



2SLGBTQI Suicide Prevention Research in Canada: Evidence, Gaps, and Priorities

PHAC Suicide and its Prevention Final Report

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Acknowledgements

Egale is Canada's leading organization for 2SLGBTQI people and issues. We improve and save lives through research, education, awareness, and by advocating for human rights and equality in Canada and around the world. Our work helps create societies and systems that reflect the universal truth that all persons are equal and none is other.

L'École de Santé Publique de l'Université de Montréal (ESPUM) is the only French speaking public health school in the world and the second in Canada to be accredited by the Council on Education for Public Health (CEPH). ESPUM is a center for excellence in critical public health research and teaching that welcomes over 900 graduate students each year in its programs.

The Centre de Recherche en Santé Publique (CReSP) is the result of a partnership between the Université de Montréal and the CIUSSS du Centre-Sud-de-l'Île-de-Montréal, an integrated university health and social services centre. The CReSP is funded by the Fonds de recherche du Québec – Santé, and it brings together more than 50 researchers from six faculties of the University of Montréal and Polytechnique Montréal. Its mission is to generate relevant cutting-edge knowledge to provide insight into population health issues and support evidence-based public health initiatives to promote health and reduce the burden of illness.

Thank you to all who contributed to the development of this report, and to those who participated in the stakeholder consultation event.

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Land Acknowledgment

We would like to begin by acknowledging that Egale is based on the traditional shared territories of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples.

The territory is protected by the Dish With One Spoon Wampum Belt Covenant, an agreement between the Haudenosaunee, Anishinaabe and allied nations to peaceably share and care for the resources around the Great Lakes.

The concepts of gender, sexuality, and oppression that we often rely on in 2SLGBTQI advocacy work are largely based in White, Western, colonial systems of thought and do not represent the multitude of understandings of identity that exist outside of this viewpoint. Colonial violence created the foundations for the landscape of gender-based violence that we understand today.

Indigenous communities and Two Spirit activists, scholars, writers, and artists have gifted us with ample tools to work with as we move toward the collective liberation of gender and sexuality minority people. We are grateful to carry these with us here and in our work beyond.

The violence of colonialism is ongoing. So too are movements toward resisting this violence.

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Glossary of Terms

2SLGBTQI: Two Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex

GB2SM: Gay, bisexual and Two Spirit men

GBMSM: Gay, bisexual and other men who have sex with men

MSM: Men who have sex with men

SGM: Sexual and gender minority

SI: Suicide ideation

SA: Suicide attempt

Introduction


Project Background

This work was funded by the Public Health Agency of Canada as part of a larger initiative aimed at defining the state of research on suicide and its prevention relevant to particular social groups, in order to identify gaps and opportunities for new research and knowledge mobilization.

Egale Canada, as an organization involved in understanding and preventing 2SLGBTQI youth suicide (see 2012 report, “Report on Outcomes and Recommendations: LGBTQ Youth Suicide Prevention Summit”), was contracted to carry out a literature review and seek stakeholder perspectives in order to identify gaps and further areas of research particular to 2SLGBTQI communities in Canada. To do so Egale partnered with Dr. Olivier Ferlatte, PhD, Assistant Professor at L’École de santé publique de l’Université de Montréal on this project. Maxim Gaudette, doctoral student, provided key support in the literature review phase.

The Importance of Suicide Prevention Research with 2SLGBTQI Communities

Two Spirit, lesbian, gay, bisexual, transgender, queer, questioning, and intersex (2SLGBTQI) communities have been consistently shown to be at increased risk



of suicidality (which includes suicide ideation, planning, and attempts) when compared to heterosexual and cisgender individuals. Indeed, 2SLGBTQI people are five to ten times more likely to attempt suicide compared to cisgender and heterosexual individuals (Bauer et al., 2015; Salway et al., 2019). Suicide affects 2SLGBTQI people of all ages and is not an issue limited to youth. Furthermore, it continues to affect 2SLGBTQI people today, despite important social, cultural, political, and legal changes in Canada. All evidence points to the possibility that suicide may be a major cause of death for 2SLGBTQI individuals (Hottes et al., 2016).

Suicide is preventable. People who are thinking about suicide usually experience severe emotional pain, but there are ways to prevent, alleviate, and help individuals cope with it. However, prevention intervention designed for 2SLGBTQI communities are practically nonexistent. This is due, in part, to the lack of knowledge related to 2SLGBTQI risk and protective factors, but also to the limited visibility of 2SLGBTQI communities within national suicide discourses (Ferlatte, Salway, Oliffe, et al., 2020). To stimulate suicide prevention research for 2SLGBTQI research, we reviewed the international and Canadian literature of the past decade to identify gaps and recommended future directions, as well as gathered fourteen stakeholders to distill recommendations.

Report Roadmap

This report consists of three sections that highlight key findings and describe our research processes. These processes are described in further depth in the appendices.

Section I provides an overview of literature on 2SLGBTQI people and suicide and suicide prevention. The inclusion criteria comprised primary empirical studies and systematic reviews studies published in English or French between 2009 and 2020. Ultimately, 29 studies conducted in Canada articles and 11 international systematic review and meta-analysis were analyzed to complete the literature review and identify gaps and opportunities to stimulate suicide prevention research for 2SLGBTQI people in Canada.

