Suicide Risk and Prevention among Lesbian, Gay, Bisexual, and Transgender Youth

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Workshop Objectives

At the end of this training, you will be able to:

1. Have an awareness of data and developmental models for suicidal behavior and LGBT issues
2. Discuss statistics related to suicidal behavior among LGBT youth
3. Discuss risk and protective factors for LGBT youth and the implications
4. Describe strategies to reduce suicidal behavior among LGBT youth
5. Identify next steps

Adaptation

- Suicide Risk and Prevention for LGBT Youth, 2008 www.sprc.org/library/SPRC_LGBT_Youth.pdf
- Family Acceptance Project, Ryan & Diaz, 2009

Populations Data and Developmental Models
Concrete data is difficult to obtain

- Federal data sources designed to provide population estimates in the United States (e.g., the Decennial Census or the American Community Survey) do not include direct questions regarding sexual orientation or gender identity.
- Many people are still not comfortable disclosing sexual orientation and gender identity.
- Much of the existing data is older and estimated based on various studies; approximately 10,000,000 people identify as LGBT; 9,000,000 LGB and 1,000,000 Transgender. Youth prevalence; 10-20% of youth identify as LGB, T-unknown.

Stages of sexual orientation development:

- Awareness, recognition
- Testing, exploration
- Identity, definition, adoption of a label
- Disclosure (“coming out”) • Acceptance
- Same sex contact, romantic or emotional involvement
- Identity within a group, integration

Developmental Ages– LGB

- First feeling different: 8 years old

- First aware of same-sex attractions:
  - Age steadily declining
  - Males age 10, females age 11

Transgender Developmental Models

- Devor describes stages of transgender identity formation including:
  - Anxiety
  - Confusion
  - Discovery of trans identity
  - Tolerance
  - Delay before acceptance
  - Acceptance
  - Transition
  - Integration
  - Pride

1. D’Augelli & Grossman, 2001
2. D’Augelli, 2002
How and when do children understand their gender identity?

According to the American Academy of Pediatrics, “A child's awareness of being a boy or a girl begins in the first year of life…and by age 4, gender identity is stable and they know that they will always be a boy or a girl.” Children “know” who they are, just as you did, from as early as age two. Some children don’t have the words to “tell” you that they are gender variant; therefore, it is important to pay attention to cues and behaviors.

- Gender dysphoria during childhood does not inevitably continue into adulthood (6–23% of boys; 12–27% of girls).
- No formal statistics are available for adolescents.
- However, in qualitative studies trends find that a majority of teens referred to gender clinics take some measures to transition.
- In gender dysphoric children under age 12, the male/female ratio ranges from 6:1 to 3:1.
- In gender dysphoric adolescents older than age 12, the male/female ratio is close to 1:1.

Challenges

- Increased family rejection
- Increased harassment and violence
- Increased homelessness; increased risks for HIV
- Increased health disparities
- Increased depression
- Increased discrimination; schools, work settings
- And more….

SUICIDE STATISTICS
Youth Suicide—General Population

- Suicide is the 3rd leading cause of death for youth in the United States.
- Over 4,000 youth die by suicide each year.
- About 1 out of every 15 high school students attempts suicide each year.

1. Centers for Disease Control and Prevention, 2007

Suicide in LGB Youth

- LGB youth are 1½ to 3 times more likely to report suicide ideation than non-LGB youth. 47.3% of GB adolescent boys vs. 34.7% of non-GB adolescent boys (lifetime) 1
- 72.9% of LB adolescent girls vs. 53.0% of non-LB adolescent girls (lifetime) 2
- LGB youth were more than 2 times more likely to attempt suicide than their heterosexual peers (past year). 3
- 30% of LGB youth vs. 13% of heterosexual youth (median age of 18) had attempted suicide (lifetime). 4
- 52.4% of LB females vs. 24.8% of non-LB females and 29.0% of GB males vs. 12.6% of non-GB males had attempted suicide (lifetime). 5

