



Research Brief: Perceived Life Expectancy and Life Purpose in LGBTQ+ Young People

January 2024

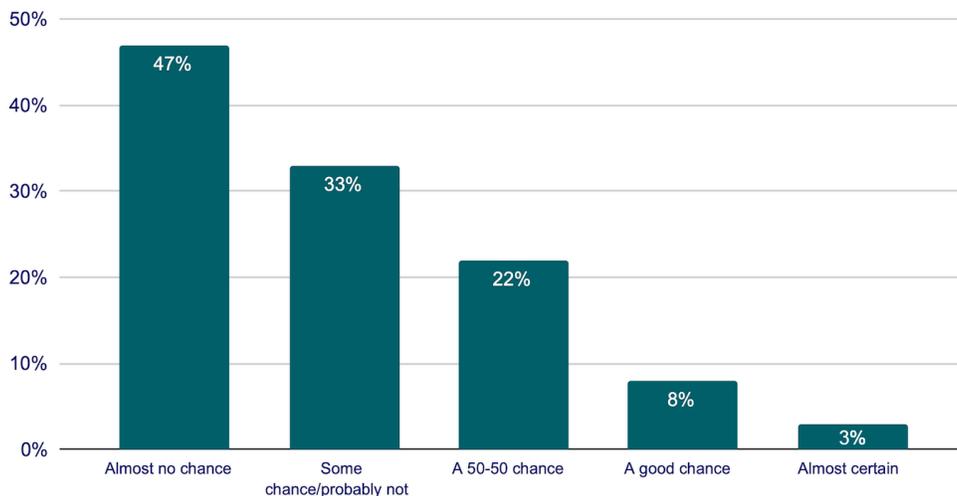
Background

It is well documented that LGBTQ+ young people report higher rates of mental health concerns in comparison to their peers (McDonald, 2018). These concerns are often tied to experiences of minority stress, or negative events associated with a marginalized identity (e.g., discrimination), which serve as risk factors for poor mental health (Meyer, 2003; Rich et al., 2020). Research has also begun examining the relationship between protective factors, such as perceived life expectancy (Parmar et al., 2022) and life purpose (McIntyre et al., 2022; Zika & Chamberlain, 1992), with mental health. For example, Parmar and colleagues (2022) found that greater perceived life expectancy (i.e., the lifespan that a person expects to have) was associated with better mental health reports in lesbian, gay, and bisexual young people. However, this relationship was not explored with transgender and nonbinary young people. Additionally, while other research has identified a positive relationship between life purpose (i.e., motivating factors in one's life) and mental health in the general population, they did not specifically focus on LGBTQ+ young people (McIntyre et al., 2022; Zika & Chamberlain, 1992). Thus, little is known about how life purpose and perceived expectancy relate to mental health in LGBTQ+ young people. This brief will explore the relationship between LGBTQ+ young people's perceived life expectancy and life purpose with their mental health, using data from The Trevor Project's [2023 U.S. National Survey on the Mental Health of LGBTQ+ Young People](#).

Results

Perceived Life Expectancy. Among the overall sample of LGBTQ+ young people, the majority (64%) reported believing there was a high chance (i.e., more likely than not) of living to age 35, while just over 1 in 3 (36%) believed their chances were low. These rates were different by demographic groups. For example, among LGBTQ+ young people aged 13 to 17, only 59% believed they had a high chance of living to 35, compared to nearly three-quarters (73%) of their older peers aged 18 to 24. Similarly, multisexual young people (e.g., bisexual, pansexual, queer) reported lower rates (63%) compared to monosexual (e.g., lesbian, gay) young people (68%). This trend was also observed in transgender and nonbinary individuals (53%) compared to those who were gender questioning (63%) and cisgender (79%), and in LGBTQ+ young people of color (59%) compared to LGBTQ+ White young people (69%).

Rate of Past-Year Suicide Attempt by Predicted Chance of Living to 35 Years Old



Perceived life expectancy was related to mental health concerns for LGBTQ+ young people.

