



# The "noise" of suicide attempts – relating LGBTQ+-specific vs. non-specific factors

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#### International and Swiss Evidence on Prevalence



- Sexual minorities are more often affected by suicidal ideation, suicide attempts than the heterosexual and cisgender population (Haas et al., 2011; Perez-Brumer, Day, Russell & Hatzenbuehler, 2017; Pompili et al., 2014; Salway et al., 2019; Yıldız, 2018)
- Sexual minority youth adolescents are particularly affected (Yıldız, 2018)
- Switzerland: Lifetime prevalence of suicide attempts is 5 times higher among gay and bisexual male adolescents than among heterosexual male adolescents (Wang et al., 2012); about 4 times higher (LGBTQ+ population vs. general population) (Krüger et al., 2023 et al.).

# From the Research Gaps to the Research Design



#### Gaps:

- Qualitative approaches
- Perspective on suicide attempt(s)
   as processes and subjective
   interpretation of suicide attempts
- Multi-perspective understanding of suicide attempts
- Divided discourses: LGBTQ+ specific vs. general suicidology

#### **Questions:**

<u>How does a suicide attempt occur?</u>
(Process aspect)

Why does a suicide attempt occur?

(Reasons, meaningfulness and patterns of interpretation)

- Resource and stress factors in the context of gender identity and sexual orientation
- Help-seeking behaviour
- Retrospectively perceived need for support

#### **Research Design**

- Grounded Theory as a methodological framework(Strauss & Corbin, 1996)
- Multi-perspective approach
- Problem-centred Interviews (Witzel 1985)
- German- and French-speaking
   Switzerland

Zürcher Fachhochschule 3

#### Zurich University



# **Sampling & Inclusion Criteria**

#### LGBTQ+ youth/young adults and heterosexual and cisgender youth/young adults

- ... attempt to end live between 14 and 25 of age
- ...at least one and no more than three suicide attempts
- ...last suicide attempt not more than five year ago

#### Persons of social environment

...close person during the process leading up to the suicide attempt (e.g. parents, colleague, school social worker).

-> Gathered via various channels (clinical vs. non-clinical), on- and offline

# **Sample – Youth with Suicide Attempts**



#### Age at Interview

Age in Years (youngest 14, oldest 28)	14 – 17	18 – 21	22 – 25	26 – 28	Total
Number of Participants	9	11	6	3	29

#### Gender Identity and Sexual Orientation

Gender Identity		Sexual Orientation		Total
Transgender	Trans Man	Queer, Bisexual, Pansexual, Omnisexual, Not-Straight,	7	
	Trans Woman	Complicated, Demi-sexual, Asexual, Aromantic		
	Non-Binary		5	
Cisgender	Cis Woman Lesbian		2	
		Bisexual	5	
		Heterosexual	2	
	Cis Man	Gay	2	
		Bisexual	2	
		Heterosexual	1	
				29

# **Sample – Persons from the Social Environment**



#### Age at Interview

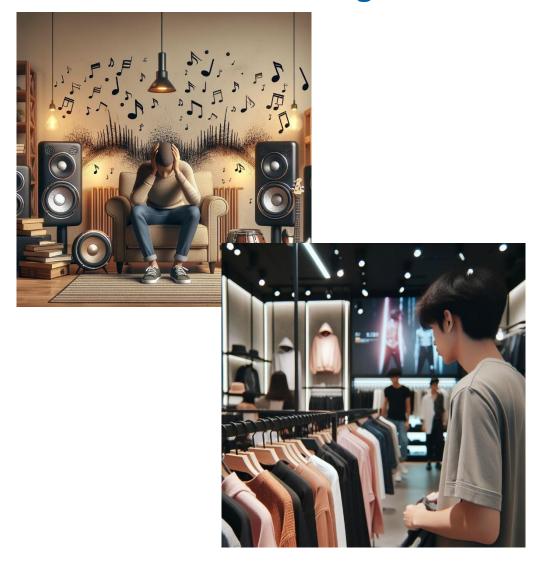
Age in Years (youngest 22, oldest 60)	22-30	31-40	41-50	51-60	Total
Number of Participants	5	0	4	3	12

