

LGBTQ YOUTH SUICIDE

Statistics on the numbers of lesbian, gay, bisexual and trans (LGBTQ) people who consider or attempt suicide are based on self-reporting. Data on completed LGBTQ suicides are unavailable, since sexual orientation is often unknown or unrecorded.⁽¹⁻²⁾ As a result, the figures on LGBTQ suicides, although alarming, are also underestimated.

A survey of Ontario students in grades 7-12, found that 9.5% (99,000 Ontario youth) have *considered* suicide within the past year. In addition, 2.8% (29,000 students) report *attempting* suicide within the past year.⁽³⁾ The survey did not ask about sexual orientation, but these figures are important for comparison with available LGBTQ data.

The suicides of LGBTQ youth must be understood in the context of the hostile environment in which they live. The number of hate crimes in Canada motivated by sexual orientation more than doubled from 2007 to 2008, and were the most violent in nature.⁽⁴⁾ Researchers have named the accumulation of stigma, prejudice, discrimination, and violence “minority stress,” and have documented the negative consequences it can have on LGBTQ people throughout their life span.⁽⁵⁻⁹⁾ Canadian research suggests that minority stress increases internalized homophobia and cortisol production in LGBTQ people, both of which were associated with increased depression, anxiety and suicidal thoughts.⁽¹⁰⁾

LGB YOUTH

- A study of 350 LGB youth in Canada, the US and New Zealand found that over 4 out of 10 had *considered* suicide, and 1 in 3 had *attempted* suicide. Among the latter, 65% of male youth and 45% of female youth considered their attempt to be related to their sexual orientation.⁽¹¹⁾
- A study of 139 young gay and bisexual males in Ontario, found that more than half had *considered* suicide, and 30% associated such thoughts with their sexual identity. One participant in 6 had *attempted* suicide, and 9% viewed their attempt as related to their sexual identity. On average, participants first attempted suicide at age 14, although the range varied from age 6-18.⁽¹²⁾
- Large-scale studies of US students in grades 9-12 found that almost 30% of gay or lesbian students, and 40% of bisexual students had *considered* suicide, compared with just over 10% of straight students.⁽¹³⁻¹⁴⁾
- Population-based surveys in the US have consistently found *attempted* suicides rates among LGB students to be 2-7 times higher than among their straight peers.^(2, 14)
- A random sample of young men in Calgary found that gay men who were *not sexually active* had the highest risk for depression and suicidal thoughts, and 15.5% of them had made a serious suicide attempt. By comparison, 5.4% of sexually active bisexual men, 3.1% of sexually active gay men, 0% of their straight peers had attempted suicide.⁽¹⁵⁾
- Bisexuals may be at particular risk for suicide. A US study found that 1 in 3 bisexual students had *made a suicide plan*, compared with 1 in 5 gay and lesbian students, and 1 in 10 straight students.⁽¹⁴⁾ A US population-based study found that behaviourally bisexual students had the highest prevalence of suicide attempts requiring medical attention.⁽¹⁶⁾

TRANS YOUTH

- Trans youth are at high risk of suicidality. The Trans PULSE study, a representative sample of trans people in Ontario, found that 47% of trans people age 16-24 had *considered* suicide recently and 19% had *attempted* suicide in past year.⁽¹⁷⁾ This study suggests that trans youth consider suicide at a rate nearly twice that of trans adults, and nearly 6 times that of Ontarians in general. Trans youth *attempt* suicide at a rate 3 times that of trans adults, and over 6 times that of Ontarians in general.⁽¹⁷⁻¹⁸⁾ The Trans PULSE study did not find differences in the rates of considered or attempted suicide between trans women and trans men, or between racialized and non-racialized groups.⁽¹⁷⁾
- US studies have found similar suicide rates among trans participants: A study of 55 transgender youth in New York City found that 45% had seriously *considered* suicide⁽¹⁹⁾; A study of 515 trans people in San Francisco found that 47% of participants under age 25 had *attempted* suicide;⁽²⁰⁾ and a study of 571 adult trans women living in New York found that 15% had *attempted* suicide during adolescence.⁽²¹⁾

