

Suicidal tendencies

Is anguish over sexual
orientation causing gay and
lesbian teens to kill themselves?

By Chris Bull

Above the entrance to the office of Out Youth, an Austin, Tex., group for gay and lesbian teenagers, hangs a framed photograph of Bobby Griffith, a California man who killed himself at age 20 in 1983 after years of anguish over his homosexuality. For the members of Out Youth and for gay-youth advocates across the country, Griffith—whose death received considerable media attention—is a national symbol of the plight of gay and lesbian teenagers.

But Out Youth's teenage members need not look all the way to California to find a symbol of the link between gay and lesbian teenagers and suicide: Last August 20-year-old Out Youth member Guy C. Sterling hanged himself with a belt in his apartment after several years of fighting with his parents about his homosexuality. His death prompted so many suicide attempts by other members of the group that Out Youth's adult counselors stepped up their practice of asking members to sign pledges promising to seek out a counselor if they became depressed.

"A lot of these kids have absolutely nobody in the world," says Out Youth program director Lisa Rogers. "They are hated and despised everywhere they go. They are so isolated that it's not surprising that a lot of them don't see a future. Since Guy's death we have had to be even more conscientious about talking about suicide and depression."

For gay-youth advocates the connection between suicide and sexual orientation is far too strong to ignore or even question. But a growing number of prominent researchers who study youth suicide contend that gay and lesbian youths are no more prone to suicide than their heterosexual counterparts. Indeed, some of the researchers have accused gay-youth advocates of manipulating the issue for political gain. The conflict is complex and emotional, pitting youth advocates—who blame the problem on homophobia and the isolation experienced by gay and lesbian teenagers—against some scientists who contend that in the overwhelming majority of cases, youth suicide is caused by a history of mental illness, regardless of the victim's sexual orientation.

"It boils down to a debate over whether social or psychological factors are more prevalent in youth suicide," says Bill Bailey, legislative and

federal affairs officer for the American Psychological Association. "Most kids who commit or attempt suicide have a history of mental illness, but we shouldn't ignore the clinical evidence that tells us that some kids are struggling with their sexual orientation and are taking their own lives because of that struggle."



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The debate centers on a report prepared by the youth suicide task force of the Department of Health and Human Services (HHS) in 1989 and suppressed by the Bush administration under pressure from right-wing groups and conservatives in Congress. Based on interviews with 500 gay and lesbian youths in San Francisco, the report alleged that 30% of those interviewed had attempted suicide at least once and recommended a series of initiatives aimed at ending discrimination based on sexual orientation.

None of the task force's recommendations has been implemented

to date, but under Clinton administration HHS secretary Donna Shalala, the report has taken on new significance because another federal task force is moving toward designing the first government-sponsored large-scale study of youth suicide and sexual orientation. A task force composed of officials from the federal

Centers for Disease Control and Prevention (CDC) and the National Institute of Mental Health (NIMH), is scheduled to make a recommendation on the study by July. Says HHS deputy assistant secretary for public affairs Victor F. Zonana: "Secretary Shalala is interested in addressing the problems faced by gay youth, and we plan to have something to say on it in the future."

But despite the changing political climate at HHS, the combination of right-wing pressure and the methodological questions raised by suicidologists—researchers who explore the psychological forces that lead to suicide—causes some observers to wonder whether the link between gay and lesbian youth suicide and antigay discrimination can ever be adequately addressed by the federal government.

"I'm well aware that we're stepping into a political minefield," says Lloyd Potter, a behavioral scientist at the National Center for Injury Prevention and Control at the CDC who is coordinating the new HHS gay teen suicide task force. "I'm cautiously optimistic about our ability to conduct research on sexual orientation, but just because I have some optimism doesn't mean it's going to happen."

Adds Herbert Hendin, president of the American Suicide Foundation, a private research group: "There is no question that suicide has become politicized and that politicization is making calm and rational debate about the issue difficult. Every group from Vietnam veterans to gays and lesbians feels it has a stake in establishing high suicide rates among its members, as if

they are not facing enough problems as it is. That is making it very difficult to conduct good science on the topic."

