LGBTQ Youth Suicide

Coroner/Medical Examiner Investigative Protocol

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Introduction

Every year, on average, 500 Canadian youth (ages 10 – 24) die by suicide (Statistics Canada). It is unknown, however, how many of these youth identify as lesbian, gay, bisexual, trans, Two Spirit or queer (LGBTQ), or may be struggling with questions about their sexual orientation or gender identity. Research confirms that suicidal ideation and behaviour are higher among LGBTQ youth and that they are at a greater risk of harm than heterosexual and cisgender youth (Eisenberg and Resnick 2006). There are solid and consistent population-based longitudinal data around the world to confirm the existence of this disparity. For example, a review of the population-based BC Adolescent Health Survey found that 33% of LGB youth had attempted suicide in comparison to 7% of youth in general (Saewyc 2007). There are far fewer data regarding suicide and suicide-related behaviour (SRB) among trans youth, and none that are population-based; however, a 2010 study by Trans PULSE—the first of its kind in Canada—revealed that in the preceding year alone, 47% of trans youth surveyed in Ontario had thought about suicide and 19% had attempted suicide (Scanlon et al. 2010). Much research is still needed to adequately explain the reasons for these disparities and to confidently draw causal links.

There are no reliable data to determine whether LGBTQ youth actually die by suicide more frequently than their non-LGBTQ peers. Sexual orientation and gender identity are not included on death certificates so aggregated data do not include this information. This has led Ann Haas and her colleagues to write, in an extensive review of existing research and knowledge regarding LGBT youth suicide, that "Among the most pressing questions for future research is whether LGBT people are overrepresented among suicide deaths, and if so, why… routine collection of sexual orientation and gender identity data as part of the death record are needed to identify rates of completed suicide and related risk factors in different LGBT age, gender, and racial and ethnic groups" (Haas et al. 2010, 28).

Research plays a critical role in empirically validating and informing the initiatives and observations of agencies and service providers. These efforts are currently gaining momentum and traction among governments and decision makers, due in no small part to emerging academic research on the effectiveness of tools to mitigate risk factors and increase protective factors against LGBTQ youth suicide. There are, however, still many areas in which research is lacking.

Given their unique role, Coroners and Medical Examiners are important contributors of data in relation to a wide variety of issues. For the most part, coroners and medical examiners do not routinely record or consider sexual orientation or gender identity when investigating a potential suicide, which limits the accurate collection of information on the nature and scope of this issue and subsequently, the development of preventive measures. The problem is compounded by the fact that many LGBTQ youth may not disclose this information to family members and friends and as a result, sexual orientation and gender identity often are not identified as potential contributing factors.

The suicidal death of any person is tragic and most coroner/medical examiner jurisdictions have protocols in place to effectively investigate such deaths. Some death investigators would argue that it is not necessary to establish ***WHY*** any individual chose to take their life. However, we would suggest that the death of any young person is particularly tragic and as a result, warrants specialized attention including those deaths for which gender identity or sexual orientation may be relevant factors. It is important that all youth suicide protocols include specific measures to consider the potential that

identity and expression may or may not have been implicated. Beyond determining the cause and manner of death, our goal should be, as much as possible, to understand who the child was in life and to learn about the factors that may have contributed to their death.

At the 2012 annual meeting held in Quebec City, *The Conference of Chief Coroners and Chief Medical Examiners of Canada* acknowledged the importance of this issue and agreed to work with *Egale Canada Human Rights Trust (ECHRT)* to develop a common strategy to identify and document youth suicides that may be related to sexual orientation and/or gender identity.

Key Questions

The development of this protocol is driven by a number of central questions which left unanswered; inhibit the development of evidence-based suicide prevention initiatives for LGBTQ youth:

- Is there a disparity in rates of completed suicide between LGBTQ and non-LGBTQ youth?
- What are the primary reasons for the disparity in rates of suicidal ideation, attempts and, if relevant, completion between LGBTQ and non-LGBTQ youth?
- Can any causal relationships be established between risk factors or lack of protective factors and suicidal ideation, attempts and completion among LGBTQ youth?
- Which risk factors have the greatest impact on LGBTQ youth suicide?
- Which protective factors have the greatest mitigating impact on LGBTQ youth suicide?
- What is the relative impact of risk factors in comparison to protective factors in relation to LGBTQ youth suicide? Would it be more effective to reduce risk factors or increase protective factors?

