

Office of Suicide & Violence Prevention

Nova Southeastern University

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Quarterly Newsletter

Meet Our New Graduate Assistant.....1

Meet SVP's New Postdoctoral Resident.....3

SVP Spotlights.....4

Out on the Streets: Family Rejection and LGBTQ Youth Homelessness.....6

School Environment Matters.....8

Interview with Gene Cash, Ph.D.

Tell me a little bit about your involvement in suicide awareness and prevention?

Well, in general, my particular interest...was piqued by the fact that two of my brothers died by suicide. And that fact, as one might expect, was very difficult for me but also motivated me to learn more about suicide and suicide prevention and to try to become more actively involved in suicide prevention. During the 23 years that I was in private practice full time, I dealt with many suicidal clients. And I believe that I helped almost all of them sufficiently. There's one who died by suicide during the time that I was treating her. And that was, of course, difficult. But I sought help from a colleague and support from a colleague and that got me through it. I was determined to learn as much as I could and to be effective in suicide prevention and intervention. In part, that's how I got to know Scott Poland, because of our connections within the National Association of School Psychologists in that way. Since then, I have written some articles and done some presentations on suicide prevention and I'm currently a member of the Florida Suicide Prevention Counsel – Florida Counsel for Suicide Prevention I think is the name of it. That's a state organization that's responsible for planning and implementing the state suicide prevention program. And I do lots of presentations on suicide prevention. I'm also very interested in the connection between bullying and suicide...

As a seasoned psychologist who has worked in the school setting throughout your career, how do you determine the risk for suicide in schools?

Well, how I determine it and how other school personnel determine it are two different things I believe... I've done a number of talks to school psychologists across the country about suicide prevention and I urge them to ask. You know that the American Association of Suicidology has a

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Meet our Newest Graduate Assistant



Jacklyn Stellway, M.S., is a third year doctoral student at NSU. She received her bachelor's degree in Psychology and Anthropology from the University of Oregon. Last year she worked as a therapist and conducted psychoeducational evaluations. Currently, she works in a clinic that specializes in the treatment of children and adolescents with mood and anxiety disorders. Jacklyn's clinical and research interests include suicide prevention, intervention and education; youth mood and anxiety disorder; and family dynamics and parenting.

motto: "You must ask!" and "IS PATH WARM?" And I encourage them to ask and there's often resistance...they tend not to be good at asking every kid with whom they come into contact with in a professional way about their suicide risk. I think that's a mistake...I explain why it's important and explain that that's one of the best ways we have of knowing. Now, obviously there are screening tools that we can use and there are other kinds of ancillary data that we can use to determine who has risk *factors* – demographic data and so forth – but the bottom line is there's no substitute...for looking someone directly in the eye and very calmly and matter of factly asking, "Have you thought about harming yourself or killing yourself?" And trying to normalize it by saying, "Lots of people do. Have those thoughts occurred to you?" And then progressing from there...you're more likely to get a direct answer if you ask directly and in a very calm, non-judgmental, non-threatening way.

And that's a great point that you're not going to know unless you ask. And it seems like schools are just ill-prepared to effectively handle situations where students are at risk for suicide. What suggestions would you have for schools for promoting awareness of suicide risk and prevention?

...The first recommendation that I have is to ensure that every school ...has at least one person in the school who is a go-to person because they have special expertise in suicide prevention... Secondly, that that person – perhaps in collaboration with others who work to train all school personnel, all employees, and I'm not just talking about teachers.

I'm also talking about custodial personnel, I'm talking about school safety officers, and so forth to be their eyes and ears. To look out for students who may very well be in distress, who may be experiencing some life crisis who may be problematic in some way. Teachers, for example, often can learn about a student's morbid thinking through essays that the student writes or personal conversations and so forth. Those things should be taken seriously and the school personnel should be trained what to look for and to whom to go if they have a concern about a student...In addition...it's very helpful to train students and parents to be our eyes and ears. It's very important to work with parents to de-stigmatize the process of asking students about suicide and thinking about suicidal behavior because one of the biggest impediments to having effective suicide prevention in schools are, I think a relatively small minority of parents who are opposed to that for reasons that have to do with the stigma associated with mental health issues and perhaps suicide in particular. So, if we do effective training for not only all school personnel but also students to be our eyes and ears because very often when a person is feeling suicidal a peer will be the first one to know. And families. Families hopefully can be taught that it's not wrong, in fact it's *right*, to ask students about suicidality and to be aware of that and that the idea that students would think about that is not only not wrong but it's really very common and that it's very important for us to work together as a whole school community for suicide prevention.