ABORIGINAL LGBTQ AND TWO SPIRITED YOUTH

- Some Aboriginal people identify as “two-spirited” to distinguish Aboriginal concepts of sexuality and gender from those of colonial society. Aboriginal people may identify as two-spirited because of their same-sex attractions and/or their gender. Some two-spirited people will also identify as LGBTQ.
- Aboriginal people are already at higher risk for suicide, with some First Nations communities in Canada having suicide rates that are 800 times the national average.⁽²²⁾ Two-spirited Aboriginal people face multiple intersecting oppressions and cumulative traumatic experiences that may over-tax their coping mechanisms and exacerbate health disparities. Historical traumas such as the loss of traditional lands, and forcible confinement in the residential school system were found to be associated with depression among two-spirited people.⁽²³⁾
- A study of American Indian and Alaskan Native adolescent men in Minnesota found that 47.3% of gay youth had *considered* suicide, compared with 23.6% of their straight peers, and that 23.2% of gay youth had *attempted* suicide, compared with 11.1% of their straight peers.⁽²⁴⁾
- An analysis of data from the Urban Men’s Health Study found that 25% of Native American men who have sex with men (MSM) had *attempted* suicide before age 25, compared with 8% of White, African America, Asian, or Pacific Islander MSM.⁽²⁵⁾
- Recent data from The National Transgender Discrimination Survey shows that 56% of American Indian and Alaskan Native trans participants have attempted suicide, compared to 41% of all trans participants.⁽²⁶⁾
- A large study of suicide rates in First Nations communities in British Columbia emphasized the importance of culture and tradition in protecting against suicide.⁽²²⁾ However, cultural resources may not be available to two-spirited youth due to homophobia, biphobia and transphobia in their Aboriginal communities. A qualitative study in Saskatchewan and Manitoba found that two-spirited people who came out risked violence, rejection, and expulsion.^(16,27)

- A qualitative study done in Montreal found that a lack of support and resources, or negative experiences with health services, can lead two-spirited people to avoid seeking help when needed.⁽²⁸⁾

EXPERIENCES CONTRIBUTING TO SUICIDAL FEELINGS

Family Rejection

- LGB youth rejected by their fathers over their sexual orientation are nearly twice as likely to attempt suicide. Of those who attempt suicide, 48% report rejection from their fathers, and 28% report rejection from their mothers. The researchers noted that many of the suicide attempts occurred in the same year that youth came out to their parents.⁽¹¹⁾
- Family rejection is significantly associated with poorer health outcomes for LGBTQ youth. A study of 528 LGB youth found that those who report family rejection were over 8 times as likely to attempt suicide, almost 6 times as likely to be depressed. Psychological abuse and efforts to discourage gender-atypical behavior were associated with increased risk of suicide attempts.⁽²⁹⁾ Similarly, a study of 224 LGB youth found that family rejection was associated with increased rates of reports of attempted suicide, depression, and other risky behaviors.⁽³⁰⁾
- Gay and trans teens rejected by their parents over their sexual identity were over 8 times as likely to attempt suicide, compared with gay and trans youth who report low rejection levels.⁽³¹⁾
- A US study found that 40% of LGB youth had been violently attacked, with 61% of attacks being perpetrated by family members.⁽³²⁾

Violence & Harassment

- Evidence from large studies of middle and high school students suggests that victimization and discrimination have an impact on the association between LGB status and suicidal behavior.^(13, 33-34) A longitudinal study found that young GB who experienced homophobic harassment, and discrimination were twice as likely to think about suicide.⁽³⁵⁾
- School bullying may be a factor contributing to minority stress in LGBTQ youth. A large Canadian study found that 70% of students heard homophobic expressions such as “that’s so gay” in school every day, and 48% heard homophobic slurs daily. This study found that 74% of trans students and 55% of sexual minority students were verbally harassed about their gender expression, compared with 26% of their straight peers.⁽³⁶⁾
- In addition to verbal harassment, many LGBTQ students report being physically assaulted: 21% of LGBTQ students were physically bullied or assaulted due to their sexual orientation.^(31, 36)
- The rates of LGBTQ youth reporting harassment in general vary from 57-92%,⁽³⁷⁻³⁹⁾ with one study finding that half of sexual minority youth have been verbally harassed,⁽⁴⁰⁾ and 2 out of 5 lesbian and gay youth had been physically victimized.⁽³²⁾
- National US data indicates that youth with same-sex attractions are significantly more likely than their straight peers to be shot, stabbed, or hospitalized due to a fight, and more likely to report forced sex.⁽³⁹⁾ Researchers have found an association between

such victimization and youth suicide attempts. Among those who report having been violently assaulted, 41% of LB females and 34% of GB males had attempted suicide.⁽³²⁾

