DIFFERENCES IN RATES OF SUICIDAL IDEATION AMONG NON-MINORITY, MINORITY, AND MULTIPLE MINORITY GROUPS

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ABSTRACT: Theories from the social psychology literature have posited that members of cultural groups are exposed to more frequent and damaging stressors, such as prejudice, discrimination, and oppression. Additional research has examined this concept in the context of individuals who belong to multiple minority groups, proposing that effects may cumulate for these individuals, thus they may experience additional psychological distress beyond that experienced by members of a single minority group. In the suicidology literature, research has found that members of minority groups have differential rates of suicide. Extrapolating these findings, the aim of the current study was to compare rates of suicidal ideation broadly across three groups: non-minority, single-minority, and multiple minority groups in order to identify populations who are at a higher risk for suicide. For the purposes of this study, individuals were classified as a minority through several distinct characteristics through which they self-identified, including ethnicity, sex, and sexual orientation. Specifically, it was hypothesized that the multiple-minority group would have the significantly highest level of suicidal ideation compared to the single-minority and non-minority groups. Next, the single-minority group was expected to have significantly higher levels of suicidal ideation compared to the non-minority group. Furthermore, the two minority groups were hypothesized to experience significantly higher rates of suicidal ideation overall compared to the non-minority group. An omnibus, one-way ANOVA was used to analyze study findings. Results of the overall ANOVA model were non-significant; however, based on a priori hypotheses and an examination of the means plot of group differences in expected directions, exploratory non-orthogonal (planned comparisons) were conducted. Results of the planned comparisons indicated there was a significant difference between the non-minority group and both the single and multiple minority groups when compared simultaneously. This result suggests that simply belonging to a minority group increases one's risk for suicidal thinking.

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CHAPTER I

INTRODUCTION

In 2010, Suicide was ranked the 5th leading cause of death for persons before age 65 in the United States, thus accounting for approximately 38,000 deaths annually (McIntosh & Drapeau, 2012). Because of the high rates of annual deaths by suicide in the U.S., there is an urgent need to identify risk factors that may be associated with suicide. A proposed risk factor for suicide is simultaneously belonging to two or more minority groups, which has been researched in the psychopathology literature, as well as in the suicidology literature (Hayes, Chun-Kennedy, Edens, & Locke, 2011).

Simultaneously belonging to multiple minority groups can be traced back to minority stress theory (Meyer, 1995), which posits that members of cultural minority groups are exposed to frequent and damaging stressors, such as prejudice, discrimination, and oppression (Hayes et al., 2011). For example, gay men and lesbians have reported more mental health problems, including higher rates of substance abuse, affective disorders, and suicide compared to their heterosexual counterparts, and these differences may be due to harassment and discriminatory practices (Cochran, 2001; Gilman et al., 2001; Herrell et al., 1999; Sandfort, de Graaf, Bijl, & Schnabel, 2001).

Additionally, previous research has found that members of ethnic and racial minority groups experience greater rates of helplessness, anxiety, and depression compared to European Americans (Clark, Anderson, Clark, & Williams, 1999).

Furthermore, it seems plausible that members of multiple minority groups would experience additional psychological distress beyond that experienced by members of a single minority group (Hayes et al., 2011). This concept was previously theorized by Phinney and Alipuria (1990), who posited that individuals who identify with two or more minority groups may experience increased distress due to the compounded effects of identifying with multiple disenfranchised groups that go above and beyond the effects of each minority group considered singly. This concept has also been referred to as the *double jeopardy hypothesis* in the social psychology literature (Ferraro & Farmer, 1996).

The double jeopardy hypothesis can be further applied to lesbian, gay, and bisexual (LGB) persons who are also ethnic minority group members and the distress these individuals face by virtue of belonging to multiple minority groups. This distress may be due to: (a) the additive effects of facing discrimination within the broad, dominant culture because of one's race and sexual orientation and/or (b) the effects of facing discrimination because of one's sexual orientation (also referred to as *pervasive heterosexism*) within their specific community of color (Lemelle & Battle, 2004; Pachankis & Goldfried, 2004). In their work on studying Afro-Latino populations, Ramos et al. (2003) proposed an additive effects model that relates to the first concept of facing discrimination within the broad, dominant culture because of one's belongingness to dual racial groups. This model assumes that the effect of identifying as an Afro-Latino is a culmination of both the effects of identifying as an African American and a Latino.

Furthermore, this model asserts that the potential disadvantages of belonging to either ethnic group cumulate for those who identify with both ethnic minorities (Ramos et al., 2003). Although this model specifically examined individuals who identified with two ethnic groups, it may be more broadly applicable to individuals who identify with multiple minority groups. Therefore, this concept relates back to the double jeopardy hypothesis.

Although the terminology has been inconsistent in the literature, several studies have indicated that the concept of belonging to multiple disenfranchised minority groups (also referred to as the double jeopardy hypothesis and dual minority status) increases the risk of developing psychopathology, including the risk of suicide (e.g., Cochran, Mays, Alegria, Ortega, & Takeuchi 2007; Hightow-Weidman, Phillips, Jones, Outlaw, Fields, & Smith, 2011). Specific minority groups that have been researched in the suicidology literature include sexual orientation, gender, ethnicity/race, dual ethnicity/race; religious, and physically disabled groups; furthermore, various combinations of these multiple minority identities have been studied in relation to suicide (e.g., African American women, homosexual Hispanic men). Because there are studies both within the general psychopathology (Hayes et al., 2011; Neal-Barnett & Crowther, 2000) and in the suicidology literature that focus on the potential increased risk of developing psychopathology and/or engaging in suicidal behavior for individuals who identify with multiple minority groups, membership in multiple minority groups may also be associated with heightened risk for suicide. Although there are previous studies that focus on specific multiple minority groups, there are no previous studies to the author's knowledge that focus on the broader concept of belonging to multiple minority groups

per se and how these multiple identities relate to suicide risk, specifically suicidal ideation. It is of particular importance to study suicidal ideation in double- and triple-minority populations because these groups are hypothesized to be at an increased risk based on previous research and theories.

The aim of the current study is to compare rates of suicidal ideation across four groups: non-minority, single-minority, double-minority, and triple-minority groups in order to identify populations who are at a higher risk for suicide. For the purposes of this study, individuals are classified as a minority through several distinct characteristics with which they self-identify, including ethnicity, sex, and sexual orientation. Furthermore, the non-minority group in this study will consist of heterosexual Caucasian men. An example of a single-minority individual is a homosexual Caucasian male. In addition, an example of a double-minority is a heterosexual Native American female. Finally, an example of a triple-minority is a bisexual African American female.

Because suicide has not yet been examined simultaneously across multiple minority groups and compared with the non-minority group, this will be an innovative study. Suicide will be studied by assessing for suicidal ideation, which is a strong predictor of suicide (Palmer, 2004). Based on minority stress theory (Meyer, 1995), the group who identifies with the most minority identities, triple-minorities in this study, will be at the highest risk for suicide due to simultaneously experiencing distress related to oppression, discrimination, and prejudice from multiple group memberships. This may lead to increased suicidal ideation due to these intersecting stressors. Groups who identify with fewer minority identities (double- and single-minorities) will be at a lower risk for suicide compared to the triple-minority group, and furthermore, will decrease in rates of

suicidal ideation respectively. Specifically, it is hypothesized that the triple-minority group will have the significantly highest level of suicidal ideation compared to the double-minority, single-minority, and non-minority groups. Next, the double-minority group is expected to have significantly higher levels of suicidal ideation compared to the single-minority and non-minority groups. Additionally, the single-minority group is expected to have a significantly higher level of suicidal ideation compared to the non-minority group. Furthermore, these three minority groups will experience significantly higher rates of suicidal ideation overall compared to the non-minority group.