LGBTQ+ young people who predicted a low chance of living to 35 reported higher rates of recent anxiety (82%) and depression symptoms (77%) compared to their peers who predicted a high chance of living that long (58% and 40%, respectively). They also reported higher rates of past-year self-harm (77%),

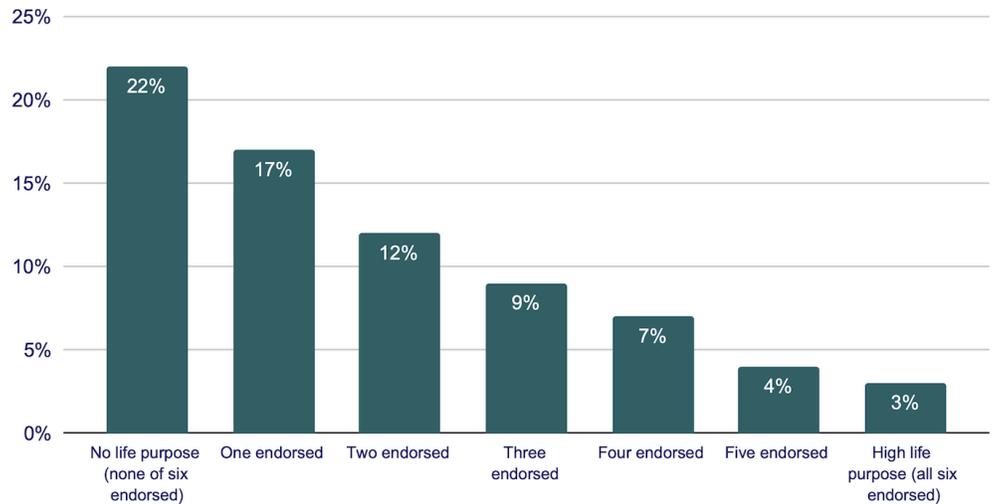
suicide consideration (69%), and suicide attempts (28%) compared to their peers (41%, 24%, and 6%, respectively). The rate of past-year suicide attempts consistently decreased as participants' certainty of living to 35 increased. These rates ranged from 47% of LGBTQ+ young people reporting a suicide attempt in the past year if they believed they had "almost no chance" of living that long to only 3% reporting a suicide attempt if they were "almost certain" of reaching that age. LGBTQ+ young people who predicted a high chance of living till 35 years old had 80% lower odds of reporting a suicide attempt in the past year compared to peers who predicted a low chance (adjusted odds ratio [aOR] = 0.20, 95% Confidence Interval [CI] = 0.18-0.22, $p < 0.001$).

Life Purpose. LGBTQ+ young people reported low rates of life purpose across six separate areas: feeling enough purpose in life, finding life activities worthwhile, believing their activities are important, valuing their life activities, caring about their activities, and having many reasons to live. Specifically, only 25% felt that there was enough purpose in their life, 30% believed that what they do feels important, and 47% cared about the things they do. In addition, 30% found their life activities worthwhile, 54% valued their life activities, and 44% reported that they had a lot of reasons to live. Notably, 30% endorsed four to six examples, 43% one to three, and 27% reported not having any of these examples of life purpose.

Life purpose was consistently related to mental health concerns among LGBTQ+ young people. While 1 in 5 (20%) LGBTQ+ young people who did not endorse having "lots of reasons to live" reported a past-year suicide attempt, just 1 in 20 (5%) of those who had "lots of reasons to live" reported a suicide attempt. Similarly, 16% of participants who did not feel they had "enough purpose in their life" reported a suicide

attempt in the past year, as opposed to only 5% of those who felt they had “enough purpose in their life.” Finally, the more life purpose a participant reported, the lower the past-year suicide attempt rate. More specifically, 22% of individuals who reported having no current life purpose (no examples endorsed) reported a suicide attempt in the past year, compared to only 3% of individuals who reported

Rate of Past-Year Suicide Attempt by Number of Life Purpose Examples Endorsed



having high life purpose (all examples endorsed). Notably, LGBTQ+ young people who endorsed all examples of life purpose had 84% lower odds of a past-year suicide attempt compared to those who endorsed none (aOR = 0.16, 95% CI = 0.12-0.21, $p < 0.001$).

Life purpose and perceived life expectancy were positively correlated (Pearson correlation coefficient $[r] = 0.48$, $p < 0.001$), meaning as one’s life purpose increased, one’s perceived life expectancy also increased. Among individuals who reported having no examples of life purpose, nearly two-thirds (63%) believed they had “almost no chance” of living to age 35, while less than a tenth (8%) felt “almost certain” they would live that long.

Methods

Data were collected through The Trevor Project’s [2023 U.S. National Survey on the Mental Health of LGBTQ Young People](#). In total, 28,524 LGBTQ+ young people between the ages of 13 to 24 were recruited via targeted ads on social media.

