

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



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BC Centre for Disease Control

May 30, 2017

Check in...

suicideprevention.ca/need-help/

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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.



1

Is it getting better?

The epidemiology of GBQ2 suicide.

2

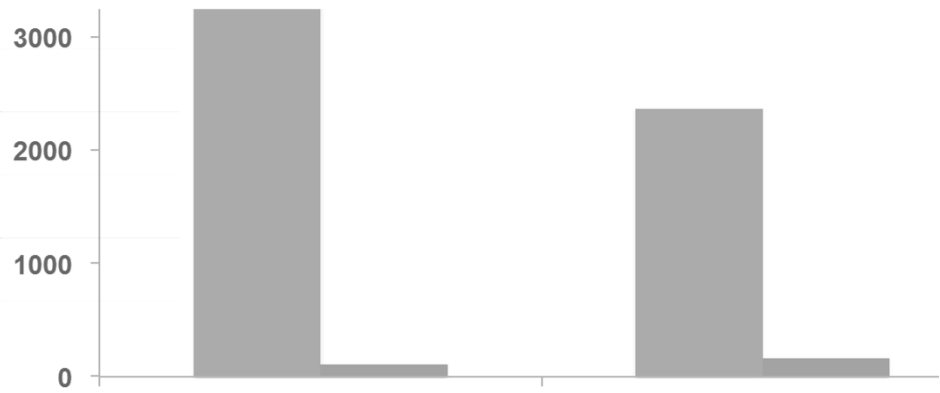
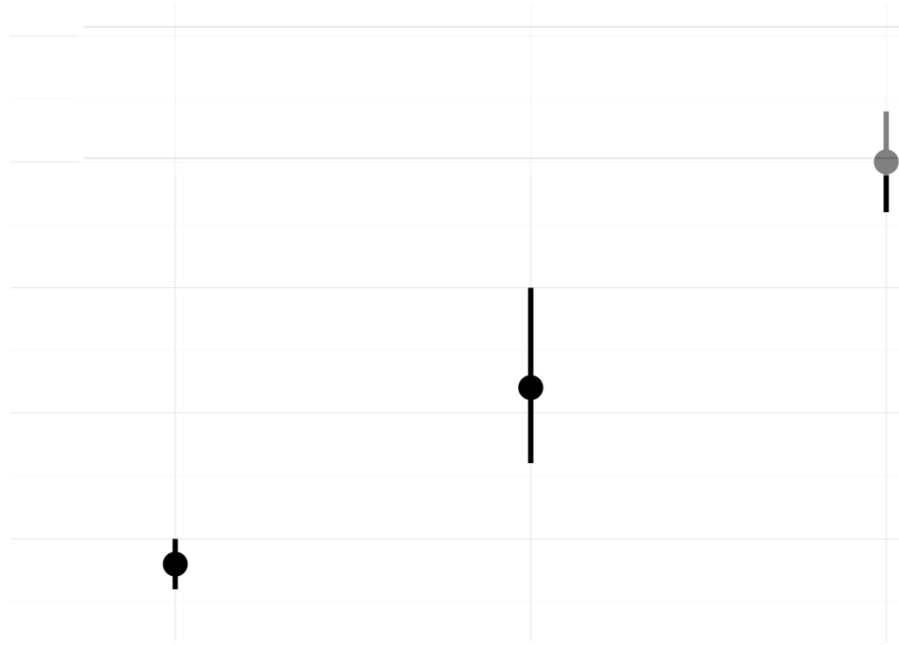
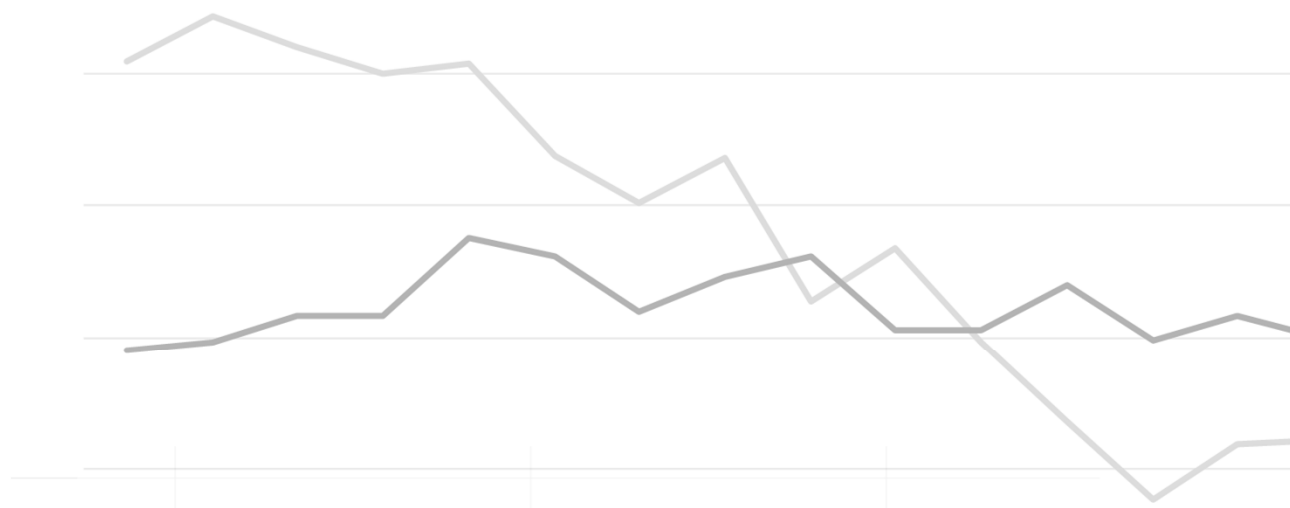
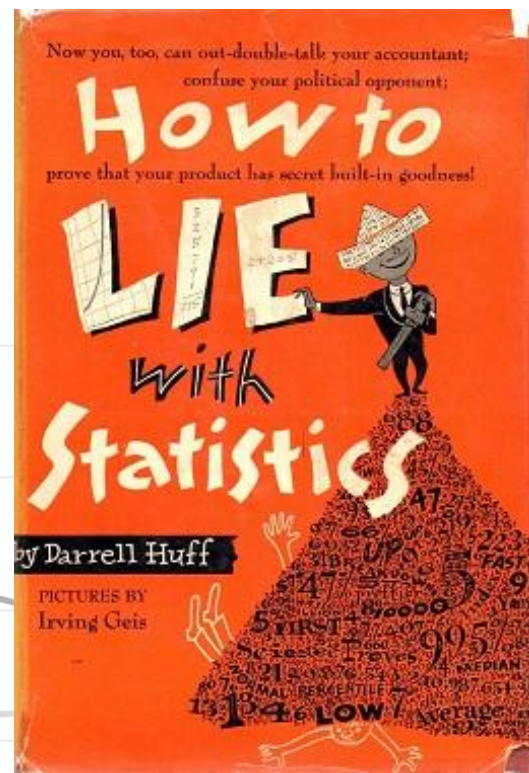
How does sexual minority status intersect with other identities?

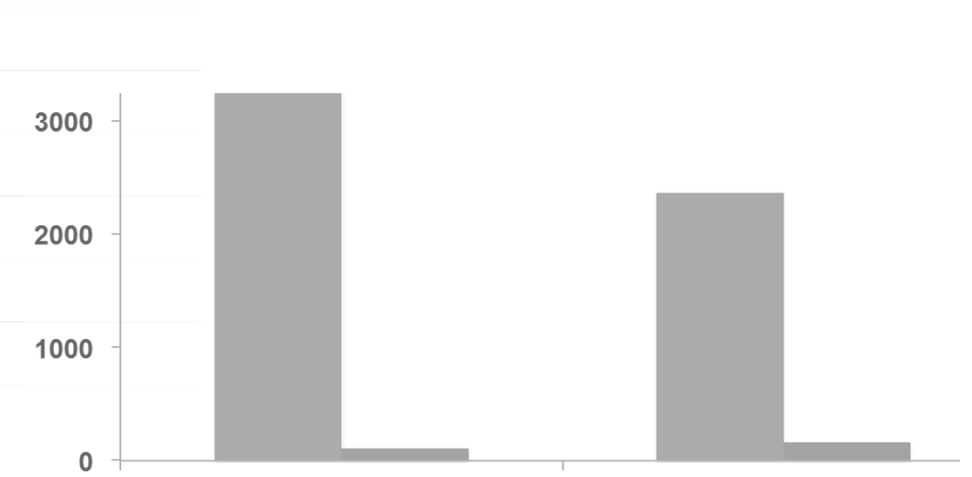
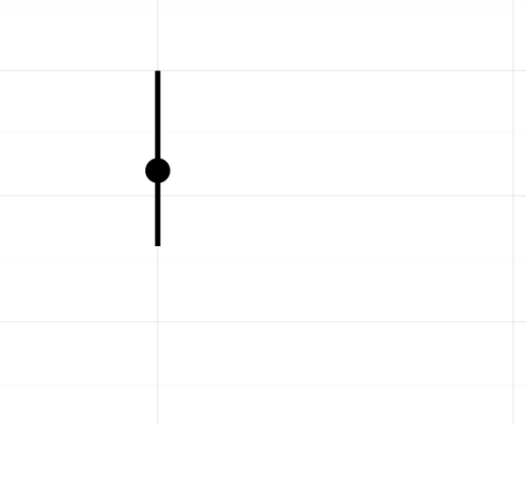
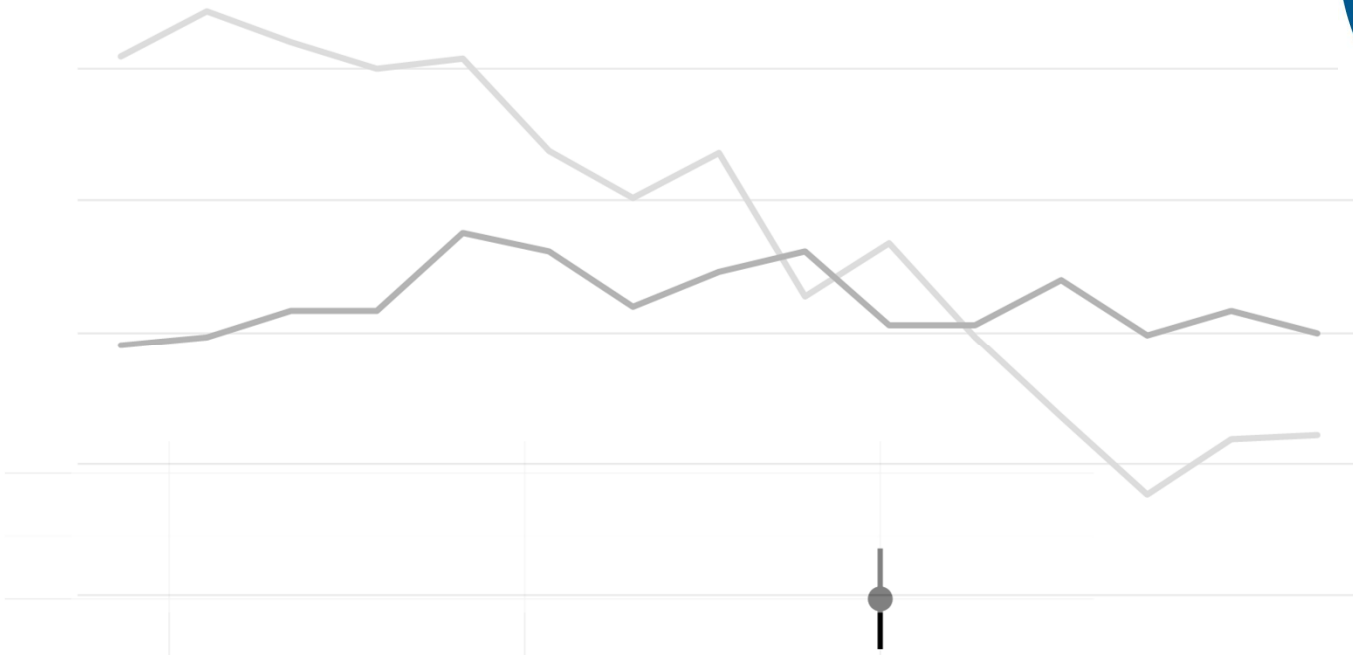
Social conditions of GBQ2 suicide.