Section II describes the process of expert consultation that was undertaken to share our interpretation of the state of the literature, and to seek additional perspectives. The section “maps” key differences and similarities identified regarding research gaps and future directions for research and knowledge

translation between these experts, and what was found in the published literature.

Section III highlights the five key recommendations for future directions in research and knowledge translation with, by, and for 2SLGBTQI communities in Canada on suicide and its prevention.

I. Literature Review

Methodology

A search was conducted in the scientific database Medline and Psychinfo to identify research studies focused on suicide among 2SLGBTQI youth. The inclusion criteria comprised primary empirical studies and systematic reviews studies published in English or French between 2009 and 2020. Exclusion criteria included articles not presenting original data (such as letters to the editors) and articles that solely focus on self-harm. Excluded also were studies from countries in Asia, Africa, and South America because social, cultural, and legislative context might be significantly different from Canada.

The searches were conducted using a combination of keywords related to suicide (examples: suicid*, risk factor, protective factor, prevent*, support*) and 2SLGBTQI identities (examples: sexual and gender minorities, gay, bisexual, lesbian, transgender). Search criteria included articles in English published between 2009 and 2020. These searches produced 919 articles that were then sorted out for inclusion by reviewing the title and abstract.


Articles that met the inclusion criteria were imported to Zotero. A total of 254 articles were imported and assembled into an annotated article that included a summary, study design, country, recommendations and gaps identified, and key words in relation to our research objectives. Then, we identified within the annotated bibliography studies conducted in Canada and systematic reviews and meta-analysis to be included in the detailed literature review. To that end, 29 studies conducted in Canada-based articles and 11 international systematic review and meta-analysis were analyzed to complete the literature review and identify gaps and opportunities to stimulate suicide prevention research for 2SLGBTQI people in Canada.

Key Findings

Epidemiology of suicide among 2SLGBTQI

Across the globe, a large body of research concludes that suicide ideation and attempts are higher among 2SLGBTQI youth and adults when compared to heterosexual and cisgender individuals. Several systematic reviews and meta-analysis have confirmed this inequity. Luong et al. (2018) conducted a systematic review and meta-analysis on suicidality among young (13–18 years) men who have sex with men (MSM) including data of 14 studies. They found that the rate of suicidal ideation of MSM youth ranged from 10% to 71% (reported in 8 studies out of 14) whereas the rate of suicide attempts ranged from 4% to 44% (reported in 12 out of 14 studies). Marshal et al. (2011) also reviewed systematically 19 studies that examined suicidality between sexual minority youth (inclusive of men and women) and heterosexual youth. Their findings show that on average 28% of sexual minority youth had experienced suicidality either recently or in their lifetime, which was more than twice the rate reported among heterosexual youth (12%). Similarly, Giacomo et al. (2018) conducted a meta-analysis to estimate the risk of attempted suicide among sexual minority youths and found that when compared to heterosexual youth, sexual minority youth are over three times more likely to report a suicide attempt. Hottes et al. (2016) came to similar conclusions in their systematic review comparing lifetime history of suicide attempts between lesbian, gay, and bisexual (LGB) adults and heterosexual adults. They estimated the lifetime prevalence of suicide attempts for heterosexual adults at 4% and between 11% and 20% for LGB adults.

Consistent with the international literature, Canadian researchers have found high rates of suicide ideation and behaviours among 2SLGBTQI people. For example, Peter et al. (2017) used population-based cohort data to investigate suicidality among LGB youth over a 15-year period. They found that LGB youth continue to be at increased risk of suicidality when compared to heterosexual individuals with suicide ideation rates in the year prior to the study were 48% for bisexual girls, 45% for lesbian girls, 35% for bisexual boys and 21.9% for gay boys, whereas suicide attempt rates were 30.4% for bisexual girls, 27.9% for lesbian girls, 22.1% for bisexual boys and 10.6% for gay boys. A study conducted in Quebec by Zhao et al. (2010) found similar results. They found that GLB adolescents were almost five times more likely than heterosexual adolescents to report suicide ideation and over two times more likely to report a suicide attempt in the past 12 months.




In the British Columbia adolescent Health Survey (2013), 65% of transgender youth reported seriously having considered suicide in the past year which is five times the rate reported by cisgender youth (13%) (Veale et al., 2017). Similarly, Veale et al. (2017) surveyed 923 transgender youth and found that 36.1% of those aged 14 to 18 and 11.3% of those aged 19 to 25 had attempted suicide in the past year. Finally, Heinz & MacFarlane (2013) investigated suicide among 54 transgender adults in British Columbia where a majority of participants reported having considered suicide (63%) while 28% had attempted suicide.