Teenage suicide has been the topic of intense federal concern since 1982, when a government-funded survey found that the incidence of suicide among adolescents between the ages of 15 and 19 had jumped from 2.7 per 100,000 in 1950 to 9.3 in 1982. (The incidence of youth suicide stands at 11.3 per 100,000 today.) The Reagan administration made research into youth suicide prevention a priority, commissioning dozens of studies on the subject that examined every problem from alcoholism to child abuse and the roles each can play in suicidal behavior.

But the federal government did not follow the 1989 HHS report with any major studies looking at the role of sexual orientation in youth suicide. "It's a vicious cycle," says University of Minnesota assistant professor of pediatrics Gary Remafedi, author of the forthcoming book *Death by Denial: Studies of Attempted and Completed Suicide in Gay and Lesbian and Bisexual Youth*. "Without government funding the basic research can't possibly be done because, through funding, the government more or less controls what can and cannot be done."

Remafedi says politics causes the neglect. "It's simply not expedient for government researchers to study gay youth," he claims. "The government doesn't want to be seen as undertaking studies that could benefit the gay and lesbian community in any way. There is a constant fear of Congress's stepping in."

The absence of a comprehensive study of the role of sexual orientation in youth suicide means that the federal government's official youth suicide prevention guidelines make no mention of sexual orientation and that few local prevention programs are equipped to care for adolescents who are struggling with

their sexual orientation. In compiling statistics on suicide for its survey on youth risk behavior, for example, the CDC addressed the role of race and gender but left out sexual orientation altogether.

"Prevention campaigns are designed for the general population because there is no awareness that

cisco social worker with a sizable number of young gay and lesbian clients. In a 1991 study published in the journal *Pediatrics*, Remafedi also found that nearly 30% of the gay and lesbian youths he surveyed had attempted suicide. Studies by the Hetrick-Martin Institute, a New York City service and advocacy group for gay and lesbian youths, have also found high rates of attempted suicide by gay and lesbian youths.

Conservatives are determined to keep the federal government from researching the topic. After the findings of the 1989 HHS report were published, William Dannemeyer, who was at the time a Republican member of the House of Representatives from California, called for then-president Bush to "dismiss from public service all persons still employed who concocted this homosexual pledge of allegiance and sealed the lid on these misjudgments for good." HHS secretary Louis Sullivan chimed in as well, writing in a letter to Dannemeyer that Gibson's work "undermined the institution of the family." In 1991, complaints from Sen. Jesse Helms (R-N.C.) led HHS to cancel what was to be the nation's largest-ever study of the sexual behavior of teenagers. Helms had complained that the study would invade the privacy of young people by asking them about private sexual matters.

The atmosphere surrounding federally funded research relating to teen sexuality has relaxed little during the Clinton administration. On Feb. 4 the Senate voted 93-0 in support of an amendment to an education bill that prevents federal surveys from asking public school students about "sexual behavior and attitudes" without prior written consent from parents.

Despite the change in administrations, Bailey says a number of scientists who depend on federal funding are still reluctant to explore the role sexual orientation plays in many so-



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gay and lesbian youths are at high risk," says Joyce Hunter, a behavioral researcher at the New York State Psychiatry Institute's HIV center in New York City. "That sends an even stronger message to gay kids that there is no one out there for them."

In the absence of government-commissioned research, most studies on gay and lesbian youth suicide have been conducted by private researchers, social workers, or advocates for gay and lesbian youths. The fieldwork that formed the basis for the 1989 HHS report was conducted by Paul Gibson, a San Fran-

cial problems. "There are numerous examples of studies or programs that get killed just because the phrase *sexual orientation* is in them," he says. "There are a whole range of social issues and problems where the role of sexual orientation has not been looked at. There are all kinds of examples of misplaced sensitivities that have affected our ability to save lives."

Adds Potter: "Asking a general population sample questions about sexual orientation is politically sensitive. We are doing research in a very conservative time. We have to be as innocuous as possible in asking questions. We can't afford to offend anyone, and that makes getting accurate information difficult."

As a result many of the studies being done are open to scientific criticism on methodological grounds. In a controversial May 3, 1993, editorial in *The New Yorker*, David Shaffer, professor of child psychiatry at the Columbia University College of Physicians and Surgeons, argued that because Gibson's work focused on gay and lesbian teens staying at youth centers and homeless shelters rather than on a scientifically selected sample, the 1989 HHS report is seriously flawed. The teenagers Gibson interviewed, he wrote, "can be expected to have high rates of suicide attempts."

