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Abstract
Objectives. To assess the number of suicide-related behaviors among LGB adults, directly compared between sampling strategies, and to estimate the pooled prevalence.
Methods. We searched 6 databases for peer-reviewed articles with data on suicide-related behaviors and for unpublished dissertations. We extracted data on sample characteristics, sexual orientation, and suicide-related behaviors. We used random-effects meta-analytic models to estimate the pooled prevalence for the 3 primary sampling strategies (convenience, venue-based, and population-based).
Results. We identified 2 population-based, 3 venue-based, and 15 convenience samples. Lifetime suicide attempt prevalence was 1.5 times higher in convenience samples than in venue-based samples. Lifetime suicide ideation was 1.4 times higher in convenience samples than in population-based samples. Lifetime suicide attempts were 2.5 times higher among bisexual participants than among participants who identified as lesbian, gay, or bisexual. The pooled prevalence of lifetime suicide attempts among LGB participants was 20.5% (95% CI = 18.0%, 23.1%) for sexual minority respondents, which formed the basis of analyses.
Conclusions. Suicide-related behaviors among LGB adults were higher than in the general population. Suicide-related behaviors among LGB adults strongly suggest disparities exist in mental health and well-being. Research and practice should focus on the mental health and well-being of LGB adults. (Am J Public Health. 2015; 105(S3):e1-e1. doi:10.2105/AJPH.2014.302164)

Sexual minorities are a diverse population with unique health concerns. Although research on sexual minority health has increased, research on sexual minority health disparities, including suicide-related behaviors, remains relatively scarce. Research on suicide-related behaviors among sexual minority adults is important because of their longstanding and pervasive health disparities, including suicide-related behaviors, because of their stigmatized status.[1] The degree of this stigmatization varies by sexual orientation, with bisexual people experiencing more stigma than lesbian, gay, or bisexual people.[2] Thus, adults who identify as bisexual may be at greater risk for suicide-related behaviors than other sexual minority adults.

Epidemiological evidence for health disparities among sexual minorities has come from 1 of 3 sampling strategies: convenience, venue-based, and population-based. Convenience samples have been used to study suicide-related behaviors—most often measured as self-reported history of suicide attempts—among sexual minority adults in 18 of 20 studies identified in a review of research on suicide-related behaviors among sexual minorities.[3] Convenience samples have been used to study health disparities among sexual minorities, which, by definition, are not representative of any population. Thus, the extent to which these results generalize to the population of sexual minorities is unknown. Venue-based samples have been used to study suicide-related behaviors among sexual minority adults in 2 studies identified in the review.[3] Venue-based samples are a form of convenience sampling in which participants are recruited from venues that are frequented by members of the population of interest. Although this sampling strategy has the potential to yield a representative sample, it is unknown whether venue-based samples are representative of the population of sexual minorities. Population-based samples have been used to study suicide-related behaviors among sexual minority adults in 2 studies identified in the review.[3] Although population-based samples are considered the gold standard for epidemiological research, they are rarely used to study health disparities among sexual minorities because of the cost of sample size and sampling strategies that are required to obtain a representative sample of sexual minorities.[4]

Although research on suicide-related behaviors among sexual minorities has come from 1 of 3 sampling strategies, it is unknown whether the 3 sampling strategies yield similar estimates of suicide-related behaviors among sexual minorities. Similar estimates would suggest that research on suicide-related behaviors among sexual minorities using convenience samples is representative of the population of sexual minorities. Dissimilar estimates would suggest that research on suicide-related behaviors among sexual minorities using convenience samples is not representative of the population of sexual minorities. Although research on suicide-related behaviors among sexual minorities using convenience samples is not representative of the population of sexual minorities, it is important to study these behaviors because of their high prevalence and because they are a leading cause of death.[5] Research on suicide-related behaviors among sexual minorities using convenience samples is important because it can identify subpopulations of sexual minorities at high risk for suicide-related behaviors. Although research on suicide-related behaviors among sexual minorities using convenience samples is important, it is unknown how suicide-related behaviors among sexual minorities using convenience samples differ from those using other sampling strategies.

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