

## Bisexuality and Suicide: A Systematic Review of the Current Literature

Maurizio Pompili, MD, PhD,\* David Lester, PhD,<sup>†</sup> Alberto Forte, MD,\* Maria Elena Seretti, MD,\* Denise Erbuto, PsyD,\* Dorian A. Lamis, PhD,<sup>‡</sup> Mario Amore, MD,<sup>§</sup> and Paolo Girardi, MD\*

\*Department of Neurosciences, Mental Health and Sensory Organs, Suicide Prevention Center, Sant'Andrea Hospital, Sapienza University of Rome, Rome, Italy; <sup>†</sup>The Richard Stockton College of New Jersey, Galloway, NJ, USA; <sup>‡</sup>Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, USA; <sup>§</sup>Department of Neuroscience, Rehabilitation, Ophthalmology, Genetics, Maternal and Child Health, Section of Psychiatry, University of Genova, Genova, Italy

[Correction added on 16 June 2014, after first online publication: David Lester, Dorian A. Lamis, and Mario Amore's affiliations were corrected.]

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### ABSTRACT

**Introduction.** Many studies of lesbian, gay, and bisexual youth have demonstrated that individuals reporting a bisexual orientation have a particularly high risk of suicidal behavior and substance abuse. It has been also suggested that bisexual individuals (both men and women) have higher rates of depression and anxiety compared with homosexual and heterosexual groups.

**Aim.** The aim of the present article was to determine whether or not an association between bisexuality and suicidal behavior exists and to analyze risk factors for suicidal behavior in bisexual individuals.

**Main Outcome Measures.** The combined search strategies yielded a total of 339 records screened from PubMed, Scopus, and Web of Knowledge. Duplicate articles, articles that were not in English, and those that did not analyze bisexuality separately from homosexuality were excluded. A quality assessment was performed for each study included.

**Methods.** A careful systematic review of the literature was conducted investigating the potential bisexuality-suicidal behavior link. A total of 77 articles from peer-reviewed journals were considered, and the most relevant (N = 19) were selected for this review.

**Results.** Individuals reporting a bisexual orientation had an increased risk of suicide attempts and ideation compared with their homosexual and heterosexual peers. Risk factors included related victimization, peer judgments, and family rejection. Bisexual individuals also reported higher rates of mental illness and substance abuse.

**Conclusions.** Bisexual individuals may experience more psychological distress and mental health problems than individuals who identify with a homosexual or heterosexual orientation. Clinicians should consider the potential for suicidal behaviors in bisexual individuals and be alert for increased mental health problems and poor social integration. **Pompili M, Lester D, Forte A, Seretti ME, Erbuto D, Lamis DA, Amore M, and Girardi P. Bisexuality and suicide: A systematic review of the current literature. J Sex Med 2014;11:1903–1913.**

**Key Words.** Bisexuality; Suicide; Prevention; Sexual Orientation

### Introduction

Sexual orientation has at least three different dimensions: sexual self-identification, sexual behavior, and sexual attraction or fantasy [1,2]. The transition from childhood to adulthood that adolescents face can be challenging for any adolescent, but adolescents who belong to a sexual

minority may experience increased social stigma, victimization, and discrimination. According to several research studies, lesbian, gay, and bisexual (LGB) individuals have higher rates of depression, anxiety disorders, self-harm, and suicidal behavior [3,4], and LGB individuals are often stigmatized [5] and more likely to experience physical violence, verbal abuse, and ostracism [6,7]. Homophobia

and victimization have negative effects on the mental health of LGB youth [8], made worse by rejection from family members and peers, particularly at school [9]. Gender discomfort in adulthood could be related to childhood gender variance. It was shown that the report of adulthood homosexual orientation was 8–15 times higher for subjects with a history of gender variance in childhood, compared with participants without a history of childhood gender variance [10].

Faulkner and Cranston [11] found that bisexual and homosexual youth had experienced more violence than heterosexual youth, and they often experienced these difficulties at school including feeling unsafe, being injured with a weapon, and being involved in physical fights. According to the youth risk behavior surveillance system (2001–2009), the prevalence of feelings of sadness or hopelessness in the 12 months preceding the survey ranged from 19.3% to 29.0% (median: 24.8%) in the heterosexual students, from 28.8% to 52.8% (median: 41.3%) among lesbian and gay youth, and from 47.2% to 62.9% (median: 56.3%) among bisexual youth [12]. Many research studies have reported a higher incidence of serious suicidal behavior in LGB youth than heterosexual youth [12] and, in addition, a greater frequency of substance abuse [11], a major risk factor for suicidal behavior. King et al. [13] found that depression, anxiety disorders, and substance use disorders were 1.5 times more common in LGB people than in heterosexuals.

Many studies of LGB youth have demonstrated that individuals reporting a bisexual orientation have a particularly high risk of suicidal behavior [14–17] and substance abuse [18], even when compared with homosexual youth. Moreover, it has been suggested that bisexual individuals (both men and women) have higher rates of depression, anxiety, and negative affect compared with homosexual and heterosexual groups [14].

### Aims

Given this research, the aim of the present article was to examine the relation between bisexuality and suicidal behaviors in current research and to ascertain specific risk factors associated with a bisexual orientation.

### Methods

In order to provide a new and timely systematic review examining the association between bisexu-

ality and suicide, we performed a careful MedLine, Excerpta Medica, PsycLit and PsycInfo, and Index Medicus search to identify all papers and book chapters in English for the period 1987–2012. The following search terms were used: suicide OR suicide attempt OR ideation AND bisexuality; suicid\* AND bisexuality. Only articles published in the English language were considered in this review. When a title or abstract seemed to describe a study eligible for inclusion, the full article was obtained and examined for relevance based on our predetermined inclusion criteria. Any discrepancies between the two reviewers who, blind to each other, examined studies for the possible inclusion were resolved by consultations with senior authors. In addition, we also examined reference lists and contacted experts in the field. Abstracts that did not explicitly mention suicide and bisexuality were excluded. We also excluded meta-analyses and systematic reviews.

### Main Outcome Measures

The combined search strategies described above yielded a total of 339 records screened from PubMed, Scopus and Web of Knowledge. We removed 123 records as duplicate articles. Abstracts that did not explicitly mention suicide and bisexuality were also excluded, and after a complete analysis of the title and abstract, 89 full-text articles were excluded. Moreover, we removed 14 articles that were not in English and 58 full-text articles that did not examine bisexuality separately from homosexuality. We also excluded 13 review articles and 23 articles with no original contribution (Letters, Editorials, Dissertations, Conference Papers, and Notes). Three reviewers, blind to each other, examined the full-text articles, including studies that added an original contribution to the literature. Finally, 19 studies met our inclusion criteria and were included in the present review.

### Study Design and Quality Assessment

A quality assessment was performed as shown in Table 1. Studies were rated for quality using the following criteria: (i) representativeness of the sample to the general population (1 point); (ii) presence of a control group (1 or 2 points); (iii)  $n > 1,000$  subjects/treatment group (1 or 2 points); (iv) duration  $>1$  year/follow-up group (1 or 2 points); (v) evidence-based measures of assessment (1 or 2 points); (vi) data presentation (1 or 2 points); and (vii) evidence-based measures

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