

PEOPLE IN PAIN

AN EVIDENCE-BASED SUPPLEMENTARY SUICIDE ASSESSMENT SCREENING TOOL FOR MEMBERS OF THE LGBTQ+ COMMUNITY

While there are multiple evidence-based suicide assessment tools available for clinicians and peer providers that address universal risk factors (such as depression, substance abuse, previous attempts, plan and means). These risk factors should be considered for any individual being screened.

However, the suicide rates for individuals who are not heterosexual (LGBQ+ individuals) and/or non-cis gender individuals (transgender, genderqueer, bigender, agender, gender nonconforming) is substantially higher than the national average. Consider the following statistics, compiled by The Trevor Project:

- *LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth.*
- *LGB youth are almost five times as likely to have attempted suicide compared to heterosexual youth.*
- *Of all the suicide attempts made by youth, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.*
- *Suicide attempts by LGB youth and questioning youth are 4 to 6 times more likely to result in injury, poisoning, or overdose that requires treatment from a doctor or nurse, compared to their straight peers.*
- *In a national study, 40% of transgender adults reported having made a suicide attempt. 92% of these individuals reported having attempted suicide before the age of 25.*
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And these rates are even higher when other certain risk factors are considered.

These suicide rates are clearly a public health crisis. And clinicians who are assessing LGBTQ+ individuals for suicidality are often not getting enough information from a traditional universal screening tool to feel confident in their therapeutic intervention plan.

This tool is designed to be used along with any other evidence based screening tool you have been trained in. Some of these tools have guidelines for clinician action (e.g., the SAD PERSONS) and others leave that up to individual treatment providers and programs (e.g. the Columbia Suicide Severity Rating Scale). However, all these guidelines allow for the input of clinical judgement.

This tool allows you to ask more specific questions related to many of the issues LGBTQ+ individuals face which can cause an enormous increase their risk for suicide. When combined with the other assessment tools that are already part of your practice, this tool is designed to give you more specific knowledge to incorporate into your clinical intervention and support plan.

Person of Color

Employment Insufficient (Underemployment or Unemployment)

Ostracized from Family (Family disapproval, no family, **RED FLAG if recent family altercation**)

Preemptively Left School

Living Situation is Unstable (Homeless, functionally homeless, marginally homeless)

Engaging in Prostitution of Survival Sex (**RED FLAG**)

Inability To Access Desired Gender Confirmation Resources and Treatment

Not Safe (Harassment, bullying, **RED FLAG if victim of hate crime**)

Partner is Violent (IPV)

Atribution of gender does not match gender identity

Internalized Homophobia or Transphobia

Not able to access appropriate health care (provider stigmatization, service refusal, derogatory labeling, **RED FLAG if recent HIV/AIDS diagnosis**)

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Person of Color – LGBTQ+ individuals of color are far more likely than their European-American counterparts to be suicidal.

Employment Insufficient (Underemployment or Unemployment) – LGBTQ+ individuals (especially individuals who are not cisgender) are far more likely to live below the poverty line, and this has been correlated with increased suicide risk.

Ostracized from Family (Family disapproval, no family, RED FLAG if recent family altercation) – LGBTQ+ individuals with unsupportive families have double the risk of suicide than their counterparts with supportive families. Individuals who have had a recent physical altercation with a family member are at extremely high risk.

Preemptively Left School – LGBTQ+ individuals are far more likely to drop out of school, which negatively impacts multiple life domains, therefore increasing their suicide risk.

Living Situation is Unstable (Homeless, functionally homeless, marginally homeless) – LGBTQ+ individuals are far more likely to experience homelessness or housing instability, increasing their suicide risk.

Engaging in Prostitution of Survival Sex (RED FLAG) – LGBTQ+ individuals who have used sex as a mechanism of survival (either trading sex for money, food, a place to stay, or safety) are significantly higher risk for suicide.

Inability To Access Desired Gender Confirmation Treatment (family refusal for minors, financial reasons, medical reasons, lack of willing and knowledgeable providers) – Individuals who are not cisgender *who desire gender confirmation treatment* (hormone therapy, surgical interventions) who are blocked from accessing these treatments are at higher risk for suicide.

Not Safe (Harassment, bullying, RED FLAG if victim of hate crime) – LGBTQ+ individuals who have been harassed, bullied, or physically victimized because of their sexuality or gender are far more likely to become suicidal, and the degree of violence is in direct proportion to their risk.

Partner is Violent (IPV) – LGBTQ+ individuals with romantic partners (either cohabitating or not) that are violent are at higher risk than their peers.

Attribution of gender does not match gender identity – Gender attribution refers to how others perceive gender. An individual may have a gender identity and even a gender presentation that does not match how others perceive their gender. This leads to consistent mis-gendering, as well as being at higher risk for harassment, bullying, and hate crime victimization therefore this has been noted in research as being another risk factor for suicidality.

Internalized Homophobia or Transphobia – Internalized phobia is the belief that myths, stereotypes, and lies ascribed to one's identity are true. Individuals who are LGBTQ+ who have internalized negative messages about their identity are at higher risk for suicidality.

Not able to access needed and affirming health care (provider stigmatization, service refusal, derogatory labeling, RED FLAG if recent HIV/AIDS diagnosis) – This is separate from gender confirmation treatments in that it refers to all forms of health care (for both physical and emotional health). If an individual's LGBTQ+ status has become a barrier to receiving appropriate care, whether they are not able to find a care professional, are receiving inappropriate or inadequate care, or are the recipient of microaggressions from their care provider they are at higher risk for suicidality. Individuals who have received a recent HIV or AIDS diagnosis are at even higher risk.)

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