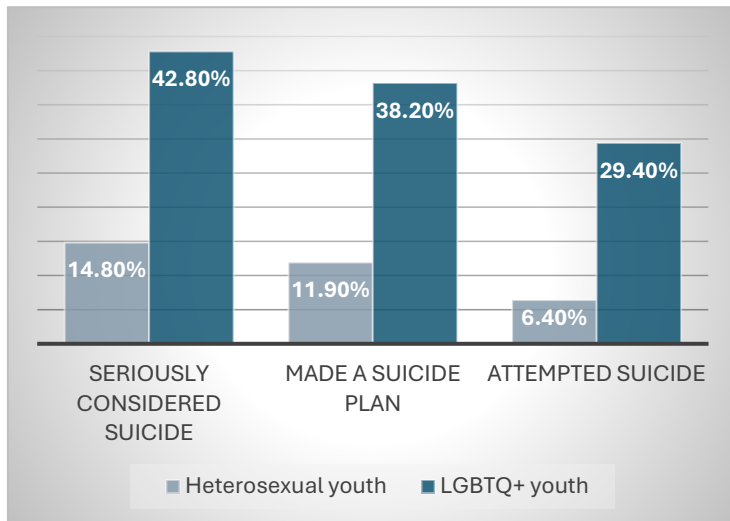


# LGBTQ+ Youth and the Self-Harm Continuum

## LGBTQ+ Youth Suicide Risk Reduction Series: Part 1 of 3

### LGBTQ+ Youth Suicide by the Numbers



Statistics about LGBTQ+ youth and suicide illustrate the need for active, affirming intervention to reduce suicide risk.

- 1 in 3 LGBTQ+ youth will attempt suicide within their lifetime.
- Suicide is the second leading cause of death for Americans between the ages of 15 and 24.
- Pressures related to intersecting identities can heighten suicidality:
  - Transgender youth report higher rates of suicidal thoughts and attempts
  - BIPOC LGBTQ+ youth are at greater risk compared to Caucasian youth.

### Risk Factors

LGBTQ Youth face a slate of environmental and social factors that place them at a heightened risk for suicide and self-harm.

- Anti-LGBTQ laws and public policies, lack of legal protections
  - 66% of LGBTQ+ youth say that debates over the rights of transgender people have negatively impacted their mental health
  - However, affirming policies are also powerful – in 2015, legalization of gay marriage decreased suicide rates for LGBTQ+ youth by 4%.
- Persecution: Family rejection, hate crime violence, harassment, bullying
  - Lack of caring adults, caregiver rejection
  - Parental rejection increases rates of depression, substance use, and high risk sexual behavior.
  - Homelessness
- Prejudice, discrimination, external and internalized stigma
  - Coming out early leaves youth particularly vulnerable
  - Unsafe school settings
  - Feelings of shame around identity
- Mental health concerns: depression, anxiety, substance abuse
  - LGBTQ+ individuals are more likely to have experienced trauma than cisgender/heterosexual peers.

### Substance Use and Suicidality

The same risk factors that increase LGBTQ+ suicidality also increase LGBTQ+ substance use. On average, LGBTQ+ people of all ages are at least twice as likely to have a substance use disorder compared to their cisgender, heterosexual peers. Comparing LGB youth in high school (ages 14-18) and emerging adult (ages 18-25) cohorts with their peers:

- 37% of LGB highschoolers drank alcohol, compared to 30% of heterosexual peers
- 64% of LGB youth aged 18-25 drank alcohol, compared to 54% of heterosexual peers
- 31% of LGB highschoolers used marijuana products, compared to 19% of heterosexual peers
- 33% of LGB youth aged 18-25 used marijuana products, compared to 21% of heterosexual peers

Substance use can fit into a greater pattern of self-harming behaviors that are enacted to assert control over oneself, especially among people who feel they lack the agency to exert control over their environment. Self-harming behaviors can then fit into larger behavior patterns that lead to suicidal ideation and suicide attempts. Deliberate overdose can be a method of suicide for some youth.

## The Self-Harm Continuum

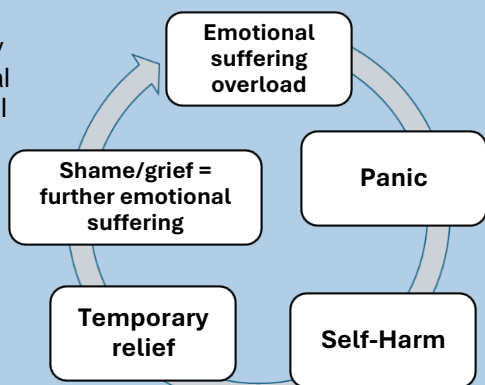
LGBTQ+ youth report top motivations for self-harm include:

- Coping with uncomfortable feelings, such as depression or anxiety (88%)
- Dealing with frustration (86%)
- Relieving stress or pressure (80%)
- As a form of self-punishment (76%)
- Changing emotional pain into something physical (74%)

While cutting is the most common method of self-harm, many other behaviors can fit into a self-harm pattern. This can include overtly violent behaviors like burning oneself, pulling one's own hair, or hitting oneself, but it can also include behaviors that are more situational, such as substance use, over-exercising, or restricting calories.

