



## Men's sexual orientation and suicide: Evidence for U.S. adolescent-specific risk

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### ABSTRACT

There is strong consensus in the research literature that adolescent and adult men who report same-sex sexual orientations, identities, and behaviors are at higher risk for suicide. Recent studies of general adolescent suicide risk have identified developmental trajectories that peak during the teenage years. Because the adolescent years are characterized by the development and heightened awareness of gender roles and sexual scripts closely tied to dominant cultural ideals of masculinity and heterosexuality, an adolescent-focused developmental trajectory for suicide risk might be particularly relevant for males with adolescent same-sex sexual orientations. We provide the first prospective examination of adolescent-specific risk for suicidality based on adolescent same-sex sexual orientation using data from the United States, the *National Longitudinal Study of Adolescent Health*. Tracing suicide ideation and attempts across four assessments from adolescence (Wave 1 average age 15.3 years) to young adulthood (Wave 4 average age 28.2), we documented that the risk for suicidal thoughts and attempts for adolescent same-sex attracted males is developmental in nature. Specifically, the risk for suicidal thoughts and attempts for males with same-sex attractions is largely limited to the adolescent years. These results offer new insights for suicide prevention and intervention for male adolescents and adults with same-sex sexual orientations.

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### Introduction

In research on men and suicide there is strong evidence that the risk for suicide (including ideation, plans, and behavior) is higher among gay and bisexual males (Legleye, Beck, Peretti-Watel, Chau, & Firdion, 2010; McDaniel, Purcell, & D'Augelli, 2001; Plöderl, Kralovec, & Fartacek, 2010; Russell, 2003). Consistent results have been found in studies of men based on measures of same-sex sexual identities (identifying as gay or bisexual), behaviors (engaging in same-sex sexual behavior), and orientations (reporting attraction to or desire for the same-sex). In this paper we refer to multiple dimensions of same-sex sexuality as same-sex sexual orientation (SSSO). Further, this suicide risk has been documented in multiple countries using population-based studies of SSSO adult males (Fergusson, Horwood, & Beautrais, 1999; Fergusson, Horwood, Ridder, & Beautrais, 2005; Paul et al., 2002; Silenzio, Pena, Duberstein, Cerel, & Knox, 2007; Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003) and adolescent males (Garofalo, Wolf, Wisow, Woods, & Goodman, 1999; Remafedi, French, Story, Resnick, & Blum, 1998; Russell & Joyner, 2001; Wichstrøm &

Hegna, 2003). The risk for suicide has been documented at multiple ages for SSSO men. Based on those findings, it generally has been presumed that same-sex sexuality is a marker for suicide risk for males beginning in adolescence and continuing through adulthood.

Drawing from recent research on general adolescent suicide and from the literature on SSSO adolescents, we hypothesize a developmental course of suicide risk for SSSO men. In particular, we hypothesize that the SSSO male risk for suicide is adolescent-specific. Recent research indicates that in the general population, adolescence is the period of the lifespan with the highest reported suicide risk (Kerr, Owen, & Capaldi, 2008; Kerr, Owen, Pears, & Capaldi, 2008; Kessler, Borges, & Walters, 1999; Rueter & Kwon, 2005). According to the Centers for Disease Control and Prevention (2009), adolescent suicide is the third leading cause of death: nearly 15% of adolescents (ages 10–24) seriously consider suicide and nearly 7% report suicidal behavior in the past year. This adolescent-specific suicide risk has not been reported for SSSO males, but may be particularly relevant for them for several reasons. Recent cohorts of gay adolescents appear to be developing same-sex awareness and “coming out” (that is, disclosing their same-sex identities to others) at younger ages compared to prior cohorts (Floyd & Bakeman, 2006; Ryan & Futterman, 1998). This earlier age at same-sex awareness and identification coincides with

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developmentally typical heightened awareness of gender roles and expectations of masculinity and heterosexuality among adolescents (Galambos, Almeida, & Petersen, 1990; Pascoe, 2007). Consequently, SSSO males may be identifying and self-labeling their same-sex sexuality at the same time that such personal awareness is most likely to conflict with peer social pressures regarding gender and sexuality (Poteat, Espelage, & Koenig, 2009). Based on these areas of research, we hypothesize that the heightened risk for suicide in the general adolescent population may be accentuated for contemporary SSSO males due to an earlier developmental awareness of same-sex sexuality coupled with the intensification of gender roles and expectations of masculinity and heterosexuality during this developmental period.

In the review that follows we briefly review evidence for suicide risk among SSSO adolescent males and examine the developmental trend in suicidality that is evident in studies of general populations of adolescents. We then discuss the distinctiveness of SSSO for suicide risk among adolescent and adult males. Finally, we examine the possibility of adolescent-specific risk for suicide among SSSO males using data from four waves of the United States' *National Longitudinal Study of Adolescent Health* (Add Health).

