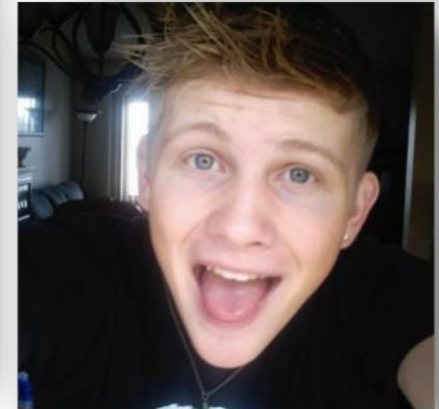
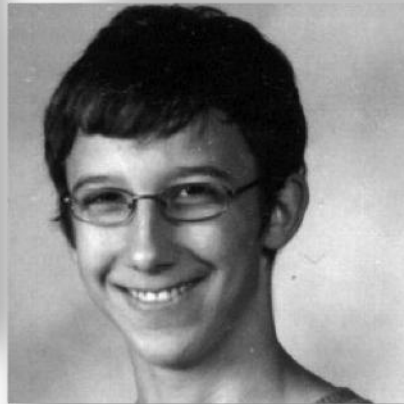


SUICIDE AND LGBT PEOPLE: HOW TO TALK ABOUT IT





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A NOTE OF CAUTION: The recommendations that follow are not, and should not be read as, a critique of any organization or chapter's messaging, public communications, or activities around LGBT suicide. Rather, they represent an opportunity to move forward with research-informed communications focused on preventing the loss of LGBT lives to suicide and improving the emotional and psychological well-being of LGBT people.



SUICIDE AND LGBT PEOPLE: HOW TO TALK ABOUT IT

Terminology:

Death by Suicide - preferred term

Contagion - suicide serves as a model, in the absence of protective factors, for the next suicide

Research Overview: What We Know About Suicide and Suicide Risk

Suicide in the General Population

- 11th Leading cause of death among population overall
- 3rd leading cause of death among youth (10 – 24), following homicides and accidents
- Likely the 2nd leading cause of death among college students
- Suicide rates generally increase with age, with the highest rates among those in midlife years, followed by the elderly
 - 37.1% of suicide deaths in 2007 were of people ages 45- 64. Suicide victims age 10-24 accounted for 12.5% of suicide deaths in 2007, and individuals age 70+ accounted for 11.7%.



Research Overview: What We Know About Suicide and Suicide Risk

Suicide in the General Population

- More than three out of every four people (79%) who died by suicide are male
- Three out of every four people who make a suicide attempt are female
- Suicide attempt is *not* a strong predictor of completed suicide. Less than 10% of those admitted to ERs following a suicide attempt die by suicide over the next 20+ years



Research Overview: What We Know About Suicide and Suicide Risk

Suicide Risk Factors in the General Population

- 90% of people who died by suicide had a mental disorder at the time of death, often undiagnosed, untreated, or inadequately treated
- Most common mental disorders associated with suicide: major depressive disorder, anxiety disorder, bipolar disorder, substance abuse disorder, eating disorders, schizophrenia
- Other risk factors: Family history of suicide or mental illness, history of childhood physical or sexual abuse, exposure to suicide (especially suicide of others with whom one identifies or admires), social isolation, lack of social support, access to lethal means
- Adverse life events may *precipitate* suicidal behavior in persons with co-occurring risk factors, especially depression or other mental disorders. The great majority of people who experience adverse life events do not become suicidal.



Research Overview: Prevention

Suicide Prevention in the General Population (Evidence Based)

- Psychiatric medications
- Structured Psychotherapy
- Education of Primary Care providers to recognize and treat depression and other mental disorders
- Aftercare following a suicide attempt
- Restriction of lethal means
- Decreased media coverage of suicides (more on this later)

****Strategies that need further study to determine impact include suicide/crisis hotlines.***



Research Overview: What We Know About Suicide and Suicide Risk

Suicide in LGBT Populations

There is a lack of knowledge about completed suicide in LGBT populations

- Sexual orientation and gender identity is not recorded on standard death certificates in the US and most other countries
- Psychological autopsies are an unreliable method of determining SO/GI in people who died by suicide

- Data from a Danish mortality and sociodemographic registries showed that adult men who were currently or formerly in same-sex domestic partnerships were eight times more likely to die by suicide than men with histories of heterosexual marriage, and almost twice as likely as men who had never been married. No difference was found between same-sex and opposite sex partnered women.

