Reducing Adverse Mental Health Outcomes: Youth LGBTQIA+ Victims of Sexual Assault

A Policy Report
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Executive Summary

The LGBTQIA+ (this acronym, which stands for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual, will be used throughout this brief in order to be inclusive as possible) community, and especially its youth, experience high rates of sexual violence, which often lead to mental health problems. Survivors of sexual assault and harassment are at a higher risk for developing a mental health disorder and/or exacerbating previously existing mental health disorders. Furthermore, the intersectionality of LGBTQIA+ individuals is important to note, as race, ethnicity, religion, class, and other salient identities impact people's experiences with mental health and sexualt assault significantly both inside and outside of the LGBTQIA+ community. Nonetheless, given that LGBTQIA+ individuals as part of a whole community are at a higher risk for both sexual assault and mental health disorders than the rest of the general population, the situation ought to be addressed using a LGBTQIA+-specific lens.

While this brief will incorporate data and knowledge about the LGBTQIA+ population as a whole, its specific focus will primarily be on college-aged youth. In recent years, colleges nationwide have been experiencing an increasing mental health epidemic, and continue to struggle with addressing sexual assault. Both of these factors are harmful for already at-risk LGBTQIA+ individuals, particularly given that existing resources are often not inclusive enough of and for their specific needs. Moreover, many universities often lack sufficient funding to address mental health-related issues especially, which is directly related to politics in that much of universities funding come from state legislatures. While addressing issues such as sexual assault and mental health have more bipartisan support, the lack of bipartisan support for the LGBTQIA+ community is alarming. The current polarized political climate is harmful, as support of the LGBTQIA+ community is increasingly becoming a partisan stance. Existing reporting mechanisms and other related-services surrounding sexual assault and mental health in the greater community are also inadequate for LGBTQIA+ individuals. Intersectionality plays a large role here especially, as gender, gender identity, and race play salient roles in how survivors are supported and/or believed.

Lack of education and awareness within the general population poses a huge issue to tackling this issue. Lack of education and awareness, however, among professionals is an even larger one. Therefore, this brief recommends increasing training in LGBTQIA+ issues and that LGBTQIA+ for mental health providers and mandating LGBTQIA+ competent support services on college campuses. Additionally, it is recommended that state and federal investment in "Telehealth" measures should increase. These are all steps in the right direction for increasing not only acceptance and awareness of the unique challenges LGBTQIA+ individuals face when it comes to sexual assault and mental health, but also tangible measures to create and invest in a more inclusive community that adequately takes care of all people, regardless of their sexual orientation or gender identity. It is important to note, however, that this brief does not focus significantly on transgender individuals often because of a lack of sufficient data about that specific population. More research needs to be done to ensure that the brief's policy recommendations can be as inclusive as possible.

The Problem:
Incidence and History

The history of violence and sexual harassment within the LGBTQIA+ community is certainly not a novel topic of research. It dates back before the existence of this community was formally recognized or even considered legally permissible, and the data is therefore unknown prior to this point in time. Now, however, we are faced with an influx of data that is expanding rapidly in prevalence in the age of technology and cyber-bullying.

Greater exposure to sexual harassment and general discrimination within the LGBTQIA+ youth community is leading to much higher rates of mental health issues, ranging from an increase in prevalence of general anxiety within the population, to an increase in suicide and suicidal ideations. These factors have resulted from increasingly intense social environments surrounding coming out within the LGBTQIA+ community and lead to greater risk of mental health diagnoses as a result. **Figure 1** represents the changes in societal acceptance of LGBT people over time and by age (Russell and Fish 2016):

