American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) requires that, "actual or threatened death, serious injury, or sexual violence" must occur in order for the event to be traumatic (APA, 2013). Traumatic events and outcomes have typically been described

24

as uncommon events, such as military combat, rape, natural disasters, and child abuse (APA, 1980). However, a large body of work has shown that certain types of violence are not an uncommon experience for many individuals in society, specifically those who are part of the LGBTQ community (Brewerton et al., 2022; Roberts et al., 2010). The definition of what constitutes a traumatic experience has been expanded to include events that are not necessarily fear inducing and life-threatening. Herman (1993) was one of the first to highlight the impact of chronic interpersonal trauma and poor mental health outcomes. An extension of the study of interpersonal trauma and posttraumatic symptomology is Betrayal Trauma Theory (BTT; Freyd, 1996).

BTT suggests that abuse, in the context of close or personal relationships (e.g., teachers, school administrators, or other school-sanctioned adult) is more adverse than abuse perpetrated by a stranger, due to a violation of trust within a necessary relationship (Freyd, 1996). Betrayal trauma has been found to be associated with elevated rates of posttraumatic symptomology, including depression, anxiety, somatic issues, substance use disorder, and dissociation (Chana et al., 2021; Edwards et al., 2012; Freyd et al., 2005; Gobin & Freyd, 2017). Proposed efforts in dealing with these outcomes tend to be reactionary and focused on the individual, rather than the systemic issues that often drive and maintain these situations and outcomes. As a result of the inquiry into the impact of interpersonal events on mental health outcomes, the lens has been widened to consider the impact of chronic stress and violence in places where one would expect to be safe (Smith & Freyd, 2013). This is important in the study of suicidality in LGBTQ youth, as they report higher rates of interpersonal trauma, such as childhood sexual abuse by a caregiver (Baams, 2018; Friedman et al., 2011), family rejection (Ryan et al., 2009;

2010), homelessness (Morton et al., 2018; Rhoades et al., 2022), and discrimination from providers (Downing & Przedworski, 2018; Snyder et al., 2017) when compared to their heterosexual, cisgender peers.

Institutional Betrayal

As an extension of BTT, institutional betrayal refers to misconduct carried out by an institution upon individuals reliant on the institution, including fostering an environment where the misconduct is allowed to flourish and not appropriately responding to misconduct in the context of the institution (Smith & Freyd, 2013). As such, including institutional betrayal in the study of suicidality among LGBTQ individuals, particularly youth, is relevant. For example, Smidt and colleagues (2021) examined institutional betrayal and the psychological and physical health of heterosexual and LGBTQ college students after experiencing sexual trauma. Researchers found that although heterosexual students and LGBTQ students faced comparable rates of sexual trauma, LGBTQ students were 1.67 times more likely to experience institutional betrayal. Additionally, the researchers found that LGBTQ students endorsed significantly higher rates of depression and anxiety than heterosexual students (Smidt et al., 2021). This is pertinent in the examination of suicidality among LGBTQ youth, as they report multidimensional discrimination and opposition from various institutions, including educational settings (Baams et al., 2019; Palmer & Greytak, 2017; Raifman, 2018).

There are a multitude of ways in which institutional betrayal accompanies school-based victimization among LGBTQ youth. When a school fails to prevent violence based on sexual orientation or gender presentation, this creates an environment where these types of experiences are minimized or ignored (Ioverno & Russell, 2021). Additionally,

LGBTQ youth experiencing school-based violence are often punished after reporting such events (Palmer & Greytak, 2017; Skiba et al., 2016; Snapp & Russell, 2016). As such, institutional betrayal can occur if the LGBTQ youth observes the school environment to be a place where they will be victimized because of their sexual orientation or gender identity, with a fear of differential treatment when pursuing support for school victimization. With the disproportionate amount of mental health risks to LGBTQ youth, it is imperative to examine the role of institutional betrayal, specifically in regards to identity-based victimization in schools and suicidality.

Although institutional betrayal has not yet been studied in relation to suicidality among LGBTQ youth, prior research has shown the impact of institutional betrayal on the mental health of individuals (Monteith et al., 2016; Smith & Freyd, 2013). A potential explanation for the disproportionate rates of suicidality are due to the high rates of institutional betrayal these youth experience (Craig et al., 2020; DeChants et al., 2022; Tobin & Delaney, 2019). As such, it would make sense that these youth encounter greater institutional betrayal, specifically in regards to their schools. The conceptualization of suicide as a symptom of interpersonal trauma, in the form of institutional betrayal, may help to advance the inquiry of LGBTQ youth suicide and set the foundation for further studies that aim to examine the impact of institutional betrayal among gender and sexual minorities across the lifespan.

Current Study

To address the elevated risk of suicidality among LGBTQ youth, the aims of this cross-sectional study are as follows: (a) to probe for a potential relationship between institutional betrayal and suicidality; (b) to examine whether an association between

institutional betrayal and suicidality hold in the presence of covariates; and (c) whether previously identified protective factors moderate the relationship between institutional betrayal and suicidality. As such, the following research questions will be explored:

1. **Is institutional betrayal associated with suicidality among LGBTQ youth in grades 5 through 12?**

    Using retrospective recall from LGBTQ adult participants, I hypothesize that institutional betrayal experienced during grades 5 through 12 will be significantly, positively associated with suicidality during this developmental period. Although there is no previous literature to draw upon, adjacent research suggests that even when heterosexual and non-heterosexual students experienced similar rates of victimization, LGBTQ students reported greater amounts of institutional betrayal (Smidt et al., 2021). Additionally, LGBTQ youth report higher levels of identity-based school violence and not having sufficient responses to their concerns or reports of violence. Recent national data found that LGBTQ students expect that 70% of LGBTQ students did not report violence because they did not think that the staff or school would do anything about it, while 50% reported not disclosing violence because they felt they would be blamed (Kosciw et al., 2022).

2. **Does the association between institutional betrayal and suicidality remain significant after the introduction of covariates into the model?**

    I hypothesize that institutional betrayal will remain significantly associated with suicidality, despite introducing age, race, gender, and LGBTQ identity-based school violence variables into the model. I also hypothesize that all

covariates will find main effects for suicidality. Inconsistent with the literature that focuses on suicidality among the general population, LGBTQ youth are at an increased risk for suicide, compared to cisgender, heterosexual youth (Meyer et al., 2021). This is contrary to national data, which has found lower rates of suicide among youth, with suicide risk increasing with age (Liu & Mustanski, 2012; Ream, 2019). As such, I expect findings from the current study to dovetail to prior research. Prior research has found that transgender (and those under the transgender umbrella) youth are more likely to endorse suicidality compared to cisgender LGBQ youth (O'Brien et al., 2016). As such, findings from the present study are expected to align with prior research. With regards to race and ethnicity, prior research has found high risk for suicidality among LGBTQ youth of color (Green et al., 2022; Murphy & Hardaway, 2017). Racial and ethnic youth report higher rates of identity-based bullying and discrimination (Huynh & Fuligni, 2010; Price et al., 2019). As identity-based bullying and violence has been shown to be more harmful than more imprecise forms of bullying and violence (Graham, 2021; LeVasseur et al., 2013), it stands to reason that having multiple identities that have been historically marginalized would be positively associated with suicidality. Lastly, LGBTQ identity-based school violence has been found to predict a number of poor health outcomes, including suicidality (Hall, 2018; Kosciw et al., 2022). As such, I expect the current study to produce similar findings.

3. **Does having a Gender/Sexuality Alliance or identity-based antibullying policies in schools moderate the relationship between institutional betrayal and suicidality reported in grades 5 through 12?**

I hypothesize that having a GSA in schools will moderate the relationship between institutional betrayal and suicidality reported in grades 5 through 12. Although there is no prior research examining this construct, I will draw upon adjacent research, which has found that having a GSA in middle and high schools is associated with a reduction of poor mental health outcomes among LGBTQ youth, including suicidality (Poteat et al., 2013; Davis et al., 2014). I hypothesize that having LGBTQ identity-based antibullying policies in school will moderate the relationship between institutional betrayal and suicidality reported in grades 5 through 12. Although there is no prior research examining this construct, adjacent research has highlighted the impact of inclusive antibullying policies and positive mental health in schools (Hatzenbuehler et al., 2013; Rees et al., 2022).

