

Suicide Risk and Resiliency Among Sexual Minority Youth: Implications for Professional Counselors

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Abstract

While adolescents in general are at risk for suicidal thoughts and behavior, research has shown that sexual minority youth are especially vulnerable. This elevated suicide risk is due in part to the presence of various risk factors, such as social discrimination, victimization, and increased rates of psychological and emotional distress. However, despite this heightened risk for suicidal ideation and self-harm, there is a growing body of literature regarding wellness and strengths among lesbian, gay, bisexual and transgender (LGBT) individuals, and research has shown that these client strengths are correlated with successful counseling outcomes. Professional counselors are encouraged to be aware of both risk and wellness factors when working with sexual minority youth. Awareness of these factors can be used to prevent and reduce serious psychopathology, and also to promote resiliency and growth in the lives of LGBT youth.

More adolescents and young adults die each year from suicide than the total combined deaths resulting from heart disease, cancer, cerebrovascular accidents, HIV/AIDS, chronic lung disease, pneumonia, influenza, and birth defects (Greydanus, Patel, & Pratt, 2010). Suicide among adolescents reflects not only a tragedy in the United States, but rather is a global concern. According to the World Health Organization (WHO; 2001), suicide is one of the three leading causes of death for adolescents throughout the world, and rates are increasing faster in adolescents than in other age groups. Research has identified several risk factors associated with suicide in youth, such as clinical depression, failure in school, loss of friends, social isolation, and drug and alcohol abuse, among others (Greydanus, Bhave, & Apple, 2010; Keith, 2001; Zamekin, Alter, & Yemini, 2001).

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Sexual Minority Youth and Suicide Risk

While adolescents in general are at risk for suicidal thoughts & behavior, gay and lesbian youth are two to three times more likely to attempt suicide than heterosexual young people (Rotheram-Borus, Hunter, & Rosario, 1994). In a related study with a representative, population-based sample of over 3,300 high school students, respondents answered questions regarding both suicide and sexual orientation (Garofalo, Wolf, Wissow, Woods, & Goodman, 1999). The results of the study revealed that gay, lesbian, and bisexual high school students were over three (3.41) times more likely to report having attempted suicide than their straight peers.

An additional study with samples drawn from multiple states in the U.S. reported that 36.5 % of gay, lesbian, and bisexual youth grades 9-12 have attempted suicide; 20.5% of those attempts required medical care (Robin et al., 2002). Furthermore, a review of the literature that included an examination of multiple studies indicated that between 48% and 76% of gay and lesbian youth have thought of suicide; while between 29% and 42% have attempted suicide (Russell & Joyner, 2001). The general consensus in the literature is as many as one in three gay and lesbian youth have attempted suicide.

Studies investigating suicidal behaviors and risk factors of suicide among transgender youth are scarce compared to LGB youth, and additional research is warranted. However, despite this disparity in the literature, the research that does exist examining suicide rates among transgender individuals in general and youth specifically reveals the same alarming statistics. For example, a study that included participants in both the U.S. and Canada found that transgender individuals were more likely to attempt suicide than heterosexual females and males (Mathy, 2002).

In an examination of the predictors of attempted suicide among transgender persons, Clements-Nolle, Marx, & Katz, (2006), interviewed 392 male-to-female (MTF) and 123 female-to-male (FTM) individuals. The prevalence of attempted suicide among this sample of transgender persons was 32%, which is similar to the rate for adolescents reported above. However, younger age was a significant risk factor for suicide, with an elevated suicide rate of 47% for transgender individuals under 25. The

authors note that the alarming finding of nearly half of the transgender youth in the sample having attempted suicide has significant implications for professional counselors, and state: “Mental health professionals and agencies serving LGBT youth should make a special effort to provide counseling, suicide assessment, and referrals for gender questioning youth” (Clements-Nolle et al., 2006, p. 63).

