



# Trauma and Suicide Risk Among LGBTQ Youth

July 2022

## Background

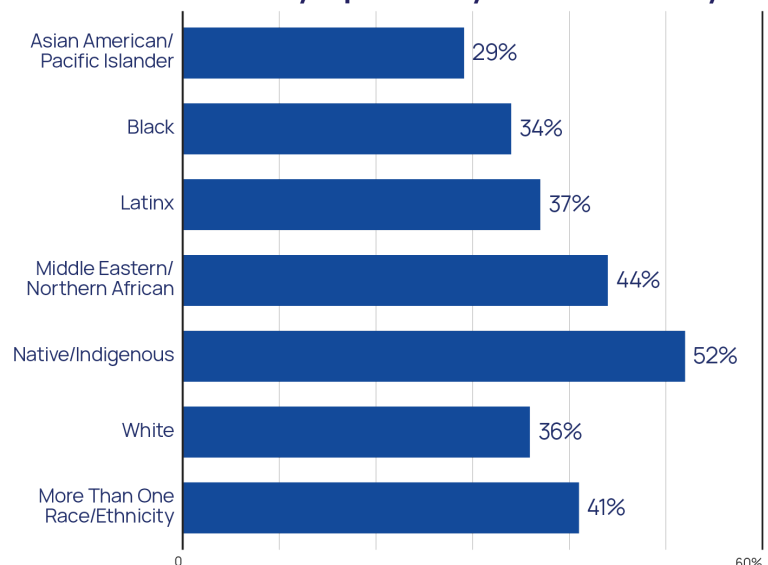
Lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth report significant disparities in suicide risk compared to their straight and cisgender peers (Johns et al., 2019). This increased risk is due to poor societal treatment, such as victimization and discrimination (Meyers, 2003), which may be associated with trauma. Individual trauma happens when a physically or emotionally harmful or threatening event, or series of events, is experienced by a person and has lasting effects on their well-being. Therefore, experiences of discrimination or physical threat or harm based on one's sexual orientation and/or gender identity may be experienced as individual trauma. Trauma-related symptoms, such as hypervigilance and avoidance, may even be related to perceived covert discrimination and microaggressions (Nadal et al., 2014). Research has consistently found that LGBTQ youth report increased experiences of trauma-related events compared to their straight, cisgender youth, often because they experience discrimination and victimization based on their sexual orientation and/or gender identity that their peers do not (Almeida et al., 2009; Roberts et al., 2012; Williams et al., 2005). Despite this, the relationship between trauma and suicide among LGBTQ youth has been understudied. This brief uses data from The Trevor Project's [2022 National Survey on LGBTQ Youth Mental Health](#) to examine disparities in trauma symptoms intersectionally by race/ethnicity, age, gender identity, and sexual orientation among LGBTQ youth. Further, we explore the association between trauma and past-year suicide attempts among these youth.

## Results

**More than one in three (37%) LGBTQ youth ages 13–24 reported high levels of trauma symptoms.** The average level of trauma symptoms reported by LGBTQ youth was 11.72 (SD = 3.31) out of a possible range of 4 to 16. Overall, only 4% of LGBTQ youth reported never experiencing any symptoms of trauma. Another 60% of LGBTQ youth reported low to moderate levels of trauma symptoms.

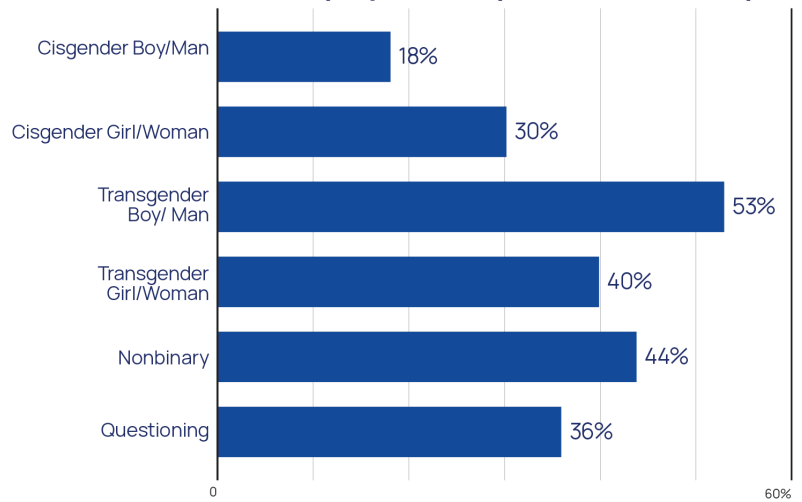
**Symptoms of trauma were higher among LGBTQ youth of color, multisexual youth, and transgender and nonbinary youth.** Overall, LGBTQ youth of color reported significantly higher rates of having high