CHAPTER II

METHODS

Study Design

The current study was cross-sectional and was designed to gather retrospective information pertaining to participant experiences with identity-based violence in school, institutional betrayal, and suicidality in grades 5 through 12. Using convenience sampling, data for this study was collected in the Fall of 2021 (See Appendix 1). Participants completed a self-report questionnaire inquiring about the following: (a) demographic information including age, race, sexual orientation, and gender identity; (b) experience of identity-based violence in schools, specifically verbal, physical, and sexual violence; (c) suicidality, including suicidal ideation and suicide attempts; (d) institutional betrayal, and (e) whether their respective schools had a GSA or identity-based anti-bullying policies. See Appendix 2.

Procedure

Participants were recruited through a Qualtrics online panel in 2021. Recruitment procedures through the Qualtrics panel obtained samples from double-opt-in market research panels and various social media platforms as needed. Participants were invited to take a survey through an email invitation, with details of the process (i.e., how long the survey will take and compensation). Other methods included having participants sign in to a survey portal to check eligibility for specific surveys, in-app notifications, and through text direct messages. To minimize the potential for self-selection bias, all survey invitations were kept purposefully general, with no distinguishable details about the survey. The Qualtrics online panel service maintained integrity of participant enrollment

through each step of the recruitment phase, which included IP address checks and identity verification in the form of digital fingerprinting technology. This included participants names, addresses, dates of birth, phone calls to the participants place of business, and third-party verification checks.

Inclusion criteria for the present study included: (a) being lesbian, gay, bisexual, transgender, and/or queer; (b) between the ages of 18 and 45; and (c) ability to read and understand English. Participant compensation was dependent on the area in which they were recruited and was given in the form of airline miles, cash, points at retail outlets, and gift cards. After being sent to the Qualtrics survey, the first page of the survey contained a message informing participants that they were being asked to participate in research study examining stressful school experiences among LGBTQ individuals. The end of the message stated that "By completing this survey, you are indicating that you consent to participate in this study". Additionally, participants were informed of their rights, including the ability to rescind their participation at any point. See Appendix 3 for more information. A more detailed consent form was available upon request. All study procedures were approved by the University of Oregon Institutional Review Board. See Appendix 4.

Participants

The sample included 229 adults who are lesbian, gay, bisexual, transgender, and/or queer. To inform on the experiences of LGBTQ youth, LGBTQ adults were recruited and asked to provide information about their experiences in grades 5 through 12. As such, this study collected retrospective data to inform on the experiences of LGBTQ individuals during their youth. The final sample was 49.2% people of color and

50.2% White, with individuals in the non-White group being 19.2% Black, African, or African American; 10.9% Hispanic/Latino/a/x; 8.7% Asian or Asian American; 5.7% Biracial or Multiracial; 4.4% Native American or Alaska Native; 0.4% Middle Eastern, and 0.4% Native Hawaiian. The ages of participants ranged from 18 through 45, with 41.5% of participants in the 18 through 24 group. A majority of the participants were queer (42.4%), with 36.7% bisexual, and 19.7% gay or lesbian. 31% of the sample was transgender or non-binary. See Table 1 for complete demographic information.

Table 1. *Participant Characteristics*

	N	% / 229
Age		
18 – 24	95	41.5
25 – 34	93	40.6
35 – 45	41	17.9
Race/Ethnicity		
Asian/Asian American	20	8.7
Native American or Alaska Native	10	4.4
Black/African/African American	44	19.2
Native Hawaiian or Other Pacific Islander	1	.4
White	115	50.2
Middle Eastern/Arab	1	.4
Hispanic/Latino/a/x	25	10.9
Biracial or Multiracial	13	5.7
Sexual Orientation		
Heterosexual	3	1.3
Gay or Lesbian	45	19.7
Bisexual	84	36.7
Queer	34	14.8
Asexual	63	27.5

Table 1. *Participant Characteristics,* continued

	N	% / 229
Gender		
Female	96	41.9
Male	62	27.1
Non-binary	56	24.5
Transgender	12	5.2
Genderfluid	2	.9
Two-Spirit	1	.4
Identity-Based School Violence		
Yes	187	18.3
No	42	81.7

Measures

Suicidality

The outcome of interest was assessed using a modified version of the Centers for Disease Control and Prevention's (CDC) 2019 Youth Risk Behavior Surveillance (CDC, 2019) questionnaire. Two questions inquired about suicidal ideation and suicide attempts during grades 5 through 12 (e.g., "During grades 5 through 12 was there ever a time when you thought about suicide?" (no/yes) and "During grades 5 through 12 did you ever attempt suicide?" (no/yes). These two questions were used to construct a dichotomous variable, which individually examined suicidality (no ideation or attempt vs. suicidal ideation and attempt). A composite variable (no/yes) was created from these three questions, such that positive endorsement of any of the two was coded 1 and no endorsement was coded as 0. The association between suicidal ideation and suicide attempts was moderate ($\varphi = .30$).

Institutional Betrayal

The 12-item Institutional Betrayal Questionnaire Version 2 (IBQ.2; Smith &

Freyd, 2017) was used to assess institutional climate and response to participant-reported

experiences of school violence, based on their LGBTQ identity and institutional response

(e.g., "In thinking about stressful school experiences described in the previous section,

did your school(s) play a role by (check all that apply): Creating an environment in which

this type of experience seemed common or normal?; Responding inadequately to the

experience, if reported?; Creating an environment where you no longer felt like a valued

member of the institution?"). Participants were not asked about their perceptions of

betrayal by the institution. Rather, participants were asked about specific behaviors of

their institution. A continuous variable was created, with summative scores ranging from

0 - 12, based on the number of items the participant endorses. Internal consistency for the

IBQ.2 was high ($\alpha = .89$).

Presence of a GSA

This moderator variable was assessed using one question (e.g., "Did your school

have a Gay/Straight Alliance, Gender/Sexuality Alliance (GSA), or another type of club

that addresses lesbian, gay, bisexual, transgender, and queer student issues?") from the

2019 Gay, Lesbian and Straight Education Network (GLSEN) School Climate Survey

(Kosciw et al., 2020). The response options for this question included (a) "Yes"; (b)

"No"; (c) "I don't know". A dichotomous variable (yes/no) was created by merging those

who answered "I don't know" into the "No" category.

Presence of Identity-based Antibullying Policies

This moderator variable was assessed using one question (e.g., "Did your school have a policy about bullying, harassment or assault in school, based on sexual orientation, gender identity, or gender expression?") from the 2019 Gay, Lesbian and Straight Education Network (GLSEN) School Climate Survey (Kosciw et al., 2020). The response options for this question included (a) "Yes"; (b) "No"; (c) "I don't know". A dichotomous variable (yes/no) was created, by merging those who answered "I don't know" into the "No" category.

Covariates

Four variables that have been shown to be associated with suicidality were included in the analysis as described below. Demographic variables included age, gender, race, and identity-based school violence. These variable were dichotomized to explore distinct differences between groups. Subsequently, the following demographic variables were entered into the models as control variables, as they have been associated with suicidality: age (0 = 25 – 45; 1 = 18 – 24); gender (0 = Cisgender; 1 = Trans/Non-Binary); and race (0 = White; 1 = People of Color), and identity-based school violence (0 = No; 1 = Yes).

Data Analytic Plan

All analyses were run using IBM SPSS (Version 27). Prior to analysis, frequency distributions and descriptive statistics for the predictor variables were examined to ensure that the assumptions for logistic regression models were met. Bivariate correlations were run to evaluate associations and potential multicollinearity. The following analyses were be used to explore the research questions.