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



« [This page is a work in progress. Follow this link to return to the CBCNews.ca you know](#)

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

CBC News

January 15, 2013

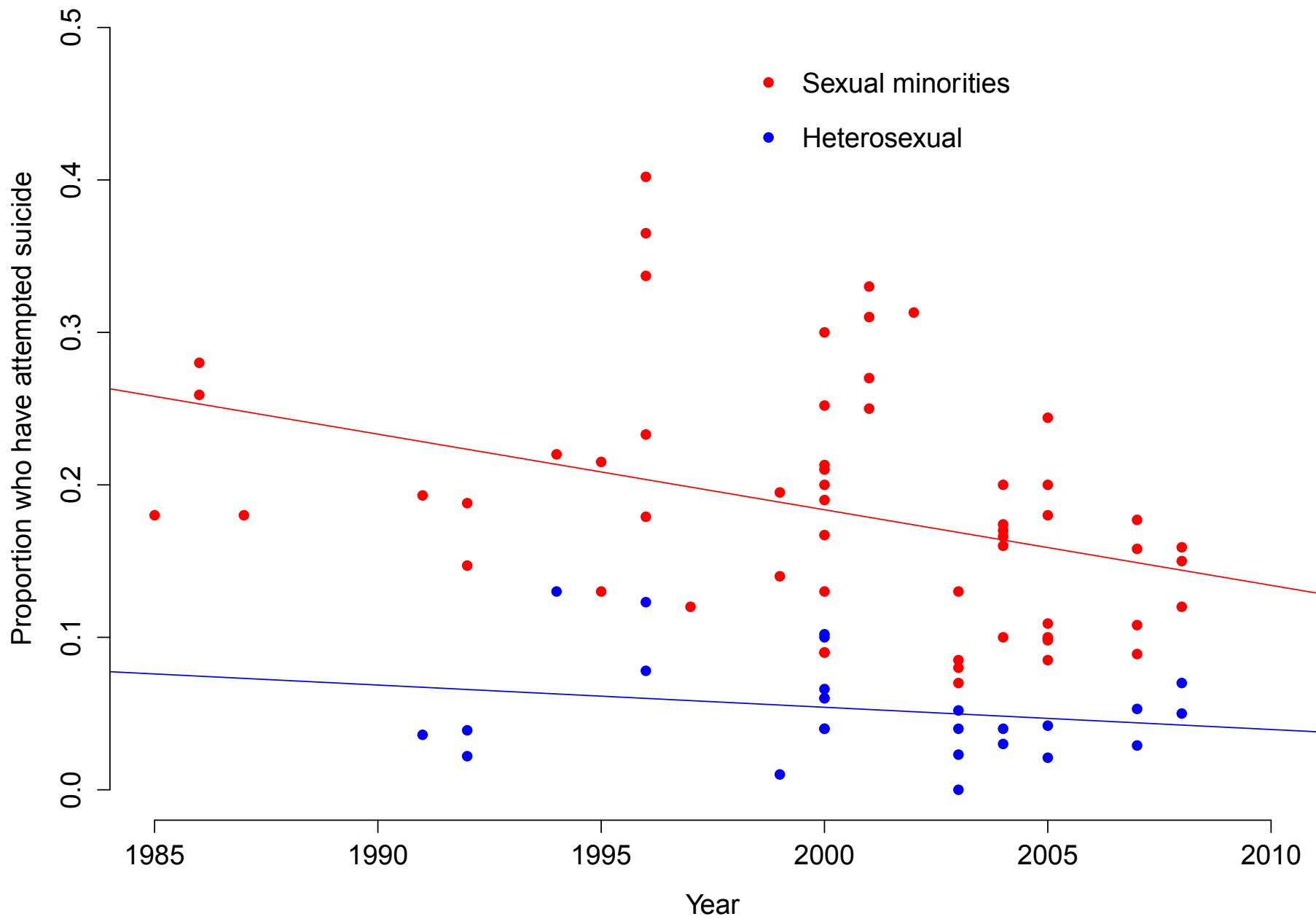


Assumptions about GBQ2 suicide

National Portrait Gallery, London (1951)



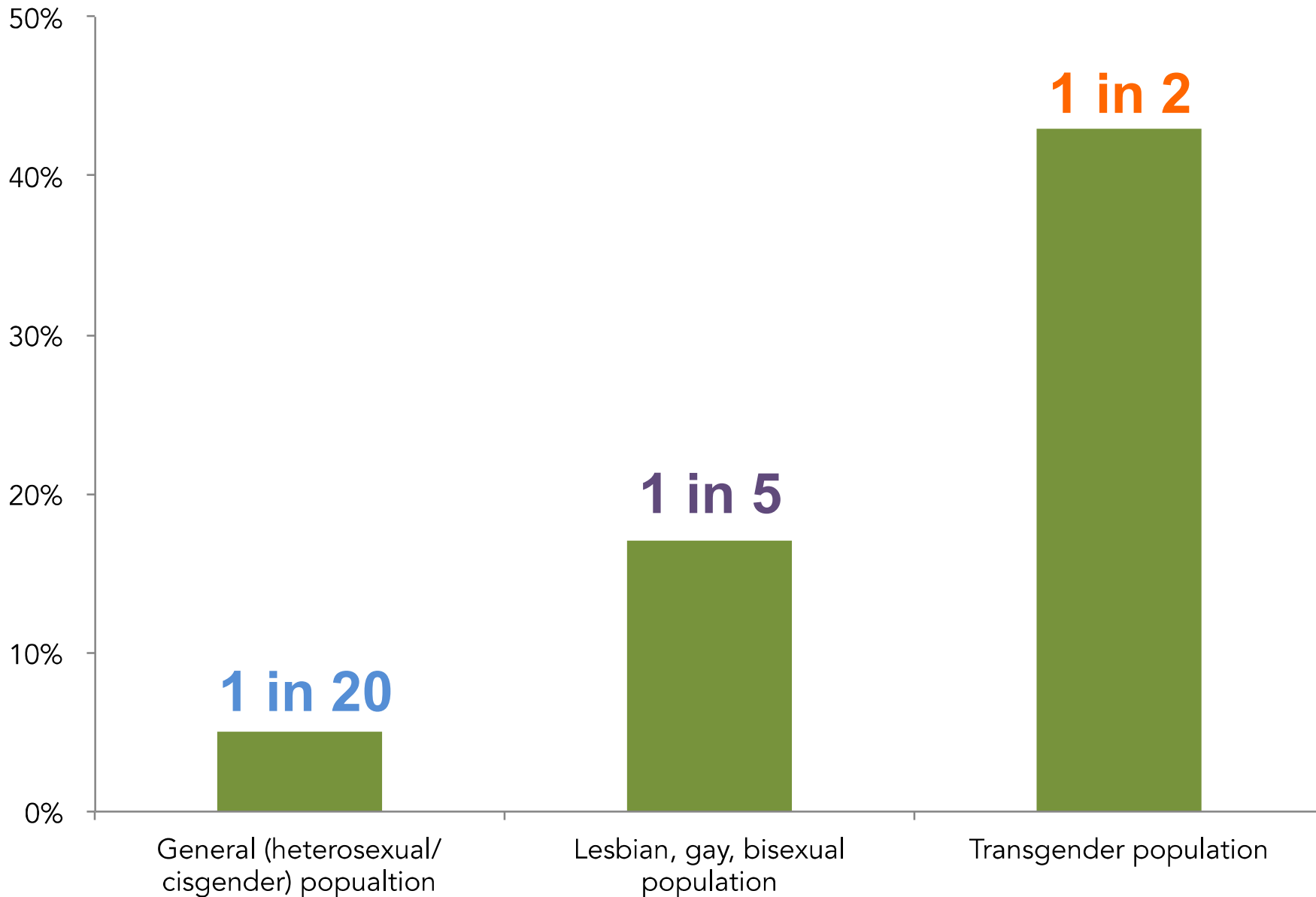
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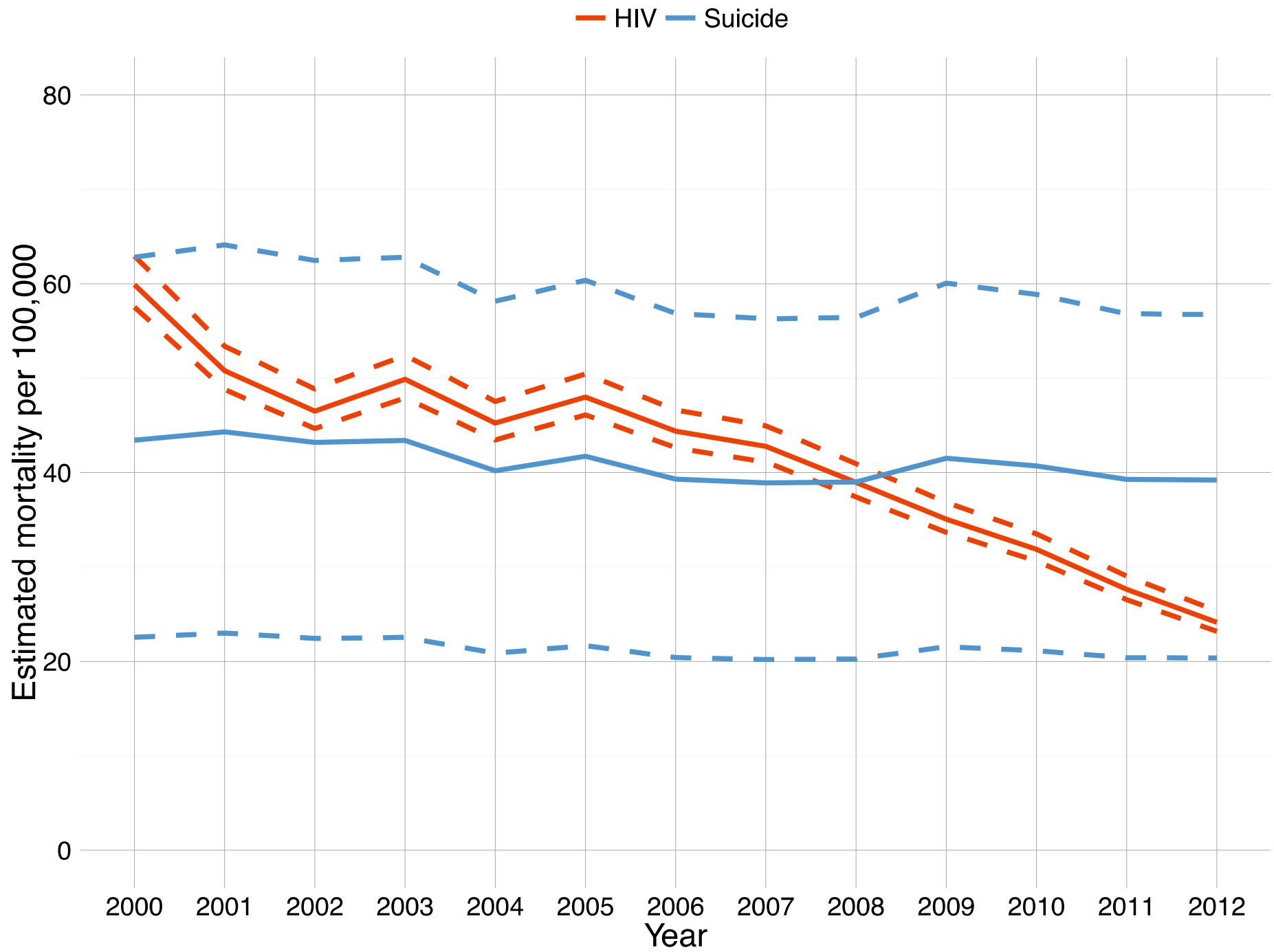
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Prevalence of suicide attempts (lifetime)