NOTE: Be careful not to misrepresent data on suicide attempts by LGBT people as indicative of LGBT suicide deaths. The two are not the same. One of the most familiar errors of this kind involves the widely publicized claim that gay youth constitute 30% of suicide deaths. This number is not supported by any existing research because there are no structures in place to collect data on the sexual orientation or gender identity of those who die by suicide.



Research Overview: What We Know About Suicide and Suicide Risk

There is a growing body of data and information on suicide attempts in LGBT populations. Among the findings:

- Over a lifetime, reported suicide attempts among gay and bisexual adolescent and adult males are about four times those of comparable straight males.
- Lifetime prevalence of reported suicide attempts in lesbian and bisexual adolescent and adult women is almost two times that of comparable straight women.
- While a great deal of the research has focused on suicidal behavior among LGBT youth, there is some evidence suggesting that suicide attempt rates may also be elevated in LGBT adults.
- In U.S. surveys, LGB adolescents and adults have two to six times higher rates of reported suicide attempts, compared to comparable straight people.
- Risk of suicide attempts is higher for gay and bisexual men than for lesbian, gay and bisexual women—a reversal of similar findings in the population as a whole.
- Surveys of transgender people consistently report markedly high rates of suicide attempts.



Research Overview: What We Know About Suicide and Suicide Risk

Key Suicide Risk Factors in LGBT Populations

- Male gender (remember the first slide!)
- Stigma, Prejudice, Discrimination
 - Increasing number of adolescent and adult studies have found an association between individual experiences of rejection, harassment and discrimination based on LGB status and reported suicidal behavior.
- Mental disorders
 - Depression, anxiety disorders and substance abuse are 1.5 times more common in LGB people than in comparable heterosexual individuals
 - Gender patterns of mental disorders in LGB people differ from those in the general population; i.e. higher rates of depression and panic disorders in g/bi men, and higher rates of substance abuse in l/bi women
 - Mental disorders do not appear to entirely explain elevated rates of suicide attempts in LGB individuals. After adjusting for mental disorders, reported suicide attempt rates in LGB respondents remain two-to-three times higher than among heterosexual respondents



Research Overview: What We Know About Suicide and Suicide Risk

Bullying and Suicide

- Persistent bullying, like other forms of trauma, can be a ***contributing factor*** in a suicide attempt or suicide death. Specifically, bullying may lead to or worsen depression, anxiety and social isolation, which in turn, can lead to thoughts of suicide or suicidal behavior.
- Bullying may also be a ***precipitating event*** that pushes an individual who may be contemplating suicide to act on that idea. Again, this does not mean that the bullying was itself the cause of a suicide.



NOTE: Please use extreme caution in trying to build connections between bullying and suicide.

Research Overview: Prevention

Suicide Prevention Strategies for LGBT Populations

(According to the American Foundation for Suicide Prevention)

- Programs and services that increase social support and decrease social isolation among LGBT youth (GSAs, hotlines, social networking)
- Interventions to engage and increase parental acceptance of LGBT youth^{*}
- Increased awareness/education about mental disorders as a risk factor for LGBT attempted and completed suicide
- Increased referral of high-risk LGBT youth and adults to resources
- Expanded availability of culturally appropriate mental health treatments^{**}

^{*} This is why the support and outreach functions of PFLAG chapters are so important

^{**} You may have heard of this program called Straight for Equality in Healthcare? We can help with the “culturally appropriate” part.