- Trans PULSE found that 1 in 5 trans Ontarians have been physically or sexually assaulted and 1 in 3 have experienced verbal harassment or threats due to their trans status. Trans people who have been assaulted due to being trans are almost twice as likely to have seriously considered suicide within the past year, and over 7 times as likely to have attempted it.⁽¹⁷⁾
- Those who have survived transphobic violence are at high risk of suicide. A study of trans women in New York City found that 61% of physical assault survivors and 65% of sexual assault survivors report attempting suicide. Over half (51%) of those who were bullied, harassed, assaulted, or expelled from school because they were trans attempted suicide, compared with 41% of their trans peers. Suicide attempt rates rose dramatically when teachers were the perpetrators: 59% of those harassed or bullied by teachers had attempted suicide, as had 76% of those physically assaulted by teachers and 69% of those sexually assaulted by teachers.⁽²¹⁾

Racialization

- Suicide attempts among gay and lesbian youth may be impacted by racialization. A US study noted that 36% of suicides attempts by black lesbians, and 32% of suicide attempts by black gay men occurred before age 18, compared with 21% of suicide attempts by white lesbians and 27% of those by white gay men.⁽⁴¹⁾
- There is a pattern of higher suicide rates among black lesbians, and among those from economically disenfranchised areas.⁽⁴²⁾

Gender Differences

- A population-based survey from Belgium found a higher rate of suicidality amongst LB female youth.⁽⁴³⁾ Similarly, the Ontario Student Drug Use and Health Survey found that female students were significantly more likely to consider suicide than male students (11% vs 8%), but no such difference was found regarding suicide attempts.⁽³⁾
- A US study of GB men aged 14-21 compared suicide risk with a measure of self-reported gender traits. While 11% of men who scored as masculine had attempted suicide, 26% of men who scored high on both masculine and feminine traits (“androgynous”), 34% of men who scored low on both masculine and feminine traits (“undifferentiated”), and 48% of men who scored high on feminine traits only had attempted suicide.⁽⁴⁴⁾
- A study of 528 LGB youth aged 15–19 found that recognizing same-sex attraction, initiating same-sex sexual activity, or appearing gender nonconforming at earlier ages was associated with suicide attempts.⁽²⁹⁾ A US study of GB men aged 14-21 found that those coming out early, using illicit drugs, being arrested, or experiencing sexual abuse increased the risk of suicide.⁽⁴⁴⁾
- Sexual orientation is independently associated with suicide attempts for males, while for females the association of sexual orientation with suicidality may be mediated by drug use and violence/victimization behaviors.⁽⁴⁵⁾

EXPERIENCES CONTRIBUTING TO RESILIENCE

- Just as negative family responses increase suicide risk, positive family responses have been correlated with reduced depression and suicide risk in LGBTQ youth.⁽⁴⁶⁾ Data from the 2004 Minnesota Student Survey suggest that family connection, caring adults, and school safety protect against suicidal ideation and attempts.⁽⁴⁷⁾ Analysis of the US National Longitudinal Study of Adolescent Health found that social support mediated depression and suicidality.⁽³⁹⁾
- Canadian research confirms that social support from parents and peers have protective effects against depression. LGB youth who experienced homophobic discrimination, yet who also felt accepted and supported by their peers, showed very few symptoms of depression.⁽¹⁰⁾
- A US study of LGB youth aged 15–21 found that family support and self-acceptance mediated the impact of victimization on mental health.⁽⁴⁸⁾
- Many two-spirited people gain strength from being part of a supportive Aboriginal community. In Ristock's Canadian study, participants labeled this as “coming in”.⁽⁴⁹⁾
- Age may also be a factor in suicidality. Research indicates that suicide attempts among LGBTQ people decrease considerably after adolescence.^(3, 17)

IMPLICATIONS FOR HEALTH CARE PROVIDERS

- Health providers should be attentive to symptoms of depression and be cognizant of how social location and experience affect depression and suicidality. Be aware that differences within LGBTQ youth populations, such as sexual identity, gender, parental acceptance, discrimination and victimization, impact a client's risk for suicide.
- Suicide prevention interventions are urgently needed for LGBTQ youth, especially for trans and two-spirited youth. Suicide response and crisis intervention staff may need additional training to ensure that LGBTQ clients are not subjected to stereotyping or discrimination and that the gender of trans clients is not misidentified. More research is needed to identify factors that promote resilience in order to design effective intervention programs for LGBTQ youth.
- Given the effect of minority stress on LGBTQ youth, initiatives that foster system level change, such as gay-straight alliances, anti-bullying campaigns, and LGBTQ rights legislation are essential if we want to see long term decrease in LGBTQ youth suicidality. Promoting family acceptance of LGBTQ youth and encouraging them to connect with support is also essential to reducing health disparities.
- Health care providers should be aware of support resources available to LGBTQ youth.

