



# REPORT ON OUTCOMES AND RECOMMENDATIONS

**LGBTQ YOUTH**  
*suicide prevention*  
**SUMMIT 2012**

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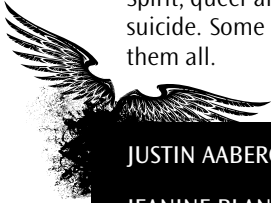
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## DEDICATION

This report is dedicated to the uncountable lesbian, gay, bisexual, trans, Two Spirit, queer and questioning youth across North America whom we have lost to suicide. Some are known, too many were silenced. We remember and honour them all.



JUSTIN AABERG	13 YEARS OLD
JEANINE BLANCHETTE	21 YEARS OLD
ASHER BROWN	13 YEARS OLD
RAYMOND CHASE	19 YEARS OLD
TYLER CLEMENTI	18 YEARS OLD
CHANTAL DUBE	17 YEARS OLD
JAMIE HUBLEY	15 YEARS OLD
ROBBIE KIRKLAND	14 YEARS OLD
BILLY LUCAS	15 YEARS OLD
CARL WALKER-HOOVER	11 YEARS OLD
SETH WALSH	13 YEARS OLD
SHAQUILLE WISDON	13 YEARS OLD

## ACKNOWLEDGEMENTS

Our sincere thanks to Ryerson University for hosting the 2012 LGBTQ Youth Suicide Prevention Summit, and to TD Bank Group for their financial sponsorship and unwavering support. The Summit and the production of these recommendations could not have been possible without the participation and tireless dedication of those who attended, including our attentive facilitators from Navigator Ltd. We offer you our deepest gratitude for your contributions, and for the meaningful changes in the lives of LGBTQ youth to which you have opened the door.

## INTRODUCTION

Every year, an average of five hundred Canadian youth take their own life (Statistics Canada, 2008).<sup>1</sup> What is unknown, however, is how many of these youth identify as lesbian, gay, bisexual, trans, Two Spirit or queer, or are struggling with questions about their sexual orientation or gender identity (LGBTQ).<sup>2</sup> What is apparent today is that LGBTQ youth experience a high degree of vulnerability to suicidal ideation and behaviour, both in Canada and the United States, particularly in comparison to their non-LGBTQ peers: approximately half of LGBT youth have thought about suicide, and they are over four times more likely to attempt suicide than their non-LGBT peers (cf. Eisenberg and Resnick 2006; Scanlon et al. 2010; *Massachusetts Youth Risk Behavior Survey* 2009). Nonetheless, LGBTQ youth are routinely and systemically ignored in research, education, and health and social service programming related to suicide prevention. This reality precipitates an urgent need for action and partnerships among researchers, educators, service providers, practitioners, LGBTQ community and youth agencies, policy makers and decision makers.

In response to this need, over fifty experts from across Canada and the United States gathered in Toronto on 30-31 May 2012, for the first ever Lesbian, Gay, Bisexual, Trans, Two Spirit, Queer and Questioning Youth Suicide Prevention Summit in Canada. The event was co-hosted by Ryerson University and Egale Canada Human Rights Trust, Canada's national LGBT human rights charity, and sponsored by TD Bank Group. Participants included leading academics and researchers, educators, social service providers, medical professionals, coroners and medical examiners, LGBTQ and Aboriginal community leaders, and public policy developers.

The Summit culminated in the drafting of twenty recommendations for the prevention of suicide among LGBTQ youth in Canada, including considerations for acute intervention and postvention care.

These recommendations are by no means exhaustive; rather, they represent some of the most acute and salient needs identified by the Summit's expert participants. By implementing these recommendations, significant changes could be made toward saving the lives of countless youth. However, participants recognized that there is no panacea that will end the tragic reality of LGBTQ youth suicide. No single recommendation, implemented in isolation, can be comprehensively effective: holistic change is critically needed, both structurally and individually. These recommendations, taken both individually and collectively, will begin to move us forward in the fight to end homophobia, biphobia and transphobia enabling more youth to achieve their full potential, unencumbered by hatred and bias.

<sup>1</sup> For the purposes of this paper, and for the LGBTQ Youth Suicide Prevention Summit, "youth" refers to those under the age of 25.

<sup>2</sup> In this paper, the acronym LGBTQ references all people with diverse sexual orientations and/or gender identities, including those who identify as lesbian, gay, bisexual, trans, Two Spirit, queer or questioning.

