Welcome to SPRC’s Research to Practice Webinar on *Suicide Prevention among Lesbian, Gay, Bisexual, Transgender Youth: Expanding the Frame and Broadening Our Approaches*

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Welcome to SPRC’s Research to Practice Webinar

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Today’s Speakers

Effie Malley, MPA

Caitlin Ryan, PhD, ACSW

Dave Reynolds, MPH, CPH
Preventing Suicide & Promoting the Well-Being of Lesbian, Gay, Bisexual, and Transgender Youth

SPRC R2P Webinar - 18 January 2011

Effie Malley
National Center for the Prevention of Youth Suicide
at
American Association of Suicidology
www.suicidology.org
Today’s webinar

You will be able to:

• Describe how to use the resources in the workshop *Suicide Prevention among Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth: A Workshop for Professionals Who Serve Youth* kit

• Discuss practice implications of modifiable risk and protective factors
Workshop Objectives

At the end of this training, you will be able to:

1. Use terminology for suicidal behavior and LGBT issues correctly
2. Describe research related to suicidal behavior among LGBT youth
3. Discuss risk and protective factors for LGBT youth and the implications
4. Assess your school’s or agency’s cultural competence with LGBT youth and plan next steps
5. Describe strategies to reduce suicidal behavior among LGBT youth
Workshop Kit - Overview

• 70-slides PowerPoint presentation with scripted notes and instructions for the leaders for each slide
• Leaders’ Guide
• Handouts including agenda, resource and info sheets, references, activities, and evaluations.
• “Youth voices” – 27 quotes from LGBT youth
Research Challenges

• Most hospital and vital records – no information on sexual orientation or gender identity
• Sexual orientation or gender identity hard to know for psychological autopsies
• Respondents do not identify with these terms
• Convenience sampling and small samples
• Few studies include racial/ethnic data
• Lack of longitudinal studies
LGB youth are 1½ to 3 times more likely to report suicide ideation than non-LGB youth.

LGB youth are 1½ to 7 times more likely to have attempted suicide than non-LGB youth.

Suicide Prevention Resource Center, 2008
Suicide among LGB Individuals

LGB youth and young adults:

- Two psychological autopsy studies did not find a higher rate of suicide for LGB individuals.\(^1,2\)
- Although these two studies are important, both have methodological issues that make their conclusions questionable.\(^3\)

2003 analysis of Danish data:\(^4\)

- Found “elevated suicide risk for homosexuals”
- Does not apply specifically to youth

1. Rich et al., 1986
2. Shaffer et al., 1995
3. McDaniel et al., 2001
4. Qin et al., 2003
Risk and Protective Factors

Risk factors –
Make a disorder or behavior more likely

Protective factors –
Make a disorder or behavior less likely
Using Risk and Protective Factors

With individuals at risk

• Assess an individual LGBT youth’s safety and issues
• Educate others in youth’s support network about LGBT youth suicide risk and protection
• Need to know local and online resources

Targeting groups at risk

• Identify higher risk group
• Use strategic planning
• Evaluate
• Consider a comprehensive approach such as cultural competence
Steps of strategic planning

1. Describe the problem & its context
2. Identify priority problems & long-range goals
3. Consult the science; identify strategies
4. Select or develop interventions
5. Develop an evaluation plan
6. Create an action plan
7. Implement, evaluate, & improve interventions
Many contributing factors to suicide

**Biological Factors**
- Familial Risk
- Serotonergic Function
- Neurochemical Regulators
- Demographics

**Predisposing Factors**
- Self Injury
- Substance Use/Abuse
- Survivor of friend’s suicide
- Childhood Abuse

**Precipitating Factors**
- Victimization
- Family rejection
- Unsafe school
- Poor grades

**Immediate Triggers**
- Bullying
- Public Humiliation/Shame
- Access to Weapons
- Major Loss

**Adapted from** Suicide risk assessment workshop, David J. Knesper M.D., U Michigan
http://www.med.umich.edu/depression/suicide_assessment/
Risk and Protective Factors

Being LGBT is not itself a risk factor for suicidal behavior

BUT

social stigma and discrimination

unsafe schools

ineffective providers

are associated with mood, anxiety, and substance use disorders, and suicidal behavior.
Risk Factors – Youth

