



Exploring the Influence of Community and School Climates on Suicide Attempts among LGB-Q 9th to 12th Grade Students

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Abstract

The disproportionately high rates of suicidality among adolescents with minority sexual orientations is a concerning and pressing social problem with important implications for mental health, public health, social policy, and social justice. Social workers hold a unique position from which to address the issue's complexities. This study uses data from the Human Rights Campaign's 2016 State Equality Index and the Centers for Disease Control and Prevention's (CDC) 2017 Youth Risk Behavior Surveillance to assess the relationships between community and school climates to suicide attempts among adolescents identifying as lesbian, gay, bisexual, or unsure of their sexual orientation (LGB-Q). Guided by the principles of minority stress and social identity theories, it was hypothesized that LGB-Q students in unsupportive environments would have a greater likelihood of suicidality. In 2017, a total of 107,664 ($N_w=9,069,152$) 9th to 12th grade students completed the CDC's survey. Within this study, 13,749 ($N_w=1,077,330$) students identified as LGB-Q. The results of a binary logistic regression demonstrating the importance of supportive climates predicting significant variance in suicide attempts. With social workers in the unique position of enacting changes to social policy and improving climate, modeling behaviors for adolescents, interacting with them on a daily basis, and being involved in counseling with their familiar unit, it is imperative they have the knowledge and skills necessary to address the needs of those identifiable as LGB-Q.

Keywords: Community Climate, School Climate, Suicide, Sexual Minorities, Students

As knowledge concerning human sexuality expands, so does awareness of the potential negative outcomes associated with minority sexual orientation identity formation as a result of minority stress (cf. Bragg, Havig, & Munoz, 2018). Consequently, investigators have begun to examine the effects of public health and legislative policies on sexual and gender minorities. For example, the issue of suicide is of paramount importance for social workers, considering that suicide rates have risen almost 30% since 1999 (Laurio, 2018; Stone et al., 2018). Suicide is the second leading cause of death for adolescents, ages 10 to 24 (Centers for Disease Control and Prevention [CDC], 2018). When accounting for sexual orientation, the issue becomes especially pronounced with 47% of 9th to 12th grade students who identify as lesbian, gay, or bisexual reporting serious thought of attempting suicide, 38% reporting making a suicide plan, and 23% reporting attempting suicide—in contrast to their heterosexual counterparts who reported 13.3%, 10.4%, and 5.4% respectively (Kann et al., 2018). Potential predictors of this disproportionate suicidality include the challenges sexual minorities face in communities and schools. This study seeks to explore the relationship of community and school climates with suicide attempts among 9th to 12th grade adolescents who identify as lesbian, gay, bisexual, or unsure of their sexual orientation (LGB-Q).

Literature Review

Community Climate

Research consistently demonstrates individuals exist, thrive, and suffer within a network of social connections—a community. The support of one's community critically influences the healthy development of thoughts, attitudes, and behaviors (Reitz-Krueger, Nagel, & Guarnera, 2015). Community climate refers to a community's support for its members, accounting for legal, political, religious, workplace, and school contexts—all of which positively or negatively influence the lives of its individual members (Oswald & Holman, 2013; Oswald, Cuthbertson, Lazarevic, & Goldberg, 2010). A supportive community climate positively affects the well-being of minority sexual orientation populations (i.e. LGB-Q; Meyer, 2003). Thus, for LGB-Q adolescents, community climate

contributes to healthy development, social connectedness, and safety. Conversely, community climate can be unsupportive, even oppressive, by enacting or encouraging discriminatory practices and by failing to provide protections for particular members (e.g. LGB-Q). Such a community climate contributes to a host of negative outcomes for those members. A recent study demonstrating same-sex sexual partners to have higher rates of suicidality when their communities were unsupportive is a case in point (Mathy, Cochran, Olsen, & Mays, 2011). Other research has demonstrated community climate's direct effect on the development of minority stress in relation to stigmatization (Herek, 2009).