To examine the association between institutional betrayal and suicidality, unadjusted and adjusted logistic regression was conducted using institutional betrayal as the predictor variable and suicidality as the outcome variable. Logistic regression is an appropriate analysis for examining dichotomous outcomes (Lemeshow et al., 2013). In the current study, both the outcome and predictor variables are dichotomous (outcome: suicidality or no suicidality; predictor: yes or no). Odds ratios were used to classify whether an event is more of less likely to occur, based on the predictor variable (Peng & So, 2002).

In accordance with RQ1, an unadjusted logistic regression analysis was conducted by including only the IBQ.2 variable in the model. As odds ratios are based on the metric of the predictor variable, IBQ.2 was examined as both continuous measure (i.e., score change) and as a dichotomized measure (presence or absence of institutional betrayal), in order to evaluate the magnitude of the association. To evaluate the classification performance of IBQ.2 and to identify the optimal cut point for dichotomization, a receiver operating characteristic (ROC) analysis was conducted. The ROC analysis is method for evaluating the effectiveness of a measure by probing the specificity and sensitivity of different cut points of a measure (Hsiao et al., 1989). Sensitivity refers to the percentage of cases in which the outcome (i.e., suicidality) is correctly predicted, while specificity refers to the percentage of cases in which the opposite of the outcome (i.e., no suicidality) is incorrectly predicted (Flach, 2016; Obuchowski, 2005).

Another component of the ROC analysis is the area under the curve (AUC). The AUC is a measure of effect size and a model classifier, meaning that it shows how well the model is at distinguishing between cases (Flach, 2016; Obuchowski, 2005). As such,

values above or below the cut point can be used to guide researchers in determining the threshold for the development of health outcomes (i.e., suicidality). A ROC analysis was used to determine a cut point that increased both specificity and sensitivity in estimating suicidality and suicide attempts among LGBTQ youth who report institutional betrayal. To date, institutional betrayal has not been studied in this manner.

In accordance with RQ2, a sequential logistic regression analysis was conducted in order to examine the association between institutional betrayal and suicidality while adjusting for the covariates of age, gender, race, and identity-based school violence. The covariates were entered in the first block of the model. Next, institutional betrayal was entered in the second block. The likelihood ratio chi-square test was used to evaluate the model improvement. To compare the overall classification performance of the logistic regression model with the addition of the covariates to the previous model without the covariates, the AUC was calculated based on the predicted score from the logistic regression analysis.

In accordance with RQ3, two multiplicative interaction terms were added in a sequential logistic regression analysis. The first block contained the covariates, the second block included institutional betrayal and two moderator variables, and the third block included the two interaction terms. The likelihood ratio chi-square test was used to evaluate the model improvement with the moderating effects.

Power Analysis

An a priori power analysis was conducted using G*Power version 3.1.9.7 (Faul et al., 2007) to determine the minimum sample size required to achieve 80% power for detecting a moderately small effect size. With a significance criterion of $\alpha = .05$ and an

OR = 2.0, a sample size of 92 was needed for a logistic regression analysis. With 229

participants, there is sufficient power to test the study hypotheses.

CHAPTER III

RESULTS

The purpose of this retrospective, cross-sectional study was to examine whether institutional betrayal is associated with suicidality among LGBTQ individuals. The following research questions were examined: (a) Is institutional betrayal associated with suicidality among LGBTQ youth in grades 5 through 12? (b) Is the association between institutional betrayal and suicidality significant after controlling for the covariates? (c) Does having a Gender/Sexuality Alliance or identity-based antibullying policies in schools moderate the relationship between institutional betrayal and suicidality reported in grades 5 through 12?

Descriptive statistics and bivariate correlations were run. Different models used binary logistic regression to test for associations between the predictor and outcome variables. A ROC analysis was conducted to determine the optimum threshold for number of experiences of institutional betrayal and suicidality. Additionally, interaction models were examined to determine whether previously identified protective variables moderated the association between institutional betrayal and suicidality.

Preliminary Analysis: Descriptive Statistics and Bivariate Associations

Participants in the present sample reported high levels of suicidality, with 67.2% of the sample endorsing suicidal behavior in grades 5 through 12. A large majority of the participants (81.7%) endorsed identity-based school violence in grades 5 through 12. Participants reported high levels of institutional betrayal (mean = 6.34; median = 7.00; standard deviation = 4.04; range = 0 – 12). A large portion of the sample endorsed at least one item of institutional betrayal (86.5%). See Table 2.

Table 2. *Frequencies of Total IBQ.2 Items Endorsed by Participants*

Total Experiences	Frequency	% / 229
0	31	13.5
1	12	5.2
2	10	4.4
3	11	4.8
4	12	5.2
5	18	7.9
6	14	6.1
7	16	7.0
8	24	10.5
9	23	10.0
10	13	5.7
11	15	6.6
12	30	13.1

The most endorsed items from the present sample were: creating an environment in which these experiences seemed more likely to occur; mishandling the case, if disciplinary action was requested, creating an environment where continued membership was difficult for the individual and responding inadequately to the experience, if reported. See Table 3 for endorsement of items from the IBQ.2.

Table 3. *Institutional Betrayal Questionnaire – IBQ.2 – Total Items Endorsed*

Item	N	% / 229
Not taking proactive steps to prevent this type of experience?	123	53.5
Creating an environment in which this type of experience seemed common or normal?	124	54.1
Creating an environment in which this experience seemed more likely to occur?	126	55.0

Table 3. *Institutional Betrayal Questionnaire – IBQ.2 – Total Items Endorsed,* continued

Item	N	% / 229
Making it difficult to report the experience?	126	55.0
Responding inadequately to the experience, if reported?	129	56.3
Mishandling your case, if disciplinary action was requested?	132	57.6
Covering up the experience?	126	55.0
Denying your experience in some way?	124	54.1
Punishing you in some way for reporting the experience (e.g., loss of privileges or disciplinary action)?	94	41.0
Suggesting your experience might affect the reputation of the institution?	98	42.8
Creating an environment where you no longer felt like a valued member of the institution?	123	53.7
Creating an environment where continued membership was difficult for you?	129	56.3

Table 4 summarizes the bivariate associations between all variables that are included in the research questions. The associations between variables are small to moderate ($.1 < |r| < .4$), with the exception of race and identity-based antibullying policies. Suicidality is positively associated with institutional betrayal ($r = .377$, $p > .001$). Being 18 through 24 years of age is associated with less suicidality ($r = -.324$, $p < .001$). Suicidality is positively associated with being transgender or non-binary

Table 4. *Bivariate Correlations Among All Variables*

Variable	1	2	3	4	5	6	7
SUI							
IBQ	.377**						

Table 4. *Bivariate Correlations Among All Variables,* continued

Variable	1	2	3	4	5	6	7
Age	-.342**	-.204**					
Race	-.050	.011	.030				
Gender	.307**	.182**	-.355**	-.101			
GSA	-.241**	-.147*	.189*	.080	-.182**		
ABP	-.018	.079	.056	.004	-.099	- .093	
IBSV	.270**	.373*	-.010	.043	.098	- .098	.070

*p < .05; **p < .01

Note. SUI = suicidality; IBQ = Institutional Betrayal Questionnaire; GSA = gender & sexuality alliance; ABP = identity-based antibullying policies; IBSV = identity-based school violence

(r = .307, p < .001) and experiencing identity-based school violence (r = .270, p < .001). Identity-based school violence is positively associated with institutional betrayal (r = .373, p < .001). Having a GSA in school was associated with a decrease in both suicidality (r = - .241, p < .001) and institutional betrayal (r = - .147, p = .027). Those who are 25 through 45 years of age were less likely to have a GSA in school (r = .189, p = .004) and were more likely to experience institutional betrayal (r = - .204, p = .002). Race and identity-based antibullying policies were not significantly correlated with any of the other variables (all r < .10, p > .05).

RQ1: Is institutional betrayal associated with an increased risk for suicidality among LGBTQ youth in grades 5 through 12?