Shaffer, considered one of the country's leading authorities on youth suicide, accuses advocates for gay and lesbian youth of politicizing the youth suicide issue because they cite the 30% figure while knowing full well that the methodology that produced it is flawed. "Suicide is usually a story of misperceptions and misunderstandings, of feelings of despair and lack of control; it cannot be attributed to simply having a difficult life," he wrote. "It has no place on anyone's political agenda."

In the article, Shaffer referred to his own research, carried out over several years in the '80s, into the suicides of 120 teenagers in New York

City. His study found that only 2.5% of the victims could be identified as gay or lesbian, a figure in proportion to the suicide rates for all youths. The study was based on interviews with the victims' relatives and friends about the sexual orientation along with other characteristics of the deceased, a research technique called a



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"psychological autopsy." Shaffer cites two other psychological autopsy studies to back up his own. One, conducted in St. Louis in 1959, found no gays or lesbians in a group of 133 suicides. The other, conducted in 1986 in San Diego, found a gay suicide rate of 7% among suicides under the age of 30.

But Shaffer's critics, including advocates for gay and lesbian youths and researchers who believe that social forces play a determining role in teen suicide, say that Shaffer's research methodology is also flawed. Even if family members and friends had been aware of the victim's

sexual orientation, according to the critics' analysis, they would have been unlikely to disclose it out of either guilt over the death or shame over the sexual orientation or both. "The youths who are at the greatest risk for suicide are the ones who are least likely to reveal their sexual orientation to anyone," Remafedi says. "Suicide may be a way of making sure that no one ever knows."

The reluctance of family and friends to identify the sexual orientation of the victims may have been exacerbated by the questions Shaffer used, the critics allege. In Shaffer's study interviewers asked a series of questions, including "Did he ever say that he wished that he was a girl or insist that he was a girl?" or "Did he think it would be better not to have a penis?"

Hendin says the use of such questions can affect the outcome of a psychological autopsy. "If it were me asking the question and I thought that parents would attach stigma to it, I would probably ask it at the end of the interview," he says. "And I would be sure to make allowances for the fact that it would be hard to get an honest answer. Sometimes, if the questions are presented in terms of helping others, people will be surprisingly forthcoming. Other times there is a great need to deny everything. It's very unpredictable."

According to Hendin, the 1959 study is likely to have undercounted the actual suicide rate of gays and lesbians as well. "That study is undoubtedly subject to concealment of sexual orientation," he says. "If we accept a male homosexual rate of 5% in the general population, the statistical possibility of finding no homosexuals in a survey of 120 suicides is very, very low. The problem is that in the 1950s, there was even more concealment of sexual orientation than there is today."

Shaffer disagrees. "At the time of the study, the St. Louis researchers

were thought to be among the finest in the world," he says. "The authors were obsessed with accuracy. And it was undertaken at the time of the Kinsey report, which means that researchers were probably comfortable with studying homosexuality."

Magnifying the complexity of the debate is another, more widely publicized debate over the percentage of American youths who are gay or lesbian. "Every study about sexual orientation is speculative at this point because we don't have an accurate baseline number yet," Hendin says. "If Kinsey's 10% figure is accurate, then Shaffer's numbers look very low; but if the actual proportion is closer to 1%, then his numbers look much higher. We're trying to measure the ground while it is shifting."

The debate over youth suicide and sexual orientation is taking place in the context of an even larger debate among scientists about the causes of suicide. Mainstream suicidologists argue that research indicates that in the overwhelming majority of suicides, the victim has a history of severe mental illness. Social factors like homosexuality, race, or poverty may play a role, they say, but are unlikely to prompt a suicide attempt by themselves.

In fact, Shaffer says that because mental illness is the cause of most suicides, by arguing for a direct link between homosexuality and suicide, gay-youth advocates are unwittingly arguing that homosexuality is a disease. "The idea that mental illness is the cause of suicide is based on an enormous amount of research," he says. "The bottom line is that kids have to be pretty disturbed to kill themselves, and most—gay or straight—just don't do it."