Moreover, research has examined minority stress theory and the influence of unsupportive community climate, particularly that of "anti-LGBTQ politics" (Russell and Richards, 2003), identifying five resultant stressors: (a) encounters of homophobia and transphobia, specifically the loss and limitation of rights due to majority opinion, (b) discord and discrimination faced within their own supportive communities, (c) the internal reframing of deeply held beliefs worldviews and the resulting anger and frustration with the opposition, (d) the supportive communities' endorsement of anti-LGBTQ politics and/or the communities' failure to recognize the intrinsic oppression of anti-LGBTQ politics, and (e) the internalization of homophobia after repeated, regular exposure to homophobia. In turn, other research has shown internalized homophobia as leading to negative mental health outcomes (Meyer, 2003; Puckett, Newcomb, Garofalo, & Mustanski, 2016). Further explanation of minority stress theory indicates that said stressors are unique to the population, chronic, and socially based (Meyer, 2003). As such, Social Identity Theory can explain how these stressors are formed and directed at minority populations.

Social Identity Theory is the explanation of how in-group/out-group interactions lead to adverse outcomes (Tajfel & Turner, 1979). In the context of sexual gender minority, having developed a minority identity, members of the out-group are subjected to stereotyping, prejudice, and ultimately discrimination from the in-group. This discrimination can manifest systemically in the form of negative legislation or interpersonally in physical and emotional bullying on a repeated basis. As a result of such stigmatic oppression, the overall sexual and gender minority population faces higher rates of isolation (Peters, 2003; Walls, Kane, & Wisneski, 2010). Without supportive communities and with increased levels of discrimination comes a greater need for coping mechanisms (Russell & Fish, 2016), which in turn can be both beneficent or maladaptive (Kaysen, 2014; Ross et al., 2013). For example, individuals may turn to close intimate relationships as not only a coping mechanism, but also for support. When these relationships don't offer the level of support needed for goal attainment, the result is increased potential of hopelessness (Langhinrichsen-Rohling, Lamis, & Malone, 2010). Research has begun to demonstrate the relationship between increased hopelessness and suicidality (Liu & Mustanski, 2012). Therefore, social workers need to increase focus on ways of improving community climate.

School climate

While in a critical period of identity development, adolescents spend a substantial portion of time in educational institutions, which are oftentimes either unsupportive or condemning of LGB-Q identities (Greytak, Kosciw, Villenas, & Giga, 2016). Although the landscape of public education has unquestionably improved in many ways with some states enumerating protections against bullying and harassment for LGB-Q students, schools often are less-than-affirming and even unsafe for LGB-Q students. To this end, research has shown rates of bullying, harassment, physical assaults, abuse, poor academic performance, and attendance issues for LGB-Q students are higher than their straight counterparts (Greytak et al., 2016; Kann et al., 2018). Anti-LGBTQ legislation—implemented in some states, attempting to pass in others—fosters negative school climates and hostile, stigmatic attention for LGB-Q students (Gay, Lesbian, and Straight Education Network [GLSEN], 2018). In states with aptly-named "No promo homo" laws, which mandate the exclusion and/or condemnation of non-heterosexual orientations, LGB-Q students are more likely to face homophobia, harassment, and assault and are less likely to find affirming peers than in other states (GLSEN, 2018).

In contrast, schools can also positively impact the lives of both sexual and gender minority (SGM) adolescents. The number of Genders and Sexualities Alliances (GSAs; formerly known as Gay-Straight Alliances) have increased within educational institutions and systems since their founding in the 1980s (Fetner & Kush, 2008). With the goal of promoting SGM-affirmative education, safety, support, counseling, activities, and leadership development in schools, GSAs aim to foster a positive school climate for SGM adolescents (Ioverno, Belsler, Baiocco, Grossman, & Russell, 2016). Research has documented GSAs programs' positive effects on school climate with the establishment of a GSA club in schools relating to lower rates in affective disorders, suicidal ideation, victimization, and hopelessness among SGM, regardless of student participation levels (Ioverno et al., 2016; Walls et al., 2010).

