ABCT is dedicated to bridging communication between scientific and clinical members and the media as well as the public.

We do that in a few ways by

• respond to media inquiries about CBT-related topics by connecting interested journalists, writers, and producers with relevant ABCT experts.

• develop initiatives to assist ABCT members in communicating with the public about science and evidence-based practice. Possible video.

• develop resources to help communicate with the media for ABCT members, journalists, and the public at large if we offered compendiums of relevant resources ("Briefing Books") that provide information about the current science presented in layman's terms.
The Association for Behavioral and Cognitive Therapies (ABCT) is a multidisciplinary organization committed to the enhancement of health and well-being by advancing the scientific understanding, assessment, prevention, and treatment of human problems through the global application of behavioral, cognitive, and biological evidence-based principles. ABCT is committed to a policy of equal opportunity in all of its activities, including employment. ABCT does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, sex, sexual orientation, gender identity or expression, age, disability, or veteran status.
CONTENTS

SUICIDE ACROSS THE LIFESPAN - ISSUE 01

9
OVERVIEW
ABCT Vision & Mission
Aim of Briefing Books

11
EDITOR’S LETTER
Suicide across the lifespan, COVID

17
YOUTH 5 TO 24 YEARS
Prevalence, Media, Prevention

39
NON-SUICIDAL SELF-INJURY
Characteristics, Risk Factors

55
SEXUAL & GENDER MINORITIES
Social Norms, Prejudices, Fear

42
ADULTS & MID-LIFE
Financial, Family, Work

45
TRAUMA & DISEASE
Long Term Stressors, Disability,
CONTENTS

SUICIDE ACROSS THE LIFESPAN - ISSUE 01

99

VETERANS
Deployment, Trauma Exposure

117

OLDER ADULTS
Bereavement, Loss of Purpose

133

PRESS OFFICE
Contact ABCT & Media Resources

135

STATISTICS
Useful Statistics for Reporting Suicide

136

RESOURCES
Useful Resources

137

REFERENCES
References by Section

149

REPRINTS
Free Downloadable
Association for Behavioral and Cognitive Therapies (ABCT) would like to thank our dedicated contributors without whom this project could not have happened.

Our organization is strengthened by your contribution and commitment to supporting our mission and vision. The wider community benefits daily from your efforts to support evidence based research and your commitment to those in your care.

in gratitude
Approximately 4.5% of the US population identifies as a sexual and/or gender minority (SGM). SGM people include those who do not identify as straight (or heterosexual) — e.g., lesbians, gay men, bisexuals, pansexual folks — as well as those who do not identify as cisgender (or as the gender they were assigned at birth) — e.g., transgender men and women, nonbinary individuals, genderfluid/genderqueer folks. Often the term LGBTQ+ — Lesbian, Gay, Bisexual, Transgender, Queer/Questioning and other related identities — is used to describe this population. As younger people increasingly use different terms to define their sexuality and gender, researchers have taken to using SGM to capture the vast and ever-changing range of identities included in these communities.
Because death records do not identify a person’s sexual orientation or gender identity, we do not know for sure how many SGM people die by suicide in the United States. However, there is a large body of literature suggesting that SGM people make or consider making suicide attempts at significantly higher rates than their non-SGM peers.
Research has linked SGM with a higher likelihood of suicide attempts to the unique stress these individuals face as a result of their sexual orientation and/or gender identity. Minority stress theory delineates two different types of SGM related stress (outlined below). Other, non-minority stress-related risk factors for suicide in SGM people largely overlap with risk factors in the general population. These include: co-occurring anxiety, depression, and/or alcohol and substance use disorders history of physical and sexual abuse; prior suicide attempt.
Distal (or external) stressors are experiences like discrimination, violence, and rejection that SGM people face as a result of their identity/ies. This includes both interpersonal experiences — like being called names by a stranger on the street or being rejected by one’s family due to one’s SGM identity — as well as more structural stressors — like institutional policies that discriminate against SGM people. In fact, research shows that more sexual minority youth attempt suicide in counties with fewer indices of support (e.g., schools with anti-bullying policies that include sexual orientation) compared to those who live in supportive areas. Low family support for SGM identity (including being thrown out of the family home) is also a predictor of suicide attempts in this population as are conflicts between SGM identity and religious beliefs. Despite increasing acceptance of SGM people in recent years, 29% of SGM youth have experienced homelessness, been kicked out, or run away from home, a third of SGM youth reported being physically threatened or harmed because of their identity, and 10% of SGM youth reported undergoing so-called “conversion therapy”.