High rates of suicidality have also been found among 2SLGBTQI adults in Canada. For example, *SexNow 2011*, a cross-sectional survey of over 8000 gay and bisexual men, reported a rate of lifetime suicide attempt of 12.5% which is six times higher of what has been reported among Canadian heterosexual men (Ferlatte et al., 2015). Among lesbian and bisexual women, Steele et al., (2009) analyzed data from the Canadian Community Health Survey and found high rates of lifetime suicidal ideation among women identifying as lesbian (29.5%) and bisexual (45.4%) in comparison to heterosexual women (9.6%). Among transgender individuals, the *TransPulse* survey reported that 36% experienced suicidal thoughts in the past year, while 10% attempted suicide in the same time period (Bauer et al., 2015).

Risk Factors

Meyer's (2003) minority stress theory (MST) is the dominating theory in the scientific literature to explain the increased risk of suicidal ideation and behaviours among 2SLGBTQI (Fleigelman et al., 2014). Minority stress is a specific stress process in which SGM experience a sense of shame, separation, or isolation in response to the stigma attached to their sexual orientation or gender identity. Wolford-Clevenger et al. (2018), for instance, conducted a meta-analysis on suicidality among transgender individuals and pointed out that "external minority stress experiences such as non-affirmation, discrimination, and stigma [are] positively associated with suicide ideation" (p. 96). Pompili et al.'s (2014) systematic review of studies on suicidality among bisexual individuals illustrates, in a similar way, that suicide among sexual minorities can be understood as a consequence of victimization, discrimination, homophobia, and violence.

Consistent with the international literature, several Canadian studies support the thesis of minority stress as an important factor in 2SLGBTQI suicidality by demonstrating the associations of suicide attempts and suicide ideation with




internalized stigma, concealment of identity, fear of rejection, enacted violence, discrimination, and (cyber)bullying (Cénat et al., 2015; Salway & Gesink, 2018; Salway et al., 2018). With regards to violence, transgender individuals appear to be particularly at risk of discrimination and harassment (Coulter et al., 2015; Veale et al., 2017). Further, physical violence was correlated with lifetime suicide ideation for transgender women whereas sexual violence was more often associated with suicide ideation among transgender men (Wolford-Clevenger et al., 2018). Contrasting these results is a single study looking at 55 children and adolescents who died of suicide that were compared to control subjects (Renaud et al. 2010). The authors found that same-sex and sexual-related intimidation did not appear to be more prevalent among suicide victims.

Alternatively to MST, syndemic theory has been used by Ferlatte et al. (2015) to bring further understanding to the high prevalence of suicidality among gay and bisexual men by taking into consideration the consequences of co-occurring epidemics of psychosocial issues and their multiplied effect on suicidality among this population. In this study suicide ideation and attempts were higher among people who reported multiple psychosocial issues such as party drug use, depression, anxiety, sexually transmitted infections, and HIV risk. This study illustrates the need to consider suicide risk in relation to other health equities faced by 2SLGBTQI people. Specific risk factors should not be understood in isolation as they have reinforcing negative consequences.

Histories of trauma such as childhood physical and sexual violence and neglect have been identified as important risk factors for suicidality among 2SLGBTQI populations. For example, the *Still Here* study, a photovoice investigation of suicide among sexual minorities, found that history of abuse or violence from a parent or another family member as well as homophobic bullying in school were critical factors in the suicide history of gay, bisexual, and Two Spirit men (Ferlatte et al., 2019) as well as among lesbian, bisexual, and queer women (Creighton et al., 2019).

Psychiatric disorders – and depression more specifically – have been emphasized in the scientific literature as one of the strongest and most consistent risk factors for suicide and suicide attempts in the general population (Toomey, Syversten, & Flores, 2019). In the Canadian context, mental illness, including depression and anxiety, as well as mental illness stigma, have also been found to be an important risk factor for suicide among sexual minorities populations (Creighton et al., 2019; Ferlatte et al., 2015; Ferlatte et al., 2019; Salway & Gesink, 2018; Salway et al., 2018).



The interpersonal theory of suicide (Van Orden et al., 2010) which asserts that the primary function of suicide is to escape from intense psychological and/or emotional suffering, in particular thwarted belongingness and perceived burdensomeness (the feeling of being a burden to others) may be of relevance to 2SLGBTQI people. Wolford-Clevenger et al.'s (2018) meta-analysis illustrates that isolation, loneliness, perceived burdensomeness, family tension, and thwarted belongingness are all positively correlated with suicide ideation for transgender people. Salway et al. (2018) reported that anticipated prejudice and sexuality concealment experienced by gay and bisexual men was associated with social isolation which increased the risk of suicide attempts. Social isolation and lack of belonging were also linked to suicidality for GB2SM according to Ferlatte et al. (2019). Riley & McLaren (2019) examine the association between thwarted belongingness, relationship status, and suicidality among 370 gay men and found that men that were not in a relationship experienced more thwarted belongingness. This was correlated with higher levels of suicidal behaviour.

Finally, poverty and financial difficulties have also been described as important risk factors for suicidality among sexual minorities. Indeed, financial struggle, under-employment, and unemployment were described as key factors in the suicidality of gay, bisexual, and Two Spirit men in a qualitative study conducted in British Columbia (Ferlatte, et al., 2019). Creighton et al. (2019) found similar findings among sexual minority women in their qualitative investigation and described how cycles of poverty contributed to the ongoing trauma and isolation of queer women, fueling their suicidality.