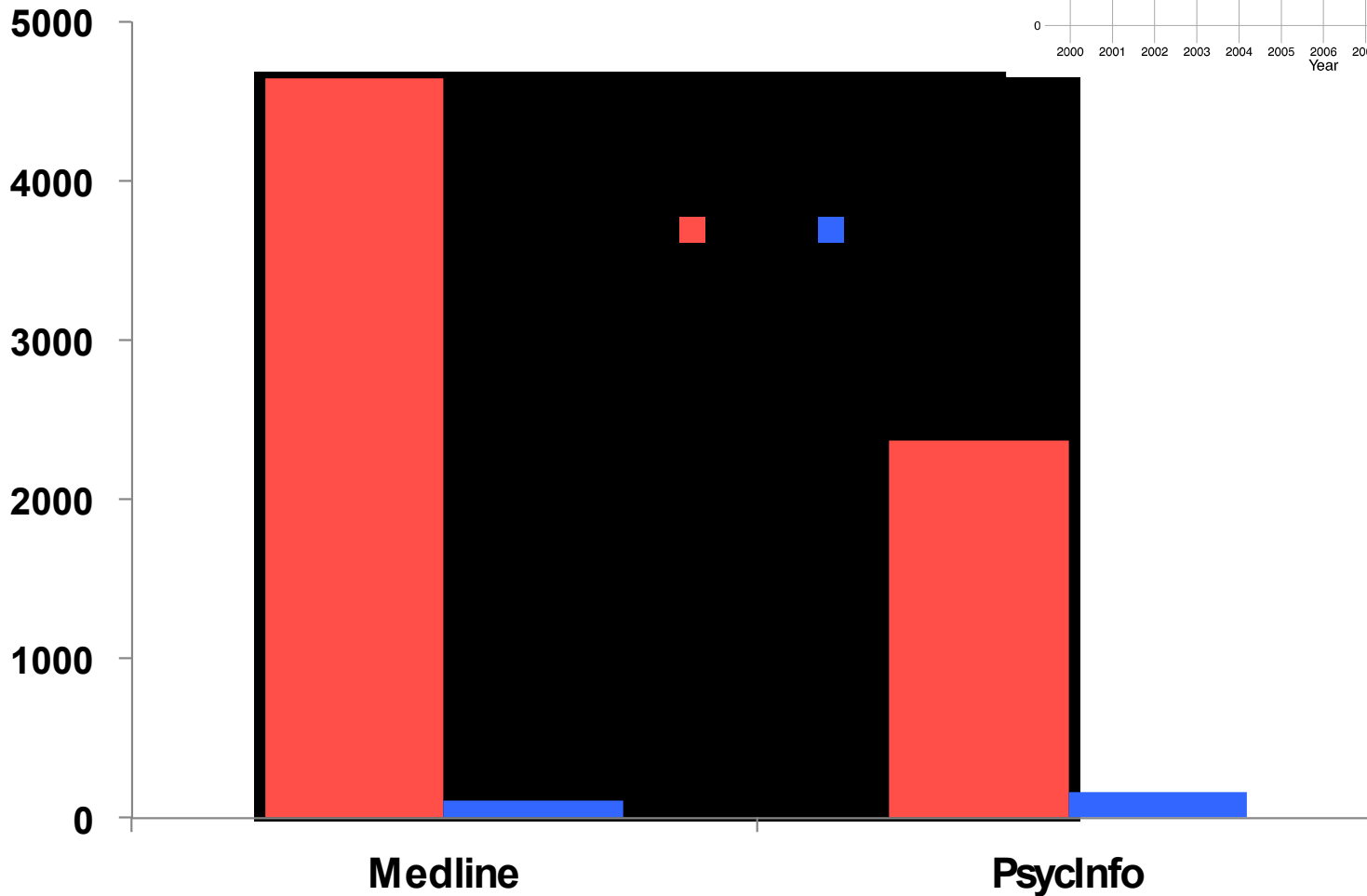
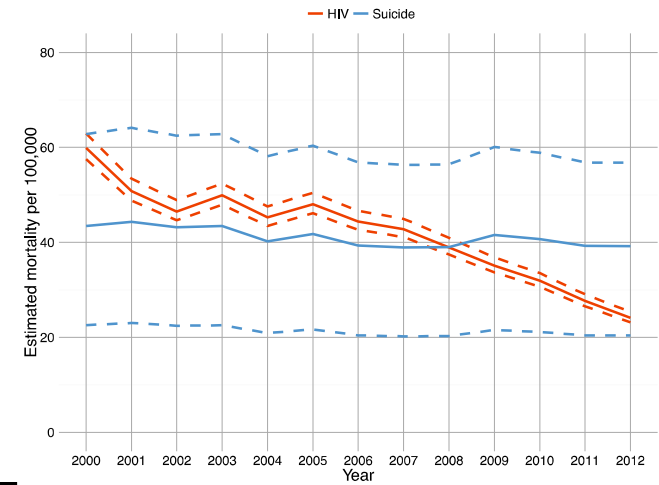


Sources: Bauer 2013; Hottes 2016; Knock 2008



Suicide and HIV as leading causes of death among gay and bisexual men: a comparison of estimated mortality and published research

Travis Salway Hottes^{a,b*}, Olivier Ferlatte^{b,c} and Dionne Gesink^a



Assumptions about GBQ2 suicide

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

Advances in social & status of gay people, suicide pertains to a era.

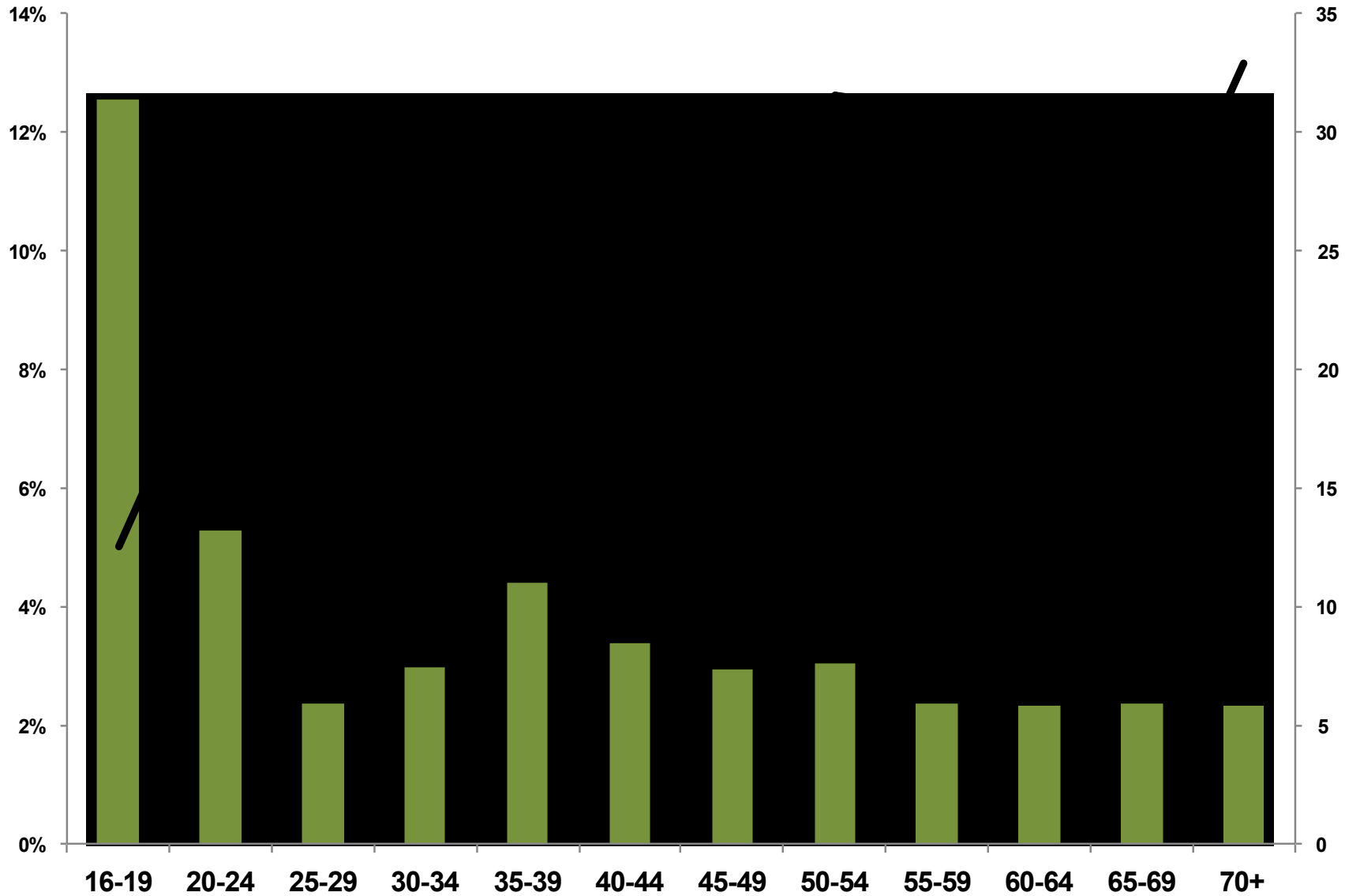
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**IT GETS
BETTER
PROJECT**
ITGETSBETTERPROJECT.COM

