“ADDRESSING NON-SUICIDAL SELF-INJURY AMONG GENDERQUEER COLLEGE STUDENTS”

Andrew Yockey, M.S.
Keith King, Ph.D., MCHES
Rebecca Vidourek, Ph.D., CHES
University of Cincinnati
OUTLINE

• A.) Address non-suicidal self-injury, its correlates, and gaps in the literature
• B.) Talk about why non-suicidal self-injury may affect certain diasporas of life
• C.) Theories behind non-suicidal self-injury
• D.) Genderqueer college students and NSSI
• E.) Preliminary results from the 2017-2018 Healthy Minds Study
• F.) Ways to prevent non-suicidal self-injury among genderqueer college students.
NON-SUICIDAL SELF-INJURY (NSSI)

• NSSI remains a national public health concern.

• Defined as: “Direct, deliberate destruction of one's own body tissue in the absence of intent to die; or suicide attempts, which refer to direct efforts to intentionally end one's own life” (Nock et al., 2006).

• Rates and prevalence ... vary:
  • 11.7% college students report past-year NSSI (Heath et al., 2008)
  • 2.8% -- past year (Kiekens et al., 2016)
  • 37% -- past year (Walker et al., 2017)
NSSI AND DEMOGRAPHICS

- Mixed results on sex, though evidence points towards females:
  - No sex differences in NSSI (Heath et al., 2008)
  - Females more likely to engage in NSSI (Kiekens et al., 2016)
  - Females – greater likelihood of engaging in NSSI (Kiekens et al., 2018)

- Race:
  - Whites more likely; Asians less likely (Polanco-Roman, Tsypes, Soffer, & Miranda, 2014)
  - Cultural differences
NSSI AND CO-MORBID MENTAL HEALTH DISORDERS

• Co-morbid with (Whitlock, 2010):
  • Anxiety
  • Depression
  • Increased risk for completed suicide
  • PTSD
  • Psychosis
  • Substance Use
FUNCTIONS OF NSSI

- Intra-personal vs. interpersonal
THEORY BEHIND NSSI (NOCK, 2009)

- Social Learning Hypothesis
  - E.g. Friends, family, external sources
- Self-Punishment Hypothesis
  - Self-deprecation
  - Criticism by others
  - “Just not good enough”
THEORY

• Social Signaling Hypothesis
  • Yelling, talking isn’t enough to garner attention
  • May be more effective means of social communication
  • Highly pernicious behaviors == more responses

• Pain Analgesia/Opiate Hypotheses
  • Reduction of pain
  • Release of endogenous opiates from frequent NSSI
THEORY

• Implicit Identification Hypothesis
  • May be a new way to garner wants, needs
  • Identify formation
  • Regulate Emotion
    • What do you do when you’re sad?
NSSI AMONG SEXUAL MINORITIES

• Meta-analytic review (Batejan et al., 2015):
  • Bisexuals are at higher at risk.
• Minority Stress Theory (Meyer, 1995)
  • Individuals in a different diaspora other than the predominant one in a society are subjected to chronic stress and are stigmatized.
  • May engage in unhealthy behaviors to cope with elevated stress
• Components:
  • Internalized Homophobia
  • Stigma
WHY GENDERQUEER INDIVIDUALS?

• Genderqueer –
  • A term used by some individuals who identity as neither entirely male nor entirely female.
  • Can be an umbrella term or a specific identity

• Recently being recognized in medical, psychological, and mental health fields.

• A growing number of adolescents/teens/young adults are beginning to identify as genderqueer (https://www.nytimes.com/2019/06/04/magazine/gender-nonbinary.html)
  • “Data are scarce, and the research gaps are vast,” Jody Herman, a public-policy scholar at the U.C.L.A. School of Law’s Williams Institute,
The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
• Significant gaps persist in the literature examining sexual minorities and NSSI
  • No studies on genderqueer individuals to our knowledge
  • Not many studies from national databases – There is a call for more research into sexual minorities and NSSI
  • Lack of methodological rigor
The present study sought to identify characteristics of past-year non-suicidal self-injury among a national sample of college students who identify as genderqueer.

1.) What percentage of college students engaged in NSSI within the past year?
2.) Does past-year NSSI differ based on demographics?
3.) Does past-year NSSI differ based on mental health characteristics?
The 2017-2018 Healthy Minds Study was utilized for the present study. Healthy Minds is an representative, annual web-based survey to capture mental health, health, and psychological correlates and prevalence among college students in the United States.

60 schools participated.
Web-based survey to protect confidentiality and privacy.
23% response rate.
   - To adjust for non-response, weights were constructed.
   - Response propensity weights were also constructed for those who participated.
      - The less likely the student participated, the larger the weight they received.
      - Weights are important for representation of participants!
DATA ANALYSIS

• All data were analyzed in Stata (version 15.1, StataCorp, 2017) to adjust for the complex sampling design.
  • All analyses were weighted.
    • Weighting allows the data to return to an unbiased representation of the survey population.
  • Frequencies were used to capture prevalence of demographics and NSSI behaviors.
RESULTS

• A total of 911 individuals who identified as genderqueer participated in the study.
  • $M = 21.2$ years, $SD = 4.10$
  • Sex at birth: Female (84.9%), male (14.4%)
RESULTS -- FREQUENCIES

• Cutting: 22.0%
• Burning: 7.75%
• Punched Themselves: 27.33%
• Scratched Themselves: 34.3%
• Pulling Hair Out: 26.6%
• Biting Themselves: 20.7%
• Interfering with Wound Healing: 29.8%
• Carving into Skin: 3.88%
• Rubbing objects into skin: 12.3%
• Running into walls: 20.2%
• The present study sought to identify the prevalence of NSSI among a national sample of genderqueer individuals.

• Top Three:
  • Scratched Themselves: 34.3%
  • Interfering with Wound Healing: 29.8%
  • Punched Themselves: 27.33%

• Mental health programs should address these key issues when being developed.
RECOMMENDATIONS FOR HEALTH PROFESSIONALS

• 1.) Connectedness
  • Many individuals who identify as a sexual minority do not feel connected to others, family, friends, etc.
  • Focus groups may be of assistance.
    • Increased communication
    • Identifies the problem of ostracization
    • Develop talking groups, schedule hanging out time, etc.
RECOMMENDATIONS FOR HEALTH PROFESSIONALS

2.) Reducing NSSI
   - Limited studies, but...
     - CBT
     - Harm Reduction programs
RECOMMENDATIONS FOR HEALTH PROFESSIONALS

• 3.) Acceptance Programs
  • Increasing connectedness
  • Positive praise for the individual
  • Acceptance of oneself
RECOMMENDATIONS FOR FUTURE STUDIES

Bigger sample size.
Moderating and mediating relationships
Longitudinal studies
Multi-level Modeling (What macro-level characteristics can we explain?)
LIMITATIONS

- Majority of sample was female.
- Data were cross-sectional
- Under/Over-responses
CONCLUSIONS

• NSSI is a serious health concern among genderqueer individuals.
• Appropriate programs are warranted to increase connectedness and decrease minority stress.
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