



# **Self Harm and Suicide Risk for Same-Sex Attracted Young People: A Family Perspective**

**Rhonda Brown**

*M Soc Sc, Grad Dip Family Therapy, Grad Dip Comm Hlth, RN, RPN*  
Family Therapist, The Bouverie Centre, Flemington, La Trobe University

## **Copyright Statement**

The Copyright Act 1968 and Digital Amendments Bill 2001 are asserted. All Rights Reserved by The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) as the publisher of the Australian e-Journal for the Advancement of Mental Health (AeJAMH).

AeJAMH is an academic publication. Its sole purpose is the dissemination of knowledge for the advancement of mental health, to as wide an audience as possible. Thus the journal is free to access by individuals and institutions. All published material is made available for the purposes of personal, educational or research activities. No further reproduction or distribution of the articles in whole or in part should proceed without the permission of the publisher. Any use of the material for other purposes, including republication and for all commercially related activities must have permission of the publisher, Auseinet, as the holder of copyright.

## **Linking Information**

AeJAMH encourages the inclusion of URLs in other electronic or printed documents, provided that no attempt is made to pass off the content as the property of the linking web site or publication. Moreover, the text itself may not be published in either medium, edited or otherwise altered. Users may apply to the Editor in Chief for authorisation to download material, copy or reprint it for uses other than those noted above. We do not grant permission for anyone to copy AeJAMH articles to their own web pages. We do not approve of web sites presenting AeJAMH articles as a frame within their web pages.

**ISSN** 1446-7984

### **Editor in Chief**

Professor Graham Martin

### **Consulting Editor**

Emeritus Professor Robert Kosky

Any enquiries about, or comments on this publication should be directed to the Editor in Chief:  
Email: [g.martin@uq.edu.au](mailto:g.martin@uq.edu.au)

Published by Australian Network for the Promotion, Prevention and Early Intervention for  
Mental Health

## ABSTRACT

*This paper presents an overview of the risks of self-harm and suicide and in particular the importance of family in mental health outcomes for same-sex attracted young people (SSAY). Young people who are same-sex attracted (SSA) experience victimisation, harassment and abuse because of their sexual identity. Those who are open about their sexuality frequently experience abuse and rejection by family and friends. Consequently they do not feel safe about 'coming-out' instead prefer to keep their feelings hidden. This silence can lead to self-harming behaviours including substance abuse, indiscriminate and unsafe sexual practices, running away and even suicide. Community ignorance, prejudice and discrimination are key contributing factors to the ongoing invisibility and isolation of SSAY. Families also struggle with prejudice and discrimination and are not always equipped to support a young person questioning their sexuality. Aware and sensitive mental health workers can assist families gain confidence in dealing with the news that a young person is same-sex attracted. Implications for mental health practitioners and a model for affirmative and sensitive practice are presented.*

## INTRODUCTION

Same-sex attracted young people (SSAY) are at greater risk of family conflict; rejection by family and friends particularly after 'coming-out'; attempted and successful suicide; mental illness; substance use and abuse; homelessness; victimisation at school; truanting and not completing school (Brown, 1999; Emslie, 1996; Harbeck, 1992; Hillier et al, 1998; Hillier and Walsh, 1999; Pilkington and D'Augelli, 1996; Smith et al, 1999). The dynamics of family relationships often make it difficult for young people to feel safe about 'coming out' instead preferring to keep their feelings hidden which can result in suicide ideation and attempted suicide. Mental health workers are continually engaging with families and the community and are therefore ideally

positioned to take a lead role in improving outcomes for SSAY. By improving responsiveness to families using an affirmative and sensitive approach mental health workers can assist families gain confidence in dealing with same-sex attraction.

## RISK OF SUICIDE

Persons identifying as homosexual are 2 to 7 times more likely than heterosexual comparison groups to attempt suicide; between 31 and 63% have attempted suicide, with those living in rural areas at higher risk (Cockran & May, 2000; Barbeler, 1992; Garofolo et al, 1999; D'Augelli & Hershberger, 1993; Remafedi, 1999; Bagley & Tremblay, 1999). It has been estimated that SSAY are up to 6 times more likely to attempt suicide (Remafedi, 1999; Bagley &

---

Contact: Rhonda Brown email: rhonda.brown@latrobe.edu.au tel: +61 3 9376 9844

Citation: Brown, R. (2002) Self harm and suicide risk for same-sex attracted young people: A family perspective. *Australian e-Journal for the Advancement of Mental Health* 1(1)  
<http://auseinet.flinders.edu.au/journal/vol1iss1/brown.pdf>

Tremblay, 1999) and comprise 30% of all completed youth suicides (Savin-Williams, 1994).

