

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

Kimberly H. McManama O'Brien, PhD,<sup>1-3</sup> Jennifer M. Putney, PhD,<sup>1,4</sup> Nicholas W. Hebert, MSW,<sup>1,4</sup>  
Amy M. Falk, MSW,<sup>1,2</sup> and Laika D. Aguinaldo, LICSW<sup>2,5</sup>

## 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,<sup>1</sup> with sexual and gender minority (SGM) youth disproportionately affected by suicide-related thoughts and behaviors relative to their heterosexual and/or nontransgender peers.<sup>2</sup> Rates of suicide attempts among SGM youth reported in the past 12 months are estimated at 26%–37%,<sup>3–5</sup> relative to 8.0% of all youth.<sup>6</sup> Suicidal ideation also affects SGM youth disproportionately with the highest rates being reported for transgender youth.<sup>3,6,7</sup> 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.<sup>3</sup> 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%).<sup>8</sup> SGM youth are also at higher risk for experiencing depression,<sup>9</sup> hopelessness, and substance use,<sup>10</sup> and are more likely to be homeless,<sup>11</sup> 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,<sup>3–5,7,8</sup> 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.<sup>12</sup> 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

<sup>1</sup>Simmons School of Social Work, Boston, Massachusetts.

<sup>2</sup>Department of Psychiatry, Boston Children's Hospital, Boston, Massachusetts.

<sup>3</sup>Harvard Medical School, Boston, Massachusetts.

<sup>4</sup>The Fenway Institute, Boston, Massachusetts.

<sup>5</sup>The Ethelyn R. Strong School of Social Work at Norfolk State University, Norfolk, Virginia.

into research related to SGM health,<sup>12</sup> 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.<sup>13</sup> SGM populations develop vigilance by virtue of repeated exposure to hostile and stressful social environments and internalize stigma,<sup>14</sup> which leads to the development of mental health problems, such as depression, substance use, and suicidal behavior.<sup>13</sup> Minority stress theory is an empirically supported model for understanding the impact of sexual orientation victimization on suicidal behavior among sexual minority youth.<sup>15</sup> 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).<sup>16</sup> This paradigm allows research to acknowledge that these identity categories are interdependent and mutually constitutive, as opposed to independent and unidimensional.<sup>16</sup> 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,<sup>17,18</sup> 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.<sup>7,12,19–23</sup> 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).<sup>12</sup> 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.<sup>19</sup> Other studies have demonstrated family rejection<sup>20</sup> and trauma during childhood<sup>21</sup> 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,<sup>22</sup> 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.<sup>22</sup> 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.<sup>23</sup> 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.<sup>7</sup>

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.<sup>5</sup> Similarly, perceived family social support was identified as a protective factor for attempted suicide in a community sample of 237 racially diverse LGBT youth,<sup>2</sup> 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.<sup>24</sup> 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.<sup>25</sup> Having supportive adults inside and outside the family,<sup>4</sup> and parental support for gender identity or expression specifically,<sup>26</sup> 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.<sup>12</sup> 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.<sup>27</sup>

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.<sup>28</sup> 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,<sup>28</sup> 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.<sup>29,30</sup> 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.<sup>29</sup> 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.<sup>30</sup>

Although the efficacy of group support and group interventions is well evidenced,<sup>31</sup> 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”<sup>32</sup> 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.<sup>9</sup> Specifically, interventions targeting suicide-related thoughts and behaviors have not been tested among SGM youth.<sup>2,9</sup> 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.<sup>33</sup> 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.

## Acknowledgment

This research was supported in part by the Simmons College Fund for Research (Co-PIs: O'Brien & Putney, 112-2400-20-211528).

## Author Disclosure Statement

No competing financial interests exist.

## References

- Centers for Disease Control and Prevention: Injury Prevention & Control: Data & Statistics (WISQARS™). Updated April 15, 2016. Available at [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars) Accessed April 18, 2016.
- Mustanski B, Liu RT: A longitudinal study of predictors of suicide attempts among lesbian, gay, bisexual, and transgender youth. *Arch Sex Behav* 2013;42:437–448.
- Kann L, Olsen EO, McManus T, et al.: Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—Youth risk behavior surveillance, selected sites, United States, 2001–2009. *MMWR Surveill Summ* 2011;60:1–133.
- Veale J, Saewyc E, Frohard-Dourlent H, et al.: Being safe, being me: Results of the Canadian Trans Youth Health Survey. Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia, 2015.
- Eisenberg ME, Resnick MD: Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *J Adolesc Health* 2006;39:662–668.
- Kann L, Kinchen S, Shanklin SL, et al.: Youth risk behavior surveillance—United States, 2013. *MMWR Suppl* 2014; 63:1–168.
- Grossman AH, D'Augelli AR: Transgender youth and life-threatening behaviors. *Suicide Life Threat Behav* 2007;37: 527–537.
- Stone DM, Luo F, Ouyang, L, et al.: Sexual orientation and suicide ideation, plans, attempts, and medically serious attempts: Evidence from local Youth Risk Behavior Surveys, 2001–2009. *Am J Public Health* 2014;104:262–271.
- Almeida J, Johnson RM, Corliss HL, et al.: Emotional distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *J Youth Adolesc* 2009;38:1001–1014.
- Russell ST, Joyner K: Adolescent sexual orientation and suicide risk: Evidence from a national study. *Am J Public Health* 2001;91:1276–1281.
- Durso LE, Gates GJ: Serving our youth: Findings from a national survey of services providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless. The Williams Institute with True Colors Fund and The Palette Fund. 2012. Available

