# Table of Contents

Mentoring 101 .................................................. 3  
Let’s Talk – Communication Skills ................. 8  
What’s Your Story? ........................................... 13  
Identity and Inclusion ...................................... 15  
Life on Campus ............................................. 18  
LGBTQ Health and Mental Health .................... 21  
Suicide Information and Response .................... 25  
Oppression, Violence, and Social Justice .......... 29  
Final Remarks and Additional Resources .......... 34
Mentoring 101

Learning Objectives
After this module, mentors will be able to:
- Define what a mentor is
- Identify key elements that make a mentor-mentee relationship successful
- Identify behaviors that might harm a mentor-mentee relationship
- Understand why romantic and sexual relationships are not allowed between mentors and mentees
- Know how to address romantic feelings in a mentor-mentee relationship

What is a mentor?

Questions to get you started
- What does it mean to be a mentor?
- Why do you want to be a mentor? What motivated you to sign up for this program?

Did you know that “Mentor” was actually the name of a character in The Odyssey by Homer? When Odysseus went to fight in the Trojan war, Mentor ruled Odysseus’s kingdom in his stead, and taught and looked after Odysseus’s son. (Homer, The Odyssey (Book II), http://www.poetryintranslation.com/PITBR/Greek/Odyssey2.htm)

Dictionary.com defines a mentor as: “A wise and trusted counselor or teacher; an influential senior sponsor or supporter.” (Dictionary.com, Mentor, http://dictionary.reference.com/browse/mentor?s=t)

There are several important aspects of that definition.
- First, a mentor is wise. This doesn’t mean you have to know all the answers, but you should be willing to share your insights and experiences openly in a way that is constructive.
- A mentor is trusted. It is essential to build trust with your mentee through maintaining their confidentiality, and talking with them and listening to them in a way that is respectful and honest.
- In this definition a mentor is a counselor. Of course, you are not actually licensed psychologists, and it is important that your mentees be aware of that and not use their relationship with you to substitute for needed mental health services. However, mentors should be supportive of their mentees and offer them a nonjudgmental safe base for emotional support and advice, as well as promote healthy identity exploration and development.
- Mentors are also teachers. One of the most important aspects of any mentoring program is that it allows young people to have positive role models to learn from as well as easily accessible sources of information about the community.
- Mentors are influential. In fact, research has found a connection between LGBT youth who have accessible role models, like mentors, and lower levels of psychological distress (Bird, Kuhns, & Garofalo, 2012). Being a mentor can have a significant positive impact on your mentee’s life!
Mentors are more “senior” than their mentees. They generally have more life experience to draw from, and they can use that experience to help teach and serve as a role model for their mentee. In this program, your mentee might not be much younger than you, but they might be new to this campus or in an earlier stage of exploring their sexual identity. You can help serve as a more experienced guide to help them feel at home in this community and accepting of themselves.

Finally, mentors are sponsors and supporters. They do not solve their mentees’ problems for them, but they help them find their own solutions. As sponsors and supporters, mentors are advocates for their mentees and stand up for them in situations where they need support.

**What makes a mentor effective?**

**Questions to get you started**

- What distinguishes a good or effective mentor?
- What mentors have had an impact on you? What qualities did they have or actions did they take?

Mentors are both advocates and role models for their mentees. As mentors, you are responsible for establishing a warm, genuine and open relationship with your mentees, and for keeping in frequent contact with your mentees.

Through this program you will arrange a structure for communicating or meeting with your mentee that makes sense for both of your needs and abilities. You are also welcome to consult with the co-facilitators, any LGBT Campus Center staff, and/or other mentors to meet your needs as a mentor.

Give your mentee voice and choice when arranging what to do during your meetings with them to ensure that your activities are within their comfort zone.

It is also important to establish realistic expectations for the relationship during the initial meetings, and to develop a sense of trust based on open communication and following your mentee’s lead in what the two of you talk about and how you talk about it.

You are expected to honestly share your own experiences and insights at your comfort level and to encourage your mentees to ask questions, but to also not be afraid to admit when you don’t know everything about a topic.

In general it is most important that you offer your mentee help and support in the areas that feel most pressing to them.

**Activity**

Before you meet with your mentee, make a list of things you can do to fulfill your role as a mentor, including things like:

- Act as an advocate, ally, and role model
- Be accessible to your mentee
- Schedule meetings with your mentee
• Allow mentee to direct the topics of conversation and choose meeting locations
• Respect mentee’s level of outness
• Set realistic relationship expectations in the beginning
• Communicate openly
• Share your own insight and experiences (good and bad!)
• Set personal boundaries
• Encourage mentee to ask questions
• Follow through on meetings
• Seek support and help when needed
• Be positive
• Encourage healthy sexual and identity development
• Be supportive
• Be nonjudgmental
• Listen to your mentee - use active listening skills

(Adapted from Penn State University, *Mentoring Points to Remember in Building a Good Relationship*, http://architect.lgbtcampus.org/mentorship_program)

**What is a mentor not?**

*Questions to get you started*

• What characteristics could make an unhealthy or poor mentor-mentee relationship?
• Have you ever had someone who was supposed to be your mentor/advisor, but who just didn’t fit right? What could they have done to make your experience with them better?

There are several things it is important for mentors to **not** do:

• Break the mentee’s confidentiality
• Give too much unsolicited advice
• Fail to follow through
• Drink or use other substances with their mentees
• Be judgmental
• Engage in a romantic or sexual relationship with their mentee

Overall, it is important for you to be there to help your mentees, and not to get your own needs met. You are also not there to meet all of your mentees’ needs either.

Be clear about the boundaries of the relationship - being a mentor incorporates aspects of being a teacher, a counselor, and a friend, and a parent, but it is important to remember that being a mentor is not the same as being a teacher, a friend, a counselor, or a parent.

(Adapted from Penn State University, *Mentoring Points to Remember in Building a Good Relationship*, http://architect.lgbtcampus.org/mentorship_program)
Boundaries and relationships

Questions to get you started

- What could be the dangers of getting romantically involved with your mentee? What about using substances together or in their presence?
- What are some ways you can think of to handle feelings of attraction toward your mentee? What about if they felt attracted toward you?
- What personal boundaries will it be important for you to set as a mentee? How can you set these boundaries early in the relationship, or if they come up later?

This relationship is designed to provide a safe emotional base for your mentee as well as resources and guidance for healthy identity development. If you entered into a sexual or romantic relationship, the power difference between the mentor and mentee role mean that it would be inherently coercive, even if it wasn’t meant to be.

You would no longer be a safe base for your mentee, and if the romantic relationship ended, your mentee would be left without the resources and guidance they need, which could cause intense emotional distress and threats to their mental health.

Because of these reasons, engaging in a romantic relationship with your mentee is not okay.

If you’re mindful of what is going on and take active steps to address the way you feel, your relationship with your mentee is much less likely to be jeopardized.

You also have the right to set boundaries for yourself and expect them to be respected. These boundaries might include privacy, time, meeting places, or anything else you need to feel safe and secure. A mentor-mentee relationship cannot thrive if either person feels uncomfortable or disrespected.

If romantic or sexual feelings enter your mentor-mentee relationship

When you’re reacting strongly to your mentee...

1. The first thing to do is ask yourself “what is this about?” What reaction is your mentee pulling from you? Is this about you and what’s going on in your life? Why do you think your mentee making you feel that way? Are they subconsciously trying to get something from you - attention? Advice? Emotional support? What do you seem to want from them? Is it something that is particularly lacking in your life at that moment? How else could you meet that need?

2. Talk to someone at the LGBT Campus Center about the feelings! It can be really frustrating and confusing to deal with feelings of attraction, even in the best scenarios, but even more so when they’re feelings that occur in a situation where you know you won’t be able to act on them. Consult with one of the mentor trainers, or Gabe, or Katherine, to get support so you don’t have to deal with it on your own. Having the feelings themselves is totally natural and normal, and not something you should be worried to talk to us about. We’re here to support you!

