

Community Report:

Suicide Loss Among LGB People in the United States

[Kirsty Clark, PhD MPH](#), Joseph Sexton & [Tara McKay, PhD](#)

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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]. Estimates suggest that more than 1-in-5 people will experience suicide loss over their lifetime [2]. According to the *nested model of suicide survivorship*, the impact of suicide loss occurs across a spectrum of levels: *exposed* to suicide, *affected* by suicide, and *bereaved* by suicide. Those bereaved by suicide are at increased risk of 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 people [4]. Research shows that LGBTQ+ people's elevated risk for suicide may be due to exposure to added stress over the life course culminating from experiences of family rejection, discrimination, bullying and lower access to mental healthcare [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 than heterosexual, cisgender people, they might be more likely to experience suicide loss. Further, 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 conceal that the deceased was a romantic partner [7]. One previous study found that more than ¼ of surveyed transgender and gender non-conforming (TGNC) adults reported being close to someone who died by suicide [8] and ¼ of the time this was another TGNC person. 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 a nationally representative survey from 2016 (called the *General Social Survey*) that asks Americans to 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 their life.
2. Roughly **25%** of all respondents, regardless of sexual orientation, were exposed to two or more suicides.
3. Among those who reported suicide exposure, there was not a significant difference between LGB and heterosexual adults in terms of relationship to the person who died by suicide (e.g., friend, parent, acquaintance) or how close they were to the person who died by suicide (1-in-3 reported being close or very close to the person who died).
4. LGB people were over **3x** more likely than heterosexual people to report that exposure to suicide caused severe emotional distress.

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], and 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 increased funding for LGBTQ+ community health centers for mental health support including bereavement services is warranted. 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 and kin in their network [10]. Future research should aim to identify how suicide loss may vary among LGBTQ+ people, and assess suicide loss experiences of LGBTQ+ people 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.*

References

For references, visit <https://tinyurl.com/lgbtq-loss>. If you have trouble or need help accessing a reference, contact LGBTQ+ Policy Lab Research Assistant (and AFSP volunteer!) Joseph Sexton at joseph.f.sexton@vanderbilt.edu.