Within a survey pool of over 5,900 adolescents within the range of 13 to 18 years old, sexual harassment was reported by 23% to 72% of youth, with the highest rates reported by lesbian/queer girls (72%), bisexual girls (66%), and gay/queer boys (66%) (Mitchell et al 2013). Transgender youth reported the highest sexual harassment rates at 81%. It is also important to note that while these statistics are alarmingly high, studies also show that youth with a strong social support systems and high self-esteem were less likely to report sexual assault (Mitchell et al). Unfortunately, this type of environment is not considered likely for LGBTQIA+ youth: about half of bisexual girls and lesbian/queer girls, 65% of the gender non-conforming/other gender youth, and 63% of the transgender youth report experiencing distress in the form of interference with school, family, and/or friends, creating a hostile environment, or being very/extremely upset.
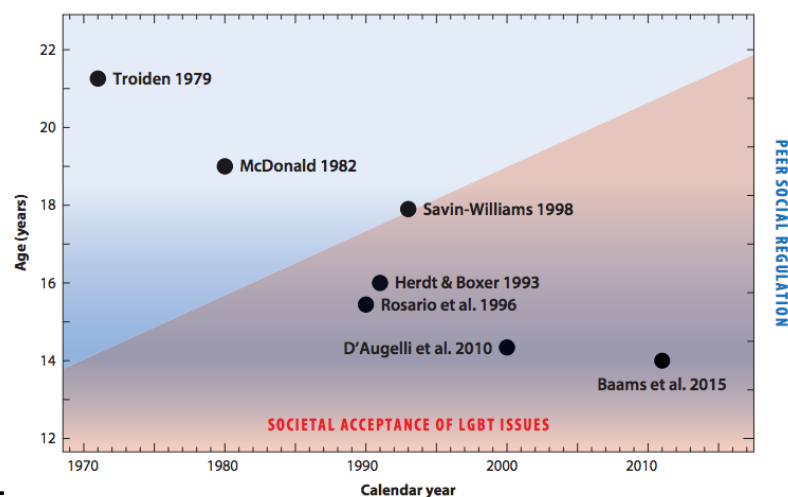

Figure 1

 Historical trend in societal attitudes, age trends in peer attitudes, and the decline in ages at which LGTBQIA+ youth come out. Circles (with associated publication references) indicate approx. average ages of first disclosure in samples of LGBTQIA+ youth at the associated historical time when the studies were conducted.

Campus Climate: Mental Health, Sexual Assault, LGBTQIA+ Increased Risks

Before diving into the larger political scheme, it is important to note that college campuses nationwide are experiencing a mental health epidemic. According to a recent American College Health Association Survey, 61% of college students reported overwhelming anxiety and 40% reported feeling so depressed that it was difficult for them to function. These numbers indicate a sharp rise in the number of college students struggling with their mental health over the past decade (Reilly 2018). This spike in mental health disorders can partially be attributed to financial stressors (Seltzer 2017) and subsequent performance expectations, as students who take on loans to attend college feel increased pressure to succeed. Furthermore, increased use of technology also contributes to heightened percentages of anxiety and/or depression in college students (Adams 2013; 1 in 5). Unfortunately, these trends seem to either be stagnating or increasing.

When taking into account that "LGBTQIA+ individuals are nearly three times more likely than others to experience a mental health condition such as major depression or generalized anxiety disorder" (NAMI 2018), the situation on college campuses seem stark. Moreover, survivors of sexual assault are at an increased risk for developing a mental health disorder (Walsh 2014), which is important to note because sexual violence victimization is especially prevalent among LGBTQIA+ individuals, and especially in comparison to their heterosexual counterparts (See **Figure 4**). Given that sexual assault is also a huge issue on college campuses, but that the public discourse surrounding it largely focuses on women as survivors, it is clear that much needs to be done
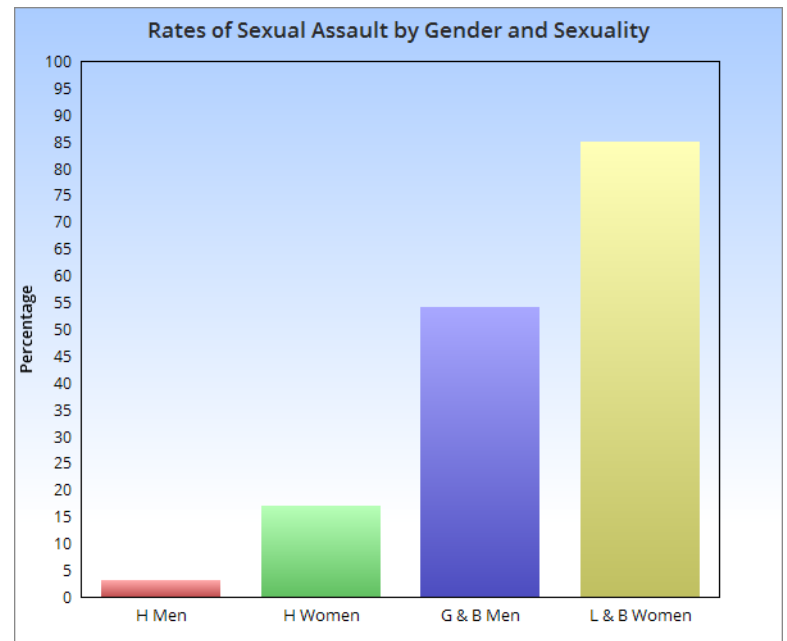

