

LGBT Suicide Risk: From Knowledge to Prevention

Creating Partnerships: Taking a Collaborative
Approach to Advancing Suicide Prevention

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LGBT Suicide: A Neglected Topic

- Since 1970s, studies suggest elevated risk of LGBT suicidal behavior
- Appendix to *U.S. National Strategy for Suicide Prevention* (2001) identified LGB youth as at-risk population, based on “stigma and labeling”
- Questioned applicability of existing youth services
- No mention of targeted interventions or prevention programs

LGBT Consensus Conference, November 2007

AFSP, SPRC, GLMA assembled 26-member Consensus Panel to:

1. Summarize research on LGBT suicide, suicide attempts and suicide risk
2. Identify knowledge gaps and make recommendations for addressing them
3. Make recommendations for applying existing knowledge to reduce LGBT suicide risk



Findings Published, January 2011

The screenshot shows a Mozilla Firefox browser window with the address bar displaying `http://pdfserve.informaworld.com/452365__931819675.pdf`. The browser's menu bar includes File, Edit, View, History, Bookmarks, Yahoo!, Tools, and Help. The toolbar shows navigation buttons, a search bar with the text "Find", and a zoom level of 105%. The main content area displays a PDF document from the Journal of Homosexuality. The document title is "Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations". The authors listed are Ann P. Haas^a; Mickey Eliason^b; Vickie M. Mays^c; Robin M. Mathy^d; Susan D. Cochran^e; Anthony R. D'Augelli^f; Morton M. Silverman^g; Prudence W. Fisher^h; Tonda Hughesⁱ; Margaret Rosario^j; Stephen T. Russell^k; Effie Malley^l; Jerry Reed^m; David A. Littsⁿ; Ellen Haller^o; Randall L. Sell^p; Gary Remafedi^q; Judith Bradford^r; Annette L. Beautrais^s; Gregory K. Brown^t; Gary M. Diamond^u; Mark S. Friedman^v; Robert Garofalo^w; Mason S. Turner^x; Amber Hollibaugh^y; Paula J. Clayton^z. The document is published by Routledge. The browser's status bar at the bottom shows the system tray with the start button, taskbar icons for Microsoft Word, Firefox, Microsoft Excel, and Microsoft PowerPoint, and the system clock showing 7:42 AM on a sunny day with a temperature of -9°F.

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Suicide and Suicide Risk in Lesbian, Gay, Bisexual, and Transgender Populations: Review and Recommendations
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Full text available at:

<http://www.tandfonline.com/doi/abs/10.1080/00918369.2011.534038>

What We Know & What We Don't: Completed Suicide

- *No data on rates of LGBT mortality by suicide (or any other cause) in U.S.*
 - U.S. Standard Death Certificate does not include sexual orientation or gender identity (SO/GI)
 - Not identified in CDC's National Violent Death Reporting System (supplemental data on suicides/homicides in 18 states drawn from Medical Examiner, coroner, law enforcement reports)

Danish Data Suggest High Suicide Rates Among Gay Men

- Danish marriage/domestic partnership records linked to mortality registry, using unique identifier numbers (Mathy et al., 2009)
 - Adult *men* in same-sex partnerships *8 times* more likely to die by suicide than married heterosexual men; *twice* as likely as never-married heterosexual men
 - No significant differences in suicide rates for same-sex partnered, married heterosexual and never-married women

Not (Yet) Confirmed by U.S. Data

- Elevated suicide rates among gay men not shown in longitudinal data from NHANES III (1988-94) (Cochran & Mays, 2011)
 - 18-yr. follow-up study of 85 (out of 5,000) men who reported some same-sex sexual behavior showed no suicide deaths
 - Small sample, limited time period, sexual orientation defined only by sexual behavior



International Clinical Data Suggest High Suicide Rates in Transsexuals

- Elevated number of suicide deaths among Dutch transsexual women and men receiving hormone therapy (van Kesteren et al., 1997)
- 16 possible suicide deaths among 2,000 persons in 13 countries following gender reassignment surgery (Pfäfflin & Junge, 1998)
- Not generalizable to all transgender populations

