Understanding LGBTQA+SB suicidal behaviour and improving support:
insight from intersectional lived experience.

Executive Summary

RMIT UNIVERSITY

Suicide Prevention Australia

Roses in the Ocean

switchboard

Acknowledgement to Country

We acknowledge the traditional lands of all the Nation, Clan and Tribal groups where the authors live and work and where the contributors live and work. We pay respect to Traditional Custodians, youth and Elders both past, present, future and emerging across all our lands. We are grateful for their histories, knowledge and culture and acknowledge that the land where we are learning and sharing stories today, always was and always will be, Aboriginal land.

About this research

This research was funded by a Suicide Prevention Australia Innovation Grant. The research is a collaboration between researchers at RMIT University (Katherine Johnson and Nicholas Hill), the University of Sydney (Vanessa Lee-Ah Mat) and partners specialising in LGBTQIA+ community support (Switchboard) and lived experience of suicide (Roses in the Ocean). We are grateful for the funding and institutional support that has enabled this research.

We have also received funding from the Social Change Enabling Impact Platform at RMIT University to support the translation of this research into training materials. We are grateful to them, and to Crosswalk Media and Jacq Moon for their input into the design and production of the report and related training materials.

As part of the research translation process, we have used composite narratives to develop an indicative character for each of our three cohorts of participants. Composite narratives draw on data from several interviews to create one narrative. The benefit is that the narrative is informed by lived experience but maintains the anonymity and confidentiality of participants who have shared their stories. These characters and their narratives are visually depicted in the graphics embedded in the report and the training materials.

If you are interested in finding out more about the research, please contact katherine.e.johnson@rmit.edu.au

If you are interested in finding out more about the training, please contact suicideprevention@switchboard.org.au

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Thank you to our participants for sharing their stories of suicidal distress with the research team. These stories will contribute to the collective understanding of Lesbian, Gay, Bisexual, Transgender, Asexual plus Sistergirl and Brotherboy (LGBTQA+SB) suicidal distress and provide policy makers, organisations, and service providers with a clearer understanding of how to create policies, programs and supportive environments people from all LGBTQA+SB communities (First Nations Peoples, People of colour (PoC), disabilities, and rainbow families).

We are extremely grateful to the advisory group listed below, whose expertise and contributions helped to shape the project and guided the development of culturally safe research procedures, and all outputs:

Joe Ball (CEO, Switchboard Victoria)

Bronwen Edwards (CEO, Roses in the Ocean)

Todd Fernando (The Victorian Commissioner for LGBTIQ+ Communities)

Samina Hassan (former Suicide Prevention Program Officer, Switchboard)

Eliza Hovey (Beyondblue, Research, Evaluation and Monitoring Adviser, Suicide Prevention)

Manu Kailom (Peer Support and Community Development Officer, Many Coloured Sky)

Abdurahman Katamish (QTIPOC community advocate)

Kenton Miller (Principal Advisor to the Victorian Commissioner for LGBTIQ+ Communities)

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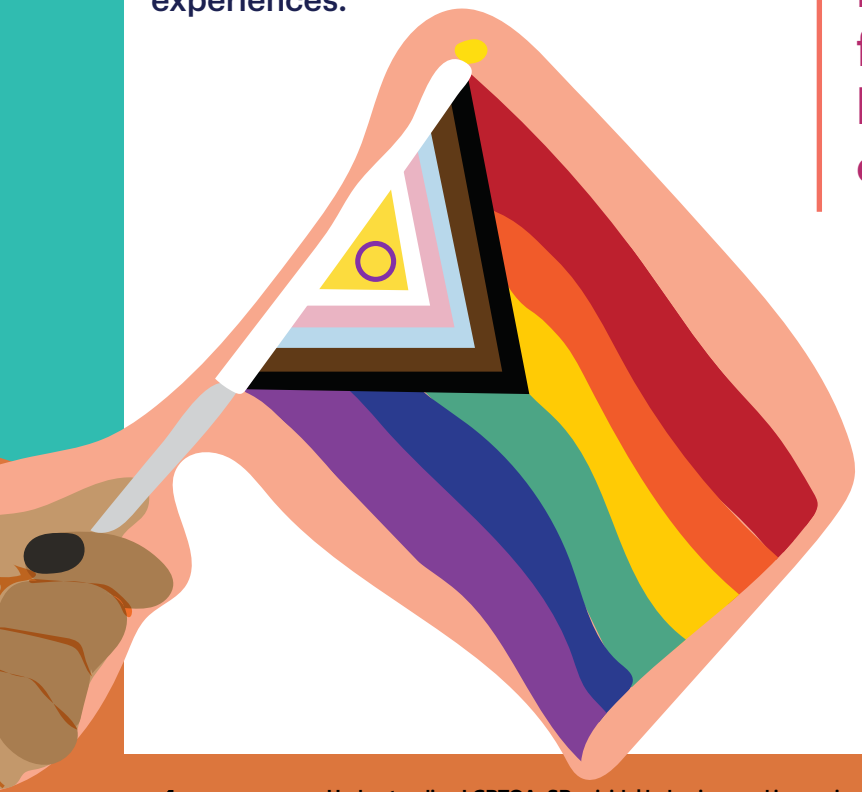
Executive Summary

