

LGBTQ+ Identities and Suicide Risk Among Veterans



From Science to Practice

Using Research to Promote Safety and Prevent Suicide

To inclusively recognize the full range of sexual orientation and gender identity minorities, VA uses the term “LGBTQ+” to be inclusive. The “+” sign is used to include sexual and gender minority identities that are similar to “LGBTQ.” In instances where specific subgroups were studied, the nomenclature used by the researchers is preserved (e.g., LGBT, LGB, sexual minority, gender minority).

Overview

LGBTQ+ people (those who have a sexual and/or gender minority identity) are more likely than their cisgender and heterosexual peers to experience suicidal ideation and behavior.^{1,2,3,4,5,6,7,8} LGBTQ+ people may be more likely to die by suicide.^{9,10} Reasons for greater rates of suicidal ideation and suicide attempts within the LGBTQ+ population may include the stigma, discrimination, and minority stress that this population continues to face — all of which contribute to chronic psychological distress, limited access to care, and social disadvantage.^{11,12,13,14}

Key Findings

Risk factors for suicidal thoughts and behaviors in the LGBTQ+ population

- Several risk factors for suicidal thoughts and behaviors — such as psychological distress, substance use, anxiety and mood disorders (e.g., depression), and stressful life events (e.g., homelessness, sexual assault, childhood sexual trauma, intimate partner violence) — are more prevalent in the LGBT population than in the non-LGBT population.^{15,16,17,18}
- Sexual minority discrimination (assessed using the 6-item Experiences of Discrimination scale) may impact suicidal behavior, especially during young adulthood. A study found that across racial and ethnic groups, the relationship between discrimination and

suicide attempt was strongest between the ages of 18 and 25. After age 25, the relationship was not significant in any racial or ethnic group. Among 18-25 year-olds, White and Black/Hispanic sexual minority adults who reported discrimination had between 3.60 and 4.52, the odds of suicide attempt, respectively, compared to their sexual minority counterparts who did not experience discrimination.¹⁹

- A meta-analysis of studies on the prevalence of suicidal ideation and behavior within LGB subgroups found that study participants who identified as bisexual had higher rates of past-year suicidal ideation, past-year suicide attempts, and lifetime suicide attempts than did participants who identified as lesbian or gay.²⁰ These rates were highest among bisexual women.
- Risk patterns differ within subgroups of the LGBT population, as well as between this population and the non-LGBT population. For example, lesbian and bisexual women have been found to be at greater risk for substance use disorders than gay and bisexual men and heterosexual women, while gay and bisexual men have a greater risk for lifetime prevalence of suicide attempts than do lesbian and bisexual women and heterosexual men.¹⁹
- Transgender and gender diverse populations may be more at risk for suicide than any other subgroup of the LGBTQ+ population as well as the general population. A systematic review of studies found that nearly half of adults with a transgender identity had experienced suicidal ideation and more than a quarter had attempted suicide in their lifetime. Stigma, social injustice, minority stress, and lack of employment opportunities are factors that contribute to the disproportionate rate of suicidal ideation within transgender and gender-diverse populations.^{8,7}

LGBTQ+ Identities and Suicide Risk Among Veterans

- One study evaluated the associations between gender-affirming surgery and mental health outcomes in the U.S. The results revealed that undergoing one or more types of gender-affirming surgery was associated with lower past-month psychological distress and past-year suicidal ideation among participants.²²