By implementing this protocol across all coroner/medical examiner jurisdictions in Canada, it is anticipated that the new data collected will assist in addressing these questions.

PROTOCOL

INVESTIGATION OF POTENTIAL LGBTQ YOUTH SUICIDES

The following protocol/guide is intended to provide a framework for the investigation of youth suicides so as to more accurately identify those that may be related to sexual orientation or gender identity. It is intended to be applied in conjunction with existing protocols in each jurisdiction regarding apparent non-natural deaths, particularly those involving youth. Relevant data will further inform the research that is an integral part of developing strategies to prevent such tragedies. It is important to recognize that any effective investigative protocol must include an educational component to inform the death investigator and his or her subsequent investigative activities.

There are often a wide variety of legal and investigative questions that need to be answered in all coroner/medical examiner cases including but not limited to: who died, where they died, when they die, why (cause of death) and how they died (manner of death). To answer these questions the investigation must include a careful examination of the *history*, the *scene* and the *body*. This is particularly important in identifying a potential suicide.

History/Circumstances

Sexual Orientation / Gender Identity

Interviewing the immediate family, friends, classmates, teachers, guidance counsellors and other school associates is an important part of the investigation. Although youth may not disclose issues relating to sexual orientation or gender identity to family members, they may be more at ease with such disclosure with friends or those at school or in extracurricular activities. The interview should focus on behaviours leading up to death. Initially, an investigator may be uncomfortable with broaching the subject of sexual orientation or gender identity. However, we see it as no more difficult or intrusive than questions concerning drug or alcohol use. As with all aspects of the investigation, it must be done in a tactful and respectful manner in the context of determining the ***WHY***, and how future deaths might be prevented. This knowledge may be of significant comfort for family or friends.

Sexual orientation refers to a person's capacity for profound emotional and sexual attraction to another person based on their sex and/or gender. Whereas sex is an externally assigned classification of a person as male, female or intersex, gender is the social classification of people as masculine and/or feminine, which only becomes evident in a social context. Sexual orientation can involve attractions based on one or both categories.

Ascertaining or measuring sexual orientation can be a very difficult task. Existing surveys or questionnaires that undertake to measure sexual orientation are generally based on self-reporting, according to three dimensions: a) self-stated identification/labelling (e.g., gay, straight, etc.), b) sexual behaviour (e.g., the sex/gender of an individual's past sexual partners), and c) sexual attraction or fantasy (e.g., the sex/gender an individual associates with their intentions to have sex or their fantasies about sex) (Saewyc et al. 2004; Haas et al. 2010). While the questions deployed in such surveys generally

do not translate effectively to the context of a death review, the core dimensions upon which they are based may provide a helpful framework for the present protocol.

It is important for the well informed investigator to be aware that stereotypical notions associated with LGBTQ behaviour may be of little or no value and indeed, may be counterproductive in establishing a causal association with sexual orientation or gender identity. In some cases, the association may be very obvious while in others, it may be very subtle or even nonexistent. Negative responses to the suggested questions below do not necessarily indicate that a person did not identify as LGBTQ. In some cases however, vague suggestions that the decedent was "different" may warrant further clarification.

The following are some suggested questions an investigator may adapt to determine whether a youth may have identified as LGBQ, or may have been questioning their sexual orientation.[1] Did they ever:

- Describe themselves as gay, lesbian or bisexual?
- Have a sexual experience? / Had they ever been sexually active?
- Have a same-sex sexual experience?
- Express concern about being gay, lesbian or bisexual?
- Have gay, lesbian or bisexual friends?
- Say that they were teased because they were too effeminate or too masculine?
- Express their gender in way that is uncommon for boys/girls of their age?
- Access social, community or support services that pertain to the LGBTQ community?