CHAPTER II

REVIEW OF THE LITERATURE

Inconsistencies in Terminology in the Literature

There is a lack of consistent terminology to recognize people who identify as members of two or more minority groups. In the minority stress literature, the acronym LGBT-POC (lesbian, gay, bisexual, transsexual - person of color) has been used to describe an individual who identifies with both a sexual orientation minority group and an ethnic/racial minority group (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). The minority stress literature has also used the term "double jeopardy" to refer to the experiences of African American/Black women (Beale, 1970) and the term "triple jeopardy" to refer to how the identities of race, sex, and sexual orientation are interrelated, particularly in the experiences of lesbians of color (Bowleg et al., 2003; Greene, 1994; 1995; 1996; 1997; 1998; 2000; Mays & Cochran, 1988; Mays Cochran, & Rhue, 1993; Peplau, Cochran, & Mays, 1997). Cochran and colleagues (2007) used the term *dual minority status* to refer to individuals who belong to both ethnic/racial and sexual orientation minority groups. In the anxiety literature, Neal-Barnett and Crowther (2000) referred to African American women as members of a "double-minority" group.

Their research suggests that identifying as an African American and as a female (racial/ethnic and gender minority) may predispose these individuals to be at an increased risk for victimization and domestic violence, which may ultimately lead to various forms of psychopathology. Drawing from the aforementioned literature, the current study will use the terminologies "single-minority", "double-minority", and "triple-minority" to describe individuals who respectively self-identify with one, two, or three minority groups. The terms single-, double-, and triple-minorities will be used to describe people who identify with multiple minority identities for the sake of clarity in this document.

Minority Stress Theory

In the social psychology literature, minority stress is defined as "stressful stimuli such as prejudice, discrimination, and attendant hostility from the social environment" (Moritsugu & Sue, 1983, p. 164) on the basis of one's social status. Minority stress theory (Meyer, 1995) posits that members of cultural minority groups are exposed to frequent and damaging stressors, such as prejudice, stigma, discrimination, and oppression (Hayes et al., 2011; Meyer, 2003). The influence of minority stress on negative mental health outcomes has been well documented in the social science and public health literature in relation to race, sex, and sexual orientation (Clark, Anderson, Clark, & Williams, 1999; DiPlacido, 1998; Klonoff & Landrine, 1995; Meyer, 1995; Otis & Skinner, 1996).

The underlying assumptions of researchers' in developing the minority stress framework include: (a) minority stress is additive to the general stressors experienced by all people, and therefore, people who are stigmatized need resilience ("adaptation efforts") above that of their non-stigmatized counterparts; (b) minority stress is chronic in

that it has relatively stable underlying social and cultural structures; and (c) minority stress is socially based, meaning it stems from social processes, institutions, and structures beyond the individual, rather than from individual events or conditions that characterize general stressors or biological, genetic, or other nonsocial characteristics of the individual or group (Meyer, 2003). Central to the first assumption of the development of the minority stress framework and drawing from the double jeopardy hypothesis (Ferraro & Farmer, 1996), Hayes et al. (2011) posited that members of multiple minority groups would experience additional psychological distress beyond that experienced by members of a single minority group. However, there is a relative lack of research on how minority stress influences negative mental health outcomes among those who belong to two or more minority groups (i.e., multiple minorities). A specific example includes African American/Black lesbians who are triply marginalized by virtue of their race, sex, and sexual orientation (Bowleg et al., 2003).

Double Jeopardy Hypothesis

The double jeopardy hypothesis (Beale, 1970; Dowd & Bengston, 1978) suggests that simultaneously belonging to two or more socially disadvantaged groups may interact to produce problematic outcomes. This hypothesis has been applied to a health psychology perspective, which posits that being both *old* and a member of an *ethnic minority group* creates a double disadvantage to the physical health of people who fit within this population (Ferraro & Farmer, 1996). In addition, the double jeopardy hypothesis has been applied to research in the social psychology literature, which suggests that having a low socioeconomic status (SES) and being of the female gender would interact to produce particularly harmful mental health outcomes (Mendelson,

Kubznsky, Datta, & Buka, 2008). Moreover, the main concept behind this hypothesis is consistent with that previously theorized by Phinney and Alipuria (1990), who posited that individuals who identify with two or more minority groups may experience increased distress due to the compounded effects of identifying with multiple disenfranchised groups that go above and beyond the effects of each minority group considered singly.

Hayes and colleagues (2011) further applied the double jeopardy hypothesis to lesbian, gay, and bisexual (LGB) persons who were also members of an ethnic/racial minority group. The authors posited that due to simultaneously belonging to two socially marginalized groups, these persons might experience additional distress. This distress may be due to: (a) the additive effects of facing discrimination within the broad, dominant culture because of one's race and sexual orientation and/or (b) the effects of facing discrimination because of one's sexual orientation (also referred to as *pervasive heterosexism*) within their specific community of color (Hayes et al., 2011; Lemelle & Battle, 2004; Pachankis & Goldfried, 2004).

In their work on studying Afro-Latino populations, Ramos et al. (2003) proposed an additive effects model that relates to the first concept of facing discrimination within the broad, dominant culture because of one's belongingness to dual racial groups. This model assumes that the effect of identifying as an Afro-Latino is a culmination of both the effects of identifying as an African American and a Latino. Furthermore, this model asserts that the potential disadvantages of belonging to either ethnic group cumulate for those who identify with both ethnic minorities (Ramos et al., 2003). Although this model specifically examined individuals who identified with two ethnic groups, it may be

applicable to individuals who identify with multiple minority groups in general. This similar concept relates back to the double jeopardy hypothesis.

Sexual Orientation Minorities & Suicide

There is a lack of consistent terminology to recognize individuals who identify as lesbian, gay, and bisexual (LGB). For example, although some of the social psychology literature defines those who identify as LGB as members of a *sexual minority group* (e.g., Irwin & Austin, 2013), this terminology gets confusing when also examining biological sex. In order to address this confusion, previous literature has instead used the term *sexual orientation minority* to describe those who identify as LGBT (Cochran et al., 2007); therefore, this terminology will be used in the current study.