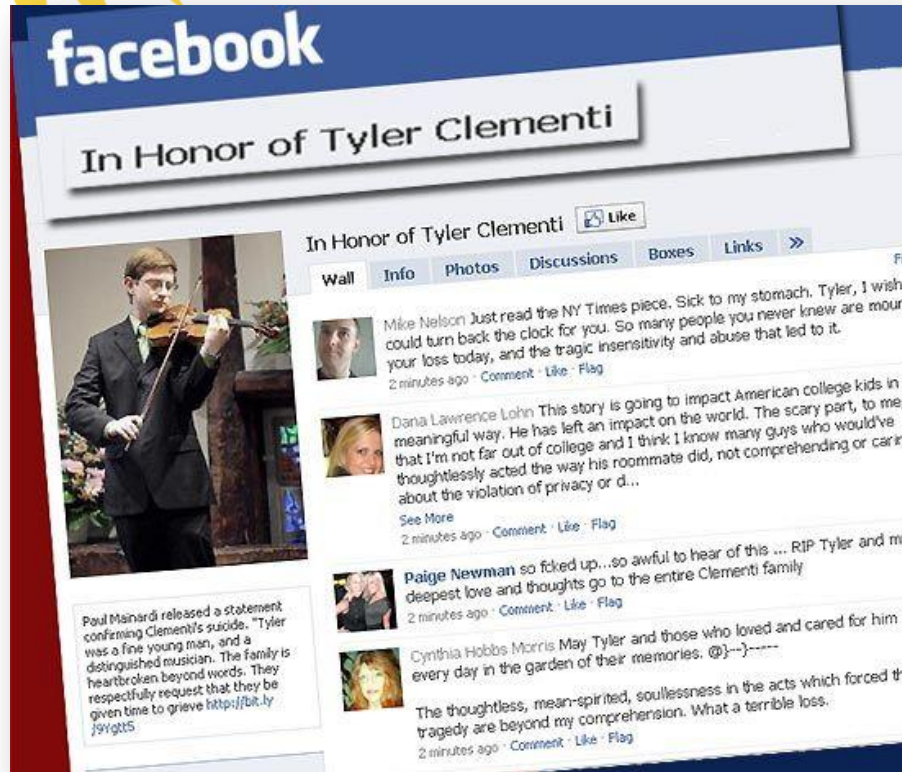
Research Overview: Safe and Effective Messaging for Prevention



The DON'Ts

- **Don't focus on the personal details of the people who have died by suicide.** Vulnerable individuals may identify with the personal details of the individuals leading them to consider ending their lives in the same way.
- **Don't present overly detailed descriptions of victims or methods of suicide.** Research shows that pictures or detailed descriptions of how or where a person died by suicide can be a factor in vulnerable individuals imitating the act.

Research Overview: Safe and Effective Messaging for Prevention



The DON'Ts

- **Don't glorify or romanticize suicide or people who have died by suicide.** Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide.
- **Don't normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option.



Research Overview: Safe and Effective Messaging for Prevention

The DON'Ts

- **Be careful not to state or suggest that a particular policy or its absence—including safe schools laws and anti-bullying policies—will in and of itself “prevent suicide.”** Connecting a desired policy change to the betterment of psychological well-being for LGBT people is a more accurate, less sensationalistic approach.
- **To avoid elevating contagion risks, do not present suicide as a natural reaction to discrimination or anti-LGBT rhetoric.** This can mislead vulnerable community members to think of suicide as a common response to the lack of immediate solutions to their experiences of discrimination.



Research Overview: Safe and Effective Messaging for Prevention

The DOs

- **Do emphasize help seeking and provide information on finding help.** Your PFLAG chapter or the Trevor hotline are both great resources!
- **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know other who might be.
- **List the warning signs, as well as the risk factors of suicide.**
- **Do highlight effective treatments for underlying mental health problems.**

The logo for The Trevor Project, featuring a small square icon with a star on the left and the text "The Trevor Project" in a white, cursive font on an orange background.

★ HELPLINE INFO ★

THE TREVOR HELPLINE: 866-4-U-TREVOR

866-488-7386

Research Overview: Safe and Effective Messaging for Prevention

Chapters

- Provide local mental health resources
- Discuss the root causes and risks associated with suicide
- Look for warning signs and encourage members to get help
- If planning or participating in vigils keep the focus off specific details of the suicide and victims life and focus on risks to the LGBT community