A logistic regression model was used to examine whether institutional betrayal was associated with suicidality. The dichotomous outcome variable (yes or no) was whether participants experienced suicidality in grades 5 through 12. The continuous predictor variable for the model was institutional betrayal. The unadjusted logistic regression model was significant, $\chi^2(1)$ = 60.82, p = < .001, such that those reporting

institutional betrayal 36% more likely to endorse suicidality (B = .310, SE = .046, Wald = 46.35, p < .001, OR = 1.36, 95% CI [1.24, 1.49]).

To further probe this logistic regression, a ROC analysis was conducted to evaluate the sensitivity and specificity of institutional betrayal in estimating suicidality among LGBTQ youth and to determine the optimal cut point. At the Institutional Betrayal Questionnaire Version 2 (IBQ.2) cut point of 6 or more (see Figure 1), the sensitivity was .74 and the specificity was .73. The ROC curve is significantly above the line of no information (AUC = .79, 95% CI [.727, .859, p = < .001).

Figure. 1 *Institutional Betrayal Questionnaire Version 2 (IBQ.2) ROC Curve for Suicidality*
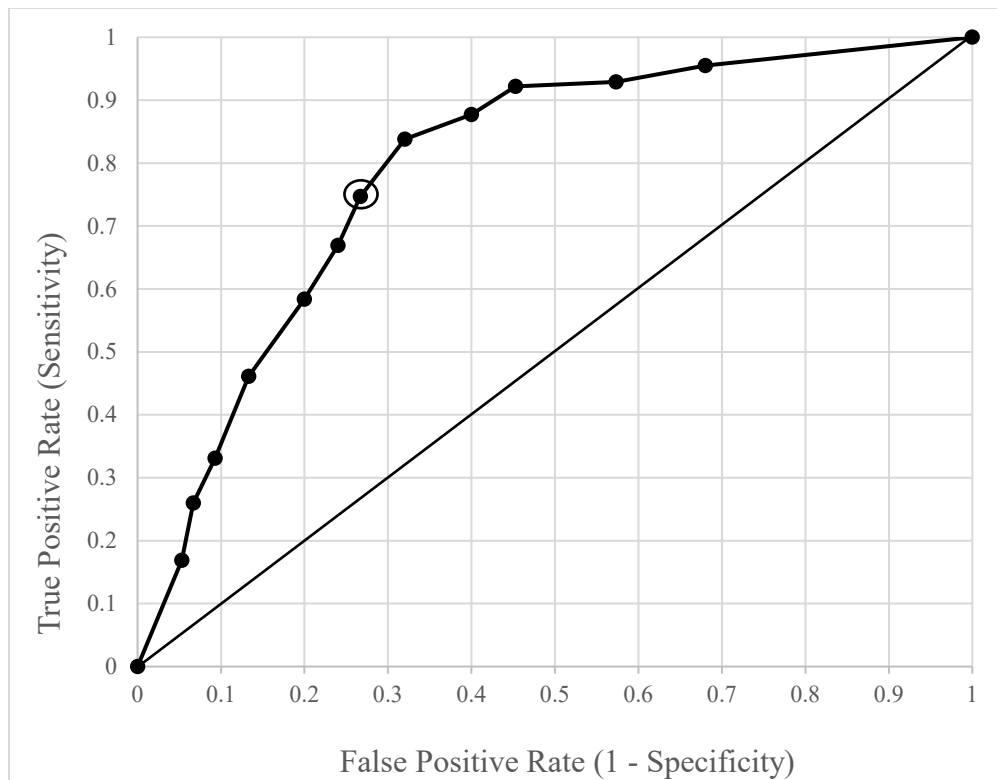
Note. Sensitivity = the percent to which suicidality was correctly predicted by institutional betrayal; Specificity = the percent of cases in which suicidality as incorrectly predicted by institutional betrayal; the circle shows the optimal cut point of 6 (for number of endorsed IBQ.2 items predicting suicidality)

Dichotomizing the IBQ.2 at the optimal cut point (0 – 5 vs. 6 or greater), found that

participants who reported 6 or more experiences of institutional betrayal were 9 times

more likely to endorse suicidality in grades 5 through 12 ($B = 2.29$, $SE = .459$, Wald =

24.87, $p < .001$, $OR = 9.88$, 95% CI [4.01, 24.31]). The ROC analysis indicated that there

was 74% chance that an individual who answered "yes" to 6 or more items on the IBQ.2

would endorse suicidality.

RQ2: Is the association between institutional betrayal and suicidality significant

after controlling for the covariates?

A sequential logistic regression model was run to examine the adjusted

association between institutional betrayal and suicidality after controlling for the

covariates. Age, gender, race, and identity-based school violence variables were entered

into the first block of the model, which indicated significant improvement in the model,

$\chi^2(4) = 57.02$, $p = < .001$ (See Table 5). Age was significantly associated with suicidality

($B = -1.56$, $p < .001$, $OR = .209$), such that participants who are between 18 and 24 years

of age are 21% less likely to endorse suicidality. Being transgender or non-binary was

significantly associated with suicidality ($B = 1.24$, $p = .005$, $OR = 3.45$). Lastly,

participants who experienced identity-based school violence were over 4 times as likely

to endorse suicidality ($B = 1.58$, $p < .001$, $OR = 4.88$).

Additionally, guided by information from the ROC analysis and the optimal cut

point for endorsed items from the IBQ.2, the dichotomized institutional betrayal variable

was used to inform on the interpretation of the odds ratios and entered into the second

block of the model. Institutional betrayal significantly improved the model fit, $\chi^2(1) =$

9.73, $p = .002$. Controlling for covariates, institutional betrayal remained significantly

associated with suicidality when entered in the second block of the model ($B = 1.55$, $p = .003$, $OR = 4.73$).

Table 5. *Sequential Logistic Regression Model Predicting Suicidality Controlling for Covariates*

Variable	B	SE	Wald	df	p value	OR	95% CI
Block 1 $\chi^2(4) = 57.02, p = < .001$							
Age (18 – 24)	-1.56	.386	16.47	1	**< .001**	.209	[.098, .445]
Race	-.271	.324	.700	1	.403	.763	[.405, 1.43]
Gender (TNB)	1.24	.441	7.91	1	**.005**	3.45	[1.45, 8.20]
IBSV	1.58	.413	17.74	1	**< .001**	4.88	[2.17, 10.97]
Block 2 $\chi^2(1) = 9.73, p = .002$							
Age (18 – 24)	-1.39	.393	12.63	1	**< .001**	.247	[.114, .534]
Race	-.272	.333	.671	1	.413	.762	[.397, 1.46]
Gender (TNB)	1.11	.443	6.33	1	**.012**	3.05	[1.28, 7.27]
IBSV	1.15	.451	6.60	1	**.010**	3.18	[1.31, 7.70]
IBQ	1.55	.578	8.83	1	**.003**	4.73	[1.69, 13.18]

Note. Bolded entries specify statistically significant effects. *SE* = standard error; *OR* = odds ratio; CI = confidence interval; IBQ = Institutional Betrayal Questionnaire; TNB = transgender or non-binary; IBSV = identity-based school violence

To further probe the model, the predicted probability, based on the addition of the covariates in predicting suicidality, was evaluated on the AUC from the ROC analysis. Only a slight improvement in the prediction of suicidality was found (AUC = .80, 95% CI [.749, .865], $p < .001$). As such, the addition of the covariates did not noticeably add to the prediction of suicidality among participants (AUC = .79 for IBQ) vs. (AUC = .80 for IBQ with covariates).

RQ3: Does having a Gender/Sexuality Alliance or identity-based antibullying policies in school moderate the association between institutional betrayal and suicidality?

