

Engagement of Sexual Minority Students in Collegiate Recovery Communities

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Abstract

Collegiate recovery communities (CRCs) provide recovery support to students as they navigate their college experience. Because lesbian, gay, bisexual, and transgender (LGBT) individuals use and abuse substances at higher rates than their heterosexual peers, engaging this population in CRC services could be vital for sustained recovery and degree completion. The current research surveyed CRC advisors/directors across the United States to examine how they attract and engage sexual minority students. Results indicate that LGBT students are engaging in CRCs but targeted recruitment and population-specific programming are limited. Suggestions for further research are discussed.

Keywords: collegiate recovery community, sexual minority students, LGBT, engagement

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Collegiate recovery communities (CRCs) are institution-supported organizations that assist students in navigating their recovery from substances while pursuing a college education. In addition to focusing on student recovery, CRCs offer specialized assistance with social, educational, financial, and housing-related concerns. Most importantly, without having to search by trial and error, students can find an instant community of like-minded, recovery-focused peers on campus. This social support is vital for long-term recovery and is often the deciding factor in school retention and graduation.

Research on CRCs continues to grow, but there is a lack of information about specific student populations utilizing this valuable resource. Sexual minority individuals are at a higher risk for substance use and abuse than their heterosexual peers. However, they are not represented equally regarding treatment engagement and long-term recovery. Unfortunately, this population also utilizes CRCs in smaller proportions. The current research aims to examine how CRCs attract and engage sexual minority students and demonstrate how focusing on this underserved population could create a more diverse recovery experience for all students.

Sexual Minority

Sexual minority is a term that's meaning continues to expand and include a more diverse group of individuals. Initially, the term described those whose sexual attraction fell outside the heterosexual majority (Savon-Williams, 2001). Now, as knowledge about sexuality and gender grows, the definition has expanded to include additional variants of sexual attraction (bisexual, pansexual, asexual) and gender identification (transgender, non-binary, intersex, gender-queer) (Eadie, 2004). In the context of this paper, sexual minorities will encompass the familiar and much-researched lesbian, gay, bisexual, and transgender (LGBT) grouping of individuals.

In general, those who identify as a sexual minority face challenges common to all individuals but typically at a higher rate of occurrence. Examples of this include mental health problems like depression and anxiety, engaging in risky sexual behaviors, homelessness (Chen et al., 2010), suicidal ideations, and self-harm (Baams et al., 2015; Lytle et al., 2014), substance use and misuse (Hatchel et al., 2019; Parnes et al., 2018), eating disorders (Austin et al., 2013), violence and victimization (Hendricks & Testa, 2012; Hughes et al., 2009), and academic stress (Iarussi, 2017). Regarding mental health concerns, the risk for sexual minority students can be two or more times the rate of the heterosexual majority. Marshal et al. (2008), in a meta-analysis of suicide and depression between sexual minority and heterosexual youth, used 13 studies to determine an average absolute rate of suicidality. When combining the different suicide constructs of those studies (ideation, plans, attempts), 28% of sexual minority youth versus 12% of heterosexual youth reported a history of suicidality. In examining eating disorders and obesity, Austin et al. (2013) found that sexual minority girls were two to four times more likely than their heterosexual counterparts to engage in purging and diet pill use, while the risk for sexual minority boys was three to seven times greater.

One of the reasons noted for the differing rates among sexual minority individuals is minority stress. While any individual can experience stress, minority stress considers the additional, unique stressors of belonging to a social minority group (Meyer, 2003, 2013; Chen et al., 2010). Meyer (2003, 2013) detailed how the increase in social stress experienced by sexual minority individuals is related to stigma and prejudice and tends to be chronic. Individuals who do not belong to the heterosexual majority are exposed to varying levels of discrimination, harassment, or violence and tend to implement coping strategies to mitigate the impact (Goldbach & Gibbs, 2015). According to Goldbach and Gibbs (2015), common helpful strategies

include using positive self-talk, learning new information about sexual orientation, and connecting with peers or other supportive individuals. In contrast, coping strategies such as avoidance, vigilance, engaging in risky sexual behaviors, binge eating, self-harm, or substance use and misuse can produce negative.