SUPPORT RESOURCES

- **LGBTQ Youth Line:** 1-800-268-9688, <http://youthline.ca> Free peer support for LGBTQ youth age 26 and under.
- **It Gets Better Campaign:** <http://www.itgetsbetter.org> LGBTQ people and allies share supportive messages through online video. Initiated by author Dan Savage in response to publicized LGBTQ youth suicides.

- **Supporting Our Youth Toronto:** 416-324-5077, <http://www.soytoronto.org> Supporting Our Youth (SOY) provides LGBTQ youth with arts, culture, and recreational spaces, supportive housing and employment opportunities, and access to mentoring and support.
- **PFLAG Canada:** <http://www.pflagcanada.ca/en/index-e.php> Parents, Friends of Lesbians and Gays (PFLAG) provides support, education, and resources to parents, families, friends and colleagues of LGBTQ people.
- **TransParent Canada:** <http://transparentcanada.ca/?file=kop1.php> A support network for the parents of trans children, that developed as an associate group of PFLAG in St. Catharines, ON.
- **My GSA:** <http://www.mygsa.ca/> Resources for schools, students, teachers and parents interested in making schools safer and more supportive for LGBTQ students.

RESEARCH RESOURCES

Rainbow Health Ontario: 416.324.4100 x5096, www.RainbowHealthOntario.ca

- 30 youth focused articles in the Resource Database
- LGBTQ friendly providers in the Provider Database
- Researchers with knowledge of LGBTQ Youth in the Researcher Database
- Events listings for LGBTQ events

Elementary Teachers Federation of Ontario:

<http://www.etfo.ca/aboutetfo/provincialoffice/EquityandWomensServices/Pages/default.aspx> A database of documents published by the ETFO related to equity within Ontario's elementary schools.

Centre for Disease Control and Prevention (US), LGBTQ Youth:

<http://www.cdc.gov/LGBTQhealth/youth.htm> A fact page outlining data on LGBTQ experiences in school, with suggestions for improving school climate and safety.

National GLBTQ Youth Foundation (US):

<http://www.glbtqyouthfoundation.org/publications.html> A group of professionals dedicated to increasing the research available about sexual minority youth and their mental health.

