

Suicide among Gay/Lesbian/Bisexual Youth

by Heather E. Murphy

This history of suicide can be traced back to the dramatic literature of the 1500's and 1600's, where Shakespeare's Hamlet posed the question of to be or not to be; further back still to the Old Testament where people killed themselves in acts of heroism; all the way back to the beginning of man himself (Minois, 1999). It was the publication of Emile Durkheim's *Suicide* in 1897, examining the social causes and general nature of suicide, which began the study of suicide by sociologists, psychologists, and physicians (Durkheim, 1951; Minois, 1999). It has only been within the last twenty-five years, however, that the study of youth suicide has become prevalent, and just within the last six years that suicide among gay/lesbian/bisexual youths has begun to be examined using population-based studies, as opposed to older convenience-sample studies and post-mortem analyses relying on survivor perceptions of teen's sexual orientations. Due to the recent emergence of research in the area of youth suicide among the gay/lesbian/bisexual population, and therefore the limited amount of known information in this area, adding to this field is crucial and necessary.

The importance of research in the area of youth suicide is self-evident. Data from 2001 lists suicide as the eleventh ranking cause of death in the United States, but the third ranking cause of death for youths ages fifteen through twenty-four (McIntosh, 2003). Gay, lesbian, bisexual, transgender, and questioning students comprise 4.5% to 9% of the high school student population (Safe Schools Coalition of Washington, 1999). In the US government's *Report of the Secretary's Task Force on Youth Suicide*, it was originally projected, based on convenience samples and survivor reports, that gay youth are two to three times more likely to attempt suicide than their heterosexual peers, and comprise 30% of the annual youth suicides (Gibson, 1989 as cited in Remafedi, 1999).

One of the first studies to examine the association between sexual orientation and health-risk behaviors among school-based adolescents was Garofalo et al. (1998). Of 4,159 ninth to twelfth graders in a random, Massachusetts state-wide sample (1995 Youth Risk Behavior Survey), 104 students self-identified as gay, lesbian, or bisexual, 2.5% of the population. There was a statistically significant difference between the percentage of suicide attempts made by the gay/lesbian/bisexual students, 35.3%, and the non-gay/lesbian/bisexual students, 9.9%. This was an important study because it was one of the first to use a large, generalizable sample of adolescents, unlike other past studies, which had used opportunistic, nonrepresentative samples, and it also offered a comparison group.

Another relatively early study of the relationship between sexual orientation and suicide risk surveyed a cross-section of Minnesota junior and senior high school students (1987 Adolescent Health Survey) and gender-matched those who self-identified as bisexual/homosexual with heterosexual respondents on measures of suicidal ideation, intent, and self-reported attempts (Remafedi, French, Story, Resnick, & Blum, 1998). Gay or bisexual males were statistically significant at 28.1% reporting a suicide attempt, compared to 4.2% of the heterosexual males. Also using data from the Minnesota 1987 Adolescent Health Survey, Saewyc et al. (1998) found that one out of three gay/lesbian/bisexual youths, age fifteen and older, reported at least one suicide attempt.

A 1999 New Zealand longitudinal study of 1,265 children, beginning at birth and following subjects to age twenty-one, found that by age twenty-one, 67.9% of the gay/lesbian/bisexual cohort had reported suicidal ideation, as compared to 28.0% of the heterosexual cohort, and 32.1% had reported making at least one suicide attempt, as compared to 7.1% of the heterosexual cohort, both statistically significant differences (Fergusson, Horwood, & Beautrais, 1999). This study is important because it is the only large-scale longitudinal study of sexual orientation and suicidality (Russell, 2003).

Russell and Joyner (2001), using data from the National Longitudinal Study of Adolescent Health, found that youths with same-sex orientation were at higher risk for suicidal thoughts, significantly more likely to report suicidality, and more than two times more likely to attempt suicide than their heterosexual peers. For all youths, victimization was found to be associated with suicidality. Other risk factors related to suicide were depression, alcohol abuse, and family suicide history for boys, and depression, alcohol abuse, and suicide history among friends for girls.

D'Augelli, Hershberger, and Pilkington (2001) administered a comprehensive questionnaire to three hundred fifty gay/lesbian/bisexual youths, ages fourteen to twenty-one throughout the United States, Canada, and New Zealand, about a variety of issues, including suicidal thoughts and behaviors. An association between sexual orientation and suicidality was found. Of those questioned, 42% had sometimes or often thought of suicide, 33% reported at least one suicide attempt, and many related suicidal ideation and suicide attempts to their sexual orientation. Most attempts followed awareness of same-sex feelings and preceded disclosure of sexual orientation. This was a crucial study because it showed that many adolescents who are not yet open with their sexual orientation might be in denial and suppression of their sexual-feelings, which is related to their suicidality.

McDaniel, Purcell, and D'Augelli (2001) reviewed studies of the rates of suicide and attempted suicide among the gay/lesbian/bisexual population as compared to the general population, and found an elevated risk of suicide attempts among gay/lesbian/bisexual youths, particularly males. Based on the results of the previously mentioned study, however, it is very likely that many gay/lesbian/bisexual youths may have completed suicide never having disclosed their sexual orientation, identity, or behavior to others, and therefore the numbers of completed suicide in that population is underestimated.

The following year, D'Augelli, Pilkington, and Hershberger (2002) attended to one component of their previously administered questionnaire (D'Augelli, Hershberger, & Pilkington, 2001), victimization of gay/lesbian/bisexual students in high schools. It was found that of the gay/lesbian/bisexual students, more than half had been verbally abused in high school, nearly one-quarter were threatened with violence, and more than 10% had been physically attacked. The earlier these students identified their sexual orientation, the more they were victimized in high school. Males were consistently found to be victimized more frequently. Fear was also found to be a component of the victimization, with 30% of the gay/lesbian/bisexual students fearing verbal abuse, and 21% fearing physical attack. Verbal attacks were found to be related to current posttraumatic stress symptoms and accounted for 9% of the variance in mental health symptoms. Over one-third of the students had made a suicide attempt, and 42% of the males and 25% of the females reported suicidal ideation. This was an

important study because it examined the risk factors for suicide that are unique to the gay/lesbian/bisexual population.

In a similar study, Bontempo and D'Augelli (2002) examined the relationship between at-school victimization and health risk behaviors in a large representative sample of gay/lesbian/bisexual and heterosexual youths. Gay/lesbian/bisexual youths who reported high levels of at-school victimization reported higher levels of suicidality than their heterosexual peers who also reported high levels of at-school victimization. Those who reported low levels of at-school victimization, however, reported levels of suicidality similar to their heterosexual peers who also reported low levels of at-school victimization. This study, by providing a comparison group, indicates that differences in suicidality among gay/lesbian/bisexual youths are mediated by victimization at school.

Presently, there are no published studies of suicide prevention or intervention programs that target gay/lesbian/bisexual youth (Russell, 2003). Past research has shown that gay/lesbian/bisexual youths are at a greater risk for suicide. Now future research needs to address the risk and protective factors, as well as possible prevention and intervention strategies.

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