Sexual Minority Substance Use and Treatment Engagement

Sexual minority individuals have long been the subject of research centered on substance use (Chaney & Brubaker, 2012; Drabble et al., 2018; Goldbach et al., 2014; Goldberg et al., 2013; Peralta et al., 2019). Early research in the 1970s indicated exceptionally high rates of substance use. However, it was also noted for severe methodological problems (e.g., small samples, recruitment at gay bars, and no control or comparison groups) (Anderson, 2009). More recent studies have shown a decrease in the rate of substance use when compared to earlier studies, but the rates are still higher than the general population (Lanfear & Akins, 2013; Parnes et al., 2018; Peralta et al., 2019). Research indicates that sexual minority individuals initiate the use of substances at a younger age than their heterosexual peers; they use a more significant number of substances in larger amounts and for a more extended time (Hughes et al., 2009; Kerr et al., 2015). Caputi et al. (2018) found that LGBQ adolescents had a 12 times greater likelihood of reporting any lifetime use of substances and a 27 times greater likelihood of reporting use in the past 30 days. Within the LGBT group, those identifying as bisexual, specifically female, are at the highest risk for substance use (Caputi, 2018; Kerr et al., 2015; Marshal et al., 2008; Parnes et al., 2018).

Regarding substance use treatment, sexual minority individuals seek and engage in treatment at lower rates than their heterosexual peers (McCabe et al., 2013). One of the reasons suggested by Cochran et al. (2007), Drabble and Eliason (2012), and Williams and Fish (2020)

was the availability of LGBT-specific services and programming. Of the 187 agencies Cochran et al. (2007) contacted, only 7.3% offered LGBT-specific services. Drabble and Eliason (2012) found that sexual minority women had even fewer options for women-only treatment groups, help with parenting and childcare while in treatment, and reproductive health services. Despite years of progress, Williams and Fish (2020), in reviewing the 2016 National Survey of Substance Abuse Treatment Services, found that specialized LGBT services were offered at just under 18% of state-approved substance abuse treatment facilities in the United States. Unsurprisingly, Haney (2021) found that LGBT individuals did not know where to go for treatment or could not find the specialized treatment they wanted. When resigned to enter a traditional treatment program, sexual minority individuals often reported specific mental and physical health needs not being met, less satisfaction with services, leaving the program before completion, and returning to substance use at higher rates than their heterosexual peers (Flentje et al., 2015; Senreich, 2009).

Collegiate Recovery Communities

As more young people in recovery from substance abuse enter college to pursue their educational goals, one resource becoming more common on campus is the collegiate recovery community (CRC). These organizations aim to support and encourage students as they navigate their college experience while abstaining from alcohol and other drugs (Harris et al., 2010; Harris et al., 2008; Smock et al., 2011). Much like programs for student-athletes or military veterans, CRCs target services to the specific needs of recovering students to provide wrap-around support (DePue & Hagedorn, 2015; Harris et al., 2010). In addition to recovery-related meetings or events, opportunities for personal growth, like social and volunteer activities, are paired with those focusing on academic achievement and professional development (Gueci,

2018). Students can engage with each other for peer support, relationship building, and with the community in positive and recovery-affirming ways.

CRCs started in the late 1970s and 1980s at Brown University (1977), Rutgers University (1983), and Texas Tech University (1986) (Bell et al., 2009). According to the 2019 National Collegiate Recovery Directory, the number of CRCs currently operating in the United States is less than 200 (Recovery Campus, 2019). Given the number of postsecondary institutions across the country, this number could be considered minuscule, but growth represents an increase of over 267% in the last three years (Watts et al., 2019). This expansion highlights the increased attention colleges and universities are giving to a vulnerable population.

