

# LGB People Self-harm more often than others

## - but they Don't Commit Suicide more often

### Introduction

Kevin Jennings (Obama 'safe schools czar'), said, "In Massachusetts the effective reframing of this issue was the key to the success of the Governor's Commission on Gay and Lesbian Youth. We immediately seized upon the opponent's calling card – safety – and explained how homophobia represents a threat to students' safety by creating a climate where violence, name-calling, health problems, and suicide are common. Titling our report 'Making Schools Safe for Gay and Lesbian Youth,' we automatically threw our opponents onto the defensive and stole their best line of attack. This framing short-circuited their arguments and left them back-pedaling from day one."

### Response

I used to believe the above narrative that LGB people (especially young people) experience a higher rate of suicide than heterosexuals, and that the reason for this is society's homophobic attitudes – but I have changed my mind. Why? I was challenged by a report by Mathy:

#### 2 RM Mathy<sup>1</sup>

"King *et al* (2003) have published a valuable contribution to the literature regarding the mental health of lesbians and gay men. However, they erred in asserting that, ' No study has examined whether gay and lesbian people have elevated rates of completed suicide....' (p. 557). This is important because **studies of sexual orientation and attempted v. completed suicide have yielded different results. Nearly all studies of sexual orientation and attempted suicide have found that gay men and lesbians have higher rates of self-harm than heterosexuals. Conversely, all studies of sexual orientation and completed suicide have concluded that gay men and lesbians do not die by suicide at a higher rate than heterosexuals.**"

In short, we must differentiate between 'attempted suicide', in which LGBT people have higher rates of incidence, and completed suicide, where they do not.

3 Suicide researcher Ritch Savin-Williams made similar voyage of discovery to a new understanding:

In 1994 he wrote<sup>2</sup>: "The empirical documentation is of one accord: The rate of suicide among gay male, bisexual, and lesbian youths is considerably higher than it is for heterosexual youths."

By 2001 his view had changed completely, however<sup>3</sup>: "Consistent with previous findings, results from the studies indicate that sexual - minority youths report higher suicide attempts than do heterosexual youths. However, because many of these reports were false and because life -

---

<sup>1</sup> The British Journal of Psychiatry (2004) 184: 361-362

<sup>2</sup> (Savin-Williams, "Verbal And Physical Abuse as Stressors in the Lives of Lesbian, Gay Male and Bisexual Youth: Associations With School Problems, Running Away, Substance Abuse, Prostitution, and Suicide." *Journal of Consulting and Clinical Psychology*, 1994, vol 62(2), p261-269.).

<sup>3</sup> (Savin-Williams, "Suicide Attempts Among Sexual - Minority Youths: Population and Measurement Issues." p. 989) *Journal of Consulting and Clinical Psychology* 2001. Vol. 69, No. 6, 983-991

threatening true attempts did not vary by sexual orientation, the assertion that sexual - minority youths as a class of individuals are at increased risk for suicide is not warranted.”

In other words, he’s saying,

- suicide is **objective**, and gay/straight are the **same** on this issue
- suicide ‘*attempts*’ are **subjective**, and for gays are claimed to be more frequent, but *true attempts are no higher*

#### 4 Exceptions:

An important exception is for people who see themselves as transgender. Their suicide rate is very high. This is not surprising, and no theory of ‘homophobia’ need be invoked. A further exception is that a study of men in Registered Domestic Partnerships (ie in ‘gay marriages’) in Denmark had greatly elevated levels of suicide. But the author of this study has said that it has methodological difficulties which mean that it cannot be generalised. Both this and the previous group consist of very small numbers of people and do not affect the overall figures.

5 ‘Gay identification’ Gay identification is only a phase for most young people – they grow out of it.

#### 6 Suicide Causation

But what are the **causes** of suicide?

**Bell & Weinberg** long ago said that the largest factor in suicide was relationship breakdown. And **Australian researchers** were recently surprised to confirm this: “We tend to assume that the psychological distress LGBTI people are often going through is due to family rejection. But it seems that’s not so much the case. “The conflict seems to be largely related to relationship problems, with partners,” said Dr Delaney Skerrett of the Australian Institute for Suicide Research and Prevention.

