

Sexual and Gender Minority Youth Suicide: Understanding Subgroup Differences to Inform Interventions

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Abstract

Sexual and gender minority (SGM) youth are disproportionately affected by suicide-related thoughts and behaviors relative to their heterosexual and/or non-transgender peers. Theory and empirical evidence suggest that there are unique factors that contribute to this elevated risk, with distinguishable differences among SGM subgroups. Although SGM youth suicide prevention research is in its nascence, initial findings indicate that interventions which focus on family support and acceptance may be beneficial. It is critical that we develop and test tailored interventions for SGM youth at risk for suicide, with specific attention to subgroup differences and reductions in suicide-related thoughts and behaviors as outcomes.

Key words: adolescence, gender identity, intervention research, sexual orientation, suicide.

Introduction

SUICIDE IS THE SECOND leading cause of death among youth aged 10–24 in the United States,¹ with sexual and gender minority (SGM) youth disproportionately affected by suicide-related thoughts and behaviors relative to their heterosexual and/or nontransgender peers.² Rates of suicide attempts among SGM youth reported in the past 12 months are estimated at 26%–37%,^{3–5} relative to 8.0% of all youth.⁶ Suicidal ideation also affects SGM youth disproportionately with the highest rates being reported for transgender youth.^{3,6,7} Data from the Youth Risk Behavior Surveillance System (YRBSS) from 2001 to 2009 demonstrated higher rates of suicidal behavior and attempts in bisexual youth than in their lesbian and gay-identified peers.³ Among sexual minority youth subgroups, bisexual females reported the highest prevalence of suicidal ideation (42.1%), having a suicide plan (34.8%), and attempting suicide (30.1%).⁸ SGM youth are also at higher risk for experiencing depression,⁹ hopelessness, and substance use,¹⁰ and are more likely to be homeless,¹¹ relative to their heterosexual and/or cisgender peers, which in themselves are risk factors for suicide.

Given the elevated risk for suicide-related thoughts and behaviors among SGM youth,^{3–5,7,8} the field of suicide prevention faces a challenge of developing interventions and prevention programs that specifically target these youth and their complex, and notably diverse, set of needs. Complicating this challenge is that although SGM youth have a higher risk of various negative health outcomes, the health needs of SGM youth are not uniform and yet have been viewed as a single entity for the purposes of research.¹² Conflating youth's experience of gender identity and sexual orientation may obscure important nuanced risk and protective factors of these two different aspects of youth's identity. To advance the field, we must conduct research that takes a closer look at the needs of SGM youth at risk for suicide, and how to specifically target their unique individual differences, rather than approach the SGM group with a "one size fits all" approach that may actually serve to further invalidate their own unique needs and experiences.

Theoretical Frameworks for Understanding Suicide Risk Among SGM Youth

The Institute of Medicine suggests incorporating conceptual models of minority stress and intersectionality theory

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into research related to SGM health,¹² which have particular salience for framing inquiry into the complex needs of SGM youth at risk for suicide. The minority stress model asserts that persons belonging to marginalized groups experience unique and chronic stress as a result of stigmatization and relatively stable social structures that maintain systems of discrimination.¹³ SGM populations develop vigilance by virtue of repeated exposure to hostile and stressful social environments and internalize stigma,¹⁴ which leads to the development of mental health problems, such as depression, substance use, and suicidal behavior.¹³ Minority stress theory is an empirically supported model for understanding the impact of sexual orientation victimization on suicidal behavior among sexual minority youth.¹⁵ This model offers a promising yet under-studied framework for examining suicide among transgender youth.

Intersectionality theory highlights the interaction of an individual's multiple identities and proposes that numerous social categories (e.g., race, ethnicity, gender, sexual orientation, socioeconomic status) intersect at an individual level of experience to reflect several interlocking systems of privilege and oppression at the macro level (e.g., racism, sexism, heterosexism).¹⁶ This paradigm allows research to acknowledge that these identity categories are interdependent and mutually constitutive, as opposed to independent and unidimensional.¹⁶ Preliminary data provided empirical support for the application of intersectionality theory to explain the relationship between multiple aspects of identity, forms of discrimination, and suicidality among lesbian, gay, and/or bisexual (LGB) youth,^{17,18} but these samples excluded transgender youth. Understood together, these two frameworks provide a lens through which to examine suicide risk. In particular, experiences of minority stress related to sexual orientation and gender identity may serve to increase suicide risk in complex and nuanced ways.

Empirical Evidence of Suicide Risk and Protective Factors Among SGM Youth

Importantly, research has begun to explore *why* SGM status is associated with higher suicide risk.^{7,12,19-23} More commonly investigated are the risk factors for suicide that relate to sexual orientation based on samples of LGB youth. Risk factors include depression, substance use, early sexual initiation, feeling unsafe at school, inadequate social support, in addition to risk factors specific to sexual minority status (i.e., homophobic victimization and stress).¹² One study of 528 LGB youth found greater parental psychological abuse during childhood, increased parental efforts to discourage childhood gender atypical behavior, and early openness about sexual orientation to be associated with a higher likelihood of having attempted suicide.¹⁹ Other studies have demonstrated family rejection²⁰ and trauma during childhood²¹ as factors associated with an increased risk of a suicide attempt among LGB adolescents.