Suicide Risk Factors

In addition to younger age, the multivariate logistic regression analysis conducted by Clements-Nolle et al. (2006) identified several other suicide risk factors associated with a sexual minority status, with gender-based discrimination, gender-based victimization and violence, depression, and a history of substance abuse treatment each being independently associated with attempted suicide in their sample. Several studies have supported the presence of such risk factors in the LGBT community (including youth), and have special implications for professional counselors.

Social Stigma & Victimization

Adolescence is often a time of turbulence and stress for youth due to significant physical, psychological, and cognitive changes that occur. The emergence of one’s sexual identity is a critical and sometimes confusing part of this normal aspect of human development. In their formative years, LGBT youth can begin to feel different from heterosexual peers of the same gender as early as kindergarten, and various theories of gay identity development have been proposed (see Cass, 1984; Troiden, 1988). One of the most influential theories of lifespan development is Erik Erikson’s stages of psychosocial development (Erikson, 1959; 1970; 1982). According to researchers on identity development among LGBT persons, “Erikson’s model of identity development sets the stage for models of sexual minority development through his focus on developmental tasks (crises) that must be navigated successfully in order to form a healthy personality” (Vaughan & Waehler, 2010, p. 94).

Erikson proposed that each individual goes through eight different stages to reach his or her full development. The stage of development that pertains to adolescence is *Identity Achievement vs. Role Confusion*. Peers are the dominant social influence during this stage, and a positive outcome is reflected in a sense of personal

identity and a sense of direction for the future. This process is followed by the stage of *Intimacy vs. Isolation* (young adulthood) in which the main task is the establishment of intimate bonds of love and friendship. If such bonds are not achieved, isolation, alienation, or self-absorption can emerge (Erikson, 1970). LGBT adolescents too often do not receive the acceptance and support from peers and significant adults that are necessary for healthy development of the self. In fact, sexual minority youth often face discrimination and rejection from significant others in their social world during these critical stages of development.

A review of the literature indicates that LGBT individuals encounter a greater degree of discrimination and victimization compared to heterosexual individuals, and numerous researchers have hypothesized that this pervasive social intolerance is associated with the elevated rates of LGBT suicidal behaviors (Clements-Nolle, Marx, & Katz, 2006; Herek, Gillis, & Cogan, 1999; Kulkin, Chauvin, & Percle, 2000; Mathy, 2002; Mays & Cochran, 2001). This social prejudice and discrimination ranges from verbal harassment to violence. In a review of the literature, Szymanski (2009) summarized the results of 24 published studies, in which 80% of LGBT respondents reported being verbally harassed due to their sexual orientation, 44% had been threatened with violence, 33% had been chased or followed, and 25% had been pelted with objects because someone knew or assumed they were LGBT.

Similar findings have been reported in studies with LGBT youth specifically. In a study conducted by the Gay, Lesbian, and Straight Educators Network (GLSEN), 84% of LGBT students reported being verbally harassed (name calling, threats, etc.) because of their sexual orientation, 91.5% of LGBT students reported hearing homophobic remarks, such as “faggot,” “dyke” or the expression “that’s so gay” frequently or often, and 44.7% of LGBT youth of color reported being verbally harassed because of both their sexual orientation and race/ethnicity (Kosciw, 2004). Equally troubling was the perceived responses from adults (or lack thereof). Over 80% of LGBT students in the study reported that faculty or staff never intervened, or intervened only some of the time, when teachers were present and homophobic remarks were made.

Sexual minority youth are also often the victims of violence. Over 64% of LGBT students report feeling unsafe at their school because of their sexual orientation, and sexual minority students were more than twice as likely to report being in a physical fight at school in the prior year (Kosciw, 2004). Over half of transgender youth in this same sample reported being physically attacked, and 90% of transgender youth reported feeling unsafe at school because of their gender expression.