By alleging that 30% of gay and lesbian youths attempt suicide, he adds, activists are shooting themselves in the foot. During the debate over the military ban on gay and les-

bian service personnel, he notes, military officials repeatedly invoked the high suicide rates of gays and lesbians as an example of the threat gays and lesbians pose to military order and discipline. "Mental illness

of ills, from abusive parents to drug and alcohol abuse, some of which are unrelated or only partially related to their sexual orientation, making the exact cause of their distress difficult to determine.



A tale of five studies

Since World War II at least five major studies that explore the role of sexual orientation in youth suicide have been conducted in the United States. Their results have often appeared contradictory:

- In 1959 researcher Eli Robins found that of 133 suicides of all ages he studied using psychological autopsies in St. Louis, none was gay or lesbian.
- In 1986 researcher Charles Rich found that of 283 consecutive suicides of men under the age of 30 in San Diego, 7% were known to be gay or lesbian.
- In 1989 social worker Paul Gibson found that of more than 500 gay and lesbian youths in San Francisco who he interviewed for an HHS report, 30% said they had attempted suicide at least once as a teenager.
- In 1991 researcher Gary Remafedi found that of 150 gay and lesbian youths in Minneapolis he interviewed, more than 30% said they had attempted suicide at least once as a teenager.
- In 1993 researcher David Shaffer reported in *The New Yorker* that of 120 youth suicides in New York City he studied using psychological autopsies, 2.5% were gay or lesbian.

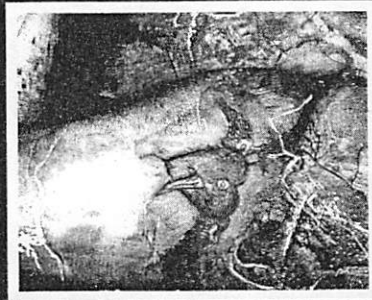
—Chris Bull

is a very bad metaphor for gay youth," he says. "It could very well backfire if the advocates insist on using it."

The view that sexual orientation is rarely the sole cause of suicide is underscored by the stories of some gay youths themselves. In letters, calls, and visits to gay youth groups across the country, teens cite a litany

In a letter received last year by the Indiana Youth Group (IYG), an Indianapolis gay and lesbian support group, an anonymous 17-year-old boy wrote about being verbally abused by his father even before his parents realized he was gay. "One night two months ago, my dad was cutting me down as I was getting ready to go out to the

movies," he wrote. "My dad started saying stuff like 'Look how you're dressed like a fag, little faggot boy.' I got so upset that night that it was the first time I tried to kill myself. As I was getting my room in order



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and planning the way I was going to kill myself, I stopped and cried so hard: 'Why, why am I killing myself because of my dad?' So I said, 'The hell with him.'"

IYG member Jim Deckard, 20, is another case in point. After attempting suicide three times in his teens—twice by slashing his wrists and once by driving his car off a cliff—he finally overcame his suicidal feelings by joining IYG. Deckard says that while the struggle over his sexual orientation was a source of great unhappiness throughout his teenage years, he also struggled with a number of other problems, some—but not all—of which were related to his homosexuality.