As in general populations, effective coping and emotion regulation strategies can be protective against suicide in SGM individuals. Minority stress theory also identifies a number of important protective factors that may reduce the likelihood of suicidality in SGM people. Social support is one such example. Research shows that peer and family support can help buffer SGM people against the negative effects of SGM discrimination and victimization. In fact, SGM youth who report having at least one adult in their life who is accepting of their SGM status are 40% less likely to report a suicide attempt in the past year compared to youth without a supportive adult.
DISCRIMINATION
VIOLENCE
REJECTION
While no suicide risk assessment tools have been specifically created for use with SGM populations, many suicide prevention experts recommend including a person’s sexual orientation and gender identity in their risk formulation, given the higher risk of suicide attempts in this population. New research shows that SGM individuals may be less likely to disclose their suicidality to family and friends if they have experienced a high level of SGM-related stress in their life so careful assessment of suicidality in this population is needed. One resource highlights the unique issues relevant to SGM suicide risk assessment and provides clinicians with guidance on suggested questions to use with patients.
For SGM youth, The Trevor Project is currently the national leader in SGM-affirming suicide risk assessment, and their website also provides a number of resources. Research shows that SGM individuals are more likely to disclose their suicidality to other SGM people or to SGM affirming counselors. Despite this, little research has been conducted to develop evidence-based suicide-related treatments specifically for SGM populations. Attachment-Based Family Therapy (ABFT) is the only treatment that has been adapted specifically for suicidal sexual minority youth. ABFT is a family-based therapy that reduces suicide by improving the parent-child relationship, and has a focus on emotion-related techniques. Although the sexual minority adaptation of ABFT has yet to be tested in a randomized control trial (the gold standard for treatment development), an open trial of 10 sexual minority youth found a significant reduction in youth-reported suicidal ideation and depressive symptoms over the course of the 12-week treatment. Other studies provide guidance for future treatment development in this area.
For instance, a qualitative study identified four considerations for efforts to reduce suicide in SGM populations:

1. Recognizing minority stress and mental illness stigma
2. Providing low-barrier, long-term SGM affirming counselling
3. Encouraging peer support and community connection
4. Recognizing minority stress and mental illness stigma
Do more SGM people engage in suicidal behaviors?

Evidence shows that SGM youth make suicide attempts at four times the rate of their straight, cisgender peers. A recent survey of 40,001 SGM youth aged 13-24 years found that 40% of all LGBTQ respondents, and more than half of all transgender and nonbinary youth, seriously considered attempting suicide in the past 12 months. This disparity continues throughout the lifespan — 39% of SGM older adults report having seriously considered suicide during their life, and transgender adults continue to report higher rates of suicide attempts than their cisgender peers.
Is mental illness the reason why SGM died by suicide?

The stressors that SGM groups experience may explain why they are more predisposed to depression, anxiety, and substance use. Psychiatric disorders, depression in particular, is a strong risk factor for suicidal behavior and death by suicide, and may explain the higher incidence suicide in the SGM population.

Stressors associated with being a sexual or gender minority
Is mental illness the reason why SGM died by suicide? | What environmental factors increase the likelihood of suicidality in SGM people? | What role does the internet play in suicide in SGM people?
---|---|---
Internal stressors often occur when SGM people internalize some of these negative environmental messages. These stressors include internalized homophobia/biphobia/transphobia — feeling negatively towards one’s own SGM identity as a result of taking on board negative societal views of SGM people — as well as identity concealment — stress associated with “staying in the closet” and appearing straight and/or cisgender — and rejection sensitivity — the learned tendency to anxiously expect, readily perceive, and intensely react to rejection because of one’s SGM identity. All of these internal factors have been linked with increased suicidality in SGM folks. SGM are more likely to experience physical and verbal violence, rejection, and discrimination than other population groups. Many struggle with community and family disdain, homelessness, financial strain due to limited employment and promotion opportunities that lead to significant stress. Rates of suicidal behavior in SGM youth are higher in locations with less community support. Social connection, online or otherwise is a strong protective factor for suicide in SGM groups. For those living in isolated communities, or in communities where homophobia/biphobia/transphobia is common, the internet can provide a place to connect with others, without fear of reprisal. Everyone benefits from knowing that they are not alone, and the online community for SGM can provide enormous support for some.
How should SGM people be addressed or written about?