In Victoria, the rates of suicide for males has increased fourfold since 1964 and the rates for females having doubled in the same period (Department of Human Services, Victoria, 1997). An Australian study reported young gay men aged 14-24 years were 3.7 times more likely to attempt suicide, most commonly after self-identifying as gay but prior to having had a sexual experience (Nicholas and Howard, 1998). SSA young women are also more likely to attempt suicide than those identifying as heterosexual (Hillier et al, 1998). In a New Zealand study of 561 lesbians, 53% had serious thoughts about suicide and 20% had attempted suicide, 80% of which were before the age of 25 (Welch et al, 2000).

### **Risk Factors**

Reasons for increased rates of suicide among SSAY has been attributed to disapproval by family, peers and teachers and because of societal and internalised homophobia (Green, 1996). *“The risk is believed to be particularly high for adolescent gays at the time of acknowledging their sexual orientation, and exacerbated by being subjected to community violence, loss of friendship or family rejection”* (Department of Human Services, Victoria, 1997:40).

While there appears to be a link between sexual orientation and suicide risk it should not be assumed that identifying as SSA is a mental illness or will lead to mental illness. Sexual orientation is not in itself a determinant of mental health.

SSAY striving for acceptance among their peers are reluctant to identify as gay or lesbian for fear they will not be accepted within a heterosexual culture. Societal homophobia, internalised homophobia, fear of rejection and discrimination cause undue stress in the already stressful life stage of adolescence. This often results in invisibility and isolation, lowered self-esteem, depression, social withdrawal, less acceptance of self and sadly suicide ideation and attempted suicide. Repeated rejection, hostility and feelings of shame can undermine self-worth and self-efficacy and contribute to psychological distress (Kirby & Fraser, 1997).

Supportive family and friends, a sense of connectedness and opportunity to develop meaningful social and intimate relationships are vital to self-esteem and important determinants of mental health and wellbeing (VicHealth, 1999; Commonwealth Department of Health and Aged Care, 2000). For many gay men and lesbians support by friends and *not* family is associated with health, wellbeing and psychological adjustment (Green, 2000 and Lienert, 1999). Friendship networks are as critical and influential as family of origin.

### **VICTIMISATION, HARASSMENT AND ABUSE**

Significant risk factors for SSAY are victimisation, harassment and abuse due to their sexuality. In one study of SSAY, 46% had experienced abuse and 7% had experienced violence because of their sexuality (Hillier et al. 1998). This abuse was most likely to be experienced at school (69%) with verbal abuse most commonly reported (65%). SSAY are also more likely to experience and

witness violence than are those who identify as heterosexual (Hillier, et al. 1998).

Verbal and physical harassment by significant others including family and peers are associated with running away, school problems, conflict with the law, substance abuse, prostitution and suicide in SSAY (Savin-Williams, 1994; Department of Human Services, Victoria, 1997), representing a real threat to wellbeing and in some cases physical survival.

A critical time for SSAY is 'coming-out' which is associated with significant risks. 'Coming-out' is the recognition and acknowledgement of one's own sexual orientation and sexual identity as a positive aspect of oneself. It is a complex and can be a lifelong process. Rejection by family at this time is a major risk factor for SSAY (Armesto & Weisman, 2001). SSAY who have come out often experience verbal and physical abuse by family members and acknowledge more suicide ideation than those who have not come out to their families (D'Augelli et al 1998). Sexual orientation is not caused by patterns of interaction of family of origin (Long, 1996) however, the capacity for families to adjust to the news will significantly impact on SSAY mental health outcomes.

### **FAMILY RESPONSE TO 'COMING-OUT'**

Initial family reactions to 'coming-out' can be negative but often improve overtime (Patterson, 2000). Older parents, men, those with less education, and those with troubled parent/child relationships prior to disclosure are

likely to respond negatively (Savin-Williams, 1994; Armesto & Weisman, 2001; Patterson, 2000). The best predictor of outcome of 'coming-out' appears to be the quality of the prior relationship (Cohen and Savin-Williams, 1996). The better the relationship the more positive the response.