Psychological & Emotional Functioning

Studies have demonstrated that this social stigma and victimization has deleterious effects on the psychological health of LGBT individuals. For example, two studies found that sexual orientation-based hate-crime victimization was related to higher levels of depression, daily stress, psychological distress, and alcohol and drug abuse among gays & lesbians (Descamps, Rothblum, Bradford, & Ryan, 2000; Szymanski, 2009). Furthermore, Herek et al. (1999) found that GLB survivors of sexual orientation-based hate crimes manifested greater anxiety, posttraumatic stress, anger, and depression than did GLB survivors of nonsexual orientation-based crime victimization. In other words, not only does this violence have detrimental effects on the lives of LGBT individuals, but the fact that such violence is based on one's sexual orientation makes it particularly damaging.

Almeida, Johnson, Corliss, Molnar, and Azrael (2009) examined the emotional consequences regarding a youth's perceived discrimination due to their sexual orientation. This study included a sample of 1,032 youth in ninth to twelfth grade, with 10% identifying as lesbian, gay and bisexual. All participants completed the Modified Depression Scale (MDS) to identify depressive symptoms, and they were also given a questionnaire regarding their identified sexual orientation. The results from this study showed that LGBT youth reported higher rates of perceived discrimination due to their sexual orientation, and this increased their risk for self-harm, suicidal ideation, and symptoms of depression.

Diaz, Russell, Ryan, Sanchez, & Toomey (2011) examined the implications that can occur for youth who identify as LGBT, specifically related to the youth's mental health and adjustment into young adulthood. This study involved 245 LGBT young

adults, between the ages of 21 years and 25 years old. Among the young adults 8.6% identified as Transgender, 46.5% identified as male, and 44.9% identified as Female. Participants were administered the Adolescent School Victimization due to perceived LGBT status, The Young adult Depression Scale, and the Young Adult Suicidal Ideation and Behavior Scale, among other risk surveys.

The results from the this study showed that LGBT youth who reported high levels of school victimization during adolescence compared to those who reported low levels of school victimization were 2.6 times more likely to report depression and 5.6 times more likely to report having attempted suicide. Also, LGBT young adults who reported high levels of school victimization were twice as likely to report clinical levels of depression and STD diagnosis. This suggests that young adults who experience school victimization in adolescence due to sexual and gender identity are at risk for poorer adjustment, mental health, and physical health later in life.

In a recent publication, Mustanski and Liu (2012) discussed various risk factors for suicide among Lesbian, Gay, Bisexual, and transgender youth. They assessed specifically for clinical depression and conduct disorder among 248 LGBT youth ages 16 to 20 years of age. These youth were given the Diagnostic Interview Schedule for Children (DISC), the 6-item Brief Hopelessness Scale, the Barratt Impulsiveness Scale (BIS-11), the Multidimensional Scale of Perceived Social Support (MSPSS), and they were also measured for the rate in which they were victimized due to identifying as LGBT. The risk factors for suicide among LGBT youth in this study were symptoms of major depression, conduct disorder, and hopelessness. Mustanski and Liu (2012) also conducted a one year follow up in which they showed that if a youth had a previous attempt of suicide they were 10 times more likely to make another suicide attempt.

Although the results of Mustanski and Liu (2012) article identified several issues related to suicide risk, the authors also discussed protective factors and resiliency among LGBT youth. For example, this study also demonstrated that if the child or adolescent has supportive parents, this serves as a protective factor for the youth regarding suicide. Other supportive factors identified included support from peers, and a perceived sense of belongingness. Additional studies have begun to look at the role

of wellness and supportive variables that not only prevent suicide among sexual minorities, but also facilitate positive growth and development.

