Preventing suicide among gay, bisexual, queer, and two-spirit men

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Check in...

suicideprevention.ca/need-help/

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1. Is it getting better?
The epidemiology of GBQ2 suicide.

2. How does sexual minority status intersect with other identities?
Social conditions of GBQ2 suicide.

3. What can we do?
GBQ2 suicide prevention and support.
Assumptions about GBQ2 suicide

1. Gay, bisexual, queer, and two-spirit people are not different from anyone else...

2. Given advances in social & legal status of gay people, GBQ2 suicide pertains to a bygone era.

3. GBQ2 suicide is rare, compared to other issues we need to deal with.

4. GBQ2 suicide primarily affects youth.
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Burnaby man possible suspect in attack on lesbian couple
VPD Hate Crimes Unit investigating after women were attacked after sharing kiss on bus
CBC News  Posted: Nov 27, 2013 7:19 PM PT  |  Last Updated: Nov 27, 2013 7:19 PM PT

B.C. 'gay bashing' results in not guilty verdict

CBC News  January 15, 2013
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Prevalence of suicide attempts (lifetime)

1 in 20
1 in 5
1 in 2

Sources: Bauer 2013; Hottes 2016; Knock 2008
Suicide and HIV as leading causes of death among gay and bisexual men: a comparison of estimated mortality and published research
Travis Salway Hottes\textsuperscript{a,b*}, Olivier Ferlatte\textsuperscript{b,c} and Dionne Gesink\textsuperscript{a}
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Suicide attempts (last 12 months), gay & bi men % (green bar)
Suicide deaths, rate per 100,000, all men (black line)
What is the most important problem you’re facing right now?...

<table>
<thead>
<tr>
<th>LGBT youth identified</th>
<th>Non-LGBT youth identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Non-accepting families (26%)</td>
<td>1. Classes/exams/grades (25%)</td>
</tr>
<tr>
<td>2. School/bullying problems (21%)</td>
<td>2. College/career (14%)</td>
</tr>
<tr>
<td>3. Fear of being out or open (18%)</td>
<td>3. Financial pressures related to college or job (11%)</td>
</tr>
</tbody>
</table>

Source: HRC Growing up LGBT in America, 2012
Minority stress theory

**Stressors**
- Enacted stigma (discrimination, harassment)
- Anticipated stigma (hypervigilance)
- Internalized stigma
- Concealment

**Internal processes**
- Emotional regulation (rumination)
- Cognitive processes (hopelessness, negative self-schemas)

**Diagnoses, forms of coping (points to intervene)**
- Depression/anxiety
- Coping strategies (e.g. substance use)
- Social withdrawal/isolation

Hatzenbuehler 2009; Meyer 2003
Sexual Orientation Modulates Endocrine Stress Reactivity

Robert-Paul Juster, Mark L. Hatzenbuehler, Adrianna Mendrek, James G. Pfaus, Nathan Grant Smith, Philip Jai Johnson, Jean-Philippe Lefebvre-Louis, Catherine Raymond, Marie-France Marin, Shireen Sindi, Sonia J. Lupien, and Jens C. Pruessner
Beyond minority stress

1. **Is it getting better?**
   The epidemiology of GBQ2 suicide.

2. **How does sexual minority status intersect with other identities?**
   Social conditions of GBQ2 suicide.

3. **What can we do?**
   GBQ2 suicide prevention and support.
Data Sources

Man-Up Against Suicide
Photo voice study where participants take photographs to illustrate their experiences and perspective; the images are then used as reference points during an one-on-one interview. (GBMS  n = 29)

Sex Now Survey
A serial cross-sectional survey of Canadian GBM administered every 12-24 months offered anonymously online. Conducted by the Community-based research centre for gay men’s health (cbrc.net).
(2011/12 n = ; 2014/15 n= )
Effect of ethnicity on recent suicide attempts

- Caucasian
- Aboriginal
- Ethnic minorities
Effect of education and income on recent suicide attempts

- No University
- University

- > $30,000
- < $30,000
Effect of relationship status and sexuality on recent suicide attempts

- Gay
  - Partnered with a man: 1.5%
  - Partnered with a woman: 2.0%
  - Single: 1.5%