Background

Within health and social care policies and service provision, the acronym LGBTIQA+ is often used to refer to lesbian, gay, bisexual, transgender, intersex variation/s, asexual, and other identifications. International research consistently identifies high rates of suicidal behaviour, including thoughts, feelings, and actions, amongst LGBTIQA+ populations. The need for tailored services and supports for suicidal behaviour for LGBTIQA+ individuals has begun to be recognised in social policy but there is little evidence about the form in which support should be delivered or the effectiveness of formal support and interventions. There is also a need for deeper insight into how experiences of suicidality and support vary across the breadth and diversity of LGBTIQA+ communities, with a particular focus on intersectionality and intersectional experiences.

Intersectionality draws attention to how people embody multiple identities, creating overlapping and interdependent systems of discrimination or disadvantage. This includes, but is not limited to First Nations Peoples, people of colour (POC), cultural and linguistic diversity, faith background, age, abilities, alongside diverse genders and sexualities. LGBTIQA+ lived experience accounts of suicidality can also generate insights into how individuals manage their suicidal feelings and move beyond moments of suicidal distress. Collating this insight can be used to inform policy makers and service providers about what support approaches might work best and why, and to develop approaches to service delivery that are accessible and inclusive for LGBTIQA+ people from diverse social and cultural backgrounds.

LGBTIQA+ lived experience accounts of suicidality can also generate insights into how individuals manage their suicidal feelings and move beyond moments of suicidal distress.



Project aims:

To facilitate better policy and service responses to LGBTIQA+ suicidal behaviour in Australia, this project has two aims:

1. To generate new insights into lived experiences of suicidal behaviour within LGBTIQA+ communities, including First Nations LGBTIQA+SB people and LGBTIQA+POC in Australia.

2. To better understand the factors that influence and protect against suicidal behaviour in LGBTIQA+SB communities, and the practices and services experienced as helpful and supportive to prevent or manage it.

Methodology and Method:

The methodology centred lived experience within an intersectional approach. This was informed by community psychology's commitment to progressive and generative collaborative practice which has been used to work effectively with LGBTIQA+ groups and First Nations Peoples of Australia. We use the acronym LGBTQA+SB throughout this report to recognise the diverse genders and sexualities of our participants and acknowledge that, despite attempts, we were unable to recruit participants who identified with intersex variations.

The research design adopted an intersectional lens with an explicit focus on understanding how LGBTQA+ identification intersected with First Nations status and racial and ethnic difference. In the presentation of the data, we use the acronyms First Nations LGBTQA+SB, LGBTQA+ POC, and LGBTQA+ to represent the three cohorts whose accounts comprise this research. First Nations LGBTQA+SB refers to Aboriginal and / or Torres Strait Islander participants including those who use the term sistergirl or brotherboy (SB). LGBTQA+POC is used to identify participants who identified as a person of colour (POC). We use LGBTQA+ to refer to participants who did not identify as either First Nations or POC.

Twenty LGBTQA+SB adults were recruited from across Australia with participants located in Queensland, Victoria, NSW, Western Australia and South Australia. Sampling sought to capture a range of experiences of suicidality and social supports and reflect the diversity of the LGBTIQA+ community in terms of gender identity, sexuality and age, with particular emphasis on recruitment of First Nations LGBTQA+SB participants and LGBTQA+POC. In total, 3 First Nations LGBTQA+SB people, 7 LGBTQA+ POC and 10 LGBTQA+ people were interviewed as part of the study. Thematic analysis was applied to identify similarities and differences between each of the 3 groups (First Nations LGBTQA+SB people, LGBTQA+POC, and LGBTQA+ individuals).

Findings

Participant experiences are organised into five thematic areas which are summarised here.

1. Understanding LGBTQA+SB lives: Intersectional insights

We identify the strengths and challenges of LGBTQA+SB identification and highlight the sources of acceptance, affirmation and connection that helped our participants to live affirmatively. These stories are often missing from accounts of LGBTQA+SB experiences of suicidal distress. We also highlight the challenges that LGBTQA+SB people experience as they recognise and embrace their LGBTQA+SB identity and attempt to live affirmatively. Family life, friendships, and various social spaces can be significant sources of acceptance and affirmation but may also be drivers of distress and shame that shape help-seeking behaviours and influence what informal and formal support may be accessible and appropriate.