3. After you have recognized the emotions, clarify the reality of your relationship. If you are the one experiencing romantic feelings for your mentee, you can do this by just reminding
yourself in the moment with your mentee that this is a mentor-mentee relationship, and therefore turning it into a romantic one is out of bounds. Check yourself to make sure that you’re not treating your mentee differently than you would treat any other younger student you were advising.

If your mentee has feelings for you, bring attention to their behavior without shaming them, so the dynamics of your relationship can be discussed openly. Clarify the nature of your relationship with them. Be kind and empathetic, but remind them of what being a mentor is (you can even use the definition we came up with earlier!) and what it is not, and why it would be inappropriate for you to get together.

Activity
Consider the following scenarios and think of suggestions for the people involved.

Scenario 1:
Mentor: Hey Charles, how are you today?
Mentee (visibly flirting): I’m doing well now that you’re here.
Mentor: Umm, great, I guess... Last week you mentioned having some trouble in your calculus class. How is that going?
Mentee: Not great. It’s so hard to study at my place because my roommate is always playing his music. Maybe I could come over to your apartment to do my homework tonight.
Mentor: I’m sorry to hear you’ve been having difficulty studying, but I don’t think it would be a good idea for you to come over.
Mentee: Why not? (fake pouting) I can cook you dinner...

What should the mentor do or say?

Scenario 2:
Trainer: You mentioned that you were worried about Megan’s current relationship. Have you followed up with her about it lately?
Mentor: No, not really. It seems sort of like I’m prying. Plus, I might have just been exaggerating things.
Trainer: What makes you say that?
Mentor: I don’t know. I’ve been feeling weird about seeing Megan lately.
Trainer: What do you mean by weird?
Mentor: I feel guilty about it because I know we’re not supposed to, but I think I like her.
Trainer: So you’re attracted to her?
Mentor: I guess...

What should the mentor do? What should they do when they see their mentee? How could the trainer help the mentor?
Let’s Talk – Communication Skills

Learning Objectives
After this module, mentors will be able to:

- Demonstrate active and reflective listening
- Use open and closed questions, and know the difference between them as well as the benefits and drawbacks of each
- Identify their own primary interpersonal style
- Understand how that style might affect their interactions with their mentees
- Be able to flexibly use other styles of interacting when appropriate

Active and Reflective Listening

Active listening is a way to increase understanding between people by showing genuine interest and respect for what each person is saying.

Active listening includes what you’re doing with your mind, as well as with your body, and your words.

Mind: When you are listening to your mentee, really pay attention!
- Don’t try to think of what point you’ll make next while they’re talking.
- Try not to get side-tracked by environmental or mental distractions.
- If you find yourself getting distracted, it can be helpful to focus on the words your mentee is saying and repeat them in your head, to bring you back to the conversation at hand.
- Be aware of both what your mentee is saying with their words and their body language.
  What emotion is behind what they’re saying?

Body: Your body language can help show that you are listening.
- The acronym “SOLER” can help you remember one way active listening can look like:
  - Squarely face your mentee,
  - Open your posture (don’t cross your arms etc),
  - Lean in slightly toward your mentee,
  - Maintain Eye contact, and
  - Relax while listening

Although there are other ways to show active listening (such as nodding or using facial expressions), and active listening doesn’t always include all of those indicators!

Keep in mind that all of these recommendations might vary depending on your cultural background and/or your mentees, your neurotype or your mentee’s, and other factors. Go with what feels right for you and your mentee!

Words: There are many ways to help your mentee feel heard and understood through what you say in response.
- Use small verbal comments like “yes” and “uh huh” to encourage them to keep speaking.
- Don’t interrupt your mentee!
Reflective listening takes active listening a step further by reflecting what your mentee is saying through constructive paraphrasing. This can be useful in several scenarios:

You can make sure that you've correctly understood what they've said.
   Ex. “So it sounds like you’re saying that you’re having a hard time meeting other students who are out on campus…”

You can also reflect the emotions in what they’re saying.
   Ex. “What I’m hearing is that you want to ask her out but feel really anxious about it…”

If something seems confusing or you get lost, you can pause to re-orient the discussion.
   Ex. “Wait, I’m a bit confused so let me see if I’m following you. Your roommate has an ex-boyfriend who wants to spend the weekend, and you like him but you’re not sure if you want him to stay because he drinks a lot and you’re worried it will get your roommate into trouble. Is that right?”

After your mentee has talked for a little while, you can synthesize what they’ve communicated by pulling the key ideas and emotions together.
   Ex. “We’ve talked about a handful of different things, but it sounds like in general it’s been hard for you to know if you can trust people enough to share your questions about your sexual identity, including your family and friends. This is making you feel like there’s distance growing between you and the people in your life, and it’s scary because it feels like there isn’t much you can do about it. Does that sound about right?”

Things not to say when engaging in active and reflective listening:

- Do not tell your mentee that they’ll “get over it” or “outgrow it” - even if you think this is true, saying it does not help your mentee feel heard and understood, just that you’re being patronizing toward them. Instead, show that you hear where they’re coming from.
  Ex. “I can see that you were hurt by that. It’s a lot to go through, especially with school on top…”
- Do not nit-pick about grammar or other details that are unrelated to the content of what they’re saying.
- If your mentee is in the middle of sharing something, do not derail the conversation even to share a similar experience. When they’ve finished sharing, you can offer your story if you think hearing it will help your mentee.
  Ex. “I’ve been there too - I experienced something similar when I was living in the dorms. Would you like to hear about it?”

Open and Closed Questions
One way of showing that you are invested in what your mentee is saying is to ask questions to better understand where they’re coming from.

There are two main forms of questions you can ask, and both of them have slightly different functions and outcomes.
Open questions:
- Open questions often begin with questions words, such as “How,” “Why,” or “What,” or with prompts such as “Can you tell me about...?”
  - What is your roommate like?
  - Can you tell me more about what you were thinking/feeling in that moment?
  - How did you decide to come out to your friend?
- They encourage people to talk in depth, tell stories, give more details, etc.
- They are most effective when your mentee is already comfortable sharing with you.

Closed Questions:
- Closed questions are often yes/no questions or ask for short, specific, factual responses.
  - What’s your major?
  - Is this your first time dating anyone?
- They narrow a conversation’s focus and can clarify information.
- They can be used to “warm up” a conversation when followed with open questions.
- They can also make your mentee feel interrogated, so use them appropriately and sensitively. Don’t push your mentee to share something they seem uncomfortable with.

Other rules of thumb to keep in mind about asking questions:
- Only ask one question at a time.
- Give your mentee time to think and respond.
- Try not to ask loaded questions that are really your own opinion framed as a question. It is better to state your opinion directly so you can have an open discussion about it rather than assuming your opinion is correct.
  - Ex. Instead of “Don’t you think you would feel better if you ate healthier?,” you can say something like “My body usually feels better after I eat some vegetables. How do you like to take care of your body?”
- Sometimes asking “why” can make people feel defensive or attacked, especially if it seems like you’re criticizing their choices. You might want to come up with alternate ways of phrasing the question that seem more empathetic.
  - Ex. Instead of “Why didn’t you just tell the person to leave you alone?,” you can say something like, “That seems like a really difficult situation. Can you tell me about what you were thinking and feeling when you reacted?”
- Different cultures may have different norms about asking and answering questions. Be sure to pay attention to your mentee’s body language and check in with them to see how they’re feeling.

Activity
Consider the following scenarios and come up with some questions you can use to guide the conversation with your mentee.
- Your mentee has just ended their first romantic relationship and are now losing sleep and find themselves sleeping more than usual. Even their schoolwork is being affected because they are having trouble concentrating during class and have missed several assignments.
- Your mentee overheard the instructor of one of her classes make openly homophobic comments on more than one occasion. It is so offensive that it makes it difficult for her to feel motivated to attend class. She has missed the class a couple times now, but just
received a low grade on a quiz and believes she should probably attend more to make sure she passes the class.