At the time of 'coming-out' SSAY report a range of family responses including pity, sorrow, sympathy, anger, worry and blame (Armesto & Weisman, 2001). In one study 25% of SSAY reported that their family had attempted to change their sexual orientation with psychotherapy, religion or forcing them to have heterosexual experiences (Paroski, 1987). Many believed their parents are ashamed of them and express some degree of guilt in causing their child's sexuality.

Patterson (2000) describes the response by parents as a two-stage process. In the first stage the family struggles to understand and assimilate the new information. The family may deny the person is SSA or simply reject the young person. Some families will remain stuck in this stage. Over time many families move through a second stage during which the family reorganises and adjusts to accommodate the shift in the young person's identity (Patterson, 2000). However, this may take a long period of time, even years. Some families may only in part move through this stage accepting some aspects while rejecting others – 'it's okay you're gay, but don't tell your grandmother' or 'it's okay the way you are but don't bring your boyfriend to family gatherings'.

Several factors may influence parents and family reactions. The family's

cultural and ethnic background can be of influence, with homosexuality more acceptable in some cultures than others. Similarly, religious beliefs and practices may affect the level of acceptance. If another family member identifies as SSA there could be better understanding and acceptance, however this could also exacerbate a negative reaction and blaming of that relative. The younger the young person is at the time of disclosure the more a family may disregard the news, consider it just a phase or be more likely to attempt to change the sexual orientation through counselling and therapy.

SSAY who are supported by family, friends and peers are likely to be better able to cope with victimisation and the negative influence of stress on mental health and be more self-accepting and comfortable with their sexual orientation (Perlesz & Proctor, 2001; Hershberger & D'Augelli, 1995; Dootson, 2000; Meyer et al, 2000; Savin-Williams, 1996).

### **AFFIRMATIVE AND SENSITIVE PRACTICE**

Mental health practitioners have a vital role in supporting, reassuring and educating families coming to terms with a young person who identifies as SSA and can act as role models and raise awareness among peers and the community. Affirmative and sensitive practice can significantly influence outcomes for SSAY and their families. Affirmative practice values "*lesbian, gay or bi-sexual identity as an equally positive experience and expression as heterosexual identity*" (Davis, 1997:25).

A practitioner must be comfortable with their own sexuality and feelings to be

sensitive and helpful to young people and their families. It is important to question one's own attitudes, fears, feelings and prejudices (Davies, 1997) toward SSAY and homosexuality and examine the reason for these attitudes and biases.

Provide space and opportunities for the young person to explore feelings ensuring privacy and confidentiality. Affirmation rather than judgement of a young person's expressed feelings and sexual attraction will more likely gain trust and encourage a young person to share their feelings. Avoid overemphasis on sexual orientation, it may not be an issue for the young person. Lesbian, gay, bi-sexual identity is one variation of a range of normal, natural and healthy sexual identities and sexual orientation may be irrelevant to the problem (Milton and Coyle, 1999).

A SSA young person may welcome support to approach their family about their sexual orientation but workers should never assume this role without the involvement and consent of the young person. While it is important to gain support of families not all families will respond favourably.

Practitioners should familiarise themselves with the language used by SSAY and avoid gender specific and 'heterosexually biased' questions (Women in the South East, 2000). Similarly, practitioners should be mindful of how information about sexuality is reported, recorded and documented. Young people will be particularly worried about their parents and families finding out, but also concerned how the information may affect other workers response to them.

Before sharing information with other workers check with the young person first.

SSAY are not a homogenous group. They come from many backgrounds and family contexts and as such should be treated with an individual approach and response. It should not be assumed how young people will choose to define themselves, that sexual attraction means being sexually active or that they are exclusively SSA. Stereotyping, either heterosexual or gay/lesbian, affects a practitioner's ability to be open to the potential a young person is SSA. Further it is not helpful to make comparisons with heterosexual population groups (Long, 1996). While there are issues similar for all adolescents there are aspects of being SSA that are very different.

#### **'Gay and Lesbian Friendly'**

Practitioners can also contribute to making their organisations more 'SSAY, gay and lesbian friendly'. Ideas among colleagues, peers or within families that aim to convert or change SSAY or encourage them to adopt a heterosexual lifestyle should be questioned and challenged. Aware and sensitive practitioners will tackle anti-gay and anti-lesbian attitudes in their workplaces as well as in the wider community.

Have gay, lesbian and SSAY information available and clearly displayed where clients and families can access the information. Develop relationships with gay and lesbian organisations, groups and support networks and provide training for workers on gay and lesbian issues to enhance an organisation's capacity to be

sensitive to SSAY, gay and lesbian clients.

