Understanding Suicide

Statistics & Understanding High Risk Populations

In Waterloo Region, between 2013-2015, the Office of the Chief Coroner reported an average of around 58 deaths by suicide per year. The Waterloo Regional Police responded to an average of 1477 occurrences of suicide attempts per year between the years 2012-2016.

In Ontario, more than 1000 people die each year by suicide. With approximately 1 in 10 Ontario Students report that they have seriously considered suicide in the past year.

In Canada, approximately 4000 people die each year by suicide. This translates to about 11 people per day loss to death by suicide**.** From every loss to a person by suicide, 7-10 people will be permanently affected and impacted by that loss. Issues such as the difficult nature of classifying suicide, and an inconsistent standard in coroner reporting have created a general under-reporting of suicide, it is expected that these numbers may be higher rather than lower.

Youth

Although suicide has slightly decreased across most age groups in the past 10 years, suicide currently accounts for 24% of all deaths among 15–24-year-olds living in Canadaand among youth aged 10 to 25 in Canada it remains the second-leading cause of death in this population, second only to accidents. Of all the suicide attempts made by youth in the US, LGB youth suicide attempts were almost five times as likely to require medical treatment than those of heterosexual youth.

Men

Suicide is among the leading causes of death in Canada for adults as well, and, unlike in many countries suicide rates are highest among men and women aged 45 to 59 here**,** in comparison to being highest in older adult groups (65+) in most countries. Rates in this group are, however, particularly high among men, who have a 3x higher suicide rate compared to women. The suicide rate for males in 2019 was 16.5 per 100000; for females, it was 5.1. However, these statistics can be misleading, as women are, in fact, more likely to attempt suicide. Women are also more likely to engage in self-harm. The 3x higher sucide rate in men, represents a higher fatality rate in suicide attempts, but not less attempts. Simply put, males are likely to use more violent methods that are more likely to result in certain death, as a result men have higher sucide rates but continue to have lower suicide attempts when compared to women.

Indigenous Populations

Indigenous people in Canada have some of the highest suicide rates in the world, but there are also many communities that have very low rates of suicide. On average, the suicide rate is three times the national average in First Nations communities and about nine times the national average among Inuit in Nunavut. Suicide and self-inflicted injuries are the leading causes of death for First Nations youth and adults up to 44 years of age.It is important that colonization be recognized as the greatest risk factor when talking about suicide and Indigenous communities. Historically, suicide was a very rare occurrence among First Nations and Inuit. Intergenerational trauma stemming from colonization is one of the primary colonial effects contributing to the elevated rate of suicide among Indigenous people.

2SLGBTQ+

Thoughts of suicide and suicide-related behaviours are more frequent among 2SLGBTQ+ youth in comparison to their non-2SLGBTQ+ peers. Data for 2SLGBTQ+

youth is lacking, and it is hard to find statistics that are accurate or have considered the community. However, we do know some facts, such as that 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 US 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. Transgender folks are 2x more likely than other members of the LGBTQ community to attempt suicide. 40% of Indigenous 2SLGBTQ+ youth say that their mental health needs are not being met.

Understanding Suicide in Trans Communities

Without question the most devastating impact minority stress has on trans communities is the inflated level of suicide among trans people. Taking from the richer statistics available in the US, estimated lifetime prevalence of suicide attempts in trans populations range from 26% to 45%, as compared to the general population which is estimated to be between 2% and 9%. With a suicide rate that is at least triple the general population, it is clear that suicide prevention is a task of critical importance for trans communities.

While the elevated suicide rate of transgender people has long been held up as evidence of transgender people's inherent mental illness by prejudiced professionals, as well as many in the general public, minority stress provides a far more compelling explanation for why trans people have an increased risk of suicidality. To quote a 2017 academic literature review:

> "Rather than being an indicator of an underlying mental illness, suicidality in the trans population would appear to be attributable to unbearable stress resulting from a complex mix of risk factors (e.g., discrimination and victimization, social exclusion, identity concealment, internalized transphobia, decompensation) and a relative absence of protective factors."

In their 2020 report, Trans Pulse found that of those who participated in their national survey on trans health, 31% had considered suicide in the past year, and 6% had attempted suicide in the past year. The Being Safe Being Me survey conducted in 2019 found that 64% of trans youth surveyed had seriously considered suicide in the past year and 21% had attempted. Notably, youth who reported violence such as bullying or harassment were more likely to report having considered suicide – but youth who felt safe in their home, connected to their family and safe at school, were less likely to report considering suicide.

The following two sections will seek to unpack first the risk factors that drive trans suicidality and then the protective factors that are so urgently needed to protect trans communities and individuals from violence, isolation, and suicide.

