



Published in final edited form as:

Am J Public Health. 2013 January ; 103(1): 70–72. doi:10.2105/AJPH.2012.300797.

Victimization and Suicidality among Dutch Lesbian, Gay, and Bisexual Youth

Abstract

This study among 274 Dutch lesbian, gay, and bisexual (LGB) youth showed that victimization at school was associated with suicidal ideation and actual suicide attempts. Homophobic rejection by parents was also associated with actual suicide attempts. Suicidality in this population could be reduced by supporting coping strategies of LGB youth who are confronted with stigmatization by peers and parents, and by schools actively promoting acceptance of same-sex sexuality.

Studies have shown that rates of suicidal ideation and suicide attempts among lesbian, gay, and bisexual (LGB) youth are higher than among heterosexually identified youth (1). Also, suicide attempts in LGB adolescents are positively associated with the parents' negative responses to their offspring's sexual orientation (2) Furthermore, victimization at school is positively related to lifetime suicide attempts and to suicidal ideation in the previous year (3,4). While LGB adolescents experience victimization in various social contexts, it is not clear which social context (parents, family members outside the nuclear family, school, and neighborhood) is most crucial in determining suicidality. The present study is one of the first studies to examine this issue.

Method

Data for this analysis come from a broader study of LGB youth conducted by the Netherlands Institute for Social Research. Participants for this survey were recruited using various strategies, including banners on websites and flyers handed out at LGB parties across the Netherlands. The target group was addressed as "boys who (also) feel attracted to boys" and "girls who (also) feel attracted to girls." For the present analysis we included youths who were enrolled in secondary education, because of our interest in the relative importance of victimization in the school environment. This resulted in a sample of 274

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Contributors

D.D. van Bergen designed the study and the questionnaire, conducted participant recruitment and data collection, helped with analyses, did the writing and interpretation. H.M.W. Bos: helped with design of the study, conducted analyses, did the writing and interpretation. J. van Lisdonk designed the questionnaire, conducted participant recruitment and commented on drafts. S. Keuzenkamp oversaw the project design, helped with the questionnaire and interpretation of data, and commented on drafts. T.G.M. Sandfort commented on the analyses and the draft, and the interpretation of data.

Human Participant Protection

The study was approved by the internal review board of the Netherlands Institute for Social Research. According to Dutch law no approval is required from an Ethics Committee. Youth were given information about the study, its aims and contents online before participating in the survey. All participants were offered a list of resources in case they needed information or help.

participants (table 1). Ethnicity was classified by the investigators as Dutch/ Western or Non-Western, based on the country of birth of the parents.

Data come from an internet survey. Lifetime suicidal ideation and suicide attempts were each measured with one item (1 = no, 2 = yes). Experiences of homophobic victimization in the preceding 12 months by parents, family members outside the nuclear family, at school, and by people in the neighborhood were measured with 1-item questions; for example, "Have you in the preceding 12 months been victimized at your school due to your same-sex attraction?" (1= never – 5=very often). We combined values 3, 4, and 5 because preliminary analyses showed that they were used relatively infrequently (see also 5).

Results

Of the participants, 63.9% and 12.8% reported suicidal ideation and suicidal attempts, respectively (no significant gender differences; Table 1). These percentages are much higher than those found in a representative study among 18- to 24-year-old individuals in the Dutch population, which showed that 10.3% had ever "felt so down that they had thought about killing themselves," and 2.2% had attempted suicide (6).

In our study, boys were more likely than girls to report victimization at school and in the neighborhood. No significant gender differences were found in experiences of victimization by parents and by family members outside the nuclear family (Table 1).

Logistic regression analyses showed that after controlling for gender, age, education, and ethnicity, victimization at school and victimization in the neighborhood were associated with suicidal ideation. For suicide attempts, there were significant associations with victimization by parents and victimization at school (Table 2). Wald tests showed that experiences with victimization at school was the strongest predictor for both suicidal ideation and suicide attempts. Participants who reported more victimization at school also reported more often suicidal ideation and attempts; however for victimization in the neighborhood the odds ratio was lower than 1.00 for suicidal ideation indicating a reverse effect.

Discussion

Despite the relatively positive attitude toward gay and lesbian people in the Netherlands (7), this study suggests that suicidality among Dutch LGB youth is significantly higher than among heterosexual youth. This is in line with the findings of studies both among LGB youth in other countries (1) and among Dutch LGB adults (8).

Our findings furthermore suggest that the impact of victimization on suicidality depends on the context in which the victimization takes place: Negative reactions at school (probably by peers) were related to both suicidal ideation and suicide attempts, while negative reactions by parents were only related to suicide attempts. Victimization in the neighborhood was only related to suicidal ideation; however, based on our study it is not clear why a reverse effect was found. Although negative reactions from parents were related to suicidality among LGB youth, it should be noted that victimization at school was the strongest predictor. This is an important finding because school is one of the primary settings in which social interactions between adolescents occur.

The relatively less important role of the parents might indicate the increasing importance of peers in this particular stage of life (9); future research should explore potential explanations for this differential impact.

Due to the cross-sectional design of the study and the fact that stigmatization was assessed regarding the previous year and suicidality on a lifetime basis, it is impossible to establish causality. Notwithstanding these limitations, it can be concluded that preventive measures against suicidality should be focused on the impact of victimization by peers, parents, and other people in the broader environment of LGB youth. This would reduce the heightened suicide risk in this population.

Acknowledgments

1 The research was conducted as part of a larger Dutch study which aimed to monitor the acceptance of homosexuality in the Netherlands, at the request of as well as funded by the Dutch ministry of Education, Culture and Science.