## GUIDING PRINCIPLE

Increasingly, studies confirm that suicidal ideation and behaviour are disproportionately prevalent among LGBTQ youth in comparison to their non-LGBTQ peers. There is sufficient data to demonstrate this trend among LGB youth; however, comparatively few research studies have focused on the minorities within this minority group, such as trans, Two Spirit, questioning or racialized youth (Haas et al. 2010). Summit participants were clear in their view that the experiences and needs of trans and Two Spirit youth in particular are in many ways unique and different from those of lesbian, gay and bisexual youth. In response, initiatives and programs aimed at reducing and responding to suicidal ideation and behaviour must be tailored to the particularities of each demographic. Just as a “one size fits all” approach to suicide prevention among youth in general will not be successful in addressing the needs of the LGBTQ population, a generic approach to the LGBTQ community will not successfully address the needs of all people represented by that acronym.

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**RECOMMENDATION 1**

In all activities and initiatives relating to LGBTQ youth suicide prevention, recognize and address the full diversity of experiences of LGBTQ youth relating both to location and to the intersectional nature of identity and discrimination, particularly in relation to those who identify as trans or Two Spirit.

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location, language, culture, faith, socio-economic status, gender identity and expression, sexual orientation, race/ethnicity and ability. Similarly, more comprehensive, disaggregated research is essential in order to adequately begin to understand the unique, intersectional experiences of all LGBTQ people.

This recommendation must play out in all aspects of suicide prevention, intervention and postvention care, and must be diligently applied to each of the subsequent recommendations. Suicide is a multi-factorial issue and therefore requires multi-strategy solutions. Resources and toolkits will be most useful when tailored to the unique experiences of each demographic within the broader LGBTQ community and approached from an intersectional perspective, accounting for

## SCHOOLS, EDUCATION AND TRAINING

Emerging research increasingly suggests that, for LGBTQ youth, suicidal ideation and behaviour originate primarily because of external, environmental factors (i.e. homophobia and biphobia / heteronormativity; transphobia / cisnormativity), which may in turn cause mental health concerns (e.g. anxiety, depression, Post Traumatic Stress Disorder), increasing one’s risk for suicide. As such, Summit participants stressed that the most impactful way to prevent suicide among LGBTQ youth is generally to improve the environmental conditions in which those youth live and interact with other members of their communities. Any approach to LGBTQ youth suicide prevention that exclusively or primarily focuses on mental health promotion will never be successful in eliminating the root problem—a strategy centred on mental health would constitute an intervention strategy and not a prevention strategy.

The education system encompasses many of the primary locations that must be addressed, with a specific focus on LGBTQ safety and inclusivity. These locations include everything from the school bus to the classroom to extracurricular activities. However, as a critical source of both risk and protection for LGBTQ youth (Nichols 1999; Taylor et al. 2011), educational facilities represent a significant challenge to suicide prevention initiatives. According to Egale’s seminal report, *Every Class in Every School: Final Report on the First National Climate Survey on Homophobia, Biphobia and Transphobia in Canadian Schools* (Taylor et al. 2011), LGBTQ youth face greater prejudice and victimization in their schools and a correspondingly lower level of school connectedness than their non-LGBTQ peers:

- 68% of trans students, 55% of LB students and 42% of GB students reported being verbally harassed about their perceived gender identity or sexual orientation.
- 20% of LGBTQ students reported being physically harassed or assaulted about their perceived gender identity or sexual orientation.
- 49% of trans students, 33% of lesbian students and 40% of gay male students have experienced sexual harassment in school in the last year.
- 64% of LGBTQ students feel unsafe in their schools (compared to 15% of non-LGBTQ students).
- 30% of trans students and 20% of LGB students strongly agreed that they sometimes “feel very depressed” about their school (compared to 6% of non-LGBTQ students).

Stigma and discrimination—as forms of victimization—are demonstrably correlated to suicidal ideation and behaviour among LGBTQ youth to a degree that is not true of their non-LGBTQ peers (cf. Haas et al. 2010). The environment in which LGBTQ youth live and study has a significant impact on their risks for suicidal ideation and behaviour. Unlike many other vulnerable youth, suicide risk among LGBTQ youth is impacted far more

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**RECOMMENDATION 2**  
Implement LGBTQ-specific policies on safety, inclusivity, anti-discrimination and anti-bullying at all Ministries of Education, school boards, schools, colleges and universities across Canada.  
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by—and initiated more often by—environmental conditions rather than individual mental health concerns. For example, the relationship between bullying and suicide is stronger for lesbian, gay and bisexual youth than for their heterosexual peers (Kim and Leventhal 2008). Very often, bullying can have a long-lasting effect on suicide risk as well as mental health.