Figure 4

*Note: H stands for heterosexual, G for gay, L for lesbian, and B for bisexual. While about 11-17% of women and 2-3% of men experience sexual assault throughout the course of their lives, Rothman, Exner and Bowman found that 15.6–85.0% of lesbian and bisexual women and 11.8–54.0% of gay and bisexual men experience sexual assault (this graph denotes the higher percentage value in the estimates).

in terms of recognizing and improving the experiences and resources for LGBTQIA+ students. Furthermore, it is imperative to consider that sexual minorities are also at a greater risk for experiencing "physical, sexual, and psychological same-sex partner violence victimization" (Edwards & Sylaska 2013). Lastly, LGBTQIA+ individuals are also at a disadvantage because of the legitimate fear that reporting their assault will force them to come out and/or lead to heightened scrutiny of their sexuality as opposed to their assault (Todahl 2009). Taking into account all of these factors, while campus climates may be friendlier and more inclusive toward the LGBTQIA+ community than other realms of society, much progress remains to be made.

Campus Climate: Mental Health, Sexual Assault, LGBTQIA+ Increased Risks (continued)

While most universities have Counseling and Psychological Services (CAPS) which can be a great resource for all students, many are severely understaffed (O'Barr 2019). At the University of North Carolina at Chapel Hill, for instance, there are less than 30 mental health professionals to assist about 30,000 undergraduate and graduate students (O'Barr 2019). However, UNC is close to the range recommended by the International Association of Counseling Services, Inc., which suggests having one counselor for every 1,000-1,500 students. Universities nationwide need additional funding for expanding mental health services in order to deal with the mental health crisis sweeping campuses, but public universities do not have full autonomy over their money. They have to contend with budgets they do not fully control – the state legislature can cut funding overall, so administrators have to make decisions about where to best allocate the money. Expansion of mental health services is paramount at many public universities, but that would mean diverting money from other important causes (O'Barr 2019). With that said, these resources should also be more LGBTQIA+ inclusive. Furthermore, while resources like the LGBTQ Center and the Carolina Women's Center also exist on UNC's campus, these offices are not well-equipped to deal with the sexual assault of sexual minorities, and offices like the Carolina Women's Center can even drive LGBTQ+ individuals away.

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LGBT CENTER
UNC-CHAPEL HILL
Educating for Equality

CAROLINA WOMEN'S CENTER
THE CENTER FOR GENDER EQUITY

The Existing State of Reporting Sexual Harassment

When it comes to to being able to recover from the trauma of becoming a survivor of sexual assault, a key factor is having accessible and equitable resources to report the assault. However, there are large disparities that exist within the LGBTQIA+ community, with the sub-groups within this community that are even more extreme, that restrict and discourage survivors from being able to report.

Difference in gender within the LGBTQIA+ community proves to be a variable that disproportionately increases vulnerability towards not being able to efficiently report their sexual assault. For instance, a study revealed that women are roughly **three times** more likely to be aware of resources availale to LGBTQIA+ victims than are men and transgender individuals (Todahl et al 2009). Overall, though, both males and females report that they have an overall lack of understanding when it comes to **who** to report to, **where** to report, and **how** to report their their sexual assault. This lack of knowledge often leads to feelings of confusion, vulnerability and overall sense of isolation after their assault (Sable et al 2006).

Along with difference of gender, another sub-group that exists within the LGBTQIA+ community that is disproportionately impacted by lack of resources are people of color. Researchers have reported that law enforcement workers are **more likely** to claim that victims of color were not cooperative enough or did not give enough information about their assault than they are to claim for white victims. This often leads to them being presented as weak victims in trial and therefore justice is **less likely** to be reached for victims of color (Shaw, Campbell and Cain 2016).