- Your mentee was out dancing this weekend and ran into a group of students from one of his class discussion sections who he was not out to. While he was chatting with them, one of his other friends joined the conversation and made a joke that accidentally disclosed his sexual orientation. He couldn’t judge your classmates’ reactions very well in the dark club, and they left the conversation shortly after your friend’s joke. Now he is worried about seeing them again in class and doesn’t know how to approach the situation. Your mentee tells this story to you as if it is an amusing anecdote to see how you will respond, but you can tell he is feeling anxious.

Interpersonal Patterns

Questions to get you started:

- Take a moment to think about your style of communicating with others. Do you try hard to please other people and to be seen as generous and good? Do you try to be seen as a leader or outstanding among your peers?
- How do you think you learned that pattern of interacting? What patterns existed in your family? How well does this style of interacting work for you? Do you use different styles in different settings or with different people?
- How do you think you would react if your mentee has a style different from your own? What might be some opportunities or difficulties because of that? What if you both have the same style? What might be some good or bad things about that?

When you’re building your relationship with your mentee, not only is it important to know how to actively listen and ask questions in general, but it is also important to understand what your own general style of interacting with other people is.

Consider the graph below, called a **Johari Window** - one of the many systems to guide reflection on interpersonal patterns.
● **Open**: There are some things about ourselves that we know and that others know about us, which is part of the “open” section of the chart. This includes any salient aspect of our identity, like the fact that we’re students.

● **Unrecognized** (sometimes called “Blind”): There are also things that we aren’t aware of about ourselves but that others might notice, that we are blind to, which could be things like the fact that we snore, or that we flirt with other people when we don’t mean to.

● **Hidden**: Some things are “hidden” from others, even though they’re things we know about ourselves. A relevant example of this would be someone who realizes they’re gay but has not come out to anyone yet and is able to pass as straight.

● **Unknown**: Then there are some things that are unknown to us and to others, things that might be deeper in our subconscious.

So far the training has mostly addressed areas that fall into the “open” area of the Johari Window. Next we are going to talk about our style of interacting with others, which might include more of the other sections. It is important to think about this because it affects our relationships and how we react to others, which will include how we interact with our mentees.

Another model of interpersonal patterns, developed by psychological theorist Karen Horney, categorizes how people react to a risk of rejection:

● **Moving Towards**: people who adopt the “moving towards” strategy minimize the risk of rejection by being nice and good. They try to please everyone so that others will not have cause to leave them.

● **Moving Against**: those who adopt this strategy try to ward off discomfort by being intimidating and impressive. They can focus on controlling others and controlling the situation around them. They tend to be very competitive and perfectionistic, “the best.”

● **Moving Away**: these individuals avoid the risk of rejection altogether by avoiding close relationships. They tend to emotionally withdraw from social interactions and take pride in being self-sufficient and independent.

According to this model, although people are often flexible and use different styles of interacting in different situations, individuals usually have one primary way of interacting with people.

These are only two models of interpersonal styles, and there are many, many more: including the Myers-Briggs Type Indicator, many astrological systems from all over the world, Strengths Quest, etc! It’s very likely that some will make more sense to you than others, or maybe none of them will.

Whatever method you use to guide self-reflection on your interpersonal communication, having a deeper awareness of your own habits, tendencies, personality, and patterns will help you navigate your relationship with your mentee with care, deliberation, and empathy.

It is good to have flexible ways of interacting, which doesn’t mean you should give up your natural style. It just means that if your style isn’t serving you well in a particular situation, it can be useful to try a different approach!
What’s Your Story?

Learning Objectives
After this module, mentors will be able to:
● Identify the most important experiences and events of their own life story
● Begin to make meaning out of those experiences and events
● Understand how stories can be used for social change

Making meaning from your story

One of the things you will be doing with your mentees is sharing your story, and encouraging them to share their story with you.

According to novelist John Barth, “everyone is necessarily the hero of his own life story.” Narrative identity theory argues that not only are people the heroes of their own stories, but also that through the act of creating their life stories, they also create their identities and make meaning out of their experiences. The process of trying to blend conflicting elements into a cohesive life story often begins in adolescence but continues throughout your life.

Being able to view your life as a story can have mental health benefits as well - specifically, being able to integrate and make meaning out of difficult and traumatic life experiences has been associated with greater well-being.

Activity
● Sketch out a few threads of your own personal timeline. How does your story start? What are some moments that have helped shape who you are? Take a moment to think about what you learned from the story you have outlined.
● Ex.: If you had a relationship and it lasted a year, but then ended, so you wound up dating someone else, how do you view that first relationship? Would you talk about it as a failure - a relationship that didn't last and led to heartbreak? Or was it a relationship that was good while it lasted but happened to end like so many do? Or was that relationship just a stepping-stone that allowed you to get to the next relationship? There are multiple ways to see every story...

The way you tell your story might affect the way you live it because it affects the way you see the world around you. If you can see yourself as the hero of your story, and help your mentee see themselves as the hero of theirs, you may help both of you live happy stories.

Social change through storytelling

Questions to get you started:
● Is there a particular story your life is expected to follow? Where did that story come from? How is your actual story similar or different from that one?
● How did you come to realize that your story can be different?
● What could be some risks or benefits of sharing your story?
Telling and making meaning out of your story is not only an important part of identity development and encouraging mental health, but sharing it with others can also be a powerful tool to promote social justice.

Lee Anne Bell’s book *Storytelling for Social Justice* highlights the way that stories can be used to create discourse and community around topics like race and sexual orientation. Sharing stories that have not been given voice in the dominant culture can change the way people think about social structures and relationships.

According to Bell’s model, there are four different kinds of stories:

- **Stock stories**: Stock stories are those that are standard and typical in our society and that help support the status quo and prevailing stereotypes. One example of this kind of story is “The American Dream.” Can you think of others? What about ones related to gender?
- **Concealed stories**: Concealed stories shake up the status quo but are generally "hidden in plain view." It takes more effort to expose them within ourselves and others. These are basically the other side of the stock stories – the truths the stock stories hide.
- **Resistance stories**: Resistance stories emerge when concealed stories are documented and passed down. These might include things like slave stories that were published and challenged the dominant slavery narrative of their time. They have the potential to inspire people and get them to take action.
- **Emerging/Transforming stories**: Emerging/transforming stories are resistance stories that have not been heard before. They tell the stories of people’s experiences today in ways that allow for categories, boundaries, and relationships to be re-imagined.

We can use our own stories to counter the dominant narrative in society about gender and orientation to help give others a new and more complex way of seeing the world.

References:
Identity and Inclusion

Learning objectives:
After this module, mentors will be able to:

- Understand various identity models
- Use these models to gauge your own identity development, as well as your mentee’s

Sociological research has developed several identity models to understand how one comes to terms (or not) with their minority sexual identity. No one model is the truth or “right” way to develop, and in some cases a sociological approach might not be the most appropriate. These models are just some of the ways as a mentor to help you think about the process not only for your students, but yourself and how your identities have developed or continue to develop.

The purposes of these models are to serve as a guideline or reference point. Not all students will follow these models in their identity development. Your mentees may be in various stages of these models and may go back and forth between stages, especially when it is compounded with the other adjustments they will be experiencing as first-year students to this campus.

Cass Identity Model (edited for inclusivity)

LGBTQ Identity Development Model
COMING OUT is a lifelong process of exploring one’s gender and/or sexual identity and sharing it with family, friends, co-workers and the world. It is one of the most significant developmental processes in the lives of LGBTQ people. Coming out is about recognizing, accepting, expressing and sharing one’s sexual orientation with oneself and others.

- **Stage 1: Identity Confusion**
  This is the "Who am I?" stage associated with the feeling that one is different from peers, accompanied by a growing sense of personal alienation. It is rare at this stage for the person to disclose inner turmoil to others.

