

Links Between Past Abuse, Suicide Ideation, and Sexual Orientation Among San Diego College Students

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Abstract. The authors explored relationships among childhood abuse, suicidal ideation, and sexual orientation of 18- to 30-year-old students enrolled in 2 San Diego area colleges, using responses from anonymous questionnaires. Sixty percent of the 138 eligible respondents were women, and 22% were self-identified gay/bisexual individuals. Women were more likely than men to report at least 1 form of emotional abuse (odds ratio [OR] = 2.3; $p = .02$) and unwanted sexual touching (OR = 4.3; $p = .0004$). Lesbian/bisexual women were significantly more likely to report past suicidal ideation than were heterosexual women (OR = 3.7, $p = .03$). Gay/bisexual men were more likely to report unwanted sexual touching than were heterosexual men (OR = 5.1, $p = .04$), but the men did not report significantly higher rates of past suicide ideation or suicide attempts. Sexual orientation and a past history of child sexual, physical, and emotional abuse could be compounding risk factors for suicidal ideation among college students.

Key Words: adolescent suicide, emotional abuse, physical abuse, sexual abuse, sexual orientation

Physical and sexual abuse during childhood have been shown to have both initial and long-term effects on survivors' emotional development and behavior, as well as on their physical health. Among children and adolescents who have been abused, some of the emotional/behavioral effects noted include fear, depression, suicide ideation, suicide attempts, anger, truancy, running away, aggressive behavior, low self-esteem, increased substance abuse, eating disorders, criminal behavior, and risky sexual behavior.¹⁻⁵

Is the incidence of physical, sexual, or emotional abuse

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higher among gay/lesbian/bisexual youth than among heterosexual youth? Past studies have yielded conflicting results.⁶ Saewyc and colleagues⁷ studied a population of 3,816 female adolescents and found increased reports of past physical and sexual abuse among bisexual/lesbian females. However, a study by Bell and Weinberg⁸ found no such difference in abuse rates between gay/lesbian and heterosexual adults. Large population-based studies have also shown that gay/lesbian teens and young adults are at higher risk for both suicidal ideation and attempts than are heterosexual youth.⁸⁻¹³ Is it possible that the higher rates of suicidal ideation and attempts among gay/lesbian/bisexual youth may be related to a higher incidence of past child abuse? This is the question we sought to answer in our study.

We gathered information about experiences with childhood physical, sexual, and emotional abuse and suicide ideation and suicide attempts in a population of heterosexual and gay/lesbian/bisexual college students. We postulated that those increased rates of suicidal ideation and attempts among gay/lesbian college students might be more closely related to past histories of childhood abuse than to sexual orientation alone.

METHOD

We distributed an anonymous questionnaire to a convenience sample of college students aged 18 to 30 years in human sexuality courses ($n = 60$ students in 3 classes) at a local university and a junior college in the San Diego area. In addition, we left questionnaires at an on-campus student health center for students to pick up and send in by mail. To ensure an adequate number of gay/lesbian and bisexual respondents, we recruited lesbian, gay, and bisexual student groups on both campuses to distribute the questionnaires among their members. Finally, to ensure an adequate number of female respondents, we placed questionnaires in the

waiting area of the women’s health center on one of the college campuses. A cover sheet that explained the basic study goals; a sheet that listed participants’ rights; and an addressed, stamped envelope accompanied the questionnaire. We gathered the data over a period of 6 months after the Human Subjects Committee at the University of California, San Diego, approved the study.