Overall, there are large discrepancies between the quality and accessibility of resources that are available to heterosexual populations and LGBTQIA+ populations. The LGBTQIA+ communities are burdened with **lack of** friendly medical services. Many agencies do not provide adequate training to accommodate LGBTQIA+ survivors. There is also a **lack of** LGBTQIA+ friendly language used when dealing with intake forms victims often have to fill out when reporting (Worthen and Wallace 2017).

"People don't believe the survivors because they believe sexual violence only happens between men and women"
- Anonymous
(Worthen and Wallace 2017)

From the data discussed, it is clear that there is a high need for revised policy implementation within the LGBTQIA+ communities, with special attention to the existing sub-groups, in order to create more accessible resources for reporting sexual assault. Having the ability to safely and privately report an assault can benefit the victim's mental and physical health by allowing the victim to have a reliable platform to talk about their assault and receive necessary care. The policy necessary to rebuild these gaps within the LGBTQIA+ community will need to be accommodating to the unique barriers that are currently establish within these communities. These reforms will need to work towards creating an environment that allows *all* LGBTQIA+ survivors to feel safe, comfortable and welcomed when discussing and reporting their sexual assault.

Race and LGBTQIA+ Status

There are several important intersections of race, sexual orientation and gender identity, and risk for sexual assault and abuse that must be considered if equitable, minority-centered policy is to be created. Coulter et al.'s 2017 study of College Sexual Assault and Campus Climate for Sexual- and Gender- Minority Undergraduate Students found that:

1) Predicted probabilities of sexual assault ranged from 2.6% for Asian Pacific Islander (API) cisgender men to 57.7% for black transgender individuals

2) Prevalence of past-year sexual assault varied significantly by race, separately from gender identity and sexual orientation (see Figure 2)

3) Compared to white transgender people, black transgender people had significantly higher odds of experiencing sexual assault (perhaps due to the intersecting, cumulative burden of being in both a racial and sexual minority group),

4) Perceived inclusivity of sexual- and gender-minority people on college campuses was associated with significantly lower odds of sexual assault, and

5) Family acceptance during the teenage years was associated with positive young adult adjustment, regardless of the teenager's race and ethnicity (Coulter et al. 2017). These conclusions indicate important nuances of risk for sexual assault amongst the LGBTQIA+ community that vary by race. In order for policy or other interventions to be effective, the intricacies of compounded, identity-based risk must be recognized.

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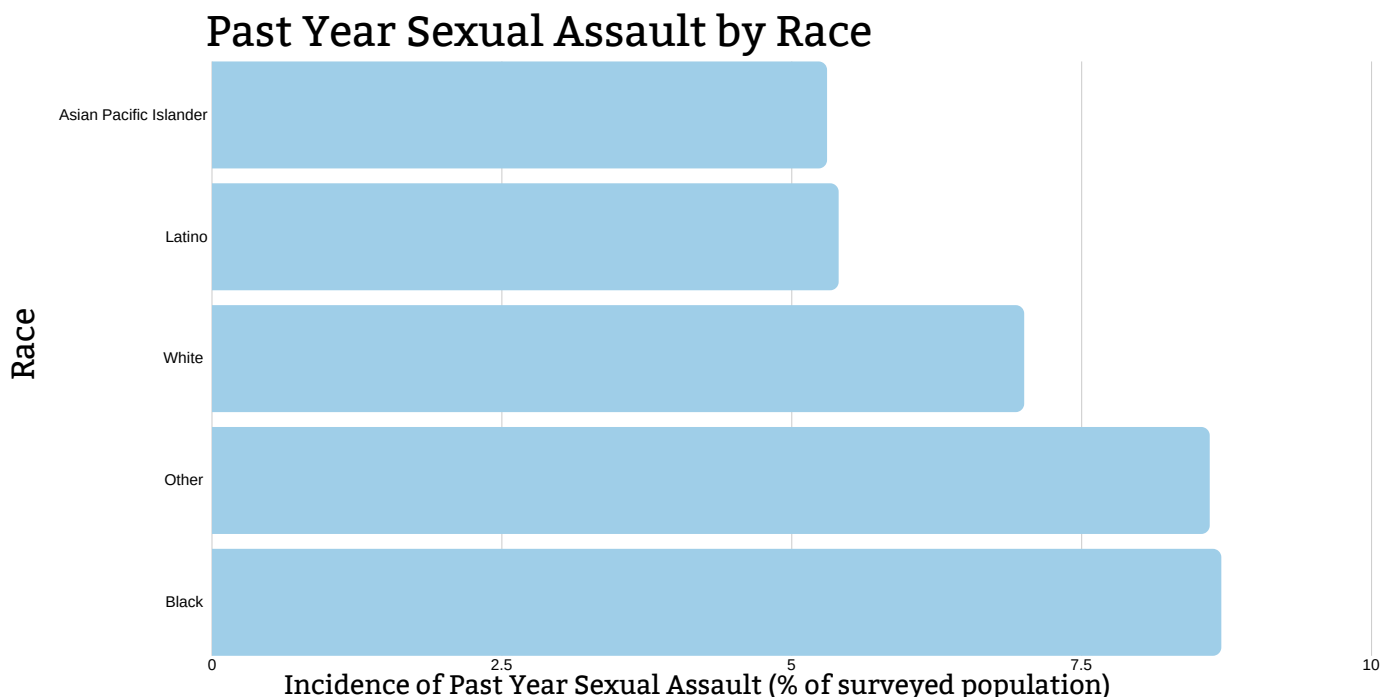
Past Year Sexual Assault by Race

