

TALKING ABOUT



Suicide & LGBT Populations



Authors



Partners

2ND EDITION

TALKING ABOUT SUICIDE & LGBT POPULATIONS

In recent years, suicide risk among lesbian, gay, bisexual and transgender (LGBT) people has become a growing focus of public discussion and concern. While some of that visibility has been informed by solid research and facts, other aspects of the discussion have inadvertently contributed to misinformation about suicidal behavior in LGBT populations, potentially increasing the risk of suicide in vulnerable individuals.

The importance of public education about suicide cannot be overstated. It is critical for raising awareness of risk in vulnerable populations, encouraging help-seeking, and advocating for new interventions and prevention strategies for those at risk.

When individuals and organizations talk about suicide safely and accurately, they can help reduce the likelihood of its occurrence; however, talking about suicide in inaccurate or exaggerated ways can elevate that risk in vulnerable individuals.

This second edition of *Talking About Suicide & LGBT Populations* provides facts about suicide and LGBT people, as well as ways to talk about suicide safely and accurately—and in ways that advance vital public discussions about preventing suicide among LGBT people and supporting their health and well-being.

FACTS ABOUT SUICIDE & LGBT PEOPLE

Since the first edition of this guide was published in 2011, our understanding of suicide and LGBT populations—and how to talk about it—has grown significantly. For these discussions to be helpful and not harmful, we need to ground them in what we know about suicide from credible, well-designed research.

At the outset, it is critical to remember that the large majority of LGBT people, including LGBT youth, who experience stressful external factors like discrimination, bullying or family rejection do not become suicidal. When media suggest that suicide is a natural response to such external factors, it can lead at-risk people to see their own experiences of discrimination, bullying or rejection reflected in stories of those who have died—and they may be more likely to think of suicide as a solution to problems they are experiencing.

We do not know suicide rates for LGBT people—because we do not have data on how many LGBT people die by suicide, or by any other cause of death. Discussions about suicide deaths often rely on data about suicide rates and other statistics—and although death records identify a person's age, sex, race and other personal characteristics, they do not include information about a person's sexual orientation or gender identity.

Suicide rates cannot be determined by looking at suicide attempts, as the frequency of deaths and attempts in various groups can be quite different. For example, in the U.S. population, four out of five people (80%) who die by suicide are male, while the majority of those who make a non-fatal suicide attempt (60-75%) are female. However, making a non-fatal suicide attempt significantly increases the likelihood of an eventual suicide death.

Studies in recent years have indicated a higher prevalence of suicide attempts among lesbian, gay, bisexual and transgender people.

- Compared to straight people, gay and lesbian people are more likely—and bisexual adults are more likely still—to report having made a suicide attempt in the past year and/or over their lifetime.
- Transgender people report higher prevalence of suicide attempts in the past year, and over their lifetime, than LGB or straight people. However, direct comparisons for these populations are limited because no single study has surveyed and reported findings for all of these populations.

Studies have also identified a number of factors associated with the higher prevalence of suicidal behavior in LGBT individuals. These include:

- Social isolation and low self-esteem, substance abuse, depression, anxiety, and other mental health issues, often resulting from or worsened by stigma and discrimination.
- Experiences of prejudice and discrimination, including family rejection, bullying, cyberbullying, harassment and mistreatment.
- Laws and public policies that encourage stigma and discrimination, as well as the lack of laws and policies that protect against discrimination.

For additional information and resources, please visit www.lgbtmap.org/talking-about-suicide.

GUIDELINES FOR TALKING ABOUT SUICIDE IN SAFE & ACCURATE WAYS

The following 12 guidelines are designed to help expand conversations about suicide and LGBT people while ensuring that those conversations avoid inaccuracy and protect the health and safety of those at risk:

- 1. DO broadly emphasize individual and collective responsibility for supporting the well-being of LGBT people.** Remind people that individuals, families, institutions (for example, schools), communities and the whole of society have a responsibility to promote a culture that welcomes, accepts and supports LGBT people for who they are.
- 2. DO help people understand the relationship between mental health and suicide risk.** The underlying causes of most suicide deaths are complex; they most often involve depression, anxiety or other mental health issues. Help people understand the relationship of mental health conditions to additional risk factors faced by LGBT people, and to suicide prevention efforts more broadly. See *Facts About Suicide & LGBT People* on page 1 for more information.
- 3. DO encourage discussion about suicide prevention strategies.** The *2012 National Strategy for Suicide Prevention* from the U.S. Surgeon General and the National Action Alliance for Suicide Prevention (<https://www.ncbi.nlm.nih.gov/books/NBK109917>) advocates for a comprehensive, integrated approach to suicide prevention, including: availability of, and affordable access to, high-quality mental health care services; training of community service providers to recognize risk signs and facilitate referrals; reducing stigma regarding mental health issues and suicide; and more. Targeted prevention strategies also play an important role in reducing LGBT suicide risk—for example, social media policies that prohibit cyberbullying.
- 4. DO emphasize the vital importance of resilience**—not just as a factor that can help protect against suicide, but also as a crucial priority when it comes to developing emotional and psychological well-being among LGBT people. Factors that can help foster and strengthen resilience in LGBT people include family acceptance and support, connections to people who care, a sense of safety, and a positive sense of identity as an LGBT person.