Participants agreed that generic anti-bullying and safe schools policies are not sufficient to support LGBTQ youth in schools. *Every Class in Every School* revealed that in schools or school boards with LGBTQ-specific policies, LGBTQ youth, and youth with LGBTQ parents, are more likely to feel respected, to have an adult they trust to speak to about LGBTQ issues, and to feel safe in their school. They are less likely to be subjected to homophobic/transphobic verbal abuse or physical attacks, and their teachers are more likely to intervene when such incidents do occur. In order to improve the environments in which many LGBTQ youth spend the majority of their time, explicit policies to promote their safety and inclusion are critical.

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**RECOMMENDATION 3**

Support LGBTQ-inclusive policies through effective pre-service training in LGBTQ cultural competency, suicide risk and suicide intervention for everyone who works within the education system, from elementary through post-secondary.

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everyone who is involved in the education system at all levels, including administrative and support staff, guidance counsellors, curriculum specialists, teachers, principals, vice-principals, school board employees, Ministry of Education staff, social workers, school resource officers, school communities and volunteers: anyone who may come in contact with youth. Yet educators and education service providers do not currently receive substantive pre-service training in the areas of LGBTQ cultural competency or suicide prevention. This reality stands as a significant barrier to suicide prevention, intervention and postvention care.

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**RECOMMENDATION 4**

Provide LGBTQ youth with access to competent, effective, non-reparative medical care—with a focus on trans youth—through increased pre-clinical and clinical training on LGBTQ-related topics in all medical schools.

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Trans youth face an alarming degree of discrimination and harassment in today's climate, contributing to their status as one of the most vulnerable groups in Canada in terms of suicidal ideation and behaviour. Egale's national study of homophobia, biphobia and transphobia in

Policies in themselves are of limited value without the capacity and competency to implement them. Effective suicide prevention and intervention requires that those who interact most with youth—e.g. teachers—understand what it means to be LGBTQ, which risk factors for suicide are prevalent among these youth, and how to recognize and respond when such factors have been identified. This is the responsibility of

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Canadian schools, *Every Class in Every School*, starkly demonstrates this disturbing reality:

- 78% of trans students feel unsafe at school, with 44% having missed school because of these feelings;
- 74% of trans students have been verbally harassed because of their gender expression;
- 49% of trans students have been sexually harassed in school within the past year; and
- 37% of trans students have been physically harassed or assaulted because of their gender expression.

The relationship between the kind of victimization noted above and the risk for suicidal ideation and behaviour among trans youth is extensive. The impact of bullying disproportionately affects sexual and gender minority youth (Kim and Leventhal 2008); that is, stigma and discrimination—as forms of victimization—are demonstrably correlated to suicidal ideation and behaviour among LGBTQ youth to a degree that is not true of their non-LGBTQ peers. In fact, a study released in 2010 by Trans PULSE revealed that, in the preceding year alone, 47% of trans youth in Ontario had thought about suicide and 19% had attempted suicide (Scanlon et al. 2010).

For many trans youth, the most effective protective factors against suicide lie in access to competent, effective and non-reparative medical care, so that they may safely transition, both physically and socially. Safe transition both improves mental health and decreases the likelihood of victimization or suicidal behaviour. While there were almost no attempted suicides in the past year among Trans PULSE survey participants who had completed a medical transition (involving hormones and/or surgery), those who wanted to medically transition but had not yet done so were at extraordinarily high risk. Among those who were planning to medically transition, but had not begun, 26.6% had attempted suicide within the past year. For those who had begun their process of transitioning, suicide attempts dropped to 17.7%, and for those who had completed transition, the numbers dropped further to 1.1% (Bauer et al. 2012, 31). This current Canadian data, backed by numerous international studies (cf. Pfäfflin and Junge 1998), clearly shows that hormones and sex reassignment surgery are life-saving therapies. As such, access to competent and effective health care—both medical and psychiatric—is critical to the safety, well-being and longevity of trans people in Canada.

With the above in mind, it is alarming that a 2011 study from Stanford University reported that Canadian medical schools offer a median of 4 hours of combined pre-clinical and clinical instruction on LGBT-related topics (e.g. sexual orientation, gender identity, LGBTQ youth, coming out, mental health issues, transitioning, substance use, etc.), with sex reassignment surgery and other aspects of transitioning receiving the least amount of instruction (Obedin-Maliver 2011, 973). As a result, most medical professionals are inadequately equipped to provide care to trans patients, whether that care involves emotional/psychiatric support, hormone replacement therapy or hormone blockers, or physical transition. In fact, outside of Montreal, Toronto and Vancouver, access to trans-specific medical care is extremely limited. This is a concern that negatively affects all trans people in Canada, but it is particularly harmful to those from rural areas or lower socio-economic backgrounds, who do not have the means of accessing services in these larger cities.

