

A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation among Lesbian, Gay and Bisexual Individuals

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ABSTRACT

Objective: To study the relationship between victimization, depression, and suicide ideation among lesbian, gay, and bisexual (LGB) individuals. **Methods:** From a narrative overview of the literature, synthesizing the findings of the relationship between victimization, depression, and suicide ideation among LGB individuals, from a search of relevant database, 3,685 journal articles were retrieved – of which 16 met the study’s inclusion criteria. **Results and Discussion:** Victimization represents a highly stressful experience for the individual involved. Individuals perceived as sexual minorities (i.e., gay, lesbian, bisexual, or transgendered) are specific targets of victimization. Compared to their heterosexual counterparts, sexual minority individuals are more likely to report sexual minority-specific victimization. Sexual minorities are more vulnerable to poor mental health outcomes (e.g., the symptoms of depression) than sexual majorities. This is related to LGBT victimization. Sexual minorities are more likely to report having suicide ideation and attempt than heterosexual individuals. This is associated with LGBT victimization. There is a significant relationship between symptoms of depression and the lifetime history of suicide ideation and attempt among LGBT individuals.

Keywords: *Sexual Minority; Victimization; Depression; Suicide; Self-Harm; Risk Behavior*

There is a popular consensus among researchers that victimization represents a highly stressful experience for its victim (O’Brennan et al., 2009; Rigby, 2003). In examining the specific targets of victimization, several studies have suggested that individuals perceived as sexual minorities (i.e., gay, lesbian, bisexual, and transgendered) are particularly vulnerable. This is especially true among sexual minority youths (Berlan et al., 2010; Williams et al., 2003). For instance,

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Received: January 18, 2017; Revision Received: March 18, 2017; Accepted: March 23, 2017

A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation among Lesbian, Gay and Bisexual Individuals

D'Augelli et al. (2002), in investigating the incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school, indicated that LGB youths report more frequent experiences of victimization, e.g., verbal, physical, and homophobic bullying, than their heterosexual peers. According to Harris Interactive, Gay, Lesbian & Straight Education Network (2005), a survey of school safety among a national sample of students found that LGB students were three times more likely to feel unsafe at school than their heterosexual peers, and 90% of LGB students reported having been verbally or physically harassed.

Victimization has been linked to compromised emotional health and suicidal ideation (Eisenberg & Aalsma, 2005). The combination of LGB identity and victimization predicts high levels of mental health problems and risk behaviors (Meyer, 1995). The *Minority Stress Model* is the most widely adopted theoretical framework in explaining this phenomenon, in which it posits that hegemonic structures upholding heterosexism and homophobia create stressors (e.g., discrimination, stigma, victimization), which may result in mental health issues and risk behaviors among those with minority status (Meyer, 1995). For example, Wilkinson and Person (2009) indicated that youths who attend schools with cultures that are likely to stigmatize LGB youths are more susceptible to mental health problems. Shields et al. (2012), in investigating the impact of victimization on risk of suicide among LGB high school students in San Francisco, stated that LGB individuals who are being victimized have higher odds of attempting suicide or planning to complete suicide. Espelage et al. (2008), in examining homophobic teasing, psychological outcomes, and sexual orientation among high school students, argued that LGB individuals who experience homophobic teasing – including those who question their sexual orientation – are more likely to have depression and suicidal feelings than heterosexual individuals.

It has been suggested that, independent of other suicide risk factors, victimization is a significant risk factor for suicide ideation among LGB individuals (Brunstein et al., 2010; Bontempo et al., 2002). Meanwhile, Silenzio et al. (2007) proposed that suicide ideation among sexual minorities is associated with depression. The purpose of this narrative review is to examine current existing literature and studies in discussing the relationship between victimization, depression, and suicide ideation among lesbian, gay, and bisexual (LGB) individuals.

METHODS

A comprehensive search of three selected computer databases – EBSCOHOST, Springer, and ScienceDirect – using the search criteria {LGBT OR "sexual minority" OR homosexual* OR gay OR lesbian OR bisexual AND bully* OR victim* AND depress* OR "mental health" AND suicide* OR "self-harm" OR "risk behavior"} for the period 2000 to 2015, was conducted. Journal articles were included for the current narrative review, if they met the following criteria: (1) available in full text, (2) the association of sexual minorities or LGB individuals with any of

A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation among Lesbian, Gay and Bisexual Individuals

these factors: victimization, bullying, mental health problems, depression, suicide ideation, and/or risk behaviors, and (3) a sample consisted of adolescents, youths, young adults, and/or adults. For EBSCOHOST, of the 79 studies identified, only 12 met the inclusion criteria. For Springer, the search yielded 2,793 results of which only two were selected. For ScienceDirect, the search yielded 813 results of which only two were selected. Overall, 16 journal articles that met the inclusion criteria were chosen for the current narrative review.