- **Stage 2: Identity Comparison**
  This is the rationalization or bargaining stage where the person thinks, "Maybe this is just temporary," or, "My feelings of attraction are simply for just one other person of my own sex and this is a special case." There is a heightened sense of not belonging anywhere with the corresponding feeling that "I am the only one in the world like this."

- **Stage 3: Identity Tolerance**
  In this "I probably am" stage, the person begins to contact other similarly-identified people to counteract feelings of isolation and alienation, but merely tolerates rather than fully accepts their identity. The feeling of not belonging with cis/straight people becomes stronger. Positive contacts can have the effect of making other similarly-identified people appear more significant and more positive to the person at this stage, leading to a more favorable sense of self and a greater commitment to a self-identity.

- **Stage 4: "Identity Acceptance"**
  There is continued and increased contact with other similarly-identified people in this stage, where friendships start to form. The individual thus evaluates other similarly-identified people more positively and accepts rather than merely tolerates the self-image of their identity. The earlier questions of "Who am I?" and "Where do I belong?" have been answered.
Coping strategies for handling incongruity at this stage include continuing to "pass" as cis/straight, and limiting contacts with unsupportive cis/straight people (e.g. some family members and/or peers). The person can also selectively disclose their identity to cis/straight people significant in their life.

- **Stage 5: "Identity Pride"**
  This is the "these are my people" stage where the individual develops an awareness of the enormous incongruity that exists between the person’s increasingly positive concept of self and an awareness of society’s rejection of this identity. The person feels anger at cis/straight people and devalues many of their institutions (e.g. marriage, gender-role structures, etc.) The person discloses her or his identity to more and more people and wishes to be immersed in LGBTQ subcultures by consuming its literature, art, and other forms of culture. For some at this stage, the combination of anger and pride energizes the person into action against discrimination and produces an activist.

- **Stage 6: "Identity Synthesis"**
  The intense anger at cis/straight people -- the "them and us" attitude that may be evident in stage 5 -- may soften at this stage to reflect a recognition that some of them are supportive and can be trusted. However, those who are not supportive are further devalued. There remains some anger at the ways that similarly-identified folks are treated in this society, but this is less intense. The person retains a deep sense of pride but now comes to perceive less of a dichotomy between the cis/straight and their own communities. An LGBTQ identity becomes an integral and integrated aspect of the individual’s complete personality structure.


**Fassinger's Model of Identity Formation** (edited for inclusivity)
The Fassinger model represents two separate but reciprocal processes of identity formation: one that involves an internal, individual process of awareness and identification, and one that involves changed identification regarding group membership and group meaning.

- Because the two branches are separate and not necessarily simultaneous, an individual could be located in a different phase in each branch.
- The two branches are mutually catalytic: movement in one branch could produce movement in the other branch.
- Assumes a cyclical process: individuals recycle through phases as developmental processes shift in response to external circumstances.
- In this model, self-disclosure is not an indicator of developmental advancement.

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<th>Individual Identity</th>
<th>Group Membership Identity</th>
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<td>Awareness of feeling or being different</td>
<td>of existence of different identities in people</td>
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<td>of gender expression, of identity labels, of one's position regarding same sex people or a LGBT+ people as a group (in</td>
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particular same sex person, etc. terms of attitudes and possible membership)

Deepening Commitment to self knowledge, self fulfillment, and choices about gender and sexuality to personal involvement with similarly-identified people, including awareness of oppression and consequences of choices

Internalization/Synthesis of love for similarly-identified people and of choices into overall identity of identity as a member of a group, across contexts


Bilodeau's Transgender Identity Development Process

- Exiting a traditionally gendered identity [by]: Recognizing that one is gender variant, attaching a label to this identity, and affirming oneself as trans/gender variant through coming out to others.
- Developing a personal transgender identity [by]: Achieving the stability that comes from knowing oneself in relation to other trans/gender variant people and challenging internalized transphobia.
- Developing a transgender social identity [by]: Creating a support network of people who know and accept that one is trans/gender variant.
- Becoming a transgender offspring [by]: Coming out to family members and reevaluating relationships that may be disrupted by this disclosure.
- Developing a transgender intimacy status [by]: Creating intimate physical and emotional relationships.
- Entering a transgender community [by]: Making a commitment to political and social action through challenging transphobia.


Intersecting Identities

LGBTQ+ people of color have a double minority status. They experience racial discrimination as well as discrimination for their gender and sexuality, in ways that are compounded and different than what white LGBTQ+ people or cis/straight people of color face. Identities can also intersect along class, dis/ability, citizenship status, religion, body shape/size, and many other factors. As a mentor, it’s important to recognize how social identities are never isolated from one another, and be aware of their roles in your relationship with your mentee.
**Life on Campus**

**Learning Objectives**
After this module, mentors will be able to:

- Gain familiarity with academic services and resources on campus for LGBTQ students

With adjusting to college also comes finding a community to call “home”. Navigating such a large campus can be an overwhelming task for some. This can be compounded by also knowing you are a point of smaller community within the university that maybe everyone does not agree with. As a mentor, you can begin to create that community all students on this campus need to find to be academically successful. Below is a list of important campus resources that you should be or become familiar with during your time as a mentor.

