

# Lgbtq adolescent risk of suicide behaviors and suicide



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## LGBTQ Adolescent Risk of Suicide Behaviors and Suicide

## Abstract

Evidence supports that Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ) adolescents are represented in higher percentage of the population who experience suicide behaviors and suicide. LGBTQ experience heighten stressors than their heterosexual counterparts due to their Sexual Orientation Gender Identity (SOGI). “ LGBTQ adolescents experience rejection from their parents, peers, and prejudices which often leads to placement in foster care, juvenile detention center or living on the streets (n. d.)”. This research paper will look at the prevalence of suicide behaviors and suicide among this population and address strategies to minimize the risk and promote healthy well-being. LGBTQ term is being utilize in this research paper to refer to this population: however, acknowledging that there are subgroups within who are represented by different terminology.

Lesbian, Gay, Bisexual, Transsexual (LGBTQ) adolescents experience many challenges in communities throughout this country. Research on adolescents over the past 20 years show that sexual orientation, who a person is emotionally connected or attracted develops early. “ The research also shows that both gay and straight children have their first crush to another person at around age 10.” “ The average age that parents learned of their youth’s SOGI (Sexual Orientation Gender Identity) status is 13. 4. (Family Acceptance Project)”. The coming out overlaps with the developmental facets of early adolescence face when is characterized by moodiness and exploration of identity. “ Adolescents are coming out in

greater numbers than in past years: however, they still face stigma and prejudice, report higher levels of social stressors that result in higher rates of mood, anxiety, and substance abuse disorders. (Meyers 2008)". “

Researchers have referred the idea of “ gay related stress” or “ minority stress” as stressors that are unique to LGBTQ. (Meyer 1195, 2003)". “

Studies have found that these stresses can lead to psychological distress which is heightening due to lack of protective factors such as peer support, family support or concrete physical support. (Suicide Prevention Resource Center, 2008, D’Augelli, 2002, Heck, Flentje, and Cochran, 2011)". LGBTQ adolescents report history of placement in foster care, incarceration or homelessness because of discords related to their SOGI; these dynamics intensify the risk of mental health problems such as depression and suicidal behaviors.

“ The National Institute of Mental Health (NIH) denotes suicide as a major health concern, suicide is among the leading cause of death in the United States (n. d.)”. “ Suicide is the third leading cause of death for the age group of 15 to 24 years old (n. d.)”. “ The National Comorbidity Survey of people 15 through 54 years of age show a lifetime suicide attempt of 4. 6 percent that is, nearly one in twenty people reported having attempted suicide at some point in their lives. (Kessler, Borges & Walters, 1999)”. The rates for suicide among subgroups of the population for example LGBTQ adolescents are higher than their heterosexual peers. LGBTQ adolescents experience more suicidal behavior than other adolescents, suicidal behavior is defined as suicidal ideation, suicide attempts, and completed suicides. “ High school students identifying as either LGBT or not sure of their sexual

orientation were 3.4 times as likely to have attempted suicide within the last 12 months as their heterosexual peers (Canadian Psychiatric Association n.d.).” D’ Russell and Joyner (2011) discovered that the risk of attempting suicide was twice as high among LGBTQ adolescents as among heterosexual adolescents. Suicidal ideation is defined as thoughts of suicide to a comprehensive plan to commit suicide. “ Although not all adolescents who experience suicidal ideation go on to attempt or die by suicide, the thoughts are disruptive to the youth and is a matter of grave concern (D’Russell and Joyner 2011)”. “ Literature review and research (Suicide Prevention for LGBT Students) confirms that LGBTQ adolescents have much higher levels of suicidal ideation than their heterosexual peers as noted below:

- Cochran and Mays (2000a) found, “ 41.2 percent of gay men ages 17 to 39 reported suicidal ideations, compared to only 17.2 percent of heterosexual men of similar ages.”
- Eisenberg and Resnick (2006) found, “ 47.3 percent of GB adolescent boys and 72.9 percent of LB adolescent girls reported suicidal ideation, compared with 34.7 percent of non-GB adolescent boys and 52 percent of non-LB adolescent girls.”
- Remafedi et al. (1998) found, “ 31.2 percent of GB male high school students and 36.4 percent of LB female students reported suicidal ideation; proportions for heterosexual students were 20.1 percent and 34.3 percent respectively.”

