

Suicide Loss Among LGB People in the United States

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What is suicide loss?

Suicide loss is the loss of a family member, friend, or loved one to suicide. On average, each death by suicide is estimated to expose 135 people to that loss [1]. **More than 1-in-5 people will experience suicide loss over their lifetime [2].** The impact of suicide loss occurs across a spectrum of levels: people exposed to suicide, affected by suicide, and bereaved by suicide. People bereaved by suicide are more likely to face negative mental health outcomes including depression, anxiety, and even increased risk of suicide [3].

How does this relate to LGBTQ+ mental health?

LGBTQ+ people are at increased risk for suicide compared to heterosexual, cisgender (non-transgender) people [4]. Experiences of family rejection, discrimination, bullying, and lower access to mental healthcare all increase suicide risk among LGBTQ+ people [5]. We also know that LGBTQ+ people's social networks are more likely to include other LGBTQ+ people [6]. Because LGBTQ+ people are at increased risk for suicide and are also connected to more LGBTQ+ people, they might also be more likely to experience suicide loss. LGBTQ+ people may experience disenfranchised grief following the death of a loved one. This happens when one's relationship to the deceased is not appropriately recognized or socially accepted – for example, being excluded from funeral services, or having to hide that the deceased was a romantic partner [7]. **In one study, more than 25% of transgender people reported being close to someone who died by suicide and oftentimes this was another transgender person [8].** But no studies using large samples have focused on understanding the bereavement experiences of lesbian, gay, and bisexual (LGB) people.

What did we do?

We used the 2016 General Social Survey, a national survey that represents the views of American adults. Survey respondents report their opinions on a wide variety of topics as well as to report their sexual orientation and experiences with suicide loss. In total, 74 LGB and 1207 heterosexual adults answered these questions. We used this data to investigate whether there are differences in suicide loss experiences between LGB and heterosexual Americans.

What did we find?



1. About 50% of all respondents, regardless of sexual orientation, reported suicide exposure in the life.

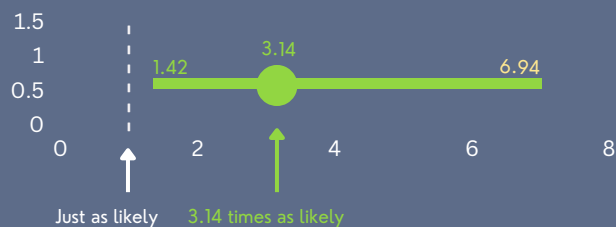


2. Roughly 25% of all respondents, regardless of sexual orientation, were exposed to 2 or more

Other findings:

- Among those who reported suicide exposure, LGB and heterosexual adults reported similar relationships to the person who died by suicide (e.g., friend, parent, acquaintance) and how close they were to the person who died by suicide (1-in-3 Americans reported being close or very close to the person who died).
- LGB people were over **3x more likely** than heterosexual people to report that exposure to suicide caused severe emotional distress (see graphic).

"Compared to heterosexual adults, how likely are LGB adults to experience **severe distress** following suicide exposure after controlling for other factors?"



The line coming from our estimate of 3.14 is called a **confidence interval**. Even when accounting for uncertainty, our lower bound is still above 1, meaning we are very confident LGB status increases risk. The upper limit is almost 7, that is, we might estimate that LGB adults may be up to 7 times more likely to experience severe distress following a suicide exposure.

What does this mean for our communities?

Suicide loss affects many people and can lead to serious mental and emotional distress, including suicidal thoughts and behaviors. While LGB and heterosexual adults appear to be exposed to suicide at similar rates, **LGB adults are especially likely to be seriously and negatively impacted by this loss**. It is becoming increasingly evident that "postvention is prevention" [9] – we need to make special efforts to support those who have lost someone to suicide. This may be particularly important in the context of LGB community members exposed to suicide loss.

What's next?

It is vital that LGBTQ+ people know that there are resources and support available following suicide loss. Local LGBTQ+ community health centers in Middle Tennessee often provide frontline healthcare to LGBTQ+ people -- these findings show that **we need increased funding for LGBTQ+ community health centers for mental health support including bereavement services**. In terms of policy, while most employers offer bereavement leave, these are usually restricted to the death of a child, spouse, or parent – which may not meet the needs of LGB people, who are less likely to have spouses or biological family in their social networks [10]. In the future, we hope to study how suicide loss may vary among LGBTQ+ people and assess their suicide loss experiences in greater detail. This can help us understand the unique experiences of suicide loss in LGB communities to inform the development of postvention programming targeting LGBTQ+ people.

What resources should I know about?

1. The Trevor Project (24/7): 866-488-7386. For LGBTQ young people ages 13-24. Does contact the police or rescue services if caller is assessed to be at imminent risk.
2. LGBT National Hotline: (weekdays, 3PM – 11PM Central): (888)-843-4564. Crisis and peer support over the telephone, online, or email. All volunteers are LGBTQ+ people. Does not contact the police or rescue services on caller's behalf, unless a third party is at direct risk.
3. Trans Lifeline (24/7): (877)-565-8860. By and for trans and gender non-conforming (TGNC) folks. All volunteers identify as TGNC. Does not contact the police or rescue services on caller's behalf, unless a third party is at direct risk.

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References

1. Cerel, J., Maple, M., van de Venne, J., Moore, M., Flaherty, C., & Brown, M. (2016). Exposure to suicide in the community: Prevalence and correlates in one US state. *Public Health Reports*, 131(1), 100-107.
2. Andriessen, K., Rahman, B., Draper, B., Dudley, M., & Mitchell, P. B. (2017). Prevalence of exposure to suicide: A meta-analysis of population-based studies. *Journal of Psychiatric Research*, 88, 113-120.
3. Pitman, A., Osborn, D., King, M., & Erlangsen, A. (2014). Effects of suicide bereavement on mental health and suicide risk. *The Lancet Psychiatry*, 1(1), 86-94.
4. Lynch KE, Gatsby E, Viernes B, et al. Evaluation of Suicide Mortality Among Sexual Minority US Veterans From 2000 to 2017. *JAMA Network Open*. 2020;3(12):e2031357-e2031357.
5. Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., & Augelli, A. R., ... & Clayton, P. J. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of homosexuality*, 58(1), 10-51.
6. Frost DM, Meyer IH, Schwartz S. (2016) Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry*. 86(1):91.
7. Bristowe, K., Marshall, S., & Harding, R. (2016). The bereavement experiences of lesbian, gay, bisexual and/or trans* people who have lost a partner: a systematic review, thematic synthesis and modelling of the literature. *Palliative medicine*, 30(8), 730-744.
8. Cerel, J., Maple, M., van de Venne, J., Moore, M., Flaherty, C., & Brown, M. (2016). Exposure to suicide in the community: Prevalence and correlates in one US state. *Public Health Reports*, 131(1), 100-107.
9. Jordan, J. R. (2017). Postvention is prevention—The case for suicide postvention. *Death studies*, 41(10), 614-621.
10. Mahowald, L. & Boesch,