<table>
<thead>
<tr>
<th>Campus Resource</th>
<th>Their function on campus</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bias Reporting</td>
<td>Confidential program for students to report incidents of hate/bias</td>
<td><a href="https://www.students.wisc.ed">https://www.students.wisc.ed</a> u/doso/bias-reporting-process /</td>
</tr>
<tr>
<td>Bursar’s Office</td>
<td>Cashiering and student loan services</td>
<td>333 East Campus Mall Suite 10501 262-3611</td>
</tr>
<tr>
<td>Business Learning Center</td>
<td>School of Business learning services</td>
<td>Grainger Hall, Rm. 2240 262-1362</td>
</tr>
<tr>
<td>Campus Women’s Center</td>
<td>Support service and resource center for all students</td>
<td>4th Floor, SAC Rm. 4416 on E. Campus Mall 262-8093</td>
</tr>
<tr>
<td>Chemistry Learning Center</td>
<td>Chemistry tutoring help</td>
<td>1101 University Ave Rm B311 265-5497</td>
</tr>
<tr>
<td>Cross-College Advising Service (CCAS)</td>
<td>Campus wide advising service for undecided undergrads</td>
<td>10 Ingraham Hall 264-2227</td>
</tr>
<tr>
<td>Division of University Housing</td>
<td>Residence halls, housing billing</td>
<td>262-2522</td>
</tr>
<tr>
<td>DoIT - Division of Information Technology</td>
<td>Computer problems, online registration, problems with MY UW</td>
<td>1210 W. Dayton 264-3648</td>
</tr>
<tr>
<td>Equity and Diversity Center</td>
<td>Diversity education, discrimination complaints</td>
<td>179A Bascom Hall 263-2378</td>
</tr>
<tr>
<td>EVOC (End Violence on Campus)</td>
<td>A unit of UHS integrating violence prevention and confidential victim advocacy</td>
<td><a href="http://www.evoc.wisc.edu">http://www.evoc.wisc.edu</a> <a href="mailto:evoc@uhs.wisc.edu">evoc@uhs.wisc.edu</a></td>
</tr>
<tr>
<td><strong>GUTS (Greater University Tutoring Services)</strong></td>
<td>Student-run tutoring help and study skills</td>
<td>333 East Campus Mall Suite 4413 263-5666</td>
</tr>
<tr>
<td><strong>LGBTQ Health Specialists</strong></td>
<td>Counselors at UHS specializing in LGBTQ and trans-specific healthcare</td>
<td>Shannon Neimeko <a href="mailto:sjneimeko@uhs.wisc.edu">sjneimeko@uhs.wisc.edu</a> 333 East Campus Mall Room 8104 Alyssa Levy-Hussen (608) 265-3563 <a href="mailto:alevyhusen@uhs.wisc.edu">alevyhusen@uhs.wisc.edu</a></td>
</tr>
<tr>
<td><strong>LGBTQ Support &amp; Empowerment Group</strong></td>
<td>Support group through UHS for LGBTQ and questioning students</td>
<td>Alyssa Levy-Hussen (608) 265-3563 <a href="mailto:alevyhusen@uhs.wisc.edu">alevyhusen@uhs.wisc.edu</a></td>
</tr>
<tr>
<td><strong>L&amp;S Career Services</strong></td>
<td>Career counseling, resume and internship help</td>
<td>1305 Linden Drive 262-3921</td>
</tr>
<tr>
<td><strong>Math Tutorial Program</strong></td>
<td>Math Help</td>
<td>213 Van Vleck, Rm. 321 263-6817</td>
</tr>
<tr>
<td><strong>Morgridge Center for Public Service</strong></td>
<td>Opportunities for community service</td>
<td>Red Gym, Rm. 154 263-2432</td>
</tr>
<tr>
<td><strong>Multicultural Student Center</strong></td>
<td>Student orgs. multicultural student connections</td>
<td>Second Floor, Red Gym 262-4503</td>
</tr>
<tr>
<td><strong>Office of Student Financial Aid</strong></td>
<td>Financial Aid, scholarships</td>
<td>333 East Campus Mall Suite 9701 262-3060</td>
</tr>
<tr>
<td><strong>Open Seat</strong></td>
<td>Food pantry for students</td>
<td>4209 SAC 333 E Campus Mall <a href="mailto:thepantry@asm.wisc.edu">thepantry@asm.wisc.edu</a></td>
</tr>
<tr>
<td><strong>OutReach</strong></td>
<td>Community (non-university) LGBTQ center</td>
<td>(608) 255-8582 2701 International Ln #101 lgbtoutreach.org</td>
</tr>
<tr>
<td><strong>PAVE (Promoting Awareness &amp; Victim Empowerment)</strong></td>
<td>Student advocacy group dedicated to ending sexual assault, dating violence, and stalking through education and activism</td>
<td>(608) 890-2139 3147 SAC 333 E Campus Mall <a href="mailto:chair.pave@gmail.com">chair.pave@gmail.com</a></td>
</tr>
<tr>
<td><strong>Pre-Medicine or Pre-Law Academic Advising</strong></td>
<td>Advising for pre-law and pre-med students, test prep info</td>
<td>262-1849</td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Contact Information</td>
</tr>
<tr>
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</tr>
<tr>
<td>Rape Crisis Center</td>
<td>(608)265-6389 (campus office) (608)251-RAPE (7273) (24hr crisis line) 333 East Campus Mall, #7901 <a href="mailto:info@danecountyrcc.org">info@danecountyrcc.org</a> <a href="http://www.danecountyrcc.org">http://www.danecountyrcc.org</a></td>
<td></td>
</tr>
<tr>
<td>Registrar's Office</td>
<td>Official Transcripts/DARS Reports</td>
<td>333 East Campus Mall Suite 10101 262-3811</td>
</tr>
<tr>
<td>Safe Nighttime Services</td>
<td>SAFEwalk, SAFEcab and SAFEride services</td>
<td>262-5000</td>
</tr>
<tr>
<td>Sex Out Loud</td>
<td>Student org promoting healthy sexuality through sex positive education and activism</td>
<td>3143 SAC 333 E Campus Mall sexoutloud.com</td>
</tr>
<tr>
<td>Students of Color Processing Group</td>
<td>Group counseling for students of color through UHS</td>
<td>Molly Kloehn, <a href="mailto:mkkloehn@uhs.wisc.edu">mkkloehn@uhs.wisc.edu</a></td>
</tr>
<tr>
<td>Study Abroad - International Academic Programs</td>
<td>Study Abroad information</td>
<td>106 Red Gym 265-6329</td>
</tr>
<tr>
<td>Tenant Resource Center</td>
<td>Community organization for housing justice and resources in Madison</td>
<td>(608) 257-0006 <a href="mailto:asktrc@tenantresourcecenter.org">asktrc@tenantresourcecenter.org</a> Tenantresourcecenter.org 1202 Williamson St # 102</td>
</tr>
<tr>
<td>The Writing Center</td>
<td>Free, comprehensive writing and project assistance</td>
<td>6171 Helen C. White Hall 263-1992 writing.wisc.edu</td>
</tr>
</tbody>
</table>
LGBTQ Health and Mental Health

Learning Objectives
At the end of this module, mentors will be able to:
● Describe health and mental health issues that impact LGBTQ students
● Discuss the unique social and psychological stressors that affect the health and well-being of LGBTQ people
● Describe differences in health needs among LGBTQ communities
● Explain strength and resilience as key features of LGBTQ wellbeing
● Identify informational resources and referrals at local and national levels for potential future use with mentees

Overview of LGBTQ Health and Mental Health Issues
Alongside the same health and mental health concerns as everyone faces, LGBTQ young people often deal with unique, additional stressors and risks that may negatively impact their wellbeing. Some of these things include: the coming out process; a lack of LGBTQ specific support structures and networks (family, friends, social, etc.) which can make understanding their orientation or gender difficult; external and internalized homophobia and/or transphobia; and anxiety that many may feel as they navigate the complex feelings and emotions associated with struggling to understand their identities and cope with prejudice, discrimination, and oppression.

Many of us may also face rejection from parents, families, and friends after coming out or “being discovered.” Many LGBTQ young people leave home as a result or enter alternative living arrangements (e.g. with a friend, lover, etc.) Almost 40% of homeless youth in major U.S. cities are without housing because of conflicts related to their sexual orientation or gender identity. Some will also experience or be threatened with verbal or physical abuse related to their sexuality or gender identity/expression.

LGBTQ young people may use legal and illegal substances as a coping mechanism to deal with homophobia, transphobia, discrimination, and concerns about their safety. LGBTQ youth are twice as likely to use alcohol, three times more likely to use marijuana, and eight times more likely to use crack/cocaine than their heterosexual peers.

Self-acceptance and self-esteem are critical issues for all young people, but they are particularly important for marginalized young people, especially if they live at the intersections of marginalized identities.

With all of these factors in play, it is not surprising that LGBTQ young people are at an increased risk for depression and other serious mental health issues. That risk can be hugely mitigated, however, if they are able to find safe people they can trust and who will support them as they figure things out. Like you!

Adapted from National Youth Advocacy Coalition (May 2007)

Top Ten Physical and Emotional Health Concerns of LGBTQ Students
In college, LGBTQ students are in a unique position, undergoing numerous transitions in their lives—moving away from home, academic challenges, making new friends—while also exploring issues around their gender and sexuality. It is common for LGBT college students to experience a
range of feelings during this time in their lives. Below are their top ten physical and emotional health concerns.

1. **Access, Comfort, and Trust.** It is important to feel welcomed and supported on campus, whether you are in the Admissions Office, the Counseling Center, or a faculty member’s office. LGBTQ students notice and appreciate when programming is directed toward and/or involves them and when policies on discrimination are in place to protect their rights - and we notice when it's not.

2. **Coming Out.** Many LGBTQ students “come out” at college, contemplating, discovering, accepting, and revealing to others their sexual orientation and/or gender identity. There is no correct way to come out. Coming out is an ongoing process of decision-making. LGBTQ individuals are always weighing the risks versus benefits of publicly identifying oneself as lesbian, gay, bisexual, transgender, or queer.

3. **Healing from Oppression.** Experiencing anti-LGBTQ discrimination, violence, and hate can lead to physical and mental health problems. Even in the absence of experiences of overt discrimination, LGBTQ students are at risk of feeling negative social attitudes. A strong community connection is an important factor in being able to heal and advocate.