A sequential logistic regression analysis was conducted to examine whether having a GSA or LGBTQ identity-based antibullying policies in schools moderated the

effect of institutional betrayal on suicidality. See Table 6. The first block of covariates were the same as those reported above for RQ2. Institutional betrayal, GSA, and identity-based antibullying variables were entered into the second block of the model, which showed significant model improvement, $\chi^2(3) = 13.95$, $p = .003$. Being 18 to 24 years of age remained significantly associated with less suicidality ($B = -1.30$, $p = .001$, $OR = .270$). Being transgender or non-binary remained significantly associated with suicidality ($B = 1.02$, $p = .022$, $OR = 2.79$). Identity-based school violence also remained significantly associated with suicidality ($B = 1.11$, $p = .015$, $OR = 3.04$). Institutional betrayal was a significant predictor of suicidality, with participants being 4 times more likely to endorse suicidality ($B = 1.54$, $p = .004$, $OR = 4.70$). Schools with a GSA were associated with a 46% decrease in suicidality ($B = -.776$ $p = .047$, $OR = .460$). Identity-based antibullying policies were not significantly associated with suicidality ($B = -.151$, $p = .658$, $OR = .860$).

Two interaction terms were entered into the third and final block of the model, in which the improvement in model fit was not significant, $\chi^2(2) = .840$, $p = .657$. There was no evidence that having a GSA in the school significantly moderated the association between institutional betrayal and suicidality ($B = -.738$, $p = .544$, $OR = .478$). There was no evidence that having LGBTQ identity-based antibullying policies in the school significantly moderated the association between institutional betrayal and suicidality ($B = -.766$, $p = .462$, $OR = .465$).

Table 6. *Sequential Logistic Regression Predicting Suicidality with Interaction Terms*

Variable	B	SE	Wald	df	*p* value	OR	95% CI
Block 1 $\chi^2(4) = 57.02, p = < .001$							
Age (18 – 24)	-1.56	.386	16.47	1	**< .001**	.209	[.098, .445]
Race	-.271	.324	.700	1	.403	.763	[.405, 1.43]
Gender (TNB)	1.24	.441	7.91	1	**.005**	3.45	[1.45, 8.20]
IBSV	1.58	.413	14.74	1	**< .001**	4.88	[2.17, 10.97]
Block 2 $\chi^2(3) = 13.95, p = .003$							
Age (18 – 24)	-1.30	.369	10.91	1	**.001**	.270	[.124, .587]
Race	-.177	.339	.274	1	.601	.838	[.431, 1.62]
Gender (TNB)	1.02	.449	5.23	1	**.022**	2.78	[1.15, 6.71]
IBSV	1.11	.457	5.94	1	**.015**	3.04	[1.24, 7.46]
IBQ	1.54	.531	8.50	1	**.004**	4.70	[1.66, 13.30]
GSA	-.776	.391	3.94	1	**.047**	.460	[.214, .990]
ABP	-.151	.340	.196	1	.658	.860	[.442, 1.67]
Block 3 $\chi^2(2) = .840, p = .657$							
Age (18 – 24)	-1.35	.405	11.18	1	**.001**	.258	[.117, .571]
Race	-.204	.342	.356	1	.551	.815	[.417, 1.59]
Gender (TNB)	1.00	.451	4.91	1	**.027**	2.71	[1.12, 6.58]
IBSV	1.09	.459	5.70	1	**.017**	2.99	[1.21, 7.34]
IBQ	2.40	1.17	4.24	1	**.039**	11.12	[1.12, 110.08]
GSA	-.119	1.14	.011	1	.917	.887	[.094, 8.38]
ABP	.528	.976	.293	1	.588	1.69	[.250, 11.47]
IBQ*GSA	-.738	1.21	.368	1	.544	.478	[.044, 5.18]
IBQ*ABP	-.766	1.04	.524	1	.462	.465	[.060, 3.57]

Note. Bolded entries specify statistically significant effects. *SE* = standard error; *OR* = odds ratio; CI = confidence interval; IBQ = Institutional Betrayal Questionnaire; TNB = transgender or non-binary; IBSV = identity-based school violence

CHAPTER IV

DISCUSSION

The current study retrospectively examined institutional betrayal and suicidality among LGBTQ youth in grades 5 through 12. Participants in this study reported high amounts of institutional betrayal and identity-based school violence. The results of this study provide compelling evidence for the impact of schools on the mental health of LGBTQ youth. Throughout each iteration of the analyses, institutional betrayal remained robustly associated with suicidality. The results of this study have important implications for field of suicidology, especially in light of unsupported hypotheses. Limitations of the study, implications, and future directions are discussed.

Hypothesis I: Institutional betrayal will be positively, significantly associated with suicidality among LGBTQ participants in grades 5 through 12

I hypothesized that institutional betrayal would be associated with suicidality among LGBTQ participants, as reported in grades 5 through 12. This hypothesis was intended to fill a gap in the literature, as institutional betrayal has mainly been studied in regards to sexual trauma among heterosexual, cisgender, and university-derived samples (Gómez, 2022; Linder & Myers, 2018; Smith & Freyd, 2017). This hypothesis was supported, with participants reporting institutional betrayal being 36% more likely to endorse suicidality. To add to the knowledge about institutional betrayal, a ROC analysis was conducted, which found that participants who reported 6 or more experiences of institutional betrayal were 8 times more likely to endorse suicidality in grades 5 through 12. Additionally, the ROC analysis demonstrated that individuals who endorsed 6 or more experiences of institutional betrayal were 74% more likely to experience suicidality.

49

To date, there is no prior research examining institutional betrayal in the context of LGBTQ youth and their schools and whether these variables are impacting the high rates of suicidality among this population.

Hypothesis II: The association between institutional betrayal and suicidality will remain significant after controlling for the covariates

I hypothesized that, even with covariates introduced into the model, institutional betrayal would remain a significant predictor of suicidality. The covariates entered into the model were age, gender, race, and identity-based school violence. As discussed below, prior research has found that these variables have been individually associated with suicidality among LGBTQ youth.

I expected to find a main effect of age, such that the younger cohort of participants (aged 18 through 24) would report lower levels of suicidality. Results found that there was a main effect of age, such that the younger cohort of participants were 21% less likely to report suicidality. Potential explanations for this finding are that this cohort, compared to the older cohort (25 through 45), was associated with having a GSA and less institutional betrayal. Although the association between institutional betrayal and suicidality has not yet been studied among LGBTQ youth, prior research has found that having a GSA in school is associated with less suicidality among this population (Saewyc et al., 2014).

In alignment with prior research, transgender and non-binary participants in this study were 3 times more likely to endorse suicidality when compared to cisgender LGBQ participants. Extant literature has found distinct differences in mental health outcomes between identities on the LGBTQ spectrum, with transgender individuals being greatly

50

impacted by gender-based violence (Newcomb et al., 2020; Price-Feeney et al., 2020).

For example, Adams et al. (2017) synthesized data on suicidality among transgender

individuals from 42 studies and found that, on average, 56% reported lifetime suicidal

ideation (with a range from 29% to 97% across studies), and 29% had a lifetime suicide

attempt (with a range from 11% to 52% across studies).

Race and ethnicity was not a significantly associated with suicidality in this study.

I expected to find a main effect of race and ethnicity on suicidality, as prior research has

documented the impact of the intersection of racism, homophobia, and transphobia that

has resulted in poor mental health in communities of color (Baiden et al., 2020; Sutter &

Perrin, 2016). Not surprisingly, this study found that identity-based school violence was

associated with suicidality. In accordance with prior research, this study found that

participants who report identity-based school violence are 4 times more likely to report

suicidality in grades 5 through 12. Previous research has found that identity-based

violence starts in youth, with schools being a focal point of such activity (Kosciw et al.,

2021; TTP, 2022). Education is rooted in sociocultural norms and values that center

White, heterosexual, and cisgender ways of being. As such, any attempts at rectifying

LGBTQ identity-based violence in schools needs to address the tension between these

dominant norms and values and resulting homophobia and transphobia.

This hypothesis was supported. Even with adjusting for the main effects of age,

gender, and identity-based school violence, institutional betrayal remained significantly

associated with suicidality, such that participants were more than 4 times more likely to

report experiencing suicidality during grades 5 through 12. This is an important finding,

given there is no prior research on the impact of institutional betrayal on suicidality

among LGBTQ youth. As such, this study provides support for the case that unequal suicide rates among LGBTQ youth may be a consequence of schools who foster an environment that normalizes and inadequately addresses homophobic and transphobic violence.

