

Sexual orientation discordance puts adolescents at greater risk for nonfatal suicidal behaviors

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Suicide is a major national concern in the US. In 2016, it was the second leading cause of death in adolescents aged 12-18 years, with over 1,900 individuals in this age group dying by suicide. Researchers have now identified sexual orientation discordance - sexual contact that is inconsistent with the individual's sexual orientation - as a potential risk factor for adolescent suicidal ideation and/or attempts. They found that discordant students were 70 percent more likely to have had suicidal ideas or to have made suicide attempts compared with concordant students, reports the *American Journal of Preventive Medicine*.

"These findings are a wakeup call that we need to learn more about why teens who engage in sexual activity that is different than their sexual orientation are more likely to think about or attempt suicide," explained lead investigator Francis B. Annor, PhD, from the Epidemic Intelligence Service and Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC), Atlanta, Georgia. "A better understanding of the stress that leads to suicidal thoughts or attempts among these young people can help communities identify and implement tailored approaches to help them."

Investigators examined the association between sexual orientation discordance and suicidal ideation/suicide attempts among a nationally representative sample of US high school students. In 2015 for the first time, CDC's national Youth Risk Behavior Survey (YRBS) included two



measures of sexual orientation - sexual identity and sex of sexual contacts - providing an opportunity to examine discordance and how it relates to nonfatal suicidal behaviors among a nationally representative sample. Data were analyzed on a nationally representative group of close to 6,800 students in ninth to twelfth grades who attend public and private schools, identify as heterosexual or gay/lesbian, and had had sexual contact.

Based on the sex of respondents, sex of sexual contacts was categorized as sexual contact with only the opposite sex, sexual contact with only the same sex, sexual contact with both sexes, or no sexual contact. The sexual identity variable was used as the basis against which the sex of sexual contact variable was compared because most students responded to this question. For students who identified as heterosexual, discordance was established if they had had sexual contact with only the same sex or with both sexes. For students who identified as gay/lesbian, discordance was established if they had had sexual contact with only the opposite sex or with both sexes. Respondents who identified as bisexual or not sure were excluded from this study because authors could not be sure that the sex of their sexual contacts was discordant with their sexual identity.

Respondents were considered as being at low risk for nonfatal suicidal behaviors if they had not seriously considered attempting suicide, made a plan about how they would attempt suicide, or attempted suicide during the past 12 months. Students who either seriously considered attempting suicide, made a plan about how they would attempt suicide, or made at least one suicide attempt during the past 12 months were considered as being at high risk for nonfatal suicidal behaviors.

Most students (98 percent) identified as heterosexual. Approximately 96 percent of students experienced <u>sexual orientation</u> concordance with the remaining 4 percent experiencing discordance. The prevalence of discordance in gay/lesbian students was 32 percent, whereas the



prevalence was 3.3 percent among heterosexual students.

Discordant students were 70 percent more likely to have experienced nonfatal suicidal behaviors during the past 12 months compared with concordant students and 60 percent after excluding students who had experienced forced sexual intercourse. Higher risk for nonfatal suicidal behaviors was found for discordant students who were bullied on school property, who experienced forced sexual intercourse, and who self-identified as gay/lesbian than their analogous counterparts.

"This study highlights another potential risk factor for youth suicide," commented Dr. Annor. "The needs of all youth should be considered when developing and implementing suicide prevention programs. The good news is that suicide is preventable. The Centers for Disease Control and Prevention <u>technical package</u> to prevent suicide can help communities and states prioritize strategies with the best available evidence."

More information: "Sexual Orientation Discordance and Nonfatal Suicidal Behaviors in U.S. High School Students," *American Journal of Preventive Medicine* (2018). DOI: 10.1016/j.amepre.2018.01.013

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