Suicide inequities among 2SLGBTQI people

While research on suicide among 2SLGBTQI individuals has largely treated this population as homogenous, researchers drawing on the principle of intersectionality or investigating inequities *within* 2SLGBTQI communities have identified some groups of 2SLGBTQI people who are at increased risk of suicide due to their social positions and intersecting identities.

Systematic reviews and meta-analysis on 2SLGBTQI suicide have identified groups at higher risk of suicidality including trans individuals (Hatchel et al., 2019; Yildiz, 2018), youth (Hatchel et al., 2019; Salway et al., 2019), homeless SGM (Luong et al., 2018; Wolford-Clevenger et al., 2018) and bisexual individuals (Hottes et al., 2016; Marshal et al., 2011; Pompili et al., 2014; Salway et al., 2019). Regarding this last group, Marshal et al. (2011) found that bisexual youth are

five times more likely to experience suicidal thoughts or behaviours compared to heterosexual, whereas other sexual minority youths are twice more at risk.

Inequities Faced by Bisexual People:

Canadian studies also support the thesis that bisexual individuals are particularly vulnerable to suicide (Cénat et al., 2015). Within bisexual men, Ferlatte et al. (2018) found that bisexual men in a relationship with a woman had lower odds of suicide attempts in the last 12 months compared to bisexual men in a relationship with a man.

Inequities Related to Education and Income:

The work by Ferlatte et al. (2018) emphasizes the importance of education and income as relevant social positions that influence suicidality among gay and bisexual men. Analyzing data from the *Sex Now* survey, the authors found that GBMSM that had both low income and lower education had five times more likely of having attempted suicide in the past year in comparison to men with a university degree.

Inequities Faced by HIV Positive GBMSM:

Differences have also been found among Canadian GBMSM in terms of HIV status. Ferlatte et al. (2017) found in a Canadian survey of GBMSM that men living with HIV were 1.5 times more likely to report a suicide attempt in the last 12 months in comparison to HIV-negative GBMSM. They also found that suicide ideation and attempts among this group was associated with experiences of HIV stigma, such as verbal and physical violence and rejection among GBMSM living with HIV.

Inequities Related to Geography:

Poon and Saewyc (2009) compared health and experiences between lesbian, gay, and bisexual adolescents living in rural and urban areas. They found that sexual minority adolescent boys living in rural communities were more likely to report suicidal behaviours compared to peers living in urban areas. Kidd et al., (2017) examined mental health-related data from the 2015 *Leaving Home* national youth homelessness survey. Among the 1103 participants, 42% reported one or more suicide attempts, and 85.4% fell in a high range of psychological distress. Though this study did not focus only on SGM youth, a key indicator of risk included identifying as LGBTQ2S.

Inequities Faced by 2SLGBTQI People of Colour:

Suicide studies looking at the intersection of race/ethnicity and 2SLGBTQI status are very few and show contradictory results. Some studies find no differences across race among 2SLGBTQI (Mueller et al., 2015), while other findings show increased risk among racialized 2SLGBTQI (Lytle et al., 2016). In their qualitative investigation of suicide among gay, bisexual, and Two Spirit men, Ferlatte et al. (2019) described how Asian participants faced unique challenges related to being torn between clashing identities –Asian cultures and queerness—that were critical to their suicide history. The need to keep their sexual identity disguised from their family persuaded them to limit their interaction with queer individuals that could risk outing them to their relatives. At the same time, Asian individuals in this study described not fitting within the dominant White GB2SM scene, and as such feeling like outsiders in that community too.


Inequities Faced by 2SLGBTQI Indigenous People:

Sexual and gender minority Indigenous people (who often identify as Two Spirit) may be particularly vulnerable to suicide behaviours. Ferlatte et al.'s (2018) findings support this claim as Indigenous participants were two times more likely than White men to have attempted suicide within the last 12 months. This reflects the high rates of suicide among Indigenous people in Canada, that is interpreted as the result of historical trauma of colonization and ongoing policies that contribute to the marginalization of Indigenous people in Canada.

Protective factors for suicide

Suicide research among 2SLGBTQI populations has largely focused on risk factors and less attention has been given to the study of protective factors. Some notable exceptions exist. For example, studies gathered in Hatchel et al.'s (2019) systematic review on LGBTQ youth identified that age (being older), being open with one's queerness, higher self-esteem, adaptability as a personality trait, and being compassionate towards oneself are protective factors for suicidality in this population. This systematic review, as well as Luong et al.'s (2018), also highlighted that school and peer support are crucial to prevent suicide.

In Canada, Saewyc et al. (2020) describe that greater LGBTQ community support and progressive political climate is associated with lower suicidal



ideation and attempts for sexual minority adolescent girls, but not sexual minority adolescent boys. Their study on school environments showed that when explicit anti-homophobic bullying policies and school-based Gay-Straight Alliances had been in place for more than three years, LGB students had lower rates of past year discrimination, and suicidal thoughts. Heterosexual boys also reported lower odds of suicidal ideation and attempts in schools with longer-established anti-homophobic bullying policies and Gay-Straight Alliances (Saewyc et al., 2014).