Although CRCs first emerged at 4-year universities, an area of focus for the past four years has been the development of CRCs at 2-year or community college campuses. Transforming Youth Recovery, an organization providing funding opportunities, programming, and research for adolescents and young adults with substance use disorders, highlighted the lack of programs at 2-year colleges when they were only able to identify six CRCs across the entire United States in 2016 (Transforming Youth Recovery, 2020). Because community colleges typically offer a higher admission rate than 4-year universities (National Center for Educational Statistics [NCES], 2020), Transforming Youth Recovery developed the Bridging the Gap grant. This program aimed to provide funding and technical assistance to current collegiate recovery programs and encourage developing programs to reach out for additional support and guidance (Transforming Youth Recovery, 2020). In total, 10 CRCs at 2-year colleges participated in the grant program and are still operating today (Recovery Campus, 2019).

Whether at a 4-year or 2-year institution, one of the most significant predictors of long-term recovery for college students is social support (Gueci, 2018; Harris et al., 2008; Harris et

al., 2010; Smock et al., 2011). Because college campuses present as an “abstinence-hostile environment” (Cleveland et al., 2007, p. 13) that encourage or actively promote substance use (Iarussi, 2017), having a haven to endorse the positive aspects of recovery can be essential to abstinence (Harris et al., 2010). CRCs fill this role by offering social acceptance and connection to a peer recovery group and encouraging involvement in activities free from substance use rather than being facilitated by substance use.

While there is no set model or standard for collegiate recovery communities, most follow the programs at Texas Tech University, Rutgers University, and Augsburg College (DePue & Hagedorn, 2015; Harris et al., 2010). These programs offer a wide array of support, including on-campus 12-step recovery meetings, designated meeting spaces, individual and group counseling services (Harris et al., 2010), educational and awareness programming (Laitman & Lederman, 2010), recreational activities, and social support (Smock et al., 2011), academic assistance (Harris et al., 2008), and connection to substance abuse treatment in the local community (Botzet et al., 2008). One of the main differences in programs is whether or not they offer supervised, substance-free housing. Rutgers University and Augsburg College provide sober, on-campus housing options, while Texas Tech University assists students in finding off-campus housing, usually with other CRC members (Botzet et al., 2008; Harris et al., 2010).

By transforming quintessential college experiences (e.g., Spring Break) into ones that support recovery and connection to peers (e.g., Sober Spring Break), CRCs build meaningful ways students can have the ‘college experience’ while continuing their recovery (Laudet et al., 2014). In helping a small group of college students succeed, CRCs contribute to the institution's overall success. Given the disparities in substance use, treatment options, and recovery success

of sexual minority students, CRCs could assist this population with the support necessary to continue their recovery while also earning their college degree.

Current Study

The current study focused on how CRCs across the United States recruit, engage, and serve sexual minority students. LGBT college students in recovery are an underserved minority who could benefit from the support and services offered by CRCs. By surveying current practices, a more precise understanding of the state of CRCs can fuel further research and aid in program-level improvements.

Method

Participants

Participants were recruited from the Collegiate Recovery Community Directory published by the Association of Recovery in Higher Education (ARHE). The directory includes contact information for CRC program advisors/directors across the United States at 4-year universities and 2-year community colleges. An email was sent to prospective participants to complete an online survey. Inclusion criteria for this survey were: (a) 18 years of age or older, and (b) currently hold the position as CRC advisor/director.

Three of the 202 emails sent to prospective participants were returned as retired or no longer acting as advisors, making the final recruitment sample 199. Thirty-eight CRC advisors/directors completed the survey, resulting in a 5.2% response rate. The majority identified as Caucasian (86.8%), female (68.4%), and ranged in age from 23 to 65 ($M=40.9$, $SD=10.1$). Almost all worked at public (81.6%) and 4-year universities (94.7%), with institutions located in urban (42.1%) and suburban (44.7%) areas. The majority of participants held a master's degree (65.8%), with most in related helping professions: Counseling (28.9%), Social

Work (18.4%), Psychology (13.2%), and Marriage and Family Counseling (5.3%). Participants reported being in their current position from one to 19 years ($M=4.1$, $SD=3.3$). However, most did not identify as being in substance use recovery (65.8%).

Instrument

An original survey of 41 questions was developed. Question areas included participant demographic information, university or community college characteristics, CRC membership statistics, services and programming offered, and the specific inclusion of LBGT students. Questionnaires were self-administered via the online survey platform SurveyShare.