- Previous attempt(s)
- Mental illness
- Substance use disorder
- Significant negative personality traits
- Mentally ill parents
- Stress (rejection, feared punishment)
- Isolation
- Hopelessness
- Method availability

Berman et al., Adolescent Suicide, 2006
Risk Factors – LGB Youth

- Gender nonconformity
- Internal conflict about sexual orientation
- Time of coming out
- Early coming out
- Low family connectedness
- Lack of adult caring
- Unsafe school
- Family rejection
- Victimization
- Stigma and discrimination

1. Fitzpatrick et al. 2005; Remafedi et al. 1991
2. Savin-Williams 1990
3. D’Augelli et al. 2001
4. Remafedi 1991
5. Eisenberg & Resnick, 2006
6. Ryan et al., 2009
8. Meyer 1995
Protective Factors

- Family connectedness\(^1\)
- Family acceptance\(^2\)
- Safe schools\(^1\)
- Caring adult\(^1\)
- High self-esteem\(^3\)
- Positive role models\(^3\)

1. Eisenberg & Resnick, 2006
2. Ryan et al., 2009
3. Fenaughty & Harre, 2003
Cultural Competence – LGBT

LGBT cultural competence standards for agencies:

- Make accurate information easily available
- Train staff, volunteers, and board
- Have staff and board reflect diversity
- Have job descriptions, supervision, and performance review all reinforce cultural competence
- Include diverse clients in program decisions
- Make sure agency environment and policies are inclusive
- Conduct ongoing agency self-assessments
LGBTQ youth and bullying

- A study using YRBS data found that LGBQ students were disproportionately victimized, with over 4 times as many gay students experiencing frequent victimization. LGBQ students with frequent victimization attempted suicide more often than highly victimized non-gay youth.
  

- More than half of a sample of LGBT adults in Great Britain said that they had contemplated self-harm and 40% said they had attempted suicide or self harm as a result of being bullied in school.
  
  Rivers, 2001, Educational and Child Psychology
# LGB students and school safety

<table>
<thead>
<tr>
<th>Self-reported Behaviors</th>
<th>LGB Students</th>
<th>Other students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skipped school in the past month because of feeling unsafe on route to or at school</td>
<td>13.9</td>
<td>3.4</td>
</tr>
<tr>
<td>Was threatened/injured with a weapon at school in the past year</td>
<td>17.3</td>
<td>6.4</td>
</tr>
<tr>
<td>Was in a physical fight resulting in treatment by doctor or nurse</td>
<td>9.0</td>
<td>3.0</td>
</tr>
</tbody>
</table>

Massachusetts 2009 Youth Risk Behavior Survey results
Many contributing factors to suicide

**Biological Factors**
- Familial Risk
- Serotonergic Function
- Neurochemical Regulators
- Demographics

**Predisposing Factors**
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*Adapted from* Suicide risk assessment workshop, David J. Knesper M.D., U Michigan
LGBT youth suicide prevention - Conclusions

• Higher suicide ideation and attempt rates among LGB youth
• Need further research about suicide rates
• Use of risk and protective factors for LGBT youth suicidal behavior
  – Modifiable – to decrease risk and increase protective factors and identify groups to target
  – Nonmodifiable - to identify groups to target
• Cultural competence – a way to address broad social issues
Effie Malley
Director, National Center for the Prevention of Youth Suicide at American Association of Suicidology, www.suicidology.org
EMalley@suicidology.org
603-205-5395

Join us for our 44th Annual Conference
April 13 to 16, 2011
in Portland, OR!
FAMILIES: Critical Role in Suicide Prevention, Wellness, and Care for LGBT Children & Youth

Caitlin Ryan, PhD, ACSW
Family Acceptance Project
San Francisco State University
Take Away Messages

• FAP is generating a paradigm shift to serve LGBT young people in the *context of their families*

• Families have a **compelling impact** on their LGBT children’s health & mental health
  
  – FAP’s new **family systems approach** aims to strengthen families, promote well-being, reduce risk & prevent homelessness & custodial care for LGBT youth (e.g., prevent suicide, HIV, substance abuse, promote self-esteem, etc.)

