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Relationship between sexual orientation and suicide risk among adolescents: Review of the evidence

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Abstract

Over the years, one of the greatest challenges and deeply disturbing occupational hazards faced by all therapists, in particular, and people, in general, has been the rapid increase in suicide rates. According to a report of the World Health Organization (WHO), every year around 800 thousand people commit suicide with much more in number who attempt it. Suicide is one of the leading causes of deaths with the risk amplifying for those belonging to the sexual minority groups- primarily the LGBT people- whose sexual and / or gender identity and preferences mismatch with the stereotypical norms set by the majority in the society. Addressing the alarming concern, World Mental Health Day 2019 was celebrated with the “40 seconds of action” agenda for raising awareness on the burgeoning incidence of suicide rates and individual role to help prevent suicide.

The purpose of the present paper was to review the various factors that put sexual minority adolescents at risk of suicide. A systematic review of around 80 journal articles published online between 1980 and 2019 was done using google, google scholar and online databases like Web of Science, Scopus, PsycInfo, ProQuest, JSTOR, Studies on Women and Gender Abstracts, etc. A detailed analysis of the selected research papers suggests that suicidal risks, along with related psycho-physiological conditions, to be significantly more among adolescents belonging to sexual minority groups than their heterosexual and gender-norm conforming counterparts. Along with the common suicidal risk factors like feelings of depression, anxiety, low levels of self-esteem, negative peer influence, dysfunctional family environment, etc, sexual minority adolescents face additional burdens in the form of parental rejection, school bullying, micro-aggression, homophobic discrimination and demographic factors that escalate their chances of attempting suicide. Even the process of coming-out has its own challenges that put adolescents at heightened risk of suicides. However, supportive family environment has been identified as a major protective factor that could be strengthened to help prevent suicide.

Keywords: Suicide, suicidal ideation, LGBT, sexual minority, health, wellbeing

Introduction

On 2nd July 2019, a Facebook post that shook many users and immediately unsettled the local authorities, read “Please don’t blame anyone for my death. I am someone you call hijra. Everyone knows that I am a boy. But the way I walk, think, and talk is like a girl. People in India don’t like this fact. This is why I am committing suicide.” This news created ripples of distress and was extensively highlighted in the media for few days, after which it slowly faded away- being registered in the records as just another case of a person committing suicide. Though the ultimate step taken by the twenty-year-old is socially and legally questionable, a large number of claims of being repeatedly shamed and bullied by others for years demands the urgent need of sensitivity education for all, and a reflection on the intrinsic as well as extrinsic factors that ultimately compel someone to commit suicide.

Over the years, one of the greatest threats to humanity has been the rapid increase in suicide rates. The World Health Organization (WHO), in one of its reports in 2019, highlighted the disturbing fact that every year around 800 thousand people commit suicide and there are much more in numbers who attempt it. This eventually means, in every forty seconds there is a suicide in any part of the world. Suicide is an act of intentionally ending one’s life, often because of overwhelming stressful situations or mental health conditions. Suicide is a global concern and is one of the primary causes of death among people around the globe (Shain, 2016). It occurs throughout the lifespan and, in every case, is a tragedy that leaves a threatening effect on the family members left behind. Although suicidal behaviour is not limited to any particular section, community, age group, gender, or nationality, the risk

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amplifies for those belonging to the marginalized sections of the society, particularly the sexual minority groups (Kann *et al.*, 2016; Russel & Joyner, 1998).

Sexual minority refers to a category of people whose sexual orientation and/ or gender identity doesn't conform to the socially accepted norms set by majority in the society. Sexual orientation may get expressed in the form of identifying one's self, exhibiting sexual behaviour or tendencies, and attraction or fantasy towards others (Saewyc *et al.*, 2004; Sell, 1997) [67, 68]. Sexual orientation can be defined in terms of heterosexuality (a person's enduring sexual attraction to persons of the opposite sex or gender), homosexuality (sexual attraction towards same sex or gender), or bisexuality (sexual attraction towards both sexes). Primarily referring to the Lesbians, Gays and Bisexuals (LGB), persons in sexual minority groups, who do not conform to the socially accepted norms of heterosexual orientation, face heightened challenges and persecutions by others in the society. Similarly, gender identity is defined by a person's subjective sense of being a man, woman, or neither of the two. Rather than abiding by the strict binary scrutinization of gender, many people characterize their gender identity in terms of gradation from masculinity to femininity or vice versa. People who classify themselves as transgender develop a sense of gender identity that is different from the sex biologically assigned at birth (Feinberg, 1992; Kulkarni & Kirk, 2006) [42]. Like sexual orientation, gender identity doesn't completely fall into a fixed set and may fluidly shift between categories, without the need of being permanently labelled or specified over time (Whittle *et al.*, 2007) [77]. Broadly, the acronym LGBT is used to refer to the lesbians, gays, bisexuals, and transgender, who belong to the sexual minority groups in the society.