With regard to Canadian literature on transgender youth, studies have identified social support and family connectedness as crucial protective factors (Veale et al., 2017). We can hypothesize that these findings are also true for young and adolescent gay, lesbian, bisexual, or sexual minorities in Canada as research gathered from meta-analysis support that family acceptance and peer support are important protective factors (Hatchel et al., 2019; Luong et al., 2018).


Research is scarce when it comes to protective factors among 2SLGBTQI adults. In their qualitative study of 31 gay, bisexual, and Two Spirit men affected by suicide, Ferlatte et al. (2019) noted that a supportive social network, connection to the 2SLGBTQI community, and 2SLGBTQI-affirming health care providers can help GB2SM manage their thoughts of suicide and promote resiliency. The findings from Bauer et al. (2015) identified protective factors specific to transgender individuals (aged 16 years and older) such as social support, lower self-reported transphobia, having identification documents representing actual gender identity, and parental support for gender identity. This study also found that completing a medical gender transition was an important protective factor for those who desired such medical procedures. Among them, those who were on hormone therapy had about half the odds of having seriously considered suicide compared to those who were not on hormone therapy. Completing medical gender transition was associated with a 62% relative risk reduction in suicide ideation. Bauer et al. (2015) argue that helping to complete medical transition (if desired) could prevent 170 cases of suicide ideation and 240 cases of suicide attempt per year per 1000 trans individuals. Similarly, Moody and Smith (2013) collected data from 133 trans adults through an online survey and highlighted support from friends, social support from family, optimism, child-related reasons for living, and emotional stability as important protective factors.

Opportunities for prevention, intervention, and postvention

Suicide prevention and evidence-based interventions are under-researched among sexual and gender minority adults (Ferlatte, Salway, Oliffe, et al., 2020). Efforts to prevent suicide need to focus on the source of the problem (tackling for example stigma and aiming societal change) while offering immediate and more direct support through suicide intervention and therapy (for example, to increase self-acceptance and resilience, to develop coping skills, etc.) (Moody et al., 2015). In accordance with the minority stress model, eradicating 2SLGBTQI stigma is important to prevent suicide. This is why many scholars have pointed out the urgent need for social-structural-level interventions to reduce stigma endured by sexual and gender minority people, including 2SLGBTQI identified people (e.g., Creighton et al., 2019; Ferlatte et al., 2019; Moody et al., 2015; Saewyc et al., 2014). Schools play an important role in preventing homophobic bullying and can have a direct impact on suicide rates among youth. Studies have shown that anti-homophobia policies and Gay-Straight Alliances can reduce suicide in school both for sexual and gender minorities and for heterosexual youth (Saewyc et al., 2014).

The healthcare system has the potential to play a critical role in suicide prevention. However, Salway et al. (2018) showed that only 38% of suicidal sexual minority men had discussed suicide with their health care provider. More so, recent study findings show that sexual and gender minority Canadians who are at risk of suicide faced multiple barriers to mental health services, including inability to pay, discomfort discussing emotion, and shame and embarrassment (Ferlatte et al., 2018; Ferlatte et al., 2019). This highlights the need for low-barrier mental health services as well as for interventions to de-stigmatize suicide and mental illness among 2SLGBTQI people.

Ferlatte, Salway, Oliffe, Rice, et al., (2020) examined depression and suicide literacy among 2,778 sexual and gender minority Canadians and highlighted important knowledge gaps in the suicide knowledge of LGBTQ2S individuals. For example, many participants were unaware of the association between suicidality and alcoholism and did not know that individuals who are about to attempt suicide can change their minds quickly. As such, interventions are needed to promote mental health literacy among LGBTQ2S people. The authors suggest web-based interventions as a promising avenue as they are well received by the LGBTQ2S community and cost-effective.



Another promising avenue for suicide prevention among 2SLGBTQI people is the implementation of gatekeeper training in this population. In a survey of 2,778 SGM Canadians, the vast majority of respondents (95%) indicated their readiness to learn new and additional skills for suicide prevention such as recognizing and supporting suicidal peers (Ferlatte, Salway, Oliffe, Kia, et al., 2020). More so, the majority of respondents (73%) knew at least one LGBTQ2S individual close to them who had attempted suicide, highlighting the relevance and potential of gatekeeper interventions in sexual and gender minority communities.


Gaps identified in the literature

Research methods

Some researchers have noted that future research would benefit from distinguishing suicide ideation from behaviours (severity of suicide attempts, aborted suicide, etc.) and from hospitalization for more precise and accurate analysis of suicidality among 2SLGBTQI people (Ferlatte et al., 2018). With regards to research methods, longitudinal studies on suicide have also been described as needed, especially to address the limitations of cross-sectional designs. Longitudinal studies could determine whether suicidal thought and behaviours among youth become more important as they become adults and could help identify pathways between sexual orientation and suicidality (Hatchel et al., 2019; Marshal et al., 2011; Miranda-Mendizábal et al., 2017). However, as stated by Moody and Smith (2013), such long-term research designs are associated with important ethical concerns due to the delicate nature of suicide ideation and attempts. Larger samples in quantitative studies on trans suicide are needed to overcome many of the limitations of existing studies among this population that rely on small sample size (Bauer et al., 2015). Finally, more studies employing a qualitative research design have been identified as a priority to advance understandings and contextualization of the existing quantitative findings, and to closely describe the lived experiences of suicide among 2SLGBTQI people (Ferlatte, Salway, Oliffe, Saewyc, et al., 2020).