RESULTS

Reference	Sample	Test	Design	Results	
Mustanski & Liu, 2012	United States of America; 237 LGBT participants; 16-20 years old; 47.7% males, 52.3%; 61.6 % gay/lesbian, 28.7 % bisexual, and 9.7 % other (i.e., questioning, queer, unsure).	Diagnostic Interview Schedule for Children (DISC) computerized version 4.0	A structured psychiatric interview (assessing clinical depression, conduct disorder symptoms, and past and prospective suicide attempts over a 1-year follow-up period)	Out of 9 variables examined, 7 were related to lifetime history of attempted suicide: hopelessness, depression symptoms, conduct disorder symptoms, impulsivity, victimization, age of first same-sex attraction, and low family support.	
		6-item Brief Hopelessness Scale (adapted from Hopelessness Scale for Children)	Questionnaires (measuring general risk factors for suicide attempts: hopelessness, impulsiveness, and perceived social support; LGBT specific suicide risk factors: gender nonconformity, age of first same-sex attraction, and LGBT victimization)	Depressive symptoms and hopelessness mediated the relation between multiple risk and resilience factors and suicide attempts.	
		Barratt Impulsiveness Scale (BIS-11)			Suicide attempt history was the strongest predictor of prospective suicide attempts.
		The Multidimensional Scale of Perceived Social Support (MSPSS)			
		5-item Boyhood Gender Conformity Scale in males and a validated 4-item adaptation for girls.			
		An item from the Sexual Risk Behavior Assessment Schedule for Homosexual Youths.			
		A 10-item measure assessed the frequency of lifetime experiences of victimization "because you are, or		Participants who previously attempted suicide (31.6 % of the sample) had more than 10 times	

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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		were thought to be, gay, lesbian, bisexual, or transgender”.		greater odds of making another attempt in the 1-year follow-up period than were those who had made no previous attempt.
Russell & Joyner, 2001	United States of America; 6254 adolescent girls and 5686 adolescents; same-sex relationships: 1.1% of boys and 2.0% of girls, same-sex romantic attractions: 7.3% of boys and 5% of girls, both same-sex romantic attraction and relationship: 0.5% of boys and girls.	<p>Two dichotomous reports of suicidal thoughts and behaviors.</p> <p>Hopelessness was measured with a single item: “You felt hopeful about the future.”</p> <p>Center for Epidemiologic Studies – Depression inventory (CES-D)</p> <p>Alcohol abuse was measured with the sum of 9 items that indicate problems associated with alcohol use during the past 12 months.</p> <p>Two questions pertained to recent experiences with suicide.</p> <p>Victimization was measured with affirmative responses to any of the following 4 items: “Someone pulled a knife or gun on you,” “You were jumped,” “Someone shot you,” and “Someone cut or stabbed you.”</p>	<p>Audio computer-aided self-interview</p> <p>Survey</p>	<p>There is a strong link between adolescent sexual orientation and suicidal thoughts and behaviors.</p> <p>The strong effect of sexual orientation on suicidal thoughts is mediated by critical youth suicide risk factors, including depression, hopelessness, alcohol abuse, recent suicide attempts by a peer or a family member, and experiences of victimization.</p>

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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Patrick et al., 2013	United States of America; 27,752 adolescents in public school grades 8, 10, and 12.	<p>Bullying – A binary measure derived from the survey question: “In the past 30 days, how often were you bullied, harassed, or intimidated at school or on your way to or from school because someone thought you were gay, lesbian or bisexual (whether you are or are not)?”</p> <p>Youth QOL Instrument – Healthy Youth Survey Version (YQOL – HYS)</p> <p>Depression and suicide ideation – A binary measure of depressed mood was derived from the question “During the past 12 months, did you ever feel so sad or hopeless almost every day for 2 weeks or more in a row that you stopped doing some usual activities?” Students who answered “yes” were asked about suicide ideation: “During the past 12 months, did you ever seriously consider attempting suicide?”</p>	Survey	<p>Among male students, 14%, 11%, and 9% reported being bullied because of perceived sexual orientation in 8th, 10th, and 12th grades, respectively; and among female students, 11%, 10%, and 6%.</p> <p>In all gender and grade strata, being bullied because of PSO was associated with lower quality of life scores and increased the odds of depressed mood or consideration of suicide. Moreover, the magnitudes of these associations were greater than for being bullied for other reasons.</p>
Walls et al., 2012	United States of America; sexual minority youths and	Two questions regarding victimization: (1) Physical harassment and attack by a family	Survey	Prevalence of cutting was higher than that found in community-based samples of similar