"You are more likely to get a direct answer if you ask [about suicidal ideation] directly and in a very calm, non-judgmental, non-threatening way."

"If we as individuals make it our business to treat people as valuable whoever they are and whatever their circumstances, then that has the potential to make a positive difference and to reduce risk."

So earlier you mentioned that children with food allergies are at increased risk for bullying. We also know that the research indicates that sexual minority youth are also at increased risk for bullying, which also increases their risk for suicide. What other factors contribute to the increased risk of suicide for LGBTQ youth?

Bullying. I think that you alluded to that. Negative self-image or self-concept. And that may be in part a result of bullying but it also in part a result of our society's not being very accepting of differences...
(continued on page 3)

... But, in general, as a culture and as a society, we have not been very accepting of minority groups.... And that's especially true of people who are different in their sexual orientation or their gender identification. Recently, we made some progress. I'm afraid that we may go backwards. But, more directly relevant to your question, I think that stigma and societal attitudes in general are contributory. I think that self-blame and self-loathing are contributory. I think that parental non-acceptance is contributory. I think that the, that non-acceptance from broader or extended family is contributory. I think sometimes religious intolerance is contributory. There are many, many things that, in my view, contribute to those who are perceived as different in their sexual orientation or gender identification as being outcasts in our society or being marginalized in our society. And any time somebody is marginalized they are more likely to be depressed and more likely to be vulnerable to ideas or thoughts about suicide.

And so thinking about the risk factors that we were discussing in light of the climate right now, what do you think the field of suicide prevention needs to do to reduce the risk of increased suicide for sexual minority youth and those whose gender identification is nonconforming?

Well I think that a big part of that has to be a societal shift in attitude and I perceived us and I believe lots of people within minority communities perceived us as a society as a whole as making progress in that regard. Progress in the sense that the Supreme Court said gay marriage is legal. Progress in the sense that the President said, "You know you should be able to use the bathroom where you feel comfortable based on your gender identity not necessarily your biological birth record." And so those kinds of powerful statements from people in powerful positions or from our country as a whole communicated to those who are part of sexual or gender minority "Okay, you're people too." You are valued in our society. You have a right to your feelings and your hopes and your dreams and your aspirations too. You have a right to love whom you love. You have a right to use the bathroom where you want to and so forth. And that kind of message has the potential for reducing suicidal feelings, depression, negative affect, internalizing symptoms if you will in general. I hope that we don't reverse that. Now anything else? Yeah. I think that as individuals the way that we treat people whom we perceive to be different has the potential to make a difference. If we treat certain people as outcasts just on a day to day basis when we meet them and when we talk to them then that's going to be hurtful. That's going to increase risk. If we as individuals make it our business to treat people as valuable whoever they are and whatever their circumstances then that has the potential to make a positive and to reduce risk.

Meet our SVP Postdoctoral Resident



Hillary Becker, Psy.D. is a recent graduate of NSU's Clinical Psychology program. She received her BS in psychology from Loyola University in New Orleans. She completed her pre-doctoral internship at the College of Psychology's (COP) School-related Psychological Assessments and Clinical Intervention (SPACI) clinic. She remained with the COP for her post-doc with SVP and SPACI. Dr. Becker's previous experiences include conducting psychological evaluations with children and adolescents; individual therapy with children, adolescents, and adults; group psychotherapy with adults; parenting skills groups; child and adolescent inpatient assessment; ABA therapy with children with autism spectrum diagnoses (ASD); and community outreach targeted at building social skills and community connections for young adults with ASD. Her clinical interests include anxiety and mood disorders, disruptive behavior disorders, psychological assessment, and suicide prevention, intervention, and education.

SVP Team Members:

Dr. Douglas Flemons, Dr. Scott Poland, Dr. Hillary Becker, Carlye Conte, and Jacklyn Stellway

SVP Spotlights

Dr. Douglas Flemons and Dr. Scott Poland are leading contributors to the area of suicide and violence awareness and prevention. Here are some recent updates of SVP's recent work.