The questionnaire was adapted from a structured interview instrument used in a previous study by Adams and East.¹⁴ It consisted of 60 items (40 yes-no-not applicable and 20 fill-in-the-blank questions). The topics covered included current living situation, parents’ occupation, drug/alcohol/tobacco use, suicide/abuse history, sexual activity, and contraceptive use (see Table 1). We adapted questions on physical and sexual abuse from those used in a study by Bonny-McCoy and Finkelhor.¹⁵ When we found a positive response to any of the abuse questions, we asked the respondents to give (or estimate) their ages at the time of the abuse, as well as the age and gender of the abuser. If the respondent gave a general age range for the abuser (eg, “in their 50s”), we took an arbitrary value of the mean of the range as the value for subsequent calculations (ie, 55). If, on the other hand, a respondent indicated only a minimum age for an abuser (eg, “50+”), we used the minimum as the age indicated (ie, 50). We also asked the respondents to identify themselves as gay, bisexual, or heterosexual. On this basis, we divided respondents by heterosexual and gay/bisexual orientation for the data analysis. We considered gays and bisexuals together to simplify analysis because only 1 woman and 1 man identified themselves as bisexual.

RESULTS

We received 155 completed questionnaires (we did not tabulate the total number of questionnaires that had been

distributed). Among the respondents, 5 were over the age of 30 years, and 12 did not identify their sexual orientations. We did not include those 17 questionnaires in our data analysis. Of the remaining 138 respondents, 83 were women (60%). This group included 87 Whites (63%), 21 Asians/Asian Pacific Islanders (15%), 17 Hispanics (12%), 7 biracial individuals (5%), 2 African Americans (2%), 2 Native Americans (2%), and 2 individuals who did not identify their ethnic backgrounds (2%). Seventy-eight percent of the respondents (*n* = 107) identified themselves as heterosexual, and 22% (*n* = 31) identified themselves as gay or bisexual. The data in Table 2 show the composition of the gay/bisexual and heterosexual groups. There were no significant differences in mean age, number of each gender, or number from each racial/ethnic group.

The data in Table 3 summarize the frequency of reported past abuse and suicide ideation by gender and sexual orientation. Concerning suicidality, 43% of all of the respondents reported past suicidal ideation, and 11% (*n* = 14) of the respondents reported a past suicide attempt. We found no significant gender difference in frequencies of reports of suicidal ideation or attempts. However, we found a significant difference in the percentages of respondents who reported past suicidal ideation between gays/bisexual (71%) and heterosexual (36%) respondents (*p* < .02). Thus, gay/bisexual individuals were 2.9 times more likely to think about committing suicide than heterosexuals (95% confidence interval [CI]: 1.26–6.55, *p* < .020). The differences in frequency of reported suicide attempts were not significant, however.

Closer analysis revealed that 71% of the lesbian/bisexual women, compared with 39% of the heterosexual women, reported past suicidal ideation. Thus, the lesbians/bisexual women were 3.7 times more likely to have considered suicide than the heterosexual women were (95% CI:

TABLE 1
Survey Questions to Assess Respondents’ Histories of Suicide and Emotional, Physical, and Sexual Abuse

Focus	Question
Suicide	Have you ever felt so bad about how your life was going that you thought about killing yourself? Have you ever tried to kill yourself?
Abuse	
Physical	Have you ever been kicked, punched, or beaten by anyone in your family?† Have you ever seen a parent being kicked, punched, or beaten by the other parent, or by a girlfriend or boyfriend? Have you ever been hit or threatened by a boyfriend or girlfriend?
Emotional	Has anyone in your family ever made you feel worthless or bad?† Has anyone in your family ever told you that you were ugly or unattractive?† Has anyone in your family ever told you that you were not wanted?†
Sexual	Has anyone ever touched you in a sexual way when you didn’t want them to?† Has anyone ever forced you to have sex with them when you didn’t want them to?†

†Respondents who marked yes to these questions were asked to give their ages at the time this first occurred and the age of the person who treated them that way.

1.16–11.71, $p < .03$). We found no significant differences in the frequency of reports of suicidal ideation between gay/bisexual men and heterosexual men (Table 3).