Previous research has examined the risk of suicide among sexual orientation minority groups. There has been little empirical research on suicide risk among sexual orientation minority populations across the lifespan, with the majority of the literature focusing explicitly on LGBT youth (Leach, 2006). There is vast evidence in the literature to support that LGBT youth experience increased rates of depression and engage in more acts of self-harm compared to their heterosexual peers (Birkett, Espelage, & Koenig, 2009; Garofalo et al., 1999; Jiang, Perry, & Hesser, 2010; King, Semlyen, & Tai, 2008; Massachusetts Youth Risk Behavior Survey, 2005). In addition, gay and lesbian youth are 2 to 4 times more likely to experience suicidal ideation or attempt suicide compared to heterosexual youth (Garofalo et al., 1998; Remafedi et al., 1998). Research has shown there are increased risks of suicidal ideation and suicide attempts associated with bullying behavior, including an association between victimization through violence and attempting suicide among LGBT-identified youth (Bontempo & D'Augelli, 2002; Brunstein

Klomek, Sourander, & Gould, 2010; Kim & Leventahl, 2008; Waldo, Hesson-McInnis, D'Augelli, 1998).

The limited research that has been conducted on sexual orientation minority adults indicates an inverse relationship between age and suicidal behaviors, such that the older an LGBT individual gets, the less likely it is that he or she will engage in suicidal behaviors. The concept of *outness* in the LGBT literature can be defined as being open about and comfortable with one's sexual orientation identity (Moradi et al., 2010). Researchers have posited that the inverse relationship between age and suicidal behaviors among LGBT-identified adults is related to outness because the majority of LGBT adults are more open about and comfortable with their sexual orientation identity as compared to LGBT youth. Through the process of coming out, LGBT individuals learn how to cope with and overcome the adverse effects of stress (Morris, Waldo, & Rothblum, 2001). More empirical research is necessary to determine the relationship among LGBT individuals and suicide, particularly other factors that may influence this relationship, such as internalized homonegativism (also referred to as *internalized homophobia*, meaning the internalized anti-LGBT prejudice; Moradi et al., 2010) and the development of sexual identity (Leach, 2006).

Ethnic/Racial Minorities & Suicide

African American suicide can be described as "an epidemiological paradox" (Leach, 2006). This description is fitting considering the history of social and legal oppression, including slavery, poverty, and segregation faced by African Americans; and yet, African Americans have historically experienced lower suicide rates in comparison to other ethnic groups. African Americans completed 2,084 suicides in 2009, according

to the American Association of Suicidology (AAS, 2009). African American women attempt suicide more often but have a lower rate of completion. In fact, African American women have the lowest rate of suicide compared to all U.S. ethnic/racial groups. However, recent suicide rates for African American youth ages 15 to 24 have been increasing, particularly for male youth. Suicide is the third leading cause of death, after homicides and accidents for African American youth (AAS, 2009). Despite these numbers, the suicide rate for African Americans as a whole remains significantly lower compared to the rate of suicide for European Americans (Utsey, Hook, & Stanard, 2007).

Similarly, the largest proportion of suicides within the Hispanic American population occurs among young people. Suicide is the third leading cause of death for youth ages 15-24 and adults aged 25-34, and the 8th leading cause of death for Hispanics of all ages (Center for Disease Control and Prevention, 2009). A potential risk factor for suicide among Hispanic Americans is having less access to mental health services than European Americans do and being less likely to receive necessary care (Leach, 2006). The Youth Risk Behavior Survey (YRBS; CDC, 2005) reports indicate that being Hispanic constitutes a risk factor for depression, suicidal ideation, and suicide attempts, and females are at the highest risk (Grunbaum et al., 2004; Kann et al., 2000).

There are mixed findings in the literature regarding prevalence rates of suicide for Asian Americans. Asian American males complete suicide at lower rates compared to Native American, European American, African American, and Hispanic American males. Whereas, female completion rates are lower than Native American and European American females, but higher than African American and Hispanic American females (Chang, 1998; Suicide Prevention Resource Center, 2004). However, a study by Kisch et

al. (2005) found that Asian American students are more likely to attempt suicide than their European American counterparts. Moreover, suicide rates for Asian Americans are generally lower in the U.S. than in their country of origin, although the rank order of rates remains consistent across nations (Lester, 1994a).

Research has shown that Native Americans have the highest rates of suicide of all major ethnic minority groups in the United States, which are approximately one-and-a-half to three times greater than the national average (Leach, 2006). According to Census reports there are over 561 federally recognized American Indian/Alaskan Native (AI/AN) tribes who speak over 220 indigenous languages with various dialects. This heterogeneity within the AI/AN population contradicts popular beliefs that this group of people is similar, thus making generalization problematic (Gone, 2003; 2004). Therefore, the large diversity within AI/ANs should remain at the forefront of consideration for suicide prevention programs aimed at these populations (Gone, 2004). Suicide is the second leading cause of death for AI/AN populations between the ages of 15-24 years, the third leading cause of death for ages 5-14 and ages 25-44, and the eighth leading cause of death for decedents of all ages (Center for Disease Control & Prevention, 2003; Indian Health Service [HIS], 2000-2001a, 2000-2001b). The median age of an individual who has completed suicide in the U.S. is sixty-four years, whereas for Native Americans it is merely twenty-five years (Leach, 2006). Suicide rates among Native American groups are rising faster than the national average, particularly among adolescent and young adult males. Rates for female adolescents and young adults are also substantially greater compared to female rates from other ethnic groups. However, suicide rates significantly decrease across age in the Native American community (Leach, 2006).

Sexual Orientation and Ethnic/Racial Minorities & Suicide

Although there has been recent research on minority stress within LGBT communities, there have been fewer studies that examine within-group variation, meaning individuals who identify with both a sexual orientation minority and an ethnic/racial minority. For instance, very few studies have had large sample sizes of LGBT individuals who also belong to an ethnic/racial minority group to determine the unique issues facing this group (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). In 2002, Boehmer conducted a literature review and found that LGBT issues were addressed in 3,777 public health articles but that 85% of these articles omitted information on the race/ethnicity of their participants.

The general lack of research on individuals who identify as both a sexual orientation minority and as an ethnic/racial minority is also true in relation to the examination of suicide risk. Related to minority stress theory, individuals who identify with multiple minority groups are hypothesized to be at an increased risk for suicide because they face additional distress due to discrimination and stigmatization from two or more groups. This is consistent with the *greater risk position* (also referred to as the *risk hypothesis*; Meyer, 2010), which posits that compared to Caucasian LGBT individuals, LGBT people of color are exposed to greater stress related to heterosexist stigma (i.e. stigma that privileges heterosexuality and denigrates other orientations) and racism. Furthermore, these individuals are more vulnerable to deleterious consequences of such stigma, including internalized homophobia and concealment of sexual orientation (Battle & Lemelle, 2002; Chan, 1989; Fullilove & Fullilove, 1999; Lemelle & Battle, 2004; Loiacano, 1989; Meyer, 2010; Moradi et al., 2010; Pachankis & Godfried, 2004). For

example, it has been suggested that for Black LGB individuals, because of the rejection they face from both their communities of origin and mainstream society (White LGB persons in this example), they receive less support compared to White LGB persons (Meyer, 2010). Receiving less social support may serve as a potential risk factor for suicide.

