

Non-suicidal self-injury and suicidal thoughts and behaviors in heterosexual and sexual minority young adults

Aliona Tsypes^{a,*}, Robert Lane^b, Elise Paul^{c,d}, Janis Whitlock^{c,d}

^aDepartment of Psychology, Binghamton University (SUNY), 4400 Vestal Parkway East, Binghamton, NY 13902

^bDepartment of Psychology, St John's University, 8000 Utopia Parkway, Jamaica, NY 11439

^cBronfenbrenner Center for Translational Research, Cornell Research Program on Self-Injury and Recovery, Cornell University, Beebe Hall, 110 Plantations Rd. Ithaca, NY 14853, USA

^dDepartment of Human Development, Cornell University, G87 Martha Van Rensselaer Hall, Cornell University, Ithaca, NY 14853, USA

Abstract

Objective: Despite consistently greater rates of non-suicidal self-injury (NSSI) and suicidal thoughts and behaviors (STBs; i.e., suicidal ideation, method/plan, and attempts) in lesbian, gay, and bisexual (LGB) individuals, prevalence, characteristics, and relations between these dangerous thoughts and behaviors are equivocal. The present study sought to examine and compare the rates of NSSI and STBs in a large sample of sexual minority and majority young adults.

Methods: Participants were 12,422 college students (ages 18–29; 57.3% female) who self-reported demographic characteristics, NSSI frequency, the number of NSSI forms used, the number of NSSI functions, as well as STB history (i.e., ideation, method/plan, and attempts). Each participant's degree of SA was assessed via a 7-point scale (i.e., K0–K6) from Alfred Kinsey's research of sexual attraction and sexual experiences. This scale was collapsed to create five categories of SA: exclusively other SA (K0), mostly other SA (K1/2), equally other and same SA (K3), mostly same SA (K4/5), and exclusively same SA (K6).

Results: Consistent with previous research, we found that being a sexual minority young adult was associated with significantly higher odds of STBs compared to being a heterosexual young adult. In addition, compared to the exclusively other SA group (K0), being in the mostly other SA group (K1/2), equally other and same SA group (K3), or mostly same SA group (K4/5) was associated with significantly higher odds of NSSI engagement. Among those with NSSI, we found that the number of NSSI forms was significantly associated with suicide attempts, but was not associated with either suicidal ideation or suicide method/plan in the mostly other SA group (K1/2) or in the equally other and same SA group (K3). We also found a significant curvilinear relation between NSSI frequency and STBs in the mostly other SA group (K1/2) and between NSSI frequency and suicide method/plan and attempt in the exclusively other SA group (K0). In addition, we revealed specificity with regard to the relation between the number of lifetime NSSI episodes and risk for STBs among the equally other and same SA (K3), mostly same SA (K4/5), and exclusively same SA (K6) groups.

Conclusion: Our findings suggest that among sexual minority young adults, equally other and same SA individuals may be at higher risk of NSSI and STBs than their sexual minority counterparts. In addition, these findings extend previous research by suggesting that the relations between NSSI frequency, number of forms, and number of functions and STBs might vary according to SA. A multi-theory based explanation is provided to explain the key findings and the study implications are discussed.

© 2015 Elsevier Inc. All rights reserved.

1. Introduction

Research demonstrates that the period of greatest risk for suicidal thoughts and behaviors (STBs; i.e., suicidal ideation, method/plan, and attempt) and non-suicidal self-

injury (NSSI) is between adolescence and young adulthood [1,2]. Compared to their heterosexual counterparts, lesbian, gay, and bisexual (LGB) individuals consistently report higher rates of these dangerous behaviors [3–5]. Despite the importance of such knowledge for suicide prevention efforts, there is a dearth of data about the specific patterns of NSSI and STBs in LGB young adults and the ways in which they are related. Consequently, the aim of the present study is to fill this gap in the literature by examining and comparing prevalence and characteristics of NSSI and STBs and their

* Corresponding author at: Department of Psychology, Binghamton University (SUNY), 4400 Vestal Parkway East, Binghamton, NY 13902.

E-mail address: atsypes1@binghamton.edu (A. Tsypes).

relations in a large sample of sexual minority and majority young adults.