4. **Coping with Stress, Anxiety, and Depression.** LGBTQ students are more likely to experience depression and anxiety than are their straight and cis counterparts. These emotions might include intense sadness, anxiety, loneliness, discomfort in social situations, and feeling overwhelmed.

5. **Surviving Suicidal Thoughts, Plans, or Attempts.** Decades of research have consistently documented a link between LGBTQ youth and suicide (thoughts, plans, and/or attempts). Trans, nonbinary, and GNC students appear to be at greater risk for suicidal symptoms, regardless of sexual orientation.

6. **Sexual Health Concerns.** General sexual health education, even if students received any before college, is almost always straight- and cis-centric if not overtly homophobic and transphobic. Myths about LGBTQ sexual health are more prevalent than solid information - especially when it comes to information on HIV and AIDS.

7. **HIV/AIDS.** Rates of new HIV infection among men who have sex with men have recently increased after thirteen years of decreasing. Many students lack reliable, up-to-date information on prevention (such as PrEP) and treatment.

8. **Smoking.** The tobacco industry aggressively advertises toward LGBT communities. Over 43% of LGBTQ people ages 18–24 smoke, in comparison to 17% in the rest of the population.

9. **Drinking and Other Drug Use.** Twenty to 25% of young LGBTQ people are heavy alcohol users - for a variety of reasons, including alcohol company’s aggressive advertisement targeted a LGBTQ people. Sociological research has found greater marijuana and cocaine use has been found among lesbians than in heterosexual women, and that gay and bisexual men are more likely than their heterosexual counterparts to have used or be addicted to a range of drugs, including marijuana, sedatives, cocaine, ecstasy, ketamine, and GHB.
10. **Body Image.** Bisexual and lesbian women’s experience of body image can be complicated. Gay and bisexual men may struggle to achieve an exaggerated sense of male beauty, as they are often expected to be fit, muscular, and impeccably dressed. Trans, nonbinary, and GNC people can face extreme body dysphoria.

Adapted from: The Advocate College Guide for LGBT Students by Shane L. Windmeyer

**Differences in Health Needs**
The LGBTQ community is very heterogeneous, so it is important that we recognize that LGBTQ health needs may vary depending on the individual or the sub-group with which an LGBTQ person may identify.

For example, healthcare needs for trans, genderqueer, nonbinary, and GNC people may include hormone replacement therapy (HRT), surgery, and/or other transitional care. Bisexual students are at greater risk for intimate partner violence and sexual assault than even lesbian and gay students, so more bi students may have need of survivor support resources.

As your relationship develops with your mentee, work together to identify what health needs are most prevalent in their life and support them in seeking the resources and care they need.

**Mental Health and Substance Abuse**
Available studies indicate that LGBTQ people are more likely to use alcohol, tobacco and other drugs than the general population. They are less likely to abstain, report higher rates of substance abuse problems, and are more likely to continue heavy drinking into later life. LGBTQ people use alcohol, tobacco and other drugs for the same reasons as others, but their likelihood for doing so is heightened by personal and cultural stresses resulting from anti-gay bias. We have reviewed some of those stresses here on the board.

Additionally, reliance on bars for socialization, stress caused by discrimination and oppression, and targeted advertising by tobacco and alcohol businesses in gay and lesbian publications all contribute to increased pressures on LGBTQ individuals to engage in substance abuse. Education, prevention, intervention and treatment efforts for LGBTQ folks are further complicated by the LGBTQ community’s dependence upon alcohol and tobacco funding sources to support basic community services and cultural activities. Annual “gay pride” events, for example, are frequently sponsored by these businesses, as are a great many HIV/AIDS organizations and AIDS awareness-raising projects in which members of this culture are likely to participate.

Overall, research indicates that there are five substance abuse-specific risk factors for LGBTQ adolescents:

- Sense of self as worthless or bad.
- Lack of connectedness to supportive adults and peers.
- Lack of alternative ways to view “differentness”
- Lack of access to role models.
- Lack of opportunities to socialize with other gays/lesbians except bars.
- The risk of contracting HIV.
As with our discussion of general health issues that affect LGBTQ people, you are not expected to be an “expert” on mental health and substance abuse issues. We simply want to familiarize you with some of the major issues impacting our community in this regard and direct you to some resources/referrals that you may use should these issues arise while working with your mentees. A list of those referrals is included in the “Resources” section of this module, along with supplementary documents about LGBTQ mental health and substance abuse concerns.

Adapted from materials published by the National Association of Lesbian and Gay Addiction Professionals (NALGAP)

**Strengths and Resilience**

Although we face many challenges as a community, it is vital that we take note of our equally plentiful strengths (individual and collective).

**Positive Aspects of LGBTQ Identity**

There are lots of amazing things about having an identity (or several!) under the LGBTQ+ umbrella. We are beautiful, strong, dynamic, creative, resilient, and more! It will likely help your mentee (and you!) to remember the good things about their identities. For inspiration, we recommend the project - and, now, book available in the LGBTCC library - "What I Love About Being Queer" You can browse their archive at [whatiloveaboutbeingqueer.tumblr.com](http://whatiloveaboutbeingqueer.tumblr.com) - and maybe add your own!

Some common themes include:

- Belonging to a community
- Creating families of choice
- Forging strong connection with others
- Serving as positive role models
- Developing empathy and compassion
- Living authentically and honestly
- Gaining personal insight and sense of self
- Involvement in social justice and activism
- Exploring gender expression and identity
- Exploring sexual relationships

**What Supports Our Resilience?**

- Positive social relationships moderate the relationship between stress and distress
- Affirming faith experiences contribute to less internalized homo/trans-negativity, more spirituality, and psychological health
- Family (given or chosen) support and acceptance explains adolescent comfort and resilience in later life
- Cultural factors do not impede sexual identity formation; however, identity integration involving internal and external acceptance and comfort being known as LGBTQ, in addition to positive engagement in LGBTQ social activities, is delayed by negative cultural factors
Suicide Information and Response

Learning Objectives
At the end of this module, mentors will be able to:

- Discuss risk and protective factors for suicidal ideation and behavior
- Identify and practice ways to help a suicidal person
- Assess and address attitudinal barriers that may hinder ability to be direct and comfortable with talking about suicide

As with the previous section on health care, we don’t expect mentors to be experts on suicide prevention or to feel solely responsible for their mentee in this situation. Mentors in the program are not mandated reporters. We simply want to provide information on this unfortunately too-prevalent issue in our communities so that you feel more prepared if it ever comes up.

Facts about Suicide

- Suicide is the 3rd leading cause of death among young people ages 10 to 24 and account for 12.2% of the deaths every year in that age group.
- Suicide attempts by LGBT youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.
- LGBT youth are 4 times more likely, and questioning youth are 3 times more likely, to attempt suicide as their straight peers.
- LGBT youth who come from highly rejecting families are up to 8 times as likely to have attempted suicide as LGB peers who reported no or low levels of family rejection.
- 1 out of 6 students nationwide (grades 9-12) seriously considered suicide in the past year
- Suicide attempts are nearly two times higher among young people of color than white youth.
- Youth threatened by physical violence were 2.4 times more likely to report suicidal thoughts and 3.3 times more likely to report suicidal behavior than non-victimized youth.
- Nearly half of young transgender people have seriously thought about taking their lives and one quarter report have made a suicide attempt.

Sources:
2011, CDC, “Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance”
2010, Family Acceptance Project™ “Family Acceptance in Adolescence and the Health of LGBT Young Adults”

Recognizing Warning Signs of Suicide
The Suicide Prevention Resource Center (SPRC) indicates that simple factual statements appear to increase accurate knowledge retention and positive behavioral intentions over the use of
myth-busting techniques when it comes to educating people about suicide. Suicide prevention practitioners, therefore, use simple factual statements such as:

- Suicide can be prevented.
- There are almost always warning signs that someone is thinking about suicide.
- Always take a threat of suicide seriously and get help.

