Why the rainbow is at risk:

Understanding why LGBT* teens are at a greater risk of developing mental health disorders

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Introduction

Lesbian, gay, bisexual and transgender youth face unique challenges in their lives that place them at greater risk of developing mental health disorders. These challenges include language used in society, harassment in schools and familial rejection. This article will provide a thorough overview of each topic, and provide professionals and paraprofessionals working with youth tips for creating LGBT* positive environments.

By the numbers: The prevalence of mental health disorders in LGBT* youth

Statistics show that mental health disorders in youth are more prevalent if the individual identifies as a member of the LGBT* community. LGBT* youth are 3 times more likely to develop mental health disorders than their heterosexual and cis gender peers (Mental Health America, 2017). Canadian studies reveal that 33% of LGBT* youth have attempted suicide, compared to just 7% of heterosexual teens. This means that LGBT* youth are 4 times more likely to attempt suicide than their heterosexual and cis gender peers. Further, 47% of trans* youth have experience suicidal thoughts and 19% have attempted suicide (Kennedy, 2013). Studies have shown that 28% of two spirit and transgender people have attempted suicide (Kennedy, 2013). 20-30% of LGBT* people also deal with substance abuse disorders, in comparison to the 9% figure of their heterosexual and cis peers (NAMI, 2017). There are a variety of reasons why mental health disorders are this prevalent within the LGBT* youth population: these will be outlined below.

Perceived social norms created through language

Anti LGBT slurs

LGBT* youth face discrimination in their everyday lives that their heterosexual and cis gender peers do not. Research performed by the Human Rights Campaign in the United States showed that 4 in 10 LGBT youth, or 42%, did not perceive the community they lived in as LGBT* friendly. (HRC, 2012) Part of the reason communities are perceived as unsafe is because of anti LGBT* language heard. Language plays a key role in defining whether an LGBT* youth feels safe (Alberta Civil Liberties Research Centre, 2007). In the HRC study, 92% of the participants cited they heard negative messages about LGBT* people in their everyday life (HRC, 2012).

Heterosexism
Heterosexism is the assumption that all people are straight and cis gender by default (Alberta Civil Liberties Research Centre, 2007). The Alberta Civil Liberties Research Centre states that youth who are in the process of discovering their identity will feel they are an outsider when they cannot subscribe to the same social norms as other people (Freedom to be, 2007). These individuals will feel that it is better to remain silent about their identities than face the consequences (Alberta Civil Liberties Research Centre, 2007).

**Harassment in schools faced by LGBT* youth**

LGBT* youth face different challenges in their school environment than their heterosexual and cis gender peers. Egale: Canada Human Rights Trust published a study in 2011 titled "The first national climate survey on homophobia, biphobia, and transphobia in Canadian schools". The study included over 3,700 students from across Canada (Taylor, Tracey, 2011). The results of the study were not in favour of a positive LGBT* school experience.

The study revealed that 10% of LGBT* students heard their teachers make homophobic and transphobic comments weekly, and in some cases, daily (Taylor, Tracey, 2011). The study revealed that many LGBT* students reported direct verbal harassment from their peers. 74% of trans* students had been verbally abused for their gender expression, 55% of LGB students reported harassment based on their gender expression, and 26% of non-LGBT* students reported harassment based on their gender expression. This last figure shows that harassment is based on perceived sexual orientation or gender identity, and not always on actual identity (Taylor, Tracey, 2011).

Beyond verbal harassment, Egale’s study revealed that 21% of LGBT* students reported that they had been physically harassed for their perceived sexual orientation. 37% of trans* students reported being harassed for their gender expression. The study concluded that 64% of LGBT* students felt unsafe at school (Taylor, Tracey, 2011).

A 2007 study conducted by the Alberta Civil Liberties Research Centre noted that LGBT* students who experienced harassment at school were three times more likely than their peers to stay home once a month (Alberta Civil Liberties Research Centre, 2007). Staying home from school could lead to students falling behind, and their mental health suffering as a result. The Alberta Civil Liberties study also revealed that 39% of LGBT* students never reported being harassed because they did not think it would be dealt with (Alberta Civil Liberties Research Centre, 2007). Students being hesitant to report harassment is understandable when they routinely hear authority figures using derogatory slurs.

