Acceptance Matters but That's Not All: Managing Suicide Risk in Sexual and Gender Minority Youth

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Who We Are

Ray

- Suicidologist and clinical psychologist
 - Not an expert in gender or sexuality studies/health disparities/healthcare policy
- Ally with little lived experience
 - Cisgender man, straight, White, and able bodied
- Concerned academician living in the deep south

Mira

- Neuropsychologist and former director over residential services
 - LGBTQIA+ professional education for the past ~6 years
- Lived experience (came out as an adult)
- Focused on spurring national best practices based on youth experience and scientific literature

Language

- Sexual and gender minority
 - Inclusive term to encapsulate
 - Lesbian, gay, bisexual (LGB) sexual orientation
 - Questioning/unsure sexual orientation
 - Intersex sex assigned at birth
 - Transgender or gender diverse gender identity
 - Non-binary gender identity

Scope of Suicide in LGBT Youth

- We really do not know...
- Sexual orientation and gender minority status are not reported as part of death records





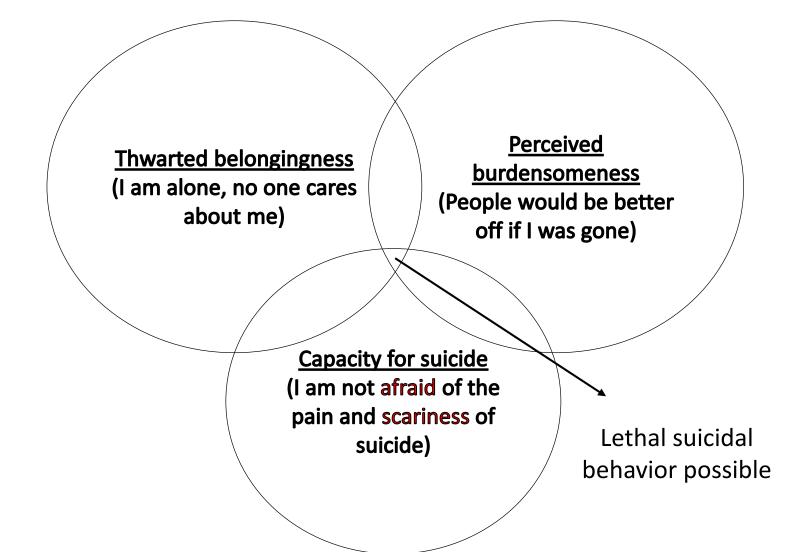
Compared to sexual majority youth

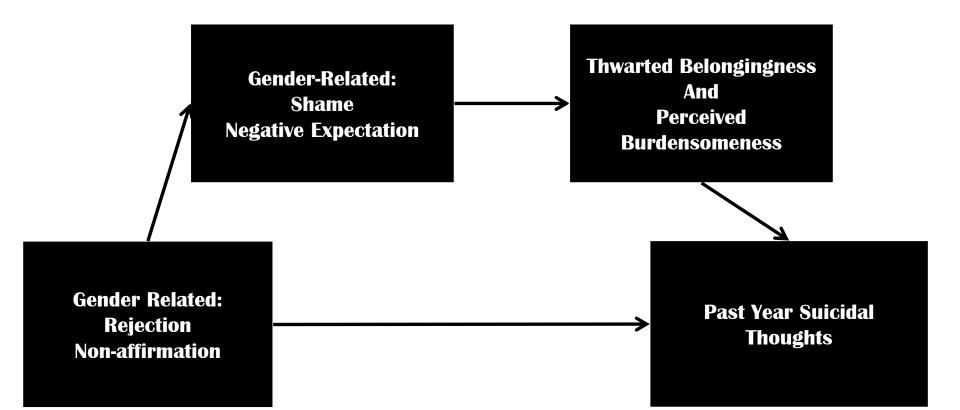
- 3x more likely to have suicidal thoughts at any given time
- 5x more likely to have attempted suicide
 - Also 4-6x more likely for suicide attempts to need medical care
- Family affirmation is important
 - LGB youth who rate their family as affirming their sexual orientation were over 8x less likely to report attempting suicide.
- But not the only factor
 - family support only brings suicide attempt rate in LGB youth to be roughly equal with sexual majority youth.