2. Experiences of suicidal distress

To better understand LGBTQA+SB experiences of suicidal distress we explored how our participants talked about navigating and responding to suicidal thoughts, feelings, and attempts within the context of their daily lives. Suicidal distress was described in relation to temporal rhythms with varying levels of intensity. Some participants reported discrete and acute episodes of suicidal distress, whereas others described more regular and pervasive experiences that fluctuated in intensity.

What is evident from people's accounts is that suicidal distress can begin at an incredibly young age, and participants often found ways of living with suicidal thoughts and feelings throughout their lives. Gender identity and / or sexuality featured in accounts of suicidal distress but were rarely the sole cause. Rather it is feelings of isolation, fear of rejection, and experiences of social and cultural rejection associated with homophobia, transphobia and racism. Social and cultural isolation was a strong contributor to suicidal distress among LGBTQA+ POC and First Nations LGBTQA+SB. More appropriate social and community supports is required for LGBTQA+SB people living with intersectional identities.

3. Help-seeking and informal support for LGBTQA+SB suicidal behaviour

Help-seeking plays a significant role in the provision of timely and appropriate informal and formal support for LGBTQA+SB people experiencing suicidal distress. Seeking support was identified as a challenge by many of our participants, although their accounts indicate help-seeking behaviour often changes over time, with people becoming more adept at managing their suicidal distress. Most of our participants pointed to numerous occasions where they concealed what they were feeling from others or did not access support. This was particularly prominent in participant accounts of suicidality when they were younger and experiencing suicidal distress for the first time.

Family support is vital for some people, particularly First Nations LGBTQA+SB people, but it is not always available or positive. LGBTQA+POC people may be more likely to seek support through friends, particularly when their family is located overseas. This can be due to cultural sensitivities around LGBTQA+ identities, not knowing where to get support, and wanting to protect family. Help-seeking does not only need to focus on talking about suicidal distress and can be more subtle (e.g., seeking company). Online communities can provide instant feedback and support, as well as widen networks of people experiencing similar things, particularly in relation to intersectional experiences. Many people liked the support gained from LGBTQA+ groups, but they can be exclusive or limited (especially re: intersectional or diverse experiences).

Findings

4. The role of formal mental health support for LGBTQA+SB suicidal behaviour

All but one of our participants had accessed a form of mental health and / or formal peer-based support at some point. Many participants had experience with talking therapies, predominately with psychiatrists and psychologists, but some had utilised counselling services available through their church, school, or via a phone-based service. Identifying and accessing appropriate support was a key challenge, with accessibility issues related to participants' own lack of knowledge about where and how to access services. These challenges were often compounded by barriers encountered within the healthcare system, which include limited knowledge and awareness about gender, sexuality and cultural diversity, a lack of appropriate services in rural and regional areas, and out of pocket expenses.

Increasing healthcare and support workers' knowledge about LGBTQA+SB issues, cultural diversity and the impact of intersectional experiences on First Nations LGBTQA+SB people and LGBTQA+POC is key to improving experiences of support. Discrete service providers that provide anonymity, particularly for First Nations LGBTQA+SB people, living in community was also seen as important.

5. The role of LGBTIQA+ specialist support in responding to LGBTQA+SB suicidal distress

We considered participants' lived experience and preferences for where support for LGBTQA+SB suicidal distress should be provided and explored how it can best meet the needs of First Nations LGBTQA+SB people and LGBTQA+POC. As with other forms of support, key items identified within participants' accounts related to issues of accessibility, trust and affirmation of all aspects of identity, not just gender identity and / or sexuality. Many participants found LGBTIQA+ services to be more affirmative than mainstream formal support, but there are still challenges to be met to improve accessibility and inclusion for those located at the intersections. This includes First Nations LGBTQA+SB and LGBTQA+POC, but also less visible gender identities, sexualities and geographical location.

There is also a need for greater visibility of LGBTQA+POC within services and the leadership of LGBTIQA+ services. For First Nations groups it may be better to have LGBTQA+SB members more visible and supportive within Aboriginal Community-Controlled Health Organisations, rather than First Nations LGBTQA+SB people being more visible within LGBTIQA+ community-led services.

Recommendations

Setting the policy context

- Policy interventions can improve the socio-cultural environment for First Nations LGBTQA+SB, LGBTQA+POC and LGBTQA+ people, help them feel affirmed in their gender, sexuality, racial, and cultural identities, and reduce feelings of shame, fear and stigma implicated in suicidal distress.
- Targeted early intervention will help to reduce suicidality over an LGBTQA+SB person's lifetime.
- All policies must be developed and evaluated with LGBTQA+SB people who have lived experience of suicide (including First Nations LGBTQA+SB) to ensure interventions are responsive to the heterogeneity of LGBTQA+SB communities and reflect intersectional experiences.
- When commissioning suicide prevention, postvention, and mental health services, policy makers must include LGBTQA+SB lived experience within service design and ensure services will attend to intersectional LGBTQA+SB experiences, including First Nation LGBTQA+SB people and LGBTQA+POC.
- LGBTQA+SB affirmative and safe support must be available and accessible regardless of who someone is, where they are living, their financial position, or cultural background.

