

"Saving Lives in Tennessee"

Suicide and GLBT Youth

- The 1999 Surgeon General's Call to Action to Prevent Suicide, the formative document for the modern suicide prevention movement, listed gay, lesbian, bisexual, and transgendered (GLBT) youth as a high-risk population, citing a lack of research and data on suicidal behavior within this group, a lack of suicide prevention programs tailored to their concerns, an insufficient awareness of suicide prevention within GLBT youth organizations and settings, and lack of opportunity to develop and adapt culturally effective suicide prevention and intervention programs. Since the publication of this report, research in this area has expanded considerably.
- To date, no empirical national studies have recorded the frequency of suicide among GLBT individuals, and community-based studies suggest this subgroup overall is not at increased suicide risk. However, studies are finding associations between suicide risk and bisexuality or homosexuality in youths, particularly males.
- Precise numbers vary, but studies suggest gay and bisexual teenage males are 55% more prone to suicidal ideation than
 their heterosexual counterparts, and that lesbian and bisexual teenage females are 38% more disposed to suicidal
 ideation than heterosexuals. In a 2001 study, GLBT youths surveyed estimated that roughly half their suicide thoughts
 are connected to their sexual orientation.
- Statistics regarding suicide attempts are also inconsistent, but preliminary reports suggest GLBT youth are between three and five times more likely to attempt suicide than heterosexual teens. Some estimates suggest that teenage homosexual and bisexual males are at seven times the risk for a suicide attempt.
- Studies on GLBT youth suicide have found that attempts within this subgroup are more likely to be fatal and more likely
 to involve serious injury. Additionally, it has been that many suicide attempts among GLBT youth occur within one year
 of disclosure of sexual orientation to parents.
- There exist numerous obstacles to research in the field of GLBT youth suicide risk. These include stigma surrounding
 both the subjects of suicide and homosexuality, lack of consistently applied and accepted terminology, lack of racial/
 ethnic minority representation in existing studies, and the possibility that individuals who are willing to reveal their sexual
 orientation may be more likely to disclose suicidal tendencies as well. Additionally, death records and hospital data do
 not record sexual orientation and/or gender identity.
- Generally speaking, the suicide risk factors and warning signs for GLBT youth are largely the same for other young
 adults, but the GLBT adolescent is subject to several unique risk factors. An early, forced, mistimed, or forestalled
 coming-out process puts such an individual at increased risk.
- Understanding the family and school background is crucial to assessing suicide risk; depending on the support they offer
 and their overall safety, these environments can become major protective facts or the GLBT youth's greatest threat.
- Many mental health providers, physicians, and school faculty have not received accurate information about GLBT suicide
 risk; consequently their response to troubled and/or suicidal youth may be ineffective, cause further psychological
 damage, and/or discourage further disclosure attempts.
- Tennessee was one of 42 states which received a grade of "F" in the 2004 State of the States report issued by the Gay, Lesbian and Straight Education Network (GLSEN). The report cited a lack of a state non-discrimination law and substandard safe-schools policies at the local level.

Sources: Gay, Lesbian and Straight Education Network, Suicide Prevention Resource Center. The Network wishes to recognize Effie Malley, Senior Prevention Specialist with SPRC who presented most of these findings at the 2007 American Association of Suicidology Conference.

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