Hope and Hopelessness

Social isolation, stigmatization, and the feeling of being different are all related to lower levels of hope and higher levels of hopelessness (Chang, Sanna, Hirsch, & Jeglic, 2010; Daniel & Goldston, 2012). Hopelessness occurs when individuals perceive their goal pursuit will end in failure and when they have no ability to control the outcome—which is to say no identified pathways exist, and motivation is depleted. Identification as LGB-Q,

especially among adolescents, is associated with lower hope and higher hopelessness (Hirsch, Cohn, Rowe, & Rimmer, 2017; McManama O'Brien, Putney, Hebert, Falk, & Aguinaldo, 2016). A national study showed 63% of 9th to 12th grade students identifying as lesbian, gay, or bisexual reported feeling sad or hopeless for more than a two-week period recently, in contrast to 46.4% of students unsure of their sexual orientation and 27.5% of heterosexual students (Kann et al., 2018). Given the connection between hopelessness and suicide, it is particularly salient for social workers to consider hope and hopelessness when working with LGB-Q adolescents (Grewal & Porter, 2007; Liu & Mustanski, 2012).

Snyder's (2002) conceptualization of hope has resulted in substantial evidence demonstrating its association with positive youth outcomes (Gallagher, Marques, & Lopez, 2017; Hellman & Gwinn, 2017). This research has also shown hope as an important coping resources when experiencing adversity and stress (Hellman et al., 2018). Hope is comprised of goals, pathways, and agency thinking. In order to be hopeful, people must be able to identify pathways to their desired goals and marshal the agency (willpower) to sustain the motivation to pursue those pathways, especially in the presence of adversity (Snyder et al., 2002). Youth learn pathways and solutions to barriers from their social support network (Hagen, Myers, & Mackintosh, 2005). This body of research has found a strong association between social support and hope. Hopeful youth with an effective social support network have better coping resources when faced with adversity. When the protective factor of social support is not effective, lower hope children experiencing adversity may believe their problems are overwhelming leading to rumination and despair (cf. Munoz, et al., 2018). Research has shown that hope can moderate the link between rumination, brooding, and entrapment with suicidal ideation (Tucker et al., 2018; Tucker, O'Connor, & Wingate, 2016; Tucker et al., 2013). Rumination is more strongly related to suicide in the absence of hope. Tucker et al. (2013) specifically identified hope as a significant protective factor against the relationship between rumination and brooding with suicidal ideation. It may be that LGB-Q youth who lack important social supports will struggle to find strategies to pursue their goals and become stuck in repetitive rumination (Geiger & Kwon, 2010). Conversely, hopeful LGB-Q youth can overcome an adverse environment because they can focus their thinking on strategies in order to overcome adversity to achieve their desired goals. To this end, hope has been found to be an important coping resource for youth, providing the psychological strength to sustain motivated pathway pursuits and buffering the effects of depression, stress, and adversity (Valle, Huebner, & Suldo, 2006).

Current Study

The CDC's Youth Risk Behavior Surveillance (YRBS) was developed in 1990 to monitor numerous health behaviors linked to leading causes of death, disability, and social problems among 9th through 12th grade students (Kann et al., 2018). The most recent report (Kann et al., 2018) revealed that that LGB-Q 9th-12th grade students experience disproportionately higher health risk behaviors and negative social outcomes than their straight peers such as safety-related school absenteeism, violence and bullying victimization, and high-risk sexual behaviors. In some instances, the proportion of LGB-Q students were greater than four times higher than their straight peers, which is the case for attempted suicide (see Kann et al., 2018 for additional information).

Social workers must be competent, trained, and aware of how to assess and treat suicide at every level, with every population (Laurio, 2018), and with such disproportionate rates of suicide among LGB-Q students, understanding the variables that predict suicide attempts is of prime importance to social workers. The current study used data from the 2017 YRBS and the Human Rights Campaign's State Equality Index (Warbelow & Diaz, 2016) for the purpose of analyzing the impacts of community and school climates on suicide attempts among LGB-Q adolescents. The primary driving hypothesis of the current study suggests that school and community climate qualities along with minority stress-related outcomes (viz., sadness/hopelessness and high-risk sexual behaviors) predict the likelihood for suicide attempts among LGB-Q 9th to 12th grade students.

