



Cornell Research Program on Self-Injury and Recovery

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The Relationship between NSSI and LGBTQ Identities

Self-injury has been shown to be a relatively common coping skill for LGBTQ individuals, particularly LGBTQ adolescents. The following information brief will expand upon the relationship between LGBTQ identit(ies) and self-injurious behaviors and help to explain why a relationship exists in the first place.

I. LGBTQ Terms

Before reading this information brief, it might be helpful to look over these quick definitions to become more confident and considerate when using terms related to gender and sexual identity. Keep in mind that these guidelines are not a “one size fits all” protocol and it can be helpful to ask individuals in your life what words they prefer and identify with.

LGBTQ: An acronym for “lesbian, gay, bisexual, transgender and queer.”

Gender Identity 101

Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

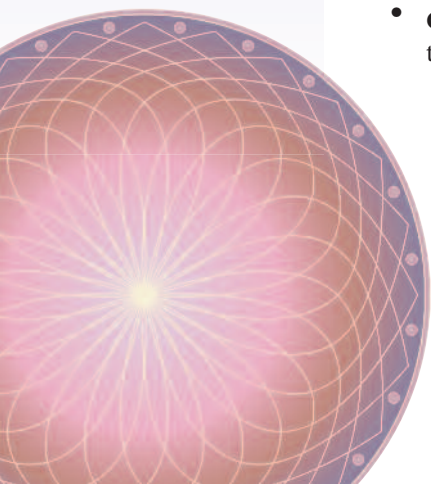
- **Gender identity:** One’s innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One’s gender identity can be the same or different from their sex assigned at birth.¹
- **Transgender:** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.¹
- **Gender non-conforming:** A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.¹
 - **Genderqueer:** Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as “genderqueer” may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.¹
 - **Cisgender:** A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.¹

Who is this for?

Anyone interested in learning more about non-suicidal self-injury (referred to here as “self-injury”) and how it presents within the LGBTQ community

What is included?

A brief glossary on a number of sexual orientation and gender identity terms, information on why self-injury is disproportionately high within the LGBTQ community, and suggestions for assessment and response when an individual’s self-injury started, is worsened, or maintained due to at least partly to concerns related to their LGBTQ identit(ies).



Sexual Orientation 101

Sex refers to a person's biological status and is typically categorized as male, female, or intersex (i.e., atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia.²

- **Sexual orientation:** An inherent or immutable enduring emotional, romantic or sexual attraction to other people.¹
- **Gay:** A person who is emotionally, romantically or sexually attracted to members of the same gender.¹
- **Bisexual:** A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree (this broad definition of bisexuality includes pansexuality).¹
- **Asexual:** A person who is emotionally, romantically or sexually attracted to members of the same gender.¹

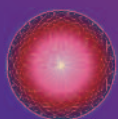
Though a lot of times the terms used to describe gender identity and sexual orientation are binary, it is more accurate to view both as a continuum that individuals lie on.

II. Are people within the LGBTQ community self-injuring more than heterosexuals?

The small but consistent body of study devoted to this area suggests that the answer to this is “yes”. Across the small body of research in this field, there is a consensus that people within the LGBTQ community in general, self-injurious behaviors occur less so in heterosexual, cis-gendered individuals than in LGBTQ individuals:

- Researchers analyzing the 2007 Massachusetts Youth Risk Behavior Survey (n = 3,131) taken by high-schoolers across the state found that individuals who self-identified as lesbian, gay, bisexual and questioning adolescents comprised 7% of the total sample size, but they accounted for 67% of NSSI. More specifically, sexual minority adolescents and bisexuals were found to be at a particularly high risk.⁴
- In a random representative sample that surveyed college students from eight universities (n=14,372), individuals who had a sexual orientation other than heterosexual had a 2.6 times higher risk of engaging in self-injury. When narrowing in on bisexuals only, the rate climbs to a 3.8 times higher risk.⁵

It is important to note that of all sexual minorities studied, some studies suggest bisexual women are at highest risk of self-injury. The college study noted above found bisexual women to be at much higher risk of self-injury than their sexual minority peers, with nearly 50% reporting some history of NSSI.⁵ Furthermore, a review of fifteen studies related to sexual orientation and NSSI also found there was a trend of heightened NSSI rates among bisexual women.⁶



III. Why are LGBTQ youth at a higher risk of self-injury?

Although it is widely accepted that the LGBTQ community is at greater risk for self-injurious behaviors, there are few explanations for this phenomenon.