1. Suicide Prevention Resource Center, 2008
2. Russell & Joyner, 2001
4. Einterz & Knusel, 2006

Suicide in T Youth

Lifetime suicide attempts by experiences of school victimization—survey of adults

<table>
<thead>
<tr>
<th>Have Attempted Suicide</th>
<th>Frequency</th>
<th>Have Attempted Suicide</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harassed or Bullied</td>
<td>50%</td>
<td>Harassed or Bullied</td>
<td>52%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>63%</td>
<td>Physically Assaulted</td>
<td>68%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>73%</td>
<td>Sexually Assaulted</td>
<td>69%</td>
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<tr>
<td>In High/Middle School</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>50%</td>
<td>Harassed or Bullied</td>
<td>54%</td>
</tr>
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<td>73%</td>
<td>Sexually Assaulted</td>
<td>78%</td>
</tr>
</tbody>
</table>

In addition, in general, according to Dr. Norman Spack from Boston’s Children’s Hospital, 45% of 16-25 year olds who do not receive treatment are suicidal.

Risk and Protective Factors

- In high school, 50% of LGB students report being bullied, compared to 35% of heterosexual students.
- LGB students are more likely to experience physical, emotional, and sexual assault.
- Protective factors include having a supportive family and school environment.

Ecological Model

Individual
Family and peers
Institutional
Community
Society

Being LGBT is not itself a risk factor for suicidal behavior BUT social stigma and discrimination, unsafe schools, and ineffective providers are associated with mood, anxiety, substance use disorders, and suicidal behavior.

Risk Factors – Youth
- Previous attempt(s)
- Mental illness
- Substance use disorder
- Significant negative personality traits
- Mentally ill parents
- Stress (rejection, feared punishment)
- Isolation
- Hopelessness
- Method availability

Risk Factors – LGBT Youth
- Gender nonconformity
- Internal conflict about sexual orientation
- Time of coming out
- Early coming out
- Low family connectedness
- Lack of adult caring
- Unsafe school
- Family rejection
- Victimization
- Stigma and discrimination

1. Fitzpatrick et al. 2005; Remafedi et al. 1991
2. Savin-Williams 1990
3. D'Augelli et al. 2001
4. Remafedi 1991
5. Eisenberg & Resnick, 2006
6. Ryan et al., 2009
8. Meyer 1995
### Protective Factors

#### Some Family Behaviors that Reduce Your LGBT Child’s Risk for Health & Mental Health Problems & Help Promote Their Well-Being

**Behaviors that Help**
- Talk with your child or foster child about their LGBT identity
- Express affection when your child tells you or when you learn that your child is gay or transgender
- Support your child’s LGBT identity even though you may feel uncomfortable
- Advocate for your child when he or she is mistreated because of their LGBT identity
- Require that other family members respect your LGBT child
- Bring your child to LGBT organizations or events
- Talk with clergy and help your faith community to support LGBT people
- Connect your child with an LGBT adult role model to show them options for the future
- Welcome your child’s LGBT friends & partners to your home
- Support your child’s gender expression
- Believe your child can have a happy future as an LGBT adult

### Protective Factors

School safety includes:
- "I feel safe going to and coming from school."
- "I feel safe at school."
- "Bathrooms in this school are a safe place to be."

Other adult caring includes:
- How much youth felt that other adults in their community, faith leaders, and other adult relatives cared about them.

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1. Eisenberg & Resnick, 2006
2. Ryan et al., 2009
3. Fenaughty & Harre, 2003
• Family Acceptance or Rejection

Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

<table>
<thead>
<tr>
<th>Level of Family Rejection</th>
<th>LOW rejection</th>
<th>MODERATE rejection</th>
<th>HIGH rejection</th>
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Suicide Prevention – Addressing Risk and Protective Factors

• Include the topic of LGBT youth risk in awareness materials, conferences, and state and local prevention plans
• Provide training for all staff about LGBT issues
• Include the topics of dealing with discrimination and victimization in life-skills training for youth
• Institute protocols for when youth are identified at risk, youth have attempted suicide, or youth have died by suicide
Clinical Information, Support, and Resources

SAMHSA’s Recommendations

- Work to eliminate distrust of mental health providers.
- Ask ALL clients questions regarding gender and sexuality.
- Follow a counselor competency model.
- Employ LGBTQ providers.
- Create and utilize a large network of competent providers.

