

INJURY PREVENTION

illinois

SEXUAL ORIENTATION, GENDER IDENTITY AND YOUTH SUICIDE

*** WHAT IS SEXUAL ORIENTATION**

Sexual orientation refers to whom a person is attracted to emotionally, physically and intellectually. Gender identity is a person's sense or experience of belonging to a particular gender category as a man or a woman and where a person feels they fit in society's man/woman structure. Both the concepts of sexual orientation and gender identity are included in the acronym LGBT (lesbian, gay, bisexual and transgender).

Lesbian, gay and bisexual refer to types of sexual orientation lesbians are women attracted to some other women, gay men are attracted to some other men and bisexual people are those for whom gender is not the first criteria in determining attraction.

Transgender is an umbrella term for people whose gender identity or expression does not match the cultural "norm" for their biological sex. This umbrella term includes identities such as transsexual, genderqueer and cross-dresser. Sometimes, a 'Q' is added on to the 'LGBT' acronym and stands for questioning. Questioning often occurs during adolescence, the development stage when many young people struggle with issues of sexuality, gender and identity. This struggle can be especially difficult and prolonged for people exploring LGBT sexual orientations and gender identities.

*** WHY ARE THEY AT RISK**

Lesbian, gay and bisexual youth were identified by the National Strategy for Suicide Prevention as populations at risk of suicide.

Data from the U.S. Centers for Disease Control and Prevention's Youth Risk Behavior Survey (YRBS) administered in Illinois in 2009 found when LGB youth are compared to their non-gay peers they are more than three times more likely to report considering suicide in the past 12 months and to have made a suicide plan in the past 12 months. Additionally, they were almost five times more likely to have attempted suicide in the past 12 months.

Suicide Ideation

- A 2002 study of gay males ages 15-25 revealed 20 percent had contemplated suicide within the past month and 6 percent reported they still would "like to kill themselves."

Suicide attempts

- Studies exploring the relationship between suicidality and sexual orientation have found consistently high rates of suicide attempts, ranging from 20 percent to 42 percent among LGBT youth.
- A statewide survey of junior and senior high school students found that suicide attempts were reported by 28 percent of LGBT males and 21 percent of LGBT females, compared to 15 percent of heterosexual females and 4 percent of heterosexual males.
- The study also revealed of gay males ages 15-25, one-third had attempted suicide in the past with 5 percent having attempted in the past year.

- The incidence and prevalence of suicide attempts were, respectively, two and five times higher.

These numbers are startling when compared with the general population.

Data limitations

- Since sexual orientation is not uniformly recorded on death certificates, suicide completion rates for the LGBT community are not readily available.
- Collecting data on suicidality among LGBT youth has many challenges. Since many researchers perceive sexual orientation in youth as a sensitive topic, most surveys do not collect sexual identity data and thus can yield no information about the suicide risk of LGBT youth.
- Less research is available on the suicide attempt and completion rates of transgender individuals. However, a 1981 study surveying transsexuals reported 53 percent of those in the study had attempted to suicide.

* **RISK FACTORS**

LGBT youth have more risk factors, more severe risk factors and fewer protective factors for suicide than non-LGB youth. LGBT youth are at higher risk if the following pertains

- homelessness
- the youth has run away
- live in foster care
- involved in juvenile justice or corrections
- youth who have disclosed sexual preference at an earlier age

Suicide attempts among LGBT youth are associated with gender non-conformity, early awareness of the feeling of being different, stress, being the victim of violence, lack of support, dropping out of school, family problems, suicide attempts and completions by friends, homelessness, substance abuse and emotional problems. School enrollment is a protective factor for suicide attempt;

youths who are no longer in school are more likely to attempt suicide than those in school. Because studies are often school-based, the suicide risk for LGBT dropouts, who also have a significant rate of homelessness, have not been able to be explored and are predicted to be much higher than is realized.

* **PROTECTIVE FACTORS**

Protective factors for all youth include ability to adapt, belief that someone has the ability to manage their feelings and behaviors, internal locus of control, high self esteem, good problem solving skills, social support, one emotionally close family member, positive school experience and spiritual faith.