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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	young adults (n = 265)	<p>member because of sexual orientation or gender identity, (2) Harassment at school because of perceived sexual orientation or gender identity.</p> <p>Experiences of homelessness: Whether respondents had slept on someone's couch, outside, or in a shelter because they had nowhere else to go.</p> <p>Two questions regarding mental health: (1) Depressed feelings, (2) the number of suicide attempts in the past 12 months.</p> <p>Four questions regarding legal and illegal drug use: (1&2) The frequency of tobacco and alcohol usage in the previous 30 days, (3&4) lifetime usage of methamphetamines and inhalants.</p> <p>Level of "outness" – a Likert-type scale ranging from "very out" to "not at all out."</p> <p>Social support: Respondents were asked whether they had a teacher, counselor, social worker, or other adult</p>		<p>age groups. However, similar patterns of risk were found with regard to peer victimization, homelessness, suicidality, and depression.</p> <p>Female and transgender respondents were more likely to have engaged in cutting behavior than were malerespondents.</p> <p>No significant race-based differences emerged.</p> <p>Both age and having knowledge of a supportive adult were associated with decreased likelihood of cutting.</p> <p>Additional findings link higher levels of "outness," higher occurrence of suicidality among social network, and higher rates of smoking to increased likelihood of cutting.</p>

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

Reference	Sample	Test	Design	Results
		<p>in their school or college who they felt safe talking to about their sexual orientation or gender identity.</p> <p>A question about the prevalence of suicide among the participant's network of friends.</p> <p>Two questions regarding cutting behavior: (1) Frequency, (2) Activities helped the respondent refrain from engaging in cutting behavior.</p>		
Blosnich&Bossarte, 2012	United States of America; a national sample of college-attending 18- to 24-year-olds, n = 8,576; male = 3,150, female = 5,426; gay/lesbian = 21%, bisexual = 29.2%, heterosexual = 49.8%.	<p>Violence-related stressors: Reports of experiencing physical assault, sexual assault or intimate partner violence in the last 12 months.</p> <p>Familial strain: A question that asked respondents if, in the past 12 months, they had family problems that were either traumatic or very difficult to handle.</p> <p>One item asked respondents whether they had experienced discrimination in the last 12 months and whether it affected their academic performance and to what degree it</p>	Survey (paper-and-pencil or Web based format or both)	<p>Sexual minorities reported more socially based stressors than heterosexuals.</p> <p>Significantly higher prevalence of self-injurious behavior, suicide ideation, and suicide attempt among sexual minorities relative to their heterosexual peers.</p> <p>Bisexuals exhibited greatest prevalence of self-injurious and suicidal behaviors.</p> <p>In adjusted models, intimate partner violence was most consistently associated with self-</p>

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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		affected their schooling.		injurious behaviors.
		Mental health: Self-injurious behavior, suicide ideation, and suicide attempt in the last 12 months.		
LeVasseur et al., 2013	United States of America; 11,488 respondents; male = 47.8%, female = 52.2%; sexual minority = 7.9%.	Suicide attempt: "During the past 12 months, how many times did you actually attempt suicide?" School bullying: "During the past 12 months, have you ever been bullied on school property?"	Survey	Compared with non-sexual minority youths, sexual minority youths had 4.39 and 1.96 times higher odds, respectively, of attempting suicide and reporting bullying. Those who reported bullying, who identified as sexual minorities, who identified as Hispanic, and who were female were more likely to report suicide attempt. These identities appear to interact with one another to modify the relationship between reported bullying and reported suicide attempt.
Russell et al., 2011	United States of America; 245 California-based LGBT young adults between the ages of 21 and	A 10-item retrospective scale assessed school victimization due to actual or perceived LGBT status between the ages of 13 and 19 years (adapted from	Survey	Lesbian, gay, bisexual, and transgender-related school victimization is strongly linked to young adult mental health and risk for STDs and HIV;

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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	25 years; male = 46.5%, female = 44.9%, transgender = 8.6%.	the California Healthy Kids Survey measure on violence, safety, harassment, and bullying). Victimization occurred due to reasons other than perceived or actual LGBT identity: Race or weight. 20-item version of the Center for Epidemiologic Studies-Depression Scale (CES-D) One item on suicidal ideation; one item on suicide attempt, and one item on serious attempts that required medical attention. Life satisfaction: An 8-item scale The 10-item Rosenberg Self-Esteem Scale Heavy drinking behavior: Two items Problems due to substance use and abuse: Four items Sexual risk: (1) Diagnosis of a sexually transmitted disease, (2) Risk for HIV infection over the past 6 months.		there is no strong association with substance use or abuse. Elevated levels of depression and suicidal ideation among males can be explained by their high rates of LGBT school victimization.