Questions assessing past-year suicidality and self-harm were taken from the Centers for Disease Control and Prevention’s Youth Risk Behavior Survey (Johns et al., 2019; Johns et al., 2020). Questions assessing symptoms of depression and anxiety were taken from the PHQ-2 and GAD-2, respectively (Löwe et al., 2005; Löwe et al., 2008). The question assessing perceived life expectancy was taken from Parmar and colleagues (2022) and questions assessing life purpose were taken and modified from The Life Engagement Test (Scheier et al., 2006). For perceived life expectancy, participants were asked “What do

you think are the chances that you will live to age 35?” with response options of: Almost no chance, Some chance/probably not, A 50-50 chance, A good chance, Almost certain, and I don't know. These responses were dichotomized for some analyses, such that anything above “50-50” was considered a high chance and anything “50-50” or below was considered a low chance of living until age 35. Responses of 'I don't know' were coded as missing data. For life purpose questions, participants were asked to “Please indicate the extent to which you agree with each of the following statements: There is not enough purpose in my life; To me, the things I do are all worthwhile; Most of what I do seems trivial and unimportant to me; I value my activities a lot; I don't care very much about the things I do; I have lots of reasons for living.” They could respond: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree. The first, third, and fifth items were reverse coded. For some analyses, items were dichotomized such that responses from Neutral to Strongly Disagree were grouped as Disagree, while responses Agree or Strongly Agree were categorized as Agree.

Chi-square tests were run to examine differences between groups. The Pearson correlation coefficient was used to examine a correlation between perceived life expectancy and life purpose. All reported comparisons are statistically significant at least at $p < 0.05$. This means there is less than a 5% likelihood these results occurred by chance. After checking assumptions, adjusted logistic regression models were run to examine the association between perceived life expectancy, life purpose, and mental health, controlling for age, race/ethnicity, sexual orientation, gender identity, socioeconomic status, and Census region.

Looking Ahead

LGBTQ+ young people have expressed concerning beliefs about their chances of living until the age of 35. These beliefs were tied to their mental health, including thoughts of suicide and suicide attempts in the past year. Similarly, they reported low levels of life purpose, which was also related to their mental health. Additionally, LGBTQ+ young people with specific demographics reported higher rates of low perceived life expectancy and mental health concerns than their peers, such as those aged 13 to 17, transgender and nonbinary youth, youth of color, and multisexual youth. For those aged 13 to 17, their increased rates of low perceived life expectancy may be attributed to cohort effects (e.g., unique experiences to individuals within a specific group, such as experiencing COVID-19 during formative years) or a selection effect (e.g., the older you are, the more likely you are to believe you will live longer). Understanding the relationship between perceived life expectancy, life purpose, and suicide is critical, as finding ways to improve one's life purpose could potentially increase the belief in a longer life and limit the odds of a future suicide attempt.

Our research found a strong relationship between perceived life expectancy and past-year suicide attempts. Those who reported a higher perceived life expectancy had an 80% lower odds of a past-year suicide attempt compared to peers with lower perceived life expectancy. For example, nearly half (47%) of those who reported having “almost no chance” of living to 35 years old reported a suicide attempt in the

past year. Thus, it is crucial to consider including perceived life expectancy questions to assess and contextualize the possibility of suicide attempts in LGBTQ+ young people. These questions could be included in survey research and during suicide risk assessments at clinics working with LGBTQ+ young people.

Research consistently documents the importance of support and affirmation as protective factors for LGBTQ+ young people (Green et al., 2022). Considering this research, one way to support an LGBTQ+ young person could be to help them develop their life purpose. Youth-facing individuals should help LGBTQ+ young people engage in worthwhile, meaningful activities that align with their values and interests. Helping LGBTQ+ young people thoughtfully engage in daily activities and identify reasons for living could be life-saving for youth. Furthermore, having young people clarify and envision their future may be helpful in promoting them to consider a longer life expectancy. In these discussions and explorations, it is critical to be non-judgmental and to support the authentic interests of LGBTQ+ young people. These issues can also be explored in therapy, with tasks such as Values Exploration (i.e., helping an individual identify and behaviorally engage with their values) and Behavioral Activation (i.e., thoughtfully engaging in rewarding activities), as these have both been found to be effective in improving mental health in past research (Kanter et al., 2010; Wilson & Murrell, 2004).

At The Trevor Project, our Crisis Services team works 24/7 to help LGBTQ+ young people in crisis. We also focus on prevention efforts in order to limit the need for crisis resources in the future and eventually end suicide for LGBTQ+ young people. We also provide training to LGBTQ-facing adults, including professionals who work with young people (e.g., counselors, educators, nurses, social workers), as a means to increase understanding of LGBTQ+ people and provide guidance on trauma-informed suicide prevention efforts that are applicable to individuals of various identities and experiences. Additionally, Trevor's Research team is committed to the ongoing dissemination of research that explores the experiences of LGBTQ+ young people to prevent suicide, as well as improve life purpose and expectancy, for a particularly vulnerable community.