There are limitations of the data among LGBTQ adolescents on suicidal ideation, suicide attempts and completed suicide. The results of surveys are <https://assignbuster.com/lgbtq-adolescent-risk-of-suicide-behaviors-and-suicide/>

often self-reported. The individuals are reluctant to admit suicidal thoughts, suicide plan, and suicide attempt or disclose sexual orientation or gender identity. "The medical records or death certificates seldom indicate the person's SOGI, many people who attempt suicide do not seek medical treatment therefore the percentages maybe higher than their heterosexual counterparts (n. d.)".

Risk factors as well as protective factors explain suicidal behavior. The risk factors that apply to adolescents overall apply to LGBTQ youth. Adolescent risk factors are they may experience abuse, maltreatment, relationship discord, family problems & substance use. The risk is elevated for LGBTQ adolescents due to the consequences of psychosocial stressors associated with their SOGI, such as victimization lack of support, isolation, family discord, homelessness, and psychiatric maladies. Heterosexual adolescents experience these stressors, they are more prevalent among LGBTQ adolescents. LGBTQ adolescents are at more risk for suicide attempts if they acknowledge their sexual orientation at an earlier age. Prejudice and discrimination is ingrained in the fabric of this country as well as towards LGBTQ population and is supported by some religious, social, and government institutions. LGBTQ people encountered individuals who shared these beliefs which can lead to further despair.

LGBTQ adolescents need more support given their exposure to adverse experiences. "The stigma attached to sexual and/or gender identity often results in social, behavioral and health consequences which is manifested in high risks behaviors and escalated mental health distress." (Ryan and Futterman, 1998). The support can take different forms such as Support <https://assignbuster.com/lgbtq-adolescent-risk-of-suicide-behaviors-and-suicide/>

groups or peers they can identify with as they can reduce the stress, provide motivation and hope, offer security and acceptance. These interactions can give a sense of community as they share a commonality. “ GLSEN (2010) found, “ two-thirds of students identifying as LGBTQ disclosed feeling unsafe at school due to their sexual orientation, and over a third felt unsafe due to gender expression”. In their survey, GLSEN (2010) reported, “ nearly nine out of 10 students identifying as LGBTQ have endured some sort of harassment at school.” (n. d.) The harassment included, verbal and physical assaults due to their sexual orientation. Support groups in the school help students develop a sense of identity and corroborate that they are not alone.

“ LGBTQ young adults who are accepted by their parents or foster parents have better overall health, and mental health”. (FAP) “ They have higher self-esteem, less likely to be depressed or have suicide ideations. (FAP)” Family Acceptance Project is defined as community research, intervention, education, and policy initiative started in 2002. The FAP studies show, “ family acceptance and rejection affect the health, mental health and well-being of (LGBTQ).” (FAP) The results are used to (1) increase family acceptance and support well-being (2) strengthening and nurture intact families (3) treatment modality that includes the family unit with focus on prevention and well-being.

“ Youth Thrive Framework is a strength-based framework that discusses how we can support youth to healthy development and well-being by reducing the impact of negative life experiences (n. d.)”. “ LGBTQ adolescents’ outcomes

can improve by increasing protective and promotive factors and reducing risk factors as noted below. (Youth Thrive 2014) (n. d.)”