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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Hightow-Weidman et al., 2011	United States of America; 351 racial/ethnic minority young men who have sex with men (YMSM); mean age = 20.4; gay = 65.5%, bisexual = 20.5%; African-American = 67.5%, Latino = 20.2%, multiracial = 12.3%.	Racial bullying: Two items Sexuality-related bullying: Three items The Center for Epidemiologic Studies Depression Scale (CES-D) Two other indicators to measure emotional distress: (1) Suicidal ideation, (2) Prior acts of self-harm. Support from family: Two items Support from close friends: One item Parental abuse: One item	Survey	Overall 36% and 85% of participants experienced racial and sexuality-related bullying, respectively. There was a significant association between experiencing a high level of sexuality-related bullying and depressive symptomatology (p = 0.03), having attempted suicide (p = 0.03), and reporting parental abuse (p = 0.05). No association between racial bullying and suicide attempts was found. In a multivariable logistic regression model, experiencing any racial bullying and high sexuality-related bullying were significant predictors of having a CES-D (The Center for Epidemiologic Studies Depression Scale) score ≥ 16 ; adjusted odds ratio (OR) 1.83 and 2.29, respectively.
Burton et al., 2013	United States of America; 192 adolescents ranging in age	Victimization due to actual or perceived sexual minority status was measured at waves 1 and 2 by four	Survey Longitudinal study	Compared to heterosexual youth, sexual minority youth reported higher levels of

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

Reference	Sample	Test	Design	Results
	from 14 to 19; sexual minority = 29% (female = 25%, male = 4%, White = 6%, racial/ethnic minority = 23%), heterosexual = 71% (female = 45%, male = 50%, White = 28%, racial/ethnic minority = 43%).	items that assessed the frequency during the past 6 months of being teased/bullied, hit/beaten up, treated unfairly, or called bad names because someone thought the participant was gay/lesbian. Center for Epidemiologic Studies Depression Scale (CES-D) Lifetime history of suicidal thoughts and intent: Wave 1 “Have you ever thought about or attempted to kill yourself?”, Wave 2 “In the past 6 months have you ever thought about or attempted to kill yourself?”		sexual minority-specific victimization, depressive symptoms, and suicidality. Sexual minority-specific victimization significantly mediated the effect of sexual minority status on depressive symptoms and suicidality. The results support the minority stress hypothesis that targeted harassment and victimization are partly responsible for the higher levels of depressive symptoms and suicidality found in sexual minority youth.
Mueller et al., 2015	United States of America; 75,344 adolescents; heterosexual = 93.49%, gay or lesbian = 1.76%, bisexual = 4.76%; White = 49.40%, Black = 19.8%, Hispanic = 30.80%	Suicide ideation: “During the past 12 months, did you ever seriously consider attempting suicide?” Bullying: (1) “During the past 12 months, have you been bullied on school property?”, (2) “During the past 12 months, have you ever been electronically bullied (include being bullied through e-mail, chat rooms, instant	Survey	White and Hispanic gay and bisexual males, white lesbian and bisexual females, and Hispanic bisexual females were more likely to be bullied than were white heterosexual adolescents. Black lesbian, gay, and bisexual youths' vulnerability to being bullied was not significantly