Method

Participants

Participants of the 2017 Youth Risk Behavior Surveillance (YRBS) were 9th to 12th grade students in public and non-public schools across the U.S. (N=107, 664; N_w=9,069,152) For the current study, only participants who reportedly identified LGB-Q (N=13,749; N_w=1,077,330) in the YRBS were included for analysis. The final sample included students from 24 different states. Table 1 outlines basic demographics for the sample (see Kann et al., 2018 for information regarding participant and state distributions/demographics).

	% of Sample (N)	% of Weighted Sample (N _w)
Age		
12-years-old or younger	1.3	1.1
13-years-old	0.9	0.6
14-years-old	13.2	11.9
15-years-old	25.5	23.8
16-years-old	26.9	26.8
17-years-old	22.0	22.8
18-years-old or older	10.2	12.9
Sex		
Male	66.8	66.9
Female	33.2	33.1
Grade		
9 th	27.6	26.1
10 th	27.3	26.3
11 th	25.5	24.8
12 th	19.7	22.7
Race		
American Indian / Alaskan Native	1.8	1.2
Asian	6.2	4.5
Black or African-American	12.0	16.7
Hispanic / Latino	25.3	25.6
Native Hawaiian / other Pacific Islander	2.6	0.8
White	45.1	46.5
Multiple – Non-Hispanic	6.8	4.6

Table 1. Demographics of LGB-Q Students in Analysis from the CDC's 2017 YRBS

Measures

Youth Risk Behavior Surveillance (YRBS)

The current study uses data from the 2017 YRBS to assess elements of community and school climates as well as negative outcomes associated with minority stress. Questions from the YRBS selected for inclusion in this study are provided in Figure 1 (excluding standard demographic questions, which are outlined above). For measures of school climate, questions 1, 2, and 4 relate to perceptions of school safety, absenteeism, bullying victimization, and physical violence in the context of school. For measures of community climate, question 3 examines physical violence in the context of the greater community (vs. school context). Question 5 examined hopelessness while questions 6-8 assessed high-risk sexual behaviors—each being conceptualized as measures of negative outcomes associated with minority stress. Together, questions 1-8 operationalized measures of community climate, school climate, and negative minority stress-related outcomes in order to evaluate their relationship with suicide attempts as assessed by question 9.

1. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to school?
0 days, 1 day, 2 or 3 days, 4 or 5 days, 6 or more days
2. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
0 days, 1 day, 2 or 3 days, 4 or 5 days, 6 or more days
3. During the past 12 months, how many times were you in a physical fight?
0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or 7 times, 8 or 9 times, 10 or 11 times, 12 or more times
4. During the past 12 months, how many times were you in a physical fight on school property?
0 times, 1 time, 2 or 3 times, 4 or 5 times, 6 or 7 times, 8 or 9 times, 10 or 11 times, 12 or more times
5. During the past 12 months, did you ever feel sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
No, yes
6. Have you ever had sexual intercourse?
No, yes
7. How old were you when you had sexual intercourse for the first time?
17 or older, 16, 15, 14, 13, 12, 11, I have never had sexual intercourse
8. During your life, with how many people have you had sexual intercourse?
I have never had sexual intercourse, 1 person, 2 people, 3 people, 4 people, 5 people, 6 or more people
9. During the past 12 months, how many times did you actually attempt suicide?
0 times, 1 or more times

Figure 1. Questions Used and Adapted from the Youth Behavior Risk Surveillance (CDC, 2017)

State Equality Index (SEI)

The Human Rights Campaign (HRC) comprehensively evaluates the laws and policies of all 50 states and Washington, D.C. within six major categories relating to SGM populations: (a) parenting laws, (b) non-discrimination laws, (c) legislation regarding relationship recognition and religious refusal allowances, (d) hate crimes legislation, (e) youth-specific legislation, and (f) laws concerning health and safety. The HRC reports its evaluation into a sum score, grouping scores together into four tiers: (a) working toward innovative equality, (b) building equality, (c) solidifying equality, and (d) high priority to achieve basic equality (see Figure 2; Warbelow & Diaz, 2016). With the delayed enactment of passed legislation coupled with the time required for legislation to affect the mezzo and micro levels of society, data from the 2016 SEI was used for the current study to ensure the legislative action would have been enacted and effective during the time of the 2017 YRBS. Of the 24 states included in the analysis, four were working towards innovative equality, five were solidifying equality, three were building equality, and 12 were considered high priority to achieve basic equality (see Figure 2).