Figure 2

Incidence of past-year sexual assault by race. Bars indicate the percent of the surveryed population group that reported having experienced sexual assault in the past year.

LGBTQIA+ Harassment and Mental Health

The onslaught of modern technology has played a pivotal role in how members of the LGBTQIA+ community receive harassment. In lieu of face-to-face altercations, perpetrators of harassment and assault are now turning to the Internet to harrass victims. A recent study finds that the Internet is now the second highest mode for sexual harassment, while in-person confrontations remains number one (Mitchell et al 2013).

The continual increase of encounters of sexual harassment and violence within the LGBTQIA+ community has led to a troubling rates of the prevalence of suicidal thoughts and poor outcomes in school compared to that of their non-LGBTQIA+ classmates who underwent similar victimization from their peers. A case study in Wisconsin sought to investigate the extent to which this difference in rates of victimization can explain LGBTQIA+ youths' greater rates of suicidal ideation, suicide attempts, and unexcused absences from school. The results concluded that LGBTQIA+-identified students were 3.3 times as likely to think about suicide, 3.0 times as likely to attempt suicide, and 1.4 times as likely to skip school (Robinson and Espelage 2012).

Moreover, general rates of anxiety are found to be significantly higher in LGBTQIA+ youth samples compared to that of the general youth population. A recent US study reviewing LGBTQIA+ youth between the ages of 16 to 20 indicated that one-third of participants met the criteria for a mental disorder -- this is drastically different from national youth rates of anxiety and other disorders. **Figure 3** depicts the disparities between LGBTQIA+ and At-Large youth populations in regards to the prevalence of mental health related tendencies (Russell and Fish 2016).

With such a vulnerable community being faced with such great violence and subsequent mental health ramifications, it is important for this issue to be identified as a problem within our general community in order to begin preventative measures. While 72% of respondents in a study agreed that sexual violence is a problem within the LGBTQIA+ community and 86.7% agreed that sexual violence prevention tailored to the LGBTQIA+community is needed, over 60% disagreed or strongly disagreed that the overall community is well equipped to handle incidents of sexual assault within the LGBTQIA+ community (Todahl et al 2009). These statistics speak to a large problem that calls for greater improvements to the measures that are currently in place in order to protect our LGBTQIA+ youth from harassment, discrimination, and the mental health trauma that results.
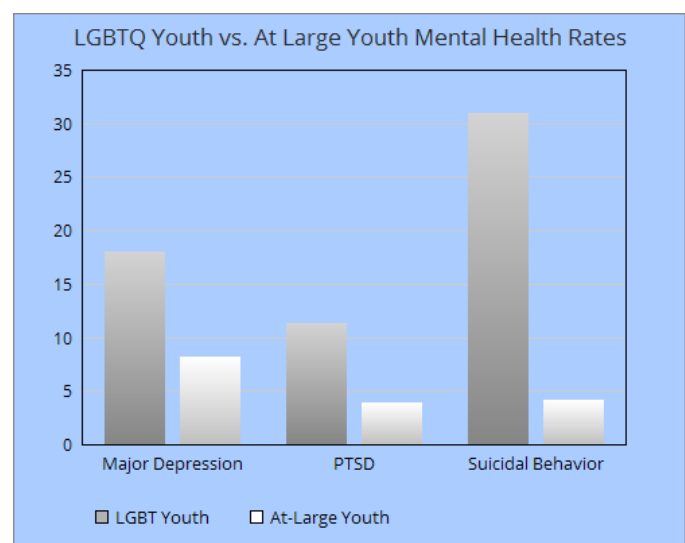