Gender identity refers to a person's deeply felt internal and individual experience of gender—their internal sense of being man, woman, or another gendered being entirely. A person's gender may or may not correspond with the sex assigned at birth. Since gender identity is internal, it is not necessarily visible to others. People with diverse gender identities may also identify their sexual orientation in a diverse way (e.g., a person who is trans may also identify as gay, straight, bisexual, etc.). To date, there have been few scholarly studies that undertake to ascertain or measure gender identity (cf. Coleman et al. 2011), and none have employed rigorous, population-based methods. As with sexual orientation, the few studies that do exist have been based on self-reporting.

The following are some suggested questions an investigator may adapt to determine whether a youth may have identified as trans or gender variant, or may have been questioning their gender identity. Did they ever express:

- A desire to be of the opposite sex?
- Their gender in way that is uncommon for boys/girls of their age?
- A preference:
    - To wear clothing generally associated with the opposite sex?
    - For activities generally associated with the opposite sex?
    - For play partners of the opposite sex?
    - For an opposite sex role?

[1] These questions have been adapted from various scholarly sources, including: Shaffer et al. 1995; Saewyc et al. 2004; Renaud et al. 2010.

- A desire to change their body?
- Discomfort with physical changes associated with puberty?
- A belief of being born with the wrong sex?

Given that many LGBTQ youth, and particularly those who are questioning their sexual orientation or gender identity, may not have disclosed their LGBTQ identification to their families or friends at the time of death, the interview process may not fully reveal all relevant information. It is recommended that an investigator also look for indicators of sexual orientation or gender identity in a broader context of a person's life. For example, had they visited LGBTQ-specific websites/services, or sites/services that include LGBTQ resources or information, such as a chat room, Gay-Straight Alliance, LGBTQ Youth Line, Gai Écoute, Kids Help Phone (phone, text or web), or LGBTQ community centre?

Few research studies have focused on the minorities within this minority group, such as racialized youth, or youth who identify as Two Spirit (Haas et al. 2010). As noted by Haas above, more comprehensive, disaggregated research is essential in order to adequately begin to understand the unique, intersectional experiences of all LGBTQ people. An intersectional perspective must also account for location, language, culture, faith, socio-economic status, race/ethnicity and ability, for example. In addition to sexual orientation and gender identity, information on broader identity categories and experiences should also be collected.

Risk Factors

Once a diverse sexual orientation or gender identity has been determined, it is necessary to look for a) presence/absence and relative degree of risk factors; b) presence/absence and relative degree of protective factors; and c) any apparent links between risk/protective factors, LGBTQ identification and suicide.

Based on a review of 8 different population-based surveys in Canada and the United States, Saewyc has observed that, "At present, the majority of the evidence is in favour of common causes for suicide that affect all youth, but which LGB youth are more likely than their heterosexual peers to experience" (Saewyc 2007, 81). Furthermore, the LGB youth in these 8 surveys also consistently reported markedly fewer supportive resources than their heterosexual peers. It is important to note that being LGBTQ is not a risk factor in and of itself; however, the stressors that LGBTQ youth often encounter, such as discrimination, harassment and other negative reactions to their LGBTQ identity and/or expression, are directly associated with suicidal behavior as well as indirectly with risk factors for suicide (National Center for the Prevention of Youth Suicide 2012; Haas et al. 2010).

- One of the strongest risk factors for death by suicide is previous attempts and as indicated, LGBTQ youth attempt far more frequently than non-LGBTQ youth (33% vs. 7%).
- Victimization (verbal, physical or sexual harassment or assault) of LGBTQ youth from school, family and community settings significantly contributes to mental health and risk for SRB:
    - 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 (Taylor et al. 2011).
- Most people who die by suicide have experienced mental illness and/or a substance use disorder and LGB youth show higher rates of major depression, anxiety disorder, conduct disorder, and co-occurring psychiatric disorders than straight peers (Fergusson, Horwood, and Beautrais 1999).
- Family acceptance is important for LGB youth, in fact LGB youth who experienced severe family rejection were more than 8 times more likely to report having attempted suicide compared with peers from families with little or no rejection (Ryan et al. 2009).

Protective Factors

Far less is known about the protective factors against suicide for LGBTQ youth and, particularly, the degree of impact in relation to risk factors. The following are a few key points that have been demonstrated in the literature to date.