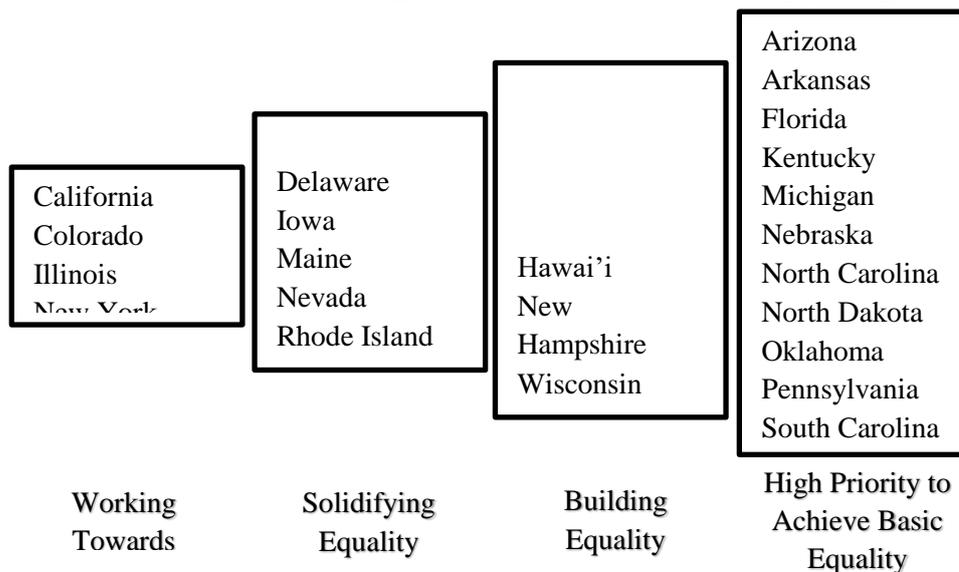


Figure 2. States by SEI Grouping

Analysis

The study used a multivariate binary logistic regression analysis to model the relationship between state equality, feelings of sadness and hopelessness, safety concerns at school, physical fighting, physical fighting at school, ever having sexual intercourse, sexual intercourse before the age of thirteen, and having sexual intercourse with four or more partners (independent variables) and suicide attempts (dependent variable) with odds ratios reported. Prior to testing the regression model, the model was assessed for harmful collinearity. Per Kennedy (2003), variance inflation factors (VIF) need to be < 10, which was achieved within the tested model. Additionally, the CDC provides a standardized weighting factor within the 2017 YRBS dataset. This weighting factor adjusts for nonresponse and oversampling of Black/African-American and Hispanic students. Moreover, the weighted proportions of students by grade match the overall projected population by survey year when the factor is used. Both datasets were merged utilizing SPSS 25 with the state variable as the key matching variable. Models were evaluated using two-tailed tests, with all data analysis conducted in SPSS 25 (IBM Corp., 2017).

Results

With all assumptions met, a binary logistic regression analysis examined the effects of community and school climates on the likelihood of suicide attempt among LGB-Q 9th to 12th grade students. In order to account for inflation of Type I errors, a Bonferroni correction, using all ten terms of the model, resulted in statistical significance being accepted when *p* < .005. The resulting binary logistic regression model was statistically significant ($\chi^2(10) = 96428.563, p < .005$), explained 27.3% (Nagelkerke *R*²) of the variance in suicide attempts, and correctly classified 81.9% of the cases. Sensitivity was 12.6%, specificity 98.2%, positive predictive values 61.5%, and negative predictive values was 82.7%. Of the ten predictor variables, all were statistically significant at *p* < .005 (see Table 2).