Hypothesis III: Having a Gender/Sexuality Alliance or identity-based antibullying policies in school will moderate the association between institutional betrayal and suicidality

I hypothesized that having both a GSA and identity-based antibullying policies would moderate the association between institutional betrayal and suicidality. This hypothesis was unsupported. While having identity-based anti-bullying policies was not significant, the results showed that having a GSA in schools was associated with a 46% decrease in suicidality. Even with a reduction in reported suicidality, having a GSA in schools did not moderate the association between institutional betrayal and suicidality. Although institutional betrayal remained significant in the model, GSA's appear to serve as an important protective factor for suicidality among LGBTQ youth. However, institutional betrayal was the most salient predictor of suicidality in this study.

Limitations

The current study should be considered in light of its limitations. This study was cross-sectional and studied participants at a single timepoint. However, this type of study design was appropriate, given financial and time constraints. As a result, the proposed hypotheses were broad although appropriate, as it is the first step in identifying associations that can be studied with enhanced rigor in the future. The current study also relied on retrospective data, collected from adult participants. Although there were efforts

to cap the age of participants (no older than 45), participants were subject to recall bias, as they were asked to recall events from when they were in grades 5 through 12. There were some limitations with regard to the measurement of suicidality. Suicidality encompasses a wide range of behaviors, including ideation and attempts. This study measured suicidality as a binary construct, which results in the loss of nuance between those that experience suicidal ideation, those that attempt suicide, and those who die by suicide. Additionally, there is a call to find a predictive pathway of suicidality (ideation to attempt; Klonsky & May, 2015).

This study discusses all LGBTQ identities as a homogenous group, although there are distinct differences between sexual minorities, gender minorities, and intersections between those identities. For example, bisexual individuals have been shown to be at greater risk for victimization and suicidality than lesbian and gay individuals (Feinstein & Dyar, 2017; Salway et al., 2019), while other studies have found that transgender individuals are at elevated risk for victimization and suicidality when compared to sexual minorities (Adams et al., 2017; James et al., 2016). Lastly, scholarly inquiry has not been able to provide explicit guidance on how to capture an individual's gender identity (Matsuno & Budge, 2017; Reisner & Hughto, 2019). This resulted in a lower sample size of transgender participants, however, it is crucial that participants be able to self-identify. Previous work has highlighted a two-step process in which participants indicate their assigned sex at birth and current identity (Lagos & Compton, 2021). However, this process leaves researchers to allocate participant identities by noting the "incongruence" between these two items. In the context of this research, transgender participants were allowed to identify as male, female, and heterosexual.

Implications for Theory

As stated in Chapter I, the MSM has been helpful in highlighting the impact of LGBTQ identity-based stressors but fails to describe specific minority stressors as mechanisms of suicidality. Not considered is that the previously identified minority stressors may not be driving the poor mental health outcomes. A potential explanation for the elevated mental health outcomes among LGBTQ individuals (including suicidality) is existing in an environment that normalizes and maintains these stressors, as well the institutional response. The IMV model includes systems-level factors that may impact an individual's trajectory towards suicidality. To effectively address suicidality among LGBTQ individuals, there needs to be a narrower focus. These frameworks remain broad and fail to acknowledge that LGBTQ identity-based stressors are quite normalized in American culture. Future theory could be driven by institutional betrayal, as it provides a standardized measure that takes the onus of responsibility off of the individual and focuses on the true impact of homophobia and transphobia. This study found that participants who endorsed 6 or more experiences of institutional betrayal were 8 times more likely to endorse suicidality in grades 5 through 12. This is a significant finding, worthy of further study.

Implications for Practice

There are important practice implications as a result of this study. First, institutional betrayal is an important concept that needs further study, specifically in relation to suicidality among LGBTQ youth. Institutional betrayal offers a potential pathway for why LGBTQ are at an elevated risk for suicidality. The current study found evidence that the identity-based school violence that participants experienced during

grades 5 through 12 face are not isolated or rare events; they are quite common. Although violence should certainly not be expected, schools have a responsibility to act accordingly when it does. The majority of youth are legally obligated to attend school and exposure to identity-based violence is a common occurrence among LGBTQ students. Access to education has been found to be a leading social determinant of health (Cohen & Syme, 2013; Kaplan et al., 2015). As such, evaluating for institutional betrayal in a place that has such a tremendous impact on an individual's sense of empowerment and life prospects should be folded in to current best practices for supporting LGBTQ youth and addressing identity-based school violence.

GSAs seem to be an important protective factor in decreasing rates of suicide. As discussed in Chapter I, GSAs have been found to promote resilience, offer a sense of connection, increase self-esteem, and increase an individual's sense of safety (McCabe, & Anhalt, 2022). One of the few studies to examine attributes of GSAs found that GSA advisor attributes serve an important role in positive GSA-related outcomes. Poteat and colleagues (2015) found that GSA advisors who served longer and allowed the youth more control in decision-making reported greater self-efficacy and self-esteem. Additionally, although previous research has described GSA's as protective factor against suicidality among LGBTQ youth, the present study found that institutional betrayal was the strongest contributor to whether or not participants reported suicidality in grades 5 through 12. Still, it may be that schools not having or being allowed to have a GSA is in and of itself, institutional betrayal. Nonetheless, previous literature has established that schools with a GSA fare better than those without (Ioverno et al., 2016).

Age and gender remained strongly associated with suicidality throughout the current study, indicating the potential of a cohort effect. For example, participants who are in the older age group in this study are more likely to report greater institutional betrayal and to have attended a school without a GSA while participants who are transgender or non-binary are more likely to endorse suicidality and institutional betrayal than participants who hold a binary gender. It should be noted that there has been an evolution in the ways in which gender and sexual orientation are discussed. The LGBTQ community has been greatly impacted by both divisive and supportive sociopolitical climates in the United States. Moreover, examining the generational differences among age cohorts is an important part of queer history, as it allows to track for both progress and challenges.

Lastly, schools may benefit from adopting concepts centered on institutional courage. Although this construct is in its infancy, institutional courage includes a culture of transparency, self-reflection, and willingness to support victims (Freyd, 2018). Previous research has shown that institutional betrayal and institutional courage offer promising solutions for a variety of sectors (Smidt et al., 2023). This is pertinent to educational settings, as the current study found that institutional betrayal is strongly associated with suicidality among LGBTQ individuals in grades 5 through 12.

Future Directions

The present study found no association between race, institutional betrayal, and suicidality. Although this was the first study to these constructs among LGBTQ youth, the findings from the current study were not consistent with other data examining suicidality among LGBTQ youth of color. Recent national data found that, among

LGBTQ youth, 21% of Native/Indigenous youth, 20% of Middle Eastern/North African youth, 19% of Black youth, and 16% of Latinx youth made a suicide attempt in the past year, compared to 12% of White LGBTQ youth (TTP, 2022). Nonetheless, examining the impact of institutional betrayal and suicidality at the intersections of race, gender, sexual orientation is an area that needs attention.

Another future direction for this work is to establish a causal mechanism for institutional betrayal as a predictor of suicidality. Longitudinal and prospective studies with LGBTQ individuals will assist in this process. Developing an empirically studied theoretical framework is an important step toward establishing causal mechanisms. Institutional betrayal can be used in assessments, which can be used to support youth and inform on institutional change. Rather than relying on school climate surveys, assessing for institutional betrayal may be the strategy schools want to build upon.

Assessing for institutional betrayal in schools, by way of upstream prevention efforts, provides opportunities for education and trainings of educators, school administrators, and other school personnel. These educational opportunities can provide a benchmark for which to build prevention and intervention efforts. These efforts will want to focus on educators as well. It would be interesting to examine educators experiences of institutional betrayal, especially in light of the current political landscape. Other efforts, such as developing an implementation plan to explore identified outcomes related to institutional betrayal are important to supporting change within the institution, and more importantly, LGBTQ youth. It should be noted that institutional betrayal calls for us all to go beyond a positive school climate and push for systemic change. There is no more powerful tool for showing LGBTQ youth that their lives matter.

