GAY & SUICIDAL
Sexual and Gender Minorities and Suicide

Resource Toolkit

TRANS GENDERED
lesbian GAY BISEXUAL QUESTIONING
Approximately **1 person in 10** is lesbian, gay, bisexual, transgender, or questioning (Elementary School Teachers of Ontario).

- Lesbian, gay, and bisexual youth are at a higher risk of attempting suicide (**28%** vs. **4%** of heterosexual youth)
- **1 in 4** LGBTQ students is physically harassed about their sexual orientation (Egale Canada)
- LGBTQ youth are nearly **1.5 to 3 times more likely to have reported suicidal ideation** than non-LGBTQ youth (Suicide Prevention Resource Centre [SPRC])
- LGBTQ youth are **1.5 to 7 times more likely than non-LGBTQ youth to have reported attempting suicide** (SPRC).

Because sexual orientation is not usually included in a cause of death report or on a death certificate there is little data connecting sexual and gender minorities and suicide. Research has established that the most reliable indicators of suicide risk are **suicidal ideation** and **prior suicide attempts** (SPRC). More studies are needed to establish whether there is a direct link to suicide.
To date, there is little research on gender identity and suicide. What research there is determines, as in LGB populations, a predisposition among the transgendered for depression, anxiety and substance abuse (Haas, 27).

There is evidence that suggests that youth who are LGBTQ are more susceptible to suicidal thoughts and actions than LGBTQ men and women who are older. This is probably due to adults being more accepting of who they are and developing a greater amount of protective factors and support networks. This is probably most notably voiced in the “It Gets Better” campaign www.itgetsbetter.org/, which urges teens to stick it out as things will improve as they get older. (This is of course cold comfort for many youths stuck in the never-ending present. And it does not take into account many adults who continue to struggle with their sexuality long into their adulthood.)

DEFINITIONS

**Sexual and Gender Minorities**—generally refer to those who have a different **sexual orientation** than the majority, as well as those who are in conflict with their biological gender at birth and the gender they feel themselves to be—**gender identity**.

**Sexual orientation**—having three dimensions: sexual self-identification, sexual behaviour and sexual attraction, most often manifesting itself through self-identification as gay/lesbian, bisexual or heterosexual.

**Gender identity**—refers to a person’s internal sense of being masculine, feminine or androgynous. Transgender is an umbrella term that is broadly used to describe people with gender identities, expressions which differ from their biological sex at birth (Haas).
RISK FACTORS

- **DEMOGRAPHIC factors**: adolescents and young adults—higher in gay/bisexual young men.

- **MENTAL DISORDERS**: depression, generalized anxiety disorder, conduct disorder and alcohol/substance use disorders.

- **STIGMA**: the dual stigma of being both different sexually as well as suffering suicidal thoughts and actions.

- **DISCRIMINATION and prejudice**: personal rejection, hostility, bullying (including cyberbullying), harassment and physical violence. A huge stressor is lack of support from parents and other family members.

- **INSTITUTIONAL PREJUDICE**: laws and public policies that create inequalities and or fail to provide protection for sexual-orientation or gender-identity based discrimination.

- **ACCESS TO FIREARMS** and other lethal means (Haas, SPRC).

Some groups of LGBTQ youth are at particular risk: those who are homeless or runaways, living in foster care, and/or involved in the juvenile justice system (SPRC).
PROTECTIVE FACTORS

Resiliency and protective attributes:

- access to effective care
- community and school support
- strong relationships with family and friends
- restricted access to lethal means of suicide
- independence of thought
- sense of humour in face of adversity

(Dorais, 85)
Those on the front lines of health care need to be more involved in identifying those who might be at risk of suicide in the LGBTQ community and to educate themselves at the same time. Kitts says it is a topic that clinicians rarely discuss.

In addition to the tell-tale signs of depression physicians should look for stressors such as: **gender non-conformity**, **early awareness of being gay**, **victimization**, **lack of familial and social support**, **school dropout**, **family problems**, **acquaintances who have had suicide attempts**, **homelessness**, **substance abuse**, and other **psychiatric disorders** (Kitts, 624).

- Gender non-conformity
- Victimization
- Substance abuse
- Lack of support
- Psychiatric disorders
- Suicide attempts
- Homelessness
- Early awareness
Egale Study—a study conducted by Egale Canada in 2011 recognized the urgency for schools to get more involved in ending LGBTQ harassment and discrimination. Some of the findings include:

- LGBTQ students were more likely than non-LGBTQ individuals to report that staff never intervened when homophobic comments were made.
- Six out of ten LGBTQ students reported being verbally harassed about their sexual orientation.

The survey also shows, however, that the situation is much improved where schools and school divisions have developed:

- Safe-schools policies and procedures explicitly addressing homophobia and made them known to students. In such schools, LGBTQ students are less likely to hear homophobic comments or to be targeted by verbal or physical harassment, they are more likely to report it to staff and parents when they are, and staff is more likely to intervene. They feel safer, more accepted, and more attached to their school.
- Policies which are supported from the division-level down to the individual school, so staff and students realize the policies have institutional endorsement.
- Support for the efforts of students to start Gay-Straight Alliance clubs (GSAs). This would help encourage solidarity amongst a larger group of the student population (Egale).
REFERENCES


princesshsn.(n.d.) A year has past(sic)…. Message posted to http://www.tumblr.com/tagged/jamie+hubley_


“Don’t you see... I’m fighting for... my whole life and the lives of other gay people. I’m fighting for what so many people don’t understand. I’m trying to speed up the process of equality because I am sick of being treated like someone absent of feeling and emotion.”

(Grace and Wells, 2005, p.246)
I can’t believe that after all this time you couldn’t tell me about you wanting to end your life. I wish that I could have been there to stop you and beg you not to go. I wish you were here with me today. I miss you so much!

Please watch me from Heaven and I hope your proud of me.

I love and miss you."

(princessshsn, n.d.)
**RELATED LINKS & RESOURCES**

**The Trevor Project** is an organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth:  

**Camp Fyrefly** is a Canadian leadership retreat for sexual and gender minority youth:  
[http://www.fyrefly.ualberta.ca/](http://www.fyrefly.ualberta.ca/)

**Egale Canada** is Canada’s LGBTQ human rights organization: advancing equality, diversity, education, and justice:  

**It Gets Better** is a project created by Dan Savage to inspire hope for young people who are lesbian, gay bisexual or transgender facing harassment:  

**The Youth Project** is a premier resource for LGBTQ youth and the general public in learning about sexuality and gender issues:  
[http://www.youthproject.ns.ca/](http://www.youthproject.ns.ca/)