SGM folks are often discussed using discriminatory terms in the media, and there is evidence showing that this can be tied to poor mental health outcomes — and sometimes ultimately suicide — for SGM people. As such, it is important to use appropriate language in speaking to or referring to SGM people. The GLAAD Media Reference Guide contains a plethora of regularly updated guidance about reporting on SGM individuals and communities, with dedicated sections devoted to bisexual and transgender people. Similarly, Reporting on Suicide is a helpful resource for journalists writing about suicide.

COMMUNICATION TIPS

- use the name the individual prefers (not necessarily their legal name);
- refer to individuals using the pronouns of their authentic gender (which may be different from their birth sex);
- don’t be afraid to use singular ‘they’ pronouns — the AP style guide approves!
- identify individuals and couples accurately (don’t use “straight/gay couple” if one of the partners identifies as bisexual); and
- avoid language that perpetuates stigma.
SGM GROUPS
Marginalized communities are particularly at risk for poor health outcomes during the COVID-19 pandemic, including SGM individuals. Even before the COVID-19 pandemic, SGM folks reported worse physical health than their straight, cisgender peers, and many SGM individuals in the United States do not have healthcare coverage. In addition to the health risks associated with the pandemic, COVID-19 has brought about mass loss of employment and financial stress. These two factors are associated with increased risk for suicide, and researchers have suggested that suicide rates worldwide may increase as a result as the pandemic progresses. At the time of writing, there were no studies explicitly examining suicidality in SGM populations during the pandemic. However, three studies highlighted the broader mental health challenges faced by SGM individuals during the pandemic. A survey of nearly 500 SGM college students aged 18-25 and found that almost half of SGM college students have immediate families who do not support or know about their SGM identity. Further, they found that more than 60% of the sample were experiencing frequent mental distress, anxiety or depression. SGM students were more likely to experience these negative mental health symptoms when 1) their families were unsupportive of their LGBT identity, 2) they were unable to access mental health care because of stay-at-home orders, 3) their lives were disrupted “a great deal” by the pandemic, and 4) they were extremely concerned about COVID-19. A different study found that SGM youth were less likely than their cisgender/heterosexual peers to have access to mental health care during the pandemic, with one in four SGM youth unable to access care.
Research has shown that SGM youth have also struggled with increased mental health challenges as a result of the pandemic, which they related to sleep disturbance, feeling “stir-crazy”, and having more time to ruminate about their sexuality and/or gender. Youth expressed concern about being “stuck at home with unsupportive parents”, and others expressed sadness about the loss of “safe spaces” during the pandemic. In fact, one survey of 600 SGM youth found that 41% of respondents stated that COVID-19 impacted their ability to express their SGM identity, including 56% of gender minority youth. On the other hand, some youth described being able to escape homophobic and transphobic individuals outside their home as a result of the pandemic. The study highlighted the utility of online support for LGBT youth during periods of COVID-19 related social distancing. While more research needs to be conducted explicitly on the topic of suicide and SGM individuals, it is clear from these studies that SGM folks are experiencing significant stress during the COVID-19 pandemic. Moreover, the pandemic is bringing to the forefront some of the existing risk factors SGM folks already have for suicide — like unstable housing, economic instability, and health care disparities.
SUMMARY

SGM individuals face a number of unique challenges that place them at higher risk for suicide than their non-SGM peers, especially during the COVID-19 pandemic. As research advances, we increasingly understand the factors that lead SGM individuals to consider suicide, as well as the positive aspects of their lives and communities that can serve as protective factors. Although in their nascence, new SGM-specific suicide prevention efforts appear promising, and will hopefully begin to remove the disproportionate mental health burden that SGM folks carry.
ABCT Press Office

Responsible for all ABCT publications and ABCT's website. Coordinates projects with the Publications Committee. Handles press relations for ABCT. In Executive Director's extended absence, serves as Deputy Director.

Email: teisler@ABCT.org

David Teisler, CAE
Director of Communications & Deputy Director

Media Finding Experts

ABCT has a list of speakers and subject matter experts on topics such as PTSD, anxiety, suicide, and more. Details available on the website or by contacting the ABC Press Office.
Media Guidelines for the Responsible Reporting & Depicting of Nonsuicidal Self-Injury (NSSI)

Avoid use of NSSI-related images and details within text, especially of NSSI wounds and methods/tools.

Highlight efforts to seek treatment, stories of recovery, adaptive coping strategies as alternatives to NSSI, and updated treatment and crisis resources.

Avoid misinformation about NSSI by communicating peer-reviewed and empirically supported material, including distinguishing NSSI from suicide.

Present information neutrally; avoid exaggerated descriptions of NSSI prevalence and sensational headlines that include NSSI, especially the method of NSSI.