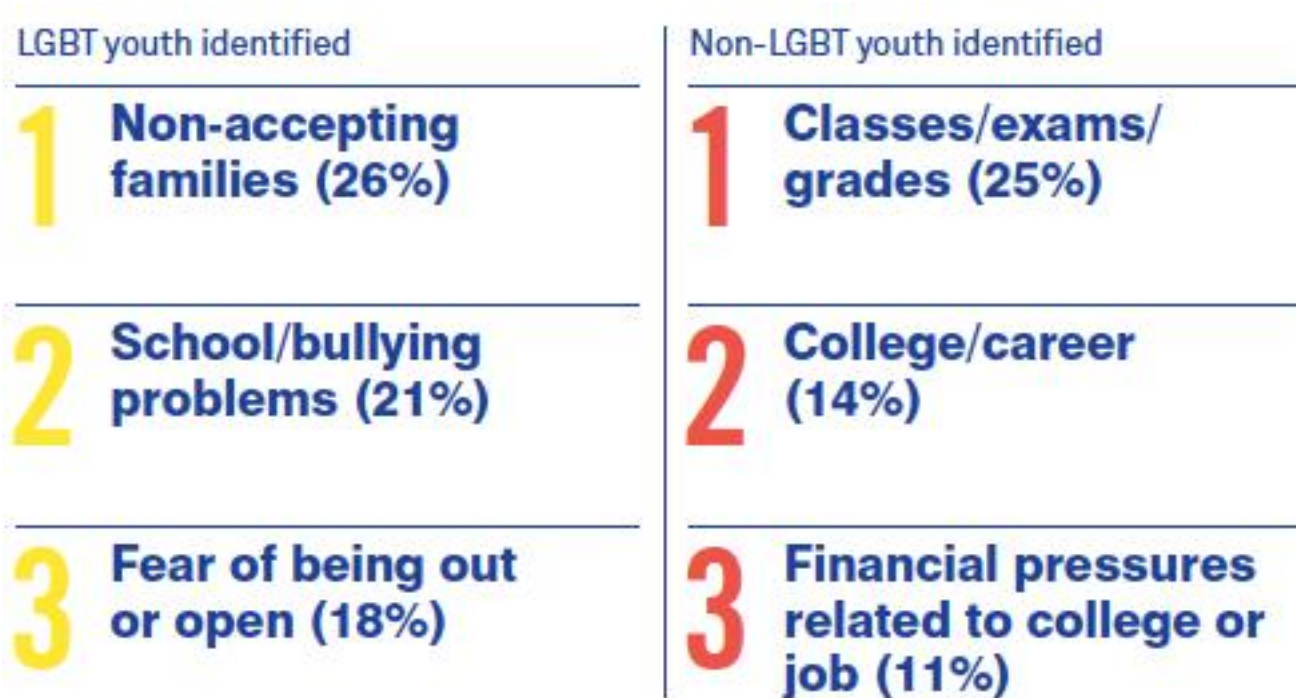
Suicide attempts (last 12 months), gay & bi men % (green bar)
Suicide deaths, rate per 100,000, all men (black line)



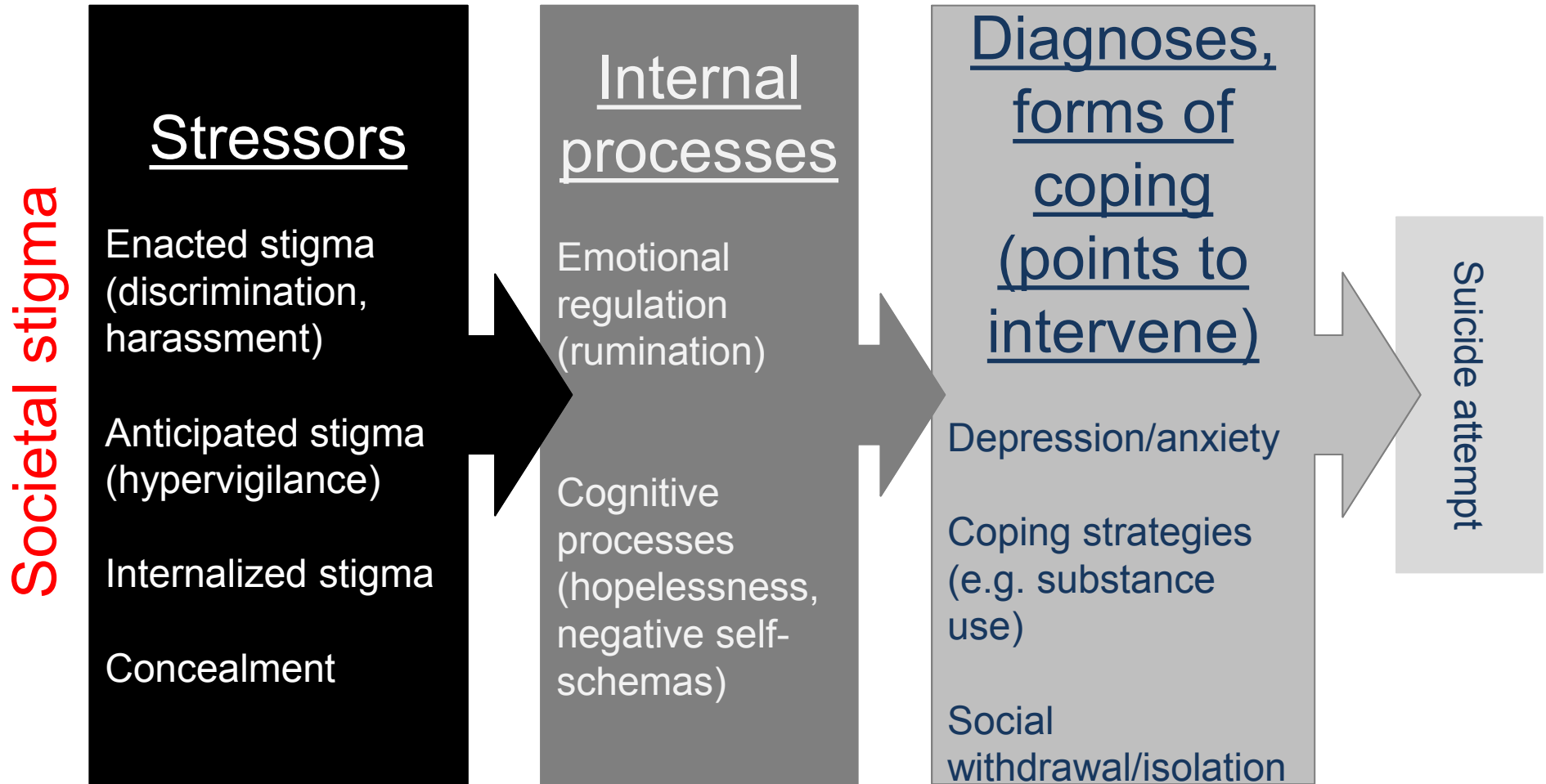
Age, years

CDC WISQARS, 2012; CBRC 2015

What is the most important problem you're facing right now?...

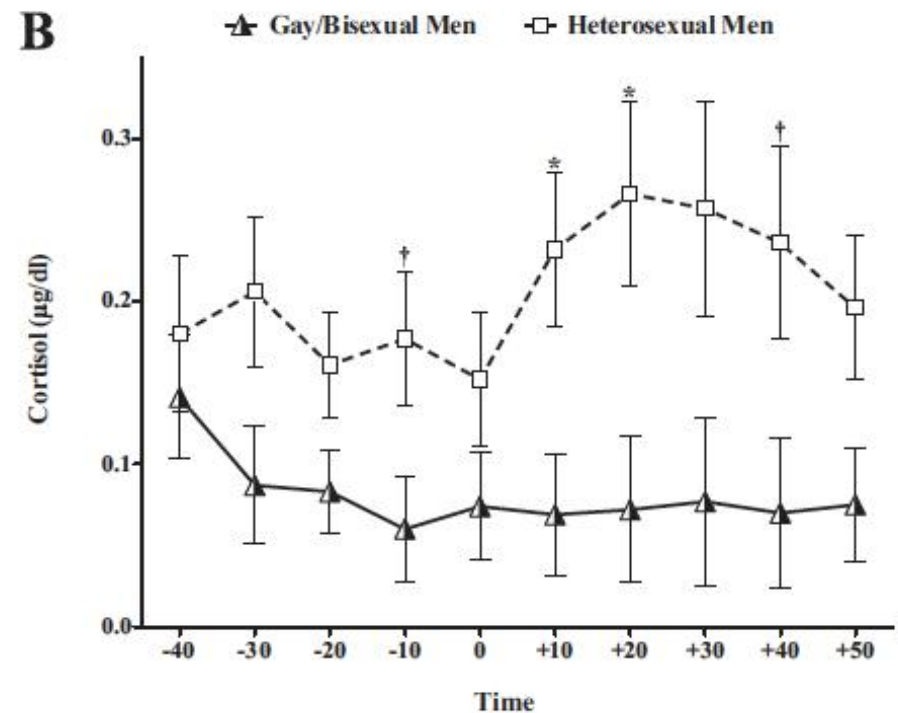
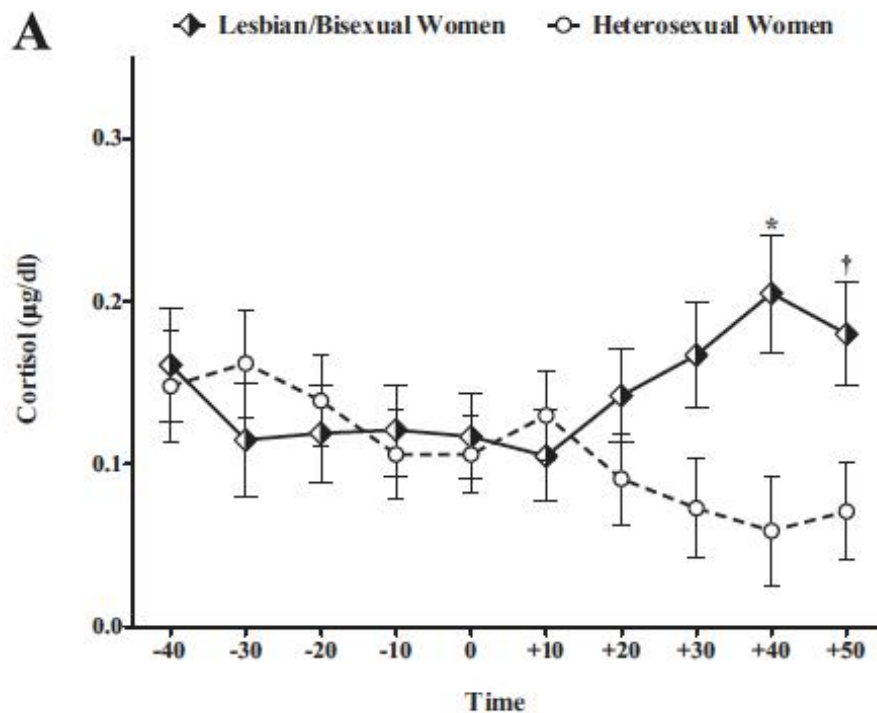


Minority stress theory



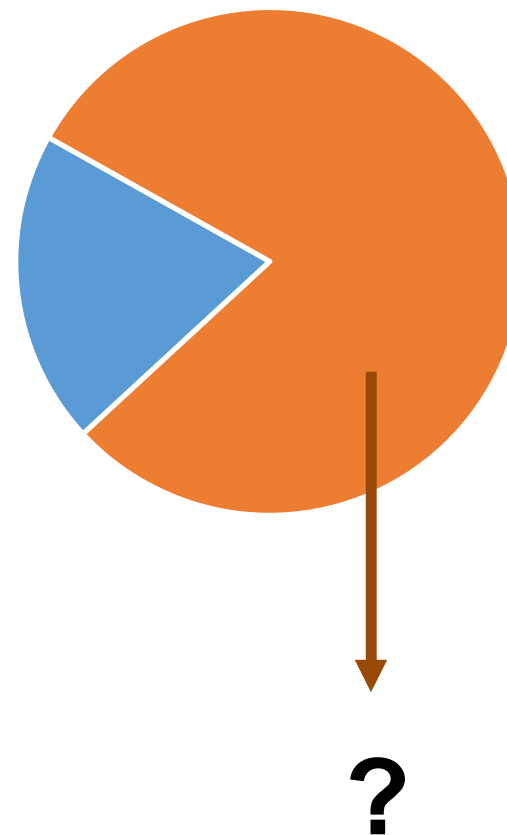
Sexual Orientation Modulates Endocrine Stress Reactivity

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

	Latest Attempt	
	<i>n</i>	%
Disease (unspecified)	3	2.6
Mental disorder	14	12.1
Depression	13	11.2
Somatic disease	0	0
Problems (general)	31	26.7
Cumulation of things/ overwhelmed	7	6.0
Cry for help/attention	6	5.2
Mental problems	27	23.3
Malaise	7	6.0
Despair/fed up	10	8.6
Social/inter-personal problems	55	47.4
Violence	5	4.3
Acceptance by others	11	9.5
Social circle	5	4.3
Loneliness	8	6.9
Love/relationship	22	19.0
Family	10	8.6
Lifestyle problems	2	1.7
Problems with homosexuality	19	16.4
Accepting one's homosexuality	18	15.5
Being different	1	0.9
Don't know	3	2.6



Source: Wang, et al 2015



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.