The frequencies of reports of past sexual abuse in the overall group, either as unwanted sexual touching or a forced sexual act, were 35% and 17%, respectively (data not shown). The average age at which an unwanted sexual touch occurred was 11.4 years ($SD = 5.6$), whereas that for a forced sexual act was 16 years ($SD = 4.7$). In all but 2 cases, the perpetrators of sexual abuse were men. In 7 of 9 cases (78%), the lesbian/bisexual women reported an age differ-

ence of more than 5 years between themselves and their abusers, whereas heterosexual women were just as likely to report an age difference of less than 5 years (14/29, 48%) as an age difference of more than 5 years (12/29, 41%).

The women reported unwanted sexual touching significantly more often than the men (46% vs 16%, $p < .00005$). Among the men, gay/bisexual men reported unwanted touching more often than did heterosexual males, and the mean age at which this touching occurred was higher (17.8 y vs 7.3 y, $p < .05$) as shown in Table 3. Frequencies of reported physical and emotional abuse among heterosexual and gay/lesbian/bisexual respondents are also shown in Table 3. Although the data are not shown, women of any orientation reported emotional abuse more often than men did (64% vs 44%, $OR = 2.28$, $p < .03$).

TABLE 2
Gender and Racial Composition of the
Heterosexual and Gay/Bisexual Respondents

	Heterosexual (<i>n</i> = 107)		Gay/bisexual (<i>n</i> = 31)	
	<i>n</i>	%	<i>n</i>	%
Females	66	61.7	17	54.8
Males	55	38.3	14	45.2
White	65	60.2	22	74.3
Asian	16	16.5	5	11.4
Hispanic	13	12.6	4	11.4
African American	2	1.9	0	0
Native American	2	1.9	0	0
Biracial	7	6.5	0	0
Other	2	1.9	0	0

COMMENT

As a whole, the results of this study reveal several interesting relations among abuse, suicidal ideation, and sexual orientation. Gay/lesbian/bisexual individuals reported suicidal ideation significantly more often than did the heterosexuals, but this difference was accounted for by the very high frequency of reported suicidal ideation among lesbian/bisexual women. Gay/bisexual men were more likely than heterosexual men to report unwanted sexual touching, but the mean age at which the touching occurred was significantly higher than among heterosexuals.

The frequency of reported past suicidal ideation in this sample of college students (43%) showed no significant differences between men and women. The students in our sur-

TABLE 3
Suicide and Abuse Data, by Respondents' Gender and Sexual Orientation

Question	Women				Men			
	Lesbian/bisexual (<i>n</i> = 17)		Heterosexual (<i>n</i> = 66)		Gay/bisexual (<i>n</i> = 14)		Heterosexual (<i>n</i> = 41)	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Thought of suicide?	12	71*	26	39	7	50	12	29
Attempted suicide?	3	18	5	8	2	14	4	10
Experienced physical abuse?	8	47	19	29	3	21	7	17
Experienced physical abuse when < 11 y?	6	35	15	23	3	21	4	47
Experienced physical abuse when > 11 y?	2	12	4	6	0	0	3	43
Experienced sexual touching?	9	53	29	44	5**	36	4	10
Experienced a forced sexual act?	4	24	14	21	2	14	3	7
Experienced ≥ 1 type of emotional abuse?	12	71	41	62	8	57	17	41
Age difference between victim and perpetrator?								
< 5 y	2	22	14†	48	3	60	3‡	75
> 5 y	7	78	12	41	2	40	0	0
<i>Average age</i>								
Average age of first unwanted sexual touching (y)?	9.9		11.4		17.8		7.3***	

†3 respondents could not recall their ages at the time of abuse.

‡1 respondent could not recall his age at the time of abuse.

* $p < .03$; ** $p < .04$; *** $p < .05$.

vey were a convenience sample of self-selected individuals who volunteered to complete a questionnaire that asked about past experiences and emotional states. They were also recruited from settings in which students with emotional and sexual difficulties might be overrepresented (eg, gay/lesbian community centers and human sexuality classes).