Compared to gender majority youth

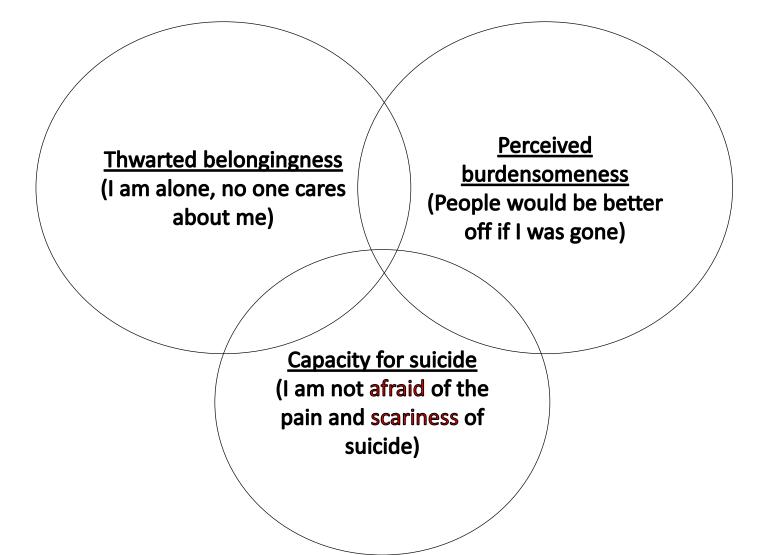
- Male gender expression = 6x more likely to have attempted suicide (over 50%)
- Female gender expression = 3.75x more likely to have attempted suicide
- Non-binary expression = 5.25x more likely to have attempted suicide
- Rates of suicidal thinking are as high as 60–70% in gender minority 18–24 year olds

Interpersonal Theory of Suicide





Interpersonal Theory of Suicide

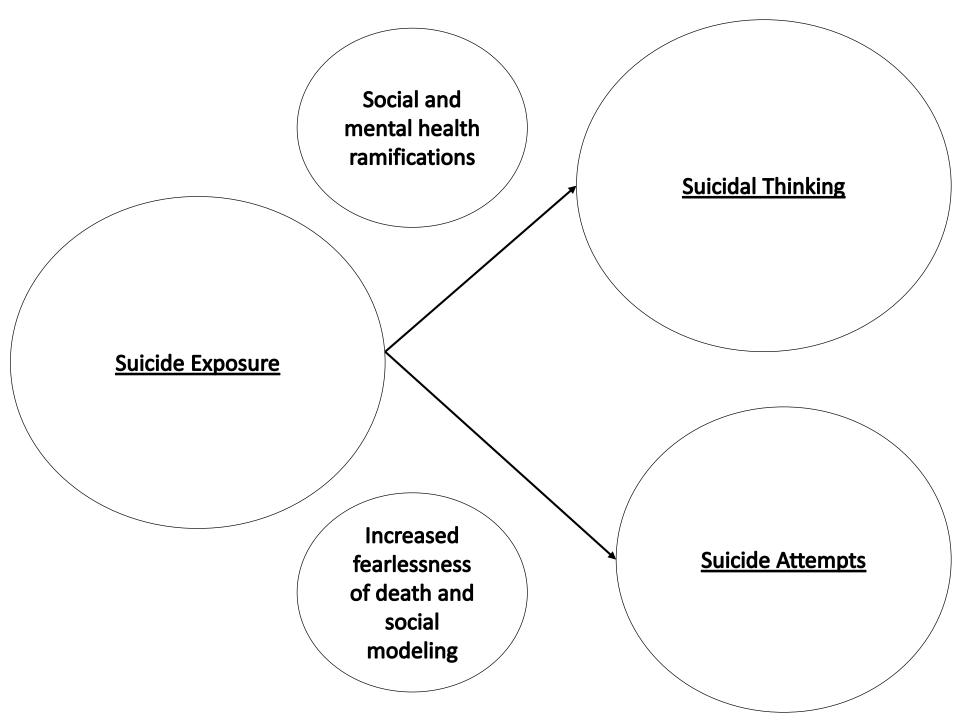


We know little about

- Rates of firearms in homes of LGBT Youth
- Suicide attempts that lead to death
 - Firearms = 85-95%
 - All other methods = less than 5%
- Key prevention point
 - Stored securely
 - Temporary removal when needed

We do know...