Recommended Citation: The Trevor Project. (2023). Life Purpose and Expectancy in LGBTQ+ Young People.

References

- Green, A. E., Taliaferro, L. A., & Price, M. N. (2022). Understanding Risk and Protective Factors to Improve Well-Being and Prevent Suicide Among LGBTQ Youth. *Handbook of Youth Suicide Prevention: Integrating Research into Practice*, 177-194. DOI: 10.1007/978-3-030-82465-5_11
- Johns, M. M., Lowry, R., Andrzejewski, J., Barrios, L. C., Demissie, Z., McManus, T., Rasberry, C. N., Robin, L., & Underwood, J. M. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students—19 States and large urban school districts, 2017. *MMWR. Morbidity and Mortality Weekly Report*, 68(3), 67–71. DOI: 10.15585/mmwr.mm6803a3

- Johns, M. M., Lowry, R. R., Haderxhanaj, L. T., Rasberry, C., Robin, L., Scales, L., Stone, D., Suarez, N., & Underwood, J. M. (2020). Trends in violence victimization and suicide risk by sexual identity among high school students – youth risk behavior survey, United States, 2015–2019. *MMWR Morbidity Mortality Weekly Report*, *69*(Suppl-1), 19–27. DOI: 10.15585/mmwr.su6901a3external
- Kanter, J. W., Manos, R. C., Bowe, W. M., Baruch, D. E., Busch, A. M., & Rusch, L. C. (2010). What is behavioral activation?: A review of the empirical literature. *Clinical Psychology Review*, *30*(6), 608–620. DOI: 10.1016/j.cpr.2010.04.001
- Löwe, B., Decker, O., Müller, S., Brähler, E., Schellberg, D., Herzog, W., & Herzberg, P. Y. (2008). Validation and standardization of the Generalized Anxiety Disorder Screener (GAD-7) in the general population. *Medical Care*, *46*, 266–274. <https://www.jstor.org/stable/40221654>
- Löwe, B., Kroenke, K., & Gräfe, K. (2005). Detecting and monitoring depression with a two-item questionnaire (PHQ-2). *Journal of Psychosomatic Research*, *58*(2), 163–171. DOI: 10.1016/j.jpsychores.2004.09.006
- McDonald, K. (2018). Social support and mental health in LGBTQ adolescents: A review of the literature. *Issues in mental health nursing*, *39*(1), 16–29. DOI: 10.1080/01612840.2017.1398283
- McIntyre, R. S., Ismail, Z., Watling, C. P., Weiss, C., Meehan, S. R., Musingarimi, P., & Thase, M. E. (2022). Patient-reported outcome measures for life engagement in mental health: a systematic review. *Journal of Patient-reported Outcomes*, *6*(1), 62. DOI: 10.1186/s41687-022-00468-5
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. DOI: 10.1037/0033-2909.129.5.674
- Parmar, D.D., Tabler, J., Okumura, M.J., Nagata, J.M. (2022) Investigating protective factors associated with mental health outcomes in sexual minority youth. *Journal of Adolescent Health*, *70*(3), 470–477. DOI: 10.1016/j.jadohealth.2021.10.004
- Rich, A. J., Salway, T., Scheim, A., & Poteat, T. (2020). Sexual minority stress theory: Remembering and honoring the work of Virginia Brooks. *LGBT Health*, *7*(3), 124–127. DOI: 10.1089/lgbt.2019.0223
- Scheier, M. F., Wrosch, C., Baum, A., Cohen, S., Martire, L. M., Matthews, K. A., ... & Zdaniuk, B. (2006). The Life Engagement Test: Assessing purpose in life. *Journal of Behavioral Medicine*, *29*(3), 291–298. DOI: 10.1007/s10865-005-9044-1
- Wilson K.G. & Murrell, A.R. (2004). Values work in Acceptance and Commitment Therapy: Setting a course for behavioral treatment. In: *Mindfulness and acceptance: Expanding the cognitive-behavioral tradition*. Guilford Press; New York.
- Zika, S., & Chamberlain, K. (1992). On the relation between meaning in life and psychological well-being. *British Journal of Psychology*, *83*(1), 133–145. DOI: 10.1111/j.2044-8295.1992.tb02429.x

For more information please contact: Research@TheTrevorProject.org