- Family connectedness, caring adults, and school safety are among the strongest protective factors for LGB individuals (National Center for the Prevention of Youth Suicide 2012).
- Studies among the general population suggest that suicide attempts among youth could be reduced by nearly 80% by eliminating verbal, physical and sexual violence (Saewyc and Chen 2013). Given that LGBTQ youth generally face a higher degree of violence than their non-LGBTQ peers, it is conceivable that reducing homophobic, biphobic and transphobic violence would have a significant impact on suicidal ideation and attempts among LGBTQ youth.
- For trans people generally, the most effective protective factors against suicide have been shown to lie in access to competent, effective and non-reparative medical care, so that they may safely transition, both physically and socially. 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).

Warning Signs

Many warning signs and symptoms of teen suicide are similar to those of depression. These signs include:

- Change in eating and sleeping habits;
- Violent or rebellious behaviour or running away;
- Drug and alcohol abuse;
- Radical personality change;
- Frequent complaints about physical symptoms often related to emotions, such as stomach ache or headache, fatigue;

- Loss of interest in pleasurable activities;
- Not tolerating praise or rewards;
- Unusual neglect of personal appearance;
- Persistent boredom, difficulty concentrating, or a decline in the quality of school work; and
- Withdrawal from friends, family, and regular activities.

A teen that is planning suicide may also:

- Complain of being "rotten inside";
- Put affairs in order, give away favourite possessions, clean room, throw things away;
- Become suddenly cheerful after a period of depression; and
- Give verbal hints with statements such as:
    - "I won't be a problem for you much longer"
    - "Nothing matters"
    - "It's no use"
    - "I won't see you again".

Scene

The scene represents an investigator's first opportunity to assess the circumstances in which the death occurred. Not only does the scene provide information about whether or not the death is criminal, it may provide valuable information about the decedent, the place of death, the cause of death, and the manner. The examination of the scene must be thorough and systematic particularly when dealing with an apparent suicide.

[NB: As with any death, the examination of the scene must be conducted within the legal scope of the investigative powers of the death investigator. Additional authorities may be required in your jurisdiction in order to perform some of the recommended examinations outlined below.]

- Search the entire scene to document evidence; always thoroughly examine bedroom, bathroom.
- The bedroom is a valuable source of information and should include examination of the computer (email, internet history, Facebook, Twitter, LinkedIn, YouTube and other social media), ipad, cell phone (including text messages), etc., which may yield information in relation to potential issues. Check internet history for relevant sites.
- If there is a note, assess the relevance to your investigation. Does it contain information to shed light on potential factors including sexual orientation or gender identity?

Body

In some circumstances examination of the body will provide documentation in relation to an obvious cause of death. It is important to be especially vigilant for signs of previous self-harm behaviour, such as cutting. The clothing, including undergarments, may offer some insights into the person's gender identity / expression.

Comment: Bullying/Harassment

The investigation of any youth suicide should always include an assessment as to whether bullying or harassment may have been a factor. It should be kept in mind that bullying and harassment using homophobic slurs or taunts is not exclusive to youth who identify as LGBTQ, but can also be a significant issue for straight or cisgender youth who may be incorrectly perceived as LGBTQ or simply different. In fact, one population-based survey in Seattle, Washington, found that 80% of youth who reported experiencing anti-gay harassment actually identified as heterosexual (Saewyc et al. 2000).

Check List

	Yes	No	Unknown
Assigned Sex			
Male			
Female			
Intersex			
Sexual Orientation (Self-identification)			
Gay			
Lesbian			
Bisexual			
Heterosexual			
Questioning			
Other (Specify)			
Same-sex Sexual Experience			
Same-sex Sexual Attraction or Fantasy			
Gender Identity			
Male-to-Female or Transfeminine Spectrum			
Female-to-Male or Transmasculine Spectrum			
Cisgender			
Questioning			
Other (Specify)			
Any steps taken to physically transition			
Any steps taken to socially transition			
Accessed LGBTQ-related services			

Risk / Protective Factors			
Accepting Family			
Suicidal Ideation			
Previous Suicide Attempts			
History of Mental Health Issues (e.g., depression)			
Accessed Mental Health Treatment			
Drug/Alcohol Use			
Issues at School			
Other			
Victimization Based on Perceived Sexual Orientation or Gender Identity			
Verbal			
Physical			
Sexual			

Please also list any other risk or protective factors that may be relevant.