- LGBT Youth experience increased exposure to painful and provocative events
 - Physical abuse
 - Sexual abuse
- Painful and provocative event exposure is at the core of capability for suicide



Where all these models and ideas go wrong?

 The sexual and/or minority youth is at the heart of the model

> INTERPERSONAL (Everyday or Episodic Interactions)

INDIVIDUAL (Beliefs & Behaviors)

> INTERPERSONAL (Everyday or Episodic

Interactions)

INDIVIDUAL (Beliefs & Behaviors)

Structural

Types of Stigma

- Gender conformity to natal sex norms
- Stigmatizing policies and enforcement practices
- Lack of provider training and education
- Healthcare access barriers
- Economic inequality
- Gender inequality

Interventions

- Non-discrimination
 policies
- Access to care policies
- Transgender health content in medical school curricula

> INTERPERSONAL (Everyday or Episodic Interactions)

INDIVIDUAL (Beliefs & Behaviors)

Interpersonal

Types of Stigma

- Healthcare discrimination
- Workplace discrimination
- Family rejection
- Hate crimes
- Sexual assault
- Physical assault

Interventions

- Family/partner support groups
- Healthcare provider trainings
- · Intergroup contact

> INTERPERSONAL (Everyday or Episodic Interactions)

INDIVIDUAL (Beliefs & Behaviors)

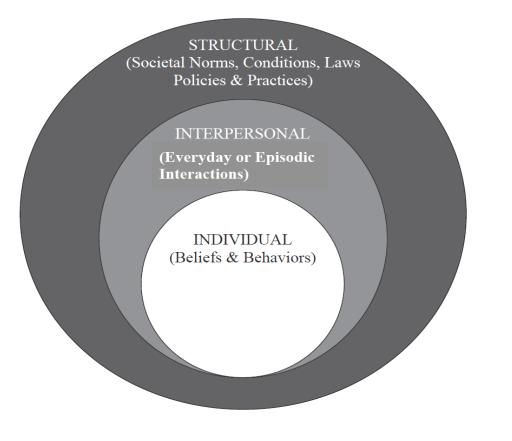
Individual

Types of Stigma

- Concealment of stigma
- Avoidance of stigma
- Internalization of stigma

Interventions

- Counseling/therapy
- Self-affirmation
- Transgender support groups
- Collective activism

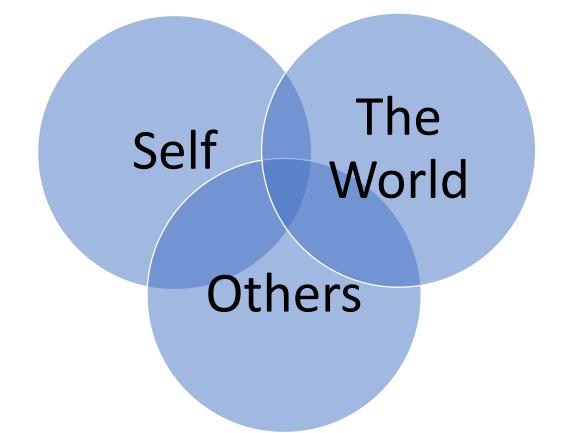


What can your residential services do at each level to reduce suicide risk?

LGBTQIA+ suicidality is an international problem (Virupaksha, 2016 data on trans people)

	Rate of Attempts	
United States	41%	
India	50% by age 20	
San Francisco	32%, 50% of those <25yo	
Australia	50%	
UK	48% among youth	

The suicide triad builds on work in cognitive therapy – it extends tools you already have



Suicidality may build on longstanding vulnerability

Baseline risk amplifies over time

Baseline risk is trait-like and developed earlier in life Current risk may be driven by acute stressors, current mental health, but also takes into account vulnerability

Critical developmental experiences may be crucial

Recent discrimination or concealment pressures

Recent suicidality



Critical developmental shame/pressure to conceal



Youth choices must be contextualized

Concealment as a source of stress



- Fear of mistreatment or violence
- Shame or self-loathing
- Self-consciousness

- Affirmation of true gender
- Concealment of gender history

Rood, 2017

Studies on trans young adults

- Seelman (2016) and Rankin (2010) look at a subset sample of ~5000 trans college students
- Negative bathroom experiences
 - Being questioned about using gendered bathrooms
 - Being stared at
 - Being denied access or told to leave
- Those most likely to have these experiences
 - People of color
 - With disabilities
 - Lived in rural areas
 - More commonly perceived as transgender
 - Trans women more than other trans groups