Summit participants agreed on three key measures necessary for addressing physical and emotional safety for transitioning youth in schools:

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**RECOMMENDATION 5**

Recommendation Provide access to safe social transitioning for trans youth in schools.  
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**1. Explicit school and school board policies that address gender identity and expression:**

In schools or school boards with LGBTQ-specific policies, LGBTQ youth, and youth with LGBTQ parents, are more likely to feel respected, to have an adult they trust to speak to about LGBTQ issues, and to feel safe in their school. They are less likely to be subjected to homophobic/transphobic verbal abuse or physical attacks, and their teachers are more likely to intervene when such incidents do occur (Taylor et al. 2011). In order to improve the environments in which many trans youth spend the majority of their time, explicit policies to promote their safety and inclusion are critical.

**2. Pre-service training on trans cultural competency for everyone who works within the education system:**

Canadian society—and the Canadian education system—has made some progress in addressing issues specific to sexual orientation; however, knowledge and understanding of issues pertaining to gender identity and expression have lagged far behind. Summit attendees consistently remarked that it is not enough to speak of “the LGBTQ community” as a single entity; rather, the specific experiences and needs of each community represented by that acronym must be addressed directly and explicitly. Trans youth in particular have needs that are in many ways significantly different from their LGB peers. Everyone who is involved in the education system at all levels—including administrative and support staff, guidance counsellors, curriculum specialists, teachers, principals, vice-principals, school board employees, Ministry of Education staff, social workers, school resource officers, school communities and volunteers: anyone who may come in contact with youth—must receive specific training on trans cultural competency if we are to be successful in preventing suicide among trans youth.

**3. Access to gender neutral washrooms and change rooms:**

The two school areas most commonly identified as unsafe for LGBTQ students are those that are both unsupervised and invariably sex-segregated: change rooms and washrooms. These spaces in particular are considered unsafe by over half of trans students (51.6%), while 78% of trans students in general report feeling unsafe at school overall (Taylor et al. 2011). Yet trans youth are often forbidden by school administration to access washrooms and change rooms that accord with their gender identity and expression. Instead, they are instructed to access spaces that are designated for their birth assigned sex—spaces where they are at significant risk of violence and harassment. Alternatively, some trans youth

are instructed to use single-occupancy staff washrooms—which usually require a student to obtain a key prior to every use. This effectively alienates trans youth even more, and further singles them out as targets for bullying and harassment. Easily accessible, gender neutral spaces can mitigate these concerns in a manner that does not alienate or increase the risk of victimization to trans youth because they are available to anyone and do not single anyone out.

Among lesbian, gay, and bisexual youth, the risk of attempting suicide is 20% greater in unsupportive environments compared to supportive environments (Hatzenbuehler 2011). In response to this reality, attendees of the Summit repeatedly highlighted two directives that would significantly impact the safety and inclusion of LGBTQ youth in schools:

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**RECOMMENDATION 6**  
Create safe and positive spaces for LGBTQ youth within all schools.  
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**1. Establish and support gay-straight alliances, or similar groups, developed and named by students:**

Participants heard during one panel discussion that at lower levels of school victimization, gay-straight alliance (GSA) presence and participation actually decrease lifetime risks for suicide attempts among LGBTQ youth (Toomey et al. 2011). In addition, non-LGBTQ youth were also seen to benefit greatly from GSAs and other safe-space initiatives. Similarly, Egale’s study found that LGBTQ youth at schools with GSAs are more likely to agree that their schools are supportive of LGBTQ people, to feel like their school community is becoming less homophobic, and to feel safe being open about their sexual orientation or gender identity at school (Taylor et al. 2011). Gay-straight alliances are undoubtedly a critical component within an holistic approach to LGBTQ safety, inclusivity and overall well-being.

**2. Provide access to gender neutral washrooms and change rooms:**

The two school areas most commonly identified as unsafe for LGBTQ students are change rooms and washrooms. These spaces represent risk to LGBTQ students for two key reasons: they are both invariably unsupervised and sex-segregated. Sex-segregation fosters a context in which gender variance becomes hyper-salient and thus youth with diverse gender identities and expressions quickly become targets for aggression and victimization. The fact that these spaces are also typically unsupervised allows such targeting to escalate unchallenged beyond the already high level of risk faced by LGBTQ youth within Canadian school communities (64% of LGBTQ students report feeling unsafe at school, compared to 15% of non-LGBTQ students) (Taylor et al. 2011). As such, it is essential that Canadian schools begin to rethink the physical structure and layout of their facilities in order to provide spaces that ensure the safety of LGBTQ students without further isolating them. One key example of this is gender neutral washrooms and change rooms.