#### INCREASE PROTECTIVE AND

#### PROMOTIVE FACTORS

- Youth resilience
- Social connections
- Knowledge of adolescent development
- Concrete support in times of need
- Cognitive and social-emotional competence in youth

#### REDUCE RISK FACTORS

- Stressors
- Inadequate or negative relationships with family members, adults outside youth’s family, and peers
- Insufficient or inadequate opportunities for positive growth and development
- Unsafe, unstable, inequitable environments

#### DYNAMIC OUTCOMES:

## HEALTHY DEVELOPMENT

### AND WELL-BEING

- Physically and emotionally healthy
- Hopeful, optimistic, compassionate, and curious
- Ability to form and sustain caring, committed

### relationships

- Success in school and workplace
- Service to community or society

Department of Children & Families (DCF) has invested in improving outcomes for the adolescent population through the creation of the Office of Adolescent Services (OAS) who supports the Local Offices in servicing this population. On August 30, 2016, “ DCP&P implemented LGBTQI policy which embraces inclusion as it expanded the policy to apply to every child, youth, or family member who identifies as lesbian, gay, bisexual, transgender, questioning and intersex. CP&P VI”

The Youth Thrive Framework and the Family Acceptance Project LGBTQI indicate that risk factors decrease when there is less rejection and more connections. Education is needed for DCP&P staff, community partners/providers and family members regarding the complexity SOGI. It is imperative that staff obtain the skills to have the dialogue with adolescents so, appropriate identification can occur, and planning based on their

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individual needs. We should not assume that everyone is heterosexual or that a pronoun is based on a person's physical appearance. Studies have shown that outcomes are better for adolescents who remain at home or with relatives so, more resources are needed to support the youth and caretaker as this will increase well-being. If a parent or caretaker is not available, foster other healthy connections. Most adolescents experience multiple changes in foster homes and school settings, therefore it is logical for CP&P to enhance our partnership with foster parents and school personnel to educate regarding the LGBTQI population through the lens of adolescent development and trauma. The PRIDE training which the training curriculum is for foster parents should be amended to include Cultural Competency training with focus of LGBTQI community, this will promote recruitment efforts for this population as well as acceptance. DCP&P Educational Stability Policy is a partnership with the school to minimize the changes in school setting based on youth change in residency. The school has made a commitment to provide transportation to the school so, the youth can remain in the school setting. The school personnel would benefit from Cultural Competency training with the focus on LGBTQI community as this education with nurture tolerance and support. Minimizing rejection and increasing supports for the LGBTQI community will led to better outcomes for this population which promotes positive well-being.

### Key Terms (Definitions)

Bisexual define asa person who is attracted to and may form sexual and romantic relationships with either men or women.

Bullydefine as intentional, unprovoked attempts to cause physical or emotional harm to one or more targets which creates an imbalance of physical and/or psychological power between a target and perpetrator. (n. d.)

Gay define as a person who is emotionally, romantically, and sexually attracted to people of the same gender. Sometimes, it may be used to refer to men and boys whereas “ lesbian” is used to refer exclusively to women and girls. It is preferred over the term “ homosexual” which is often considered offensive.

Gender Expression define as the manner in which person represents or expresses their gender to others through gender markers including clothing, hairstyle, behavior, activities, interest, attitudes, voice inflection, mannerisms, etc. (See Gender Identity)(n. d.)

Gender Identity define as an individual’s internal view of their gender; one’s innermost sense of being a man or woman or having another gender, e. g., being “ gender fluid”. This often influences name and pronoun preferences.

Intersex defines as a person who is born with (or develops naturally, not as a result of medical treatment) a combination of chromosomes, gonads, hormones, internal reproductive organs, external genitalia, and secondary sex characteristics that include some characteristics that are typically considered “ male” and some characteristics that are typically considered ‘ female.” The term “ hermaphrodite” is an outdated and offensive term for intersex individuals.

Lesbian define asa woman who is emotionally, romantically, and sexually attracted to other women.

LGBTQI define asan acronym commonly used to refer collectively to lesbian, gay, bisexual, transgender, questioning, and intersex individuals, issues, or communities.

Sexual Orientation definea person’s emotional, romantic, and sexual attraction to persons of the same and/or different gender.