Research has demonstrated that racial discrimination occurs in LGBT communities, and alternatively, that sexual orientation discrimination against LGBT individuals occurs within communities of color (Balsam, Huang, Fieland, Simoni, & Walters, 2004; Hightow-Weidman et al., 2011). To illustrate further, previous literature describes cultural constructions of LGBT orientations as uniquely stigmatized within each community of color (Moradi et al., 2010). Research has highlighted that specifically for Latino/as, cultural views of masculine and feminine roles in sexual behavior convey same-sex behavior as a violation of traditional gender roles. Both men who assume a "feminine" role and women who assume a "masculine" role in their sexual behaviors are perceived as violating gender expectations, and are therefore viewed as gay or lesbian (Domanico & Crawford, 2000; Espin, 1993; Pachankis & Godfried, 2004; Ryan & Gruskin, 2006; Savin-Williams, 1999). Similarly, extant literature suggests that in Asian cultures, LGBT orientations are viewed as a rejection of one's appropriate role in society and as a threat to the continuation of family lineage (Chan, 1989; Greene, 1994). In addition, discussions of anti-gay attitudes in African American communities typically communicate the importance of religion and the fact that many religious groups view homosexuality as a sin (Battle & Lemelle, 2002; Fullilove & Fullilove, 1999). The aforementioned examples illustrate that ethnic minority LGBT individuals may face

discrimination regarding their sexual orientation among their communities of color. Moreover, these messages of discrimination within their community may create additional distress for these individuals who are already marginalized by their sexual orientation. This additional distress may, in turn, lead to thoughts of suicide.

Hayes, Chun-Kennedy, Edens, and Locke (2011) compared levels of psychological distress among racial/ethnic minority students and clients from the counseling center, and European American students and clients from the counseling center. The authors then compared levels of psychological distress among LGB students and heterosexual students. Finally, the authors compared levels of psychological distress among LGB students of color and heterosexual students of color. Results indicated that racial/ethnic minority students reported higher levels of distress related to depression, hostility, social anxiety, family concerns, and academic performance compared to their European American counterparts. This finding was also true for racial/ethnic minority counseling center clients, with the exception of social anxiety, which was experienced at levels similar to those experienced by European American clients (Hayes et al., 2011). LGB students reported more distress related to depression, eating concerns, substance use, hostility, generalized anxiety, social anxiety, family concerns, and academic performance compared to their heterosexual counterparts. This finding was also true for LGB counseling center clients, with the exception of substance use and academic distress, which were experienced at levels similar to those experienced by heterosexual clients. Surprisingly, the results indicated that relative to European American LGB students, LGB students of color did not endorse additive distress for having double minority group status; however, LGB students of color reported more distress compared

to heterosexual students of color (Hayes, et al., 2011). These findings suggest the double jeopardy hypothesis is consistent for LGB students of color, but only when compared with heterosexual students of color and not to LGB European American students (Hayes et al., 2011). In other words, students who were both a sexual and ethnic minority experienced more distress than heterosexual ethnic minority students, but not more distress than European American sexual minority students.

Research in the suicidology literature has also examined individuals who identify with two minority groups. Cochran and colleagues (2007) examined suicide attempts among homosexual and bisexual Asian American and Latino/a individuals to determine whether belonging to two minority groups (sexual orientation and ethnic/racial) increases the risk for psychiatric morbidity (psychological disorders) and suicidal ideation. Results indicated that lesbian/bisexual women, as compared to heterosexual women, were significantly more likely to have a lifetime and recent history of a depressive disorder and a recent history of a drug use disorder. Results also indicated that gay and bisexual men were significantly more likely to report a recent suicide attempt compared to heterosexual men; however, there was not a significant difference between lesbian/bisexual and heterosexual women in rates of recent suicide attempts. Additionally, comparisons within sexual orientation minority respondents revealed no significant differences among either men or women (Cochran et al., 2007).

A similar study was conducted by Meyer, Dietrich, and Schwartz (2008), who assessed the prevalence of mental disorders and suicide attempts in an ethnically diverse sample of individuals who also identified as lesbian, gay, or bisexual. The ethnicities represented in their sample consisted of White, Black, and Latino/a. The authors

hypothesized that Black and Latino/a lesbians, gay men, and bisexual individuals would have higher rates of mental disorders compared to White lesbians, gay men, and bisexual individuals (Meyer et al., 2008). The authors expected this difference, as past research has indicated Black and Latino/a lesbians, gay men, and bisexual individuals are exposed to more stress related to prejudice and discrimination associated with their race/ethnicity (Cochran & Mays, 1994; Diaz, Ayala, Bein, Henne, & Marin, 2001). Contrary to their hypotheses, the authors found that Black and Latino/a lesbians, gay men, and bisexual individuals did not have a higher prevalence of mental disorders compared to their White counterparts. However, results indicated that Black and Latino/a lesbians, gay men, and bisexual individuals reported a higher prevalence of serious suicide attempts compared with White LGB respondents, but this difference was only statistically significant for Latino/a respondents (Meyer et al., 2008). Because the majority of suicide attempts among Black and Latino/a lesbians, gay men, and bisexual individuals occurred at an early age, the authors speculated the attempts coincided with a coming-out period. The higher risk for suicide among lesbians, gay men, and bisexual individuals who also identify as a racial/ethnic minority was not associated with a higher risk for mental disorders. The authors speculated the higher risk for suicide among these communities may be due to the presence of stressful life events, such as assault, abuse, or homelessness, rather than an association with the presence of depressive or substance abuse disorders (Meyer et al., 2008; Meyer, Schwartz, & Frost, 2008).

Another study investigated suicidal ideation and prior acts of self-harm among ethnic minority young men who have sex with men (Hightow-Weidman et al., 2011). The authors hypothesized that ethnic/racial minority young men who have sex with men

(YMSM) may experience dual levels of maltreatment and stigma due to both their ethnic/racial and sexual orientation minority identities. The resulting study investigated the prevalence and perceptions of racial and sexual identity-based abuse among a sample of minority YMSM, and whether this abuse plays a role in depression and suicide attempts experienced by this population. Results indicated that experiencing a high level of bullying related to sexuality was associated with both depressive symptoms and suicide attempts; however, there was not a significant association found between bullying related to race/ethnicity and depressive symptoms or suicide attempts. The authors interpreted this finding to indicate that this population may have specific resiliencies, such as social support and a strong sense of racial identity, and these resiliencies potentially buffer against negative, bullying experiences (Hightow-Weidman et al., 2011).

Risk for developing psychopathologies among individuals who identify as a member of the LGBT community has also been illustrated through research in the American Indian/Alaska Native (AI/AN) communities. The contemporary term "two-spirit" was adopted in 1990 from the Northern Algonquin word *niizh manitoag*, and signifies the embodiment of both masculine and feminine traits or "spirits" within one person (Anguksuar, 1997). Currently, this term is used to describe diverse gender and sexual identities among AI/AN and Canadian First Nations peoples (Balsam et al., 2004). Many traditional indigenous cultures respected sexual and gender minority individuals. Further, many individuals who identified as two-spirit had sacred and ceremonial roles in their communities. However, colonization and compulsory Christianity disrupted these traditional values and led to the suppression of sexual orientation identities for those

individuals who identified with two-spirit roles in many Native communities (Balsam et al., 2004).