- Bisexual
  - Partnered with a man: 3.5%
  - Partnered with a woman: 0.5%
  - Single: 1.0%
Suicide Among HIV Positive gay and bisexual men

ABSTRACT
HIV positive gay and bisexual men (GBM) continue to struggle with the pervasiveness of HIV stigma, but little is known about the health effects of stigma. In this article, suicidal ideation and attempts are measured among GBM living with HIV, evaluating the extent to which these experiences are associated with stigma and suicide. Drawing from an online national survey of Canadian GBM completed by 7995 respondents, a sub-set of data provided by respondents self-reporting HIV-positive status was used for the current study. The associations between suicidal ideation (SI) and attempts (SA) and four measures of HIV stigma were measured: social exclusion, sexual rejection, verbal abuse and physical abuse. A total of 673 HIV-positive men completed the survey (8% of total sample). Among this group, 22% (n = 150) reported SI and 5% (n = 33) SA in the last 12 months. After adjusting for sociodemographic factors, SI and SA were associated with each of the four measures of HIV stigma: being excluded socially for being HIV positive (SI adjusted odds ratio, AOR 2.0 95% CI 1.4–3.1; SA AOR 3.8 95% CI 1.9–7.9), rejected as a sexual partner (SI AOR 1.6 95% CI 1.1–2.4; SA AOR 2.6 95% CI 1.1–6.0), verbally abused (SI AOR 2.9 95% CI 1.9–4.5; SA AOR 2.4 95% CI 1.1–5.1), and physically abused (SI AOR 4.5 95% CI 1.8–11.7; SA AOR 6.4 95% CI 2.0–20.1). Furthermore, experiencing multiple forms of stigma was associated with significantly increased risk of SI and SA. The authors conclude that HIV positive GBM experience significant levels of stigma that are associated with heightened risk for suicide. The findings affirm the need for targeted interventions to prevent suicide amid public health efforts to de-stigmatize HIV and mental illness.
Stigma and suicide among gay and bisexual men living with HIV

Olivier Ferlatte, Travis Salway, John L. Oliffe and Terry Trussler

AIDS Care, 2017
http://dx.doi.org/10.1080/09540121.2017.1290762

Lifetime

Last 12 Months
HIV stigma and suicide

- **HIV Stigma** is a complex social and structural phenomenon that exists when labeling, stereotyping, status loss and discrimination occurs among people living with HIV (Manajan et al. 2008; Parker & Aggleton, 2003).

- HIV Stigma is associated with several negative health outcomes, including depression, lower social support, poor physical health and lower adherence to medications (Logie & Gadalla, 2009; Rueda et al., 2016) BUT little is known about the effect of HIV Stigma on Suicide.
## Experiences of enacted HIV Stigma

<table>
<thead>
<tr>
<th>Experience</th>
<th>Lifetime</th>
<th>Last 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected as sexual partner</td>
<td>75%</td>
<td>57%</td>
</tr>
<tr>
<td>Excluded from social events</td>
<td>32%</td>
<td>22%</td>
</tr>
<tr>
<td>Verbally abused</td>
<td>25%</td>
<td>17%</td>
</tr>
<tr>
<td>Physically abused</td>
<td>5%</td>
<td>3%</td>
</tr>
</tbody>
</table>
## HIV Stigma and suicide attempt

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Adjusted Odd Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rejected as sexual partner</td>
<td>3%</td>
<td>11%</td>
<td>2.6 (1.1 – 6.00)</td>
</tr>
<tr>
<td>Excluded from social events</td>
<td>3%</td>
<td>7%</td>
<td>3.8 (1.9 – 7.9)</td>
</tr>
<tr>
<td>Verbally abused</td>
<td>4%</td>
<td>10%</td>
<td>2.4 (1.1 – 5.1)</td>
</tr>
<tr>
<td>Physically abused</td>
<td>4%</td>
<td>25%</td>
<td>6.4 (2.0 – 20.1)</td>
</tr>
</tbody>
</table>

* Suicide and stigma in the last 12 months
Cumulative effect of HIV stigma

![Bar chart showing the cumulative effect of HIV stigma with attempts and percentages for different stigma levels.](chart.png)
The Still Here Project