- In August, Dr. Poland presented a Keynote address in Suicide Prevention at the Virginia School Safety Summit in Hampton, VA.
- In September, Dr. Flemons gave a five-hour pre-conference institute for attendees at the national conference of the American Association for Marriage and Family Therapy in Indianapolis.
- In October, Dr. Poland filmed three modules with Rich Lieberman from Los Angeles for the Jason Foundation in Nashville, TN. The modules addressed depression, LGBT and suicide, and suicide postvention in schools.
- In October, Dr. Flemons offered a four-hour workshop on suicide assessment for mental health clinicians and students at Nova Southeastern University.
- This fall, Dr. Poland has consulted with the Academy 20 School District in Colorado Springs, CO, extensively concerning their youth suicide cluster. This cluster was featured in a Newsweek article in the October 28th issue. [Read the article here.](#)
- In October, the Florida Department of Education approved Youth Suicide Awareness and Prevention Training materials. Dr. Poland was actively involved in the process of advocating for and developing these materials as a member of the committee.
- In November, Dr. Flemons gave a one-hour talk, sponsored by the Alvin Sherman Library Academic Workshop Series, called "Crafting Engaging Conference Proposals."
- In November, Dr. Poland presented an invited address on Suicide Prevention at the National Resiliency Institute in Chicago, IL.
- Also in November, SAGE published the four-volume SAGE Encyclopedia of Marriage, Family, and Couples Counseling. Dr. Flemons authored three entries for it—on "Suicide Assessment," "Brief Family Therapy," and "Hypnosis"—and co-authored (with Dr. Shelley Green) another, entitled "Sex Therapy."
- Dr. Poland recently completed a training video for PA as part of ACT 71, which requires suicide prevention in schools. [Watch the video here.](#)



Dr. Scott Poland

Co-Director of SVP
Professor, College of Psychology



Dr. Douglas Flemons

Co-Director of SVP
Professor, Family Therapy
Clinical Professor of Family

"A person seriously considering suicide takes little for granted. Willing to pose fundamental questions about existence and reasons for living, he or she will not likely be open to straight-forward motivational encouragement, to unilateral attempts to infuse hope, or to efforts to snatch away suicide as an option. But most suicidal individuals are open to being heard and respected in a non-judgmental conversation, and in the mutuality of that encounter, possibilities for hope and safety, possibilities that don't negate suicide but instead expand beyond it, can be ventured, explored, and even implemented."

-Dr. Douglas Flemons

Suicide Prevention Resources

1-800-SUICIDE or
1-800-273-TALK

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American Association of Suicidology

[Click here.](#)

American Foundation for Suicide Prevention

[Click here.](#)

Florida Initiative for Suicide Prevention

[Click here.](#)

Florida Office of Suicide Prevention

[Click here.](#)

It Gets Better Project

[Click here.](#)

The Ganley Foundation

[Click here.](#)

Suicide Prevention Resource Center

[Click here.](#)

The Trevor Project

[Click here.](#)

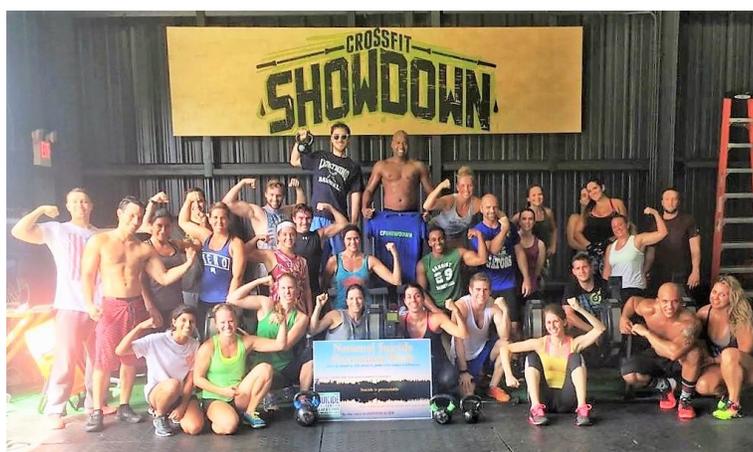
– Community Events –

Out of the Darkness Community Walk at NSU

The American Foundation for Suicide Prevention (AFSP) organizes community walks for people to “join the effort with hundreds of thousands of people to raise awareness and funds that allow AFSP to invest in new research, create educational programs, advocate for public policy, and support survivors of suicide loss.” The Broward County walk is held at NSU campus and is a special opportunity for students to get involved in the event. This year, after introductions from university staff and AFSP’s Florida Southeast & Southwest area director, Jill Harrington, students came on stage to share songs, dances, and poetry. A couple hundred people joined together to walk 5K around the campus. Many families were dressed in matching shirts to honor loved ones who have died by suicide. Event volunteers provide beads for walkers to wear, with each color signifying a different relationship to suicide, such as, loss of a spouse, a child, a friend, a personal struggle with suicide, or attendance in support for suicide prevention. The event offers attendees a mixture of emotions including love and support for one another, grief, pride, and solace. This year the Broward walk surpassed its fundraising goal and raised \$56,171 for AFSP research and prevention efforts. To learn more about the walk, visit this [link](#). Pictured below on the left are NSPIRE members after the walk.