<insert table 2 near here>

	B	SE	Wald	df	Sig.	Exp (B)	95% C.I. for Exp(B)		q-value
							Low.	Up.	
Times did not go to school due to safety concerns ^a	0.302	0.005	3849.893	1	.000†	1.352	1.339	1.365	<.0005†
Times threatened at school ^a	0.151	0.004	1196.604	1	.000†	1.163	1.153	1.173	<.0005†
Times involved in physical fighting ^a	0.205	0.004	3048.448	1	.000†	1.228	1.219	1.237	<.0005†
Times involved in physical fighting at school ^a	0.022	0.007	8.794	1	.003†	1.022	1.007	1.037	.227
Ever had sexual intercourse	0.775	0.019	1587.359	1	.000†	2.172	2.090	2.256	<.0005†
Age of first sexual intercourse ^b	0.115	0.003	1269.539	1	.000†	1.122	1.115	1.129	<.0005†
Number of sex partners ^a	0.071	0.003	544.487	1	.000†	1.074	1.067	1.080	<.0005†
Sad or Hopeless	2.247	0.012	544.487	1	.000†	9.460	9.238	9.687	<.0005†
State Equality Index ^c	0.040	0.004	87.269	1	.000†	1.041	1.032	1.050	<.0005†
Race ^d	0.066	0.008	78.354	1	.000†	1.069	1.053	1.085	<.0005†
Constant	5.332	0.029	34671.665	1	0	0.005			

Table 2. Tested Binary Logistic Regression Model with Suicide Attempts as the Dependent Variable

Note: ^a Unit increases by number of times reported by participants; ^b Unit increases are increments of 1-year younger for participants' first sexual intercourse; ^c Unit increases are increases in levels of inequality; ^d Unit change from white to non-white; †Denotes significance with Bonferroni correction

Those who reported being sad and hopeless for greater than a two-week period (9.460) and those who reported having ever had sexual intercourse (2.172) had greater odds of attempting suicide than those who reported neither. Increases in school nonattendance due to safety concerns (1.352), faced threats or injury with a weapon on school property (1.163), engagement in physical fights at all (1.228), engagement in physical fights on school property (1.022), the number of sexual partners (1.074), and earlier ages of first sexual intercourse (1.122) were all associated with an greater likelihood of suicide attempts. Increases in state levels of inequality (1.041) were also associated with a greater likelihood of suicide attempts. Additionally, those reporting as non-white had a greater likelihood (1.069) of suicide attempts. Calculation of standardized p-values (q-values), a more conservative assessment method that accounts for large samples sizes (Good, 1982; Jeffreys, 1998), resulted in eight of the nine predictor variables maintaining statistical significance (see Table 2). However, engagement in physical fighting at school did not maintain statistical significance with $q = .227$.

Discussion

Within social work's Code of Ethics (National Association of Social Workers, 2018), are addressed issues relating to discrimination (see section 4.02) and the requirement for social workers to participate in social and political action (see section 6.04). As such, addressing the needs of LGB-Q adolescents, and more specifically social and community climate leading to increased suicidality, is of import to the profession as a whole. In summary, this study explored community and school climates and health risk behaviors, examining their collective effects on the likelihood of suicide attempts among LGB-Q 9th to 12th grade students. Using minority stress theory, social identity theory, and anti-LGBTQ politics as guiding principles, the study's hypothesis posited that those identifying as LGB-Q would have higher levels of discrimination which might contribute to increased isolation and hopelessness, resulting in maladaptive coping skills and increases in suicide attempts. The results of the binary logistic regression model indicated that all ten variables significantly indicated a greater likelihood of suicide attempts ($p < .005$). Moreover, accounting for large sample size, nine of the ten variables significantly indicated a greater likelihood of suicide attempts ($q < .005$), the only exception being involvement in physical fighting at school ($q = .227$). Additionally, the independent variables explained over 27% of the variance in suicide among 9th to 12th grade LGB-Q students within this study. These results illustrate areas in which social workers should—and

arguably, are ethically obligated by the Code of Ethics—to focus on improving community climate for minority populations, addressing bullying in all forms, ensuring that all adolescents regardless of sexuality are adequately and equally educated regarding sexual activity, and ensuring those most at risk are neither isolated nor hopeless.