Presently, most individuals who identify as two-spirited face homophobic oppression from both mainstream American society and their own tribes and communities. This may be especially true for AI/ANs living in urban settings compared to reservations (Walters, 1997). Two-spirits are often confronted with both racism from LGBT communities and homophobia from Native communities. They are then forced to choose between honoring their ethnic identity or their sexual identity, which creates unique stressors and health risks for this group (Walters, 1997). From a sociodemographic perspective, two-spirits appear to be more similar to heterosexual Natives than to the LGBT community. This finding differs from the results of similar studies with predominantly European American samples (Rothblum & Factor, 2001) in which LGB participants consistently reported higher levels of education compared to their heterosexual counterparts. Moreover, the multiple minority status of two-spirits may impact their educational opportunities and achievement compared with their non-Native LGBT peers, as they are facing oppression based on both race/ethnicity and sexual orientation (Balsam et al., 2004).

Balsam, Huang, Fieland, Simoni, and Walters (2004) conducted a study comparing an urban two-spirit sample with heterosexual AI/AN counterparts on multiple variables, including Native cultural variables, trauma, physical and mental health status and utilization, and substance use to find out how similar or different these groups are to one another. Specifically, the authors hypothesized that individuals who identified as two-spirits would report more traumatic life experiences, greater mental health and

substance abuse problems, and greater mental health utilization compared to their heterosexual peers (Balsam et al., 2004). Results indicated that individuals who identified as two-spirit Natives did not differ from their heterosexual counterparts on any of the cultural variables assessed. However, individuals who identified as two-spirit reported significantly higher rates of childhood physical abuse by their caregivers, but these groups did not differ significantly on any other types of interpersonal trauma. Individuals who identified as two-spirit reported significantly more Native-specific historical trauma events that occurred in the lives of their parents, grandparents, and great-grandparents. Not surprisingly, individuals who identified as two-spirits endorsed higher levels of PTSD symptoms. These two-spirit individuals also had significantly higher rates of lifetime illicit drug use compared to their heterosexual counterparts (Balsam et al., 2004). These findings signify the increased stressors faced by individuals who identify as both AI/AN and LGBT, possibly leading to an increased risk of developing psychopathologies. Given the association between identifying as two-spirit and experiencing symptoms of psychological disorders, it is possible that these individuals may be vulnerable to develop suicidal ideation and even attempt suicide.

Gender Minorities & Suicide

Literature from the social sciences provides evidence that women remain a minority in today's society and consistently face discrimination (Klonoff & Landrine, 1995). Research has indicated sexist discrimination occurs in various settings, including distancing and ignoring women in face-to-face situations (Lott, 1987; 1989), sexual harassment of female students and faculty (Paludi, 1990), and the unfair and unequal treatment of women in employment, housing, health, and social services (e.g., Klein,

1984; Krieger, 1990). Research polls have indicated large percentages of women report experiencing sexist discrimination in some form (e.g., in salaries), and similarly, many men report women are discriminated against (Harris & Associates, 1985; Krieger, 1990).

Klonoff and Landrine (1995) developed the Schedule of Sexist Events (SSE) to quantify the prevalence and impact of global sexist discrimination on women's physical and mental health. The authors conceptualized sexist events as gender-specific, negative life events or stressors that are analogous to generic life events. Klonoff and Landrine (1995) conducted a study to validate the measure using a culturally diverse sample. Results indicated that women of color (Asian American, African American, and Latino American women in this sample) reported experiencing significantly more frequent sexist discrimination compared to White women, in their lifetimes as well as in the past year (Klonoff & Landrine, 1995). The authors suggest this difference is because women of color are largely ignored by feminist psychology, feminist social science, and women's studies; furthermore, their experience of sexist discrimination may be attributed to past neglect from the women's movement, which failed to address ethnic minority women (Klonoff & Landrine, 1995). These findings provide support that ethnic minority women may be at an increased risk for negative mental health outcomes.

Research has shown that men die by suicide more often than women (CDC, 2007). However, simply being of female gender has been found to be a risk factor for suicidal ideation and suicide attempts (Legleye et al., 2010; Nock, Borges, Bromet, Alonso, et al. 2008). Further, suicide rates by gender may be complicated by other factors, such as ethnicity.

Ethnic/Racial and Gender Minorities & Suicide

An example of a group who identifies as both an ethnic/racial and gender minority is African American women, who have the lowest rate of suicide compared to all other ethnic/racial groups in the U.S. (Utsey, Hook, & Stanard, 2007). Some research has suggested the low suicide rates found among African Americans are due to issues surrounding self-disclosure, suggesting that African Americans are more cautious with regard to self-disclosure due to stigma (Morrison & Downey, 2000). Despite the low rate of suicide in comparison to other ethnic groups, researchers have suggested that suicide attempts are a significant problem for African American women (Kaslow et al., 2002; Kaslow et al., 2010).

One group who has a particularly high rate of nonfatal suicide attempts is Hispanic/Latina female adolescents in the United States (Zayas et al., 2005). In addition, estimates from several epidemiological studies indicate that approximately one in five Hispanic/Latina female adolescents attempts suicide (Garofolo et al., 1999, Rew, Thomas, Horner, Resnick, & Beuhring, 2001; Zayas et al., 2005). The percentage of suicide attempts for Hispanic/Latina female adolescents is approximately 13.5%, which is higher compared to Non-Hispanic Black (8.8%) and Non-Hispanic White (7.9%) female students (CDC, 2010). These statistics indicate a pressing importance to study suicidal behaviors among these specific individuals who belong to both ethnic/racial and gender minority groups.

An example of previous research that investigated risk and protective factors for Hispanic females was conducted by Garza and Petit (2010). They hypothesized that familism, or responsibility to family, would be negatively related to suicidal ideation.

They also hypothesized that perceived burdensomeness from the interpersonal psychological theory of suicide (IPT; Joiner, 2005) would be positively related to suicidal ideation. Finally, they hypothesized that familism and perceived burdensomeness would interact to predict suicidal ideation, such that the association between burdensomeness and suicidal ideation would be stronger among women with high responsibility to family (Garza & Petit, 2010). Contrary to their hypotheses, results indicated that familism was neither significantly associated with suicidal ideation nor general depressive symptoms. However, consistent with their hypotheses, perceived burdensomeness was significantly associated with suicidal ideation even after controlling for depression (Garza & Pettit, 2010). This finding is consistent with previous studies that investigate the interpersonal psychological theory of suicide (Joiner et al., 2002; Van Orden et al., 2006; Van Orden et al., 2008), and suggests that IPT has cultural relevance to Hispanic/Latina women who reside in the United States (Garza & Petite, 2010). Finally, contrary to their third hypothesis, familism and perceived burdensomeness did not interact to predict suicidal ideation. Taken together, these findings indicate that perceived burdensomeness is a robust predictor of suicidal ideation, regardless of one's sense of responsibility to family. These findings also suggest that familism and responsibility to family may be largely unrelated to emotional distress and psychopathology (Garza & Petit, 2010).

Another study was conducted McCullumsmith, Clark, Perkins, Fife, and Cropsey (2013) to investigate differential risks for suicidal behavior among gender and racial groups within a high-risk correctional population. The results indicated that participants who reported previous suicide attempts were more likely to be White, female, previously married, have less than a high school education, and more likely to be living in a shelter.

