

Environmental factors linked with identifying as a sexual minority may increase suicidality risk

By Dr. Jessica Edwards

Adolescents who identify as a sexual minority (e.g., gay/lesbian, bisexual) are at an increased risk for suicidality compared to their heterosexual counterparts.¹ Until now, inherent limitations in study design has meant that the extent of this association has been unclear. Now, Lauren O'Reilly and colleagues have used data from the Child and Adolescent Twin Study in Sweden to determine the magnitude of the association between sexual orientation and adolescent suicide attempt (SA) and self-harm (SH) after considering the role of shared genetic and environmental factors and childhood psychopathology.

O'Reilly et al. used a co-twin control design, where they compared each twin to their co-twin who differed on their sexual orientation status. By doing this, they were able to estimate the extent by which sexual orientation is associated with SA and SH after accounting for all the genetic and environmental factors that make twins similar. They ultimately found that sexual orientation minority youth were around 50% more likely to attempt suicide or SH than heterosexual youth. These findings may support the minority stress hypothesis,² which proposes that experiences of prejudice, discrimination, and internalised homophobia among sexual minority youth is related to poor mental health outcomes.

“We believe that the implications of these results are two-fold”, explains O'Reilly. “First, they highlight the necessity of improved screening, assessment, and interventions for suicidality in LGBTQ youth in various settings (health care, school, etc.); and second, they put a spotlight on the importance of future research to examine factors that may specifically explain the relationship between sexual orientation and SA/SH such as gender nonconformity, victimization, and poor social support, using methodological approaches such as the co-twin control design, that compare family members”.

Further work is now necessary to determine whether these findings can be generalised to other countries. If these data do indeed support the minority stress hypothesis, then a stronger association between sexual minority status and SA/SH in countries with less cultural and legislative support for LGBTQ individuals would be expected.



Referring to:

O'Reilly, L.M. et al. (2020), *Sexual orientation and adolescent suicide attempt and self-harm: a co-twin control study. J. Child Psychol. Psychiatr.* doi: 10.1111/jcpp.13325.

References:

¹ Garofalo, R. et al. (1999). *Sexual orientation and risk of suicide attempts among a representative sample of youth. Arch. Pediatr. Adolesc. Med.* 153, 487–493. doi: 10.1001/archpedi.153.5.487.

² Marshal, M. P. et al. (2011). *Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. J. Adolesc. Health.* 49, 115–123. doi: 10.1016/j.jadohealth.2011.02.005.