Developing appropriate and affirmative support

- LGBTIQA+ community-led services, Aboriginal Community Controlled Health Services, mainstream mental health services, must work harder to foster trust, safety, and perceptions of confidentiality for LGBTQA+SB people accessing support.
- LGBTIQA+ community led organisations are best placed to deliver appropriate and affirmative support for LGBTQA+SB people experiencing suicidal distress.
- Aboriginal Community Controlled Health Organisations need to actively work with First Nations LGBTQA+SB people to develop services for Aboriginal and Torres Strait Islander LGBTQA+SB people experiencing suicidal distress.
- LGBTQA+SB people need to feel confident when accessing a service that all parts of their identity will be recognised and affirmed, particularly First Nations LGBTQA+SB people and LGBTQA+POC
- Increasing the visibility of services for LGBTQA+SB people experiencing suicidal distress, strengthening referral pathways between mainstream mental health services and LGBTIQA+ community-led services, and ensuring timely access will improve outcomes.
- Health and social care providers should undertake mandatory training provided by LGBTIQA+ organisations to improve knowledge and awareness of LGBTQA+SB lived experiences of suicidal distress, with particular emphasis on trans and gender diverse issues, intersectional identities, and the socio-cultural context of LGBTIQA+SB lives.
- When allocating resources and developing support, prevention and postvention services for First Nations LGBTQA+SB, LGBTQA+POC and LGBTQA+ people, providers must have demonstrable understandings of and affiliations with those communities.

Recommendations

Improving community responses to suicidal distress

- Access to positive information about First Nations LGBTQA+ SB, LGBTQA+POC, and LGBTQA+ people and communities will promote understanding amongst families and friends and improve their ability to respond affirmatively.
- Targeted campaigns to address racism and reduce cultural isolation may help to improve the wellbeing of First Nations LGBTQA+SB people and LGBTQA+POC.
- Developing resources, awareness campaigns, and providing a platform for community role models can improve the literacy of LGBTQA+SB suicidal distress within queer communities, normalise help-seeking, facilitate conversations, and reduce associated stigma and feelings of shame.
- Training should be made available outside of service provision settings to resource people in broader communities to support LGBTQA+SB people who experience pervasive, on-going, or repeated experiences of suicidal distress.

Knowledge and training

- LGBTIQA+ community-led services need training to better address issues of race, disability, and gender diversity, including training to improve understanding about suicidal behaviour and appropriate forms of support for First Nations LGBTQA+SB people and LGBTQA+POC.
- LGBTQA+SB focused training and education of Aboriginal health workers is required to keep First Nations LGBTQA+SB population safe. Extra training should focus on improving the social and emotional services offered by Aboriginal Community Controlled Health Services by training and supporting Aboriginal health workers to better understand and support LGBTQA+SB people.
- Making LGBTQA+SB lived experience of suicide training accessible to health and social care organisations, LGBTQA+SB communities, family and friends will facilitate awareness and increase confidence to talk about LGBTQA+SB suicidal distress, improve available support and facilitate help-seeking.
- Resources are needed to promote understanding of LGBTQA+SB suicidal distress and improve the ability of policy makers, service providers, LGBTIQA+ communities, First Nations communities, culturally diverse communities, families, and friends to respond appropriately and effectively.
- Specific LGBTQA+SB suicide prevention training should be developed for workplaces and education settings to support managers to respond affirmatively and effectively to LGBTQA+SB students and employees experiencing suicidal distress.

Recommendations

Further Research

- Further research is required to evaluate the effectiveness of suicide intervention approaches aimed at LGBTQA+SB people, including LGBTQA+SB lived experience of suicide initiatives, and LGBTQA+SB peer-led support.
- All research for, on or about LGBTQA+SB must have a First Nations LGBTQA+SB researcher as part of the chief investigator team, in the advisory group and available for debriefing First Nations LGBTQA+SB participants.
- More research is needed about how and where to provide confidential and appropriate supportive services for First Nation LGBTQA+SB people.
- Further research is needed to explore how maintaining connection to culture can reduce suicidal distress and promote wellbeing for First Nations LGBTQA+SB and LGBTQA+POC.
- To develop appropriate services for people with intersex variation, further research is needed to understand the experiences of suicidal distress for this population group.
- To develop resources to improve the ability of LGBTQA+SB communities, family, extended families of choice, households, and friends to respond to suicidal distress, research is needed to understand the lived experience of providing informal support.