Participants who reported ideation tended to be White, predominantly male, more likely to live with a spouse and children. And both groups, participants who reported attempts or ideation, were more likely to be unemployed or disabled, not have private health insurance, take psychiatric medication, have a history of physical or sexual abuse, and meet criteria for substance (alcohol, amphetamine, cocaine, opioid, or sedative/hypnotic) dependence (McCullumsmith et al., 2013). The prevalence of risk factors was examined by gender/racial groups, including: White women, White men, African American women, and African American men. Results indicated five variables were related to suicide attempts for all four groups: younger age, disability or retirement, taking psychiatric medication, history of sexual or physical abuse, and cocaine dependence. In addition, two variables were related to suicidal ideation across all four groups: taking psychiatric medication and a history of sexual or physical abuse. Furthermore, other sociodemographic variables had race or gender specificities as risk factors for suicide attempts and suicidal ideation (McCullumsmith et al., 2013). It is interesting to note that White females, a single minority, had the highest prevalence of suicide attempts in this sample, and White males, a non-minority, had the highest prevalence of suicidal ideation in this sample. It is unknown whether the authors assessed for sexual orientation status.

Sexual Orientation and Gender Minorities & Suicide

Research that has examined sexual orientation and gender in relation to suicide has yielded mixed findings. With regard to sexual orientation and gender, adult lesbian and bisexual women have been found to have more depressive symptoms compared to gay and bisexual men (Kertzner et al., 2009). Previous rates of suicide attempts among lesbians have been reported as high as 18% (Bradford, Ryan, & Rothblum, 1994);

however, more recent estimates indicate approximately 7% of sexual orientation minority women report suicide attempts across the lifetime (Irwin & Austin, 2013; Meyer, Dietrich, & Schwartz, 2008). Alternatively, some of the previous suicidology literature suggests homosexual and bisexual males are at the greatest risk for suicide, including ideation, plans, and attempts (Legleye et al., 2010; McDaniel, Purcell, & D'Augelli, 2001; Ploderl, Kralovec, & Fartacek, 2010; Russell, 2003). In a study by Legleye and colleagues (2010), results revealed an abundance of risk factors associated with suicide for men, including sexual orientation and absence of sexual activity; whereas, illicit drug use (other than cannabis), violence, and forced intercourse were specific risk factors for women.

In a similar study conducted by Garcia, Adams, Friedman, and East (2002), results yielded no significant overall gender differences in frequencies of reports of suicidal ideation or attempts. However, results indicated a significant difference in reports of past suicidal ideation between lesbian/bisexual female respondents compared to their heterosexual counterparts. Lesbian/bisexual females were 3.7 times more likely to have considered ending their life. Interestingly, the difference between gay/bisexual males and heterosexual males in the frequency of reporting past suicidal ideation was non-significant (Garcia et al., 2002). The mixed findings in the suicidology literature related to gender and sexual orientation may be further compounded when ethnicity is taken into account.

Dual Ethnicities

Research has also examined individuals who identify with two ethnic minorities simultaneously and their risk for developing psychopathologies. An example of this

research was conducted by Ramos, Jaccard, and Guilamo-Ramos (2003), who investigated the relationship between dual ethnicity, termed "double minority status", and depression. Specifically, they compared depressive symptoms across European American, African American, Latino/a, and Afro-Latino adolescents. One of the authors' hypotheses was that Afro-Latinos would exhibit higher levels of depressive symptomology by virtue of belonging to two ethnic minority groups. Results largely confirmed their hypotheses and indicated that female Afro-Latinos exhibited the highest levels of depressive symptoms on all four categories of depressive symptoms measured, although some of the differences failed to reach statistical significance when compared with the other ethnic groups. Additionally, male Afro-Latinos only exhibited higher levels of depressive symptoms for the negative affect component compared to the other ethnic groups. Furthermore, the second hypothesis, that belonging to two ethnic minority groups would be disadvantageous, was partially supported, depending on gender and the particular facet of depressive symptoms (Ramos et al., 2003).

The hypothesis that membership in two distinct ethnic groups is problematic is not novel. In 1990, Baptiste proposed a set of unique problems experienced by dual ethnic American and immigrant Black-Hispanics that differentiate their situation from that of persons who identify solely as either Black or Hispanic. He referred to these unique problems as identity confusion, depreciated self-image, and social marginality/ostracism and isolation (Baptiste, 1990).

Whereas people who identify as solely Black or Hispanic are typically clearer and more secure about their racial identity, identity confusion results in Black-Hispanics because their dual racial group membership makes it difficult to be clear and secure about

their racial identity and which racial group with which to be allegiant (Baptiste, 1990). Additionally, multiracial individuals may be forced to choose a particular ethnic/racial identity, and by default, it is typically the minority identity (Baptiste, 1990). This has been historically illustrated in the "one-drop rule," which states if a person has one drop of African American blood, they are considered African American. But in actuality, many African Americans are multiracial (Bowles, 1993). The traditional rationale behind this extremist perspective is that the individual has to identify as a minority because this is the way they will be categorized by society (Kerwin, Ponterotto, Jackson, & Harris, 1993). These individuals may feel as if they do not belong to one particular group, because each of their minority identities is at play. Baptiste (1990) found that compared to their American counterparts, Afro-Latino adolescents are faced with numerous stressors associated with their unique dual ethnicity and double-minority status. Unlike adolescents who identify with a unitary ethnicity, these dual ethnic individuals may be torn between two cultures and struggle with feelings of affirmation and belonging. Characteristically, Afro-Latino adolescents in particular tend to manifest symptoms of depression in therapy (Baptiste, 1990). These depressive symptoms may stem from reconciling their dual ethnic identity and difficulties fitting in and gaining acceptance from peers at a vital time in the lifespan, when belonging to an identifiable group and group conformity are prioritized. Baptiste (1990) proposed that because of their racial identity confusion, Black-Hispanics develop and project a depreciated self-image. These individuals tend to be negative about themselves, despite their successful endeavors (e.g. academics or careers). Furthermore, these individuals may present with intense anger, highly suspicious of good/positive things that happen to them, unable to perceive

themselves with high self-worth, hypersensitive to rejection, and difficulty coping with acceptance by others (Baptiste, 1990).

Finally, many Black-Hispanic families face a "double whammy" of social marginality/ostracism and isolation because of their dual membership in racial groups that are both marginal in society (Baptiste, 1990). Baptiste (1990) discussed how establishing a unified racial identity and bridging the Black and Hispanic worlds is difficult for both immigrant and American communities. Consequently, Black-Hispanics are rejected from the predominantly Black and/or Hispanic communities, which increases their feelings of marginality and ostracism, exacerbates identity confusion, and often leads them to isolate themselves from social interactions with their various communities. This isolation may then contribute to further problems, such as alcohol and substance abuse and dependence, and depression (Baptiste, 1990).

Baptiste (1990) discussed how although Black-Hispanic individuals are similar to other bi-racial people, they are a distinct group because both racial groups with which they identify are societally stigmatized and devalued. Baptiste's conceptualization of the experiences of Black-Hispanics may be similar to the experiences of other individuals who identify with multiple minority identities. These concepts can be further extrapolated to multiple ethnic/racial, sex, and/or sexual orientation identities, and how these identities relate to negative mental health outcomes.