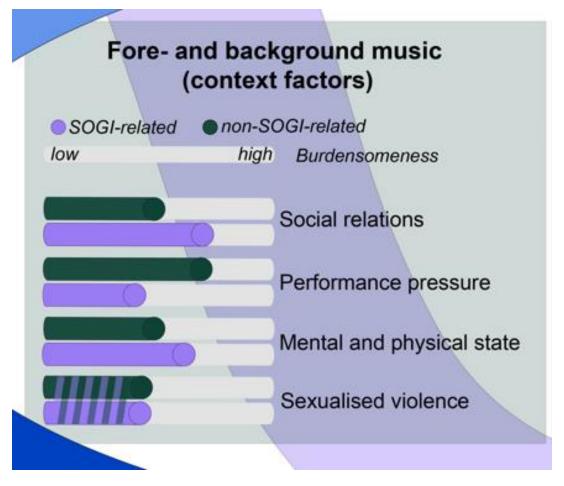
#### Characteristics of the Person from the Social Environment

Relation to the Young Adult with Suicide Attempts Gender Identity and Sexual Orientation			Total	
		Cisgender and Heterosexual, except one being "open" for her sexual orientation	4	
	Father	Cisgender and Heterosexual	2	
Brother		Cisgender and Heterosexual	2	
Girlfriend		Cisgender and Queer	1	
Friend		Cisgender Man and Woman, both Heterosexual	2	
Social Worker		Non-Binary and Pansexual	1	
		•		12

# Results - SOGI as foreground or background music







# Results – Type 1 Foregroupe



not fitting in bullying, so impeded affirming

persuaded: You'll never look like a real man. You'll – I was actually told that directly. You'll never be a real man, your soul will always remain that of a woman. - My mother said that to me because she just didn't understand that my soul is male."

(Noe, transgender male, queer, 16, German-speaking Switzerland, pos. 417-422)

"It's a mental strain, as if you're just

Perform «se birth»

 Rarely mental and phy health problems, when reported, then attributed to SOGI

Sex. violence: 1 individuum

usic type
tors)

lated
rdensomeness

Social relations

Performance pressure

Mental and physical state

Sexualised violence

# **Results – Type 2 Background**



- Harmful and traumatic experiences (e.g. domestic violence, parental neg
- Difficulties in meet requirements of so apprenticeship or so
- poor health status, e.g. depression, social anxiety, sleep disorders
- Experience of sexualised violence by male perpetrators

«I was brought up in a somewhat difficult family environment. My mother has always been a bit depressed and also...rather manipulative...I would say. My father always had problems with alcohol, drank a lot and was just not there." (Maryam, cisgender female, bisexual, 25, Germanspeaking Switzerland, pos. 59-69)



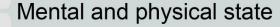
# Results – Type 3 Mixed type



SOGI and non-SOGI-related factors being equally

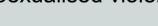
- for (a) suicide at
- for one attempt the other not
- → Both sets of factors
- Difficulties in navigating spidentity in cultural or religious environments
- Disruptions (relocations, changes in educational and employment status)

"Well, I think it was just... all of it. Sexual abuse, plus bullying at school. And then on top of that, you're trans. Of course, I didn't realise it, but... I'm trans. And when you realise it and look back, you realise that it was just too much for me at the time and... it was actually easier to just kill yourself than to really... deal with it all." (Ruben, transgender male, bisexual, 16, Germanspeaking Switzerland, Pos. 79-84).

