

Performing Psychological Autopsies in LGBTQ+ Populations

Ashley K. Dorsey, M.S., & Kristine M. Jacquin, Ph.D.

INTRODUCTION

- ❖ A psychological autopsy is performed when the manner of death is inconclusive. Forensic psychologists work in tandem with medical examiners to determine cause of death by reviewing (a) medical records, (b) life events, and (c) relevant interviews (Annon et al., 1995).
- ❖ Suicide is the 10th leading cause of death and is a growing health concern (Centers for Disease Control and Prevention, 2021).
- ❖ In 2019, there were approximately 45,000 suicides, which accounts for 1 death every 11 minutes (Centers for Disease Control and Prevention, 2021).
- ❖ Some groups are more prone to suicide such as ethnic minorities, LGBTQ+ youth, individuals who reside in rural areas, and veterans (Centers for Disease Control and Prevention, 2021).
- ❖ Assessing suicide through retrospective evaluation merges direct and indirect indications to explain why an individual would use lethal means to end their life (Werland et al., 2003).

FORENSIC IMPLICATIONS

- ❖ The four primary questions a forensic psychologist must ask when performing a psychological autopsy is (a) how did the individual die, (b) from what did the individual die, (c) why did the individual choose lethal means, and (d) what was the motivating factor (Werland et al., 2003).
- ❖ However, these pertinent questions do not account for contributing circumstances related specifically to sexual orientation and gender minorities.
- ❖ Skerrett et al. (2016) found that the primary risk factors that contribute to LGBTQ+ suicide are (a) low self-esteem, (b) minimal support from friends and family during the coming out process, (c) internalized shame and homophobia, (d) dissatisfaction with body image, and (e) negative self-talk regarding gender and sexuality.
- ❖ Identifying population specific risk factors as a component of the psychological autopsy process would increase accuracy of the findings by taking a closer view at the population being studied rather than treating each case individually.
- ❖ LGBTQ+ individuals were found to be more likely to experience distress leading to the use of lethal means as a coping mechanism.

FORENSIC IMPLICATIONS

- ❖ Forensic psychologists can utilize the findings of a psychological autopsy to not only understand the motivation behind the behavior but to also inform preventive measures that can be used to decrease suicide rates among LGBTQ+ individuals.

FUTURE RESEARCH

- ❖ To date, an individual's sexual orientation is not systematically noted on their death certificate (Mathy et al., 2011).
- ❖ Failure to list pertinent identifiers limits the ability to chart mortality disproportions in the LGBTQ+ community (Hass et al., 2015).
- ❖ The psychological autopsy can be used to determine the relationship between sexual orientation or gender dysphoria and suicide, which can be used to underscore risk factors that are population specific.
- ❖ Future research should include using the findings found during the psychological autopsy to inform preventive education, which could have positive effects in decreasing mortality in the LGBTQ+ community.

CONCLUSION

- ❖ Forensic psychologists work in tandem with medical examiners to provide an explanation of death when results are inconclusive.
- ❖ In marginalized populations, such as the LGBTQ+ community, there are underlining factors that contribute to suicide that must be captured during the psychological autopsy.
- ❖ Hass et al. (2015) found that failure to note specific factors related to sexual orientation and gender minorities and suicide limits the ability determine mortality trends.
- ❖ To provide a comprehensive post-mortem psychological evaluation, the information gathered must be used to inform preventive measures, which is vital to increasing awareness of risk factors and decreasing suicide in the LGBTQ+ community.

REFERENCES

- Annon, J. S. (1995). The psychological autopsy. *American Journal of Forensic Psychology*, 13(2), 39-48.
<https://doi.org/618706610/se-2?accountid=10868>
- Centers for Disease Control and Prevention. (2021). Facts about suicide. <https://www.cdc.gov/suicide/facts/index.html>
- Haas, A. P., Lane, A., & Working Group for Postmortem Identification of SO/GI (2015). Collecting sexual orientation and gender identity data in suicide and other violent deaths: A step towards identifying and addressing LGBTQ+ mortality disparities. *LGBTQ+ Health*, 2(1), 84-87.
<https://doi.org/10.1089/LGBTQ+.2014.0083>
- Mathy, R. M., Cochran, S. D., Olsen, J., & Mays, V. M. (2011). The association between relationship markers of sexual orientation and suicide. *Social Psychiatry and Psychiatric Epidemiology*, 46(2), 111-117.
<https://doi.org/10.1007/s00127-009-0177-3>
- Skerrett, D. M., Kölves, K., & De Leo, D. (2016). Factors related to suicide in LGBTQ+ populations: A psychological autopsy case-control study in Australia. *The Journal of Crisis Intervention and Suicide Prevention*, 37(5), 361-369.
<https://doi.org/10.1027/0227-5910/a000423>
- Werlang, B. G., & Botega, N. J. (2003). A semi-structured interview for psychological autopsy in suicide cases. *Revista Brasileira De Psiquiatria*, 25(4), 212-219.
<https://doi.org/10.1590/S1516-44462003000400006>