

IV. How can being LGBTQ lead to NSSI?

In general, the research suggest that LGBTQ can lead to NSSI when:

1. Engaging in self-injury to cope with tension caused by LGBTQ identities and/or
2. Experienced homophobia and/or transphobia pushes someone to engage in self-injury.

These can be exacerbated by a variety of other life challenges that lead to feelings of self-hatred and emotional distress, both of which are risk factors for NSSI. Life challenges that have been identified include:

- Stressful or traumatic early life experiences
- Feeling different
- Invisibility and invalidation

It should be noted that these feelings are prevalent amongst people who engage in self-injury regardless of whether or not they are LGBTQ. But people who are LGBTQ and who engage in self-injury may have a higher burden of stress because of multiple minority identities. There may, however, be unique meanings associated with both part of the LGBTQ and self-injury communities. The following themes were drawn from an interview-based study that explored the meaning of self-injury for 16 women who either identified as bisexual or as lesbian.¹⁰

Feeling different

"I think when you are coming out as lesbian or bisexual you are challenging everything that you have ever grown up with."

"When people get into adolescence, all this shit that they've been burying throughout their childhood suddenly starts spewing out all over the place. That's when they're also going to start getting rocks chucked at them by their classmates, and getting all the 'backs to the walls' comments and stuff ... that's when they're going to start hacking themselves up."

Invisibility and invalidation

- Invisibility and invalidation were mentioned often but was more implicit. It tended to come up most often when an interviewee felt like they could not talk about the feelings and emotions that were causing stress in their lives, that no one would listen to or believe them.
- Feeling not allowed to talk about conflicting or confusing sexual and/or gender identities out of expectations of being judged, dismissed, or ignored.
- These experiences discouraged healthy coping skills such as talking to others and asking for help. This failure to constructively work with these emotions and improve them can manifest into the utilization of a physical outlet, engagement in NSSI, to offset stress.

"[My child psychotherapist] said everyone goes through a state of being gay whether they're aware of it or not, but some people get stuck in this state because they've got emotional problems. They've got to work through their emotional problems to get out of this state because the state's not desirable. It's not a sign of a healthy, mentally healthy person."

"Sometimes you were really invisible, especially if you were a dyke, it's like 'it's only women that slapped you for god's sake, it's not a man', but at the end of the day, a slap is a slap, a kick is a kick. I just wanted someone to say 'oh god are you ok?'"

"With my family it was mental and sexual (abuse), but later on it was mental and physical and sexual ... it was everything later on, I was treated really badly."

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Family is often seen as the most protective and supportive factor for youth, but if family is a source of abuse or rejection for an adolescent then it can be extremely damaging and lead to engagement in self-injury as well as other mental health problems.



V. What's causing what?

Many researchers have found that, in general, the LGBTQ community is associated with higher levels of NSSI compared to the general population. However, bisexuality has been consistently associated with significantly higher levels of NSSI as compared to other LGBTQ identities, a “spike” along the sexuality spectrum. What are the minority stress theory still the most commonly applied framework for understanding this, there is not full consensus on this. One reason for this is because bisexual women seem to be much more affected than bisexual men, at least with regards to self-injury. Bisexuality has been viewed as a transition point for many individuals, and inherently, a questioning identity has too. Essentially, realization that one is a lesbian or is gay is not always so clear-cut. In fact, between those who feel they have transitioned into lesbian and gay identities and those who have consistently identified as lesbian or gay, consistent identities are associated with much higher levels of self-acceptance and wellbeing than those who identify as bisexual or have had/are having a transitional experience. This is supported by research which suggests that bisexuality for some can be a manifestation of chronic stress and anxiety that spills over into overt concerns and confusion about sexual identity.¹¹ Whatever the case, it is important to recognize that the dialogue surrounding the connection between NSSI and LGBTQ identities is still very much ongoing.

VI. How can I best respond to an LGBTQ person engaging in NSSI?

Being a member of a sexual minority group does increase risk for self-injury, nevertheless, there are many things one can do to respond and support an LGBTQ person who also self-injures. Studies show that when self-esteem, perceived and/or actual discrimination, and perceived external support increases risk for self-injury decreases. In one study, for example, respondents reported significant decreases and self-injury when they began accepting themselves for who they are:

"I think basically I felt better for it. I definitely think that I felt more comfortable with myself. "

"I wasn't trying to squash myself into something that weren't right for me anymore. I felt so relieved."

Other advice for reducing NSSI risk among LGBTQ people include:

- Don't assume engagement in self-injury is mainly related to their LGBTQ identities. Consider other pressure points in their life as well (family, work, school, etc.).
- Be wary when recommending treatment, as many times treatment can further self-injurious behavior due to invalidating experiences with mental health professionals.
- Do not be afraid to ask questions about suicide. LGBTQ persons engaging in NSSI have been particularly linked to having suicidal thoughts too, a relationship supported by the minority stress model and the poor mental health outcomes within the LGBTQ community.
- Offer to be a source of support for this person, most likely what they most need. The more supportive factors one has, the less likely they are to engage in self-injury. Family support is extremely important. A positive and welcoming environment is important to preventing self-injury. Consider talking with them about their school experience and whether they are experiencing intolerance and bullying related to their identities, and whether a switch would be beneficial for the person.
- Ask about housing concerns. Homelessness amongst LGBTQ youths is a serious problem, up to 40% of homeless youth are LGBTQ who were disowned or abandoned by one's family. This is outright rejection from people who could be their most protective source of support. Unsurprisingly, this rejection can be highly damaging, LGBTQ youth who were homeless 2.7 times more likely to engage in NSSI than those in stable housing.



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