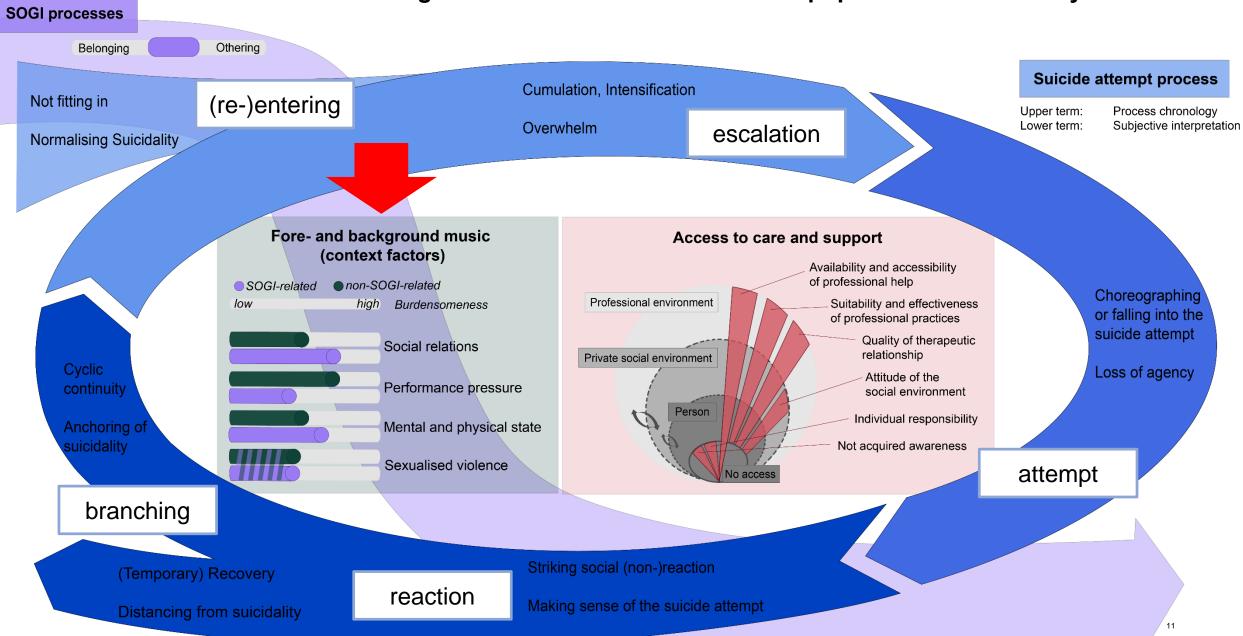


ance pressure

Sexualised violence



#### SOGI as fore- or background music of the suicide attempt process of LGBTQ+ youth



# **Conclusions (work-in-progress)**



- Holistic view on suicidal processes integrating SOGI and non-SOGI related factors – is needed
- Health promotion, suicide prevention, and early detection and intervention strategies need to relate to respective types
- → Only and mostly LGBTQ+-specific approaches is <u>not</u> the solution!
- Call: Different disciplines and SGM health scholars and suicidology scholars should work more closely together (-> impact mainstream discourse, getting out of the closet)

#### VERTRAULICH/<u>NICHT</u> PUBLIZIERT – NICHT FOTOGRAFIEREN UND NICHT TEILEN







## LGBTQ+-spezifische Zugänge

- Stärkung soziale Akzeptanz und Zugehörigkeit von LGBTQ+-Individuen
- Gender-Affirming Care

### Generelle Zugänge

- LGBTQ+-sensitiv/inklusiv für LGBTQ+-Personen
- Stärkung soziale Einbettung und Verbundenheit
- Reduzierung von Leistungsdruck in der Schule/Lehre
- Prävention/Behandlung/Bearbeitung sexualisierter Gewalt und unsicherer familiärer Verhältnisse
- Sicherung stabiler sozioökonomischer Verhältnisse
- Reduktion der normativen Erwartungen heterosexuell und cisgender sein zu müssen

#### **Publications**



Kuhnert, T., Bomolo, N.J., Guillet, R. & Pfister, A. (in review). LGBTQ+-specific and -sensitive suicide prevention: Implications from a grounded theory study in Switzerland. *BMC Public Health* 

Pfister, A. (2024). Suizidprävention für LGBTQ+-Jugendliche: Notwendigkeit, Modell und Zugänge. *Prävention und Gesundheitsförderung*. <a href="https://doi.org/10.1007/s11553-023-01096-7">https://doi.org/10.1007/s11553-023-01096-7</a>

Pfister, A., Kuhnert, T., Bomolo, N.J., Guillet, R., Koschmieder, N., Gavin, A., Kupferschmid, S., Bourquin, C. & Michaud L. (2025). A Model of How LGBTQ+ Youth Suicide Attempts Occur: Empirically Linking LGBTQ+ Specific vs. Non-Specific Factors, *Journal of Homosexuality*, <a href="https://doi.org/10.1080/00918369.2025.2563799">https://doi.org/10.1080/00918369.2025.2563799</a>

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# Thank you for your attention Questions, remarks?





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# References