"I came from an alcoholic family and was drinking a lot myself," he

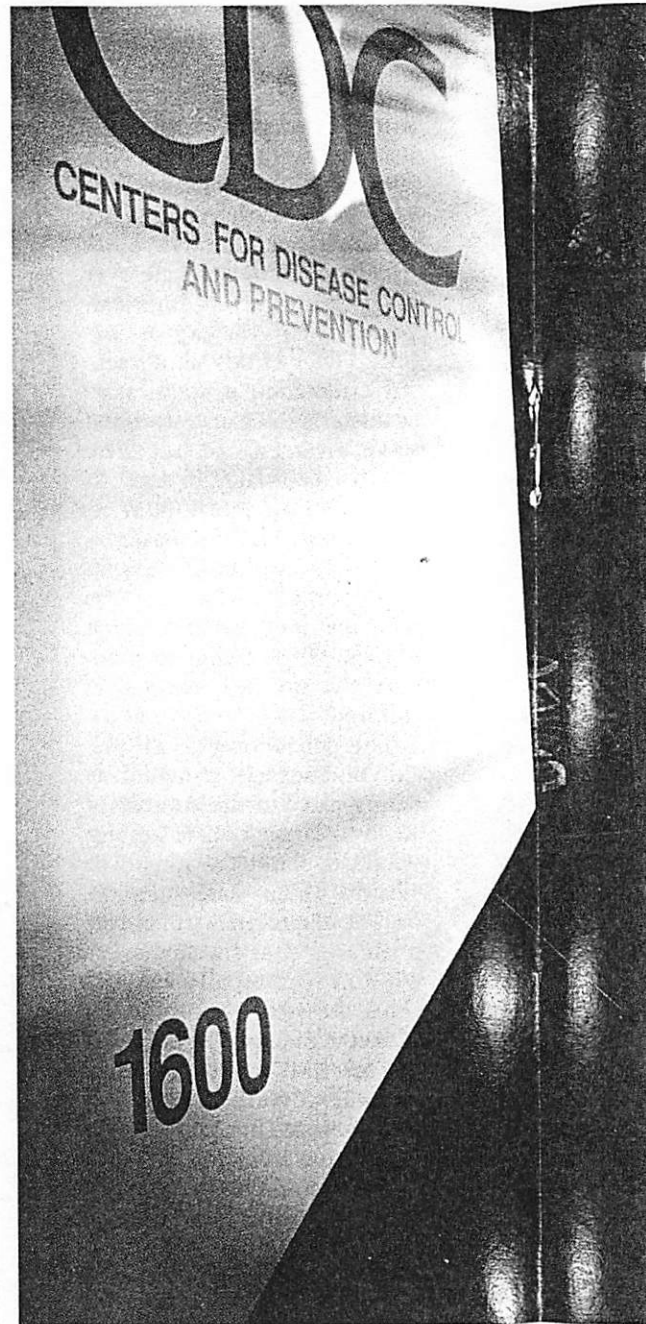
says. "My family was a mess, so I more or less had to raise myself. I had to go to work at age 14 to buy myself clothes for school. The combination was pretty hard. It's still hard for me to sort it all out."

Others, though, trace their suicidal thoughts almost exclusively to their struggle with their sexual orientation. Jason Curry, another 20-year-old member of IYG, says he also attempted suicide three times during his teenage years. "I very clearly remember feeling depressed and isolated because I was the only one who was gay," he says. "I thought I would never have any friends and would have to give up my family. The fact is that we are a minority group like no other. A black person would have other black friends, but gay kids can't even count on having other gay friends."

Shaffer says the psychological autopsy studies showing a relatively low number of gay youth suicides demonstrate the strength of gay youths in the face of great adversity and should be welcomed by gay advocates. "I actually take it as a very positive finding," he says. "In some