#### **Families Need Information and Support**

Families need clear and factual information to help them to gain better understanding of homosexuality. Families may need assistance to work through their own homophobia, gender stereotyping and expectations. Reassure parents that they are not responsible or the cause of their child's sexuality (Davies, 1997). Encourage families to question their basic assumptions and be aware of their own feelings about same-sex attraction, working toward their ability to identify, understand and work with their feelings. Sensitive and aware practitioners will seek out and provide positive images and role models to counter negative images in the media and the community. Focus on qualities and strengths of both the young person and their family.

Encourage the family and young person to develop a support system to deal with 'coming-out'. Connect them to support groups such as P-FLAG (Parents and Friends of Lesbians and Gays)<sup>i</sup> where they can meet and share experiences with other parents and families of SSAY. Additional support and family counselling may also be helpful to work through their feelings and adjustment. A sensitive approach to families involves acknowledging, respecting and accepting that families have their own unique and subjective experience (Furlong et al, 1991).

## CONCLUSION

Adolescence is a challenging time, not least of all for a young person who identifies as same-sex attracted. SSAY are at higher risk of self-harm and suicide because of victimisation, harassment and rejection by family, friends and peers due to their sexual orientation. With family and social acceptance, understanding and support SSAY can have improved sense of self-worth, self-acceptance and efficacy. However, families often struggle with the news a young person is SSA and may initially react negatively. With assistance and support, families can

work through their own fears and feelings about homosexuality and be more able to support the SSA young person.

Affirmative and sensitive practice by mental health practitioners can assist young people and their families adjust to their new identity and lifestyle. If families are not supported to remain connected there is risk and high cost for the family and most importantly the SSAY person. Aware and sensitive practitioners can make a difference and have a responsibility to improve mental health outcomes for SSAY.

---

<sup>1</sup> P-FLAG can be contacted in Australia via their web site: [www.pflag.org.au](http://www.pflag.org.au)



## REFERENCES

- Armesto, J.C. and Weisman, A.G. (2001). Attributions and emotional reactions to the identity disclosure ('coming-out') of a homosexual child. *Family Process*, 40 (2) 145-161.
- Bagley, C. and Tremblay, P. (1997). Suicide behaviours in homosexual and bisexual males. *Crisis*, 18 (1) 24-34.
- Barbeler, V. (1992). *The Young Lesbian Report: A study of attitudes and behaviours of adolescent lesbians today*. Sydney, Twenty Ten Association.
- Brown, G. (1999). "*Here for life*" Youth Sexuality Project. Evaluation and Final Report. Perth, Western Australian AIDS Council.
- Cohen, K.M. and Savin-Williams, R.C. Developmental perspectives on coming-out to self and others. In Savin-Williams RC and Cohen KM eds. (1996). *The Lives of lesbians, gays and bisexuals: Children to adults*. New York, Harcourt, Brace, 113-151.
- Cochran, S.D. and Mays, V.M. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III. *American Journal of Public Health*. 90(4), 573-579.
- Commonwealth Department of Health and Aged Care. (2000). *Promotion, Prevention and Early Intervention for Mental Health—A Monograph*. Mental Health and Special Programs Branch, Canberra, Commonwealth Government.
- D'Augelli, A.R. and Hershberger, S.L. (1993). Lesbian, gay, and bisexual youth in community settings: personal challenges and mental health problems. *American Journal of Community Psychology*, August, 21 (4) 421- 447.
- D'Augelli, A.R. Hershberger, S.L. Pilkington, N.W. (1998). Lesbian, gay and bi-sexual youth and their families: disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry*, July 68 (3) 361- 371.
- Davis, D. Towards a model of gay affirmative therapy. In Davies D and Neal C eds. (1997) *Pink Therapy: a guide for counsellors and therapists working with lesbian, gay and bisexual clients*. Buckingham, Oxford University Press, 24-40.
- Department of Human Services, Victoria (1997). *The Victorian Suicide Prevention: Task Force Report*, Melbourne, Victorian Government.
- Dootson, L.G. (2000). Adolescent homosexuality and culturally competent nursing. *Nursing Forum*, Philadelphia, July-September.