Objectives of the Present Study

The objectives of the present review paper were to study the relationship between sexual orientation and the risk of suicide among adolescents by reviewing and analyzing past research papers, and to identify the associated risk factors.

Methodology

A systematic review of literature was done to find out the relationship between sexual orientation and suicide risk. This involved an investigation of the result findings from past research papers published online. An extensive electronic search using keywords like 'suicide risk', 'sexual orientation', 'minority', 'LGBT', 'homosexuals', 'mental health', 'adolescents', etc, was successively conducted to access relevant papers published in reputed journals and online databases like Web of Science, Scopus, PsycInfo, ProQuest, JSTOR, Studies on Women and Gender Abstracts, etc. Inclusion criteria for paper selection included quantitative and qualitative papers that were relevant to the present study- primarily focusing on the relationship between suicide and gender orientation, and also highlighting the mental health problems of sexual minority population that are linked to suicide risk. There were no geographical/ area based inclusion criteria or time period or calendar-year limits, although the final selected papers in the present study comprise papers published from 1980s to the present time. From the search results of numerous journal papers, 80 papers were finally considered based on their relevance to the present paper, out of which 18 papers

were considered to be very relevant. Systematic review and analysis of the contents were done to carry out the objectives of the paper.

Results

In 1980s, many international organizations and societies came forward and expressed concerns over the significantly high suicide rates among members of sexual minority groups, particularly the gay and lesbian youths. A report was published by the United States Secretary of Health and Human Services in 1989 which highlighted the disturbing fact that the suicide risk among LGB youths is three times more when compared to their heterosexual counterparts- accounting for more than thirty percent of the total suicide cases among adolescents in United States (Gibson, 1989). LGBT people face multiple additional challenges because of their non-conformity to the socially accepted sexual and/ or gender orientation. Difficulties of dealing with the stigma of homosexuality and society's strict imposition to adhere to heterosexuality make them vulnerable to mental health issues like depression (Kumar & Steer, 1995; Kazdin *et al.*, 1983) [46], hopelessness (Beck & Bedrosian, 1979; Maris, 1981) [49], drug abuse (Brent & Perper, 1995; Felts *et al.*, 1992) [5, 23], etc. These dilemmas and crises are heightened particularly during adolescence as the young people strive to build their sexuality and self-identity in the society (Rotheram-Borus & Fernandez, 1995) [64]. During this period, a person's identity oscillates between categories (Blos, 1967) [4] and the person may show varying degrees of fluidity in gender and sexual identification.

Considering the increased vulnerability of LGBT population to engage in suicidal behavior, a detailed review of available literature reveals that there have been limited research works on estimating the statistics of the actual suicide rates among LGBT people in many parts of the world. Also in most cases, the numbers do not always reflect the actual scenario. Due to the lack of authentic identification records, mostly because of the fact that many LGBT people don't actually come-out and reveal their real identities, and death records of people don't include their sexual orientation, maximum of the LGBT suicide cases or attempts remain unreported. Almost all the past literature and articles conclude that adolescents reporting same sex sexual orientation or different gender orientation are at higher risks of exhibiting suicidal tendencies when compared with their heterosexual peers (Russel & Joyner, 1998; Haas *et al.*, 2011; Bojarski & Qayyum, 2018) [30, 6]. Regardless of family background and educational qualification, males and females belonging to the sexual minority groups are more likely than their peers to have suicidal ideations (Russel & Joyner, 1998, Zhao *et al.*, 2010) [80]. In one of the significant research studies, Kann and others (2016) concluded that suicide risk among LGB adolescents is almost four times more than their heterosexual counterparts. Moreover, almost 92% of the transgender adolescents and adults attempt suicide before the age of 25 years and 40% of them ultimately take their own lives (James *et al.*, 2016) [36].