Procedure

The Institutional Review Board at the University of North Carolina at Charlotte approved the research study before the participants were contacted. Purposeful sampling was used as the CRC directory only included those identified as advisors/directors. All participants were contacted via email with information about the study, eligibility requirements, and a link to the survey. Informed consent was the landing page of the survey, and agreement was required to proceed to the survey questions. The SurveyShare platform provided for both administration of the survey and data collection.

In order to maximize the number of survey responses, a multiple-contact strategy described by Dillman et al. (2014) was used. This strategy included an initial email sent to each advisor/director listed on the CRC directory and an additional email once a week for two weeks. Due to the Covid-19 pandemic and the timing so close to the winter holiday break, a third and final email was sent four weeks later. The last email included additional prompting regarding the importance of every response. SurveyShare ensured that participants who already responded did not receive follow-up emails. Participation was voluntary, and participants could discontinue at

any time. However, participants were not required to answer every question to complete the survey, and email addresses were not associated with responses.

Results

CRC Membership

CRCs come in all shapes and sizes, from student-run clubs with only one or two members to stand-alone departments with dozens of student members. Participants in this study reported that the number of student members ranged from zero to 60 ($M=16.2$, $SD=13.5$). The student age range was predominately 18-24 years (76.3%), with the majority of students being Caucasian (81.8%) and male (59.5%). Regarding student member sexual orientation, most were reported to be heterosexual (87.4%), but LGBT students were also represented: gay or lesbian 6.8%, bisexual 3.3%, and transgender 2.5%.

In order to advertise and attract new members, CRCs reported multiple methods to increase visibility. Most common were social media (89.5%), word of mouth (89.5%), social events (76.3%), banners/posters/flyers (73.7%), college/university website (68.4%), and mail/email (63.2%). Some CRCs accepted referrals (13.2%) from other departments on campus and off-campus treatment providers. In comparison, others (7.9%) participated in new student orientation and advising to create a warm handoff of support.

For most students, joining a CRC meant having an interview with the advisor/director (34.2%) or completing an application (36.8%). For others, there were no formal requirements (47.4%), only the desire to participate and be clean and sober. While most CRCs were categorized as “abstinence only” (55.3%), others allow students to utilize medication-assisted treatment (MAT). Because recovery is often associated with other behavioral and process addictions, 47.4% of CRCs in this study are open to students who may not be in substance use recovery or have co-morbid disorders. Students with eating disorders (42.1%), self-harm

(34.2%), mental health (50%), gambling (23.7%), love/sex/pornography (5.3%), and other addictive problems (13.2%) were all able to participate. Lastly, some CRCs (32.4%) allow recovery allies to join to increase connection to others. Allies tend to be individuals who are not personally in recovery but want to help and encourage those who are by giving their time and support.

Because relapse is often a part of the recovery process, CRCs have several options to address the issue when a student member returns to using substances. Most CRC advisors/directors (54.1%) reported a tailored approach specific to the individual member. Common to these individualized plans were referrals to detox or treatment services (45.9%), increases in counseling (29.7%), and increases in 12-Step meeting attendance (29.7%). Although most CRC advisors/directors (70%) reported no actions that would result in dismissal from the group, if a student member relapsed, 8.1% of the advisors/directors would suspend the student's membership, and 5.4% would dismiss the student entirely from the program.

CRC Programming

While CRCs offer programming and support tailored to specific members, some types are more common than others. For example, recovery events (92.1%), dedicated meeting space (81.6%), outreach/visibility on campus (68.4%), education/lectures (57.6%), provision of 12-Step meetings (52.6%), and service or volunteer events (50%) were all popular with more than half the groups, while fundraising (39.5%), housing (28.9%), signature events (23.7%), and other (10.5%) were less common. Furthermore, while most programs did not offer housing in conjunction with CRC services (81.6%), several advisers/directors commented that recovery housing was "next on the list," "a top priority," and "part of our expansion plans."