From Risk to Resiliency: The Role of Wellness & Growth

According to Webster's online dictionary (n.d.), *resiliency* is defined as "an occurrence of rebounding or springing back." However, research has shown that rather than simply returning to a previous state of functioning, individuals who face societal oppression and discrimination are also able to experience unique growth and personal development. Constantine and Sue (2006) found that the stress of having a minority status can actually offer one opportunities to transform oppressive experiences into actions leading to resiliency, and even optimal functioning. This study found that for people of color, pride in one's race and ethnicity and the experiences of oppression actually, "sharpen and hone their survival skills to such a degree that these skills are now deemed to be assets" (Constantine and Sue, 2006, p. 235). Research by Russell and Richards (2003) reveals a similar dynamic among sexual minorities, and suggests that aspects of a sexual minority identity may facilitate psychological growth and well-being. For example, in this study of resiliency during antigay political campaigns, it was found that connection to a lesbian, gay, or bisexual (LGB) community provided a source of support for lesbians and gay men, which can in turn facilitate personal growth.

Wellness & LGBT Individuals

As is evident in the preceding sections of this paper, substantial research exists regarding negative life events, psychopathology, and suicide risk factors within the LGBT community. Unfortunately, considerably less attention has been devoted to the positive aspects of their lives (Balsam, 2003). According to Vaughan & Waehler (2010), "the sexual minority literature has largely remained focused on negative psychological and social outcomes, virtually ignoring the growing body of theory, measures, and empirical data on positive psychological experiences" (p.95). Despite the need for more research in this area, there is an increasing amount of literature regarding positive growth and wellness among individuals with a sexual minority status.

Studies have demonstrated that positive changes in psychosocial well-being are in fact a normal occurrence during the stages of gay identity development (Halpin &

Allen, 2004). In addition, the presence of stressful experiences among LGBT individuals can actually be conducive to growth. For example, Balsam (2003) reported the relationship between trauma, stress, and resilience among sexual minority women. These experiences of stress-related growth can provide sexual minorities with unique strengths and attributes that can be subsequently utilized to successfully cope with stress (Moradi, Mohr, Worthington, & Fassinger, 2009). Such findings can be of great value to professional counselors, as affirmative psychological services for LGBT individuals should not exclusively focus on symptom reduction, but also emphasize psychosocial well-being and flourishing.

A recent study by Riggle, Whitman, Olson, Rostosky, & Strong (2008) examined the overall satisfaction with one's sexual minority identity, and investigated the potential positive aspects of being gay or lesbian. Two hundred and three gay men and 350 lesbian women from 45 States were asked overall, how positive they feel about their current self-identification as a gay man/lesbian woman. Ninety percent of participants reported feeling *extremely or very positive*, 8.5% reported feeling *somewhat positive*, and only 1% reported feeling *not very or not at all positive* about their sexual minority identity (with no significant gender differences being present). The fact that over 98% of sexual minority individuals surveyed felt positive about their sexual identity reveals the potential for wellness to be more incorporated into treatment with sexual minority clients, especially youth.

As mentioned, participants in the Riggle et al. (2008) study were also asked to identify the positive aspects of being gay or lesbian. Three general constructs related to wellness emerged from the participant responses: disclosure and social support, insight into self and empathy for others, and freedom from societal definitions of stereotypical gender roles. Within each of these constructs, various themes were also identified. For example, *disclosure and social support* included the themes of belonging to a community, creating families of choice, having strong connections with others, and serving as positive role models (Riggle et al. 2008).

Disclosure of a gay male or lesbian identity to self or others is considered an important step in the achievement of a positive identity (Cass, 1984; Troiden, 1988).

The coming-out process is ongoing and involves continually assessing changing social environments and practical (e.g., physical safety or job security) considerations. However, for many individuals, coming out enhanced their well-being through the creation of social support systems and support for other life activities (Riggle et al, 2008). A study by Vaughan & Waehler (2010) also demonstrated that despite the stress that is often part of the coming out process, disclosing one's sexual minority identity to others can produce significant experiences of personal growth and increased insight. The results of this study (which included a sample of 418 gay and lesbian individuals), led to the development and initial validation of the *Coming Out Growth Scale* (COGS), which measures the stress-related growth and wellness that can result from the coming out process (Vaughan & Waehler, 2010). Closely related to this process of coming out growth is the establishment of social support systems in the lives of LGBT individuals.