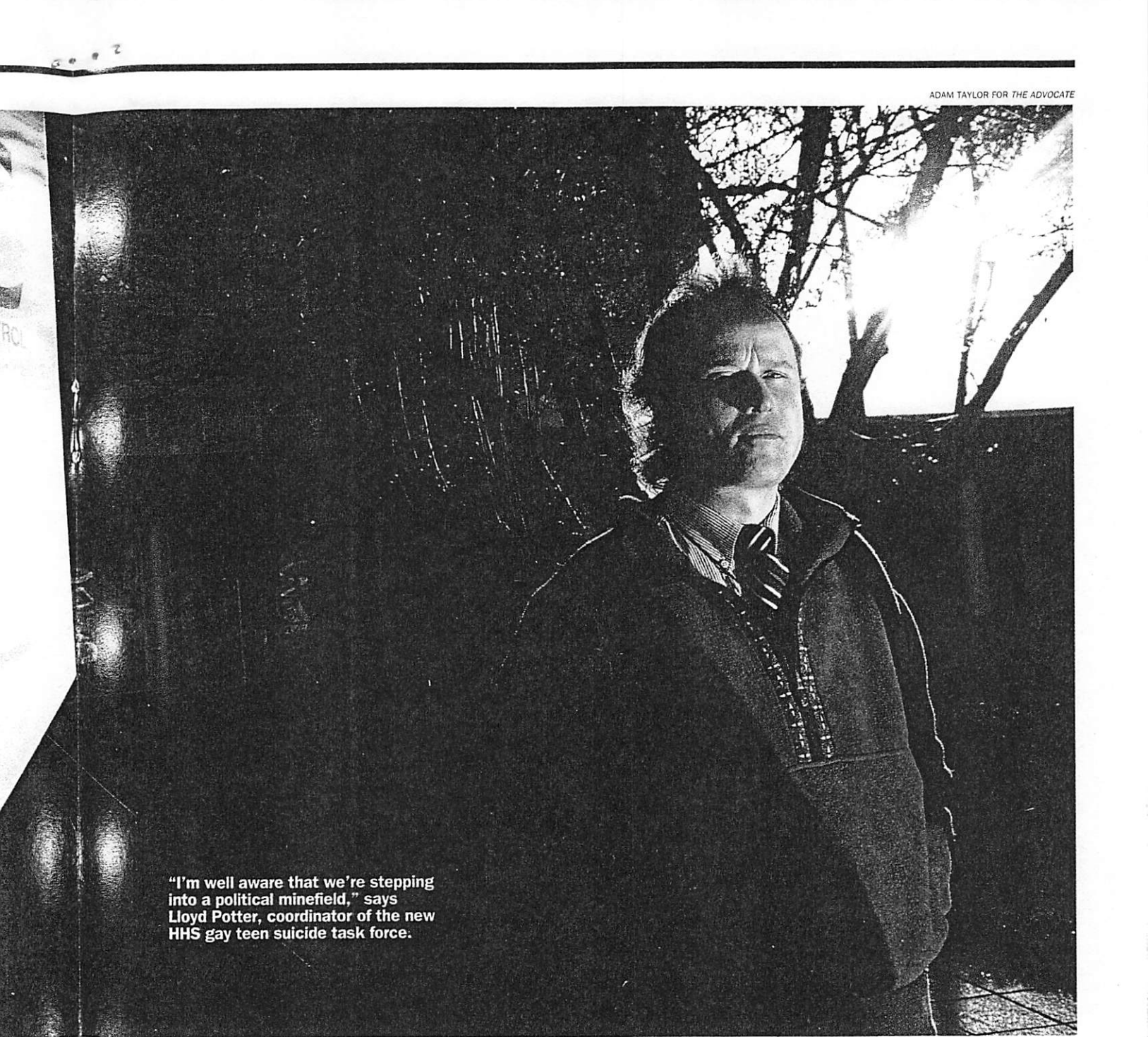
ways it speaks to the positive mental health of gay youths. They can withstand the stress and grow up to be happy adults without resorting to suicide at a significantly higher rate than heterosexual youths."

But Remafedi says ignoring the role of sexual orientation in youth suicide is a mistake. "There clearly are social factors at work, and we have to do everything we can to alleviate them," he says. "Underlying mental illness simply can't account for the high suicide rate of gay and lesbian youth. We are raising the possibility that social factors rather than psychological factors may account for many suicides. It's a mistake to underestimate how powerful factors like homophobia can be in a young person's life."



Remafedi says that because the study of suicide has long been dominated by researchers with training in mental health, the profession has largely ignored the social and political aspects of suicide. "The findings of the studies indicating a high incidence of suicide among gay youth are a break from traditional thought because the researchers are looking for a psychological diagnosis where there is none," he says. "It's homophobia that's killing these kids."

Still, Shaffer's approach to youth suicide is the one that prevails



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among federal researchers who have been instrumental in thwarting studies examining the sexual component of suicide. In a little-noticed December 1990 article in *The Journal of the American Medical Association*, Susan J. Blumenthal, who at the time was serving as chief of behavioral medicine at NIMH and was regarded as the government's top suicide expert, outlined the government's suicide prevention efforts without mentioning sexual orientation.

In a response to the 1990 article in the June 1991 edition of the *Jour-*

nal, Yale University School of Medicine researcher Linda Snelling accused Blumenthal and other government suicide researchers of putting gay and lesbian youth "at risk of being ignored to death." In rebuttal Blumenthal said gay youth suicide has "been inadequately studied" but homosexuality "generally do[es] not provide sufficient cause for completed suicide."

But under Blumenthal, NIMH did not undertake a single study or prevention campaign aimed at gay and lesbian youths, despite her belief that

the issue has not been sufficiently studied. And when the Clinton administration promoted Blumenthal to assistant deputy secretary for women's health at HHS last December, advocates for gay and lesbian youth were left wondering how deep Shalala's commitment to addressing the gay youth suicide issue really is.