Limitations

Three factors pose limitations to the current study. First, the use of secondary data limits the study to the previous researchers' operationalized variables. For example, many variables were dichotomous when scales would have been more thorough (i.e. hope and hopelessness). Additionally, the nature of secondary data precludes awareness of irregularities within the data and/or data collection process. Second, large-scale datasets operationalized by governmental agencies may take direction from political processes and those in power, which can lead to the omission of vital questions out of political concern. Third, the CDC's 2017 YRBS included only straight, lesbian, gay, bisexual, and unsure of sexual orientation as represented orientations. Students who are not cisgender and students whose sexual orientations not listed are categorically excluded, which renders the results applicable only to a small subset of a much larger population of sexual and gender minority individuals (i.e., LGB-Q)

Conclusion

As illustrated by the CDC (Kann et al., 2018), LGB-Q adolescents have higher health risk behaviors and negative outcomes than their straight peers. In particular, they have disproportionately higher rates of bullying (physical, verbal, and electronic), high-risk sexual behaviors (earlier sexual intercourse and a greater number of sexual partners), drug and alcohol usage, and feeling sad or hopeless for more than two weeks at a time (Kann et al., 2018). The results of this study illustrate the significantly greater likelihood of attempting suicide associated with the presence of many of these risky health behaviors. These results reveal the need for wide-scale response from social workers. When events foment controversy around LGB-Q adolescents, social workers and anyone who works with youth should take care to send messages of inclusion, safety, affirmation, and hope. LGB-Q adolescents are sometimes invisible, and such messages can be vital to the mental health of LGB-Q youth, providing a counter to the overt hostility they might hear, learn, and experience within their schools and communities. Imagine the laws, policies, social media controversies, difficult parent meetings, hate crimes, and all the other incidents through the eyes of LGB-Q adolescents.

Additionally, the results illuminate the fact that interventions with LGB-Q youth must extend beyond the individual level. Community and school climates—the contexts in which LGB-Q adolescents thrive or suffer— influence their abilities to form healthy self-identities, develop competence, feel safe, and locate support. Social workers in all contexts have an ethical and professional responsibility to advocate for change on all levels, whether the individual, communal, or societal, especially where concerns the lives of vulnerable populations like LGB-Q students. Such work includes advocating for safer, inclusive spaces like GSAs, pushing for more protective and affirming policies in schools, and educating other professionals on the need for special awareness and addressal of this particular issue.

Future Direction

Of the many possible avenues for future research, a particularly valuable direction is the replication of the CDC's study—with the expansion of the questions on bullying, mental health, and sexual identity. In particular, the adult hope scale would far better assess hope and hopelessness due to its high level of reliability and validity (Hellman, Pittman, & Munoz, 2013). Sexual identity-specific bullying questions (i.e. threats of outing to school officials, friends, or family; discrimination/bullying by school officials towards sexual and gender minority students) would also provide invaluable information to researchers and practitioners in that such information will better equip professionals with the knowledge of where intervention and change is most important.

Furthermore, the necessity of expanding sexual identity questions to include gender identity stands without possibility of understatement in terms of utility and even social justice. Transgender adolescents have the highest rates of suicide of any other sexual and gender minority population with one study estimating that around 45% of transgender adolescents have attempted suicide (Haas, Rodgers, & Herman, 2014; McManama et al., 2016). Transgender students have become the focal point of hostility and controversy in recent years, a notable example of which surrounding a 12-year old transgender student in Oklahoma who quickly became subject to a lamentable volume of social media posts after the school's principle allowed the student to use the girls' restroom. Initially instigated by parents, the ordeal achieved national attention and resulted in the school's closure for two days (Martinez, 2018). The unfortunately common nature of incidents such as these exponentially necessitates appropriate inclusion of gender identity in research. Failure in terms of appropriately inclusive research perpetuates the problem of invisibility for these especially vulnerable groups and leaves social workers at a disadvantage as how to positively affect the lives of such groups through individual intervention as well as community- and societal-level advocacy.

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