Data Sources

Man-Up Against Suicide

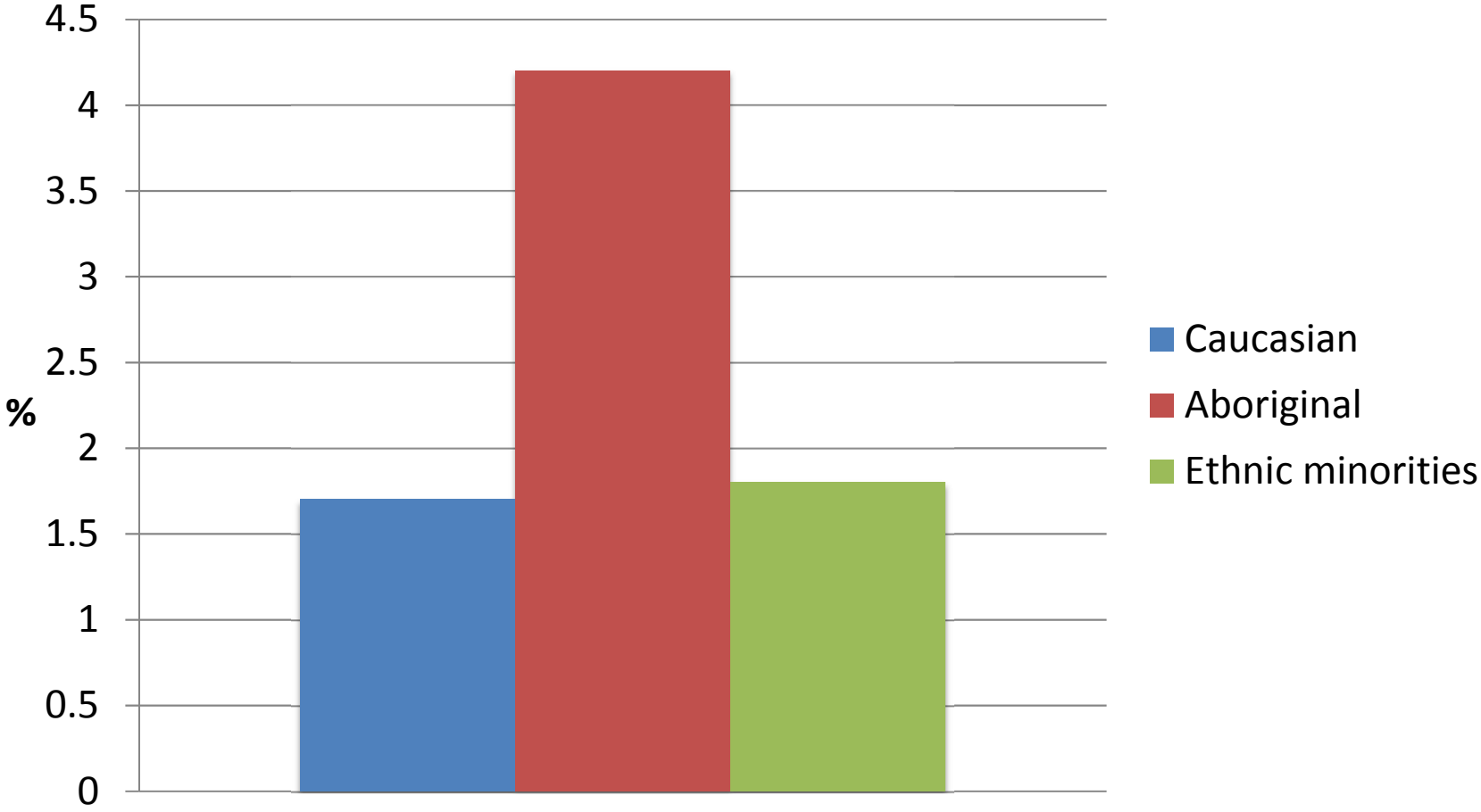
Photo voice study where participants take photographs to illustrate their experiences and perspective; the images are then used as reference points during an one-on-one interview. (GBMS n = 29)

Sex Now Survey

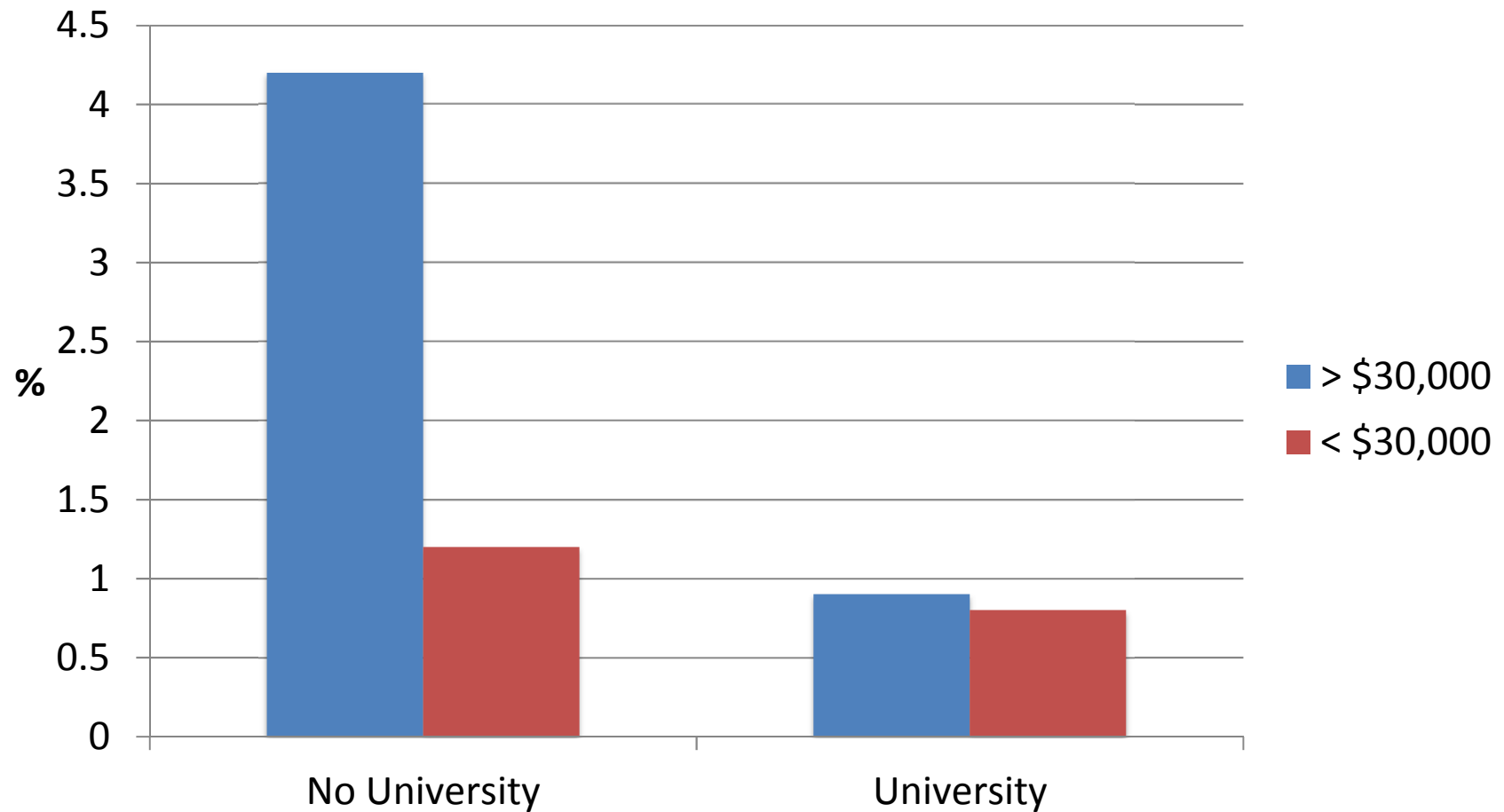
A serial cross-sectional survey of Canadian GBM administered every 12-24 months offered anonymously online. Conducted by the Community-based research centre for gay men's health (cbrc.net).

(2011/12 n = ; 2014/15 n=)

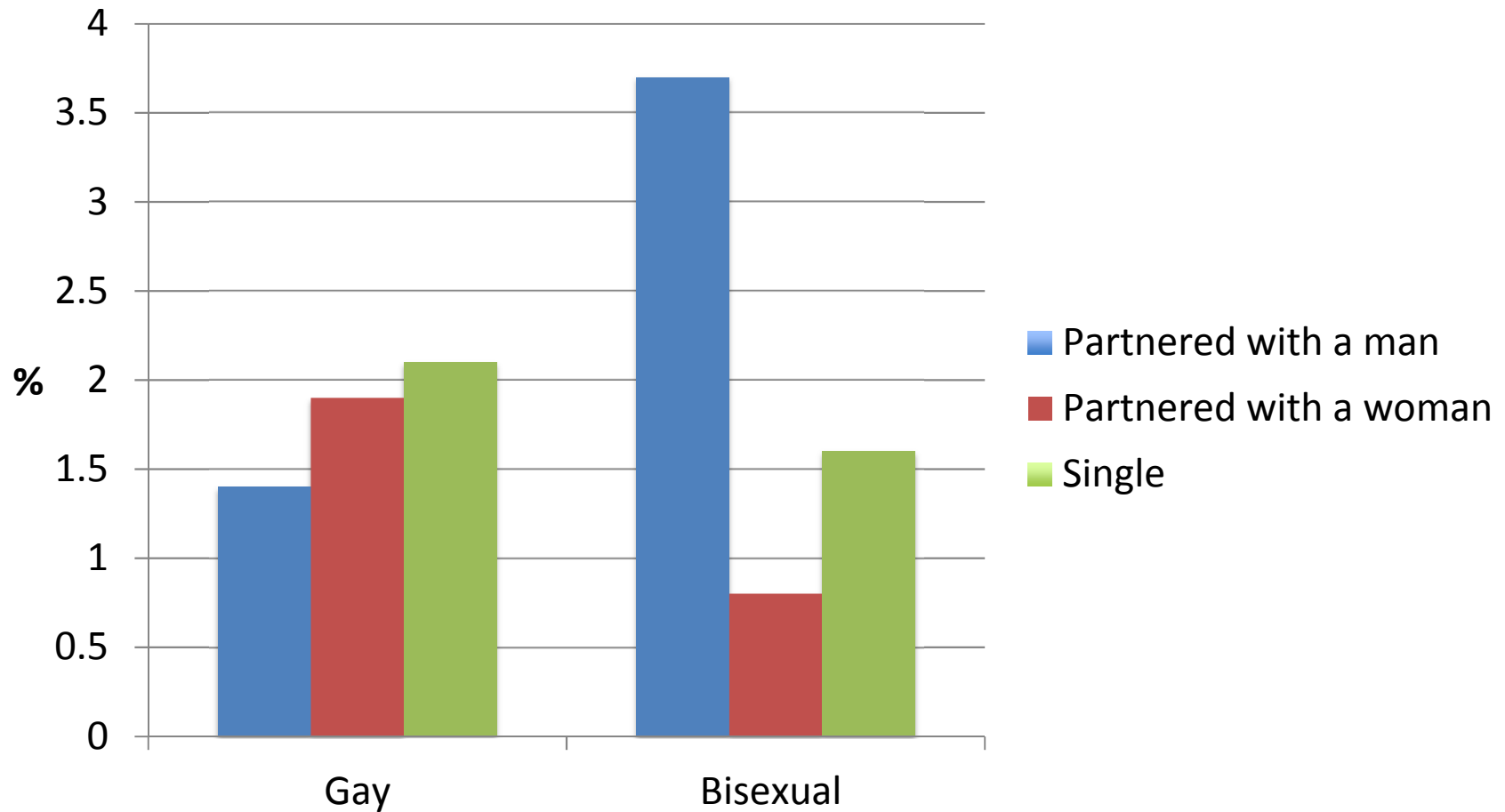
Effect of ethnicity on recent suicide attempts



Effect of education and income on recent suicide attempts



Effect of relationship status and sexuality on recent suicide attempts



Suicide Among HIV Positive gay and bisexual men

AIDS CARE, 2017
<http://dx.doi.org/10.1080/09540121.2017.1290762>



Stigma and suicide among gay and bisexual men living with HIV

Olivier Ferlatte^a, Travis Salway^b, John L. Oliffe^a and Terry Trussler^c

^aMen's Health Research program, University of British Columbia, Vancouver Canada; ^bDalla Lana School of Public Health, University of Toronto, Toronto, Canada; ^cCommunity-Based Research Centre for Gay Men's Health, Vancouver, Canada

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.