"Having worked with gay and lesbian youth for more than 20 years, I don't understand how one of the government's top people can write an article that leaves out sexual ori-

entation," Hunter says. "It's really disturbing that government scientists are willing to overlook the evidence, however imperfect, that gay and lesbian youth are at great risk for suicide."

Blumenthal says that in 1990 she may have underestimated the severity of gay youth suicide. "I believe that mental illness is the major factor in 90% of youth suicide cases," she says. "Other stresses or losses have to come into play, whether they be genetic factors, because suicide runs in families, or biological factors, like a serotonin deficiency, or impulsiveness, to name just a few possibilities. If one or more of these factors are present along with access to a lethal method like a gun, suicide may take place. But there is also no question that the more accepting the social milieu, the less risk young gays and lesbians will have. Homophobia may be one of the many things that lowers the barrier to youth suicide."

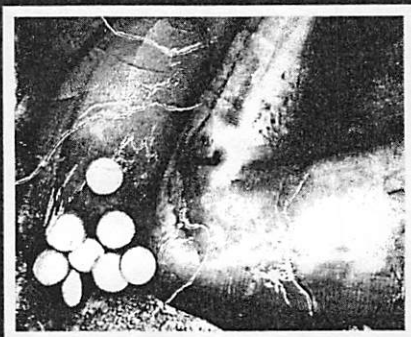
As for NIMH's failure to commission a study of sexual orientation and youth suicide, Blumenthal says, "We didn't get any grant applications on that topic that I can remember. It is an important issue to address, and I certainly hope it will be the focus of some future studies."

Still, Blumenthal says she sees only a small role for mention of sexual orientation in HHS suicide prevention campaigns. "I'm an advocate for new forms of health education that take place early on and focus on promoting healthy social behavior," she says. "Fighting antigay attitudes could be a component, but I think the bigger issue is giving young people a great sense of mental-health skills."

The relationship between youth suicide and sexual orientation is further complicated by AIDS. A 1989 study conducted by researchers at Cornell University Medical Center in New York City found that people with AIDS are 36 times more likely to attempt suicide than those without AIDS at a com-

parable age. Little systematic research has been conducted on gay youth, but advocates say HIV infection and the risk of it dramatically magnify the likelihood that gay youths will contemplate suicide.

In a study of HIV-positive youths published as a chapter in the 1992 book *Living and Dying With AIDS*,



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New York City researcher Hunter found that fear of AIDS, whether real or imagined, adds to the burden gay youths experience. "Gay teenagers already have so much to deal with that when they find out that they are HIV-positive or even that they are going to have to live in a world where HIV is prevalent and a constant threat, they become overwhelmed," she says. "It's just another factor that can add to their suicidal thoughts."

Whatever the outcome of the federal task force's efforts, advocates for gay and lesbian youth say they desperately need assistance and direction from the federal government.

After the ABC television news-magazine *20/20* ran a segment on gay and lesbian youth last March that included a profile of IYG, the group received more than 100,000 phone calls and letters from gay and lesbian teens across the country but was able to assist fewer than 1,000.

In one of the letters, a 15-year-old boy from Jackson, Miss., pleaded with the group for help. "If you refuse me, all I will have left is suicide," he wrote. "I am a gay teen. When my friends found out, they all disowned me. Some even come together to beat me up. I am not afraid or ashamed to say that I have never hurt or cried as much as I am doing right now. I am so alone. Even my own father will have nothing to do with me. My mother does not know, and I plan to keep it like that for as long as I can. Right now she is the only person talking to me. You guys are my only hope. I beg of you to help."

Even though IYG received the letter more than a year ago, executive director Chris Gonzales says it still haunts him. "We sent the young man some information," he says. "But there's not much more we can do for these kids. We just don't have the resources. It keeps you wondering what became of him. The letter is a desperate cry for help. Is he still alive?"

San Francisco social worker Gibson, who now works with people with AIDS, says the same kind of thoughts motivated him when he wrote a summary of his research for the 1989 HHS report. "I wrote it not as a political tract but out of concern for the youths with whom I was working as a way to get the country to understand their needless suffering," he says. "It's tragic that we have allowed politics to get in the way of helping them. Gay and lesbian youths are one of the easier groups to help. Many times it's just a matter of giving them accurate information, support, and an accurate understanding of who they are. How many times do we have an opportunity to help people so easily?" ●