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**RECOMMENDATION 7**

Develop and implement LGBTQ-inclusive curricula in all subjects at all grade levels, with the support of local and national LGBTQ community groups and service providers, such as Egale Canada Human Rights Trust.

Suicide *prevention* for LGBTQ youth requires safe spaces in which LGBTQ youth see themselves included, reflected and supported in the curricula. LGBTQ students who report that LGBTQ matters are addressed in one or more of their courses are more likely to feel connected to their school community, to feel like they can be themselves at school, to feel respected and to report having at least one adult at school with whom they can safely speak about LGBTQ issues (Taylor et al. 2011).

Suicide *intervention* and *postvention* care require that those who interact most with youth—e.g. teachers—understand what it means to be LGBTQ, which risk factors for suicide are prevalent among these youth, and how to recognize and respond when such factors have been identified. For trans

youth, having access to medical professionals who have been trained in trans issues is critical for both mental and physical health. All aspects of suicide prevention, intervention and postvention care for LGBTQ youth begin with LGBTQ-inclusive and specific curricula at all levels of education, from primary through post-secondary.

As noted in Recommendation #1, in all such curricula, training and skills development, the full breadth of diversity present within the LGBTQ community must be integrated, with a particular focus on Two Spirit and trans people, as well as location, language, culture, faith, socio-economic status, gender identity and expression, sexual orientation, race/ethnicity and ability.

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**RECOMMENDATION 8**

Implement LGBTQ-specific suicide prevention public awareness campaigns among school communities, with a particular focus on reaching parents and peers.

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Families have the potential to provide significant protection against suicidal ideation and behaviour, as well as to intervene when LGBTQ youth are at risk of self-harm (Eisenberg and Resnick 2006). However, families are very difficult to reach, both in terms of promoting LGBTQ acceptance and cultural competency, and developing the skills necessary to recognize suicide risk factors and intervene effectively. As a result, families are not always the source of support that they could be. In fact, there is mounting evidence to suggest that family—and specifically parental—rejection of a youth’s LGBTQ identity is related to suicide attempts (D’Augelli, Hershberger, and Pilkington 2001; Ryan et al. 2009). Given this reality, and the fact that the education system is one of the few institutions that are capable of directly reaching and educating parents and families, much more must be done through schools to raise awareness within broader communities about LGBTQ suicide.

## PUBLIC AWARENESS, COMMUNITY INVOLVEMENT AND ACCOUNTABILITY

“Nothing about us, without us,” was a common refrain throughout the Summit. Clearly, a diversity of youth voices must be prominent throughout all LGBTQ youth suicide prevention initiatives in order to ensure that they adequately and appropriately meet the needs of those most at risk. One key recommendation for achieving this was the establishment of a national LGBTQ youth cabinet, with diverse demographic representation, that could provide direction and insight to future and ongoing suicide prevention initiatives.

### RECOMMENDATION 9

Integrate and prioritize a youth voice in all activities relating to LGBTQ youth suicide prevention, in particular, by establishing a national LGBTQ youth cabinet with regional representation.

### RECOMMENDATION 10

Convene a task force consisting of Canada’s First Nations and Aboriginal peoples to both honour and learn from them.

Given the particular social, cultural, religious and historic experiences of First Nations and Aboriginal peoples, a number of Summit participants recommended that a unique task force be established to examine suicide risk in the context of Two Spirit identity.

Many Two Spirit people experience racism within LGBTQ communities as well as homophobia/biphobia/transphobia within their cultural communities, resulting in feelings of isolation and, all too often, suicidal ideation and behaviour, that can be significantly compounded in very distinctive ways. As such, approaches to suicide prevention among Two Spirit youth require a culturally competent and intersectional perspective that honours and respects First Nations and Aboriginal traditions.

### RECOMMENDATION 11

Integrate LGBTQ cultural competency and suicide prevention best practices into services and support systems for which government bodies are responsible.