Lastly, although this was the first study to retrospectively examine institutional betrayal in the context of LGBTQ youth and suicidality, there is compelling evidence to continue to refine this area of study. Interpersonal trauma, in the form of institutional betrayal, seems to be an important variable in the unequal rates of suicidality among LGBTQ youth. Additionally, the high rates of suicidality among LGBTQ youth represent a moral crisis. Combining the efforts of both trauma researchers and suicidologists is a crucial next step in advancing the field.

Study Questionnaire

Demographic Questions

1. What is your age?
   o 18 – 24
   o 25 – 34
   o 35 – 45

2. What is your gender?
   o Female
   o Male
   o Non-binary
   o Transgender
   o Prefer to self-describe _____

3. What is your sexual orientation?
   o Straight/Heterosexual
   o Gay or Lesbian
   o Bisexual
   o Asexual
   o Prefer to self-describe _____

4. What is your race or ethnicity?
   o Native American or Alaska Native
   o Asian/Asian American
   o Black/African/African American
   o Native Hawaiian or other Pacific Islander
   o White
   o Middle Eastern/Arab
   o Hispanic/Latino/a/x
   o Biracial or Multiracial
   o Prefer to self-describe _____

Identity-Based School Victimization

Thinking back to elementary, middle, or high school:

1. Did you ever feel unsafe at your school because of… (Please check all that apply to you.)
   o Your sexual orientation (for example, being gay, lesbian or bisexual) or what people think your sexual orientation is
   o How you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)
   o Other reason (please specify):

o   None of the above, I do not feel unsafe at school.

2. During an average month of school, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
o   0 days
o   1 day
o   2 or 3 days
o   4 or 5 days
o   6 or more days

3. Did you ever avoid these spaces at school because you felt uncomfortable or unsafe in the space? (Please check all that apply to you.)
o   Bathrooms
o   Cafeteria or lunch room
o   Locker rooms
o   Hallways/stairwells
o   School athletic fields or facilities
o   School buses
o   Physical Education (PE) or gym class
o   School grounds, not including athletic fields (example: parking lots)
o   School functions (dances, assemblies, etc.)
o   Extracurricular programs/facilities/activities at school
o   Another space not listed above (please specify):
o   I don't avoid anywhere at school because of feeling uncomfortable or unsafe.

4. Were you ever verbally harassed (name-calling, threats, etc. directed at you) at your school because of...
Your sexual orientation (for example, being gay, lesbian or bisexual) or what people think your sexual orientation is
o   Never
o   Rarely
o   Sometimes
o   Often
o   Frequently

How you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)
o   Never
o   Rarely
o   Sometimes
o   Often
o   Frequently

5. Were you ever physically harassed (pushed, shoved) at your school because of...
Your sexual orientation (for example, being gay, lesbian or bisexual) or what people think your sexual orientation is

- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

How you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

6. Were you ever <u>physically assaulted</u> (punched, kicked, injured with a weapon, etc.) at your school because of…
Your sexual orientation (for example, being gay, lesbian or bisexual) or what people think your sexual orientation is
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

How you express your gender (how traditionally "masculine" or "feminine" you are in your appearance or in how you act)
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

7. Were you ever <u>sexually harassed</u> at your school, such as sexual remarks made toward you or someone touching your body inappropriately?
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

8. Were you ever harassed or threatened by students at your school using phone or internet communications (for example, text messages, emails, direct messages (DM), or postings on Twitter, Instagram, TikTok, Tumblr or Facebook)?
- o Never
- o Rarely
- o Sometimes

- o Often
- o Frequently

9. Were you ever bullied or harassed in the following places?
Bathrooms
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently
- o Not Applicable

Cafeteria or lunch room
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently
- o Not Applicable

Hallways/stairwells
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently
- o Not Applicable

School athletic fields or facilities
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently
- o Not Applicable

School buses
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently
- o Not Applicable

Physical Education (PE) or gym class
- o Never

- o   Rarely
- o   Sometimes
- o   Often
- o   Frequently
- o   Not Applicable

School grounds, not including athletic fields (example: parking lots)
- o   Never
- o   Rarely
- o   Sometimes
- o   Often
- o   Frequently
- o   Not Applicable

Extracurricular programs/facilities/activities at school
- o   Never
- o   Rarely
- o   Sometimes
- o   Often
- o   Frequently
- o   Not Applicable

10. How often did you hear the word "gay" used in a negative way (such as "That's so gay" or "You're so gay") in school?
- o   Never
- o   Rarely
- o   Sometimes
- o   Often
- o   Frequently

11. How often did you hear other homophobic remarks used in school (such as "faggot," "dyke," or "queer" used in a negative manner)?
- o   Never
- o   Rarely
- o   Sometimes
- o   Often
- o   Frequently

12. Would you say that homophobic remarks were made by:
- o   None of the students
- o   A few of the students
- o   Some of the students
- o   Most of the students

13. How often did you hear homophobic remarks from teachers or school staff?
- o   Never

- o Rarely
- o Sometimes
- o Often
- o Frequently

14. When homophobic remarks were made and a teacher or other school staff person was present, how often would the teacher or staff person intervene or do something about it?
- o Never
- o Some of the time
- o Most of the time
- o Always
- o Not Applicable - I never heard these remarks
- o Not Applicable - The teacher was never present

15. When you heard homophobic remarks, how often would another student intervene or do something about it?
- o Never
- o Some of the time
- o Most of the time
- o Always
- o Not Applicable - I never heard these remarks
- o Not Applicable - Another student was never present.

16. How often did you hear comments about students not acting "masculine" enough?
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

17. How often did you hear comments about students not acting "feminine" enough?
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

18. Would you say that these remarks were made by:
- o None of the students
- o A few of the students
- o Some of the students
- o Most of the students

19. How often did you hear these remarks from teachers or school staff?
- o Never
- o Rarely

- o Sometimes
- o Often
- o Frequently

20. When these remarks were made and a teacher or other school staff person was present, how often did the teacher or staff person intervene or do something about it?
- o Never
- o Some of the time
- o Most of the time
- o Always
- o Not Applicable - I never heard these remarks
- o Not Applicable - The teacher was never present

21. When you heard these remarks, how often does another student intervene or do something about it?
- o Never
- o Some of the time
- o Most of the time
- o Always
- o Not Applicable - I never heard these remarks
- o Not Applicable - Another student was never present.

22. How often did you hear negative remarks about transgender people (such as "tranny" and "he/she") used in your school?
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

23. Would you say that these remarks were made by:
- o None of the students
- o A few of the students
- o Some of the students
- o Most of the students

24. How often did you hear these remarks from teachers or school staff?
- o Never
- o Rarely
- o Sometimes
- o Often
- o Frequently

25. When these remarks were made and a teacher or other school staff person was present, how often does the teacher or staff person intervene or do something about it?
- o Never

- Some of the time
- Most of the time
- Always
- Not Applicable - I never hear these remarks
- Not Applicable - The teacher was never present

26. When you heard these remarks, how often did another student intervene or do something about it?
- Never
- Some of the time
- Most of the time
- Always
- Not Applicable - I never hear these remarks
- Not Applicable - Another student was never present.