Examine Societal Narratives regarding LGBT people:

- Recognize stigmatization and discrimination as a major contributing factor to addiction and other self-harming behaviors.
- Honor struggles faced by LGBT clients.
- Explore how internalized homophobia and transphobia create mental and physical health concerns.
- Empower clients to explore and celebrate LGBT identity.
- Recognize that gender identity, expression, and sexual orientation are fluid in some people
- Affirm clients' identities by using chosen pronouns and utilizing LGBT friendly language.
SAMHSA’s Recommendations

- Provide LGBT Affirming treatment whenever possible:
  - Groups are targeted specifically to LGBT people
  - Examples given in groups are LGBT specific and relevant
  - Groups are not open to heterosexual people
  - Groups may also be separated for lesbians, gay men, bisexuals, and transgender people.
  - Program as a whole is targeted towards LGBT people

- Provide LGBT Sensitive Treatment:
  - Several staff members are “out” as LGBT or as family members.
  - Groups are often open to anyone but LGBT relevant topics are presented
  - There may be LGBT “tracks” for treatment
  - Some groups may be “closed” to straight allies and/or cisgender people.

Resources

Suicide Attempts – After an Attempt

What you can do for a youth after an attempt:

- Let him or her know you care. Try:
  - “I’m sorry you hurt that badly. I wish I could have helped you.”
  - “I want to help you. Tell me what I can do to help you now.”

- Provide information on suicide and mental illness
- Ask the family to lock up any guns in their home and reduce access to lethal means
- Arrange a therapy session for the youth and family before the youth returns home from the hospital if possible
- Help find support and services: consider mental health or faith-based services

Adapted from “After an Attempt: The Emotional Impact of a Suicide Attempt on Families“

Suicide Attempts – After the Hospital

- To help his or her recovery after getting out of the hospital, an individual who attempted suicide needs to:
  - Identify triggers for suicidal thoughts and plan to minimize their effects
  - Create a crisis/safety plan with the youth using those triggers and identify what they can do when they begin to have suicidal thoughts/feelings
  - Build a support system
  - Try to follow a routine
- You can be an important support for LGBT youth who attempted suicide.

Adapted from “After an Attempt: A Guide for Taking Care of Yourself“

Youth Programs

- Can support suicide prevention by strengthening protective factors and decreasing risk factors
- Can train program staff and board in LGBT youth suicide risk, and risk and protective factors
- Can advocate for LGBT youth leadership in suicide prevention programs
- Can provide accurate information about LGBT youth suicide risk on the Web and in materials
Creating A Welcoming Environment

Insert more from Joe's ppt

- Do not assume anyone's sexual orientation or gender identity
- Ask which pronoun they prefer you to use if you are unsure
- Use gender neutral language with everyone
- Have a "safe place" sticker/sign
- Have gender neutral restrooms
- Remember that Suicidal ideation is not always attributed to being LGBTQ
- Keep in mind that not all transgender youth wish to "change their sex"
- Be an advocate or help them find one

Continued

Creating A Welcoming Environment

- Do not "out" youth to others unless absolutely necessary
  - Obtain permission from the youth
  - Look at wording on Crisis plans
  - Look at wording on treatment plans
- Respect youth's right to identify as they wish
  - Identity may shift and change
  - It is normal for adolescents to experiment with gender and sexual expression
  - Respect gender pronouns
  - Respect identity based labels
  - Don’t try to “change their minds”

Discussion and Action Planning

- How can we work to create supportive environments for all youth?
- How can we begin to address the barriers facing LGBT youth who need help?
- What can we do to raise awareness about the particular needs of transgender individuals?
- What will you do to help prevent suicide among LGBT youth?

Contact Information

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