UNITING THE WHOLE COMMUNITY

Preventing LGBTQ Bullying
WHY WE FORMED?
PUBLIC HEALTH WAKE UP CALL

- 2010 there were 4 suicides (nationally) in the month of September alone
- All 4 suicides were teenagers (ages 13-18) and all were gay or perceived to be gay.
- Reinforced need for cultural shift and mechanisms to generate shift
- Recognition that LGBTQ bullying prevention training, policies, and programs DID NOT EXIST in our region (Greater Cincinnati, Ohio).
WHO ARE WE?

CROSS SECTOR CONNECTORS

- Family Violence Prevention Project (convener)
- Council on Child Abuse of Southwestern Ohio (bullying prevention)
- YWCA of Greater Cincinnati (prevention & victim services)
- GLSEN (Gay, Lesbian, Straight, Education Network) of Greater Cincinnati (LGBT bullying prevention)
- HRC (Human Rights Campaign) of Greater Cincinnati (LGBT rights)
- Talbert House (mental/behavioral health)
- Cincinnati Children’s Hospital (physical & mental health)
- Ohio Department of Health (funder)
- HealthPath Foundation of Ohio (funder)
- TriHealth (funder)
SCHOOL & PEERS

2X

LGBT youth are more than two times as likely as non-LGBT youth to say they have been verbally harassed and called names at school. Among LGBT youth, half (51%) have been verbally harassed at school, compared to 25% among non-LGBT students.

2X

LGBT youth are twice as likely as their peers to say they have been physically assaulted, kicked or shoved at school. Among LGBT youth, 17% report they have been physically attacked often while 10% of their peers say the same.

2X

LGBT youth are about twice as likely as non-LGBT youth to say they have been excluded by their peers because they are different. Among LGBT youth, 48% say they have been excluded often while 26% of their peers say the same.
Family Acceptance Project

Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

LOW rejection
Mild rejection
HIGH rejection

Level of Family Rejection

Ryan, Family Acceptance Project, 2009
STARTLING RESEARCH: DISPROPORTIONATE HEALTH OUTCOMES

- 5.6 X more likely to attempt suicide
- 2 X more likely to be clinically depressed
- 2 X more likely to have sexually transmitted diseases
THE SPECTRUM OF PREVENTION

Influencing Policy and Legislation

Changing Organizational Practices

Fostering Coalitions and Networks

Educating Providers

Promoting Community Education

Strengthening Individual Knowledge and Skills
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| **Community Education**  | • Community Forum  
• Social & Press Media Campaign |
Educating Providers

- 22 School Districts
- Policymakers & funders
- Cross-sector social service agencies

Organizational Practices

- Implementing LBGT bullying prevention best practice programming into schools (Welcoming Schools)

Policy Change

- Advocacy! Major school district (Cincinnati Public Schools) enumerated bullying policy
- Impacts 55 schools & 33,000+ students
NEXT STEPS

- Focusing efforts on increased policy changes
- Creating Policy Toolkit and advocacy strategies for 6 new identified districts
  - Range from urban, suburban, to rural
  - Leverage success of Cincinnati Public Schools
- Increase technical assistance to schools, especially on focus of inclusion and diversity yields to positive health impacts
  - Increased academic achievement
  - Increased mental health and physical health outcomes
  - Increased social health outcomes
REMEMBER: POLICY IS CRITICAL TO HEALTHY PUBLIC HEALTH OUTCOMES FOR ALL

- Enumeration improves mental health and behavioral health outcomes of students.
  - Schools that have enumerated policies have students who experience lower rates of suicide, depression, alcohol and drug use, particularly for LGBT students.

- Enumerated policies help create safe schools.
  - Students experience significantly lower severities of victimization related to their sexual orientation or gender expression compared to students with a non-enumerated policy.