• Low cost, low tech systems-level family intervention can **impact multiple outcomes**

• Developing first evidence-based family model of wellness, prevention & care for LGBT children and adolescents (Robert Wood Johnson Foundation matching grant)

Connections to family and school are protective against major health risk behaviors—alcohol, and other drug use; emotional distress; suicidality, unsafe sex, and violence towards others.

Caitlin Ryan, PhD / Family Acceptance Project™
Family Acceptance Project™

- Research
- Education & Professional Training
- Family Interventions
  - New evidence-based family model of wellness, prevention & care
- Public Policy

© Caitlin Ryan, PhD, 2011 Family Acceptance Project™
LGBT Youth: Many Knowledge Gaps & Misconceptions

- Average age of awareness of first “crush” (sexual attraction) is age 10 for gay and heterosexual young people.

- Misinformation about homosexuality – and gender identity – are widespread.
  - For example, many people incorrectly believe that an event needs to occur to “make” young people lesbian, gay or bisexual, and that adolescents need to be adults before they can know they are gay.

- Most information about LGBT youth was collected to advocate for services so it focuses on risk behaviors not strengths (very limited info on transgender youth).
Family Acceptance Project™

• Includes first comprehensive study of LGBT adolescents and families

• Prevailing approach and perceptions about dealing with families of LGBT youth are based on attitudes, anecdotes, personal family experiences & habit
Lack of Family Services

- Periodic ongoing interviews with all LGBT youth programs, LGBT community centers and PFLAG chapters in CA
- Dearth of activities and services for families with LGBT children and adolescents
- Lack of awareness that families are not included / are actively excluded
Level of Family Awareness

• LGBT youth are served as **individuals alone** or through **peer** support across disciplines, mainstream & LGBT services and systems of care

• Providers are reluctant & uncertain about engaging families in an LGBT adolescent’s care
  – don’t ask LGBT youth about family relationships
  – don’t have a rationale for involving families – had **no reason** to ask prior to FAP behavioral findings
  – see families of LGBT youth as rejecting, unpredictable, unsupportive, volatile
Impact of Family Acceptance & Rejection on Health/Mental Health

Family Responses:
- Acceptance
- Rejection

- Depression
- Suicidal Behavior & Attempts
- Substance Abuse
- HIV Risk & STDs
- Self-Esteem
- Social Support
- Life Satisfaction
- Sense of the Future

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Family Acceptance Project™
Process

• *In-depth Interviews* – LGBT Youth & Families (Qualitative Study) identified more than 100 family reactions

• *Young Adult Survey* – (Quantitative Study)

• *Family Briefing Sessions* – Ethnically Diverse Families

• *Family Interventions* – Ethnically Diverse Families, Children & Youth
Examples of Family Reactions

**Supportive Behaviors**

- Express affection & caring for LGBT youth
- Talk with your child about their LGBT identity
- Advocate for child when they are discriminated against or mistreated by others
- Welcome LGBT friends & partners to family activities
- Support child’s gender expression

**Rejecting Behaviors**

- Call youth derogatory names related to their sexual orientation, gender expression or identity
- Restrict access to LGBT positive information, including peers & community resources
- Tell LGBT youth that the way they look, act or behave is shameful to the family
- Try to change child’s LGBT identity

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Family Acceptance Project™
Illegal Drug Use

LEVEL OF FAMILY REJECTION

Low Rejection

Moderate Rejection

High Rejection

p < .001

(n = 245)
Risk for HIV Infection

Low Rejection

Moderate Rejection

High Rejection

(n = 245)

LEVEL OF FAMILY REJECTION

p < .001
Lifetime Suicide Attempts
(1 or more times)

Low Rejection
Moderate Rejection
High Rejection

p < .001
p < .10
p < .001

(n = 245)

LEVEL OF FAMILY REJECTION

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Family Acceptance Project™
Family Acceptance

• Family accepting behaviors during adolescence protect against suicidal behavior, depression and substance abuse in LGBT young adults

• LGBT young adults with high levels of family acceptance during adolescence had significantly higher levels of self-esteem, social support and general health — compared to peers with low levels of family acceptance

• LGBT young adults with low levels of family acceptance during adolescence were over three times more likely to report suicidal thoughts and suicide attempts — compared to peers with high levels of family acceptance.
Key Findings