2 Theo Sandfort's contribution to this study was supported by a center grant from the National Institute of Mental Health to the HIV Center for Clinical and Behavioral Studies at NY State Psychiatric Institute and Columbia University (P30-MH43520; PI: Anke A. Ehrhardt, Ph.D.).

References

1. Russell ST, Joyner K. Adolescent sexual orientation and suicide risk: evidence from a national study. *Am J of Public Health*. 2001; 91:1276–1281. [PubMed: 11499118]
2. Ryan C, Huebner D, Diaz RM, Sanchez J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*. 2009; 123:346–352. [PubMed: 19117902]
3. D'Augelli AR, Pilkington NW, Hershberger SL. Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychol Quart*. 2002; 17:148–167.
4. Bontempo DE, D'Augelli AR. Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *J Adolescent Health*. 2002:364–374.
5. Van Lisdonk J, Van Bergen D, Hospers H, Keuzenkamp S. The importance of gender, gender conformity and context on perceived stigma: Experiences of same-sex attracted youth. *Sex Roles*. Submitted.
6. Ten Have, M.; Van Dorsselaer, S.; Tuithof, M.; De Graaf, R. Nieuwe gegevens over suïciditeit in de bevolking. Resultaten van de 'Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2). [Recent findings on suicidality in the Dutch population] Utrecht: Trimbos Instituut/ Netherlands Institute of Mental Health and Addiction; 2011.
7. Keuzenkamp, S. Acceptatie van homoseksualiteit in Nederland 2011. International vergelijking, ontwikkelingen en actuele situatie. [Acceptance of homosexuality in the Netherlands 2011. International comparison, trends and current situation] The Hague: The Netherlands Institute for Social Research; 2011.
8. De Graaf R, Sandfort TGM, ten Have M. Suicidality and sexual orientation: Differences between men and women in a general population-based sample from the Netherlands. *Arch Sexual Behav*. 2006; 35:253–262.
9. Brown, BB.; Larson, J. Peer relationships in adolescence. In: Lerner, RM.; Steinberg, L., editors. *Handbook of adolescent psychology*. 3rd edition. Wiley; Hoboken, NJ: 2009. p. 74-103.

Sample Demographics, Perceived Experiences of Stigmatization in Diverse Social Contexts, suicidal Ideation, and Suicidal Attempts, Separately for Girls and Boys

Table 1

	Girls N = 168	Boys N = 106	Total N = 274	χ^2/F	P
Age				.66	.418
<i>M</i>	16.80	16.72	16.77		
<i>SD</i>	.81	.79	.80		
Education				2.86	.239
Vocational education	22 (13.1 %)	22 (20.8 %)	044 (16.1 %)		
Higher intermediate education	59 (35.1 %)	35 (33.0 %)	094 (34.3 %)		
Pre-university education	87 (51.8 %)	49 (46.2 %)	136 (49.6 %)		
Ethnicity				8.16	.004
Dutch/Western	164 (97.6 %)	94 (89.5 %)	258 (94.5 %)		
Non-Western	004 (02.4 %)	11 (10.5 %)	015 (05.5%)		
Experienced stigmatization by parents				.81	.368
<i>M</i>	1.25	1.19	1.23		
<i>SD</i>	.60	.46	.55		
Experienced stigmatization by other family members (outside the nuclear family)				.59	.443
<i>M</i>	1.13	1.09	1.12		
<i>SD</i>	.42	.33	.38		
Experienced stigmatization in school context				8.95	.003
<i>M</i>	1.54	1.81	1.64		
<i>SD</i>	.70	.81	.75		
Experienced stigmatization in neighborhood				12.15	.001
<i>M</i>	1.35	1.63	1.46		
<i>SD</i>	.56	.72	.64		
Suicidal ideation				.19	.661
No (<i>n</i> , %)	059 (35.1 %)	40 (37.7 %)	99 (36.1 %)		
Yes (<i>n</i> , %)	109 (64.9 %)	66 (62.3 %)	175 (63.9 %)		
Suicide attempts				2.85	.092

	Girls N = 168	Boys N = 106	Total N = 274	χ^2/F	P
No (n, %)	142 (84.5 %)	97 (91.5 %)	239 (87.2 %)		
Yes (n, %)	026 (15.5 %)	09 (08.5 %)	035 (12.8 %)		

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Table 2

Logistic Regression Results Perceived Experiences of Victimization in Different Social Contexts as Predictors of Suicidal Ideation and Suicide Attempts¹

	Adjusted Odd Ratio (95% CI)	Wald	<i>p</i>
Suicidal ideation			
Victimization by parents	1.28 (0.74, 2.22)	0.78	.378
Victimization by other family members	1.90 (0.77, 4.69)	1.95	.162
Victimization in school context	1.66 (1.06, 2.60)	4.96	.026
Victimization in the neighborhood	0.59 (0.35, 0.97)	4.35	.037
Chi ² (df = 8) = 19.23; <i>p</i> = .014 Nagelkerke R ² = .09			
Suicide attempts			
Victimization by parents	1.78 (1.00, 3.17)	3.80	.051
Victimization by other family members	0.82 (0.33, 2.03)	0.18	.673
Victimization in school context	1.98 (1.08, 3.62)	4.94	.026
Victimization in the neighborhood	0.93 (0.46, 1.85)	0.05	.831
Chi ² (df = 8) = 29.44; <i>p</i> < .0001 Nagelkerke R ² = .19			

¹Adjusted Odds Ratio are controlled for gender, age, education and ethnicity