27. What type is your school?
- a public school
- a religious-affiliated school
- another kind of non-public, private or independent school

28. Is your school:
- In an urban area or city
- In a suburban area near a city
- In a small town or rural area

29. Did your school have a policy about bullying, harassment or assault in school?
- Yes
- No
- Don't Know / Not Sure

30. Did the policy specifically prohibit bullying/harassment based on any of the following characteristics? (Please check all that apply)
- Race/Ethnicity
- Religion
- Sex/Gender
- Sexual Orientation
- Gender Identity
- Gender Expression
- Disability
- Family Income/Economic Status
- Body Size, Appearance or Weight
- Other:
- My school does not have a policy
- I do not know what my policy includes

31. Did your school have a Gay/Straight Alliance or Gender/Sexuality Alliance (GSA) or another type of club that addresses lesbian, gay, bisexual, transgender, and queer student issues??
- o Yes
- o No
- o Don't Know / Not Sure

32. Were you able to use school computers to access websites about lesbian, gay, bisexual, transgender, and queer people, history or events?
- o Yes
- o No
- o Don't Know
- o Don't have Internet access at my school

33. How many books or other resources were in your school library that contained information about lesbian, gay, bisexual, transgender, and queer people, history or events?
- o None
- o A Few
- o Many
- o Don't Know

34. Were you ever taught positive things about lesbian, gay, bisexual, transgender or queer people, history or events in any of your classes?
- o Yes
- o No

35. Were you ever taught negative things about LGBTQ people, history, or events in any of your classes?
- o Yes
- o No

36. How many teachers or other school staff persons were supportive of LGBTQ students at your school?
- o None
- o One
- o Between 2 and 5
- o Between 6 and 10
- o More than 10
- o Don't Know

37. In general, how accepting were students at your school toward LGBTQ people?
- o Not at All Accepting
- o Not Very Accepting
- o Neutral
- o Somewhat Accepting

- o Very Accepting
- o Don't Know

38. How supportive was your school administration (principal, vice principal, etc.) of LGBTQ students?
- o Very Unsupportive
- o Somewhat Unsupportive
- o Neutral
- o Somewhat Supportive
- o Very Supportive
- o Don't Know

Suicidality

1. During grades 5-12 was there ever a time when you thought about suicide?
- o Yes
- o No

2. During grades 5-12 did you ever attempt suicide?
- o Yes
- o No

Onset of IBSV

1. When did these events begin?

- o Grades 5-8
- o Grades 9-12

Institutional Betrayal Questionnaire Version 2 (IBQ.2)

This section will ask you to think about the schools you attended from grades 5-12.

In thinking about stressful school experiences described in the previous section, did *your school(s)* play a role by (check all that apply):

	No	Yes
Not taking proactive steps to prevent this type of experience?	○	○
Creating an environment in which this type of experience seemed common or normal?	○	○
Creating an environment in which this experience seemed more likely to occur?	○	○
Making it difficult to report the experience?	○	○
Responding inadequately to the experience, if reported?	○	○
Mishandling your case, if disciplinary action was requested?	○	○
Covering up the experience?	○	○
Denying your experience in some way?	○	○
Punishing you in some way for reporting the experience (e.g., loss of privileges or disciplinary action)?	○	○
Suggesting your experience might affect the reputation of the institution?	○	○
Creating an environment where you no longer felt like a valued member of the institution?	○	○
Creating an environment where continued membership was difficult for you?	○	○

APPENDIX B

Qualtrics Informed Consent

- We are asking you to participate in a research study examining stressful school experiences among LGBTQ individuals. We are interested in examining how these experiences may have been impacted by the response of the school(s) you attended.

- You were selected as a participant because you indicated that you are lesbian, gay, bisexual, trans, and/or queer and are between the ages of 18 & 45.

- Your participation in the study is entirely voluntary. Even if you decide to sign up for the study, you may drop out at any time and for any reason.

- By completing this survey, you are indicating that you consent to participate in this study.

- If you have questions regarding your rights as a research subject, contact the Research Compliance Services, University of Oregon at (541) 346-2510 or via email: researchcompliance@uoregon.edu.

- If you would like to contact the investigator, you can reach Mavis Gallo, M.S. at mgallo@uoregon.edu or their advisor, Dr. John Seeley at jseeley@uoregon.edu.

INFORMED CONSENT FORM

University of Oregon Department of Counseling Psychology and Human Services
Informed Consent for Participation as a Participant
Investigators: Mavis Gallo, M.S.: mgallo@uoregon.edu & Dr. John Seeley:
jseeley@uoregon.edu

Introduction & Purpose

- We are asking you to participate in a research study examining stressful school experiences among LGBTQ individuals. We are interested in examining how these experiences may have been impacted by the response of the school(s) you attended.
- You were selected as a participant because you indicated that you are lesbian, gay, bisexual, transgender, or queer and are between the ages of 18 & 45.
- We ask that you read this form and email the investigator with any questions you may have before you agree to participate in this study.
- Your participation in the study is entirely voluntary. Even if you decide to sign up for the study, you may drop out at any time and for any reason.

Description of the Study Procedure
If you agree to participate, you will be asked to:
- Fill out a questionnaire, which will ask about the school(s) you attended, stressful events that may have happened while at school, and how your school responded to these events.
- We will also ask about your history of suicidal behavior (i.e., thinking about suicide and suicide attempts).

Risks/Discomforts of Being in the Study:
- You may experience feelings of sadness or worry when asked about past life events. We expect any discomfort to be brief. You are free to skip any questions that you do not want to answer. At the end of the questionnaire, there will be a list of national resources for psychological care, should you be interested.
- Additionally, this research may involve other unforeseeable risks.

Payments:
- Any compensation is dependent on the area in which you were recruited

Cost:
- There is no cost to participate in this study.

Confidentiality:

- The records of this study will be kept private. If we publish our results from this study, we will not include any information that will make it possible to identify participants.
- All data will be collected confidentially. The data from this study will be stored in a de-identified fashion. That is, we will not have any information regarding your identity stored with the data. We will keep the data on investigator computers and back-up devices. Only researchers will have access to this de-identified data. This de-identified data will be kept indefinitely to allow for additional analyses.
- As with all research, there is a chance that the confidentiality of your information could be compromised; however, we are taking the precautions mentioned in the above bullets to minimize this risk.
- Information collected for the purpose of this research study will be kept confidential as required by law. The results of this study may be published for scientific purposes, but your records or identity will not be revealed.
- All Institutional Review Board and internal University of Oregon auditors may review the research records.

Voluntary Participation/Withdrawal:

- Your participation is voluntary. If you decide to participate, you are free to withdraw your consent and discontinue participating at any time without penalty.

Contacts and Questions:

- If you have questions regarding your rights as a research subject, contact the Research Compliance Services, University of Oregon at (541) 346-2510 or researchcompliance@uoregon.edu. You will be able to print this form and keep a copy for yourself, should you choose to do so.
- Completing the survey indicates that you have read and understand the information provided above, that you willingly agree to participate, that you may withdraw your consent at any time and discontinue participation without penalty, and that you are not waiving any legal claims, rights or remedies.
- If you would like to contact the investigator, you can reach Mavis Gallo at mgallo@uoregon.edu or their advisor Dr. John Seeley at jseeley@uoregon.edu

Copy of Consent Form:

- You are able to print a copy of this form to keep for your records and future reference.

Statement of Consent:

I have read the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received a copy of this form. By completing the survey, I consent to participate in this study.

APPENDIX D

UNIVERSITY OF OREGON | **Research Compliance Services**

**EXEMPT
DETERMINATION**

November 18, 2021

Mavis Gallo

mgallo@uoregon.edu

Dear Mavis Gallo:

The following research was reviewed and determined to qualify for exemption.

Type of Review:	Initial Study
Study Title:	School-based Victimization and Institutional Betrayal Among LGBTQ Adolescents: Examining the Association with Suicidality
Principal Investigator:	Mavis Gallo
Study ID:	STUDY00000290
Funding Source:	Name: Center for Institutional Courage
IND, IDE, or HDE:	None
Documents Reviewed:	• Gallo_Application - Initial Review_RAP-3.pdf, Category: IRB Protocol; • Gallo_Consent.pdf, Category: Consent Form; • Gallo_Qual_Document.pdf, Category: Data Collection Materials; • Gallo_rap_form_-_funding_and_sponsorship-1.pdf, Category: Sponsor Attachment; • Research Plan, Category: IRB Protocol;
Approval Date:	11/18/2021
Effective Date:	11/18/2021
Expiration Date:	11/30/2022

For this research, the following determinations have been made:
- This study has been reviewed under **the 2018 Common Rule** and determined to qualify for exemption under **Title 45 CFR 46.104(d)((2)(i) Tests, surveys, interviews, or observation (non-identifiable)).**

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