

Sexual Orientation and Suicidal Behaviour in Young People

- *Is there a link between sexual orientation and suicide risk?*
- *If so, why?*
- *How can the community better support same-sex attracted young people*?*

There is a growing body of evidence of a link between sexual orientation and increased suicide risk. Studies from both New Zealand and overseas show that same-sex (and both sex) attracted young people are anything from 2-12 times more likely to have made suicide attempts than the general population.

The Christchurch Health and Development Studyⁱ found that same-sex attracted young people (interviewed at 21 years of age) were 6x more likely to have attempted suicide. A recent study carried out in New Zealand schoolsⁱⁱ found that the risk for suicide attempt for same-sex attracted young people was at least 2x that of their opposite-sex attracted peers, even when other risk factors were taken into account. An American study of high school students in Minnesotaⁱⁱⁱ noted that sexual orientation itself was not the primary factor for suicide risk but rather the resulting increased risk factors and behaviours – such as substance abuse, family conflict and school conflict.

These behaviours and risk factors can emerge in response to social prejudice and homophobia. Therefore it is not necessarily the same-sex attraction that denotes increased risk.

Homophobia is an issue for the whole community and being gay continues to have a stigma attached. Because of this stigma, heterosexual people may use homophobia to reduce the likelihood that they will be seen as gay. The impact of homophobia is that same-sex attracted young people are more likely (than their heterosexual peers) to be the recipients of hostile behaviours, including:

- Bullying
- Victimisation
- Lack of family acceptance
- Rejection
- Community fear and on-going prejudice
- Lack of acceptance from some religions
- Alienation

They may also experience additional personal issues such as:

- Social isolation
- Depression
- Shame or guilt
- Inner turmoil
- Fear of rejection

Same-sex attracted young people may use alcohol, substance abuse or self-harm as ways of coping with these issues.^{iv} These types of coping responses are themselves risk factors for suicide.

It appears that increased suicide risk for same-sex attracted young people may stem from family and society prejudices. Given society's role in this, it may be possible to reduce the risk and enhance resiliency through education and community action. Examples of community action include:^v

- Gay/straight alliances at schools
- Support services and networks for same-sex attracted young people
- Anti-bullying programmes in schools
- Sexuality education that includes all sexual orientations
- Positive acceptance by families
- Support groups for families (such as PFLAG – Parents and Friends of Lesbians and Gays)
- Implementing sexual harassment policies in workplaces and schools
- Running a workplace campaign against homophobia
- School-based curriculum development
- Monitoring personal discriminatory behaviour
- Positive lesbian, gay and bisexual representations and role models in the media
- Population-based education campaigns regarding sexual orientation discrimination

As with many suicide prevention activities it is difficult to measure the impact of any single programme (see SPINZ Information Sheet #3).

However, it is probable that a reduction in prejudiced behaviours and an increase in

affirmative community action would have a very positive impact on this 'at-risk' group.

A final comment

Care must be taken not to label same-sex attracted young people as young people with problems. Many same-sex attracted young people feel comfortable and positive about their sexuality, use healthy coping strategies when confronting social prejudice and homophobia, and are well supported by their friends and family.

*For the purpose of this text – the terms 'same-sex attracted young people' and 'gay' are used as collective terms to include gay, lesbian and bisexual young people.

ⁱ Fergusson DM, Horwood J, Beautrais AL (1999). Is Sexual Orientation Related to Mental Health Problems and Suicidality in Young People? *Arch Gen Psychiatry*, Vol. 56 pp 876-880

ⁱⁱ Fleming T (2003), *Suicide attempts among New Zealand secondary school students – an analysis of protective factors*, University of Auckland, from the *Youth 2000 – A National Secondary School Youth Health Survey* dataset

ⁱⁱⁱ Remafedi G, French S, Story M, Resnik M, Blum R (1997), The relationship between suicide risk and sexual orientation: Results of a population-based study. *American Journal of Public Health*, 87:8, pp 57-80

^{iv} McDaniel JS, Purcell JD, D'Augelli A (2001), The Relationship Between Sexual Orientation and Risk for Suicide: Research Findings and Future Directions for Research and Prevention, *Suicide and Life-Threatening Behavior*, Vol. 31 (Supplement), pp 84-105

^v Fenaughty, John Joseph (2000), *Life on the seesaw : an assessment of suicide risk and resiliency for bisexual and gay male youth in Aotearoa/New Zealand*, A thesis submitted in partial fulfilment of the requirements for the degree of Master of Arts (Psychology), University of Auckland

See also:

Suicide Among Gay, Lesbian, Bisexual or Transgendered Youth, SIEC Alert 53 (2003), Centre for Suicide Prevention, Calgary, Canada, online at <http://www.suicideinfo.ca>

Le Brun C., Robinson E., Warren H., Watson P.D. (2004) *Non-heterosexual Youth - A Profile of their Health and Wellbeing: Data from Youth 2000*. The University of Auckland, online at <http://www.youth2000.ac.nz>

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