Glossary

These definitions are intended to provide a common language, answer questions and provide clarifications. These terms, like all language, have changed and evolved over time. We all have labels and identities that describe our sense of self. It is important that terms that refer to identities are self-selected and respected by others.

General Terms

Ally: An individual (usually straight and/or cisgender) who is supportive of the LGBTQ community. They believe in the dignity and respect of all people, and are willing to stand up in that role. Allies do not identify as members of the groups they are fighting for; e.g. a straight person can be an ally for LGBTQ communities; a lesbian can be an ally for trans communities.

Gender: The social classification of people as masculine and/or feminine. Whereas sex is an externally assigned classification, gender is something that becomes evident in a social context.

Gender Expression: The way a person presents and communicates gender identity to society, through clothing, speech, body language, hairstyle, voice, and/or the emphasis or de-emphasis of bodily characteristics or behaviours and traits used publicly to express one's gender as masculine or feminine or something else. The traits and behaviours associated with masculinity and femininity are culturally specific and change over time. Gender expression is not an indication of sexual orientation. Also called gender presentation.

Gender Fluidity: The recognition that social constructions of gender identity and gender expressions lie along a spectrum and cannot be limited to two genders; a feeling that one's gender varies from societal notions of two genders.

Gender Identity: A person's deeply felt internal and individual experience of gender – their internal sense of being man, woman, or another gendered being entirely. A person's gender may or may not correspond with the sex assigned at birth. Since gender identity is internal, one's gender identity is not necessarily visible to others.

LGBTQ: An acronym for "Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirit, Queer and Questioning" people.

Sex/Assigned Sex: The biological classification of a person as male, female or intersex. Most often, sex is assigned by a medical professional at birth and is based on a visual assessment of external anatomy.

Sexual Orientation: A person's capacity for profound emotional and sexual attraction to another person based on their sex and/or gender.

Sex & Gender Binary: The notion that there are only two possible sexes (male/female) and genders (man/woman), that they are opposite, discrete and uniform categories, and that gender is determined by sex.

Sexual Orientations

Asexual: A person who does not experience sexual attraction or who has little or no interest in sexual activity.

Bisexual (adj): A person who is attracted emotionally and sexually to both male-identified and female-identified people.

Gay (adj): A person who is emotionally and sexually attracted to someone of the same sex and/or gender—gay can include both male-identified individuals and female-identified individuals, or refer to male-identified individuals only.

Heterosexual: A person who is emotionally and sexually attracted to someone of the opposite sex and/or gender. Also referred to as "straight".

Lesbian (adj or n): A female-identified person who is attracted emotionally and sexually to female-identified people.

Pansexual (adj): A person who is emotionally and sexually attracted to individuals of diverse gender expression or identity or assigned sex.

Gender Identities

Cisgender (adj): Refers to someone whose gender identity corresponds with her or his medically designated sex.

Cross Dresser: Someone who generally identifies with their assigned sex but at times identifies with and personifies the "opposite" sex in their gender presentation and dress.

Genderqueer (adj): Refers to a person whose gender identity may not correspond with social and societal gender expectations. Individuals who identify as genderqueer may identify with both male and female genders, move between genders, or may reject the gender binary or gender altogether. Those who identify as genderqueer may or may not also identify as trans.

Gender Diverse (adj): Refers to a person whose gender identity and/or gender expression differs from cultural or societal expectations based on assigned sex and gender.

Intersex (adj): Refers to a person who's chromosomal, hormonal or anatomical sex characteristics fall outside the conventional classifications of male or female. Many people experience the designation of "intersex" as stigmatizing given the history of medical practitioners imposing the diagnosis on infants, children and young adults (some people may not be identified as "intersex" until puberty). As with all humans, gender identity for intersex individuals may often be complex.

Transgender (adj): A person who does not identify either fully or in part with the gender associated with their birth-assigned sex (the antonym for cisgender) – often used as an umbrella term to represent a wide range of gender identities and expressions. Transgender people (just like cisgender people) may identify as straight, gay, etc.