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

Reference	Sample	Test	Design	Results
		messaging, Web sites, or texting)?"		<p>different from that of white heterosexual youths.</p> <p>Black and Hispanic heterosexual youths were less likely to be bullied than were white heterosexual youths.</p> <p>Despite differences in the likelihood of being bullied, sexual minority youths were more likely to report suicide ideation, regardless of their race/ethnicity, their gender, or whether they have been bullied.</p>
Ferlatte et al., 2015	Canada; 8,382 Canadian men; gay = 64.5%, bisexual = 32.5%, heterosexual = 2.1%, other = 1.0%.	<p>Suicide related ideation and behavior: (1) "Have you ever thought about suicide?", (2) "Have you ever attempted suicide?". (prior to the last 12 months, within the last 12 months, or both prior to and within the last 12 months).</p> <p>Lifetime experiences of anti-gay marginalization and violence: (1) Verbal violence and/or hate talk, (2) Physical violence, (3) Anti-gay bullying (i.e. harassment, cyber-bullying), (4) Sexual violence (i.e.</p>	Survey	<p>Suicide ideation and attempts were positively associated with each individual marginalization indicator (verbal violence, physical violence, bullying, sexual violence and work discrimination) and psychosocial health problems (smoking, party drugs, depression, anxiety, STIs, HIV risk and HIV).</p> <p>Furthermore, prevalence of suicide ideation and attempts increased with each added</p>

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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		<p>unwanted sex), and (5) workplace discrimination based on their sexuality.</p> <p>Psychosocial health problems: Experiences in the last 12 months: (1) Frequent consumption of tobacco (regular/daily smokers), (2) Use of one or multiple of the following party drugs, (3) Being on medication for depression, (4) Being on medication for anxiety, (5) Being diagnosed with one or more sexually transmitted infections (STIs), (6) One or more episodes of condomless anal intercourse (insertive or receptive) with a partner (CAI-US), whose HIV status was unknown or discordant, and (7) Have ever been diagnosed with HIV.</p>		<p>psychosocial health problem.</p> <p>Those who reported 3 or more had 6.90 (5.47–8.70) times the odds of experiencing suicide ideation and 16.29 (9.82–27.02) times the odds of a suicide attempt compared to those with no psychosocial health problems.</p>
Bergen et al., 2013	Netherlands; 274 Dutch lesbian, gay, and bisexual youths.	<p>Lifetime suicidal ideation and suicide attempts were each measured with 1 item (1 = no; 2 = yes).</p> <p>Experiences of homophobic victimization in the preceding 12 months by parents, family members outside the nuclear family, at</p>	Survey	<p>Suicidality among Dutch LGB youths is significantly higher than among heterosexual youths.</p> <p>The impact of victimization on suicidality depends on the context in which the victimization takes place. Negative</p>

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

Reference	Sample	Test	Design	Results
		school, and by people in the neighborhood were measured with 1-item questions.		<p>reactions at school were related to both suicidal ideation and suicide attempts, whereas negative reactions by parents were only related to suicide attempts.</p> <p>Although negative reactions from parents were related to suicidality among LGB youths, it should be noted that victimization at school was the strongest predictor.</p>
Muehlenkamp et al., 2015	United States of America; 137 college students who were at least 18 years old, identified as a sexual minority.	<p>Schedule of Sexually Discriminatory Events (SSDE; House, Coppeans, & Stepleman: <i>The Schedule of Sexually Discriminatory Events</i>, unpublished)</p> <p>Expectation of rejection: A self-designed series of questions asking participants about their degree of worry related to expecting negative interactions.</p> <p>Interpersonal Needs Questionnaire</p> <p>Acquired Capability Scale</p> <p>Inventory of Statements About Self-Injury</p>	Survey	<p>Sexual minorities who experience minority stress may be at elevated risk for non-suicidal self-injury (NSSI), especially if they also perceive themselves to be a burden on others.</p> <p>Subsequently, having engaged in NSSI appears to confer increased risk for suicidal thoughts and behaviors both directly and by increasing acquired capability.</p>

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

Reference	Sample	Test	Design	Results
King et al., 2008	United Kingdom; data was extracted on 214,344 heterosexuals and 11,971 non-heterosexual people.	<i>Databases: Medline, Embase, PsycInfo, Cinahl, the Cochrane Library Database, the Web of Knowledge, the Applied Social Sciences Index and Abstracts, the International Bibliography of the Social Sciences, Sociological Abstracts, the Campbell Collaboration and grey literature databases.</i> <i>Articles published January 1966 to April 2005.</i> <i>Search terms: All related to homosexual, lesbian and bisexual people and all related to mental disorders, suicide, and deliberate self-harm.</i> <i>Inclusion: Papers on population based studies which contained concurrent heterosexual comparison groups and valid definition of sexual orientation and mental health outcomes.</i> <i>Of 13,706 papers identified, 476 were initially selected and 28 (25 studies) met inclusion criteria. Only one study met</i>	Systematic review and meta-analysis	LGB people are at higher risk of suicidal behavior, mental disorder and substance misuse and dependence than heterosexuals. The results of the meta-analyses demonstrate a twofold excess in risk of suicide attempts in the preceding year in men and women, and a fourfold excess in risk in gay and bisexual men over a lifetime. Similarly, depression, anxiety, alcohol and substance misuse were at least 1.5 times more common in LGB people. Findings were similar in men and women but LB women were at particular risk of substance dependence, while lifetime risk of suicide attempts was especially high in GB men.