ARTICLE HISTORY

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KEYWORDS

Suicide; HIV stigma;
discrimination; gay men;
bisexual men

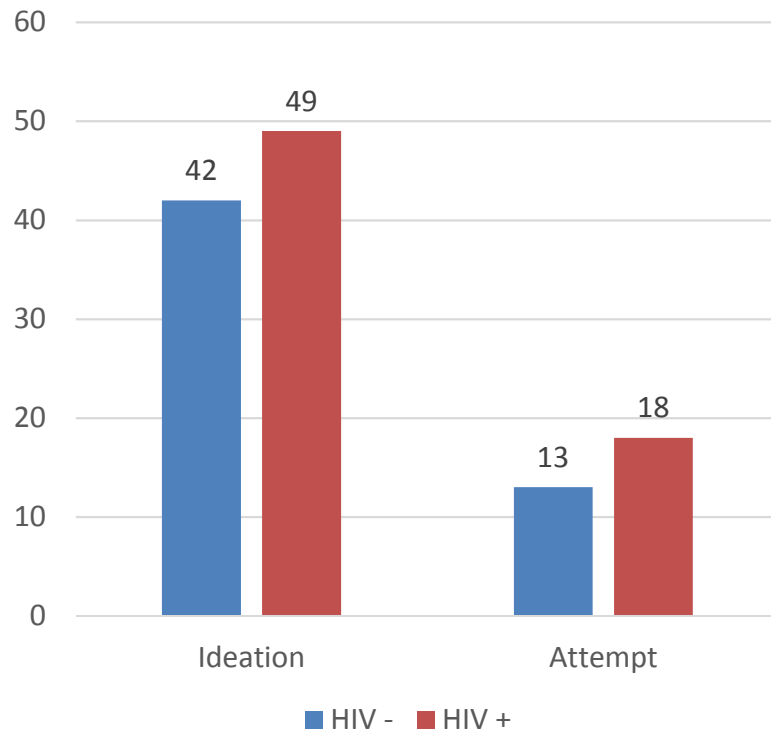
AIDS Care, 2017

<http://dx.doi.org/10.1080/09540121.2017.1290762>

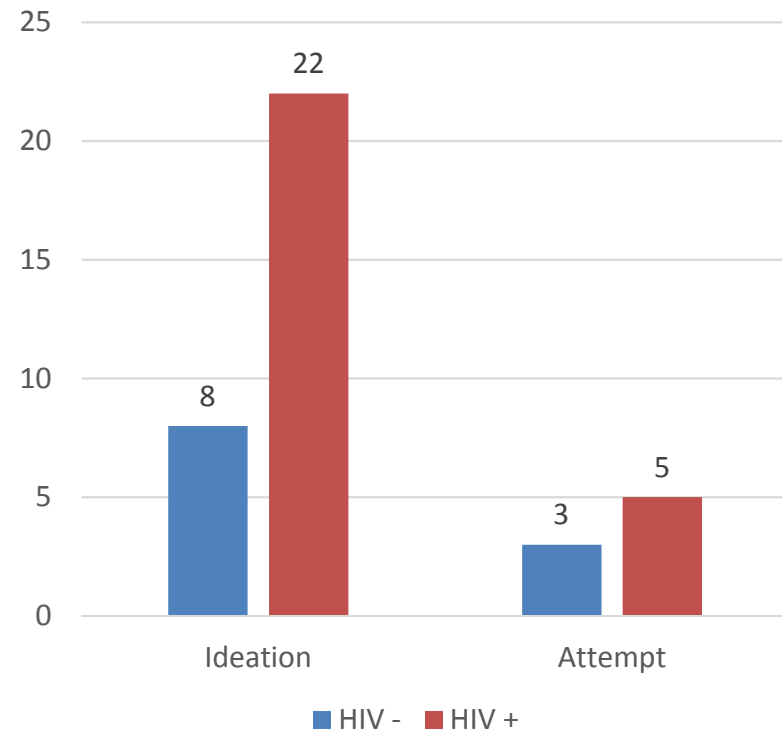
Stigma and suicide among gay and bisexual men living with HIV

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

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

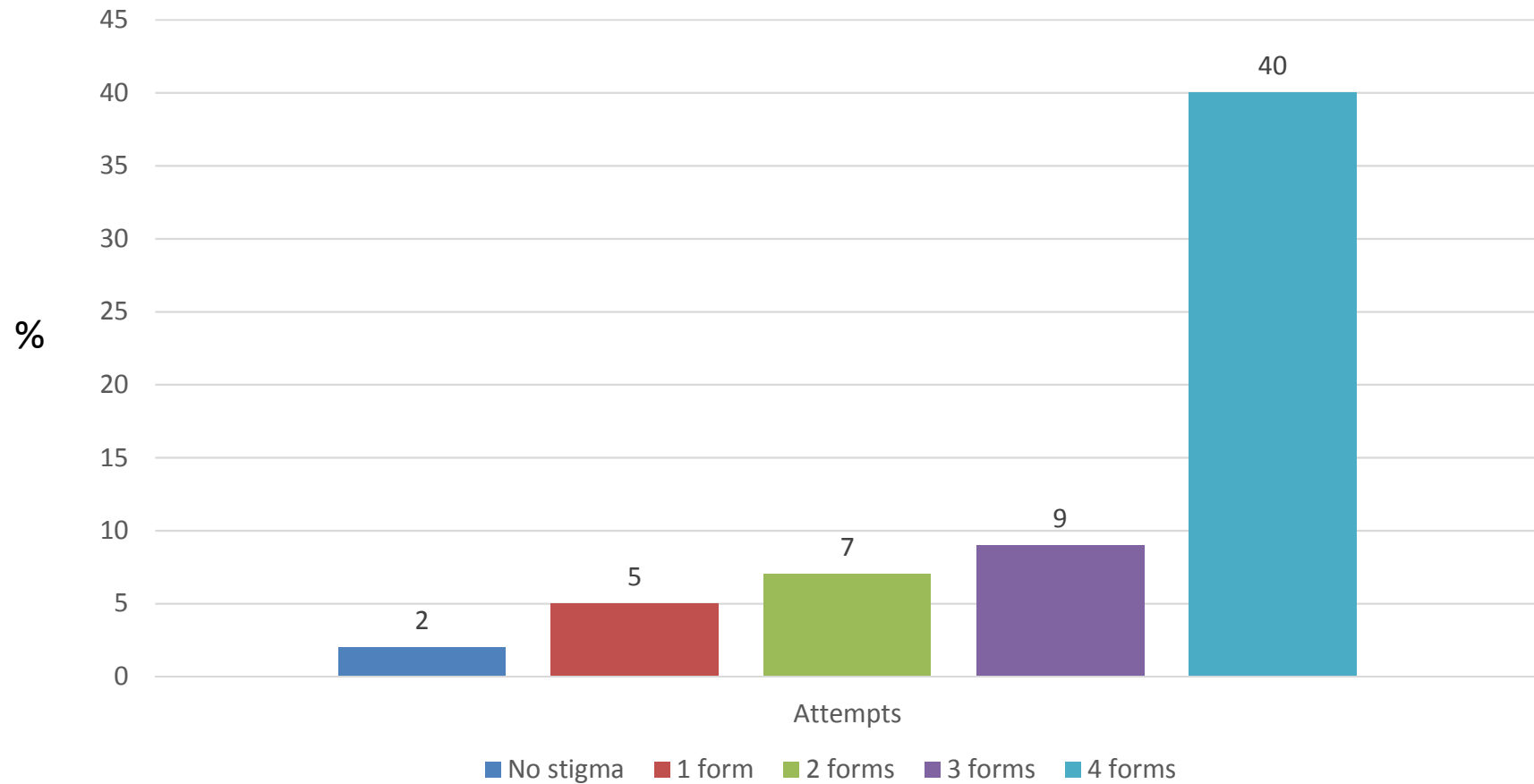
	Lifetime	Last 12 months
Rejected as sexual partner	75%	57%
Excluded from social events	32%	22%
Verbally abused	25%	17%
Physically abused	5%	3%

HIV Stigma and suicide attempt

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

* Suicide and stigma in the last 12 months

Cumulative effect of HIV stigma

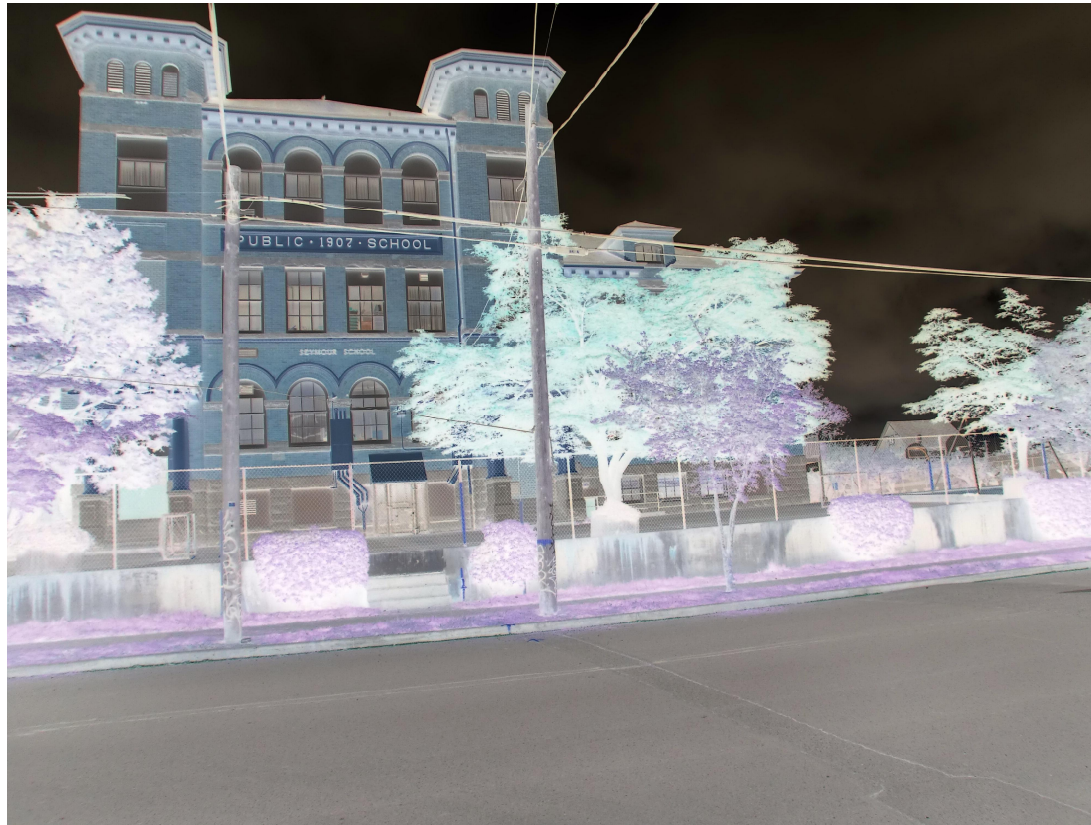


The Still Here Project

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.