Transsexual (adj): A person whose sex assigned at birth does not correspond with their gender identity. A transsexual woman needs to live and experience life as a woman and a transsexual man needs to live

and experience life as a man. Many identify as transgender, rather than transsexual, because they are uncomfortable with the psychiatric origins of the term 'transsexual'. Some transsexual people may physically alter their body (e.g., sex reassignment surgery and/or hormone therapy) and gender expression to correspond with their gender identity.

Trans (adj): A term commonly used to refer to transgender, transsexual and/or gender variant identities and experiences. While it is often used as an umbrella term, some people identify just as trans.

Terms Associated with Both Sexual Orientation and Gender Identity

Closet: The intentional concealment of an individual's sexual orientation or gender identity from others; often expressed as "in the closet".

Coming Out: The process of becoming aware of and open about one's sexual orientation or gender identity; "coming out of the closet".

Queer (adj): Historically, a derogatory term for homosexuality, used to insult LGBT people. Although still used as a slur by some, the term has been reclaimed by some members of LGBT communities, particularly youth. In its reclaimed form it can be used as a symbol of pride and affirmation of difference and diversity, or as a means of challenging rigid identity categories.

Questioning (adj or v): A person who is unsure of their sexual orientation or gender identity.

Two-Spirit (or 2-spirit) (adj): Some Aboriginal people choose to identify as Two-Spirit rather than, or in addition to, identifying as lesbian, gay, bisexual, trans or queer. Prior to European colonization, Two-Spirit people were respected members of their communities and were often accorded special status based upon their unique abilities to understand both male and female perspectives. Two-Spirit persons were often the visionaries, healers and medicine people in their communities. The term Two-Spirit affirms the interrelatedness of all aspects of identity - including gender, sexuality, community, culture, and spirituality. It is an English term used to stand in for the many Aboriginal language words for Two-Spirit.

Discrimination on the Basis of Gender Identity and Sexual Orientation

Biphobia: Fear and/or hatred of bisexuality, often exhibited by name-calling, bullying, exclusion, prejudice, discrimination, or acts of violence—anyone who is bisexual (or assumed to be) can be the target of biphobia.

Bullying: The ongoing physical or emotional victimization of a person by another person or group of people. Cyberbullying is an emerging problem in which people use communication technologies such as social media and texting, to harass and cause emotional harm to their victims.

Cisnormativity: A cultural/societal bias, often implicit, that assumes all people are cisgender and so privileges cisgender identities and ignores or under represents gender variance.

Cissexism: Prejudice and discrimination in favour of cisgender gender identities and expressions. This includes the presumption that being cisgender is the superior and more desirable gender identity.

Fag/Faggot: A derogatory word for a gay male and/or for any man who projects the role, appearance, attitudes and/or behaviours that a culture traditionally assigns to women.

Heteronormativity: A cultural/societal bias, often implicit, that assumes all people are straight and so privileges heterosexuality and ignores or under represents same-sex relationships.

Heterosexism: Prejudice and discrimination in favour of heterosexuality. This includes the presumption of heterosexuality as the superior and more desirable sexual orientation.

Homophobia: Fear and/or hatred of homosexuality, often exhibited by name-calling, bullying, exclusion, prejudice, discrimination, or acts of violence—anyone who is LGB (or assumed to be) can be the target of homophobia.

Perceived Gender Identity: The assumption that a person is trans, cisgender or genderqueer without knowing what their gender identity actually is. Perceptions about gender identity are often predicated on stereotypes relating to gender expression (e.g. what a trans man "should" look like).

Perceived Sexual Orientation: The assumption that a person is lesbian, gay, bisexual or straight without knowing what their sexual orientation actually is. Perceptions about sexual orientation are often predicated on stereotypes relating to gender expression (e.g. what a straight man "should" look like).

Transphobia: Fear and/or hatred of any perceived transgression of gender norms, often exhibited by name-calling, bullying, exclusion, prejudice, discrimination, or acts of violence—anyone who is transgender (or assumed to be) can be the target of transphobia.

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