Suicide risk factors

The stigma associated with 2SLGBTQI identities has received significant attention from researchers as a risk factor for suicide. Similarly, 2SLGBTQI identity concealment has been identified as a risk factor, but it is unclear what aspects of concealment are precisely associated to suicidality. As such, some



researchers have called for studies to investigate individual attitudes about internalized stigma (Ferlatte et al., 2015) and motivation, context, and timing of concealment in the context of 2SLGBTQI mental health (Salway & Gesink, 2018; Salway et al., 2018). It has also been noted in the literature that future work should prioritize theoretically driven mental health issues associated with suicide, such as perceived burdensomeness (Hatchel et al., 2019). There is also a need to investigate youth trajectories of mental health issues, especially among adolescents, and how these evolve or worsen entering adulthood. Documenting the demographic and substantive moderators among 2SLGBTQI adolescents has been described as an important gap to address that could offer critical information to help inform prevention strategies and intervention programs (Marshall et al., 2011).


Research that takes into account the diversity of 2SLGBTQI identities and positionalities

Future research is needed to evaluate suicidality in the context of all the plurality of sexual and gender identities and expressions (Yıldız, 2018). Bisexual, trans, intersex, nonbinary, and lesbian individuals are significantly under-researched in contrast to gay men. In the literature on LGB suicidality, bisexual individuals are often grouped with gay or lesbian individuals. These studies therefore cannot account for their unique experiences. Further studies should delineate issues and risk factors specific to bisexuality as well as evaluate strategies to prevent suicide among this group (Ferlatte et al., 2015; Ferlatte et al., 2019; Hatchel et al., 2019; Pompili et al., 2014).

Contradictory findings related to inequities faced by 2SLGBTQI people of colour illustrates the need for further research in the area (Ghabrial & Ross, 2018; Kidd et al., 2017; Wolford-Clevenger et al., 2018). Ferlatte et al. (2018) argues that studies should over-sample racial and ethnic minorities to possibly identify unique experiences and vulnerabilities to suicide. Additional research is also needed to investigate differences in suicide risks among urban and rural 2SLGBTQI people as geography has been identified as a risk factor for suicide (Poon & Saewyc, 2009).

Protective factors

There is a lack of research investigating protective factors among 2SLGBTQI communities, yet knowledge on protective factors may help illuminate novel suicide prevention strategies. Therefore, several calls have been made in



the literature for the acceleration of research on protective factors of suicide (Ferlatte et al., 2015; Riley, & McLaren, 2019; Salway et al., 2018). Importantly, this research must take into account the diversity of experiences within 2SLGBTQI populations as protective factors may vary by gender identities, race, age, and socioeconomic status (Moody et al., 2015; Moody & Smith, 2013; Salway et al., 2019; Wolford-Clevenger et al., 2018). For 2SLGBTQI youth, parental support might be a key protective factor that needs to be further investigated to distill aspects of parental relationships that offer a buffer to suicidality (Bauer et al. 2015; Veale et al., 2017).

Interventions

Many scholars have highlighted the important gaps that continue to exist in terms of evidence-based intervention to prevent suicide among 2SLGBTQI people (Hatchel et al., 2019; Luong et al., 2018; Yıldız, 2018). Research is needed to evaluate the efficacy of interventions aimed at preventing suicide, including interventions to connect 2SLGBTQI people to mental health services and interventions that build resiliency among 2SLGBTQI populations (Luong et al., 2018; Saewyc, 2011). Research is also needed to explore the potential of online-based suicide prevention initiatives with 2SLGBTQI people (Ferlatte, Salway, Oliffe, Kia, et al., 2020; Ferlatte, Salway, Oliffe, Rice, et al., 2020). More so, research is needed to adapt interventions that are successful among other populations (such as gatekeepers training) to the reality of 2SLGBTQI communities (Ferlatte, Salway, Oliffe, Kia, et al., 2020). Finally, some researchers have argued that more research is needed to identify policies that can promote safer environments for 2SLGBTQI youth and adults (Ferlatte, Salway, Oliffe, Saewyc, et al., 2020).

II. Consultation & Consultation Findings

In February 2021, we held a 2SLGBTQI suicide prevention research stakeholder engagement event. The event was held virtually, over three hours. Academic researchers with expertise and front-line community service leaders and workers from across Canada with expertise and knowledge of suicide and its prevention in 2SLGBTQI communities were invited to participate.