Local CrossFit Event for Suicide Prevention

Prior to the Out of the Darkness walk, an event to raise funds for the walk and to raise awareness for suicide prevention was held at a local CrossFit gym near NSU Campus. SVP graduate student and president of the NSU student group for the prevention, intervention, and response to emergencies (NSPIRE), Jacklyn Stellway, collaborated with CrossFit Showdown owner, Joey Morgenstern, to host a workout on National Suicide Prevention Day (Sept. 10, 2016). Athletes donated to the AFSP Broward County walk, were introduced to suicide prevention and staggering statistics of suicide, then together completed a tough workout in which all rep schemes were associated with a suicide statistic. For example, athletes completed 10 pushups for the statistic that suicide is the 10th leading cause of death in the U.S. Pictured below on the right are CrossFit Showdown athletes and NSU graduate students after completing the workout together.



Out on the Streets: Family Rejection and LGBTQ Youth Homelessness

By Jamie Ginberg, M.S.

In the United States, it is estimated that up to 1.6 million youth are homeless each year, stripped of their basic need for shelter and left with no place to call home (Lolai, 2015). Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth experience homelessness at a disproportionate rate, representing approximately 40% of all homeless youth. Research and discussion surrounding this staggering statistic focus on family rejection, as LGBTQ youth are often kicked out or feel they need to run away from home because of family conflict related to their sexuality. While disclosure of sexual identity can be stressful and may result in negative reactions and rejection, the mere perception of sexual minority orientation may result in negative reactions from family, friends, and communities for youths who are gender non-conforming. Unfortunately, these reactions may lead to their running away or being evicted from their homes (Rosario, Schrimshaw, & Hunter, 2012). Once they are out of their homes, LGBTQ youth are more likely to end up on the streets than their heterosexual peers due to the hostile environments they face in foster homes, group homes, and shelters. Homeless transgender youth are at greater risk of being ostracized than their LGBTQ peers since most shelters are segregated by birth sex rather than by gender identity (Ray, 2006).

The impact of homelessness on LGBTQ youth is all encompassing and leaves them vulnerable to a myriad of mental and physical health problems. Research has shown that LGBTQ homeless youth have increased rates of depression, posttraumatic stress disorder, suicidal ideation, and suicide attempts than do other homeless youth or heterosexual youth (Cochran, Stewart, Ginzler, & Cauce, 2002; Whitbeck, Chen, Hoyt, Tyler, & Johnson, 2004). One study found that LGBTQ homeless youth had almost twice the rate of sexual victimization and higher rates of HIV infection than other homeless youth (Van Leeuwen et al., 2006). The basic need for food and shelter make LGBTQ homeless youth particularly vulnerable to engage in survival sex, where they “exchange sex for anything needed, including money, food, clothes, a place to stay, or drugs” (Ray, 2006). Additionally, lesbian, gay, and bisexual youth were found to initiate alcohol and illicit drug use earlier than heterosexual youth, and substance use behavior was found to increase after becoming homeless, suggesting that they may be using substances to cope with the numerous stressors of youth homelessness (Rosario, et al., 2012).

While homelessness is problematic for all youth, these dangerous consequences are amplified for LGBTQ youth who may be struggling with their identity and other developmental processes without the security, comfort, and safety of their homes. Family dynamics, including lack of support, conflict, and rejection, play a significant role in homelessness and suicide risk for LGBTQ youth (Malley, Posner, & Potter, 2008). This has important treatment implications, as it suggests the need for interventions that target family connectedness and
(continued on page 7)

“I have been working this summer and fall in the aftermath of suicide contagion as, tragically, five suicides occurred last spring of Discovery Canyon High School students in Colorado Springs. Teens are the most susceptible to suicidal behavior. A response to suicide contagion to prevent further suicides and to help those suffering from shock, grief, guilt, and confusion must involve the entire community. Community stakeholders include school and civic leaders, mental health, law enforcement, clergy, the medical community, parents, and survivor groups.”