Often, a suicidal person may indicate in some way that they plan to attempt suicide. Here are some warning signs and facts you should be aware of.

Have you heard someone:

- Describe a specific plan for suicide: “I’ve thought about how I’d do it.”
- Express hopelessness or helplessness: “Things will never get better for me.”
- Talk positively about a suicide death: “I think she was brave for going through with it.”
- Say goodbye to important people: “You’re the best friend I’ve ever had. I’ll miss you.”
- Express a lack of interest in the future: “It won’t matter soon anyway.”
- Express a negative attitude toward self: “I don’t deserve to live.”
- Express suicidal feelings: “Lately I’ve felt like ending it all.”

Have you noticed someone:

- Avoiding family and friends to be alone
- Using drugs or alcohol more than usual
- Behaving differently than how they usually do
- Giving away their most valuable possessions
- Losing interest in their favorite activities or hobbies
- Planning for death by writing a will or letter

Each year the Trevor Project receives over 30,000 calls from teens and young adults who’ve recognized these signs and need someone to talk to. The Trevor Project is here to support you 24/7. If you need support, please call the Trevor Lifeline at 1-866-488-7386 to speak with a trained volunteer counselor.

**Suicide Risk Factors**

Research has shown that there are certain things called “risk factors” which can increase a person’s risk of suicide. The list below provides some biological, psychological, environmental, social and cultural risk factors that may (or may not) influence someone to consider suicide more than others. Keep in mind that experiencing one or more of these issues does not automatically mean a person is considering suicide. It’s important to look at both warning signs and risks factors to understand the full picture.

**Mind and Body:**

- History or signs of depression*
- History of mental illness (depression, bipolar disorder, anxiety disorder, etc.)
- History of being abused or mistreated
- History of self-injury/ Engaged in self-injurious behavior
- Tendency to be impulsive
- Major physical illness
- Previous suicide attempt(s)
If a person begins to improve after being seriously depressed they may be at a higher risk for suicide, since now they might have enough energy to follow through on a suicide plan.

**Surroundings:**
- Barriers to mental health services
- Lack of community support
- Loss such as a death or relationship break up
- Loss such as a job or financial security
- Feeling unsafe or losing a sense of security
- Family history of suicide
- High stress family dynamic
- Easy access to lethal materials

**Experiences:**
- Lack of support from other youth
- Cultural or religious beliefs that suggest suicide as a solution to personal problems
- Recent exposure to suicide through the media, family, friends, or co-workers
- Unwillingness to seek help because of the stigma attached to mental health or suicide
- Difficulty in school (e.g. discipline problems, failing grades, bullying others)

Sources: Centers for Disease Control and Prevention, AFSP, SPRC, Yellow Ribbon Suicide Prevention Program, APA

**Lowering the Risk for Suicide**
Fortunately, there are several factors that can help lower someone’s risk of considering suicide:
- Easy access to effective, culturally competent care
- Support from medical and mental health care professionals
- Coping, problem solving, and conflict resolution skills
- Restricted access to highly lethal means of suicide
- Strong connections to family
- Family acceptance of one’s sexual orientation and/or gender identity
- A feeling of safety, support, and connectedness at school through peer groups like Gay-Straight Alliances
- Positive connections with friends who share similar interests
- Cultural and religious beliefs that discourage suicide
- Positive role models and self esteem

Sources: U.S. Department of Health and Human Services 2011; Borowsky et al 2001; Eisenberg & Resnick 2006; Fenaughty & Harre 2003; Goodenow et al 2006; Kidd et al 2006; Resnick et al 1997; Ryan et al 2010

**Y-CARE:** A model provided by the Trevor Project for supporting a suicidal person
YOU
You are never alone. You are not responsible for anyone who chooses to take their own life. As friends, family and loved ones, all you can do is listen, support and assist the person in getting the help they need.
CONNECT
the person to resources and to a supportive, trusted adult.

ACCEPT
and listen to the person’s feelings and take them seriously.

RESPOND
if a person has a plan to attempt suicide and tell someone you trust.

EMPOWER
the person to get help and to call a helpline The Trevor Lifeline (866-488-7386).

Activity
Consider the following scenarios and how you would respond using the guiding questions:

Scenario 1: Your mentee confides in you about a recent suicide attempt (it happened six months ago), but assures you that “that was all in the past” and everything is “fine” now.

- How do you feel? What is your emotional reaction?
- How do you respond? What do you say?
- What cultural factors do you need to consider?
- What additional information do you want?
- What additional information do you want to give your mentee?

Scenario 2: Your mentee is a freshman and lives in the dorms. He is not out to his roommate or his family, but he has told a few close high-school friends that he is gay. He tells you at your first meeting that he has been feeling “down” and alone since moving to Madison. He says he feels isolated and is constantly worried that his roommate and other guys on his hall will find out that he is gay. His high school friends have gone to different schools, and you’re the only other LGBT person he knows on campus and feels comfortable talking to. You notice over the next 3 weeks that your mentee’s appearance has changed, and he seems more and more “depressed.” He stops returning your calls. One night, however, he leaves a voicemail message saying that the loneliness and pain he is feeling are getting to be “too much” for him and he feels hopeless about ever feeling happy again.

- How do you feel? What is your emotional reaction?
- How do you respond? What do you say?
- What cultural factors do you need to consider?
- What additional information do you want?
- What additional information do you want to give your mentee?

Scenario #3: Have group members create and role-play their own scenario, with one member playing the mentee and the other the mentor. If the group includes a third person, that person can act as an observer. After running through the role-play, answer the following questions:

- How do you feel? What is your emotional reaction?
- How do you respond? What do you say?
- Cultural factors to consider?
- What additional information do you want?
- What additional information do you want to give?
Oppression, Violence, and Social Justice

Learning Objectives

At the end of this module, mentors will be able to:

● Use terms related to oppression and inclusion of LGBTQ people
● Understand LGBT relationship/partner violence in relation to homophobia and other systems of oppression
● Identify LGBT-specific resources and services related to relationship/partner violence

Questions to get you started

● What feelings come up as we talk about violence in our own community?
● How do you see homophobia intersecting with other forms of oppression we have discussed throughout your training (e.g. racism, sexism, etc.) to affect how LGBTers experience partner violence?
● What are your fears about talking to a mentee about these issues? What additional information do you need to assuage these fears?

Vocabulary: Some Useful Social Justice Concepts

Agent group: Members of dominant social groups privileged by birth or acquisition who knowingly or unknowingly exploit and benefit from unfair advantage over members of target groups

Cisgender: A person whose sex assigned at birth and gender assigned at birth are aligned

Coded language: A word or set of words used to describe a person or group of people that perpetuates dominant narratives

Collusion: Thinking, feeling, and acting in ways that support dominant systems of power, privilege, and oppression. Both privileged and oppressed groups can collude.

Discrimination: The unequal treatment of a person or group of people based upon a certain (perceived) identity

Dominant narrative: Stories told by the dominant culture that define reality and guide our lives. Often this is what most of society believes to be "true" or "normal"

Inclusion: The active, intentional, and ongoing engagement with diversity - in people, in the curriculum, in the co-curriculum, and in communities (intellectual, social, cultural, geographical) with which individuals might connect - in ways that increase one’s awareness, content knowledge, cognitive sophistication, and empathetic understanding of the complex ways individuals interact within systems and institutions

Internalized dominance: Behaviors, thoughts, and feelings of those who, through their socialization as members of the dominant group, learn to think and act in ways that express internalized notions of merit and privilege

Internalized oppression:
When a member of an oppressed group accepts and lives out the stereotypes applied to their oppressed group(s)

Intersectionality:
The study of the interconnected nature of social identities such as race, class, gender, and sexual orientation

Oppression:
The unequal and/or unjust treatment of a person and/or group of people through societal laws, policies, rules, norms, customs, practices, and institutions. These institutions include religions, government, education, the media, and the health care system.