Transgender or Trans define asan umbrella term to include all persons whose gender identity or expression does not align with their sex assigned at birth in the way expected by their society. For purposes of protection from discrimination and harassment, transgender refers to both self-described transgender individuals and individuals(n. d.)[perceived as transgender or gender non-conforming without regard to whether they qualify for a diagnosis of Gender Dysphoria(n. d.).

Questioning define asa person who is exploring or questioning issues of sexual orientation or gender identity or expression in his/her/their life(Guest, “

Safe Schools Policy for LGBTQ Students – Society for Research in ...,” n. d.).  
(n. d.)

### Resources

*Gay/Straight Alliances (GSA)*- intervention in schools which is a student led club that provides support, education, and advocacy for students who

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identify as gay, lesbian, and bisexual, transgender or straight. The first GSA was formed by a student in 1988 who identified as heterosexual.

Researchers found that the existence of school supports groups for LGB students was related to greater safety in school and lower rates of victimization and suicidality. (MYRBS) They also discovered that nonacademic counseling, staff trainings, peer support groups and anti-bullying policies were also associated with lowered victimization and suicidality.

*Project 10* – School program started in 1984 which focuses on education, suicide prevention and support sexual minority youth. Their mission is to improve self-esteem and affirmation to those students who are experiencing challenges due to their sexuality identity and/or gender expression. The group members are majority male with all ethnicities reflected.

Gay and Lesbian Political Action and Support Group-Offers individuals in isolated areas to be politically active and establish support (n. d.). (n. d.)

*NJ Lesbian and Gay Coalition* -Resources for LGBT youth, including helpline numbers, housing information, legal resources, physical health agencies, and more 732-828-6772.

HiTops-Health services and group support resources for people age 13 to 26 (n. d.). They developed two support groups called (n. d.) “ First & Third” and “ PFLAG” for LGBTQ youth and their loved ones (n. d.).

*Hentrick Martin Institute* – Counseling and crisis management, health and wellness programming, academic enrichment, job readiness, and arts and cultural programming (n. d.) .

*The Pride Center of New Jersey* -Offers numerous social, supportive, educational, entertaining, and fun events and groups for the LGBTQI community (n. d.) .

*Garden State Equality* -Dedicated to bringing same-sex marriage equality to New Jersey, It is the organizer of campaigns, primarily to get the legislature to pass a marriage equality bill and to accumulate enough votes in the legislature to override a gubernatorial veto (n. d.) .

*NJ Gay Life* -List events throughout New Jersey to connect the LGBTQ community (n. d.) . The Online directory of New Jersey businesses and a support group calendar organized by issues and geographic locations (n. d.) . (n. d.)

*Parents, Families, and Friends of Lesbians and Gays (PFLAG)* -National nonprofit organization located in Washington, DC. The non-profit group provides support for health and well-being of lesbian, gay, bisexual and transgender persons, their families, and friends (Guest, “ Safe Schools Policy for LGBTQ Students – Society for Research in ...,” n. d.) . Online information, events, programs, scholarships, and advocacy opportunities (n. d.) . (n. d.)

*The Gay, Lesbian & Straight Education Network (GLSEN)*- Ensures school students are treated with respect without regard to sexual orientation or

gender identity and/or expression. Strives to create school settings that value differences for a powerful and diverse community (n. d.) .

*Equality Federation* -National alliance of state-based lesbian, gay, bisexual, and transgender advocacy organizations (n. d.) .

*Human Rights Campaign* -Advocates for LGBT Americans, mobilizes grassroots action, and educates the public about LGBT issues (n. d.) .

*NALGAP: The Association of Lesbian, Gay, Bisexual, Transgender Addiction Professionals and Their Allies*-Membership organization dedicated to prevention and treatment of alcoholism, substance abuse, and other addictions in lesbian, gay, bisexual, transgender, queer communities (n. d.).

LGBTQI youth and families can also call 311 for further information. (n. d.)

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