- *Family rejection* is linked with serious health & mental health problems — including suicidal behavior — for LGBT young people
- *Family acceptance* is a protective factor for LGBT young people
- *Family acceptance* helps promote well-being for LGBT young people

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FAP Resources & Applications

- **Family education materials** – basic guidance in English, Spanish & Chinese
  - *Family video stories* of ethnically & religiously diverse families with LGBT and gender variant children
- **Policy & practice related materials** – assessment materials; policy & practice guidelines; training
- **Academic publications** – research published in peer-reviewed journals → empirical foundation
- **Community engagement strategies** – to help communities move from resistance to engagement
- **Evidence-based family interventions** – to help families decrease risk, increase support & promote well-being for their LGBT children

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Family Responses to Learning How Their Behavior Affects Their Child’s Risk

We found that families from all ethnic groups were shocked to learn that reactions they thought would help or would protect their children from being gay or transgender — instead put their children at very high risk for health and mental health problems.

These behaviors — such as trying to change their children's identity or trying to keep them away from gay friends to protect them — instead isolated their children and made them feel alone and unwanted. Many youth who are rejected actually feel like their parents and family members hate them.

Some Family Behaviors that Increase Your LGBT Child's Risk for Health & Mental Health Problems

- Hitting, slapping or physically hurting your child because of their LGBT identity
- Verbal harassment or name-calling because of your child's LGBT identity
- Excluding LGBT youth from family and family activities
- Blocking access to LGBT friends, events & resources
- Blaming your child when they are discriminated against because of their LGBT identity
- Pressuring your child to be more (or less) masculine or feminine
- Telling your child that God will punish them because they are gay
- Telling your child that you are ashamed of them or that how they look or act will shame the family
- Making your child keep their LGBT identity’s secret in the family and not letting them talk about it

Parents may react with anger, fear, sadness or disgust when they learn that their child is gay or transgender. Some parents or family members may call their children names or get into physical fights with them. Others may prevent their children from attending support groups for gay and transgender youth, or from learning about their gay or transgender identity. Or parents and those parents may prevent them from attending family events because they are gay or transgender youth looks or behaviors is shameful and embarrassing to them.

Our research identified many behaviors that parents and caregivers use to reject their child’s gay or transgender identity. We found that some of these rejecting behaviors — such as blocking access to gay friends and resources or preventing a gay youth from attending family events — were just as harmful as physically beating a gay or transgender child.

Instead, these behaviors can only make it worse. Parents and caregivers may use to try to protect their children from harm put them at very high risk for suicide, depression and other health problems.
“Always My Son” – viewable on our webpage, will be disseminated by Frameline later in 2011. We’re raising funds for a series of short documentaries, based on our research, that show the journey of ethnically and religiously diverse families to support of their LGBT children.

http://familyproject.sfsu.edu/family-videos
Family Acceptance Project™

fap@sfsu.edu
http://familyproject.sfsu.edu/
LGBT Youth Suicide Prevention: Safe & Effective Messaging

Dave Reynolds, MPH, CPH
Sr. Public Policy and Research Manager
The Trevor Project
Mission and services from The Trevor Project
Recommendations for the media
Recommendations for professionals and advocates engaged in LGBTQ suicide prevention
Recommendations for social media
Overall focus: Best practices for communication about LGBTQ youth suicide
What is The Trevor Project?

- The leading national organization focused on suicide and crisis prevention efforts among lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth.
The Trevor Lifeline is the nation’s only 24/7 suicide and crisis prevention lifeline for LGBTQ youth:
1.866.4.U.TREVOR / 1.866.488.7386

TrevorChat is a free, confidential, secure online messaging service that provides live help with non-suicide related crises over The Trevor Project website.

Services from The Trevor Project

The Trevor Lifeline

TrevorChat
Services from The Trevor Project

- **TrevorSpace** is a social networking site for LGBTQ youth and their allies designed to break down walls and decrease isolation: TrevorSpace.org

- **Dear Trevor** is a non-time sensitive question and answer forum for questions related to sexual orientation, gender identity, and non-immediate needs.

[Click here to ask your question]
Services from The Trevor Project

- **Lifeguard Workshops** use structured, age-appropriate curricula to open up a dialogue among youth about suicide and the intersections with sexual orientation and gender identity.