Framework for the Current Study

Although the aforementioned studies looked at specific minority populations (e.g., LGBT Asian Americans and Hispanic Americans) and their risk of developing psychopathologies (i.e., suicidal thinking), these studies have a common theme. Each

study recognized the possibility that individuals who identify with more than one minority group are at an increased risk for developing psychopathologies compared to their non-minority and single-minority counterparts. The theory that belonging to multiple minority groups is more detrimental to one's mental health, rather than belonging to a single-minority group or the non-minority group, has been previously supported. Ramos et al. (2003) proposed an additive effects model to help explain this concept. The model assumes that the effect of identifying as an Afro-Latino is a culmination of both the effects of being an African American and a Latino. Furthermore, this model asserts that the potential disadvantages of belonging to either ethnic group cumulate for those who identify with both ethnic minorities (Ramos et al., 2003). Although this model looked at individuals who specifically identified with two ethnic groups, it can be extrapolated to the broader concept that, in general, belonging to multiple minority groups can be disadvantageous. Individuals who identify with two or more minority groups may experience increased distress due to the compounded effects of identifying with multiple disenfranchised groups that go above and beyond the effects of each minority group considered singly (Phinney & Alipuria, 1990).

Current Proposed Study

The fact that there are studies both within suicidology and general psychopathology literature that focus on double-minority individuals illuminates the idea that membership in multiple minority groups may be associated with heightened risk for suicide. Although there are previous studies that focus on specific minority groups, there is no previous research to the author's knowledge that simply focuses on the broader concept of belonging to multiple minority groups and how this relates to suicide risk. It is

of particular importance to study suicidal ideation and suicidal behavior in multiple minority populations because these groups are hypothesized to be at an increased risk based on previous research and theories.

Specifically, the goal of this study was to compare the rates of suicidal ideation across three groups: non-minority, single-minority, and multiple minority groups in order to identify populations who are at a higher risk for suicide. For the purposes of this study, individuals were classified as a minority through several distinct characteristics with which they self-identifed, including ethnicity, sex, and sexual orientation. Furthermore, the non-minority group in this study consists of heterosexual Caucasian males. An example of a single minority individual is a homosexual Caucasian male. In addition, examples of multiple minority individuals would include a heterosexual Native American female and a bisexual African American female.

Based on minority stress theory (Meyer, 1995), the group who identifies with the most minority identities, multiple minorities in this study, will be at the highest risk for suicide due to simultaneously experiencing distress related to oppression, discrimination, and prejudice related to their multiple group memberships. This may lead to increased suicidal ideation due to these increased stressors. Groups who identify with fewer minority identities (single-minorities) will be at a lower risk for suicide, and furthermore, will decrease in rates of suicidal ideation. Specifically, it was hypothesized that individuals who self-identified as a multiple minority would be at the highest risk for suicidal ideation. It was also hypothesized that individuals who meet the aforementioned criteria as a single-minority would be at the second highest risk for suicidal ideation.

Finally, it was hypothesized these two minority groups would experience significantly higher rates of suicidal ideation overall compared to the non-minority group.

CHAPTER III

METHODOLOGY

Participants

A power analysis was conducted to determine the necessary sample size for the present study. An omnibus, one-way ANOVA with four levels of the independent variable will be conducted to test the hypothesis. The power analysis yielded a sample size of 240 to obtain a power of .95; therefore, equal sample sizes of 60 participants were necessary for each of the three groups. The 240 participants were from a large Southern University and recruited online through SONA to complete the questionnaires in order to receive course credit for their participation.

Materials

Demographics Questionnaire. A demographic questionnaire was administered to participants in order to obtain information about their age, sex, ethnicity, and sexual orientation. Participants were categorized by non-minority, single-minority, or multiple minority status based on how they self-identified according to this questionnaire. To illustrate further, the non-minority group will consists of heterosexual Caucasian men. The single-minority group consists of: men who identify with an ethnic minority, men who identify with a sexual orientation minority, and heterosexual Caucasian women. The double-minority group consists of men who identify with an ethnic and a sexual

orientation minority, women who identify with an ethnic minority, and women who identify with a sexual orientation minority. Finally, the triple minority group consists of women who identify with an ethnic and a sexual orientation minority.

Hopelessness Depression Symptom Questionnaire – Suicidality Subscale. The Hopelessness Depression Symptom Questionnaire– Suicidality Subscale (HDSQ-SS; Metalsky & Joiner, 1992; 1997) is a four item self-report measure designed to assess for suicidal ideation in the past two weeks. The HDSQ-SS is a subscale of the Hoplessness Depression Symptom Questionnaire. Items are rated on a scale from 0 to 3, and response options vary for each item. Overall high scores indicate higher levels of suicidal ideation. The HDSQ-SS has demonstrated good reliability ($\alpha = .86$; Metalsky & Joiner, 1997).

Additional Suicide Questions

These questions include nine additional items to assess for intentional lifetime self-harming behavior and lifetime suicide attempts.

Procedure

Participants who agreed to take part in the study signed into SONA (the online research pool at Oklahoma State University) and were given a link for the questionnaires to be completed online. Participants were redirected from the SONA website to the Qualtrics website, which is a secure website that contains the informed consent, measures of the study, and a debriefing sheet. Upon being redirected to Qualtrics, participants were first shown a statement that indicated that they provide consent to participate in the study by clicking "Next" after reading the agreement conditions. If they did not wish to

continue, they were given the option to withdraw participation by clicking a link that redirected them to the main Oklahoma State University website, and they did not receive participation credit. Next, participants filled out a series of questionnaires. Upon completion, participants were shown the debriefing form, which informed them of the aims of the study, and they were provided with a list of psychological resources via the Qualtrics website.

CHAPTER IV

RESULTS

An omnibus one-way ANOVA with three factors of the independent variable (minority group status) was conducted to determine whether there were group differences in levels of suicidal ideation. The three factors of the independent variable consisted of: non-minority, single-minority, and multiple minority groups. Results indicate the overall ANOVA model was not significant, as evidenced by $F(2, 409) = 1.72$, $p > .05$. However, upon examining the means plot of group differences in levels of suicidal ideation (see Figure 1) and based on *a priori* predictions, exploratory non-orthogonal contrasts (planned comparisons) were conducted to examine hypothesized differences. Levene's test of homogeneity of variance was significant, $p < .05$, indicating group variances were not equal. Results indicate the first planned contrast was significant, $p < .05$. This result suggests that the non-minority group is significantly different in levels of suicidal ideation when simultaneously compared to both the single and multiple minority groups. However, the second planned contrast was not significant, $p > .05$. This finding suggests that the single-minority group is not significantly different from the multiple minority group in levels of suicidal ideation.

CHAPTER V

DISCUSSION

Although previous studies have focused on specific multiple minority groups and their risk of negative mental health outcomes including suicide, no previous studies to the author's knowledge have examined the broader concept of belonging to multiple minority groups and how these multiple identities are related to suicide risk. The current study investigated whether there would be differences in rates of suicidal ideation dependent upon minority status membership. Specifically, it was hypothesized that with the increased amount of minority groups individuals identified, the higher their risk would be for experiencing suicidal ideation. Results of the overall ANOVA model were not significant. However, upon examining the means plot of group differences in levels of suicidal ideation and based on *a priori* predictions, exploratory non-orthogonal contrasts (planned comparisons) were conducted to examine hypothesized differences. Results of the planned comparisons indicated that there was a significant difference between the non-minority group and both the single and multiple minority groups when compared simultaneously.