### Same-sex sexual orientation, adolescents, and male suicide risk

Multiple studies have documented the elevated risk for suicide among SSSO adolescents (Faulkner & Cranston, 1998; Garofalo et al., 1999; Remafedi, 2002; Russell & Joyner, 2001). A recent meta-analysis found that the prevalence of suicidal behavior across the lifespan in SSSO males was more than four times that of heterosexual males (King et al., 2008). In addition, there is some evidence from studies of adult gay and bisexual men that lifetime reports of suicidal ideation and behavior may be largely due to suicide risk during the adolescent years. A cross-sectional study of men who have sex with men (MSM) in the United States found a high rate of self-reported lifetime suicidal behavior and that most suicidal behavior occurred before age 25 (Paul et al., 2002). Analyses of a general population survey in the Netherlands showed that, compared to heterosexual men, younger homosexual men were at greater risk of suicidality than older homosexual men (there were no similar results for females; de Graaf, Sandfort, & ten Have, 2006). The results of these studies provide further evidence that in studies of SSSO adult males, reports of lifetime suicidality may in fact refer to heightened risk for suicide during the adolescent years.

Considering the general adolescent population, recent research suggests that adolescence is the period in the lifespan of highest suicide risk; specifically, several studies have identified a developmental trajectory of suicide risk that peaks during the teenage years and levels off in adulthood (Kerr, Owen, Capaldi, et al., 2008; Kerr, Owen, Pears, et al., 2008; Rueter & Kwon, 2005). As a developmental period characterized by intense physical, emotional, and social change, it is perhaps not surprising that suicidality peaks in adolescence. In anticipation of the transition to young adulthood, adolescents begin to form increasingly autonomous identities, beliefs, and values, and experience a growing responsibility for these dimensions of self. Adolescents are expected to navigate multiple sociocultural milestones ranging from achievement in education, development of skills and plans for workforce participation, and citizenship, all the while developing individuation from parents and maintaining extra-family intimate relationships (including friendships and romantic intimacy). Failure or mistiming of these developmentally-specific tasks in adolescence may explain the unique heightening of suicidality in this period (Connor & Goldston, 2005). That is, adolescents risk personal sense of failure along with possible alienation and rejection from peers, family members, and

community members if they do not fulfill such expectations. Such failed expectations or negative attributions about the self, and perceptions that others hold these views, are understood as a key mechanism in depression and suicide risk (Harter, 1990).

We suggest that these general adolescent processes may be particularly relevant for SSSO adolescent males. The adolescent years are characterized by intensified expectations regarding gender and masculinity (Galambos et al., 1990) that are defined by imperatives for heterosexuality (Oswald, Blume, & Marks, 2005; Pascoe, 2007). The personal sense of failure or negative self-attributions that have been identified as crucial in adolescent mental health (Harter, 1990) may be distinctive for SSSO boys as they encounter adolescent social pressures regarding masculinity, which is explicitly defined for contemporary males in terms of heterosexuality (Pascoe, 2007; Plummer, 1999; Swain, 2000). That is, socialization in adolescence emphasizes strict adherence to the maintenance of hegemonic masculinity. Studies of general adolescent populations have documented that males who do not conform to stereotypical gender norms experience negative reactions from peers and family members (e.g., Carver, Yunger, & Perry, 2003). These findings are consistent in studies of gay male youth (e.g., D'Augelli, Grossman, & Starks, 2006). Further, prior research has demonstrated that compared to women, both heterosexual and SSSO men are more likely to follow masculinity norms and to adhere to heteronormative expectations; thus, constructions of masculinity have been identified as an explanation for disproportionately higher negative health outcomes for men (Courtenay, 2000). Our point is that same-sex sexuality in males is by definition an affront to heterosexuality and therefore, particularly in adolescence, an affront to masculinity. Although female same-sexuality is counter-normative, female adolescents (both heterosexual and those with SSSO) generally experience less rigid expectations and pressures regarding gender and sexuality (D'Augelli, Grossman, & Starks, 2008; Galambos et al., 1990; Oswald et al., 2005; Pascoe, 2007).

In addition to gender and sexuality norms, there are several trends that shape the context for potential vulnerability for SSSO males. Only recently have there been gay and bisexual male adolescents: contemporary gay and bisexual male teens are the first cohorts to develop self-awareness and to come out to themselves and others during the adolescent years in large numbers (Floyd & Bakeman, 2006; Ryan & Futterman, 1998). Further, a number of studies have identified the development of same-sex sexual identities and the coming out process as psychologically stressful. One study showed that among gay male youth, gay-related suicidal behavior were closely timed with the age of coming out to parents (D'Augelli et al., 2005). In addition, in two other studies, suicidal behavior among LGB-identified youth was more closely linked to age of "coming out" than to chronological age (Paul et al., 2002; Remafedi, Farrow, & Deisher, 1991). The trend in earlier ages at same-sex awareness and coming out coupled with research that points to the psychological difficulties of the coming out process suggest that same-sex awareness and identity development may make adolescence a particularly vulnerable period for SSSO males.

In summary, empirical evidence points to the adolescent years as a period for potentially highest risk for suicide in the general population and among SSSO males. In the context of multidimensional developmental changes of the adolescent years that include the intensified awareness and participation in cultures of masculinity and heteronormativity, youth who perceive that they fail to meet personal and social expectations may be vulnerable for compromised mental health and suicide. For SSSO males, the earlier age of coming out coincides with psychological stressors associated with sexual orientation identity development and disclosure; these stresses are compounded by heightened

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