While most youth can be reached at least in part through Canada’s education system, this is not universally true. In fact, 20% of the homeless youth in Calgary (Worthington et al. 2008) and 28% of those in New York City (Freeman and Hamilton 2008) identify as LGB, while 23% of the homeless youth in Toronto identify as LGBT (Gaetz, O’Grady, and Buccieri 2010)—a significant overrepresentation. Various studies on homelessness among LGBT youth have demonstrated that street-involvement often leads to elevated risk factors for suicidal behaviour, such as depression, Post Traumatic Stress Disorder, sexual victimization and substance abuse, in comparison to their non-LGBT peers (Whitbeck et al. 2004). These are generally not youth who will benefit from support provided through the education system. As such, while schools may be the most accessible mechanism for service providers, it was repeatedly noted during the

Summit that they cannot constitute the sole focus of suicide prevention initiatives for LGBTQ youth. All government services—whether federal, provincial/territorial, municipal or Aboriginal jurisdiction—must actively participate in supporting LGBTQ youth and fostering safety and inclusivity based on sexual orientation and gender identity (e.g. youth criminal justice, mental health and addictions, child welfare, foster care, etc.).

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**RECOMMENDATION 12**

All provincial and territorial governments appoint and resource a Chief Suicide Prevention Officer.

Many Summit participants felt that current and past suicide prevention initiatives have often been hindered by a significant lack of resources and the absence of clear, centralized accountability. Unfortunately, particularly within the LGBTQ community, responsibility for suicide prevention has generally fallen to local communities and non-profit organizations, which often lack the capacity to ensure sustainability. Because of this perennial problem, participants expressed general support for

the proposition that provinces and territories appoint and adequately resource a Chief Suicide Prevention Officer. This Officer—whose mandate would explicitly include LGBTQ youth and other marginalized groups— would work both locally and nationally to develop, identify and support best practices in suicide prevention with comprehensive follow-up and evaluation.

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**RECOMMENDATION 13**

Launch a long-term LGBTQ youth suicide prevention public awareness campaign that involves LGBTQ, heterosexual and cisgender people.

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The enduring societal imbrication of stigma toward suicide, mental health, and diverse sexual orientations, gender identities and gender expressions stands as an implacable barrier to eliminating the conditions that elevate suicide risk among LGBTQ youth in Canada. Overcoming this obstacle is not a short-term challenge; rather, it must be approached consistently and broadly over time. It must be based on partnerships that include both LGBTQ people and their allies from a wide range of communities, with a view to long-term cultural change. Suicide prevention is never a single action at a single point in time—meaningful change must come through sustained actions aimed at fundamentally altering the conditions that enable and perpetuate homophobia, biphobia and transphobia, heterosexism and cissexism, throughout Canadian society.

# RESEARCH

Summit participants routinely noted that the general lack of data relating to the LGBTQ community stands as a critical barrier to suicide prevention. In particular, the lack of demographic data is troubling in the context of participants' repeated assertions that an intersectional approach to LGBTQ youth suicide prevention is essential. Without sound information on how intersecting identities and experiences impact suicidal ideation and behaviour among LGBTQ youth, it is extremely difficult to tailor prevention programs to the variety of needs across communities. As one participant noted, we don't have complete answers for the simplest of questions: "Who are we? Where are we? What do we need? What works?"

A number of participants stressed the specific need for research into substance use/abuse among LGBTQ youth and its impact on youth and families implicated by suicidal ideation and behaviour. In particular, why is substance use/abuse an issue among LGBTQ youth and how might it affect suicide prevention, intervention and postvention initiatives?

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**RECOMMENDATION 14**

Increase research efforts to collect demographic data on the full diversity of the LGBTQ community (location, language, culture, faith, socio-economic status, gender identity and expression, sexual orientation, race/ethnicity, ability, mental health, substance use/abuse, etc.) and the implications for suicidal ideation and behaviour, and suicide prevention, intervention and postvention care.

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**RECOMMENDATION 15**

Develop a partnership between LGBTQ communities (through Egale Canada Human Rights Trust) and the Chief Coroners and Chief Medical Examiners of Canada.

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While it is evident that LGBTQ youth face a higher risk for suicidal ideation and behaviour than their non-LGBTQ peers, there is very little data on actual attempted and completed suicide rates among LGBTQ youth. As a result, an empirically-based model of suicide causation among LGBTQ youth has not been developed, and very little information exists at all regarding suicidality among trans and Two Spirit youth, or the general experiences, realities and challenges of trans and Two Spirit people more broadly. Further, existing research on LGBTQ youth suicidality has not yet reached the level of providing broad-based, representative, intersectional analyses of suicidality among LGBTQ youth who also experience oppression, discrimination and harassment based on other aspects of their identities (e.g. race/ethnicity, ability, faith, class, etc.). The absence of such data inhibits not only the ability of service providers to develop evidence-based prevention and intervention initiatives, but also the ability of community agencies to acquire funding for such initiatives.