The creation of social support systems ("families of choice") can serve a significant role with regards to wellness and growth, as many members of the LGBT community endure estrangement from members of their family of origin. For example, one in four participants in the Riggle et al (2008) study had not disclosed their sexual identity to their parents. Two-thirds were not completely out to their extended family. In response to rejection by families of origin, some gay men and lesbian women may create families of choice, which often include current partners, former partners, friends (both from the LGBT community and supportive straight allies), and select family members. This has special implications for professional counselors, as these individuals can be incorporated into the youth's treatment plan to assist in suicide prevention, as well as positive growth and change.

Implications for Professional Counseling

In reviewing the previous four decades of psychotherapy outcome studies, Assay and Lambert (1999) identified various common factors that account for the bulk of change that clients experience in counseling. What appears to be the driving force in successful counseling outcomes is referred to as "client factors," and this refers to the unique strengths and attributes that clients bring to the counseling experience, as well

as other forms of social support within the client system (Assay & Lambert, 1999; Duncan, Miller & Sparks, 2004). The research on wellness within the LGBT community described above consequently provides a potential resource for professional counselors to use with sexual minority clients.

For example, Diaz et al (2011) explored the role of family acceptance as a protective factor in a sample of 245 LGBT youth. They used various measures, including a measure on how these youth perceived their families acceptance of their sexual and gender orientation, and a measure of the youth's adjustment and health, such as substance abuse, suicidality, and depression. The results demonstrated that family acceptance of the youth was related to the youths' positive health outcomes, such as general health and self-esteem. Also, family acceptance served as a protective factor for depression, substance abuse, suicidal ideation and suicide attempts. This highlights the importance of including families in the work mental health professionals do with LGBT youth. In the past we have viewed families of LGBT youth as being negative, however supportive families can potentially protect these youth from the shocking rates of depression and suicide that they face, and can be a potential client strength to be integrated into professional counseling.

Next to what the client brings to therapy ("strengths"), the client's perception of the therapeutic relationship appears to account for most of the gains associated with therapy (Assay & Lambert, 1999; Duncan, Miller & Sparks, 2004; Wampold, 2001). Over 1,000 studies have demonstrated that the alliance between the therapist and the client accounts for more variance in counseling outcomes than the particular model or technique utilized (Bachelor & Horvath, 1999). Thus, in addition to exploring and integrating client strengths into therapy, professional counselors will also need to be aware of the impact of the therapeutic alliance when working with sexual minority youth. For example, a study with LGBT counseling clients highlighted the importance of the therapeutic alliance in facilitating successful outcomes, especially when counselor responses were perceived as positive, validating, normalizing, and accepting (Israel, Gorcheva, Burns, & Walther, 2008). While such factors are conducive to successful

counseling outcomes in general, they are especially important when working with a population of youth that are more vulnerable to social stigma and discrimination.

Conclusion

Much has been written in the professional counseling literature regarding suicide assessment and prevention, and for good reason. However, mental health professionals also need to be aware of the unique risk factors that exist among diverse populations, including LGBT individuals in general, and sexual minority youth specifically. Understanding the unique risk factors and vulnerability specific to this population can assist professional counselors in developing and implementing effective programs for LGBT youth.

A defining feature of professional counseling is its emphasis on wellness, human development, and positive growth (Gladding & Newsome, 2010). This essential aspect of our profession lends itself well to working with sexual minority youth, as there is an increasing body of research documenting the significance of wellness and unique personal strengths among members of the LGBT community (Diaz et al, 2011; Riggle et al., 2008; Vaughan & Waehler, 2010). Gay and lesbian youth in the process of first coming out to themselves and others may not expect that, in addition to challenges, they can anticipate considerable positive outcomes for their lives. An understanding of the research regarding wellness and LGBT individuals strongly supports the utilization of strength-based interventions with LGBT clients, especially sexual minority youth, in the prevention of suicide and promotion of positive growth and development.

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