**Percentage of LGBTQ Youth Who Reported High Levels of Trauma Symptoms By Race/Ethnicity**



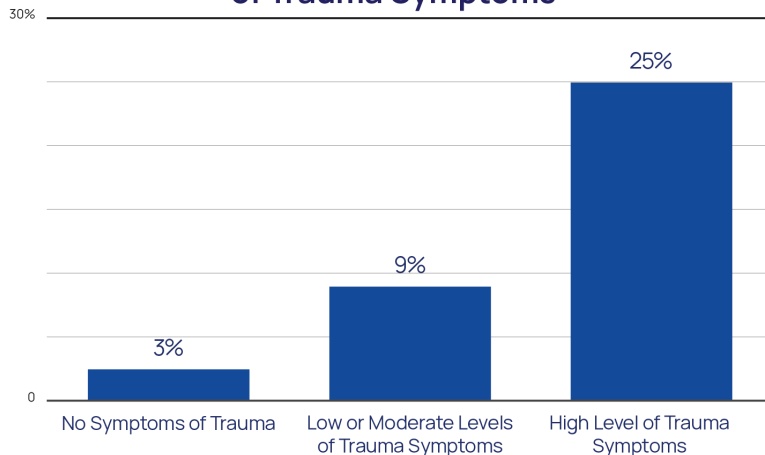
levels of trauma symptoms (37%) compared to White LGBTQ youth (36%), with the highest rates among Native/Indigenous LGBTQ youth (52%) and Middle Eastern/Northern African LGBTQ youth (44%). Compared to youth who were gay (29%), youth who identified as lesbian (38%), bisexual (33%), queer (42%), pansexual (43%), asexual (38%), and who were unsure about their sexual orientation (38%) all reported significantly higher rates of having high levels of trauma symptoms. Finally, significantly more transgender and nonbinary youth reported high levels of trauma symptoms (44%) compared to cisgender LGBTQ youth (25%). There was no significant difference in high levels of trauma symptoms between youth ages 13–17 (36%) and ages 18–24 (37%).

**Percentage of LGBTQ Youth Who Reported High Levels of Trauma Symptoms By Gender Identity**



**LGBTQ youth who reported high levels of trauma symptoms had over three times greater odds of attempting suicide in the past year compared to LGBTQ youth with no trauma symptoms (aOR = 3.32) and low or moderate trauma symptoms (aOR = 3.38).** The rate of suicide attempts increased among youth reporting higher levels of trauma symptoms. One in four LGBTQ youth with high symptoms of trauma reported a suicide attempt in the past year (25%). LGBTQ youth who reported no symptoms of trauma reported the lowest rates of past-year suicide attempts (3%), followed by LGBTQ youth with low or moderate symptoms of trauma (9%). Trauma symptoms were significantly associated with past-year suicide attempts across race/ethnicity, age, gender identity, and sexual orientation.

**Percentage of LGBTQ Youth Who Reported a Suicide Attempt in the Past Year, Comparison of Trauma Symptoms**



## Methods

Data were collected from an online survey conducted between September and December 2021 of 33,993 LGBTQ youth recruited via targeted ads on social media. Anxiety-related symptoms of trauma were assessed using an adapted version of the Trauma Symptoms of Discrimination Scale (Williams et al., 2018). The scale consisted of four items: 1) “Due to experiences in my life, I often feel on guard or easily scared, especially around certain people or places,” 2) “Due to experiences in my life, I often have nightmares or think about things when I do

not want to,” 3) “Due to experiences in my life, I often feel afraid as if something awful might happen,” and 4) “Due to experiences in my life, I feel the world is an unsafe place.” Response options were Never, Rarely, Sometimes, or Often true for them, with a possible summed score ranging from 4 (never experiencing any symptoms) to 16 (experiencing all of the symptoms often). Based on the distribution scores, the variable was recoded such that those who scored 5 to 13 were coded as having 1) low or moderate trauma symptoms, and those who scored 14 or higher, or one standard deviation above the mean, were coded as having 2) high trauma symptoms. Scores of 4 were coded as having no symptoms of trauma. The questions assessing past-year suicidal ideation and suicide attempts were taken from the Centers for Disease Control and Prevention’s Youth Risk Behavior Survey. Adjusted logistic regression models were run controlling for race/ethnicity, sex assigned at birth, gender identity, sexual identity, and socioeconomic status.

## Looking Ahead

Similar to existing research, our results show that symptoms of trauma are relatively common among LGBTQ youth. Further, symptoms of trauma – even at low or moderate levels – are associated with an increased risk for suicide attempts. Rates of experiencing high levels of trauma symptoms were even higher among LGBTQ youth of color, multisexual youth, and transgender and nonbinary youth. More specifically, more than half of both Native/Indigenous LGBTQ youth and transgender and nonbinary youth in our sample reported high levels of trauma symptoms. This suggests that LGBTQ youth with these identities are likely having trauma-related experiences not only based on their sexual orientation, but also based on their race/ethnicity and gender identity, among other potential aspects of their identity or environment. Importantly, youth who hold all of these identities could be at even greater risk for trauma. Since experiences of discrimination, harassment, and violence can contribute to trauma symptoms, policies protecting LGBTQ youth from anti-LGBTQ and racist discrimination may be effective interventions for reducing trauma symptoms and suicide risk among LGBTQ youth.

The relationship between trauma symptoms and suicide risk among LGBTQ youth suggests that public health interventions aimed at suicide risk reduction among LGBTQ youth should include screening and treatment for symptoms of trauma. Given the disproportionate experiences of trauma and associated symptoms among LGBTQ youth, mental health care professionals should prioritize providing LGBTQ-affirming care. Furthermore, higher rates of both trauma symptoms and suicide risk among youth of color, multisexual youth, and transgender and nonbinary youth suggest that this care must be culturally salient and gender-affirming to address the many different aspects of youth’s identities – allowing them to participate in treatment as their full selves. While there is a greater need for both LGBTQ and cultural competencies in trauma-informed care, establishing a sense of safety for these youth is paramount.

Though LGBTQ youth often face higher rates of trauma, research has demonstrated that protective factors, such as resilience to cope with traumatic events (Agaibi et al., 2005), family acceptance, and affirming environments can help to ameliorate disparities. The Trevor Project is dedicated to providing support for LGBTQ youth by providing culturally-sensitive, trauma-informed crisis support through our 24/7 crisis services. Our Advocacy team works to support LGBTQ inclusive policies impacting youth and to stop policies that may contribute to experiences of trauma. Furthermore, our online TrevorSpace platform

connects youth with supportive peers. Finally, our research department uses data to advance the conversation and understanding of both [resilience](#) and trauma among LGBTQ youth in an effort to reduce suicide.

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