Data from the Youth Risk Behavior Survey of San Diego high school students in 1999 revealed a rate of suicidal ideation in the past 12 months of 22.3%, with significantly higher rates among female than male students (27.3% vs 17.0%).¹⁶ However, because our survey respondents were asked about suicide ideation at any time in the past, the rates we obtained are not directly comparable to those obtained from students who were asked about the past 12 months only.

The frequency of reported suicidal ideation in our overall sample was also strongly influenced by the very high frequency (71%) among lesbian and bisexual female respondents. We intentionally oversampled lesbian/gay individuals in our study so that we could have sufficient data to make comparisons on the basis of sexual orientation. Thus, these data are not directly comparable to those from local or national surveys of larger groups of individuals who better represent the college population at large.

Our research failed to bear out the findings of many previous studies as well as our hypothesis that gay/bisexual men are at an increased risk for suicidal ideation, compared with heterosexual men. This could be related to the inordinately high percentage of heterosexual men who reported suicidal ideation in our study (12/41, 29%). This is significantly higher than samples of the general population. Again, this result may be related to the fact that survey respondents were a self-selected group who were willing to share sensitive information with us and did not represent the population at large. In addition, our small sample size might have limited the power of our study to find a statistically significant difference between these 2 groups.

We should note that our study was not designed to discern whether the increased frequency of suicidal ideation was a result of abuse or whether abuse and suicidality are coincidental in this population. Clearly, gay/lesbian/bisexual college students experience many forms of discrimination, societal stressors, and outright hatred in their communities.^{17,18} They endure this with very little in the way of support or role models to guide them through these experiences. Garofalo¹¹ and associates found that sexual orientation was not an independent predictor of attempting suicide among lesbian women; they postulated that mitigating factors, such as drug use or victimization, may be involved. In no way did we address the influence of these factors on suicidality in our study. Both our instrument and the sample size prohibited us from making any conclusions along these lines.

We found increased frequency of reported sexual abuse among women, compared with that among men; that result is consistent with those reported by Saewyc and colleagues in 1998.¹⁹ Still, our study did not reveal any differences that were based on sexual orientation. That finding may be attributable to the unusually high percentage of heterosexu-

al women (44%) who reported unwanted sexual touching. Nearly half of those touches, however, occurred between survivors and perpetrators whose ages were less than 5 years apart. These are similar to the data that showed that gay/bisexual men were significantly more likely than heterosexual men to report unwanted sexual touching. In the case of these men, the average age of first unwanted sexual touching among gay/bisexual men was almost 18 years. We did not evaluate whether the participants who reported sexual touches represented something more akin to sexual harassment than to abuse. Clarification of this point would require larger numbers of respondents to determine if, indeed, the ages of the individuals involved were significantly different. In addition, we would have to ask more questions to evaluate the nature of the relationships between the individuals involved.

Finally, we found no differences in the frequency of reports of past physical abuse between gay/bisexual and heterosexual respondents. That result is inconsistent with those results from Harry's²⁰ previous study, which included only men. In our study, we purposely sought out both women and gay/lesbian/bisexual individuals; thus it was not population based. We also had a larger number of respondents than the Harry study had. These factors may have contributed to our disparate results. Further research in this area among larger populations is required to elucidate this point.

Several limitations of this study remain to be addressed. Bias exists in recalling this type of sensitive personal information, which individuals may not be willing to share, either consciously or unconsciously. Also, the subset of respondents who voluntarily sought out the study survey, completed it, and returned it in a clinic and community group setting were most likely to be highly motivated to share their feelings and experiences. Thus, they do not represent the student population as a whole or young adults at large. Our findings therefore, should be considered preliminary and tentative.

Another limitation of the study is the use of a questionnaire that had not been formally tested for validity and reliability. No instrument that asked all of the questions we needed was available, so we developed one for our study. Because we needed to limit the length of the questionnaire, we did not ask survey respondents to describe their experiences with various types of abuse in detail. In addition, we did not ask about their ages at the time they had suicidal thoughts or attempted suicide or whether they were currently experiencing suicidal ideation. We also asked no questions designed to determine the amount of social support the students felt or the quality of their current relationships with family members. Additional data of this type would have helped us better evaluate possible connections between history of abuse, sexual orientation, and suicidal ideation/attempts.

