

Suicide Risk in Lesbian, Gay and Transgender Youth

By Kenneth Norton LICSW

In our last newsletter, chapter president L. Rene Bergeron focused her message on the importance of diversity to our profession. Among the points she made is one that as social workers our Code of Ethics require us to be knowledgeable about the interface of culture on human behavior. Also in the newsletter was a column by Gretchen Grappone on social justice for Gay, Lesbian, Bisexual, and Transgender people. Her article stressed the importance of our working individually and collectively as a profession to address the inequities faced by this population. Both of these articles lay a great foundation for this article regarding suicide risk for LGBT youth.

Over the past few years, the issue of suicide risk in LGBT youth has been a topic of much discussion and sometimes polarized and politicized debate. A great deal of misinformation and/or poorly constructed research has contributed to this. Last fall, the US Substance Abuse and Mental Health Services Administration (SAMHSA) published a white paper on “Suicide Risk and Prevention for Lesbian, Gay, Bisexual, and Transgender Youth.” The lead author on the paper was NH resident Effie Malley who works for the Suicide Prevention Resource Center (see www.sprc.org) which is the federally funded suicide prevention technical assistance program and a terrific resource for suicide prevention.

The white paper reviewed and summarized all pertinent research and data over the past 10 years and includes conclusions and recommendations. Publication of the paper has helped to reduce the innuendo and anecdotal information often associated with this topic. Despite this advancement, there continue to be significant gaps in research and knowledge regarding suicide risk for the LGBT population. The information in this article is drawn directly from the white paper and highlights its conclusions.

Research shows LGB youth experience more suicidal behavior than other youth. They are one and half to three times more likely to report having suicidal thoughts and one and a half to seven times more likely than non LGB youth to have reported attempting suicide. When questioned about intent to die as a result of their attempt, LGB youth report much higher levels of intent than their heterosexual peers. LGB youth are also likely to experience higher rates of depression, substance use and being runaway and/or homeless, all which contribute to higher risk and related suicide behavior.

Since national death reporting does not require data on sexual orientation, there is no real data regarding suicide death and LGB youth. However, the higher reported suicidal thoughts and attempts combined with the seriousness of the attempts make it likely that LGB youth experience higher rates of suicide. Likewise, while there is limited information available on suicidal behavior among transgender youth their elevated risk factors and lower protective factors may result in higher rates of suicidal behavior.

Youth and young adults who do not fit the heterosexual “norm” of our society are subject to increased harassment, bullying, discrimination and isolation. This may come from peers, teachers, community members, strangers and even family. These elements are known risk factors for suicide in the non LGB population and undoubtedly add to risk for LGB youth.

Family support, or the lack thereof is an important protective or risk factor for LGB youth. Sadly, many youth who do disclose are treated very poorly by family, suffering rejection, verbal and emotional abuse, threats and even assaults. Hence, research shows a rise in suicide thoughts and attempts around the time that youth disclose their sexual orientation to their families. In contrast LGB youth who report a strong connectedness to family are half as likely to experience suicidal ideation as those with low family connectedness.

Several notes of caution: the information presented is specific to youth and young adults between the age of 15-24 and while it may inform our practice with people outside of those ages, we should be careful about drawing conclusions beyond youth and young adults. For instance several studies show most suicide attempts among LGB people occur during adolescence and young adulthood, so one should not assume that the increased attempts among LGB youth carries over to the adult population. While some theorists argue that most of these studies are based on self report, and it is likely that people under report their minority sexual orientation and subsequent suicidal behavior. However, others argue that people who do feel comfortable disclosing their sexual orientation may also be more willing than others to disclose suicidal behavior thus increasing the actual rates. Despite these two opposite theories, most suicide prevention experts believe the conclusions drawn regarding increased risk for LGB youth.

This brings us full circle to the articles in the winter issue of our newsletter. This article touches on some of the unique risk factors and characteristics for LGBT youth and hopefully informs our practice in assessing and reducing risk for individuals or families we may work with. For further information read the whole paper available at http://www.sprc.org/library/SPRC_LGBT_Youth.pdf . Beyond our work with individuals, we need to look for opportunities to address the stigma and discrimination which LGBT youth may encounter (reread the suggestions in Gretchen Grappone's article). The progress we make in these areas will increase protective factors for this population and subsequently decrease suicidal behavior.

It is everyone's responsibility to prevent suicide. Warning signs include: talking about death or dying, isolation, anger/rage, hopelessness, increased use of alcohol or other drugs and mood changes. If you are worried about someone you think is at risk of suicide call the National Suicide Prevention Lifeline 1-800-273-TALK (8255).

This is the eighth in a series of articles for the NH NASW newsletter on suicide prevention. Series articles include: Suicide Prevention: A Public Health Issue, Suicide Prevention Efforts in NH, Survivors of Suicide, Restricting Access to Lethal Means, Suicide Prevention and Veterans, No Harm Contracts, Suicide and Older Adults, Clinicians as Survivors, Suicide and the Economy, and Media, New Media, Safe Messaging and Suicide Prevention. These articles can be viewed in the Newsroom/Articles section of the Connect website at www.theconnectproject.org. Ken Norton is the Director of NAMI NH's Connect Suicide Prevention Project and can be reached at (603) 225-5359 or knorton@naminh.org.