Risk Factors

"Discrimination and victimization, social exclusion, identity concealment, internalized transphobia, decompensation;" this is an intimidating list of risk factors but far from an exhaustive one. Other factors include unemployment, waiting for gender affirming healthcare, depression, physical assault, relationship problems, life crises in the past or in the upcoming two weeks, physical health problems, criminal or legal problems, loss of housing, job or financial problems, problematic substance use, lack of college educa-

tion, and living in a jurisdiction without legal protections for LGBTQ people. Many of these risk factors, such as unemployment and economic marginalization, are discussed in other sections of this toolkit. Instead of diving into the precise way in which these different risk factors operate, this section will tie together the way these factors operate in tandem. This section will attempt to explore and communicate the intricacies and connections between these risk factors in order to help both trans people and those who support them recognize the possible danger when these issues surface in their lives and enable for better risk and crisis planning.

It is of critical importance that mental health care professionals know and understand the factors that drive trans suicidality so that they can provide effective support and understand the real and present risk of suicide when their clients report these issues in their lives. Suicide assessment is of critical importance for mental health care service providers in all contexts, but the research shows that there are specific risk factors for trans people that require particular attention, especially given the fact that the suicide risk for trans people is higher across the board.

In practice, being aware of these risk factors means being attentive to the context that trans people are living in. For example, if you, your friend, or your client is waiting for transition healthcare services it is important to recognize the dangerous level of stress that research shows is a common experience of those in that situation and to account for that in your crisis planning.

If you are a service provider, friend, family member or supporter you may want to consider printing out the list below as an easy to access resource along with the crisis plan found at Appendix A as to have on hand.

In general, we do know some characteristics of people who may be at a higher risk of suicide. Research shows that mental illness is the most important risk factor for suicide; and that more than 90% of people who commit suicide have a mental or addictive disorder. Other risk factors include people who:

- have had a recent major loss (for example, the death of a loved one or a job loss)
- have a family history of suicide
- have made previous suicide attempts
- have a serious physical illness
- have an impulsive personality
- lack support from family or friends
- have access to weapons, medications or other lethal means of suicide

Protective Factors

The risk for suicide may be reduced when “protective factors” are present. The reality of trans suicidality and the socio-economic factors that drive it is quite grim. But while the research certainly shows that this problem is a terrible one, it also reveals a host of factors that can protect trans people from suicide. These factors are often absent or underdeveloped in many trans communities, but this means that focused efforts towards supporting and cultivating these factors have the potential to very rapidly improve the resilience of trans communities and to save lives.

In this section we will expand on protective factors specific to trans people, however, some quick examples of protective factors include:

- positive social supports
- trans affirming care and spaces

- a sense of responsibility for others, such as having children in the home (except when the person has post-partum depression or psychosis) or having pets
- positive coping skills
- a positive relationship with a medical or mental health provider
- self-efficacy (a person's belief in their ability to succeed in specific situations)
- a religious belief that suicide is wrong
- restrictions on the availability of firearms, barriers on bridges and other "attractive hazards," and reductions in the toxicity of gas. This has been shown to reduce suicide rates in some locations.

One of the most important protective factors is access to community. But not all communities are equally effective. In the following few paragraphs, we will investigate what makes a community effective at acting as a preventative factor and what pitfalls or dead ends communities are best off avoiding.

Many communities focus on providing space for people to explore their traumatic experiences and internalized transphobia, through focus groups, workshops, or other spaces. While this exploration of the more negative aspects of trans life is certainly important, multiple studies, as well as the key informant interviews conducted in the development of this toolkit, stress that communities need to do a better job building spaces focused on trans joy.

Research shows that the emotional support trans people receive from having close friendships with other trans people serves as a highly effective barrier to suicide. Cisgender people, such as partners or family, can form an important part of a trans person's support network but they are no substitute for other trans people. Trans friendships validate people's identities and experiences, allow them to express themselves without the omnipresent fear of facing cissexist ignorance or bigotry, and give a sense of collective empowerment.

This same overfocus on the negative, traumatic aspects of trans life reduces the effectiveness of therapeutic work as well. Trauma work is, of course, very important. But just as important as developing tools and strategies to cope with trauma is the work of building effective methods to lead a fulfilling life and distract oneself from that trauma.

Trans youth face different challenges but their need for validation, self-expression, and empowerment is no different than that of trans adults. The main difference is that trans youth are far more dependent on parental/familial support. Having the support of a guardian is of utmost importance for trans youth and can reduce suicide risk.

Caregivers to trans youth must not assume that a simple lack of ignorance or bigotry on their part is enough. Even the most supportive family environment does not insulate trans youth from adverse mental health outcomes, driven by the twin stressors of body dysphoria and stigma from outside environments such as school.

Even when caregivers think they are being supportive, sometimes the youth they look after feel differently. Often family functions that are deemed mandatory by guardians are invalidating to youth, as they either have implicit or explicit gender roles, or they put them in contact with less supportive extended family members.

Furthermore guardians often feel justified in invalidating emotions, identities, or sources of emotional distress as irrational or immature out of a sense of paternalism, telling youth that they will outgrow them. Guardians may feel they can negate the aspects of their charge's experience they do not approve of and still be supportive if they provide a minimum of recognition to the youth's identity but youth themselves often disagree with their guardians on this. In order to accurately assess whether a guardian is supportive or not don't ask the guardian, ask the youth!