Factors affecting Suicide Risk among Sexual Minority Adolescents

Homosexuality in itself is not an abnormality. Most researchers argue that the self-characteristics of being homosexual or transgender doesn't make them more vulnerable to suicide. Rather it is the result of a complex

interplay of intrinsic and extrinsic factors that make the person internalize negative self-image and beliefs ultimately leading to increased suicide risks and tendencies (Fish & Pasley, 2015) [25]. All these factors have been extensively analyzed and presented under the following broad categories-

Demographic variables

In general, adolescents and youths are most significantly vulnerable to suicide risk and ideations all over the world (Goldsmith *et al.*, 2002) [29]. This generalized trend has also been found to be true in LGBT population (de Graaf *et al.*, 2006; Paul *et al.*, 2002) [16]. However, establishing exclusive relationship between age patterns and suicidal behaviour among LGBT population has been challenged by dearth in extensive research on population based surveys about participant's age when the suicidal attempt was done or carried out. Many research findings have suggested that suicidal behavior in sexual minority groups is more widely distributed across lifespan (D'Aguelli *et al.*, 2001) [13]. In the study by D'Augelli and others (2011) [15] involving a total of 416 LGB participants, it has been found that 52 participants reported a total of 97 lifetime suicidal attempts- of which nearly 30% occurring before 21 years of age, 69% occurred between the age of 22 to 59 years, and 4% occurred after the age of 60. Suicidal attempts are more closely associated with the ages at which LGBT people acknowledge and come-out of the closeted self and reveal their real identity to others (Paul *et al.*, 2002).

In reference to gender differences in suicide in general population, it has been found that females are more prone than males to suicidal attempts and ideations (Stern *et al.*, 2015; Chang *et al.*, 2011; Krug, 2002) [71, 8, 44]. However, the rate of suicide deaths is significantly higher in case of males as compared to females (Varnik, 2012; Sue *et al.*, 2012) [75]. In case of LGBT population, most studies have found that homosexual men are more likely to engage in suicidal behaviour than homosexual women (King *et al.*, 2008) [41]. This can be due to the fact that men are subjected to extreme levels of societal pressure to conform to masculine gender norms as compared to women. In general, a girl with some masculine traits (often is termed as a 'tom-boy') is accepted in any group (male or female or mixed group). But a boy who exhibits feminine traits is often mocked down and bullied by his peers. Also, males are more likely than females to use dangerous weapons in self harm and suicide attempts (Sue *et al.*, 2012; Ellis *et al.*, 2013) [20].

Comparing LGBT people from higher and lower socioeconomic status, many studies have concluded that suicide attempts have been reported to be significantly higher among people from lower socioeconomic status as compared to those belonging to the higher strata (Paul *et al.*, 2002). This can be attributed to the fact that people in lower socio-economic strata are additionally burdened by disadvantaged conditions of limited access to basic necessities of life, nutritional food, health care facilities, etc. Not much significant difference has been found between LGBT people from different race/ ethnicity/ community. This is also because very few works have been done by considering the relationship between race/ ethnicity and suicide among LGBT adolescents.

The Coming-Out Phase

The whole process of identifying one's sexual orientation/ gender identity and coming- out from the closet can be

psychologically and emotionally challenging (Franklin, 2000; Yang, 1997) [26, 79]. Coming out to self and parents is one of the greatest causes of stress among LGBT adolescents (Rotheram, Hunter, & Rosario, 1994) [63]. Many LGBT people refuse to come-out because of their own socially indoctrinated and internalized negative stereotypes and feelings of homophobia i.e. extreme disliking for homosexuality (Norman, 2004) [52]. It takes years of pain and struggles to develop a positive gender identity. The negative reactions that many parents show after the disclosure of the adolescent's sexual identities can exacerbate many problems that LGBT adolescents face (Remafedi, 1987) [60]. Predicting such negative consequences, many LGBT people don't actually come-out and remain in their closeted self. Many research studies have found that concealing sexual orientation and gender identity has significant effect on the person's mental health (Paachankis, 2007) [54], self esteem (Jordan & Deluty, 1998) and leads to increased risk for suicide (Cochran & Mays, 2000; Proctor & Groze, 1994) [9, 58]. According to one media report in 2014, around 57% families of transgender people stop talking or spending time with them after the come-out phase. In one interesting study by D'Augelli and others in 1998, it was found that homosexual youths who come-out and reveal their identity to family members are instead four times more likely to attempt suicide as compared to those who don't come out. This was explained by the extreme stress and anxiety that is associated with the coming out process and the fear of being rejected by the family. Many studies have found that LGBT people who successfully come-out to self and to others face the next set of challenges in the form of parental rejection (Patterson, 2000; Tharinger, 2000) [55, 74], gossip, harassment (Kosciw *et al.*, 2012) [43], violence and abuse (Rankin, 2005; Herek, 2000) [59, 33].