-Dr. Scott Poland

increasing familial support for youth who are struggling with their identity.

*“...there is a need for mental health professionals to **increase** LGBTQ cultural competency and to provide education and outreach services.”*

While significant progress has been made in understanding LGBTQ homelessness, there is still a need for increased awareness and the development of programs that

address the specific needs of this population. Over the past 40 years, the federal legislature has responded to youth homelessness. Specifically, the McKinney-Vento Homeless Assistance Act of 1987 provides federal funding for housing and support services, and Title VII-B of the act ensures that homeless youth have equal access to public schools to allow for continued educational attainment (Quintana, Rosenthal, & Krehely, 2010). Additionally, the Runaway and Homeless Youth Act, or RHYA, provides support to local community-based organizations for services provided to homeless youth, such as counseling, street-based education, and skill building. However, these acts fail to provide specific program assistance to meet the needs of LGBTQ homeless youth. Lawmakers responded by introducing the Runaway and Homeless Youth Inclusion Act in 2013, which prohibits federally funded programs serving runaway and homeless youth from discriminating based on sexual orientation or gender identity (Quintana et al., 2010). In addition to the federal legislation, there is a need for mental health professionals to increase LGBTQ cultural competency and to provide education and outreach services. In order to ensure LGBTQ homeless youth get the services they need, it is important for them to be aware of the services that are available to them (e.g., the Gay, Lesbian, and Straight Education Network [GLSEN]) and be provided organizations that have the capacity and cultural competency to treat them equally in a safe and welcoming environment.

LGBTQ Resources

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Alliance for GLBTQ Youth

[Click here.](#)

CenterLink: The Community of LGBT Centers

[Click here.](#)

Gay & Lesbian Alliance Against Defamation (GLAAD)

[Click here.](#)

The Gay, Lesbian, & Straight Education Network

[Click here.](#)

The National Coalition for Lesbian, Gay, Bisexual, & Transgender Health

[Click here.](#)

Parents, Families, & Friends of Lesbians & Gays

[Click here.](#)

The Sexuality Information & Education Council of the United States

[Click here.](#)



Dr. Poland has provided several Webinars regarding suicide and violence prevention this fall



- *Five Layers of School Safety.*
 - In this Webinar, Dr. Poland and Gary Sigrist, Jr., discuss important school safety issues. They address emergency planning, school climate, school culture, and best practices. [Click here to watch.](#)
- *Bullying and Negative Outcomes: Promising Prevention Practices.*
 - In October, Dr. Poland presented a webinar exploring the prevalence of bullying in schools. He discusses the outcomes associated with bullying and how schools can enhance bullying prevention efforts. [Click here to watch.](#)
- *Suicide Postvention in Schools: Responding Effectively! Preventing Contagion.*
 - In this webinar, Dr. Poland discusses the prevalence of suicide in school and discusses the importance of postvention. Additionally, he provides recommendations and resources for schools and districts. [Click here to watch.](#)

School Environment Matters

By Samantha Weisman, B.S.

We hear about it all the time – bullying, harassment, assault. It happens daily in our schools. Over half (70%) of all children experience bullying at school (Fedewa & Ahn, 2011). LGBTQ youth are at even greater risk (83%) of bullying (i.e., verbal harassment and teasing) at school than are their heterosexual counterparts. Even more alarming, sexual minority youth are twice as likely to experience victimization (i.e., physical and sexual assault) than are their sexual majority peers (Fedewa & Ahn, 2011).

“...sexual minority youth are twice as likely to experience victimization than are their sexual majority peers...”

Various studies have reported that approximately 9% of youth identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ); however, this number may be low due to under reporting. Although most LGBTQ youth are happy and thrive during their adolescent years, negative attitudes toward this population put sexual minority youth at increased risk for violence perpetrated against them compared with non-LGBTQ students. This violence includes behaviors such as bullying, teasing, harassment, physical assault, and suicide-related behaviors. Furthermore, studies have illustrated that 20-40% of this population report having suicidal thoughts and/or attempts (YSPP, 2016). In fact, the rate of suicide attempts is four times greater for LGBT youth and two times greater for questioning youth than that of their heterosexual counterparts (CDC, 2016).