The aim of the engagement event was to learn from participants' perspectives on evidence gaps in the research and opportunities for knowledge translation. In particular, we tailored the event to stimulate discussions about how research on prevention, intervention, and postvention do or can examine and target social and structural level interventions and incorporate intersectional frameworks. This orientation, we felt, was especially necessary and prescient as 2SLGBTQI Black, Indigenous, and people of colour, are subject to multiple forms of social and structural violence in intersecting and compounding way, including racism, colonial and intergenerational traumas, and poverty, with effects on their health and wellbeing.

Twenty people participated in the event. This included project team and support staff (6) who took notes and facilitated discussions, university-based researchers (8), and community service leaders and workers (6). PHAC representatives (2) also attended. Event participants hailed from across Canada, including universities and community-based organizations in Quebec, Ontario, British Columbia, and the Northwest Territories.

Consultation Event Day Details

The event began with a presentation of literature review findings, followed by expert panelist presentations by four invited speakers (three university-based scholars, and one front-line worker). Each panelist was asked to speak to their perspective on limits and opportunities for research on suicide and suicide prevention from their professional, community, and/or personal experience.

Break out discussion groups following the panel were guided by the following questions, shared with the participants in advance. During the breakout rooms participants were invited to respond in any way they wished, and to bring additional questions, ideas, or issues to the table.

Engagement event questions:

1. What are the most pressing issues faced by 2SLGBTQI communities concerning suicide and suicide prevention that researchers need to attend to?
2. What are the significant gaps in knowledge and/or research on suicide and suicide prevention? (e.g., research design, approaches, populations)?
3. What are promising areas or opportunities for research design or approaches that remain to be implemented?
4. What are promising avenues and resource needs for knowledge translation on suicide and its prevention among 2SLGBTQI communities, scholars, and/or practitioners?

Post-Event Analysis and Survey

Following the event, our team reviewed observations and notes taken during the breakout discussions. We identified key thematic areas, and points of convergence and difference in stakeholders' perspectives.

With this review, we designed a follow-up survey to be sent to all stakeholder participants to further identify and rank specific priorities emergent from the discussions. The survey also invited stakeholders to contribute additional post-event thoughts. Eleven of 14 researchers and community social service leaders responded.

Findings

At the event, a large part of the discussions was about how research should be conducted and about the type of research that should be privileged to provide better insights into suicide prevention for 2SLGBTQI communities.

From these discussions, three main suggestions emerged about the type of research that should be prioritized. Stakeholder input stressed that these three orientations for research are not mutually exclusive:

1. **Community-based research** is critical to ensure that research findings are relevant and receive wide community support. 2SLGBTQI people with lived experience of suicidality and community-based organizations serving them must be meaningfully included at all stages of the research process and be compensated for their collaboration.

2. **Intervention research** is needed to examine the effects of interventions aimed to prevent suicide among 2SLGBTQI people as well as the impacts of life promotion initiatives. Research is also needed to inform the development of new peer-based and community-based interventions. Evaluation of existing programs is also required
3. **Qualitative insights:** Suicide research has been dominated by quantitative analyses, however understanding the complexity of a social phenomenon such as suicide is often best achieved through rigorous qualitative methodologies. As such more qualitative research is needed to understand the experience of suicide among 2SLGBTQI communities and detailed lived experiences and qualitative findings need to be taken as meaningful evidence and inform policy and practices.

Priority areas for research

During the stakeholder consultation event and the follow-up survey, several topics were discussed as being under-researched and as important gaps to fill to inform the development of targeted suicide prevention interventions for 2SLGBTQI populations. Participants were invited to rank their top three priorities. Together, the top five ranked priorities (by number of times each was prioritized) in the follow-up survey were:

1. Structures and systemic violence and suicide among 2SLGBTQI people (7)
2. Minority stress and suicide among racialized 2SLGBTQI people (6)
3. Indigenous 2SLGBTQI people and the impact of colonialism (5)
4. Recovery among 2SLGBTQI people with mental illness and suicide history (5)
5. Family level interventions for 2SLGBTQI youth (4)

Other identified priority areas included:

- The impact of Covid-19 on suicide risk among 2SLGBTQI people
- Suicide risks among 2SLGBTQI immigrant and refugees
- Poverty and underemployment among 2SLGBTQI people
- Experiences of 2SLGBTQI people within the mental health/health care system
- Resilience of 2SLGBTQI people

- Life promotion among 2SLGBTQI people
- Suicide risk among nonbinary individuals and gender minorities
- Experience of suicide among 2SLGBTQI older adults
- Suicide prevention for 2SLGBTQI people living outside urban settings
- How homelessness increases risk of suicidality among trans and nonbinary youth
- Broader recognition that 2SLGBTQI communities have unique risk and resilience/protective factors that could be more widely integrated into a range of suicide prevention and intervention approaches
- Overall increased critical focus on groups where there are research gaps, including older adults, racialized people, people living in rural areas, and prevention interventions for Two Spirit people

Knowledge exchange and mobilization

Stakeholders discussed the importance of mobilizing knowledge and having mechanisms in place for effective knowledge translation so that policy makers, community-based organizations, and health care providers can make decisions and offer care that is based on the most recent evidence. The top 3 suggestions in the post-event survey were:

- Funding structures for pilot interventions from research findings
- An online library on suicide prevention for 2SLGBTQI communities
- Policy briefs and fact sheets on 2SLGBTQI suicide research

Other knowledge exchange and mobilization ideas included:

- An annual conference on 2SLGBTQI suicide
- A monthly newsletter with 2SLGBTQI suicide research updates
- A webinar series on 2SLGBTQI suicide prevention research

III. Key Recommendations

Findings from the literature review and consultation event suggest **five key recommendations** for future directions in 2SLGBTQI suicide and suicide prevention research and knowledge mobilization. The recommendations made here align with and bolster the recommendations made in Egale’s LGBTQ Youth Suicide Prevention Summit report (2012). Taken altogether, the recommendations we propose integrate and include emergent priorities for research approaches, for research topics, and priorities to mobilize knowledge.

1. 2SLGBTQI Suicide Research should be done in partnership with communities. Increase support for community-based approaches.

The motto “*nothing about us without us*” should be the driving philosophy for research on suicide among 2SLGBTQI communities. Community-engaged research is critical to ensure that findings are relevant to affected communities and that they do not further marginalize and stigmatize 2SLGBTQI communities. Moreover, engagement of 2SLGBTQI communities in suicide prevention research may result in more widespread community support for and uptake of targeted prevention initiatives, because the resulting recommendations will come from 2SLGBTQI people themselves. As such, research must meaningfully engage 2SLGBTQI individuals with lived experience of suicide as well as community-based organizations serving them in all steps of the research process, including research design, data collection, data analysis, and knowledge transfers. It is also important that the research responds to community-identified needs and that researchers provide financial resources and training opportunities to help 2SLGBTQI communities develop their own capacity to do research. Importantly, community members must be compensated for their time.

2. Advance intersectional analyses focus on social dynamics and structural factors.

Suicide research has mainly focused on White, highly educated, middle-class, and gay-identified men. More work is needed to describe the experiences, including risk and protective factors, of many communities of 2SLGBTQI people, including Indigenous communities, 2SLGBTQI refugees, older adults, nonbinary, intersex individuals, women, and those who live in rural settings. Moreover, research on suicide in 2SLGBTQI communities must meaningfully account

for intersecting identities, notably including ethnicity, socio-economic status, education, and partnership status. This may be achieved by focusing on specific groups, or by collecting large and diverse samples with a research design that permits intersectional analyses and the identification of key distinction amongst groups. Finally, greater examination of the social dynamics and structural factors impacting suicide and suicide prevention efforts in 2SLGBTQI communities is needed. This includes critical examination and attention to the intertwined effects of racism, settler colonialism, ageism, ableism, and other forces of oppression upon different groups, and upon approaches to suicide prevention research and work.

3. Accelerate the development of qualitative insights.

Suicide research has been dominated by quantitative analyses. Such analyses have been useful to measure suicide inequities and behaviors (suicide ideation and attempts) among 2SLGBTQI people and to identify key risk factors associated with suicidality in this population. However, qualitative methods offer a way to gain in-depth and nuanced understanding of the meanings and experience of suicide in 2SLGBTQI individuals. To date, qualitative methods have been used infrequently to study suicide among 2SLGBTQI people. Qualitative studies are needed to identify important factors, including contextual factors, that lie on the pathway from experience related to being 2SLGBTQI (e.g., experiences of stigma, violence, and rejection) to suicidal thoughts and attempts. Qualitative research is also needed to provide valuable insights on the lived experiences of suicidality among 2SLGBTQI people, including of recovery from mental illnesses and suicide attempts. These insights would help identify appropriate suicide prevention initiatives and responses. Qualitative findings must be recognized as legitimate forms of research and evidence and receive appropriate funding.

4. Increase intervention research.

Research is needed to inform the development of suicide prevention and life promotion initiatives as well as to tailored services for 2SLGBTQI communities. This includes research to inform new peer-based and community-based interventions as well web-based interventions. Existing and future initiatives to prevent suicide among 2SLGBTQI communities must be rigorously evaluated to determine which approaches are most effective to reduce suicide ideation and attempts among 2SLGBTQI people as well as the best treatment and intervention for those experiencing suicidality. Research is also needed to tailor

interventions that have been found effective among other populations (such as gatekeeper training) to be culturally relevant and safe for 2SLGBTQI people.

5. Establish opportunities to mobilize knowledge.

Mechanisms for effective knowledge mobilization must be put in so that research findings can serve communities and ultimately help reduce suicide inequities among 2SLGBTQI people over the life course (e.g., including youth, adults, and older adults). Policymakers must be enabled to make decisions based on the most recent evidence and critical analyses. Community-based organizations and healthcare providers must have access to research findings such that their programming and care be tailored more effectively. 2SLGBTQI community members and grassroots groups must also be able to access research findings, to inform their efforts and as part of meaningful inclusion in research. To ensure that knowledge is shared widely and mobilized an online open-access library compiling grey and scientific literature could be created. Funding structures for research that include funding for pilot interventions based on emergent research will also enable immediate and impactful knowledge mobilization.

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