In light of the statistic that 45% of transgender youth aged 18–24 have reported a history of attempted suicide,²² it is critical that research focuses on exploring the reasons *why* this group is at higher risk. Among transgender individuals, risk factors for suicide include disclosure of gender identity, family rejection, prior verbal and physical harassment or bullying at school, treatment refusal by a doctor or healthcare

provider, and homelessness.²² One study of 392 male-to-female (MTF) and 123 female-to-male (FTM) transgender individuals, found that depression, history of substance use treatment, gender-based discrimination, and being under the age of 25 were associated with a higher risk for suicide.²³ In the only known study specifically of MTF and FTM transgender youth, a history of a suicide attempt was significantly associated with experiences of past parental verbal and physical abuse, along with lower body esteem, particularly satisfaction with weight and perceptions of how their bodies were evaluated by others.⁷

It is important to note that although transgender individuals have specific risk factors that may be different than those of LGB individuals, there are also sub-groups within the transgender population that may have unique needs and to consider this group as monolithic is problematic. For instance, people designated male at birth, those designated female at birth, transmasculine and transfeminine individuals, or individuals who identify more along the gender binary, may have different suicide risk profiles than agender or nonbinary individuals. In addition, the two groups of LGB and T are not mutually exclusive, which helps to explain why many of the risk factors overlap in studies of LGB youth compared to studies focusing on transgender youth.

Limited research has explored factors that may protect against suicide among SGM youth. One study of 2255 LGB youth found that family connectedness, adult caring, and school safety were factors that appeared to buffer against the occurrence of suicide attempts.⁵ Similarly, perceived family social support was identified as a protective factor for attempted suicide in a community sample of 237 racially diverse LGBT youth,² and family acceptance of lesbian, gay, bisexual, and/or transgender (LGBT) identity and supportive reactions as a buffer against suicidal ideation and attempts in a study of 245 LGBT youth.²⁴ A study of transgender-identified individuals in Canada, ages 16 and older, found increased social and parental support, access to medical intervention, lower transphobia, and possessing personal identification and documentation that reflected the individual's gender identity were associated with decreased risk for suicide ideation and attempts.²⁵ Having supportive adults inside and outside the family,⁴ and parental support for gender identity or expression specifically,²⁶ have also been associated with a lower likelihood of suicide attempts among transgender youth. Further exploration of risk and protective factors for suicide-related thoughts and behaviors among SGM youth must pay attention to subgroup differences and the fact that SGM categories are not mutually exclusive. This nuanced approach is needed to inform the development of individually tailored interventions, which can more effectively target the underlying mechanisms that facilitate elevated suicide risk among SGM youth.

Understanding Subgroup Differences to Inform Interventions for SGM Youth at Risk for Suicide

Although gender identity/expression and sexual orientation often relate and overlap, they are fundamentally unique constructs and the categories are not mutually exclusive.¹² Despite this, most research has aggregated data to make interpretations about the shared risk and protective factors contributing to suicidal behavior in youth under the acronym LGBT. Advances in

measurement of sexual orientation have uncovered distinctions between subgroups; however, research typically omits questions about transgender identity. This obscures the identification of specific risk factors and impedes the development of effective prevention and intervention development at individual, family, community, and policy levels.²⁷

There is a clear need for research dedicated to developing and testing tailored interventions for SGM youth that specifically aim to reduce suicide risk. Originally designed for adolescents experiencing family trauma or attachment ruptures, Attachment-Based Family Therapy (ABFT) is another intervention with an emerging evidence base for use with LGB youth.²⁸ ABFT is a 16-week family-based psychotherapy that uses emotion-focused techniques to reduce suicidal ideation by improving the parent-child relationship. An open trial of ABFT modified for LGB youth ($n=10$) found a reduction in suicidal ideation from baseline to post-treatment,²⁸ demonstrating promise with SGM youth at risk for suicide.

To our knowledge, only two interventions, both group-based, have been developed for and tested with SGM populations.^{29,30} However, these interventions focused on adults and targeted the reduction of depression and other more general mental health outcomes (e.g., isolation, loneliness, and social anxiety). One study examined the effectiveness of a cognitive behavioral therapy based group intervention with 55 LGBT individuals living with depression, which was delivered based on antioppression principles and included sessions on coming out and internalized homophobia. Intervention effects demonstrated significant reductions in depressive symptoms and increases in self-esteem.²⁹ Another study of a peer-led group intervention developed to reduce HIV sexual risk for gay and bisexual men with comorbid mental health concerns found the intervention led to significant reductions in symptoms of depression, social anxiety, loneliness and fear of negative evaluation, and increased condom use self-efficacy.³⁰

Although the efficacy of group support and group interventions is well evidenced,³¹ it is important to note that many of these studies were designed for and tested with adult samples. Should practitioners use these interventions with SGM youth samples, a “developmental mismatch”³² may result, leading to inadequate and ineffective clinical care services with youth. As such, the development and testing of tailored interventions, specifically designed for SGM youth at risk for suicide, are needed to make greater advances in suicide prevention among this high-risk population.

Conclusion

Transgender and gender nonconforming individuals, particularly youth, are underrepresented in health outcomes research.⁹ Specifically, interventions targeting suicide-related thoughts and behaviors have not been tested among SGM youth.^{2,9} Emerging research in this area indicates that interventions that focus on family support and acceptance may be beneficial. This is especially pertinent in light of a recent study, which found that transgender children who are supported in their gender identity have developmentally normative levels of depression and only minimal elevations in anxiety.³³ However, SGM youth suicide prevention research is in its nascence, and perhaps contributing to our lack of

advancement is that interventions have not been adapted for specific subgroups, and reductions in suicide-related thoughts and behaviors have not been measured as outcomes. In addition, intersectionality among race, ethnicity, and other characteristics, which may affect suicide-related outcomes, should be explored, especially as it relates to SGM subgroup status. In sum, we must adapt our research methodologies to the unique needs of SGM youth at risk for suicide so that we can begin to develop interventions that work.

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