Mental Health Issues

Several research findings have confirmed that LGBT people with mental illnesses are more prone to suicide risk and attempts. Adolescents' suicide attempts and risk behaviours have been strongly associated with depression (Kazdin *et al.*, 1983; Kumar *et al.*, 1995) [39, 46], anxiety disorders (Fergusson *et al.*, 1999) [24], substance and drug abuse (Brent & Perper, 1995; Felts *et al.*, 1992) [5, 23], hopelessness (Beck *et al.*, 1979; Maris, 1981) [49], recent death or suicide of a family member or close friend (Sorenson & Rutter, 1991) [70].

Combining and analyzing results from most of the studies, many researchers have found that mental illnesses like depression, substance abuse and anxiety are almost two times more common among people from sexual minority groups (King *et al.*, 2008) [41]. The U.S. Department of Health and Human Services have highlighted the fact that homosexual and transgender people are treated by a society that "discriminates against and stigmatizes" homosexuality and this puts them at elevated risks of mental health issues and suicidal attempts.

Stigma, Prejudice and Discrimination

Many studies have focused on the social stigma and stereotypes prevailing in the society that are targeted against these sexual minority groups. Many theorists and scholars focus emphasize on studying the effect of 'minority stress' on the wellbeing and life adjustment of homosexual people. Minority stress theory links discrimination and oppression

of people belonging to minority groups in the form of physical violence, verbal abuse, threats, bullying, etc. LGBT adolescents are subjected to chronic and acute stresses that have been associated with the internalized homophobia (DiPlacido & Joanne, 1998; Rotheram-Borus & May, 1994)^[63] which makes them more vulnerable to suicidal behaviour. Discrimination and oppression are often carried out by the social agents including the family members, teachers, peer or friends and are often expressed in the form of micro-aggressions that contain messages of sinfulness and over-sexualization (Nadal, Corpus, & Rivera, 2010)^[51]. High rates of depression and anxiety (Allen *et al.*, 2008; Woolfolk *et al.*, 1999), school bullying and discrimination (Chamberland *et al.*, 2010^[7]; Norman *et al.*, 2008^[53], Stephen James Milton *et al.*, 2008), substance abuse and suicidal ideation (Cochran, 2008; Gilman *et al.*, 2001)^[28], and sexual risk behaviors (G J Hart & L M Williamson, 2005)^[31] have been reported that escalate the risk of suicide among LGBT people.

Individual Discrimination and Family Rejection

Self rejection stands out to be the cruelest thing that happens to LGBT people. This may extend to hostility, harassment, and physical harm to self, which in extreme cases, lead to suicide behaviour. Personal rejection usually stems from denial and distress related to a conflict between one's sexual or gender orientation and the one socially accepted and approved by the society. Many LGBT adolescents repress their real identity and such repressions towards the false selves lead to intertwined themes: anger directed towards self, desire for self punishment, atonement, desperation and the desire to escape the psychic pain (Bojarski & Qayyum, 2018)^[6].

Studies have concluded that LGBT adolescents who experience parental rejection are at a greater risk for suicidal behaviour (D'Augelli *et al.*, 2005; Ramfedi *et al.*, 1995; Ryan *et al.*, 2009)^[14]. According to the study conducted by Ryan and others in 2009^[66], LGBT adolescents who experienced frequent parental rejection were eight times more likely to attempt suicide as compared to their counterparts. In most cases, parental rejection results in homelessness. According to Ray (2006)^[62], almost forty percent of the homeless youth in United States are from LGBT population.

School Harassment, Peer Bullying, and Violence

LGBT adolescents experience homophobic discrimination and bullying by their peer as well as by the teachers in schools and educational institutions. The use of harsh labels and tags on these students further negatively impacts their self-esteem, personality development, school adjustment and their academic achievement. Most LGBT adolescents are subjected to a unique pattern of bullying that is solely due to feelings of homophobia among the majority population (Kosciw *et al.*, 2012; Shilo & Pizmony-Levy, 2012; Swearer, Espelage, & Napolitano, 2009)^[43, 57, 73]. Homophobic school bullying can be in the form of name-calling and shaming that is mostly seen among male adolescents in many western countries (Kosciw *et al.*, 2012; Shilo & Pizmony-Levy, 2012)^[43, 57]. One of the famous works on the attitudinal processes among college students on LGBT community by D'Augelli and Rose's (1990)^[11] found that almost 30% of the pupils would choose to study in a college that is exclusive for heterosexuals only, and in

which homosexuals would never be given a chance to enter or participate. Also, fifty percent of the pupils reported strong homophobic attitudes and termed homosexuality as sin and found homosexuals as disgusting. In general, majority of the people report hatred towards homosexuality and believe that it is absolutely wrong and against the law of nature (Kurdek, 1988; Lambert, Ventura, Hall, & Cluse-Tolar, 2006)^[47, 48].