Prejudice:
A pre-judgement or unjustifiable, and usually negative, attitude of one type of individual or groups toward another group and its members. Such negative attitudes are typically based on unsupported generalizations or stereotypes that deny the right of individual members of certain groups to be recognized and treated as individuals with individual characteristics

Privilege
A group of unearned cultural, legal, social, and institutional rights extended to a group based on their social group membership. Individuals with privilege are considered to be the normative group, leaving those without access to this privilege invisible, unnatural, deviant, or just plain wrong. Most of the time, these privileges are automatic and most individuals in the privileged group are unaware of them. Some people who can "pass" as members of the privileged group might have conditional access to some levels of privilege

Social justice:
Social justice is both a process and a goal. The goal of social justice is full and equal participation of all groups in a society that is mutually shaped to meet their needs, the distribution of resources is equitable, and all members are physically and psychologically safe and secure. The process for attaining the goal of social justice should be democratic and participatory, inclusive and affirming of human agency and human capacities for working collaboratively to create change

Target group:
A social identity group that is disenfranchised, exploited, and victimized in a variety of ways, including being subject to containment, having restricted movement and choices, being treated as expendable and replaceable, and lacking individual identities apart from the group.

Courtesy of Khaled Ismail, Social Justice and Communications Specialist at the Multicultural Student Center

**Discrimination and Violence in Society at Large**
An excellent resource for additional information about violence against LGBTQ people in contemporary American society is a report published by the National Coalition of Anti-Violence Programs called, “Hate Violence against LGBTQ Communities in the United States in 2009.” It is not included in this training packet, as it is very long and comprehensive, but it can be retrieved online or through the library.
Violence against Transgender People

Trans people in our community are particularly vulnerable to hate crimes. The National Center for Transgender Equality publishes numerous fact sheets and other materials covering this issue material in greater depth. The following sources can also also be useful information:

- “Transgender Issues: A Fact Sheet” (from Transgender Law and Policy Institute)
- “Violence At Every Turn: A Report of the National Transgender Discrimination Survey,” published by the National Center for Transgender Equality and National Gay and Lesbian Task Force, is not included in this training module (again, due to length) but can be retrieved online or through the library

Domestic/Intimate Partner Violence

Again, mentors in the program are not mandated reporters and we do not expect you to be experts or to handle these issues on your own. We simply want you to be generally aware of dynamics of DV/IPV, because unfortunately they are just as prevalent in LGBTQ communities as without.

Contrary to popular myth, domestic violence does not need to be physical to be abuse. In truth, domestic violence occurs in many forms. Most importantly: each is marked by a pattern of unidirectional power and control. Domestic violence can be:

- **Physical.** This includes (but is not limited to) slapping, hitting, punching, kicking, physical restraint, aggravated assault, and forcing someone to take drugs.
- **Emotional.** This includes (but is not limited to) extreme displays of jealousy and/or possession, intimidation, blaming you for their problems, degrading and/or disrespectful behavior and comments, withholding communication, social isolation (i.e. preventing you from seeing friends or family), and threats of physical or sexual violence
- **Verbal.** This includes (but is not limited to) name-calling; yelling; criticizing your appearance, actions and/or beliefs; humiliating you in public
- **Sexual.** This includes (but is not limited to) sexual activity following a physically abusive incident, threats of infidelity, coerced sex acts, and forcible intercourse.
- **Economic.** This includes (but is not limited to) refusing to share control of family finances; destroying, giving away or selling your property without your consent; and using money as a tool to control your behavior or get what they want.

An Important Reminder:

Any attempt to control the behavior and/or emotions of an intimate partner and diminish or prevent their free choice can constitute domestic abuse. Victims do not cause the abuse, and nothing a victim says or does can excuse the abuse. Abusers bear sole responsibility for their actions.

Adapted from the Wisconsin Coalition Against Domestic Violence
Myths and Facts about LGBT Relationship/Partner Violence

**Myth:** Battering/Abuse does not exist in same-sex relationships, in the lesbian, gay, bisexual and transsexual communities. It is believed that only men batter women.

**Fact:** Domestic violence does exist among lesbian, gay, bisexual and transsexual people and in other sexual minority communities. It is not a problem limited to heterosexual relationships. In the lesbian community, the extent and severity of the abuse is becoming increasingly evident. Despite fear and community denial, more and more lesbians, gays, bisexuals and transsexuals are speaking about battering and abuse in their relationships.

**Myth:** Domestic violence only affects certain groups of sexual minority people.

**Fact:** Violence and abuse are found in all parts of the lesbian, gay, bisexual, and trans (LGBT) communities. No group regardless of race, class, ethnicity, age, ability, education, politics, religion or lifestyle is free from domestic violence. Being abusive is not determined by a man or woman’s size, strength or economic status. LGBT people who batter or abuse can be friendly, physically un-intimidating, sociable and charming. LGBT people who are battered and abused can be strong, capable and dynamic.

**Myth:** In same-sex relationships, the problem is really fighting or “mutual battering,” not domestic violence.

**Fact:** The issue in domestic violence is control. A survivor’s needs are usually subordinated and she or he often changes her behavior to accommodate or anticipate his/her batterer’s demands. This unequal power relationship distinguishes battering from fighting. In an abusive relationship, fighting back is self-defense, not “mutual battering.”

**Myth:** Lesbian, bisexual, gay, and trans survivors can leave abusive or violent relationships easily.

**Fact:** Battering relationships rarely are only violent or abusive. Love, caring and remorse are often part of the cyclical pattern of abuse. This can leave a survivor feeling confused and ambivalent about what she is experiencing. Emotional or economic dependency, shame or isolation can make leaving seem impossible.

**Myth:** Factors such as substance abuse, stress, childhood violence or provocation really causes battering and abuse.

**Fact:** A batterer chooses to be violent and is responsible for his/her behavior. Individuals and communities deny this responsibility. We want to find excuses. Alcohol and drugs do not cause domestic violence. Stopping substance abuse does not guarantee that the battering will stop. Most lesbian, bisexual, gay, and trans people experience some kind of stress and many have experienced childhood violence, but there is no direct cause and effect relationship between these factors and domestic violence. There is no provocation or justification for domestic violence.

Adapted from materials developed by the LGBT Caucus of the Texas Council on Family
Supplementary Resources
If trainees suspect their mentee is experiencing partner violence, they are strongly encouraged to seek help from people and agencies with expertise in this field.

Local/State:
Domestic Abuse Intervention Services
608-251-4445 or 1-800-747-4045 (24 hr Help/Crisis Line)
http://www.abuseintervention.org/

Rape Crisis Center
(608) 251-7273
http://www.danecountyrcc.org/

National:
National Domestic Violence Hotline
1-800-799-SAFE
http://www.ndvh.org

Gay Men’s Domestic Violence Project
1-800-832-1901
http://www.gmdvp.org/

National Coalition Against Domestic Violence
303-839-1852
http://www.ncadv.org/
Final Remarks and Additional Resources

Whew! That is some heavy stuff. Again, we include those last few chapters in this document as a resource in a worst-case scenario - mentors are not mandated reporters and (unless they have training from somewhere else) are not trained counselors. You are a resource and support for your mentee, and we at the LGBTCC are a resource and support for you. You're always welcome to come to us for advice, for help, for additional training, to talk anything through, anything you need!

In our experience, most mentees come to the program simply looking for someone with identities and experiences like theirs who they can connect to and who will listen with compassion and maybe share some of their own stories. If that sounds like you, you're perfectly qualified!

We have compiled a public Google folder with much more information and resources, which you can access at this link:

https://goo.gl/9RgA9w

Feel free to browse through, and if you'd like to add anything to the resource pool, you can send it to us! We'd like it to be a living document that can grow and update with the needs of our participants.

Thank you for volunteering your time and energy to the mentor program! It means so much to our mentees (and to us!) that you're invested in building connections in our communities. We know you'll do a great job.