TALKING ABOUT

Suicide & LGBTQ Populations

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Partners

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TALKING ABOUT SUICIDE & LGBTQ POPULATIONS

Suicide risk remains a serious concern for LGBTQ people. While conversations about suicidal thoughts and behavior and LGBTQ populations have increasingly been informed by research and accurate reporting, it is important to ensure that conversations about these issues avoid inaccurate information that can potentially increase 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 updated second edition of ***Talking About Suicide & LGBTQ Populations*** provides evidence-based background on suicide and LGBTQ people, as well as ways to talk about suicide safely, accurately, and in ways that advance vital public dialogue about preventing suicide among LGBTQ people and supporting their health and well-being.

FACTS ABOUT SUICIDE & LGBTQ PEOPLE

Since the first edition of this guide was published in 2011, our understanding of suicide and LGBTQ 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 suicide risk does not stem from being LGBTQ; however, it can arise from experiences of rejection, mistreatment, or discrimination, as opposed to support and acceptance. At the same time, the large majority of LGBTQ people, including LGBTQ youth, who experience stressful external factors like discrimination, bullying, or family rejection do not become suicidal. When media incorrectly suggest that suicide is a natural response to such external factors, it can lead at-risk people to see their own experiences of discrimination or bullying reflected in stories of those who have died—and they may be more likely to think of suicide in light of what they are experiencing.

We do not know suicide rates for LGBTQ people—because we do not have data on how many LGBTQ 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 frequencies of deaths and attempts are 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 LGBTQ individuals. These include:

- Social isolation and low self-esteem, substance use issues, depression, anxiety, and other mental health issues, often related to or worsened by anti-LGBTQ stigma, negative attitudes, and/or discrimination.
- Experiences of prejudice and discrimination, including family rejection, bullying, cyberbullying, interpersonal violence, 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.
- Being subjected to harmful conversion "therapy" practices that pressure LGBTQ young people to change a part of themselves that can't be changed.
- For transgender youth, denial of medically necessary, doctor-prescribed care for gender dysphoria.

GUIDELINES FOR TALKING ABOUT SUICIDE IN SAFE & ACCURATE WAYS

The following guidelines are designed to inform safe, accurate conversations about suicide and LGBTQ populations—and they can and should also be applied to conversations about suicide more broadly. In all contexts, it is important to ensure that these conversations avoid inaccuracy and protect the health and safety of individuals who may be at risk.

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

1. **DO emphasize individual and collective responsibility for supporting the well-being of LGBTQ people.** Reinforce 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 LGBTQ people and families for who they are.
2. **DO help people understand the relationship between mental health and suicide risk.** 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 LGBTQ people, and to suicide prevention efforts more broadly.
3. **DO encourage discussion about suicide prevention strategies.** The *2024 National Strategy for Suicide Prevention* 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—for example, social media policies that prohibit cyberbullying—also play a vital role.
4. **DO emphasize the vital importance of resilience**—as a factor that can help protect against suicide, and as a crucial priority when it comes to developing emotional and psychological well-being among LGBTQ people. Factors that can help foster and strengthen resilience in LGBTQ people include family acceptance and support, connections to people who care, a sense of safety, and a positive sense of identity as an LGBTQ person. Other protective factors can include reducing anti-LGBTQ stigma, negative attitudes, and prejudice; reducing bullying and other forms of victimization; access to essential medical and mental health care; and legal protections from discrimination. See *Resilience & Other Protective Factors* 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 warning signs of their distress at some point. 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 problems with sleeping or extreme mood swings. The more of these signs a person shows, the greater their suicide risk.

Resilience & Other Protective Factors

In discussing suicide, an emphasis on resilience can be helpful not only for at-risk LGBTQ 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, access to essential health care, help-seeking behaviors, cultural and institutional support for LGBTQ people, development of a strong personal identity, and other protective factors can provide hope to—and support the well-being of—LGBTQ people and others at risk for suicide. In addition, media stories emphasizing hopeful, positive narratives that model resilience, help-seeking, and family support can be especially powerful and important.

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 LGBTQ 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 LGBTQ adults, and LGBTQ youth.

6. **DO point people toward information and 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 LGBTQ 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 LGBTQ people who may be having thoughts of suicide.

7. **DON'T attribute a suicide death to a single factor.** Suicide deaths are almost always the result of multiple overlapping causes and may include mental health issues that might not have been recognized or treated. Linking suicide directly to external factors like discrimination can normalize suicide by suggesting that it is a natural reaction to such factors. It can also increase suicide risk by leading at-risk individuals to identify with the experiences of those who have died by suicide. Even with awareness of specific potential contributors to suicidal thoughts and behaviors among LGBTQ youth—such as conversion "therapy" practices and denial of essential health care to transgender youth—it is still important to avoid single-cause assumptions about a specific suicide death.

8. **DON'T risk spreading false information by repeating unsubstantiated rumors about suicide deaths or why they occurred.** Accurate information about reasons for a suicide death can take days or weeks to surface. Speculation about those reasons, even based on early statements from friends or family, can fuel false narratives about suicide and contribute to the risk of *suicide contagion*. Organizations and advocates have a duty to rigorously confirm such incidents with medical authorities and family (or rely on credible media reporting) before commenting on them in public.

9. **DON'T talk about suicide "epidemics" or suicide rates for LGBTQ 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 LGBTQ 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 amid 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 and highlight stories of resilience and hope. For more information, read ***Recommendations for Reporting on Suicide***, available online at 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 a fatal attempt is "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 resources for effective conversations about LGBTQ people and the issues that affect their lives, visit mapresearch.org/messaging-guides. MAP gratefully acknowledges the contributions of Ann P. Haas, PhD (former Senior Director of Education and Prevention at AFSP), and Andrew Lane, MSEd (former Executive Director of the Johnson Family Foundation), to the early development of this resource.