In part, the absence of data is due to the fact that very few coroners or medical examiners specifically look for indicators of sexual orientation or gender identity when conducting a suicide death investigation. As such, Summit participants recommended that a partnership be developed between the Chief Coroners and Chief Medical Examiners of Canada and LGBTQ communities through Egale Canada Human Rights Trust. This partnership would ideally be predicated on three overarching goals:

- 1) Building awareness among coroners and medical examiners of the known conditions and trends relating to LGBTQ youth suicide in order to impress upon them the need to include questions of sexual orientation and gender identity within their death investigations;
- 2) Collect data by identifying instances where sexual orientation and/or gender identity are implicated in suicide deaths, thereby increasing our understanding of the relationships between sexual orientation, gender identity and suicide risk among LGBTQ youth; and
- 3) Preventing LGBTQ youth suicide by using data from death reviews to develop and support evidence-based suicide prevention, intervention and postvention initiatives.

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## RECOMMENDATION 16

Resource and implement rigorous evaluation mechanisms and environmental scans to identify and measure the effectiveness of all existing and future LGBTQ-inclusive policies and youth suicide prevention initiatives.

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The absence of knowledge regarding best practices was consistently identified by Summit participants as a major hindrance to suicide prevention. Those initiatives that do exist have generally not been routinely and systematically evaluated for effectiveness, nor have they been shared externally. As such, much of the work that is currently being done to prevent suicide among LGBTQ youth is practice-based, rather than evidence-based, and does not capitalize on the full body of experience and knowledge.

As the education system is perhaps the most common and accessible venue for youth suicide prevention initiatives, it is particularly critical that all such activities undertaken within the purview of provincial Ministries of Education be evaluated with the results made available to all relevant stakeholders. This will provide schools, school boards, Ministries of Education and LGBTQ community groups and service providers with much-needed information on best practices and how to improve services and school climate.

Participants also saw value in exploring the possibility of establishing a central Canadian clearing house that would collect and disseminate best practices learned from such evaluations and environmental scans.



## RESOURCE DEVELOPMENT

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### RECOMMENDATION 17

Create and promote resources for existing LGBTQ youth service providers to increase their knowledge of and ability to serve trans and Two Spirit people.

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While there is a need to build awareness within broad-based institutions regarding the challenges faced by LGBTQ youth, there is also a need to build awareness within LGBTQ-specific institutions regarding the challenges faced by trans and Two Spirit youth. An increasing number of community agencies and social services exist to support LGB youth; however, many of these for lack the capacity to provide appropriate supports to trans and Two Spirit people. Resources are needed to assist these organizations in enhancing their knowledge and cultural competency relating to trans and Two Spirit communities and developing their services to address the unique needs, experiences and challenges of trans and Two Spirit youth.

### RECOMMENDATION 18

Develop and disseminate an LGBTQ youth suicide prevention toolkit, based on best practices, to all organizations that interact with or provide services to LGBTQ youth, their friends and/or their families.

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A comprehensive toolkit for LGBTQ youth suicide prevention does not currently exist in Canada. Though many individuals and groups from a variety of sectors are eager to involve themselves in suicide prevention for LGBTQ youth, most do not know how to do this or where to find resources. Thus, Summit participants advocated for the development of a toolkit that would include, in addition to resources, procedures for evaluating existing programs or initiatives as well as for implementing or incorporating best practices for addressing self-injurious or suicidal behaviour among LGBTQ youth.

Many Summit participants felt that Canada faces a critical lack of capacity to respond to the acute suicide intervention needs among youth generally, and that this lack of capacity has a disproportionate impact

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**RECOMMENDATION 19**

Resource and promote new and existing acute suicide intervention programs with a specific and explicit competency relating to LGBTQ youth.  
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on LGBTQ youth. Given the degree of homophobia, biphobia and transphobia faced by many LGBTQ youth within their communities—and the likelihood that LGBTQ youth who are struggling with suicidal ideation and behaviour have faced such discrimination—LGBTQ youth are often disinclined to access generic services for fear of encountering a lack of empathy and understanding or of secondary victimization. As such, Summit participants highlighted the need for suicide intervention initiatives that explicitly and specifically address sexual orientation and gender identity. Further, these programs must be properly resourced and must reach all youth—not just those of higher socio-economic status (e.g. phone and text messaging based helplines, web and social media based services, block watch programs, street outreach, etc.).

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**RECOMMENDATION 20**

Develop and resource “care for the caregiver” programs and services for those who provide care to youth struggling with suicidal ideation and behaviour.  
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As one Summit participant said, “It’s never ‘just your job.’” Engaging in suicide prevention, intervention and postvention care can have a significant impact on the caregiver. Unfortunately, this impact is often unseen and unaddressed. Support systems are needed to ensure the well-being of caregivers and to assist with self-care.