- at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf> Accessed March 1, 2016.
12. Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities: The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Washington, DC: The National Academies Press, 2011.
  13. Meyer IH: Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull* 2003;129:674–697.
  14. Meyer IH: Minority stress and mental health in gay men. *J Health Soc Behav* 1995;36:38–56.
  15. Baams L, Grossman AH, Russell ST: Minority stress and mechanisms of risk for depression and suicidal ideation among lesbian, gay, and bisexual youth. *Dev Psychol* 2015;51:688–696.
  16. Bowleg L: The problem with the phrase women and minorities: Intersectionality—an important theoretical framework for public health. *Am J Public Health* 2012;102:1267–1273.
  17. Button DM, O'Connell DJ, Gealt R: Sexual minority youth victimization and social support: The intersection of sexuality, gender, race, and victimization. *J Homosex* 2012;59:18–43.
  18. Thoma BC, Huebner DM: Health consequences of racist and antigay discrimination for multiple minority adolescents. *Cultur Divers Ethnic Minor Psychol* 2013;19:404–413.
  19. D'Augelli AR, Grossman AH, Salter NP, et al.: Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide Life Threat Behav* 2005;35:646–660.
  20. Ryan C, Huebner D, Diaz RM, et al.: Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics* 2009;123:346–352.
  21. Flynn AB, Johnson RM, Bolton S, et al.: Victimization of lesbian, gay, and bisexual people in childhood: Associations with attempted suicide. *Suicide Life Threat Behav* 2016; DOI: 10.1111/sltb.12228.
  22. Haas AP, Rodgers PL, Herman JL: Suicide attempts among transgender and gender-non-conforming adults: Findings of the National Transgender Discrimination Survey. American Foundation for Suicide Prevention and The Williams Institute. 2014. Available at <http://williamsinstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf> Accessed April 18, 2016.
  23. Clements-Nolle K, Marx R, Katz M: Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *J Homosex* 2006;51:53–69.
  24. Ryan C, Russell ST, Huebner D, et al.: Family acceptance in adolescence and the health of LGBT young adults. *J Child Adolesc Psychiatr Nurs* 2010;23:205–213.
  25. Bauer GR, Scheim AI, Pyne J, et al.: Intervenable factors associated with suicide risk in transgender persons: A respondent driven sampling study in Ontario, Canada. *BMC Public Health* 2015;15:525.
  26. Travers R, Bauer G, Pyne J, et al.: Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delisle Youth Services. Toronto, CA: TransPulse 2012, pp. 1–5.
  27. Mayer KH, Bradford JB, Makadon HJ, et al.: Sexual and gender minority health: What we know and what needs to be done. *Am J Public Health* 2008;98:989–995.
  28. Diamond GM, Diamond GS, Levy S, et al.: Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. *Psychotherapy* 2012;49:62–71.
  29. Ross LE, Doctor F, Dimito A, et al.: Can talking about oppression reduce depression?: Modified CBT group treatment for LGBT people with depression. *J Gay Lesbian Soc Serv* 2008;19:1–15.
  30. Reisner SL, O'Cleirigh C, Hendriksen ES, et al.: “40 & Forward”: Preliminary evaluation of a group intervention to improve mental health outcomes and address HIV sexual risk behaviors among older gay and bisexual men. *J Gay Lesbian Soc Serv* 2011;23:523–545.
  31. Rosenstreich G: *LGBTI People: Mental Health and Suicide*. Revised 2nd Edition. Sydney: National LGBTI Health Alliance, 2013.
  32. Fisher CB, Mustanski B: Reducing health disparities and enhancing the responsible conduct of research involving LGBT youth. *Hastings Center Report* 2014;44:S28–S31.
  33. Olson KR, Durwood L, DeMeules M, McLaughlin KA: Mental health of transgender children who are supported in their identities. *Pediatrics* 2016;137:1–8.

Address correspondence to:  
 Kimberly H. McManama O'Brien, PhD  
 Simmons School of Social Work  
 300 The Fenway  
 Boston, MA 02115

E-mail: obrik@simmons.edu