Resilience & Other Protective Factors

In discussing suicide, an emphasis on resilience can be helpful not only for at-risk LGBT people, but also for others. Resilience is sometimes described as the ability to adapt to stress and adversity. It is one of several protective factors that can reduce the likelihood of suicide attempts and suicide deaths.

Balance attention to suicide risk factors with a focus on factors that help protect against suicide. Discussing resilience, family acceptance, connections to people who care, help-seeking behaviors, affirmation of one's LGBT identity, and other protective factors can provide hope to—and support the well-being of—LGBT people and others at risk for suicide.

Broadening the conversation to include resilience and protective factors can both reduce contagion risk (see page 3) and help people better understand approaches for preventing suicide in LGBT populations. While working to reduce the risk factors that contribute to suicidal behavior, it is also important to focus attention on ways that individuals and communities can develop practices and programs that protect against self-harm—for example, programs that serve the unique needs of transgender people, bisexual people, older LGBT adults, and LGBT youth.

Other protective factors can include reducing anti-LGBT stigma and prejudice, reducing bullying and other forms of victimization, access to LGBT-affirming physical and mental health care, and legal protections from discrimination. See *Resilience & Other Protective Factors* above for additional information.

- 5. DO help people identify warning signs of suicide, so they can support and provide help to those who might be at risk.** Most people who die by suicide give some warning signs of their distress. These include such things as: looking for ways to kill oneself; talking about wanting to die, feeling hopeless, being in unbearable pain, or being a burden to others; acting anxious, agitated or reckless; withdrawing from others; and displaying extreme mood swings. The more of these signs a person shows, the greater their suicide risk.

6. **DO point people toward, and provide information about, resources that provide intervention and support for people who may be thinking about suicide.** When possible, situate those resources alongside stories of people who used them to help overcome a suicidal crisis. Young LGBT people in particular don't often hear that there are adults who care about them and to whom they can go for help, and elevating such stories can encourage help-seeking by LGBT people who may be contemplating suicide.
7. **DON'T attribute a suicide death to a single factor (such as bullying or discrimination) or say that a specific anti-LGBT law or policy will "cause" suicide.** Suicide deaths are almost always the result of multiple overlapping causes, including mental health issues that might not have been recognized or treated. Linking suicide directly to external factors like bullying, discrimination or anti-LGBT laws can normalize suicide by suggesting that it is a natural reaction to such experiences or laws. It can also increase suicide risk by leading at-risk individuals to identify with the experiences of those who have died by suicide.
8. **DON'T risk spreading false information by repeating unsubstantiated rumors or speculation about suicide deaths or why they occurred.** Accurate information about the reasons for a suicide death can take days and even weeks to surface. Speculation about those reasons, even based on initial statements from friends or family, can fuel false narratives about suicide (for example, claims that multiple suicide deaths occurred because of the results of the 2016 elections) and contribute to the risk of *suicide contagion*. Organizations and advocates have a duty to rigorously confirm such incidents with medical authorities (or rely on credible media reporting) before commenting on them in public.
9. **DON'T talk about suicide "epidemics" or suicide rates for LGBT people.** Remember that sexual orientation and gender identity are not recorded at the time of death, so we do not have data on suicide rates or deaths among LGBT people. In addition, presenting suicide as a trend or a widespread occurrence (for example, tallying suicide deaths that occur in proximity to an external event) can encourage vulnerable individuals to see themselves as part of a larger story, which may elevate their suicide risk.

What Is Suicide Contagion?

Research has shown a link between repeated, sensationalized media coverage of suicide, and a subsequent increase in suicide deaths—a phenomenon known as *suicide contagion*.

Contagion risk tends to occur when there is a high volume and prominence of media stories about a suicide death, when details about the circumstances or methods of the suicide are emphasized, and when persons who have died by suicide are depicted in ways that encourage identification by vulnerable individuals.

Research also shows that risk of suicide contagion can be reduced when media report on suicide in a responsible way. For more information, read ***Recommendations for Reporting on Suicide***, available online at <http://reportingonsuicide.org>.

10. **DON'T use social media or e-blasts to announce news of suicide deaths, speculate about reasons for a suicide death, focus on personal details about the person who died, or describe the means of death.** Research shows that detailed descriptions of a person's suicide death can be a factor in leading vulnerable individuals to imitate the act. Also, avoid re-posting news, headlines or social media content with this kind of information.
11. **DON'T idealize those who have died by suicide or create an aura of celebrity around them.** Idealizing people who have died by suicide may encourage others to identify with or seek to emulate them.
12. **DON'T use words like "successful," "unsuccessful" or "failed" when talking about suicide.** It can be dangerous to suggest that non-fatal suicide attempts represent "failure," or that fatal attempts are "successful." Instead, simply talk about a *suicide death*. Also, don't use the phrase "committed suicide"; instead say a person *died by suicide*. The term "committed" is typically associated with acts for which people are blamed or "guilty." In addition to being painful for the surviving family, this notion could discourage help-seeking by people who are suicidal.



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To download this and other MAP messaging resources for building effective conversations about lesbian, gay, bisexual and transgender (LGBT) people and the issues that affect their lives, visit www.lgbtmap.org/messaging-guides. MAP gratefully acknowledges the contributions of Ann P. Haas, PhD, and Andrew Lane, MSEd, to the development of this resource. © 2017 Movement Advancement Project (MAP).