LGBT Suicide Attempts

- Gay/bisexual male adults & adolescents - *4x higher* lifetime rate of suicide attempts than heterosexual males (King et al., 2008)
- Lesbian/bisexual female adults & adolescents - *2x higher* lifetime rate than heterosexual females
- LGB adolescents - *3x* higher rates of suicide attempts than heterosexual youth; *4x* higher rate of medically serious attempts (Marshal et al., 2011)
- Transgender adults – high rates of lifetime suicide attempts

Percentage Reporting Lifetime Suicide Attempt

- 12-19% of LGB adults vs. 4.6% of all U.S. adults
 - consistently higher among GB men than LB women (opposite of general population)
- 30+% of LGB adolescents vs. 8-10% of all U.S. adolescents
 - gender differences less marked in LGB adolescents
- 41% of respondents in 2009 National Transgender Discrimination Survey (ages 18-89)

What This Means – and Doesn't

- Suicide attempts are not a proxy for suicide deaths
 - 80% of suicides by males
 - 75% of suicide attempts by females
 - 10% of suicide attempters (N=18,199) died by suicide in next 5 years (Haukka et al., 2008)

- But, high lethality of methods and frequency of anecdotal reports suggest elevated rate of sexual minority suicide, esp. among gay male and transgender populations

Key Risk Factors: Mental Disorders

- Mental disorders = most frequently studied suicide risk factor among LGBT populations
 - Linkage suggested by psychological autopsy studies identifying diagnosable mental illness in >90% of completed suicides (Rich et al., 1986; Isometsa et al., 1995; Conwell et al., 1996)
 - Data source for most recent analyses are population-based health surveys that ask about suicide attempts *and* mental disorders



Rates of LGBT Mental Disorders Parallel Rates of Suicide Attempts

- Depression, anxiety disorders and substance use disorders 1.5 times higher in LGB adolescents and adults than comparable heterosexuals (King et al., 2008)
- As with suicide attempts, prevalence of mental disorders esp. high in GB males vs. LB females
- GB males - *depression* and *panic disorder*
- LB females - *substance use disorders*
- Transgender surveys show correlations between suicide attempts and mood, anxiety, substance use disorders

Mental Disorders by Dimensions of Sexual Orientation

Using multiple measures of sexual orientation, 2004-2005 NESARC survey found (Bostwick et al., 2010):

- Those who *identified as L, G and B* (vs. heterosexual) each had higher rates of mental disorders
- Men with *any same-sex* (vs. only opposite-sex) *behavior or attraction* had higher rates of mental disorders
- Women with *only same-sex sexual behavior and attraction* had lower rates of mental disorders than all other women

Implications

- Findings strongly influenced by definition of sexual orientation
- Health surveys commonly focus on *sexual behavior* but *sexual identity* may have strongest impact on suicide risk (*sexual attraction* in adolescents?)
- Common practice of combining LGB groups obscures significant intra-group differences

Additional Risk Factors: Prejudice, Stigma & Discrimination

LGB mental health, suicidal ideation and suicide attempts related to “minority stress” (Meyer 1995)

- Harassment, bullying, violence, victimization based on known or perceived LGB status (Meyer 2003)
- “Everyday stigma” – e.g., anticipatory stress re. disclosure, family conflict/estrangement, social exclusion/isolation (Meyer et al., 2011)
- Marked gender-related discrimination (National Transgender Discrimination Survey, 2009)

Another Risk Factor: Institutional Discrimination

- Discrimination resulting from laws and policies that create inequalities or fail to protect sexual minorities; e.g.:
 - Hate crimes/employment discrimination policies that exclude SO/GI; state constitutional amendments restricting marriage to “one man-one woman”
- Institutional discrimination linked to higher levels of mental disorders in LGB people (Hatzenbuehler et al., 2009; 2010)
- Linkage to suicidal behavior not yet studied

Suicide Risk in LGBT Youth vs. Adults

- Greater *recent* focus on suicidal behavior in LGBT youth
- Less specific data available on LGBT adults
 - Surveys tend to focus on lifetime suicide attempts
 - Rarely inquire about age at time of attempt
- *No generalizable data on suicidal behavior in LGBT older adults*

Is Risk Greater in LGBT Youth?