REFERENCES

- (1) Taylor, C. (2006). Nowhere near enough: A needs assessment of health and safety services for transgender and two spirit people in Manitoba and northwestern Ontario. (Final Report). Winnipeg, MB: Nine Circles Community Health Centre. www.turtleisland.org/healing/transgender.doc
- (2) Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., & D'Augelli, A. R. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality* 58 (1), 10-51.
- (3) Paglia-Boak, A., Mann, R. E., Adlaf, E. M., Beitchman, J. H., Wolfe, D., & Rehm, J. (2010). The mental health and well-being of Ontario students, 1991–2009: OSDUHS highlights. (CAMH Research Document Series No. 30). Toronto, ON: Centre for Addiction and Mental Health. http://www.camh.ca/en/research/news_and_publications/ontario-student-drug-use-and-health-survey/Documents/2009%20OSDUHS%20Docs/Highlights_MHReport_2009OSDUHS_Final_Corrected.pdf
- (4) Dauvergne, M. (2010). Police reported hate crime in Canada, 2008. *Juristat* 30 (2). <http://www.statcan.gc.ca/pub/85-002-x/2010002/article/11233-eng.pdf>
- (5) Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin* 129 (5), 674-697.
- (6) Selvidge, M. M. D., Matthews, C. R., & Bridges, S. K. (2008). The relationship of minority stress and flexible coping to psychological well being in lesbian and bisexual women. *Journal of Homosexuality* 55 (3), 450-470.
- (7) Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin* 135 (4), 531-554.
- (8) King, S. D. (2010). Midlife and older gay men and their use of physical and mental health services: Exploring the effects of health enablers, health need, psychosocial stress and individual health coping. Ohio State University. http://rave.ohiolink.edu/etdc/view?acc_num=osu1257437705
- (9) American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, D.C.
- (10) Benibgui, M. (2011). Mental health challenges and resilience in lesbian, gay and bisexual young adults: Biological and psychological internalization of minority stress and victimization. (Unpublished Ph.D. dissertation). Concordia University, Montreal.
- (11) D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (2001). Suicidality patterns and sexual orientation-related factors among lesbian, gay, and bisexual youths. *Suicide and Life-Threatening Behavior* 31 (3), 250-265.
- (12) Mattson, S. R. (2012). Growing up gay or bisexual: The experiences of young gay and bisexual men in Windsor and Essex County, Ontario. (Unpublished Ph.D. dissertation). Windsor, ON: University of Windsor.
- (13) Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azrael, D. (2009). Emotional distress among LGBTQ youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence* 38 (7), 1001-1014.
- (14) Kann, L., Olsen, E. O., McManus, T., Kinchen, S., Chyen, D., Harris, W. A., & Wechsler, H. (2011). 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. (Morbidity and Mortality Weekly Report No. 60). Atlanta, GA: Centre for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm>
- (15) Bagley, C., & Tremblay, P. (1997). Suicidal behaviors in homosexual and bisexual males. *Crisis* 18, 24-34.
- (16) Robin, L., Nancy, D., Brener, S. F., Donahue, T. H., Hack, T., Hale, K., & Goodenow, C. (2002). Associations between health risk behaviors and opposite-, same-, and both-sex sexual partners in representative samples of Vermont and Massachusetts high school students. *Archives of Pediatric Adolescent Medicine* 156 (4), 349-356.
- (17) Bauer, G., Boyce, M., Coleman, T., Kaay, M., Scanlon, K., & Travers, R. (2010). Who are trans people in Ontario? 1 (1) Toronto: Trans PULSE E-Bulletin. http://www.ohtn.on.ca/Documents/Publications/didyouknow/july28_10/E-Bulletin.pdf
- (18) Durham Region Health Department. (2011). Facts on suicide thoughts and attempts in Durham region. http://www.durham.ca/departments/health/health_statistics/factsOnSuicideThoughts.pdf
- (19) Grossman, A. H., & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life-Threatening Behavior* 37 (5), 527-537.
- (20) Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality* 51 (3), 53-69.
- (21) Nuttbrock, L., Hwang, S., Bocking, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research* 47 (1), 12-23.
- (22) Chandler, M. J., & Lalonde, C. (1998). Cultural continuity as a hedge against suicide in Canada's first nations. *Transcultural Psychiatry*, 35, 191-219.
- (23) Walters, K. (2010). Critical issues and LGBTQ-two spirit populations: Highlights from the HONOR project study. Presentation to the Institute of Medicine. <http://iom.edu/~media/Files/Activity%20Files/SelectPops/LGBTQHealthIssues/Walters%20presentation.pdf>
- (24) Barney, D. D. (2003). Health risk-factors for gay American Indian and Alaska Native adolescent males. *Journal of Homosexuality* 46 (1), 137-157.
- (25) Paul, J. P., Catania, J., Pollack, L., Moskowitz, J., Canchola, J., & Mills, T. (2002). Suicide attempts among gay and bisexual men: Lifetime prevalence and antecedents. *American Journal of Public Health* 92 (8), 1338-1345.