Figure 3
Incidence of LGBTQIA+ Youth vs. At-Large population: percent rate of tendencies for mental health conditions between samples

Political Nuances of the Problem

Partisan Controversy

Recognizing partisan differences on the issues of sexual assault and LGBTQIA+ rights will be critical in generating and implementing feasible solutions and services for LGBTQIA+ survivors of sexual assault that suffer from mental health issues. Ever since the 1950s and 1960s, defendant rights in sexual assault cases have been associated with progressive activism. However, in today's political climate, this trend has shifted such that "Democrats indiscriminately defend the rights of victims—often ignoring the reliability of evidence—and Republicans indiscriminately defend the rights of the accused—at times questioning the existence of the epidemic of sexual violence on college campuses" (Kitchener 2017). Furthermore, state legislation in conservative-leaning states tends to protect the rights of the accused, requiring that all students have lawyers in disciplinary hearings; in contrast, legislation in liberal-leaning states tends to strongly favor protecting victims' rights by defining consensual sex as occurring only when both parties explicitly provide consent (Kitchener 2017).

During his terms, President Obama became a symbol of political action to combat campus sexual assault as a result of the formation of a White House task force to protect students from sexual assault. (Lalami 2017). As the anti-Obama narrative grew among his opposition, so grew the divisions between those predominantly supporting victims rights and those supporting the rights of the accused. Furthermore, as the fundamental right to marry was guaranteed to same-sex couples by the 2015 Obergefell v. Hodges Supreme Court case also during the Obama era, the democratic party further aligned itself with LGBTQIA+ rights and protections. In contrast, President Trump's recent action attempting to implement a ban on transgender troops serving openly in the military has signified a Republican move to remove or limit LGBTQIA+ rights and protections. However, one notable bipartisan commonality that tends to defy any ideological differences exists: "Prominent politicians tend to publicly condemn sexual assault when someone of another party is accused, but remain silent when a member of their own political party comes under fire", demonstrating a challenging obstacle to achieving a culture of accountability amongst politicians and policymakers (Lalami 2017).

Policy Recommendations

Increase State and Federal Investment in "Telehealth" Measures

"Telehealth" describes the administration of healthcare through virtual channels such as video call or phone call, including mental healthcare. Benefits associated with utilizing "telehealth" include **decreased travel cost, time, and a reduced number of missed appointments** (Benavides-Vaello et al. 2012). However, a barrier to implementation of "Telehealth" measures includes high startup costs associated with starting these programs. Through increased opportunity for hospital systems and other mental health providers to apply to grants to cover these costs, LGBTQ+ survivors will have a greater access to care and fewer adverse mental health outcomes.

Increase Mental Health Providers Training in LGBTQIA+ Issues

A course for masters-level mental health professionals on increasing awareness, knowledge, and skills surrounding care for patients who identify as LGBTQ+ significantly improved therapists' skills in treating LGBTQ+ patients. This training included a role-playing portion in which therapists were coached in utilizing a LGB-affirmative therapy model which integrates feminist, family systems, and cognitive therapy concepts (Rutter et al. 2008). Mandating LGBTQ+ competent training for counselors reduces adverse mental health outcomes for queer survivors as they are **connected to therapists more competent in treating them.**

Mandate LGBTQIA+ Competent Support Services on College Campuses

This change would manifest in the passage of a number of statutes. Notably, the Campus Accountability and Safety Act, — introduced in the Senate in 2015 —requires training for university staff include information on sexual assault against LGBT students, and **training regarding how sexual assault may affect students differently depending on their cultural background** (Pérez and Hussey 2014). Changes such as these would help campus staff respond more effectively to LGBT survivors and build trust with LGBT students, making it easier for them to report sexual assaults or seek support services, thereby reducing adverse mental health outcomes.