Minority Stress Theory:

The Minority Stress Theory is the most popular explanation for the relationship between NSSI and LGBTQ individuals. The logic behind this is that the experience of stress among sexual minorities, such as discrimination and prejudice, may lead to psychological distress, detrimental mental health effects, and at-risk behaviors, such as NSSI. This theory/model has been applied to other minority populations, including ethnic, racial, and minority religious communities.

Three particular categories of stressors have been identified that exemplify this theory within the LGBTQ community:⁷

- External stressful events: These events do not depend on an individual's perceptions or appraisals but from discriminatory events that happen in one's environment and which could be witnessed by another person. An example would be harassment experienced by a same-sex couple.
- Expectations of discriminatory events: These events are more subjective and difficult to see from the outside. They are also based in the self-identity and perspective of the LGBTQ individual. An example would be the apprehension a lesbian may have before entering the adoption process with her wife because of the discrimination they may face.
- Internalization of negative social attitudes: These events are also subjective and based in self-identity and perspective. The stress in this case comes from the self-directed negativity that aligns with that of society in relation to their identity. An example would be a transgender teen engaging in self-injury to cope with feelings of low self-esteem that have resulted from repeated harassment associated with being transgender.

Not all sexual minorities are subject to the same kinds of prejudice. Indeed, individuals identifying as bisexual have been singled out as a group or maybe at the ticket only high risk for discrimination, from both outside of themselves and inside of themselves. Biphobia, the term to use to refer to discrimination experienced by bisexuals in particular since they may experience discrimination from both the heterosexual majority and other members of the LGBTQ community who see bisexuality as an illegitimate identity. The combination of these two can lead to feelings of stress, confusion and low self-esteem,⁴ all of which can subsequently heightened risk for self-injury.



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.⁹

Stressful of traumatic early experiences

- Many LGBTQ persons who also engage in self-injury can recall relationships in their childhood that were sexually, physically, and/or verbally abusive.
- This dysfunctional environment can had a profound effects on each interviewee's wellbeing. Overwhelming feelings of self-hatred and low self-esteem tended to continue into adolescence and beyond. These feelings can laid the groundwork for engaging in NSSI.
- This was exacerbated by the tensions and conflicts surrounding LGBTQ identities that started in adolescence. This caused internal conflict and further abuse and rejection. This exacerbated feelings of self-hatred and distress and increased the risk of engagement in NSSI.

"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. "

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

Feeling different

- Many participants identified difficulty fitting in with their peers, identifying more with the opposite sex, feeling attracted to the same sex, being uncomfortable with typical gender roles, and/or bullying and harassment are all examples of common situations during childhood and adolescence in which one can feel different because of their LGBTQ identit(ies).
- This often stemmed from being in an environment that disapproved, either implicitly or explicitly, of one's LGBTQ identities. This led to feelings of isolation and intensified self-hatred and low self-esteem.

"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?'"



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.¹⁰ 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?

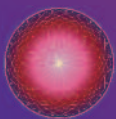
Being a member of a sexual minority group does increase risk for self-injury, nevertheless, there are many things one can do to respond and support an LGBTQ person who also self-injures. Studies show that when self-esteem, perceived and/or actual discrimination, and perceived external support increases 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.¹¹ 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.¹²



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Suggested Citation

Reddy, N., Silver, C. & Whitlock, J.L. (2016). *The Relationship between NSSI and LGBTQ Identities*. [Information Brief] Cornell Research Program on Self-Injury and Recovery. Cornell University. Ithaca, NY

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This research was supported by the Cornell University Agricultural Experiment Station federal formula funds, received from Cooperative State Research, Education and Extension Service, U.S. Department of Agriculture. Any opinions, findings, conclusions, or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect the view of the U.S. Department of Agriculture.