#### 7 Coming out

Remafedi<sup>4</sup> found that “For each year’s delay in bisexual or homosexual self-labeling, the odds of a suicide attempt diminished by 80 percent. (If only Lizzie Lowe had delayed her coming out to her friends, perhaps a different story might have unfolded.)

#### 8 School suicide-awareness programmes

Muehrer (2010) commented that “recent evaluations of some school suicide-awareness programs suggest that these programs are ineffective and may actually have unintended negative effects. The premature dissemination of unproven programs is unwarranted.”

#### 9 Conservative and Liberal Churches

Conservative churches are often blamed for harming LGB people’s health, but a 2013 study by Barnes & Meyer says that, if anything, the opposite is the case. Similarly, a study by Lease and others (2005) found that LGB people’s mental health did not improve if they attended a liberal church. So our churches should continue to preach their historic message.

#### 10 Avoid political interference in Science

“Suicide is usually a story of misperceptions and misunderstandings, of feelings of despair and lack of control; it cannot be attributed simply to having a difficult life. **And it has no place on anyone’s political agenda, no matter how worthy.**” David Shaffer<sup>5</sup>:

---

<sup>4</sup> Remafedi, Farrow, Deisher, “Risk Factors for Attempted Suicide in Gay and Bisexual Youth.” p.495)

<sup>5</sup> Schaffer, “Political Science” p.116

11 Continue to conduct high quality research to establish the facts

**“Among the most pressing questions for future research is whether LGBT people are overrepresented among suicide deaths, and if so, why.”<sup>6</sup>[Haas et al]**

So what to do?

1. Don't elevate self-harming to the level of 'attempted suicide'. Young gays are not killing themselves disproportionately. Don't be swayed by emotive arguments.
2. It's only a phase for most young people.
3. Delay 'coming out' – it greatly reduces suicide risk.
4. Avoid suicide awareness programmes.
5. Support conservative churches.

(Other material below)

Cochran and Mays

Am J Public Health. 2011 June; 101(6): 1133–1138. the elevated rates of attempted suicide seen among **men** with minority sexual orientation in numerous studies ... may not be matched by a similar elevated risk for suicide mortality.

Comment:

This study reinforces the above (for men).

\*\*\*\*\*

Cochran and Mays

Am J Public Health. 2015 Feb; 105(2): 358–364.

“WSW evidenced greater risk for suicide mortality than presumptively heterosexual women, but there was no evidence of similar sexual orientation–associated risk among men”

Comment:

This study appears to go against the above discussion (for women) – so much so that one would question whether it contains a flaw that would invalidate it.

\*\*\*\*\*

\*\*\*\*\*

So if it is the case that there is 'no difference' between LGB and heterosexuals as regards actual suicides, but there is a difference (perhaps to a factor of 2) as regards 'suicidal thoughts and plans', how are we to explain this? Surely by the insight of Savin-Williams above, that gays don't actually kill themselves more often than straights, but they do make what he describes as false claims of 'suicide attempts', perhaps as a cry for help, or even (it has been suggested) to support a claimed gay identity ('I was so stressed while I was in the closet, that I tried to kill myself.')

It may be worth memorising Savin-Williams' dictum:

“The assertion that sexual minority youths as a class of individuals are at increased risk for suicide is not warranted”

---

<sup>6</sup> Haas, Eliason, Mays, Mathy, Cochran, Remafedi, Beautrais, Garofalo et al  
J Homosex. 2011 Jan; 58(1): 10–51.

Also, Remafedi's observation that delaying gay identification is associated with greatly reduced suicide risk, suggests that **Stonewall should be kept out of schools**.

It does seem that partnered gay men commit suicide more than married hetero's. In Sweden a study found a factor X3. Also Danish study of older partnered men found X8. That could be explained by them finding that marriage only works for hetero's ....

The key point to notice is that there is a fundamental difference between 'suicidal thought and plans, ideation, attempted suicide etc' and \*actual\* suicide. Many studies show elevated 'suicidal thoughts and plans', but there is little evidence of elevated 'actual suicides' (except for women only in the very recent Cochran & Mays (2015) study).

\*\*\*\*\*