Protective factors for LGBT youth build on the ones listed above to also include positive role models, high self esteem, parental support of sexuality and gender, family connectedness, safe schools, caring adult, supportive peers and sense of community.

* **PREVENTION/INTERVENTION STRATEGIES FOR THE HOME**

Lack of support and family problems have both been cited as risk factors for LGBT youth suicide and suicide attempts. Parents and families need to be aware of the issues and facts surrounding LGBT youth. Parents and families also need to be aware of the warning signs of suicidal ideation. In addition to knowing the warning signs, it is important for parents and other influential adults to learn the ability to connect with and support LGBT youth.

Because many parents and families respond to LGBT youth in negative ways, from isolation to complete abandonment, changing the dominating cultural views of LGBT people in general also is a good prevention strategy, though quite difficult to accomplish.

*** PREVENTION/INTERVENTION STRATEGIES FOR THE COMMUNITY**

There are many settings appropriate for community prevention interventions for LGBT youth suicide. Three venues that are crucial in influencing safety and inclusion for LGBT youth are school, mental health, and social services and health care.

Schools are an important setting for most youth and can utilize curricula that teach students coping skills and enhance self-esteem. Further, curricula can be introduced in many subjects that incorporate LGBT history and role models so students can begin seeing a future for themselves as LGBT people. Teachers and all school personnel can be routinely trained in LGBT issues and can learn how to stop homophobic bullying and harassment, as well as anti-gay violence. In addition, school staff can ensure safe and inclusive referrals for LGBT students to services.

Anyone who works with youth should be trained on how to effectively serve LGBT youth, including recognizing and responding to warning signs, risk factors and protective factors for suicide.

Include information regarding LGBT suicide in health promotion materials. Make accurate information about LGBT issues and resources easily available.

Build partnerships between youth-serving, suicide prevention and LGBT youth agencies. In addition, develop peer-based support groups.

*** PREVENTION/INTERVENTION STRATEGIES**

Eliminate the pervasive homophobia and heterosexism that exists through education, awareness and promotion of equal rights.

Implement non-discrimination policies that are inclusive of sexual orientation and gender identity to assure LGBT people equal rights.

Institute protocols and practices on how to respond if a youth is at risk of self-harm, has made a suicide attempt or died by suicide.

Collaborate with schools and government to develop administrative procedures to handle complaints and resolve situations in which the non-discrimination policy has been breached.

Train all personnel on the existence of the policy and know how to make complaints or direct others to make complaints if necessary.

Advocate for training of all school personnel and faculty in LGBT issues and combating anti-gay bullying, harassment and violence.

Ensure collection of data through the YRBS and other routine adolescent health surveys on sexual orientation and gender identity as it pertains to youth. It also is necessary to ensure death certificates begin to collect demographic information on sexual orientation and gender identity in order to fully track suicide completion.

Request funds be available to address LGBT youth homelessness, lack of access to supportive mental health care and LGBT youth truancy and absenteeism.

*** LOOKING FOR HELP**

Call 9-1-1 or seek immediate help from a mental health provider when you hear or see someone that is:

- threatening to hurt or kill themselves
- looking for ways to kill themselves (e.g., seeking access to pills, weapons or other means)
- talking or writing about death, dying or suicide

Contact a mental health professional or call the National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255) for a referral should you witness, hear or see anyone with one or more of these behaviors:

- hopelessness
- rage, anger, seeking revenge

- acting reckless or engaging in risky activities, seemingly without thinking
- feeling trapped—like there's no way out
- increasing alcohol or drug use
- withdrawing from friends, family or society
- anxiety, agitation, unable to sleep or sleeping all the time
- dramatic mood changes
- no reason for living; no sense of purpose in life

* RESOURCES

More information about suicide can be obtained from the following organizations:

- **National Center for Injury Prevention and Control** www.cdc.gov/ncipc
- **National Strategy for Suicide Prevention** <http://mentalhealth.samhsa.gov/suicideprevention/>
- **Suicide Prevention Resource Center** www.sprc.org
- **The Trevor Project** www.thetrevorproject.org
- **Illinois Safe Schools Alliance** www.illinoissafeschools.org
- **It Only Takes One** – public awareness campaign for Illinois – www.itonlytakesone.org

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