Homophobic Violence



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

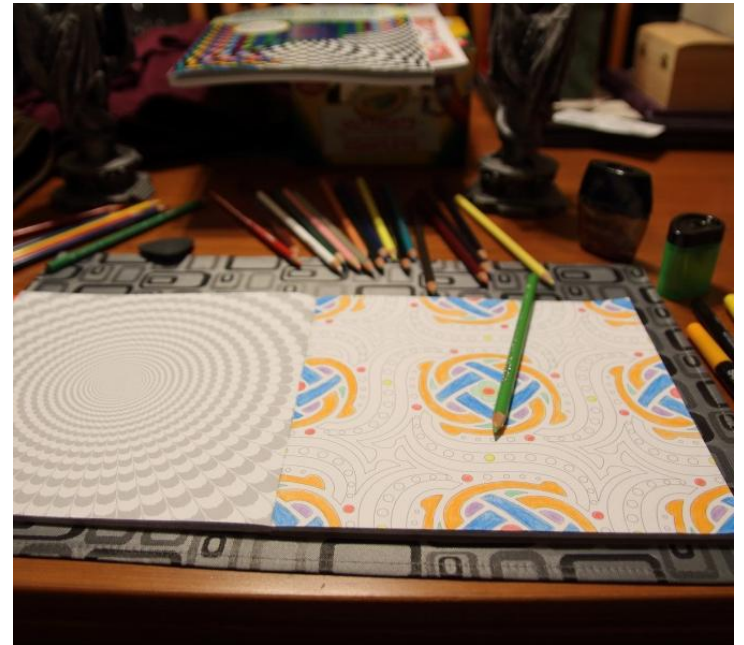


That's the mailbox and it's full of mail, usually bills unfortunately. It's a giant feeling of negative emotions. I hate going there. I hate looking inside. I hate seeing what it is. It's brings very few good news; it's usually bad news.

Race, racism, and colonization



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



Stillhereproject.ca



Still Here

It's time to talk about depression and suicide in LGBTQ communities.



1

Is it getting better?

The epidemiology of GBQ2 suicide.

2

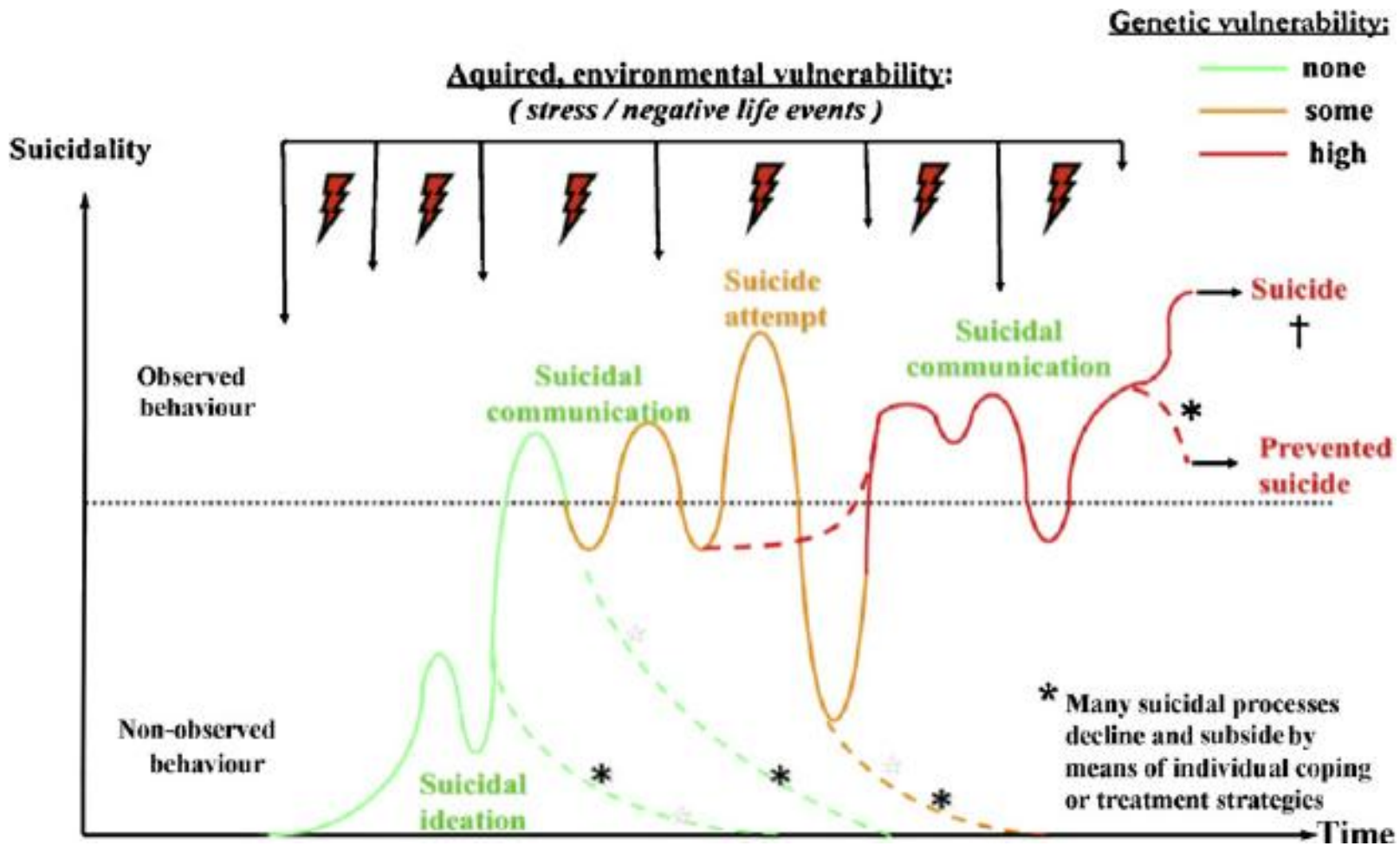
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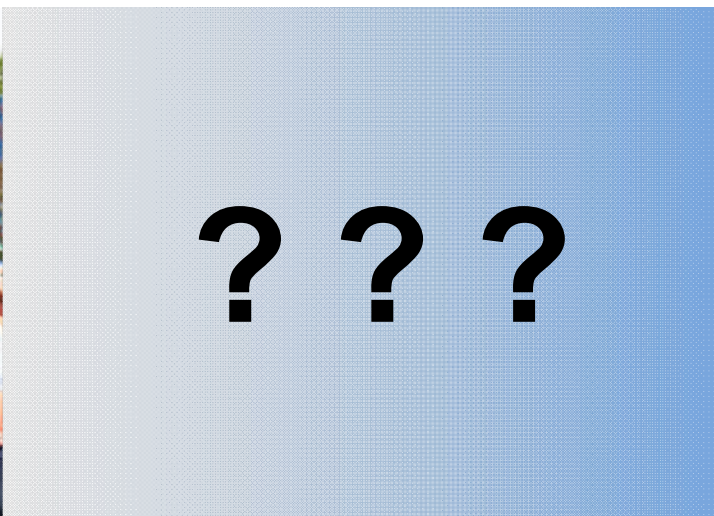
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What can we do?

GBQ2 suicide prevention and support.

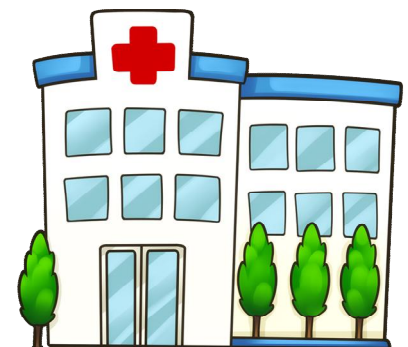


Wasserman 2011



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. Hatzenbuehler
Mailman School of Public Health, Columbia University

