

# **Suicide Prevention**

**For Lesbian, Gay, Bisexual and  
Transgender Youth**

**THE RAINBOW CENTER**

**Jewish Family and Career Services  
Atlanta, GA**

# Stats on Youth Suicide

- Suicide is the 3<sup>rd</sup> leading cause of death in adolescents and young adults (age 10-24).
- Males account for 82% of all suicides; however, women attempt suicide 3 times more than men
- There are approximately 35,000 suicides a year
- The 2000 U.S. Census determined that 6% of the population disclosed being LGBT and 21% of the population is between the ages of 10 and 24
- From these numbers it can be inferred that 7,350 suicides a year are youth suicides and of those suicides, close to 500 are confirmed LGBT youth. Another study indicates that 30% of the victims of youth suicide have issues with sexual identity (D'Augelli & Grossman, 2001).

# Why LGBT Youth?

- Research indicates that lesbian, gay, bisexual and transgendered (LGBT) adolescents are three times more likely to report suicidal ideation than non-LGBT youth, and two to seven times more likely to report a suicide attempt.
- LGBT youth in rural communities are especially at risk due to their isolation from other LGBT youth and the lack of competent mental health resources (Goldfried, 2001).
- LGBT youth have more severe risk factors and fewer protective factors than heterosexual youth. For example, LGBT youth often lack a supportive family and a school environment free from harassment (DuRant, 1998; Fergusson et al, 1999; Garofalo et al, 1998; Remafedi, 1999; Russell & Joyner, 2001; Russell, 2003).

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## Key Point

Being gay in-and-of-itself is not the cause of the increased prevalence of suicide in LGBT youth; the increased risk comes from the psychosocial distress associated with being gay.

# Risk Factors of Suicide (for the general population)

1. Previous suicide attempts
2. History of mental disorders
3. History of alcohol and substance abuse
4. Family or peer history of suicide
5. History of child maltreatment
6. Feelings of hopelessness
7. Bullying and harassment
8. Impulsive or aggressive tendencies
9. Barriers to accessing mental health treatment
10. Physical illness
11. Easy access to lethal methods
12. Unwillingness to seek help
13. Isolation; a feeling of being cut off from other people

# Risk Factors for LGBT Youth

- To explain the high rate of suicide in LGBT youth, Kaplan and Sadock (2003) state:

*Universal features in suicidal adolescents are the inability to synthesize solutions to problems and the lack of coping strategies to deal with immediate stressors. Therefore, a narrow view of the options available to deal with recurrent family discord, rejection, or failure contributes to a decision to commit suicide.*

- For gay adolescents this is far more pronounced. The process of realizing that one is gay and having to accept it is an immediate stressor and can actually narrow one's options further by taking away coping resources and limiting support, such as friends and family (Goldfried, 2001; Safren & Heimberg, 1999; Paul et al., 2002; Nelson, 1997).

# Risk Factors for LGBT Youth

- Numerous studies reported by Remafedi (1999) found that suicide attempts were significantly associated with psychosocial stressors, including gender nonconformity, early awareness of being gay, victimization, lack of support, school dropout, family problems, acquaintances' suicide attempts, homelessness, substance abuse, and other psychiatric disorders.
- Goldfried (2001) reported that one out of every three were verbally abused by family members, one out of ten were physically assaulted by a family member
- Gay adolescents who "come out" (disclose their sexuality) may experience great family discord, rejection, and even failure from the disappointment they elicit (D'Augelli et al., 1998).
- One study involving 350 gay adolescents between the ages of 14 and 21 reported that 54% made their first suicide attempt before "coming out," 27% made the attempt during the same year they came out, and 19% made the attempt after coming out (D'Augelliet et al, 2001).

# Implications for LGBT Youth

- These negative experiences can result in mood disorders, lower self-esteem, posttraumatic stress symptoms, substance abuse, and suicide.
- LGBT youth are also more likely to have consulted and mental health professional, use recreational drugs, and participate in self-harming behaviors.
- Although homosexuality is a known risk factor for adolescent suicide, many physicians and other helping professionals fail to adequately emphasize this point.
- Therefore, important issues, like the prevalence of suicide among gay adolescents remain invisible to mainstream psychology, mainstream healthcare and the school system – all areas where LGBT youth may seek out help.