- (26) National Gay and Lesbian Task Force, & National Centre for Transgender Equality. (2012). Injustice at every turn: A look at American Indian and Alaskan Native respondents in the national transgender discrimination survey. Washington, DC: National Gay and Lesbian Task Force. http://www.the.taskforce.org/reports_and_research/ntds_nativeamerican_respondents
- (27) Alaers, J. (2010). Two-spirited people and social work practice: Exploring the history of Aboriginal gender and sexual diversity. *Critical Social Work* 11 (1), 63-79.
- (28) Brotman, S., Ryan, B., Jalbert, Y., & Rowe, B. (2002). Reclaiming space-regaining health: The health care experiences of two-spirit people in Canada. *Journal of Gay & Lesbian Social Services* 14 (1), 67-87.
- (29) D'Augelli, A. R., Grossman, A. H., Salter, N. P., Vasey, J. J., Starks, M. T., & Sinclair, K. O. (2005). Predicting the suicide attempts of lesbian, gay, and bisexual youth. *Suicide and Life-Threatening Behavior* 35 (6), 646-660.
- (30) Ryan, C., Russell, S. T., Huebner, D., Diaz, R. M., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBTQ young adults. *Journal of Child and Adolescent Psychiatric Nursing* 23 (4), 205-213.
- (31) Gay and Lesbian Medical Association and LGBTQ health experts. (2010). Healthy people 2010. (Companion document for lesbian, gay, bisexual, and transgender (LGBTQ) health.). San Francisco, CA: Gay and Lesbian Medical Association. http://www.med.umich.edu/diversity/pdf/health_people.pdf
- (32) Hunter, J. (1990). Violence against lesbian and gay male youths. *Journal of Interpersonal Violence* 5 (3), 295-300.
- (33) Birkett, M., Espelage, D. L., & Koenig, B. (2009). LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *Journal of Youth and Adolescence* 38 (7), 989-1000.
- (34) Bontempo, D. E., & D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health*, 30 (5), 364-374.
- (35) Huebner, D. M., Rebchook, G. M., & Kegeles, S. M. (2004). Experiences of harassment, discrimination, and physical violence among young gay and bisexual men. *American Journal of Public Health* 94 (7), 1200-1203.
- (36) Taylor, C., & Peter, T. (2011). Every class in every school: Final report on the first national climate survey on homophobia, biphobia, and transphobia in canadian schools. Toronto, ON: Egale Canadian Human Rights Trust. <http://archive.egale.ca/EgaleFinalReport-web.pdf>
- (37) Cowan, G., Heiple, B., Marquez, C., Khatchadourian, D., & McNevin, M. (2005). Heterosexuals' attitudes toward hate crimes and hate speech against gays and lesbians: Old fashioned and modern heterosexism. *Journal of Homosexuality*, 49 (2), 67-82.
- (38) Silverschanz, P., Cortina, L. M., Konik, J., & Magley, V. J. (2008). Slurs, snubs, and queer jokes: Incidence and impact of heterosexist harassment in academia. *Sex Roles* 58, 179-191.
- (39) Teasdale, B., & Bradley-Engen, M. (2010). Adolescent same-sex attraction and mental health: The role of stress and support. *Journal of Homosexuality* 57(2), 287-309.
- (40) D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly* 17, 148-167.
- (41) Bell, A. P., & Weinberg, M. S. (1978). *Homosexualities: A study of diversity among men & women*. New York: Simon & Schuster.
- (42) Meyer, I., Dietrich, J., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health* 98 (6), 1004-1006.
- (43) Van Heeringen, C., & Vincke, J. (2000). Suicidal acts and ideation in homosexual and bisexual young people: A study of prevalence and risk factors. *Social Psychiatry and Psychiatric Epidemiology*, 35, 494-499.
- (44) Remafedi, G., Farrow, J. A., & Deisher, R. W. (1991). Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87 (6), 869-875.
- (45) Garofalo, R., Wolf, R. C., Wissow, L. S., Woods, E. R., & Goodman, E. (1999). Sexual orientation and risk of suicide attempts among a representative sample of youth. *Archives of Pediatric Adolescent Medicine* 153 (5), 487-493.
- (46) Ryan, C., Russell, S. T., Huebner, D., Diaz, R. M., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBTQ young adults. *Journal of Child and Adolescent Psychiatric Nursing* 23 (4), 205-213.
- (47) Eisenberg, M. E., & Resnick, M. (2006). Suicidality among gay, lesbian and bisexual youth: The role of protective factors. *Journal of Adolescent Health* 39 (5), 662-668.
- (48) Hershberger, S. L., & D'Augelli, A. R. (1995). The impact of victimization on the mental health and suicidality of lesbian, gay and bisexual youths. *Developmental Psychology* 31, 65-74.
- (49) Ristock, J., Zuccole, A., & Passante, L. (2010). Aboriginal two-spirit and LGBTQQ migration, mobility and health research project. (Final Report). Winnipeg, MB: University of Manitoba. <http://www.2spirits.com/MMHReport.pdf>

ACKNOWLEDGEMENTS

This fact sheet was written by Dr. Margaret Robinson.

*Feedback on this document is welcome. Comments and questions can be addressed to Donna Turner:
dturner@RainbowHealthOntario.ca*

Last updated: August 2013