Sexual Minority Engagement

As mentioned earlier, while only 12.6% of CRC student members identified as LGBT, 47.6% of advisors/directors reported that their program included LGBT students. On average, respondents indicated that anywhere from one to four of their student members were LGBT, but only 17.2% currently recruit or provide outreach specifically for this population. Respondents reported that their CRCs have partnered with LGBT resource centers on and off campus for events and attended PRIDE meetings and parades in the community. Overwhelmingly, 94.1% of CRCs do not offer any specific LGBT programming for their student members. For those that do, "Safe Zone" (LGBTQ awareness and inclusion) and trauma-informed care were reported.

CRC Advisors/Directors and Staff

Of the 38 CRC advisors/directors that completed the survey, 28.9% reported their sexual orientation as other than heterosexual. This sexual orientation included gay/lesbian (18.4%), bisexual (2.6%), pansexual (2.6%), and queer (2.6%). For those participants who identified as LGBT, 90% considered themselves open about their sexuality to institution staff and students alike. The CRC staff ranged from zero to seven ($M=1.4$, $SD=1.3$). Of those CRCs with staff members in addition to the advisor/director, 21.1% were LGBT, and 15.8% were out about their sexuality.

Discussion

The focus of the current study was to learn how CRCs across the United States recruit, engage, and serve sexual minority students. While the results indicate LGBT students are participating in CRCs, most programs (82.8%) surveyed do not actively recruit or provide specific programming for this population. This lack of tailored services is similar to findings about limited substance abuse treatment options for LGBT individuals (Cochran et al., 2007; Drabble & Eliason, 2012; Williams & Fish, 2020). For the CRCs that do recognize the needs of

sexual minority students, partnerships with LGBT resource centers and community groups facilitate a connection to prospective members but do not necessarily increase LGBT student CRC membership. As was described in other research (Flentje et al., 2015; Senreich, 2009), when services do not meet specific LGBT needs, those individuals tend to express dissatisfaction or drop out of services altogether. Given the population served, this could mean the difference between students staying in school or leaving and returning to active substance use. This study is significant because it calls attention to the need for CRCs to target their recruitment and programming efforts to reach an underserved and vulnerable population.

While the exact proportion of CRC student members identifying as LGBT is unknown, survey respondents endorsed the inclusion of LGBT students in their CRCs. Of the reported 12.6% of sexual minority student members, 6.8% were gay or lesbian, 3.3% bisexual, and 2.5% transgender. Given that total CRC student membership reportedly ranged from zero to 60, up to four members (or more) could be sexual minority students. While a relatively small number, because the mean of those CRCs surveyed was 16.2, four students could be a considerable proportion. Offering services and programming that speaks to or acknowledges the needs of specific CRC members adds to the understanding and appreciation of differences for all members.

The main implication of this study is that despite the lack of purposeful recruitment and engagement, sexual minority students are members of campus CRCs. These students seek help and support from a campus organization that promotes recovery and attaining a college education. As such, CRCs must take advantage of the opportunity to serve their LGBT members through inclusive programming, recognition of specific needs, and focused support.

The limitations of this study include a small sample size from a similar institution type. The vast majority of respondents were from the public (81.6%), urban or suburban (86.8%), and 4-year universities (94.7%). While recent CRC expansion includes 2-year colleges, only two (5.3%) respondents reported being from this institution level. Another limitation is using the Collegiate Recovery Community Directory published by ARHE to contact CRC advisors/directors. Inclusion in the directory benefits paid ARHE membership and excluded CRCs that did not or could not make this financial commitment.

Despite the limitations, this study does provide valuable initial information about CRCs and LGBT student members. Future research is needed to recruit a larger sample of diverse respondents. Coordination with ARHE could encourage those institutions affiliated with the organization to participate in research. This would allow a complete picture of CRCs programming, how it impacts the engagement of LGBT students, and the effectiveness of those programs. Additionally, as almost one-third (28.9%) of respondents indicated their sexual orientation as other than heterosexual, research on how advisor/director sexual orientation impacts recruitment and programming for LGBT students may prove insightful.

In conclusion, this study of how CRCs across the United States recruit, engage, and serve sexual minority students is a starting point for further investigation. More research is needed to fully understand the needs of this population and how CRCs promote ongoing recovery and educational achievement. Focusing on this underserved population creates a more diverse and inclusive student recovery experience.

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