Protective Factors: Role of Family Support and other Preventive Measures

Although there are several risk factors that cumulatively act and make LGBT people more vulnerable to suicide, there are several protective factors identified as potential life saving agents that can help in predicting and preventing suicide. Self acceptance and recognition of one's right to life with dignity are imperative for all individuals, more particularly for those who face the additional burden of having been labelled as a 'minority'. Many research studies have found family support and parental acceptance to be strong protective factors that could be strengthened to help prevent suicide among LGBT adolescents (Kidd *et al.*, 2006; Proctor & Groze, 1994)^[40, 58]. Parental bonding and support are essential, particularly at the time of coming-out as the person reveals his/her identity to parents and other family members before revealing it to others. A significant survey carried out in Minnesota on 6th grade, 9th grade, and 12th grade students by Eisenberg and Resnick in 2006 highlighted that family connectedness, perceived caring from other adults and social environment, and school safety have positive effects on the self esteem of the adolescent and also significantly lower suicidal risk behaviour.

Along with family support, school is another social agent that can help in preventing suicide among LGBT adolescents as young people spend most of their time at school and with friends. School security and perceived social inclusion are essential for the evolvment of the self and personality development. In many studies around the world, it has been found and highlighted that most school teachers are well aware of the discrimination and harassment LGBT youths face inside the school campus, but they seldom report it to the principal or school authorities (Warwick *et al.*, 2001; Douglas *et al.*, 1993)^[76]. This is because of the fact that in many schools such matters aren't highlighted to ensure and protect the reputation of the school. Other reasons include- a lack of workplace policy, parental disapproval, etc. In many cases, the school teachers even justified homophobic bullying and believed it to be no wrong. Thus, it is very essential to spread awareness, adopt strict policy against school bullying and harassment, and make schools all-inclusive and safe for every pupil. Many educationists propose to include specific themes and contents about the needs and rights of homosexual adolescents in the training programmes for teachers, staff members and family members on adolescent wellbeing, development and mental health issues.

Public institutions and facilities like health care centres and hospitals need to adopt a LGBT-friendly approach to help facilitate effective treatment and care of people belonging to sexual minority groups. There have been several reports of discrimination and denial of treatment to LGBT people by the health care practitioners and staff members in health care centres (Ezle, 2006). Denial of treatment and prior negative experiences compel many LGBT people to avoid

going to health care centres and remain undiagnosed and untreated, which not only affects the condition of the person but also escalates the chances of future suicidal attempts. Institutional support and strict law enforcement to penalize those who disregard the rights of the LGBT people can help in addressing suicide risk among LGBT people.

While social norm non-conforming sexual orientation can significantly predict and lead to suicide risk among LGBT youth, some are at more risk than others: particularly those who are abandoned by their parents and are homeless, or live in foster care, or those who engage in crimes, drug abuse, and prostitution (Jamel, 2011; Hounsfeld *et al.*, 2007) [35, 34]. To address these issues, suicide prevention programmes and awareness campaigns become imperative in controlling the risk factors and in strengthening the protective factors to help prevent suicide among LGBT adolescents. Legal protection and recognition of LGBT rights play another significant factor in predicting and preventing suicide. For instance, suicide rates have been found to be higher in countries that have passed anti-homosexual laws that discriminate against LGBT population (Hatzenbuehler *et al.*, 2014) [32]. In contrast, countries, that have legalized same sex marriages or have passed similar laws, have witnessed a significant drop in suicide rates among LGBT population (Aksoy *et al.*, 2018) [1].

Conclusion

A systematic review of the past literature reveals a strong relationship between sexual orientation and suicide risk among adolescents, with adolescents from sexual minority groups (LGBT) being more vulnerable and at an increased risk of suicide as compared to their fellow counterparts. There is a complex interplay of various risk factors, mostly socio-cultural factors and stigma associated with a person's belongingness to a sexual minority group, that are often ingrained in the minds of the people by the society and that are transferred through generations. However, parental support, legal support, and other protective factors can significantly help a person in overcoming any adverse situation and conflict.

All individuals are unique, yet each one of them deserves the same respect and treatment from the society. Thus, an inclusive and developed nation must always strive to ensure the basic human rights of each and every person by acknowledging, accepting, and respecting the diversities by assuring the dignity of the person, irrespective of whether the person belongs to the sexual majority group or not.

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