Use non-stigmatising language and avoid terms that conflate person and behaviour (e.g., cutter, self-injurer).

Assure that online article comments are responsibly moderated.
## Suicide Statistics

<table>
<thead>
<tr>
<th>Rank</th>
<th>Select Age Groups</th>
<th>10-14</th>
<th>15-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>All Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unintentional Injury</td>
<td>692</td>
<td>12,044</td>
<td>24,614</td>
<td>22,667</td>
<td>37,301</td>
<td>113,947</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>2</td>
<td>Suicide</td>
<td>596</td>
<td>6,211</td>
<td>Suicide</td>
<td>8,020</td>
<td>Malignant Neoplasms</td>
<td>10,640</td>
<td>Heart Disease</td>
</tr>
<tr>
<td>3</td>
<td>Malignant Neoplasms</td>
<td>450</td>
<td>Homicide</td>
<td>4,607</td>
<td>Homicide</td>
<td>5,234</td>
<td>Heart Disease</td>
<td>10,532</td>
</tr>
<tr>
<td>4</td>
<td>Congenital Abnormalities</td>
<td>172</td>
<td>Malignant Neoplasms</td>
<td>1,371</td>
<td>Malignant Neoplasms</td>
<td>3,684</td>
<td>Suicide</td>
<td>7,521</td>
</tr>
<tr>
<td>5</td>
<td>Homicide</td>
<td>168</td>
<td>Heart Disease</td>
<td>905</td>
<td>Heart Disease</td>
<td>3,304</td>
<td>Liver Disease</td>
<td>8,157</td>
</tr>
<tr>
<td>6</td>
<td>Heart Disease</td>
<td>101</td>
<td>Congenital Anomalies</td>
<td>354</td>
<td>Liver Disease</td>
<td>1,008</td>
<td>Heart Disease</td>
<td>3,561</td>
</tr>
<tr>
<td>7</td>
<td>CLRD</td>
<td>64</td>
<td>Diabetes Mellitus</td>
<td>246</td>
<td>Diabetes Mellitus</td>
<td>837</td>
<td>Diabetes Mellitus</td>
<td>2,282</td>
</tr>
<tr>
<td>8</td>
<td>Cerebrovascular</td>
<td>54</td>
<td>Influenza &amp; Pneumonia</td>
<td>200</td>
<td>Cerebrovascular</td>
<td>567</td>
<td>CLRD</td>
<td>3,807</td>
</tr>
<tr>
<td>9</td>
<td>Influenza &amp; Pneumonia</td>
<td>51</td>
<td>CLRD</td>
<td>165</td>
<td>HIV</td>
<td>482</td>
<td>Influenza &amp; Pneumonia</td>
<td>956</td>
</tr>
<tr>
<td>10</td>
<td>Benign Neoplasms</td>
<td>30</td>
<td>Complicated Pregnancy</td>
<td>151</td>
<td>Influenza &amp; Pneumonia</td>
<td>457</td>
<td>Septicemia</td>
<td>829</td>
</tr>
</tbody>
</table>

CLRD: Chronic Lower Respiratory Disease
USEFUL RESOURCES

www.veteranscrisisline.net

www.suicidepreventionlifeline.org

www.afsp.org

www.theactionalliance.org
5. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury Reports. A yearly average was developed using five years of most recent available data: 2014 to 2018.
20. US Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, “2019 National Suicide \


prospective study of patients hospitalized with suicidal ideation. Am J Psychiatry, 142(5), 559-563.


VETERANS


5. Annual Report: VA Mental Health Programs and Suicide Prevention Services Independent Evaluation (October 2018). First annual report to Congress written by staff at ERPi, Booz Allen Hamilton and Altarum.


14. Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System: Data released every two years on suicide ideation and attempts among high school students (www.cdc.gov/healthyyouth/yrbs/index.htm)


55. SAMHSA's National Survey on Drug Use and Health: Annual survey that, since 2008, questions on suicidal thoughts and behaviors among adults (www.oas.samhsa.gov/nsduh.htm)
66. U.S. Department of Veterans Affairs (2017). Living Veterans by Period of Service, Gender, 2015-2045,
7. Centers for Disease Control and Prevention, National Center for Injury Prevention and control. Web-based Injury Statistics Query and Reporting System (WISQARS)
34. Raue, P. J., Ghesquiere, A. R., & Bruce, M. L. (2014). Suicide Risk in Primary Care: Identification and Management in Older Adults. Current Psychiatry Reports, 16(9), 466.