# Need for (School) Intervention

- In one study of 9th through 12th graders, 24% of gay/bisexual males reported at-school victimization ten or more times per year as compared with 2.7% of their heterosexual counterparts, and 10.1% of lesbian/bisexual females compared with 1.1% of their female counterparts (Bontempo & D'Augelli, 2002).
- Logic proves that if the stressors LGBT youth face are found in the educational system but support is made available to children in schools, these numbers of suicide attempts will drastically decrease.
- This two-pronged approach of addressing LGBT issues and suicide prevention through education will not only decrease risk factors and the prevalence of suicide among LGBT youth, but will also promote protective factors that will benefit all children in schools

# Why Schools?

- Youth and teens spend the majority of time at their schools.
- Teens are especially good at hiding strong feelings from their families.
- Behavior that may be considered “a cry for help” often occurs at school, rather than at home.
- Youth and Teens tend to talk more to their peers than to their parents.
- Youth and Teens see schools as a place to grow, question, and develop. Therefore, creating schools that are “safe spaces” for children is integral to their development.

# Protective Factors

1. Effective clinical care for mental, physical and substance abuse disorders
  2. Easy access to a variety of clinical interventions and support for help-seeking
  3. Family and community support
  4. Support from ongoing medical and mental health care relationships
  6. Skills in problem solving, conflict resolution, and nonviolent handling of disputes
  7. Effective coping skills
  8. Cultural and religious beliefs that discourage suicide and support self-preservation instincts
- ACTION-ORIENTED PROTECTIVE FACTORS:**
9. Promote help-seeking behaviors
  10. Work with leaders and decision makers in schools, healthcare, faith communities and the public and private sectors to raise awareness on suicide prevention
    - Address risk factors, methods for intervention, debunk myths and stereotypes, and erase barriers that inhibit help-seeking behaviors

# Safe Spaces

- A supportive community is considered a “safe space” that, when referring to children, always results in positive outcome.
- When safe spaces are created in classrooms:
  - They become significantly more effective learning environments because students are freed from putting energy into wondering if they are safe.
  - Students become more focused on participating in class rather than wondering if they can just be themselves.