Still here is a photovoice study where LGBTQ people take photographs to illustrate their experiences and perspectives about suicide. The images are then used as reference points during an interview.
The bullying or teasing, the gay name calling and all that crap, that started about grade five and even then I had no clue what they were talking about. School was very harsh for me and then high school was s nightmare.
Social isolation

I titled this “is this working?” Because one of the things that I find very hurtful is that my cell phone sometimes never rings, like no one phones me; like do people care about me or am I alone in this world?
Poverty and employment

That’s the mailbox and it’s full of mail, usually bills unfortunately. It’s a giant feeling of negative emotions. I hate going there. I hate looking inside. I hate seeing what it is. It’s brings very few good news; it’s usually bad news.
I was a proud two spirited aboriginal who was raised traditionally... surrounded by community support and love in my younger years; however, the older I got, the abuse worsened... Which lead to self-hate, which turned to withdrawal and the start of many attempts to end the inner suffering.
But... Gay and Bisexual men are resilient!
Breaking the silence around suicide
Still Here

It's time to talk about depression and suicide in LGBTQ communities.
Is it getting better?
The epidemiology of GBQ2 suicide.

How does sexual minority status intersect with other identities?
Social conditions of GBQ2 suicide.

What can we do?
GBQ2 suicide prevention and support.
Towards a GBQ2 suicide prevention strategy

1. Reduce & manage minority stress (at all ages!)
2. Focus on "modifiable risk factors"
3. Improve healthcare access for GBQ2 men and other sexual & gender minorities
(1) Minority stress-focused solutions

LGB-Affirmative Cognitive-Behavioral Therapy for Young Adult Gay and Bisexual Men: A Randomized Controlled Trial of a Transdiagnostic Minority Stress Approach

John E. Pachankis
Yale School of Public Health, Yale University

Mark L. Hatzenbuhler
Mailman School of Public Health, Columbia University

Gay-straight alliances better for all students’ health: UBC study

Schools should encourage GSAs and anti-homophobia policies, observers say
(2) Addressing risk factors

- MARGINALIZATION
  - Verbal Violence
  - Physical Violence
  - Bullying
  - Sexual Violence
  - Work Discrimination

- SUICIDALITY
  - Suicide Ideation
  - Suicide Attempts
  - Smoking
  - Party Drugs
  - Depression
  - Anxiety
  - STIs
  - HIV infections (UAI)

- Snowballing effect and increase health inequities
(2) Addressing risk factors
(3) Healthcare access

- Municipal Vancouver
- Suburban Vancouver, Fraser Valley
- Vancouver Island, Interior, North

CBRC / Sex Now
This sample was clearly not representative of the lesbian, gay, and bisexual people in the United States, as they were predominantly White, middle-class, and middle-aged professionals. However, if there is any group that should report positive experiences with health care, this would be the group. Even among this privileged group of respondents, only 81% had a regular physician and about 40% had not disclosed their sexuality to that physician. Only 51% of the men and 68% of the women had disclosed to their regular family physician. This finding is consistent with the research on disclosure conducted in the 1980s, suggesting that the positive changes in societal attitudes have not extended to health care settings. The difficulty in disclosing to health care providers is highlighted by two facts: First, it seemed to be easier for these respondents to disclose to their parents (often reported as the most stressful event in the coming out process) than to health care providers. Second, 38% of the respondents avoided questions about sexuality, whereas only about one-third (37%) directly told the health care provider. Clearly, disclosure to the health care provider is difficult, even though most of those who had disclosed (actively or passively) reported no adverse reactions from their health care providers.
Facilitators and barriers to health care for lesbian, gay and bisexual (LGB) people

Health care use among gay, lesbian and bisexual Canadians

by Michael Tjepkema

March 19, 2008
Suicide ideation, last 12 months (N=8037): 19%
Talked to HCP about suicide: 38%
Suicide ideation, last 12 months (N=8037): 19% talked to HCP about suicide: 38%

Among those who did not talk to a HCP (n=924)...
Thinking About Suicide?

Find Local Crisis Centres

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland and Labrador
- Northwest Territories
- Nova Scotia
- Nunavut
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan

There Are Many Crisis Centres Available 24 Hours A Day To Talk To You.
Please evaluate this webinar.

Questions?

Thank you!