- **Trevor Survival Kits** are educational tools distributed to schools and youth service providers to help facilitate discussions around suicide, sexual orientation, and gender identity.
Safe, Effective and Encouraged Messaging
The Dangers of Sensational Stories

Suicide attempt rates increase when:

› The number of stories about suicide increases
› A particular death is reported at length in many outlets—especially as the “opening piece”
› Headlines about specific deaths are framed dramatically and/or provide great detail
› Story portrays a “martyr”
The media can help prevent suicide by:

› Telling the warning signs of suicide
› **Encouraging help seeking behavior**
› Communicating effective treatments
› Offering resources
› Acknowledging complex causes of suicide

› AAS Warning Signs of Suicide from SPRC Best Practices Registry: http://bit.ly/gALHrg
What is a “complex cause?”

- Always more than just a recent event
- Sexual orientation and gender identity alone are not risk factors
- No empirically-proven causal link between bullying and attempting suicide
Problematic Coverage

Teen Commits Suicide Due to Bullying: Parents Sue School for Son’s Death
Family Wants No Money but Insists School Address Bullying and Three Other Suicides

Suicide-Bullying Connection
The National Youth Violence Prevention Resource Center estimates that nearly 30 percent of American youth are either a bully or a target of bullying.
Better Media Coverage

http://usat.ly/eqBiod

Hot line serves as 24/7 lifeline for struggling gay youths
By Jacobs Rich, CNN
October 7, 2010 1:10 p.m. EDT

A desperate mom's thanks to her son

Click to play


Gay teens told 'It Gets Better'

By Elizabeth Wagster, USA TODAY

A city councilman in Fort Worth, Texas, rocked into national prominence earlier this month in a videotaped plea with gay teens not to commit suicide and tearfully recounting his own ordeal as a bullied student.

http://usat.ly/eqBiod

The Trevor Project

Volunteer | Donate | Get Involved
Better Media Coverage

- For more information visit: Reporting on Suicide: Recommendations for the Media, available at AFSP.org

http://abcn.ws/f4EpML
Messaging to Avoid

- Detailed descriptions of a specific suicide or means
- Personal details of those who died by suicide
- Memorializing a suicide victim in a press release
- Using the term “epidemic”
- Oversimplifying bullying
- Presenting suicide as a common event or logical consequence of bullying
Assuming or guessing the sexual orientation/gender identity of a victim

Conflating a precipitating event (like bullying) with the “cause” of suicide

Ignoring mental illness as likely cause

Glorifying suicide, making celebrities of victims or portraying victims as martyrs

Linking political issues and suicide
Recommended Messaging

- Encourage help-seeking behavior
- Make available resources known
- Emphasize individual and collective responsibility for supporting the well-being of LGBTQ people
- Focus on positive terms like “psychological well-being” and that it can be compromised by various factors and stressors
Recommended Messaging (Cont’d)

- Talk about the importance of family acceptance
- Talk about systematically addressing bullying
- Connect bullying – and the need for bullying prevention – back to health, safety and general well-being of LGBTQ people
An Exemplary Campaign

  - Encourages help-seeking
  - Does not normalize suicide
  - Views mental health as part of overall health
  - Offers resources easily and for a variety of audiences
  - Does not dramatize
  - Engaging to youth
Dangers on Social Media

- Using Twitter or Facebook to announce a suicide death
- Giving detailed descriptions of a suicide death or victim
- Posting photos of a suicide victim
- Creating virtual memorials or tributes for a suicide victim
- Reposting problematic mainstream media headlines (e.g., “Student, 15, Commits Suicide Over Bullying”)
  - If you can, edit the headline
- Referring to suicide “epidemics”
- Be careful: your friends can “like” a poorly worded post

Many of the recommendations and evidence put forth are owed to our partners too:

- American Foundation for Suicide Prevention
- GLSEN
- GLAAD
- Johnson Family Foundation
- Movement Advancement Project

VOLUNTEER | DONATE | GET INVOLVED

The Trevor Project
Questions and Answers after the Webinar?

- Dave Reynolds, MPH, CPH
- Sr. Public Policy and Research Manager
- Dave.Reynolds@TheTrevorProject.org
- 310.271.8845 x258 (o)