Risk factors for suicide in the LGBTQ+ Veteran population

- Victimization and decreased social support were found to be particularly relevant risk factors for suicidal thoughts and behaviors among LGBT Veterans.²⁴
- Suicidal ideation may be more prevalent among LGB Veterans than among heterosexual Veterans.^{1,24} One study found that, although there was no difference between LGB and heterosexual Veterans in prevalence of suicidal ideation in the past 12 months, LGB Veterans had significantly higher odds for lifetime suicidal ideation than heterosexual Veterans did.¹
- Sexual minority Veterans are twice as likely as sexual minority non-Veterans in the general population to own firearms — a significant independent risk factor for suicide.^{25,26}
- Transgender patients in the Veterans Health Administration (VHA) have a significantly greater hazard of death by self-poisoning than their nontransgender counterparts (28.8% versus 11.3%, respectively).²⁷
- An analysis of Veteran suicides from 2000 to 2017 using VHA electronic health record data found that the crude suicide rate of sexual minority Veterans was higher than that of the general U.S. population.¹⁰ Among sexual minority Veterans, men had a significantly higher age-adjusted suicide mortality rate (100.14) than that of women (49.32).¹⁰
- A study of U.S. service members and Veterans who had been psychiatrically hospitalized due to a recent suicide crisis compared demographic and psychiatric factors of heterosexual and LGB participants. LGB service members and Veterans tended to be younger, and a greater proportion were women than their heterosexual counterparts. They were also more likely to have never been married and to be enlisted. In age and gender adjusted models, LGB participants reported lower acquired capability for suicide, twice the risk of reporting being unable to control suicidal thoughts, lower family support, and higher perceived burdensomeness than heterosexual participants.
- In a national survey of 212 transgender Veterans, 57% reported past-year suicidal ideation and 66% reported a history of suicide planning or attempts.⁵
- Among suicide deaths, transgender Veterans died at a younger age (average age = 49.4) as compared with other studies of Veteran suicide (age 59.6) and were more likely to be unmarried and have had a previous diagnosis of depression.^{27,29}
- Transgender Veterans who access VHA care have more than 20 times the rate of lifetime suicidal ideation and suicide attempts than does the general VHA patient population.²⁸
- Transgender Veterans are more likely than cisgender Veterans to have a history of homelessness, to experience housing and employment discrimination, and to experience stigma related to being transgender while serving in the military.⁵ Black transgender Veterans are more likely than White transgender Veterans to experience housing instability.³¹
- Homelessness, stigma experienced in the military, posttraumatic stress disorder, depressive symptoms, older age, and transgender male identity (being assigned female sex at birth and identifying as male or masculine) are associated with suicide planning and attempts among transgender Veterans.⁵
- A study of 298 transgender Veterans found that discrimination was positively associated with suicidal ideation and that social support from other LGBTQ+ Veterans helped moderate the relationship between discrimination and suicidal ideation, possibly serving as a protective factor.³²

Ways You Can Help

- Promote affirming environments to facilitate open discussion of sexual orientation, gender identity, stigma, and social and health needs.³⁴ Examples of this include asking every patient about their gender identity, preferred name, pronouns, and sexual orientation identity as part of routine assessment and using a Veteran's preferred name and pronouns in conversation and documentation.
- Offer inclusive fact sheets and helpful information for Veterans with LGBTQ+ identities to show that you understand the



U.S. Department
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LGBTQ+ Identities and Suicide Risk Among Veterans

association of identity and health. Find out more [here](#).

- Familiarize yourself with required standards of care for LGBT Veterans, including VHA directives 1340(2) and 1341(2). Find out more [here](#).
- Consider participating in the VHA LGBTQ+ Health Program's ongoing educational opportunities, which inform VHA staff members about best practices in LGBTQ+ health care. Find out more [here](#).
- Contact your facility's LGBTQ+ Veteran Care Coordinator (VCC) if you have any questions about sexual orientation and gender identity issues in providing care to Veterans. A contact list for LGBTQ+ VCCs is available through an internal VA SharePoint site. Find out more [here](#).

Although suicidal thoughts and behaviors are more prevalent among people with LGBTQ+ identities, sexual orientation and gender identity are not, themselves, risk factors for suicide. There is no single cause of suicide. It is often the result of a complex interaction of risk and protective factors at the individual, interpersonal, community, and societal levels. To prevent Veteran suicide, we must maximize protective factors and minimize risk factors at all of these levels.

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