**Familial rejection**
Rainbow Health Ontario published a fact sheet in 2013 titled “LGBT youth suicide” outlining the reasons that LGBT* youth face such disproportionally high suicide rates. The organization conducted a study and found that LGBT* youth who were rejected by their families are 6 times more likely to be depressed than their heterosexual and cis gender peers. The study also found that these LGBT* youth experiencing familial rejection were 8 times more likely to attempt suicide (Rainbow Health Ontario, 2013). Familial rejection also includes violence and a US study showed that 61% of LGBT* youth had been physically assaulted by family members (Rainbow Health Ontario, 2013).

**The connection between anti LGBT* attitudes and mental health**

Research has shown that long-term exposure “to societal and institutional prejudice and discrimination” (Zwiers, para 3, 2009) causes LGBT* people to be more susceptible to developing mental health disorders (Zwiers, 2009). This correlation is explained by the minority stress model. The minority health model describes “the relationship between minority and dominant values and resultant conflict with the social environment experienced by minority group members” (Dentato, para 3, 2012). The theory states that being exposed to a continually hostile society renders LGBT* people unlikely to seek out mental health care as they fear discrimination (Dentato, 2012). Thus, as LGBT* youth are exposed to discrimination daily, they will suffer in silence in fear of persecution.

**How can we help? Tips for fostering positive environments for LGBT* youth**

As adults, we can work to foster positive environments for LGBT* youth. The following list will provide those working with LGBT* youth suggestions on how to make their space LGBT* friendly.

1. Provide adults with training on LGBT* specific issues so they are better prepared to offer support when confided in (Girl’s Best Friend Foundation, 2005)
2. Post a sticker in your window or desk that declares the space LGBT friendly (Girl’s Best Friend Foundation, 2005)
3. Provide staff with training on inclusive language and encourage gender neutral terms such as “partner” in lieu of boyfriend or girlfriend (Girl’s Best Friend Foundation, 2005)
4. Make asking people their pronouns a routine part of introductions.
5. Provide LGBT* inclusive curriculums, including but not limited to inclusive sexual education (Autostraddle, 2015)
6. Participate actively to shut down homophobic and transphobic language when you hear it (Autostraddle, 2015)
7. Educate yourself on suicide warning signs and on how to appropriately provide support to LGBT* youth at risk (Autostraddle, 2015)
8. Advocate openly for LGBT* youth
9. Provide references to reading materials, podcasts and blogs about LGBT youth
10. Become educated on issues such as LGBT* youth homelessness, substance abuse and racism
11. Ensure that information for crisis hotlines are readily available and accessible
12. Reinforce the idea that being LGBT* is normal and healthy. Provide LGBT* youth with positive examples of LGBT* people being successful to build self esteem and confidence (Sanders, 2013)
13. Always be willing to listen to LGBT* youth

Conclusion

LGBT* youth face challenges in their every day lives that differ from those of a heterosexual or cis gender youth. These challenges include social exclusion created by language, unwelcome school environments and familial rejection. Due to these situations, LGBT* youth are much more likely to develop mental health disorders such as anxiety and depression. While statistics do not paint a positive outlook for LGBT* youth, adults can help to make a difference. Adults can help LGBT* youth by being vocal allies, intervening when homophobic and transphobic language is used and by becoming educated about LGBT* and other intersecting issues. It may seem impossible that one person can make a difference, but never underestimate the power of listening. Listening to LGBT* youth reinstates the idea that they have a voice, and that their voice is worth keeping around.

Glossary

Cis Gender- A person whose biological sex aligns with their gender identity.
LGBT* - Lesbian, Gay, Bisexual, Transgender, * represents all other included sexual and gender identities.
Trans*- A person whose biological sex does not align with their gender identity. The * represents other non-binary identities.

References


Every Class in Every School (pp. 1-152, Rep.). (2011). doi:https://egale.ca/every-class/


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