

Gay Teens and Attempted Suicide

By Dale O'Leary

Self-identified gay teenagers are at greater risk than straight teenagers to attempt suicide. Gay activists say this problem is due to social homophobia, and that it will be remedied when society puts its stamp of approval on homosexuality.

Activists have grossly exaggerated the number of gay teenagers who have actually died by suicide (1). Nevertheless there is substantial evidence that such teenagers are at greater risk to *attempt* suicide, and thus it is important to examine the possible contributing factors.

Researchers Remafedi, Farrow, and Deisher (2) compared gay and bisexual adolescents who had attempted suicide, to a group of those who had not. The two groups totalled 137 males, aged 14 to 21. Of that number, 41 (30%) had made at least one suicide attempt.

From this study we see that gay teens that attempt suicide tend to be involved to an alarming degree in drug use, early sexual activity, and prostitution--activities which also predominate in the histories of straight teens who attempt suicide.

The researchers say that suicide attempts appear to be related to "coming out' at a younger age, gender atypicality, low self-esteem, substance abuse, running away, involvement in prostitution, and other psychosocial morbidities." In 44% of cases, subjects attributed the suicide attempts to "family problems, including conflict with family members and parents' marital discord, divorce, or alcoholism."

In fact, psychology has long known that homosexuality is associated with dysfunctional family structures. Statistically, gay men tend to report poor childhood relationships with their fathers, while lesbian women tend to report poor childhood relationships with their mothers (Bell, Weinberg and Hammersmith). Thus "society's oppression" seems an incomplete and misleading explanation for suicidal ideation in gay teenagers.

Among the Remafedi study's findings:

Early Self-Identification as Gay: Subjects who had viewed themselves as homosexual or bisexual at an earlier age were more likely to attempt suicide.

Early Sexual Activity: Teens who had attempted suicide were more likely to have had sexual experiences at an early age.

Broken Homes: Only 27% of suicide attempters had parents who were married (vs. 50% of the non-attempters).

Sexual Molestation: 61% of the suicide attempters had been sexually abused (vs. only 29% of the non-attempters).

Illegal Drug Use: 85% of the attempters had used illicit drugs (vs. 63% of non-attempters).

Illegal Activities: 51% of the attempters had been arrested (vs. only 28% of non-attempters).

Prostitution: 29% of the attempters had been involved in prostitution (vs. 17% of non-attempters).

Gender Conflicts: 36.6% of the attempters were classified as feminine (vs. 17.7% of non-attempters).

Effeminate Gay Males are Most at Risk

Homosexually-oriented adolescents classified as "feminine" are at the highest risk for suicide attempts, drug abuse, prostitution, arrest, and, by implication, the deadly health problems associated with unprotected anal sex. The earlier these teens self-identify as homosexual, and the more "out" they are, the greater the risk of negative lifestyle factors, according to the study.

Why is Treatment Not Recommended?

The tragedy is that there is a treatment for effeminate boys, starting at toddler age, who suffer from Gender Identity Disorder of Childhood -- that is, males who report the persistent wish to be a female. Boys who learn to be happy about being boys are far less likely to suffer the scapegoating and peer rejection that isolates them from contact with their own gender and thus prevents normal male bonding experiences.

Most prehomosexual boys are not explicitly effeminate, but nonetheless are experiencing gender-identity conflict, same-sex peer isolation, and a sense of alienation from their fathers. The same is true for girls who are suffering from gender-identity conflict. Treatment is available for these children, but instead psychotherapists often use the politically correct approach to "accept oneself as gay" rather than addressing the root problem of gender alienation from one's own gender.

Parents concerned about prehomosexuality in their children are often told by their pediatricians not to worry, that

no treatment is available, and that the child is genetically destined to be homosexual--even though research scientists know that homosexuality is likely due to a combination of temperamental characteristics (such as sensitivity or risk avoidance), environmental influences, and learned behavior patterns, and is not simply "inborn" and pre-determined like eye color.

The Problem of Sexual Abuse

When an adolescent self-identifies as gay or bisexual, health-care professionals should ask, "Was this child sexually abused?" The Remafedi study reveals that 61% of self-identified gay teens who had attempted suicide had a history of sexual abuse. Sometimes a boy may not recognize an early sexual experience as abuse, but instead see it as confirmation that he is homosexual. Even adults may fail to see the incident as abuse when the abuser is another same-sexed child or adolescent. An experience of same-sex sex often establishes a lifelong sexual habit pattern in a child who is starved for same-sex attention, affection and affirmation.

The gay lobby has demanded that boys with GID be labeled as prehomosexual, and that schools and psychotherapists counsel their parents to accept the condition as normal, desirable, and unchangeable. Parents, however, have a right to know the truth, and to have access to treatment.

Today, schools issue dire warnings on the (comparatively miniscule) dangers of smoking, and tobacco companies have become liable in some cases for damages. Someday, perhaps, parents who have watched a son die of AIDS will decide to sue their pediatrician because when they brought the child for treatment for GID, they were told not to worry, or that nothing could be done. Perhaps the parents of another boy will bring suit against a school system which labeled the child as unchangeably homosexual and turned him over to a gay support group, where he contracted AIDS.

In both cases, proper diagnosis and treatment might have prevented a negative outcome.

References

1. LaBarbera, Peter, "Gay Youth Suicide: Myth is Used to Promote Homosexual Agenda," published by the Family Research Council.
2. Remafedi, G., Farrow, J., Deisher, R. (1991) Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 87: 869 - 875.
3. Bell, A., Weinberg, M., and Hammersmith, S. (1981) *Sexual Preference*. Bloomington, IN.: Indiana U. Press.