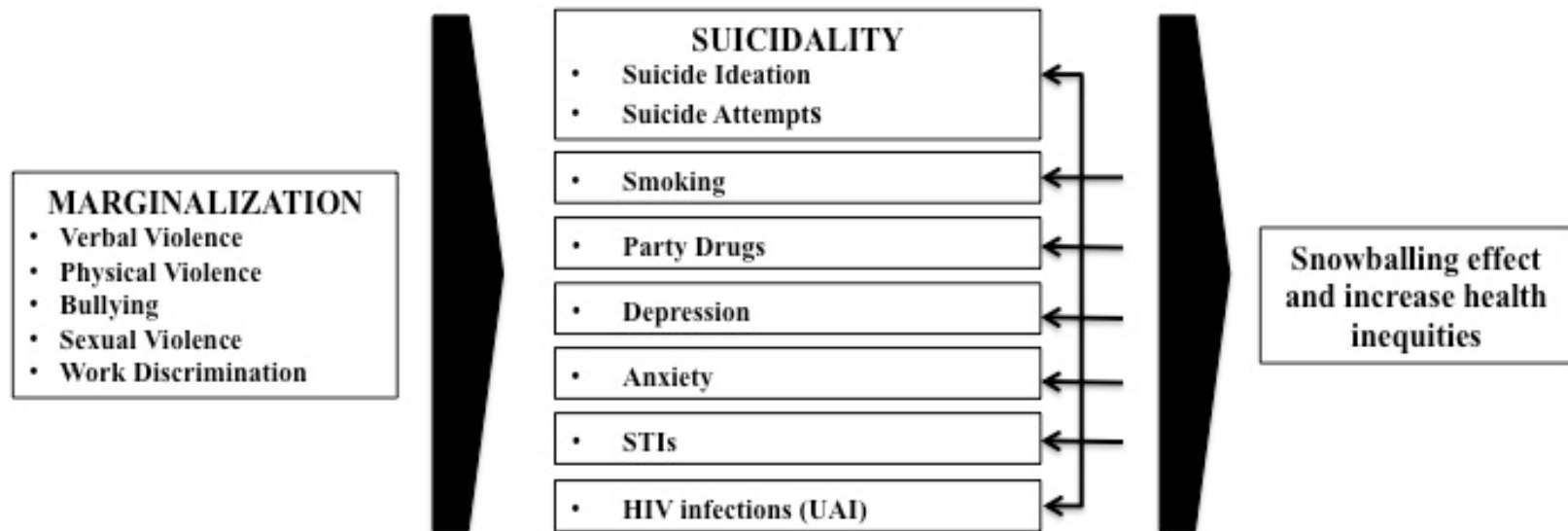


NEWS & IDEAS > NEWS

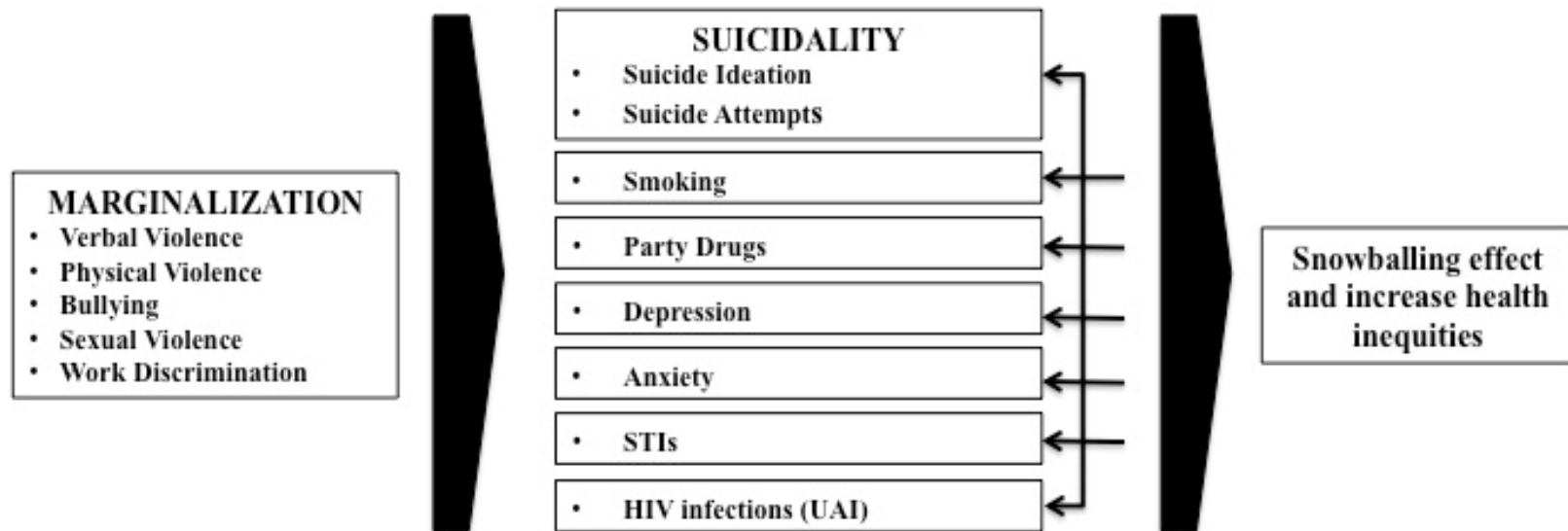
Gay-straight alliances better for all students' health: UBC study

Schools should encourage GSAs and anti-homophobia policies, observers say

(2) Addressing risk factors

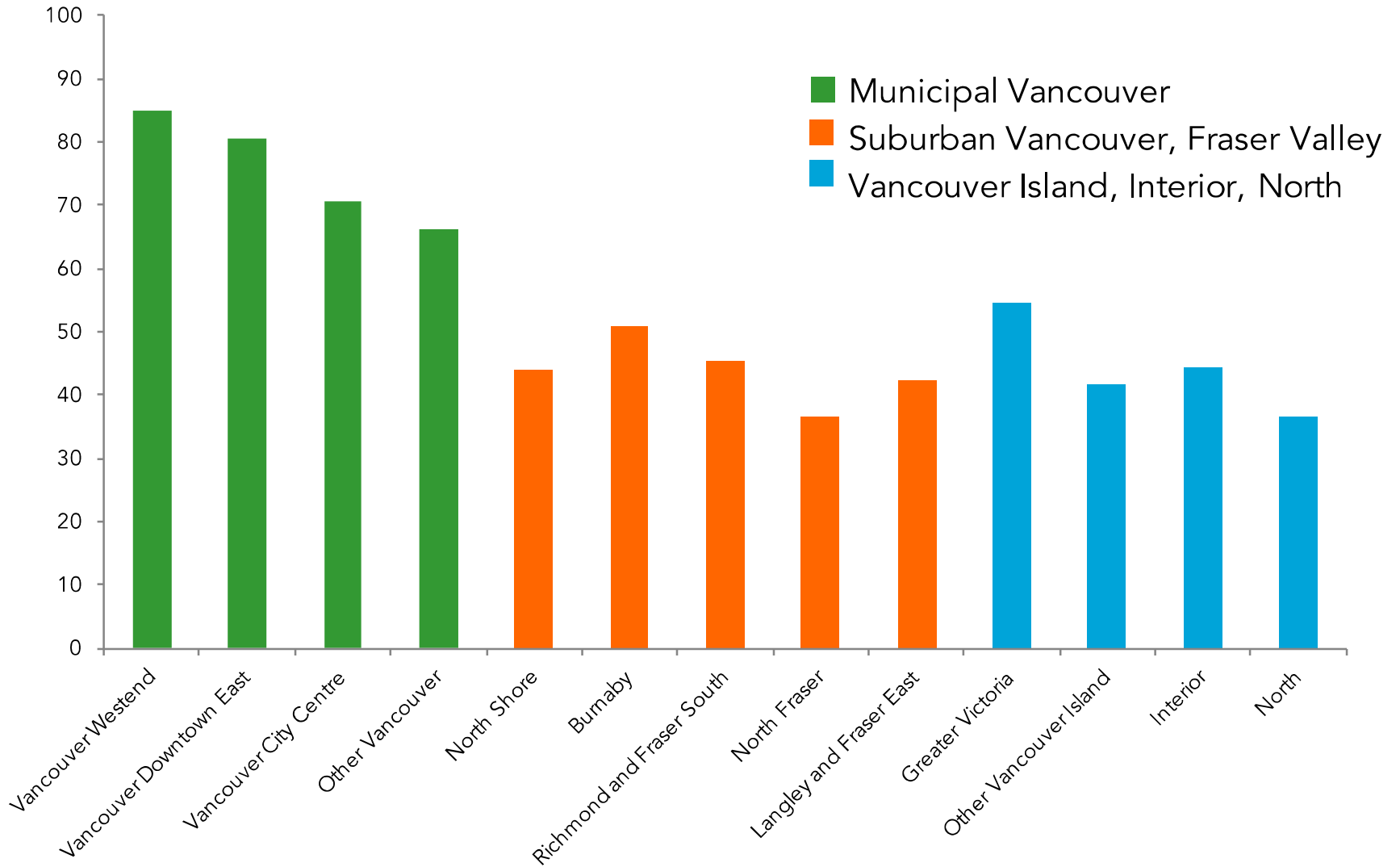


(2) Addressing risk factors



The screenshot shows the HIM Health Initiative for Men website. The header includes the HIM logo and navigation links: TAKE TIME, PROGRAMS AT HIM, ARTICLES, FIND A PRACTITIONER, and RESOURCES. There are also three circular icons: a green one with a plus sign, a pink one with a person icon, and a yellow one with a person icon. The main content area features three columns: **Counselling** (with an icon of two people and the text "Feeling the need for some extra support?"), **Coaching** (with a compass icon and the text "Are you ready to make a change?"), and **Groups** (with an icon of a group of people and the text "Your peers can help you get where you need to go!"). Each column has a "Learn More" button.

(3) Healthcare access



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.

Does “Don’t Ask Don’t Tell” Apply to Health Care? Lesbian, Gay, and Bisexual People’s Disclosure to Health Care Providers

Michele J. Eliason, Ph.D.,^{1,3} and Robert Schope, Ph.D.²

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

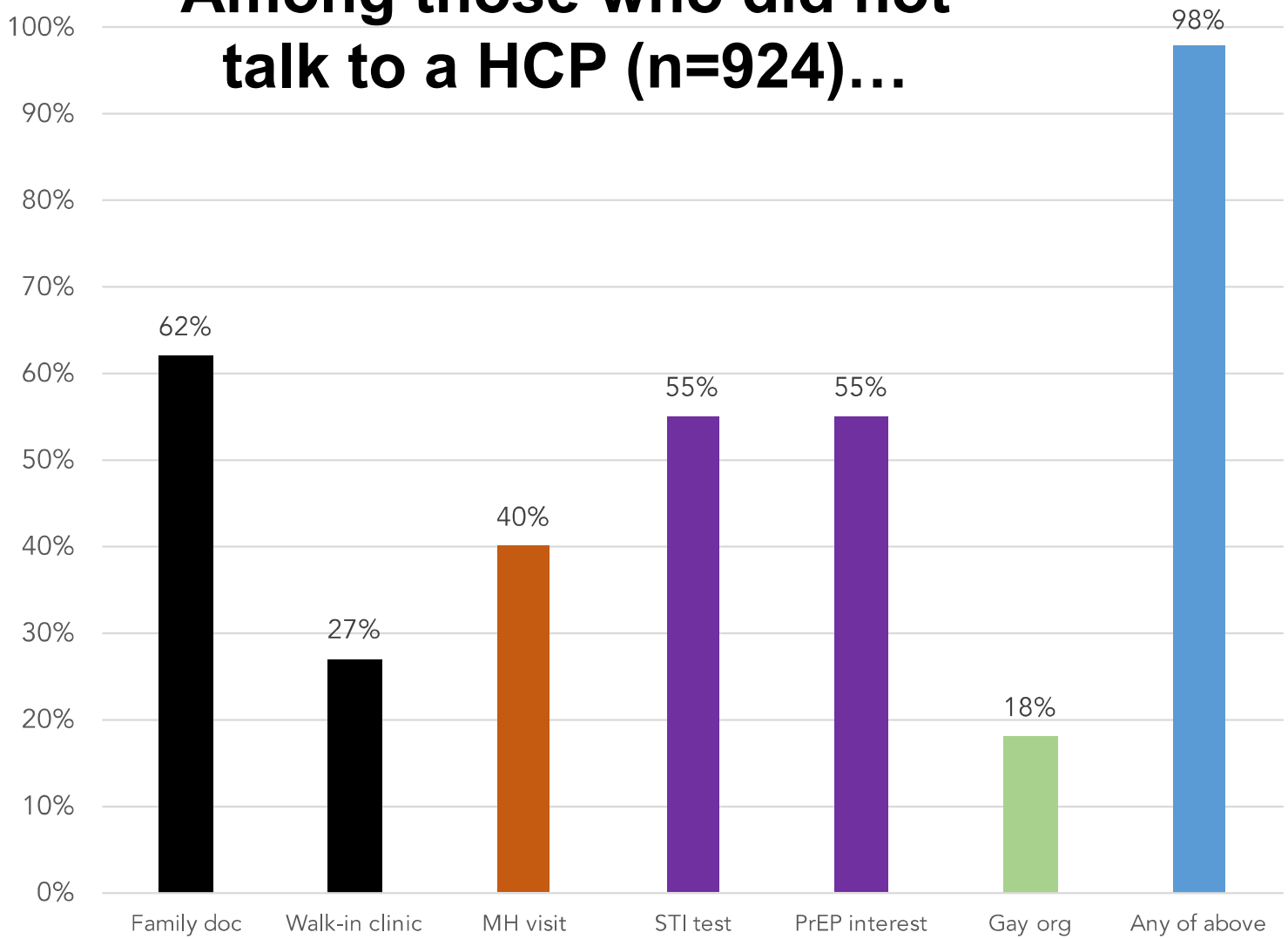
March 19, 2008



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)...



Check in...

suicideprevention.ca/need-help/

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travis.salway@bccdc.ca



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.





Questions?

Please evaluate this webinar.

Thank you!