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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		<i>all our four quality criteria and seven met three of these criteria.</i>		
Shields et al., 2012	United States of America; 2,154 students in grades 9 – 12 across 15 SFUSD high schools.	<p>Three suicide risk-related outcomes from the Youth Risk Behavior Survey (YRBS) were analyzed as dichotomous dependent variables: (1) Sadness/Depression, (2) Suicide plan, (3) Suicide attempt.</p> <p>A five-item scale measuring alcohol and marijuana use: Current alcohol use, binge drinking, drinking at school, marijuana use, marijuana use at school.</p> <p>A five-item scale measuring other drug use: Lifetime use of cocaine, inhalants, heroin, methamphetamines, ecstasy.</p> <p>A five-item scale measuring victimization: In past 12 months – bullied at school, skipped school for safety concerns, got in a physical fight, injured in a fight, threatened or injured with a weapon at school.</p>	Survey	<p>Lesbian, gay, or bisexual (LGB) youth reported significantly higher rates of substance use, victimization, and suicide risk-related outcomes than heterosexual youths.</p> <p>However, in the controlled regression models, victimization was a significant predictor of sadness/depression and suicide attempts, regardless of sexual orientation.</p> <p>There was a significant interaction effect between sexual orientation and victimization on suicide planning, with heterosexual youths more affected than LGB youths.</p>

**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

Reference	Sample	Test	Design	Results
		An item measuring sexual orientation: "Which of the following best describes you?" (heterosexual; gay/lesbian; bisexual; not sure).		
Marshall et al., 2011	United States of America; mean age = 18 years, and an upper bound of the age range not exceeding 21 years.	<i>Inclusion: (1) Reported rates of depression and/or suicidality among sexual minority and heterosexual youth, (2) A sample mean age of ≤ 18 years, and an upper bound of the age range not exceeding 21 years.</i> <i>Databases: PsycInfo and MedLine</i> <i>Search terms: Suicide, depression, gay, lesbian, LGB, adolescent.</i> <i>A total of 20 suicide and 12 depression studies were identified, resulting in 24 total studies with seven of them examining both outcomes.</i>	Meta-analysis	SMY reported significantly higher rates of suicidality (odds ratio [OR] = 2.92) and depression symptoms (standardized mean difference, $d = .33$) as compared with the heterosexual youth. Disparities increased with the increase in the severity of suicidality (ideation [OR = 1.96], intent/plans [OR = 2.20], suicide attempts [OR = 3.18], suicide attempts requiring medical attention [OR = 4.17]). Effects did not vary across gender, recruitment source, and sexual orientation definition.

DISCUSSION

This narrative review identified sixteen studies in examining the relationship between victimization, depression, and suicide ideation among lesbian, gay, and bisexual (LGB) individuals.

Victimization among sexual minorities

Researchers agree that victimization can cause a highly stressful experience for its victim (O'Brennan et al., 2009; Rigby, 2003). Several studies have suggested that individuals perceived as sexual minorities (i.e., gay, lesbian, bisexual, and transgendered) are specific targets of victimization (Berlan et al., 2010; Williams et al., 2003). Patrick et al. (2013), in investigating the association between perceived sexual orientation, bullying, and quality of life among US adolescents, indicated that there is a substantial and significant impact of bullying on youth quality of life. Compared to their heterosexual counterparts, sexual minority individuals are more likely to report sexual minority-specific victimization (Burton et al., 2013; LeVasseur et al., 2013; Shields et al., 2012). For example, a study conducted among 351 racial/ethnic minority young men with a mean age of 20.4 years, who have sex with men, revealed that overall, 74.1% reported being made fun of because of their sexuality, 58% reported being treated rudely or unfairly because of their sexuality, and 16.2% reported being hit or assaulted because of their sexuality, of which 4% experienced physical violence many times (Hightow-Weidman et al., 2011). It is important to note that there is a gender difference when it comes to the victimization of sexual minorities – males are more likely than females to report victimization because of both perceived sexual orientation and identified sexual orientation (Patrick et al., 2013; Russell et al., 2011). Furthermore, Mueller et al. (2015), in examining the intersections of sexual orientation, gender, and race/ethnicity, proposed that there is a racial difference in bullying among LGB youths – where white LGB youths were more likely to be bullied than their white same gender, heterosexual peers; however, black LGB youths, on the other hand, were no more vulnerable to bullying than their same gender white heterosexual peers.

