

Nonsuicidal Self-Injury and Suicidality Among Sexual Minority Youth: Risk Factors and Protective Connectedness Factors

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ABSTRACT

OBJECTIVE: We investigated differences in prevalence of repetitive nonsuicidal self-injury (NSSI), suicidal ideation, and a suicide attempt among youth who identified as bisexual, gay/lesbian, and questioning. In addition, we examined which types of social connections were associated with reduced risk of repetitive NSSI and suicidality among youth who identified with a specific sexual minority group.

METHODS: Data came from the 2013 Minnesota Student Survey. The analytic sample included 77,758 students in grades 9 and 11. Connectedness factors included parent connectedness, teacher caring, connectedness to other nonparental adults, school safety, and friend caring. Logistic regression analyses, stratified according to sexual minority group, determined social connectedness factors associated with repetitive NSSI, suicidal ideation, and a suicide attempt, as well as moderating effects of significant connectedness factors on different risk factors (depression, anxiety, bullying, and violence victimization).

RESULTS: Approximately 3% identified as bisexual or questioning their sexual orientation, and <1% identified as

gay/lesbian. Sexual minority youth, particularly bisexual youth, were significantly more likely than heterosexual youth to report repetitive NSSI and suicidality. Effects of connectedness varied across sexual minority groups and outcomes on the basis of types of connections. Parent connectedness emerged as a robust protective factor for all self-harm behaviors across all sexual minority groups. Feeling connected to nonparental adults and safe at school represented additional factors that reduced risk of repetitive NSSI and suicidality among certain groups.

CONCLUSIONS: In addition to facilitating connections between youth and parents, clinicians might consider encouraging sexual minority youth to remain connected to trusted nonparental adults who could offer support and care. Schools might consider implementing sociocultural norms of acceptance, tolerance, and positive identity development to reduce risk of self-harm.

KEYWORDS: connectedness; nonsuicidal self-injury; protective factor; sexual minority; suicide

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WHAT'S NEW

We addressed gaps in the literature regarding connectedness factors that provide subgroups of sexual minority youth protection against repetitive nonsuicidal self-injury and suicidality. Professionals could use these findings to inform programming, research, and clinical work with youth, parents, and schools.

SUICIDAL BEHAVIOR AND nonsuicidal self-injury (NSSI; deliberate destruction of body tissue without suicidal intent and not socially sanctioned such as cutting, burning, or scraping one's skin) represent significant public health problems among adolescents.^{1,2} Suicide has become the second leading cause of death among adolescents aged 15 to 24 years. In 2015, 17.7% of high school students reported seriously considering attempting suicide, and 8.6% actually attempted suicide during the previous 12 months.³ Further, approximately 18% of adolescents report

engaging in NSSI.¹ This behavior might increase risk of suicide,⁴ especially among youth who engage in repetitive self-injury, defined as 10 or more acts.⁵

Certain populations show disparities in suicidality and NSSI. Research supports an association between identifying as a sexual minority and increased risk of suicidal behavior among youth.⁶ Still, the American Foundation for Suicide Prevention called for research that helps confirm a connection between identifying as a sexual minority and suicidal behavior across a wider range of samples (<http://afsp.org/wp-content/uploads/2016/03/Focus-Grants-Policy-07-01-15.doc>). Researchers also identified sexual minority youth as a subpopulation who demonstrates greater prevalence of NSSI.^{7,8}

According to the Minority Stress Theory, stigma, prejudice, and discrimination create a hostile and stressful social environment, which contributes to mental health problems among sexual minority populations.⁹ Research supports the application of the minority stress theory in understanding

suicidality and NSSI among youth who identify as a sexual minority.^{9,10} Investigators showed that minority stress (eg, experiences of discrimination and expectations of rejection) increased risk of NSSI¹⁰ and suicidal ideation¹¹ among sexual minority youth through its effect on perceived burdensomeness (perception that one's existence burdens family, friends, and/or society).