Although our study did not clarify the relationships between gender and abuse histories among gays/lesbians/bisexuals, it confirmed trends that revealed that women, in general, and lesbians/bisexual women in particular, report

suicide ideation and attempts with greater frequency than men do. The effects of these feelings on the development, academic success, and lives of young people warrant further attention from practicing clinicians and researchers.

Further research in this area should use either questionnaire or interview formats that have been tested for validity and reliability. In addition, surveyed individuals should find that the assurances of confidentiality are acceptable. In a medical setting, young people are usually very willing to share information concerning their past experiences, current behaviors, and current concerns regarding their emotional states and sexuality. Data collected from confidential intake questionnaires completed by adults scheduled for an initial physical examination through a large health maintenance organization revealed a strong relationship between the number of adverse childhood experiences (including three types of abuse) and adult medical problems.²¹

A similar questionnaire with additional questions concerning mental health and sexuality could be used for students entering college and would be helpful for healthcare providers in counseling and collecting data for a wider sample of this group of young people. Such a project would provide a data set that could better answer the questions about possible links among abuse, suicide ideation, and sexual orientation that we could not answer in this preliminary study.

Human sexuality undoubtedly involves a complex interplay of genetic, social, and environmental interactions. It is important to explore the role of sexual orientation as a possible risk factor for suicide and abuse so that gay/bisexual youth can receive the care and support they need.

Although this study was only a preliminary attempt to investigate a possible connection between sexual orientation, childhood abuse, and suicide ideation or attempts among college students, the results do suggest that both sexual orientation and past experience with physical, sexual, or emotional abuse may put young people, especially women, at a higher risk for suicidal ideation. Therefore it is important that all clinicians who provide healthcare services to young adults consider the use of screening questionnaires that ask about past experiences with physical, sexual, and emotional abuse, as well as screening questions regarding suicidal ideation. Questions about sexual orientation, an important part of the sexual history for adolescents and young adults in any healthcare setting must be asked in a nonjudgmental and supportive atmosphere.

Healthcare providers can play an important role in the lives of gay/bisexual or abused youth. In their study, Chandy and colleagues²² showed that factors such as being religious, having strong emotional attachments to family, and having both parents at home can protect against suicidality in women who are sexually abused. In addition to being sensitive to the issues of sexual abuse and sexual identity in their patients' lives, healthcare providers who inquire about these potentially protective factors can be important resources for gay/bisexual and abused youth who may not have a family member in whom they can confide.

NOTE

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ABSTRACT

Molstad, S., & Kher, N. **Health Concerns and Needs of Nontraditional Women Students at a Rural Southern University.** *College Student Journal*, 2001, 35 (September) pp. 326–334.

At a rural southern university, 55 nontraditional women students, 25 years of age and older, completed a health needs and concerns assessment. Sixty-six percent of the women reported having health insurance, and the health insurance of only 46 percent of the women included screening and preventative testing. Thirty-four percent of the women reported having annual checkups, and another 46 percent said that they rarely or never exercised. 32 percent exercised one or two times per week, and 20 percent exercised three or four times per week. Although 48 percent had never smoked and 22 percent had quit smoking, 20 percent smoked up to one pack per day. With respect to the other health risk factors, 36 percent did not know their cholesterol level, 8 percent did not know their blood pressure, 85 percent had never driven while intoxicated, and the majority consumed a mixture of high and low fat dairy products on a daily basis. When asked to rate the importance of the availability of various services, the women rated preventive health screening, assertiveness training, self-defense for women, educational information about health issues, and financial planning as highly important (10 ref)—*Northwestern State University*.

Cited in *Higher Education Abstracts*.