This result suggests that simply belonging to a minority group increases one's risk for suicidal thinking. This finding is consistent with minority stress theory (Meyer, 1995), which posits that members of cultural minority groups are exposed to frequent and

damaging stressors, such as prejudice, discrimination, and oppression (Hayes et al., 2011). Previous research has found that members of ethnic and racial minority groups experience increased rates of helplessness, anxiety, and depression compared to European Americans (Clark et al., 1999). Past research has also indicated that gay men and lesbian women report more mental health problems, including higher rates of substance abuse, affective disorders, and suicide compared to their heterosexual counterparts, and these differences may be due to harassment and discriminatory practices (Cochran, 2001; Gilman et al., 2001; Herrell et al., 1999; Sandfort et al., 2001). Alternatively, results of the current study do not fully support the double jeopardy hypothesis or the additive effects model, as these theories were used to guide hypotheses of the current study. The double jeopardy hypothesis has been applied to individuals who belong to both LGB and ethnic minority groups. The double jeopardy hypothesis states that by virtue of belonging to multiple minority groups, individuals face distress that may be due to the additive effects of facing discrimination because of one's race and sexual orientation, and/or the effects of discrimination due to one's sexual orientation alone within their specific community of color (Ferraro & Farmer, 1996; Lemelle & Battle, 2004; Pachankis & Goldfried, 2004). Similarly, the additive effects model suggests identifying with two or more minority groups increases one's risk of negative outcomes because the potential disadvantages of either minority group cumulate for those who identify with both minority groups (Ramos et al., 2003). Although findings of the current study do not fully support hypotheses, the broad finding that simply belonging to a minority group may

increase suicide risk is unique. Previous studies have looked at specific minority populations (e.g., Asian Americans and Hispanic Americans who identify as LGBT) and their risk of developing psychopathologies (i.e., suicidal thinking); however, no study to the author's knowledge has more broadly examined the concept of identifying as a minority group member and how this affects one's mental health.

Results of the current study should be interpreted with a few limitations in mind. The study employs the use of a convenience sample of college students, which may limit the generalizability of study results. Future research should replicate findings in both community and clinical samples in order to conclude whether results from the current study are consistent across samples. If replicated in a clinical and/or community sample, suicidal ideation is likely to be higher in these samples (e.g., Schwartz, 2011) and greater disparities in rates of suicidal ideation may be likely between multiple, single, and non-minority groups in these more heterogeneous populations. A further limitation was related to the use of a convenience sample; because of the geographic location and homogeneous nature of college students in this sample, there was difficulty in collecting participants who identify with more than two minority groups. Future research should use more diverse sampling techniques, such as snowball sampling, to recruit participants from diverse populations in order to increase the sample size and heterogeneity of multiple minority groups.

Results of the current study provide several clinical implications. These include clinicians' awareness of clients' minority status, as this may place them at an increased

risk for suicidal thinking, which is a proximal predictor of suicide. It is important for clinicians to be aware of their clients' minority status membership in order to keep cultural considerations in mind, particularly when assessing suicide risk. For example, the suicide rate for American Indian/Alaska Natives (AI/ANs) surpasses all other ethnic groups in the United States (IHS, 2000-2001a; Wallace, Calhoun, Powell, O'Neil, & James, 1996), and this rate continues to rise, as there was a 65.2% increase from 11.2 to 18.5/100,000 for AI/AN suicide deaths between the years of 1999 to 2010 (CDC, 2013). For reasons such as this, it is important for clinicians to be aware of their clients' minority memberships, as well as other demographic variables such as age, sex, and socioeconomic status which may play a role in determining suicide risk.

Another reason why it is important for clinicians to be aware of their clients' minority status involves making accurate diagnoses and accurate suicide risk assessments that are free of biases. Previous research supports that discrepancies and biases exist among clinicians and health professionals in conducting suicide risk assessments on minority clients, as well as in identifying suicide-associated comorbidities, such as depression among minority groups (Rockett, Lian, Stack, Ducatman, & Wang, 2009). In more recent years, the American Psychological Association (APA) has made major implementations in order to help reduce clinicians' biases, as well as to increase cultural awareness. For example, in 2008 the APA Task Force on Gender Identity and Gender Variance published its report, which included recommendations on training and education for clinicians (Anton, 2010; APA, 2008). Subsequent to these

recommendations, APA formed the Task Force to Develop Guidelines for Psychological Practice with Transgender and Gender Nonconforming clients in 2011.

Findings of the current study provide preliminary support to the broad concept that identifying as a minority member increases risk for suicide; however, future research is necessary to determine which specific minority groups are at a greater risk of suicide compared to other groups, who may be more protected against suicide. In order to test this, future research should examine group differences in rates of suicidal ideation using more diverse samples. For example, future studies may include only individuals who belong to ethnic minority groups. Additionally, future research may compare individuals who belong to specific minority groups, such as ethnic minorities compared to individuals who belong to the same ethnic minority groups and also identify as sexual orientation minorities. Another area of future research that is needed is to identify factors that exacerbate or buffer suicide risk for specific minority and multiple minority populations.

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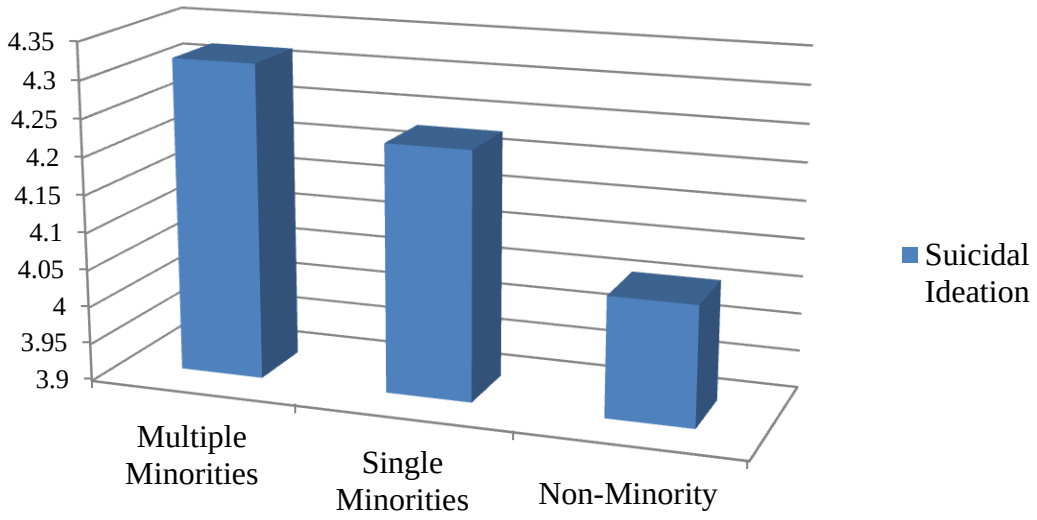
FIGURES

Figure 1: ANOVA Results



Note: Mean differences are in expected directions; however, the overall ANOVA model was not significant.

VITA

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