1.1. Risk for NSSI and STBs among sexual minorities

Multiple studies [6,7] and meta-analyses [5,8] have found sexual minority status to be a risk factor for suicidal thoughts and behaviors. In prior research, however, there has been variation in how sexual minority status has been assessed. Most studies have assessed sexual minority status using one or more of three criteria: sexual behavior, sexual attraction, or sexual orientation identity [9]. For example, using a nationally representative sample of young adults and four measures of sexual minority status (i.e., sexual attraction, sexual identity, lifetime sexual behavior, past year sexual behavior), Almazan and colleagues [3] assessed suicidal ideation and attempts in association with sexual minority status. All four measures were related to increased risk of suicidal ideation for both male and female individuals. Among female individuals, same sex sexual attraction predicted the greatest odds of suicidal ideation, compared to other measures of sexual minority status. However, only sexual attraction, sexual orientation identity, and lifetime levels of same sex behavior were associated with risk for suicide attempts among female individuals. In contrast, no measure of sexual minority status predicted suicide attempt risk among male individuals. In another study, which recruited a large sample of Austrian adults, same-sex fantasies, relationships, behavior, and sexual minority identity were all associated with engaging in a prior suicide attempt. Significant differences between the sexual orientation measures emerged, however, when the analyses were stratified by sex. Specifically with regard to sexual behavior, over the course of the year preceding participation, engaging in same-sex sexual behavior among women, and engaging in both same and other sex sexual behavior among men, were both more strongly related to prior suicide attempts than other measures. Similarly, endorsement of a homosexual or bisexual sexual minority identity was also more strongly related to prior suicide attempts among men than other measures [10]. An additional study with a large sample of Norwegian students in grades 7–12 measured sexual attraction, behavior, and identity and reported that only same-sex sexual behavior was significantly predictive of suicide attempts [11].

Other studies have assessed sexual minority status by focusing on a single aspect of the sexual minority status criteria. For example, prior research has used sexual orientation identity to operationalize sexual minority status, which is frequently assessed by asking participants to choose from a list of sexual orientation identity related labels. The National Epidemiologic Survey on Alcohol and Related Conditions used such a measure where participants were asked to self-identify with one of the following labels: “heterosexual,” “gay male or lesbian,” “bisexual,” or “not sure”. This study found that 10% of gay and 10% of bisexual

individuals reported a lifetime suicide attempt, compared to only 2% of heterosexual individuals [4]. Using a similar operationalization of sexual orientation identity where participants were asked to self-identify with one of the following labels: “heterosexual (straight),” “gay or lesbian,” “bisexual,” or “not sure,” sexual minority adolescents had greater odds of having engaged in NSSI and suicide attempts relative to heterosexual (straight) individuals [12].

Another factor that has often been used independently to operationalize sexual minority status assessment in studies regarding STBs is sexual attraction. In one such study, among individuals from the Southeastern United States, gay, bisexual, and/or questioning males engaged in a greater number of suicide attempts than their sexual-majority peers [13]. A decade long study in New Zealand reported that being a sexual minority youth (i.e., all those that reported sexual attraction to the same sex or both sexes) was associated at each time point with greater odds of having engaged in a prior suicide attempt, compared to sexual majority peers [14]. In another study that queried sexual attraction, male sexual minority individuals reported significantly greater suicidal ideation and attempts both over the prior year and in their lives, compared to their sexual majority peers [15]. Additionally, a study reported that being an African American same sex attracted adolescent was associated with over 2 times greater odds, and being a White same sex attracted adolescent was associated with over 1.5 times greater odds, of endorsing suicidal ideation, compared to respective same race sexual majority peers. When female adolescents were considered separately from their male peers, White same sex attracted female adolescents had over 2 times greater odds of experiencing suicidal ideation compared to their White other sex attracted female peers [16].

Several studies that have employed sexual attraction as a determinant of sexual minority status have considered self-injury both separately and in conjunction with STBs. One study of STBs and self-injury reported that the risk for having engaged in suicidal ideation and deliberate self-harm among both men and women, and in a suicide attempt among men only, was positively predicted by levels of same sex attraction [17]. Another New Zealand study reported that individuals with same sex attraction were nearly 3 times as likely to engage in self-harm, about 4.5 times as likely to have seriously considered suicide (male individuals only), and nearly 5 times as likely to have attempted suicide than other sex attracted peers [18]. Outcomes were more severe for both sex attracted individuals, who were nearly 6 times as likely to engage in self-harm, 5.8 and 4.4 times as likely to have seriously considered suicide among male and female individuals respectively, and 7 times as likely to have attempted suicide than other sex attracted peers.

Other studies have varied in their methods of assessing sexual minority status. For example, using aggregated data from five Youth Risk Behavior Surveys among school students in grades 9 through 12, a study compared measures of sexual minority identity and same-sex behavior in relation

Download English Version:

<https://daneshyari.com/en/article/317939>

Download Persian Version:

<https://daneshyari.com/article/317939>

[Daneshyari.com](https://daneshyari.com)