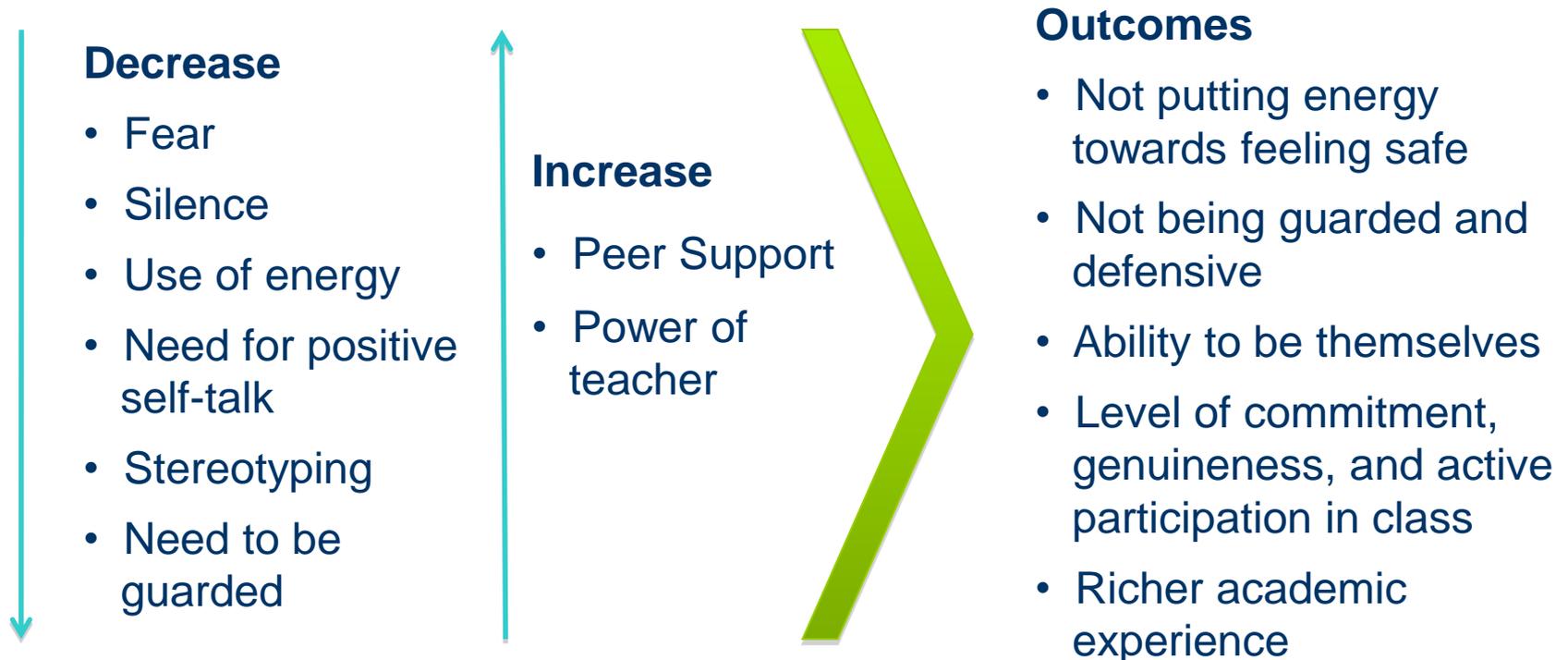
# The Safe Space Model

- The Safe Space model considers 5 aspects that inhibit a classroom from being a “safe space”
  - **Fear** – with voicing opinions and ideas
  - **Silence** – due to fear; increases invisibility
  - **Use of Energy** – exertion of energy in trying to assess safety
  - **Positive Self-Talk** – used to feel safer and boost self esteem when afraid
  - **Stereotyping** – produces more internalized homophobic responses
  - **Being Guarded** – for protection and self-preservation



The Safe Zone poster signifies that this space is an accepting place for Gay, Lesbian, Bisexual, Transgender, Transsexual people and those questioning their sexuality or gender. The persons who occupy this space are compassionate and understanding. The persons who posted this sign are committed to helping create an open and accepting environment for all people in this space and in our community.

# The Safe Space Model (cont'd)



## Take Steps Towards...

# Cultural Competence

- Identify appropriate language
- Counteract myths and stereotypes
- Understand the meaning between sexual orientation and gender identity
- Challenge homophobic remarks
- Examine your own biases
- Don't be surprised when a youth "comes out"
- Don't be afraid to ask questions
- It's not "just a phase;" it's not just an experiment
- Recognize same-sex attraction without attaching a label or "resolution" (they don't need to be "fixed")
- Be aware that young people may have never heard anything positive about being LGBTQ
- May or may not be sexually active; offer relevant information

# Sources of Strength



- Health promotion and suicide prevention program
- Peer leaders conduct peer-to-peer activities
- Increase positive help-seeking behaviors, break down “codes of silence
- Increase partnerships with trusted adults
- Uses 8 protective factors to enhance coping strategies
- Focus is on youth and adults
- [www.sourcesofstrength.org](http://www.sourcesofstrength.org)

# 10 Things Professionals Can Do:

1. Do not assume heterosexuality
2. Guarantee equality
3. Create a safe environment
4. Diversify library and media holdings
5. Provide training for staff
6. Provide appropriate health care and education
7. Be a role model
8. Provide support for students
  - Gay-Straight Alliances
9. Reassess the curriculum
  - Out for Equity Lesson Plans
10. Broaden entertainment and extracurricular programs
  - Jan- No name calling Week
  - April - Day of Silence
  - June – Pride Month
  - October – LGBT History Month/Coming Out Day