Self-harm frequently happens in a cyclical pattern. While not all people who self-harm will go on to attempt suicide, those who self-harm are much more likely to consider or attempt suicide.

More than half of LGBTQ young people who self-harm will seriously consider suicide, and nearly a quarter of those who self-harm will attempt suicide.



## Changing the Ritual

Because of the cyclical nature of self-harm, interrupting the ritual can be key to preventing further self-harm. Changing part of the ritual makes self-harm less comfortable and less self-reinforcing. Some ways to change the ritual include:

- **Changing the time and place** – many people self-harm at similar times and places each day. Changing the pattern of activities can help the person to interrupt the behavior.
- **Removing the means** – with the consent of the individual, throwing away or locking up the means used to injure provides a concrete barrier to self-harm. Do not remove means without consent, however, as the loss of control can cause escalated behaviors.
- **Challenging negative thoughts** – encourage the person to question each negative thought they have been able to identify. Challenging the accuracy of negative thoughts is a good way to begin recognizing and changing them.

## Words Have Power

Reframing the vocabulary used to speak about suicide can help to reduce stigma and improve client outcomes.

- “Died by suicide” instead of “committed suicide”
  - “Committed” is associated with criminal behavior
- “Suicide attempt” instead of “failed suicide”
  - Describing attempts as “failed” or “unsuccessful” glamorizes suicide as an achievement
- “Took their own life” or “died by suicide” instead of “successful suicide”
  - “Successful” implies that suicide is a desirable outcome
- “Increasing” or “Concerning” rates of suicide, instead of “suicide epidemic”
  - Avoid dramatic or sensational language

## References

1. Baldwin, J., Arseneault, L., Caspi, A., Moffitt, T., Fisher, H., Odgers, C., . . . Danese, A. (2018, December 12). *Adolescent victimization and self-injurious thoughts and behaviors: A genetically sensitive cohort study*. Retrieved February 16, 2021, from <https://www.sciencedirect.com/science/article/pii/S0890856718320331>
2. Boyd, C.J., et al. (2019). *Severity of alcohol, tobacco, and drug use disorders among sexual minority individuals and their “not sure” counterparts*. The National Survey on Drug Use and Health.
3. Freudenthal, S. “Words Have Power.” <https://speakingofsuicide.com/2013/04/13/language/>
4. Hesmondhalgh, D. (2014, April 20). *Changing self harming behaviours*. Retrieved February 16, 2021, from <https://www.slideshare.net/pookyh/changing-self-harming-behaviours>
5. Hunt, J. (2012, May 9). *Why the gay and transgender population experiences higher rates of substance use*. Center for American Progress.
6. LGBTQ youth: A free tool to promote well-being. PESI Inc. (2017). <https://www.pesi.com/blog/details/1192/lgbtq-youth-a-free-tool-to-promote-well-being>
7. Malley, E., Ryan, C., Reynolds, D. (2011, January 18). *Webinar: Suicide Prevention among Lesbian, Gay, Bisexual, Transgender Youth: Expanding the Frame and Broadening Our Approaches*. Suicide Prevention Resource Center.
8. Movement Advancement Project (MAP). (2017, August). *Talking about suicide and LGBT populations*. <https://www.lgbtmap.org/effective-messaging/talking-about-suicide-and-lgbt-populations>
9. News, T. (2024, May 8). New poll emphasizes negative impacts of Anti-LGBTQ policies on LGBTQ youth. The Trevor Project. <https://www.thetrevorproject.org/blog/new-poll-emphasizes-negative-impacts-of-anti-lgbtq-policies-on-lgbtq-youth/>
10. Raifman J, Moscoe E, Austin SB, McConnell M. (2017). “Difference-in-differences analysis of the association between state same-sex marriage policies and adolescent suicide attempts.” *JAMA Pediatr*.
11. SP Training UK. (2019, June 21). Self-harm. Retrieved February 16, 2021, from <https://www.sptraininguk.com/self-harm/>
12. Trevor Project. (2022, May 18). *2023 U.S. National Survey on the mental health of LGBTQ Young People*. The Trevor Project. <https://www.thetrevorproject.org/survey-2023/>
13. Trevor Project. (2021, September 15). *Substance use disparities by sexual identity*. The Trevor Project. <https://www.thetrevorproject.org/research-briefs/substance-use-disparities-by-sexual-identity/>