Victimization and depression among sexual minorities

Sexual minorities are more vulnerable to poor mental health outcomes than sexual majorities (Mueller et al., 2015; King et al., 2008; Marshal et al., 2011, Russell et al., 2001; Patrick et al., 2013; Russell et al., 2011; Hightow-Weidman et al., 2011). Marshal et al. (2011), in studying the disparities between rates of depression symptoms in sexual minority and heterosexual youths, suggested that sexual minority youths experience significantly higher levels of depression symptoms than heterosexual youths. According to King et al. (2008), in understanding the association between LGB individuals and the risk of mental disorder, depression is at least 1.5 times more common in LGB individuals than in heterosexuals. These poorer mental health outcomes among sexual minorities, compared to sexual majorities, are associated with LGBT victimization (Russell et al., 2011; Burton et al., 2013). For example, High tow-Weidman et al. (2011), in assessing the relationship between sexual identity-based maltreatment and emotional

A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation among Lesbian, Gay and Bisexual Individuals

distress among sexual minority young men, indicated that there is a significant association between experiencing a high level of sexually-related victimization and depressive symptomatology. Russell et al. (2011), in investigating the relationship between reports of LGBT school victimization and young adult psychosocial health, also revealed that LGBT young adults who experience victimization are 2.6 times more likely to report depression above the clinical cut-off (CES-D \geq 16).

Victimization and suicide ideation among sexual minorities

Sexual minorities are more likely to report having suicide ideation and attempt than their heterosexual counterparts – this is associated with LGBT victimization (Russell et al., 2001; Blosnich & Bossarte, 2012; LeVasseur et al., 2013; Russell et al., 2011; Hightow-Weidman et al., 2011; Burton et al., 2013; Muehlenkamp et al., 2015; Walls et al., 2010; Mueller et al., 2015; Ferlatte et al., 2015; Bergen et al., 2013; King et al., 2008; Shields et al., 2012). Russell et al. (2011), in investigating the relationship between reports of LGBT school victimization and young adult risk behavior, reported that LGBT young adults who experienced victimization were 5.6 times more likely to report having attempted suicide that required medical attention at least once. Ferlatte et al. (2015), in understanding the factors contributing to higher rates of suicide related ideation and behavior in Canadian gay and bisexual men, stated that 49.9% of the sample reported lifetime experiences of suicide ideation and attempt – this was over six times greater than that reported by Canadian heterosexual men. Even though suicide ideation among sexual minorities is associated with LGBT victimization, some studies propose that sexual minorities are still more likely to report having suicide ideation and attempt compared to heterosexual individuals even with victimization as well as other important explanatory variables (e.g., social stigma or a lack of social support) held constant (Mueller et al., 2015; Marshal et al., 2011). Furthermore, it is interesting to note that sexual minorities who are bisexual are more likely to report suicide ideation and attempt than sexual minorities who are not bisexual (Marshal et al., 2011; Blosnich and Bossarte, 2012). A *double closet framework* has been used in understanding elevated risk profiles among bisexuals; in that they must keep secret their homosexual activities, attractions or relationships from their heterosexual social groups, and conversely with their homosexual social groups (Blosnich and Bossarte, 2012).

The role of depression in understanding suicide ideation among sexual minorities

Studies suggest that symptoms of depression are correlated with a lifetime history of suicide ideation and attempt among LGBT individuals (Mustanski and Liu, 2012; Russell et al., 2001; Ferlatte et al., 2015). Russell et al. (2001), in examining adolescent sexual orientation and suicide risk, proposed that youths with same-sex sexual orientation, reporting elevated levels of suicidality, are more likely to feel depressed and hopeless. Ferlatte et al. (2015), in understanding the factors contributing to higher rates of suicide related ideation and behavior among Canadian gay and bisexual men, reported that when all health problems (i.e., smoking, party drugs, depression, anxiety, STIs, HIV risk and HIV) were included in a single model (multi-indicator),

A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation among Lesbian, Gay and Bisexual Individuals

the association with suicide ideation and attempt was removed; but remained strongest for depression. This is not surprising since mood disorders are known to convey the highest risk for suicide related ideation and behavior in general populations (Ferlatte et al., 2015).