Most research on adolescents in general, and sexual minority populations in particular, focuses on health risks.¹² In contrast, resilience research focuses on positive features of development. Commonly observed factors associated with resilience among adolescents are strong connections to parents, nonparental adults, school, and prosocial friends.¹³ Research supports connectedness as a protective factor that mitigates against suicidality among youth in general.^{2,14,15} Thus, the Centers for Disease Control and Prevention identified connectedness as a public health-based approach to address suicidal behavior.¹⁶ Still, limited research has examined protective relationships between connectedness and NSSI and suicidality among youth who identify as a sexual minority. Within the limited existing research, investigators have reported that greater family connectedness, adult caring, and/or school safety/connectedness are associated with reduced risk of suicidality among sexual minority youth.^{14,17,18}

Although researchers examined different types of social connections, they have not determined which type of connections provide youth who identify as a sexual minority with the greatest protection against suicidality and NSSI. This line of research might inform program planning and interventions designed to enhance connections and promote resilience among sexual minority youth, as well as professional practice among those who work with this population. Further, a dearth of epidemiological research exists involving population-based samples that examined the association between sexual minority status and NSSI among adolescents. Finally, research remains limited by use of small convenience samples and analytic approaches that involve combining sexual minority groups, which limit the generalizability of results. Very limited research exists on subgroups of sexual minority youth, masking important differences between groups.^{19,20}

To address gaps in the literature, we sought to answer 2 research questions: (1) What is the prevalence of repetitive NSSI, suicidal ideation, and a suicide attempt among youth who identify as bisexual, homosexual, and questioning their sexual orientation?, and (2) Which assessed connectedness factors show relationships with reduced risk of repetitive NSSI, suicidal ideation, and a suicide attempt for youth who identify with a specific sexual minority group?

METHODS

STUDY DESIGN AND SAMPLE

Data came from the 2013 Minnesota Student Survey, a population-based survey administered every 3 years to students in grades 5, 8, 9, and 11.²¹ The Minnesota Departments of Education, Health, Human Services, and Public Safety conduct this anonymous, paper-and-pencil survey,

which is used to examine a range of health behaviors, as well as potential risk and protective factors. In 2013, the participation rate was 84% of all school districts ($n = 162,034$), representing 67% of Minnesota school students across these 4 grades. Most school districts used passive parental consent, and students provided assent. Additional details regarding the survey methodology are available elsewhere.²¹ The University of Central Florida institutional review board approved this secondary data analysis.

For the current analysis, only ninth and 11th grade students were included because of differences in survey content for younger students ($n = 79,339$). The sample included slightly more male (50.2%) than female (49.8%) students, and more students in grade 9 (53.4%) than grade 11 (46.6%). Students reported their race/ethnicity as white non-Hispanic (73.8%), Asian (5.6%), black (5.1%), Native American (1.0%), Pacific Islander (0.2%), Hispanic (6.8%), and mixed race (6.5%). The analytic sample included 77,758 students in grades 9 and 11 who responded to an item regarding sexual orientation. This sample was significantly more likely than the total sample of ninth and 11th graders to identify as female, in grade 11, and white.

MEASURES

Students were classified into sexual minority groups on the basis of 1 question in the survey: "Which of the following best describes you?" Response options were heterosexual (straight), bisexual, gay or lesbian, or not sure (questioning). The outcome variables reflected repetitive NSSI, suicidal ideation, and suicide attempt within the past year. NSSI was assessed using the item: "During the past 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?" Response options provided ranges from 0 to 20 or more times. Students who responded "10 to 19 times" or "20 or more times" were categorized as engaging in repetitive NSSI and compared with those who responded less than 10 times/never. This criterion conforms to current literature on correctly classifying individuals with a possible NSSI disorder,⁵ because those who engage in repetitive self-injury show increased risk of psychopathology, compared with those who engage in fewer NSSI episodes.²² Suicidality was assessed using the following items: "Have you ever thought about killing yourself?" and "Have you ever tried to kill yourself?" Response options for both items were "no," "yes, more than a year ago," and "yes, during the past year." To assess current behavior, we classified students into groups on the basis of their responses of "yes, during the past year."

We assessed 5 continuous connectedness factors examined in other research with adolescents.^{14,15} Three items were used to create a composite parent connectedness variable. Students indicated how often they could talk with their mother and father about problems they were having (2 items; response option range: "most of the

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