	Descriptive		Descriptive
Characteristic	Statistics	Characteristic	Statistics
Race/ethnicity		Annual Household Income	
White	73.3%	<\$10K	18.6%
Multiracial/Mixed race	16.4%	\$10K-\$29,999	27.5%
Black/African American	3.7%	\$30K-\$49,999	21.0%
Asian/Pacific Islander	2.6%	\$50K-\$69,999	12.7%
Hispanic/Latino(a)	2.5%	\$70K-\$89,999	8.4%
Other	1.4%	\$90K & above	11.8%
Age			
М	31.02	Has a physical disability	16.3%
(SD)	(10.32)	Has a learning disability	9.2%
Median	27	Has a mental disability (other than gender-	23.5%
Range	18 - 76	related mental health diagnosis)	
Current gender identity		Denied access to bathrooms	24.9%
FTM transgender	43.7%	Denied access to gender-appropriate	20.8%
MTF transgender	30.9%	campus housing	
F-to-other/gnc/part-time	16.6%	. 5	
M-to-other/gnc/part-time	2.2%		
F-to-crossdress male	4.7%		
M-to-crossdress female	1.9%		
		Interpersonal victimization in college or	
Educational Attainment		grad school	
Some college	35.4%	From students	30.2%
Tech school/Assoc. degree	11.7%	From teachers/staff	13.8%
Bachelor's degree	33.7%		
Some grad school or	19.3%		
above			
		Suicide attempt	46.5%

Table 1. Sample descriptive statistics (N = 2,325).

Note. Some percentages do not total 100% due to rounding.

	Suicide attempt	No suicide attempt $(n = 1,239)$, No. (%)	
Characteristic	(<i>n</i> = 1,077), No. (%)		
Race/ethnicity			
Person of color	312 (51.1%)	299 (48.9%)	
White	748 (44.4%)	935 (55.6%)	
Annual Income			
Less than \$30,000	554 (53.1%)	489 (46.9%)	
\$30,000 and up	498 (40.7%)	725 (59.3%)	
Physical Disability			
Yes	224 (59.1%)	155 (40.9%)	
No	853 (44.0%)	1084 (56.0%)	
Learning Disability			
Yes	124 (58.2%)	89 (41.8%)	
No	953 (45.3%)	1150 (54.7%)	
Mental Disability			
Yes	368 (67.5%)	177 (32.5%)	
No	709 (40.0%)	1062 (60.0%)	
Bathrooms/Facilities ^a			
Denied access	257 (60.5%)	168 (39.5%)	
Not denied	553 (43.2%)	728 (56.8%)	
Gender-Appropriate Campus Housing ^a			
Denied housing	166 (60.6%)	108 (39.4%)	
Not denied	438 (41.8%)	611 (58.2%)	
Victimization by college students			
Yes	385 (55.1%)	314 (44.9%)	
No	692 (42.8%)	925 (57.2%)	
Victimization by college teachers/staff			
Yes	190 (59.0%)	132 (41.0%)	
No	887 (44.5%)	1107 (55.5%)	

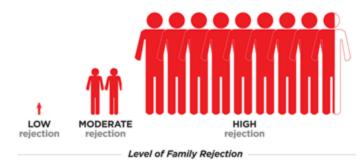
Table 2. Lifetime suicide attempt prevalence by demographic characteristics, access to campus spaces, and interpersonal victimization.

^aThe frequencies for denial of access to bathrooms/facilities and campus housing displayed here do not include those who responded "Not applicable."

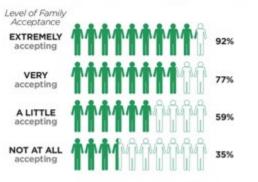
Families matter (NPR & FAP)

Lifetime Suicide Attempts for Highly Rejected LGBT Young People

(One or more times)



Youth Believe They Can Be A Happy LGBT Adult



Ryan, Family Acceptance Project, 2009

Questions?