LIMITATIONS

There are several limitations in this narrative review. First, most of the studies conducted are cross-sectional and do not allow one to determine causal relationships. Second, because all of the studies are self-reported, it is hard to know to what extents sexual minorities over-report or under-report experiences of victimization, mental health problems, suicide thoughts and suicide attempts. Nevertheless, recall bias of these experiences is unlikely because these events are considered highly salient to sexual minorities. Furthermore, some sexual minorities may choose not to report these experiences because of social stigma or a fear of retaliation. Third, most of the studies do not include sexual minorities who are high school dropouts, jobless, incarcerated, homeless, or runaways; and, because sexual minority individuals are more likely to be homeless or runaways (Cochran et al., 2002), these studies may lack generalizability. Fourth, the sample of these studies is largely from the United States; and thus, the results obtained may not be generalizable outside this country. Finally, the studies that have random or census samples constitute national datasets as these samples came first from a convenience sample of institutions that elected to administer the survey. For this reason, there may be selection bias; in which organizations or institutions opt to participate, and therefore, it may not be appropriate to generalize the findings to a nationwide or international population.

CONCLUSION

This narrative review examines current existing literature and studies in discussing the relationship between victimization, depression, and suicide ideation and attempt among lesbian, gay, and bisexual (LGB) individuals. There is a consensus among researchers with respect to the notion that victimization represents a highly stressful experience for its victims (O'Brennan et al., 2009; Rigby, 2003). Several studies have suggested that individuals perceived as sexual minorities (i.e., gay, lesbian, bisexual, and transgendered), are specific target of victimization (Berlan et al., 2010; Williams et al., 2003). Compared to their heterosexual counterparts, sexual minority individuals are more likely to report sexual minority-specific victimization (Burton et al., 2013; LeVasseur et al., 2013; Shields et al., 2012). Furthermore, sexual minorities are more vulnerable to poor mental health outcomes (e.g., the symptoms of depression) than sexual majorities; and this is related to LGBT victimization (Mueller et al., 2015; King et al., 2008; Marshal et al., 2011, Russell et al., 2001; Patrick et al., 2013; Russell et al., 2011; Hightow-Weidman et al., 2011). Furthermore, sexual minorities are more likely to report having suicide ideation and attempt than heterosexuals and this is associated with LGBT victimization (Russell et al., 2001; Blosnich and Bossarte, 2012; LeVasseur et al., 2013; Russell et al., 2011; Hightow-Weidman et al., 2011; Burton et al., 2013; Muehlenkamp et al., 2015; Walls et al., 2010; Mueller et al., 2015; Ferlatte et al., 2015; Bergen et al., 2013; King et al., 2008; Shields et al., 2012).

A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation among Lesbian, Gay and Bisexual Individuals

Finally, several studies suggest that there is a significant correlation between symptoms of depression and a lifetime history of suicide ideation and attempt among LGBT individuals (Mustanski and Liu, 2012; Russell et al., 2001; Ferlatte et al., 2015).

Studying the prevalence of the relationship between victimization, depression, and suicide ideation and attempt among sexual minorities presents several implications. For example, assessing mental health and risk behavior of LGBT individuals, in relation to whether they have experienced victimization because of their sexual orientation, might help to identify specific areas to address in interventions. Furthermore, knowing the prevalence of victimization caused by one's sexual orientation, as well as the extent of depressive symptoms and suicide ideation present in a sexual minority community, is useful for policy makers and organizations interested in monitoring and evaluating prevention efforts.

It is easy to pathologize the entire population when studying health (including mental health) disparities in an at-risk population such as sexual minorities. Nevertheless, it is important to point out that in the larger population, there are sexual minority individuals who are well-adjusted and have no significant symptoms of depression or history of suicidality. This suggests that resilience can be found in every at-risk population. Some studies have identified protective factors such as Gay Straight Alliances in schools (Hatzenbuehler, 2011) and family acceptance (Ryan et al. 2010). Future research should explore resilience factors that are proven to protect sexual minority individuals in order to develop effective programs and interventions in improving the mental health of these sexual minorities. Last but not least, similar studies are encouraged to be conducted or replicated in other countries with local population sample for comparative purposes.

Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests

The author declared no conflict of interests.

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**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
among Lesbian, Gay and Bisexual Individuals**

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**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
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**A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation
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How to cite this article: M Aen, Ibrahim N, Din N (2017), A Narrative Review of the Relationship between Victimization, Depression and Suicide Ideation among Lesbian, Gay and Bisexual Individuals, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 94, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.150/20170402, ISBN:978-1-365-84229-0