- Emslie, M. (1996). Ignored to death: representations of young gay men, lesbians and bisexuals in Australian youth suicide policy and programs. *Youth Studies Australia*, December 15 (4).
- Fontaine, J. H. (1997). The sound of silence: Public school response to the needs of gay and lesbian youth. *Journal of Gay and Lesbian Social Services*. 7 (4) 101-109.
- Furlong, M. Young, J. Perletz, A. McLauchlin, D. and Riess, C. (1991). For Family Therapists Involved in the Treatment of Chronic and Longer Term Conditions. *Dulwich Centre Newsletter*, 4, 58-68.
- 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. *Achieves of Paediatric and Adolescent Medicine*, 153 (5) 487-493.
- Green, J. (1996). Why ask, why tell? Teaching and learning about lesbian and gays in family therapy. *Family Process*, 35 (3).
- Harbeck, K. (ed) (1992). *Coming Out of The Classroom Closet: Gay and Lesbian Students, Teachers and Curricula*. New York: Haworth Press.
- Hershberger, S.L. And D'Augelli, A.R. (1995). The impact of victimisation on the mental health and suicidality of lesbian, gay and bisexual youths. *Development Psychology*, 31 (1) 65-74.
- Hillier, L. Harrison, L. Dempsey, D. (1998). Whatever Happened to Duty of Care? Same-sex attracted Young People's Stories of Schooling and Violence. In *Sexualities and Schools*, Melbourne, Melbourne Studies in Education, 40 (2), November, 59-74.
- Hillier, L. & Walsh, J. (1999). Abused, silenced and ignored: Creating more supportive environments for same sex attracted young people. *Youth Suicide Prevention Bulletin No. 3: Australian Institute of Family Studies*, 23-27.
- Kirby, L.D. and Fraser, M. (1997). 'Risk and resilience in childhood'. In *Risk and Resilience in Childhood an Ecological Perspective*, M. Fraser (Ed). Washington, DC.NASW Press, 10-33
- Lienert, T. (1999). *Lesbians and Mental Health: Importance of Friendship*. Paper presented at Health Indifference 3 Conference, Adelaide.
- Long, J. (1996). Working with lesbians, gays and bisexuals: Addressing heterosexism in supervision. *Family Process*, 35 (3).
- Meyer, I. Rothblum, E. Bradford, J. (2000). Lesbian, gay and bisexual health concerns: mental health and mental disorders. *Journal of the Gay and Lesbian Medical Association*, September 4(3) 116 -120

Mitlon, M. and Coyle, A. (1999). Lesbian and gay affirmative psychotherapy: issues in theory and practice. *Sexual and Marital Therapy*, 14 (1) 43-59.

Nicholas, J. and Howard, J. (1998). Better to be dead than gay? Depression, suicide ideation and attempts among a sample of gay and straight identified males 18-24. *Youth Studies Australia*, 17(4) 28-33.

Paroski, P. (1987). Health Care Delivery and the Concerns of Gay and Lesbian Adolescents. *Journal of Adolescent Health Care*, pp188-192.

Patterson, C.J. (2000). Family relationships of Lesbians and Gay Men. *Journal of Marriage and the Family*, November, 62:1052-1062

Perlesz, A. and Proctor, K. (2001). *Breaking through: A whole school approach supporting sexual diversity within rural school communities*. Paper presentation, European Family Therapy Congress, Budapest, Hungary.

Pilkington, N.W. and D'Augelli, A.R. (1995). Victimization of lesbian, gay and youth in community settings. *Journal of Community Psychology*, 23 (1) 34-56.

Remafedi, G. (1999). Sexual orientation and youth suicide. *Journal of the American Medical Association*, October 282 (13) 1291-1292.

Savin-Williams, R.C. (1994). Verbal and physical abuse as stressors in the lives of lesbian, gay male and bisexual youths: associations with school problems, running away, substance abuse, prostitution and suicide. *Journal of Consultant Clinical Psychology*, April 62 (2) 261-269.

Smith, A., Lindsay, J. Rosenthal, D. (1999). Same-sex attraction, drug injection, and binge drinking among Australian adolescents. *Australian and New Zealand Journal of Public Health*. 2, 643-646.

VicHealth. (1999). *Mental Health Promotion Plan, 1999 - 2002*. Melbourne, Victorian Health Promotion Foundation.

Welch, S. Collings, S. Howden-Chapman, P. (2000). Lesbians in New Zealand: their mental health and satisfaction with mental health services. *Australian and New Zealand Journal of Psychiatry*, 34: 256-263.

Women in the South East. (2000). *Toward Lesbian Visibility in Health Services*. Frankston, Victoria, Women in the South East.