General population data suggest NO

- Youth have highest ratio of suicide attempts to completed suicide (>25:1) but not highest suicide rates
 - 7 suicides per 100,000 in youth (10-24 yrs.)
 - 17 per 100,000 in middle-aged adults (45-64)
 - 15 per 100,000 in older adults (70+)

Is Youth Risk Greater...?

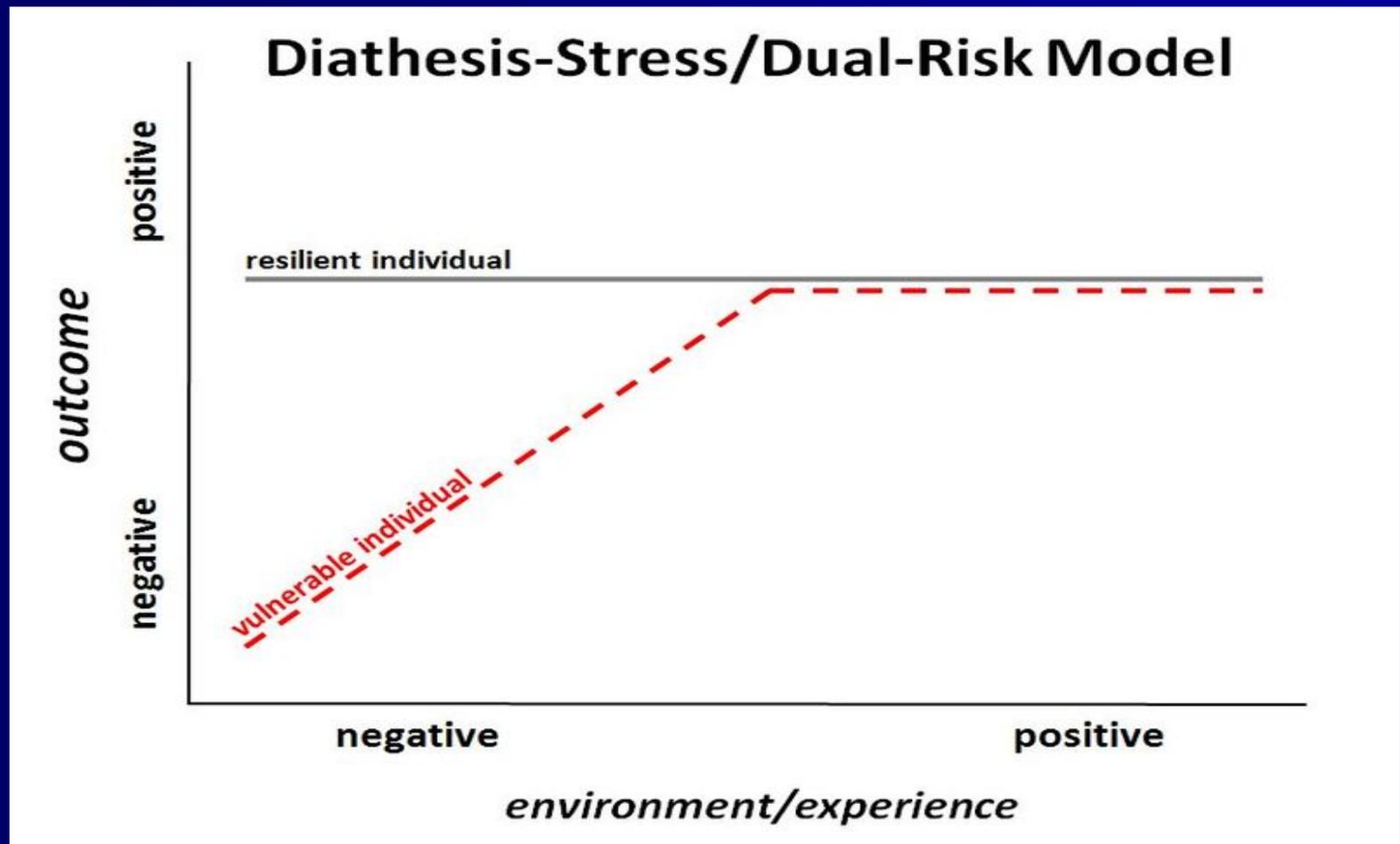
Data from other vulnerable populations suggest YES