# Tools for Suicide Prevention

- Immediate Response/Assessment to suicidal ideation is: “SLAP”...however, the first response should always be the “Good Neighbor” response which is simply: “Don’t do it!”
  - **Specific Details:** Ask or determine if they have thought out specific details of the plan?
  - **Lethality of the plan:** How lethal is it/how quickly could they die if implemented?
  - **Availability:** Do they have access to the methods?
  - **Proximity:** How close are people who could help (family, friends, etc)?
  - Use “SLAP” to determine if the person needs help immediately. If help is not emergent, additional support can be put into place by the following methods
- Is your work place prepared to manage suicidal behavior? It’s important to have crisis plans in place in case a child is suicidal.
  - School Readiness Survey

# Organizations Can Also...

## **ADMINISTRATOR- ORIENTED:**

- Hire, not fire, openly LGBT teachers and administrators (role models)
- Encourage teacher/student mentoring particularly for struggling LGBT youth
- Train teachers/administrators on how to deal with LGBT issues/conflicts, and suicidal ideation, diversity and cultural competence
- Monitor students (text messaging, internet use, etc)

## **PARENT-ORIENTED:**

- Involve parents in supporting a community of inclusion with Open House nights dedicated to issues of tolerance and diversity
- Use PTA meetings to raise awareness of LGBT issues in schools

# Georgia's Suicide Prevention Plan

- In 2001, Georgia's Suicide Prevention Plan included eleven goals (action steps) to improve suicide prevention programs
  - Each goal highlights an opportunity for awareness, intervention and methodology (AIM)
- The Plan was based on recommendations and information from:
  - The Surgeon General's *Call to Action to Prevent Suicide in 1999*
  - The National Strategy for Suicide Prevention: Goals and Objectives for Action
  - Suicide in Georgia: 2000, a state public health report, and
  - Input from many concerned individuals and groups in Georgia

# The Plan and The Safe Space Model

- Of the eleven action oriented goals, the Safe Space Model to suicide prevention in schools satisfies six goals; the majority of goals that the Safe Space Model does not satisfy are only applicable to adults or people with mental health illnesses
  - Awareness Goals:
    - Goal 1: Promote Awareness
    - Goal 2: Develop Support
    - Goal 3: Reduce Stigma
  - Intervention Goals:
    - Goal 4: Develop and Implement Programs
    - Goal 6: Train and Deliver Services
    - Goal 7: Develop and Promote Effective Practices

# Sources and Resources

- **Suicide Prevention Action Network of Georgia:** [http://www.span-ga.org/span/index.php?option=com\\_content&task=category&sectionid=4&id=18&Itemid=47](http://www.span-ga.org/span/index.php?option=com_content&task=category&sectionid=4&id=18&Itemid=47)
- **The Gay, Lesbian, and Straight Education Network (GLSEN):** [www.glsen.com](http://www.glsen.com)
- **The National Center for Cultural Competence:** <http://www11.georgetown.edu/research/gucchd/nccc/>
- **Creating Safe Space for LGBTQ Youth, A Toolkit:** [www.advocatesforyouth.org/publications/safespace/safespace.pdf](http://www.advocatesforyouth.org/publications/safespace/safespace.pdf)
- **Beyond the Binary: A Toolkit for Gender Identity Activism in Schools:** [www.gsanetwork.org/BeyondtheBinary/toolkit.html](http://www.gsanetwork.org/BeyondtheBinary/toolkit.html)
- **Out for Equity:** <http://outforequity.spps.org/>
- **GA Safe Schools Coalition:** <http://georgiasafeschoolscoalition.org/>
- **The Gay, Lesbian, Bisexual, and Transgender Youth Support Project:** [www.hcsm.org/glys/glys.htm](http://www.hcsm.org/glys/glys.htm)
- **GLBT National Help Center:** [www.glnh.org](http://www.glnh.org)
- **The Human Rights Resource Center:** [www.hrusa.org](http://www.hrusa.org)
- **Parents, Families and Friends of Lesbians & Gays (PFLAG):** [www.pflag.org](http://www.pflag.org)
- **Youth Pride:** [www.youthpride.org](http://www.youthpride.org)
- **Maine Youth Suicide Prevention Program:** <http://www.maine.gov/suicide/>
- **Healthy Children:** [www.healthychildren.org](http://www.healthychildren.org)
- **Suicide Prevention Resource Center:** <http://www.sprc.org/>
- **The Trevor Project:** <http://www.thetrevorproject.org/>

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**THANK YOU!**