Works Cited

Adams, S. K., & Kisler, T. S. (2013). Sleep Quality as a Mediator Between Technology-Related Sleep Quality, Depression, and Anxiety. *Cyberpscyhology, Behavior, and Social Networking*, 16(1).

Benavides-Vaello, Sandra, Anne Strode, and Beth C. Sheeran (2012). Using Technology in the Delivery of Mental Health and Substance Abuse Treatment in Rural Communities: A Review. *The Journal of Behavioral Health Services & Research,* 40(1), 111-20.

Coulter, R.W.S., Mair, C., Miller, E. et al. (2017). Prevalence of Past-Year Sexual Assault Victimization Among Undergraduate Students: Exploring Differences by and Intersections of Gender Identity, Sexual Identity, and Race/Ethnicity. *Prev Sci,* 18(726).

Edwards, K.M. & Sylaska, K.M. J (2013). The Perpetration of Intimate Partner Violence among LGBTQ College Youth: The Role of Minority Stress. *Journal of Youth and Adolescence*, 42(11), 1721-1731.

Kitchener, C. (2017, September 25). How Campus Sexual Assault Became So Politicized. *The Atlantic.*

Lalami, L. (2017, November 15). We Can't End Sexual Harassment if We Make It a Partisan Issue. *The Nation.*

Mitchell, K. J., Ybarra, M. L., & Korchmaros, J. D. (2014). Sexual harassment among adolescents of different sexual orientations and gender identities. *Child Abuse & Neglect*, 38(2), 280-295.

(n.d.). LGBTQ. Retrieved from https://www.nami.org/find-support/lgbtq

O'Barr, A. 2019. Intercollegiate Mental Health Conference. Lecture. Georgia Institute of Technology.

Pérez, Z. J., & Hussey, H. (2014, September 19). A Hidden Crisis. Retrieved from https://www.americanprogress.org/issues/lgbt/reports/2014/09/19/97504/a-hidden-crisis/

Reilly, K. (2018, March 19). Record Numbers of College Students Are Seeking Treatment for Depression and Anxiety — But Schools Can't Keep Up. Time Magazine. Retrieved from http://time.com/5190291/anxiety-depression-college-university-students/

Robinson, J. P., & Espelage, D. L. (2012). Bullying Explains Only Part of LGBTQ–Heterosexual Risk Disparities. *Educational Researcher* ,41(8), 309-319.

Works Cited

Rothman, E.F., Exner, D., & Baughman, A. L. (2011). The prevalence of sexual assault against people who identify as gay, lesbian, or bisexual in the United States: a systematic review. Trauma, violence, and abuse, 12(2), 55-66.

Russell, S. T., & Fish, J. N. (2016). Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual Review of Clinical Psychology*, 12(1), 465-487.

Rutter, P. A., Estrada, D., Ferguson, L. K., & Diggs, G. A. (2008). Sexual Orientation and Counselor Competency: The Impact of Training on Enhancing Awareness, Knowledge and Skills. *Journal of LGBT Issues in Counseling*, 2(2), 109-125.

Sable, M. R., Danis, F., Mauzy, D. L., & Gallagher, S. K. (2006). Barriers to reporting sexual assault for women and men: Perspectives of college students. *Journal of American College Health*, 55(3), 157-62.

Seltzer, R. (2017, October 25). Net Prices Keep Creeping Up. Retrieved from https://www.insidehighered.com/news/2017/10/25/tuition-and-fees-still-rising-faster- aid-college-board-report-shows

Shaw, J. , Campbell, R. and Cain, D. (2016), The View from Inside the System: How Police Explain Their Response to Sexual Assault. *American Journal Community Psychology*, 58, 446-462.

Todahl, J. L., Linville, D., Bustin, A., Wheeler, J., & Gau, J. (2009). Sexual Assault Support Services and Community Systems. Violence Against Women, 15(8), 952-976.

Walsh, R. M., & Bruce, S. E. (2014). Reporting decisions after sexual assault: The impact of mental health variables. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(6), 691–699.

Worthen, M. G. and Wallace, S. A. (2017), Intersectionality and Perceptions About Sexual Assault Education and Reporting on College Campuses. *Family Relations*, 66, 180-196.

(2018, February 9). 1 in 5 college students have anxiety or depression. Here's why. Retrieved from https://theconversation.com/1-in-5-college-students-have-anxiety-or-depression-heres- why-90440