- e.g., American Indian/Alaskan Natives
 - 17 suicides per 100,000 in youth (10-24 yrs.)
 - 12 per 100,000 in middle-aged adults (45-64)
 - 3.5 per 100,000 in older adults (70+)
- Until better data are available, risk across LGBT lifespan should be assumed

Limitations of Current Research on LGBT Suicide Risk

- Absence of an integrating model of LGBT suicide risk
- No studies have simultaneously looked at impact of individual risk factors (mental disorders) and environmental risk factors (minority stress) on suicide attempts or deaths
- Little emphasis on factors that protect against or impart resilience re. suicidal behavior

Dual-Risk Model of Suicide Risk



Application to LGBT Populations

- Pervasive, widely shared environmental stressors...
 - Culturally stigmatized identity, esp. for males
 - “Everyday stigma”
 - Discriminatory laws and policies

...have different outcomes depending on individual vulnerability vs. resilience

Factors Contributing to Vulnerability

Experiences of:

- Family rejection
- Social isolation/lack of peer, community support
- Harassment, bullying, violence, victimization

Lead to or reinforce:

- Low self-esteem, negative sexual/gender identity
- *Depression, anxiety, substance abuse*
- *Hopelessness, despair, suicidal ideation*

Factors Contributing to Resilience

Experiences of:

- Family acceptance
- Support of LGBT peers, community
- Safety in school and other environments
- Availability of culturally appropriate mental health treatment

Lead to or reinforce:

- Positive sexual/gender identity
- Robust mental health

Bullying and Suicide

Findings of general population studies:

- Increased prevalence of depression, suicidal ideation and suicide attempts in youth who are bullied *and* youth who bully others
- Small percentage of youth involved in bullying engage in self-harm behavior
- Longitudinal study showed suicidal behavior *only* in youth with depression at time bullying occurred (Klomek et al., 2011)
- No long-term adverse outcomes among bullied youth with no psychiatric vulnerability

Complex Relationship

- Persistent bullying can lead to depression, anxiety, substance abuse, hopelessness, despair which increase suicide risk
- Bullying can precipitate suicidal behavior in youth who are already struggling with depression or other mental disorders
- Depression and other mental disorders frequently manifest in ways that increase the likelihood of being bullied

Suicide Prevention Strategies for LGBT People

1. Expand the Knowledge Base that Informs LGBT Prevention Practice

- Increase funding of research on LGBT suicide risk
- Improve identification of LGBT people in suicide surveillance systems (deaths and attempts)
- Include SO/GI in federal benchmark health surveys
- Include measures of sexual orientation and gender identity in all studies of suicide and suicide risk

Suicide Prevention Strategies...

2. Expand Statewide Capacity for LGBT Suicide Prevention

- Address LGBT communities in state Suicide Prevention Plan
- Increase awareness of LGBT risk among suicide prevention personnel and health/mental health care providers
- Build suicide prevention networks that include state agencies, mental health agencies and organizations and LGBT organizations

Suicide Prevention Strategies...

3. Decrease Factors Contributing to Vulnerability & Increase Factors Contributing to Resilience
 - Work with families of LGBT youth to increase understanding, acceptance and support
 - Encourage Gay-Straight Alliances and other mechanisms for peer/community support of LGBT people
 - Increase safety of LGBT people in schools, workplaces, communities

Suicide Prevention Strategies...

- Implement mechanisms for identifying high-risk LGBT persons and referring them to treatment
- Expand availability and access to culturally appropriate, high quality mental health treatments for LGBT people
- Work with LGBT organizations to develop and implement strategies to reduce stigma of mental disorders in LGBT communities

Suicide Prevention Strategies...

4. Improve Cultural/Social Environment for LGBT People

- Support laws and public policies that increase equality and reduce discrimination of LGBT people
- Encourage accurate and responsible reporting and portrayals of LGBT suicide in all forms of media

TALKING ABOUT SUICIDE & LGBT POPULATIONS

June 2011



Talking About Suicide & LGBT Populations

- Adapts “Recommendations for the Media” to LGBT context
- Describes how media and public communications can create suicide contagion
- Emphasizes the complexity of suicide causation
- Cautions against sole focus on adverse experiences (bullying) as causing suicide
- Urges avoidance of terms like “bullycide” or epidemic” in talking about LGBT suicide

Available from www.afsp.org

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