Equally alarming, exposure to violence can have detrimental effects on the education and health of any young person. However, in a national study of middle and high school students, results show that LGBTQ youth were significantly more likely (61.1%) than their non-LGBTQ peers to feel unsafe or uncomfortable at school as a result of their sexual orientation (Russell, 2011). Each episode of LGBTQ victimization, such as
(continued on page 9)

physical or verbal harassment or abuse, increases the likelihood of self-harming behavior by 2.5 times on average (CDC, 2016).

Students who were questioning their sexual orientation reported more incidents of bullying, homophobic victimization, unexcused absences from school, drug use, feelings of depression, and suicidal behaviors than their heterosexual peers. It is important to recognize that there is something that can be done to minimize the risk of these difficulties. Specifically, schools can implement clear policies, procedures, and activities designed to promote a healthy environment for all youth regardless of sexual orientation.

To promote health and safety among LGBTQ youth, schools can implement the following policies and practices:

- Abandon the assumption that all students are heterosexual.
- Encourage respect for all students.
- Eliminate heteronormative language. Instead, encourage the use of inclusive language (e.g., partner or significant other).
- Prohibit bullying, harassment, and violence against all students.
- Identify “safe spaces” where LGBTQ youth can receive support from administrators, teachers, or other school staff.
- Identify positive LGBTQ role models within the school and community.
- Encourage student-led school clubs that promote safe environments (e.g., gay-straight alliance)
- Train faculty and staff to recognize and effectively respond to bullying and harassment of LGBTQ students

Furthermore, one proposed option is to provide LGBT-sensitivity and anti-bullying training to current middle and high school counselors and teachers (YSPP, 2016). A number of researchers have found the presence of LGBT-supportive school staff to be associated with positive outcomes for LGBT youth (YSPP, 2016). The Trevor Project notes that LGBTQ youth who believe they have just one school staff member with whom they can talk about problems are only one-third as likely as those without such support to report making multiple suicide attempts in the past year (YSPP, 2016). Clearly it is crucial that students have a supportive environment, as mentioned previously, which can be accomplished through supportive staff or student-led organization. Studies have demonstrated that social isolation and marginalization at school are psychologically damaging to LGBTQ students. Thus, it is vital to implement support within schools in order to gain psychosocial benefits for these students. A recent study found that LGBTQ students had fewer suicidal thoughts and attempts when schools had gay-straight alliances and policies prohibiting expression of homophobia in place for three or more years (Kosciw, 2010).

All students, regardless of sexual orientation, reported lowest levels of depression, suicidal feelings, alcohol and marijuana use, and unexcused absences from school when they were in a positive school climate and not experiencing victimization of any kind. It is imperative for all students to feel safe in their school environments, and establishing school organizations that promote awareness, acceptance, and understanding of diversity issues, such as LGBTQ youth, creates a space where all students can feel safe and accepted.

IS PATH WARM?

An easy way to remember the warning signs of suicide

•••

I	Ideation
S	Substance Abuse
P	Purposelessness
A	Anxiety
T	Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood Change

[Click here.](#)

Nova Southeastern University's Counselor in Residence



Leonette Lee Provides on-call coverage to respond to emergency situations involving mental health issues, crisis situations, and emotional concerns of NSU's residential population.

Residential students can schedule an appointment with Leonette by phone, (954) 262-8911, or by email, counselorinresidence@nova.edu.

Leonette also holds weekly office hours at Goodwin Residence Hall, Room 209B.



What should every student know?

Students can participate in up to 10 sessions per year FOR **FREE!** The counseling relationship is strictly confidential. An on-call counselor is available after hours in times of crisis.

Just call (954) 424-6911 to make an appointment!



Henderson Crisis Hotline

(954) 424-6911 or (954) 262-7050
*available 24 hours a day, 7 days a week

Hours of Operation

Monday-Thursday-Friday
9:00 am – 5:00 pm

Tuesday-Wednesday
9:00 am – 8:00 pm

SVP Newsletter Contributors

Hillary Becker, Psy.D.
Jacklyn Stellway, M.S.
Carlye Conte, M.S.
Jamie Ginberg, M.S.
Samantha Weisman, B.S.

Graduate students looking to write articles on the topics of suicide and violence prevention are encouraged to contact us.

Email Hillary Becker at
hb361@nova.edu

SVP Presentations

The Office of Suicide and Violence Prevention has provided **300** presentations to various departments at NSU.

SVP has presented to over **6,100** NSU faculty, staff & Presentation topics include suicide and violence training, management, & test taking anxiety.

Use the link below to request a presentation!

<https://www.nova.edu/webforms/suicideprevention/presentation-requests/index.html>

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