## CONCLUSIONS

Much of what was discussed during the two-day Summit cannot be relayed in detail within this report. Many critical questions were posed but left unanswered; many seeds of ideas were planted for future cultivation. This report highlights only some of the more pressing and actionable recommendations proposed during working group sessions and refined during a closing plenary. Many of the twenty recommendations outlined here will require significant development and resources in order to implement; however, Summit participants were adamant that we cannot wait for more research, more evidence, more evaluation and more awareness before we act, important as these factors may be. Action is needed now and these recommendations comprise an initial plan for both immediate and long-term change toward ending the tragic loss of so many precious lives.

## SUMMARY OF RECOMMENDATIONS

1. In all activities and initiatives relating to LGBTQ youth suicide prevention, recognize and address the full diversity of experiences of LGBTQ youth relating both to location and to the intersectional nature of identity and discrimination, particularly in relation to those who identify as trans or Two Spirit.
2. Implement LGBTQ-specific policies on safety, inclusivity, anti-discrimination and anti-bullying at all Ministries of Education, school boards, schools, colleges and universities across Canada.
3. Support LGBTQ-inclusive policies through effective pre-service training in LGBTQ cultural competency, suicide risk and suicide intervention for everyone who works within the education system, from elementary through post-secondary.
4. Provide LGBTQ youth with access to competent, effective, non-reparative medical care—with a focus on trans youth—through increased pre-clinical and clinical training on LGBTQ-related topics in all medical schools (e.g. sexual orientation, gender identity, LGBTQ youth, coming out, mental health issues, transitioning, substance use, etc.).
5. Provide access to safe social transitioning for trans youth in schools, particularly through:
  - a. Explicit school and school board policies that address gender identity and expression;
  - b. Pre-service training on trans cultural competency for everyone who works within the education system; and
  - c. Access to gender neutral washrooms and change rooms.
6. Create safe and positive spaces for LGBTQ youth within all schools, particularly by:
  - a. Establishing and supporting gay-straight alliances, or similar groups, developed and named by students; and
  - b. Providing access to gender neutral washrooms and change rooms.
7. Develop and implement LGBTQ-inclusive curricula in all subjects at all grade levels, with the support of local and national LGBTQ community groups and service providers, such as Egale Canada Human Rights Trust.
8. Implement LGBTQ-specific suicide prevention public awareness campaigns among school communities, with a particular focus on reaching parents and peers.
9. Integrate and prioritize a youth voice in all activities relating to LGBTQ youth suicide prevention, in particular, by establishing a national LGBTQ youth cabinet with regional representation.
10. Convene a task force consisting of Canada's First Nations and Aboriginal peoples to both honour and learn from them.

11. Integrate LGBTQ cultural competency and suicide prevention best practices into services and support systems for which Federal/Provincial/Territorial government are responsible (e.g. youth criminal justice, mental health and addictions, child welfare, foster care, etc.).
12. All provincial and territorial governments appoint and resource a Chief Suicide Prevention Officer.
13. Launch a long-term LGBTQ youth suicide prevention public awareness campaign that involves LGBTQ, heterosexual and cisgender people.
14. Increase research efforts to collect demographic data on the full diversity of the LGBTQ community (location, language, culture, faith, socio-economic status, gender identity and expression, sexual orientation, race/ethnicity, ability, mental health, substance use/abuse, etc.) and the implications for suicidal ideation and behaviour, and suicide prevention, intervention and postvention care.
15. Develop a partnership between LGBTQ communities (through Egale Canada Human Rights Trust) and the Chief Coroners and Chief Medical Examiners of Canada, in order to:
  - a. Promote awareness among coroners and medical examiners of the conditions and trends relating to LGBTQ youth suicide;
  - b. Increase data collection, identifying and understanding instances where sexual orientation and/or gender identity are implicated in suicide deaths; and
  - c. Use data from death investigations to develop and support recommendations for preventing LGBTQ youth suicide.
16. Resource and implement rigorous evaluation mechanisms and environmental scans to identify and measure the effectiveness of all existing and future LGBTQ-inclusive policies and youth suicide prevention initiatives.
17. Create and promote resources for existing LGBTQ youth service providers to increase their knowledge of and ability to serve trans and Two Spirit people.
18. Develop and disseminate an LGBTQ youth suicide prevention toolkit, based on best practices, to all organizations that interact with or provide services to LGBTQ youth, their friends and/or their families.
19. Resource and promote new and existing acute suicide intervention programs with a specific and explicit competency relating to LGBTQ youth.
20. Develop and resource “care for the caregiver” programs and services for those who provide care to youth struggling with suicidal ideation and behaviour.

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