

**Significant Social Others Influence on NSSI in the LGBTQIA+ Community: An  
Exploratory Analysis**

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**Abstract**

This qualitative study explored the effects of significant social others of those within the LGBTQIA+ community on their decision to self-harm. Five individuals participated in multiple interviews ranging from 35 minutes to an hour tapping into their life experiences and the perceived impact of the people with whom they interacted in their day-to-day lives. Data was collected via clinical interviews utilizing a conversational-style interview guide paired with a demographic survey. Data was analyzed using a grounded theory methodology, with a theoretical framework rooted in Bronfenbrenner's bioecological model. The themes that emerged were isolation, fear of judgement/rejection, lack of acceptance from parents, and secrecy. Exploring the link between significant social others and self-harm is of importance since those within the queer community exist with higher rates of mental illness, suicide, and self-harm. The current study will shed light on the true impact that significant social others have on these individuals and how important their support and care are for those within the queer community.

## **Significant Social Others Influence on NSSI in the LGBTQIA+ Community: An Exploratory Analysis**

Non-suicidal self-injury, or NSSI, is a practice utilized by many youth and young adults as a maladaptive coping mechanism. NSSI is defined as the intentional and direct infliction of damage to one's own body without suicidal intent that is not culturally and socially sanctioned (Westers et al., 2016). The most common forms of NSSI include cutting, burning, hitting or scratching. NSSI is most commonly observed in adolescents and young adults, with lifetime rates in these populations estimated at 15% to 20% (Klonsky et al., 2014). A community that has been greatly impacted by this newly popularized coping mechanism is the LGBTQIA+ community, known for being a social minority and a group which experiences higher reported levels of stress when compared to peers in the sexual and gender majority (Muehlenkamp et al., 2015). These higher levels of stress are brought about by societal factors, biases and expectations relative to sexual and gender minority status, implying that those within the LGBTQIA+ community are at a risk for experiencing multiple stressors at any given time. Given these findings, it is critical to explore these societal stressors to determine which stressors serve as the most salient risk factors for NSSI in the LGBTQIA+ community.

### **Emotion Dysregulation and NSSI**

Before discussing the impact of various societal stressors on NSSI rates in the LGBTQIA+ community, we must first have an understanding of how NSSI- and its connection to emotion experience- is typically conceptualized in the literature. The ways in which we express, perceive and experience our emotions change how we experience personally relevant events as individuals. The ways in which we manage these feelings is known as emotion regulation. Of course, regulatory strategies range from adaptive and healthy, to maladaptive and

unhealthy. Maladaptive strategies are generally synonymous with dysregulation. Research by Andover and Morris (2014) suggests that NSSI is a maladaptive emotion regulation strategy. Both adaptive and maladaptive emotion regulation strategies are utilized as a way to diminish negative emotions, be it in a healthy or unhealthy way. Those who participate in NSSI have been known to report a reduction in negative emotions following the action of self-harm, including “tension, fear and sadness” (Andover and Morris, 2014, p. 570). When NSSI is utilized as a coping mechanism and maladaptive emotion regulation strategy, it is likely that it will become a normalized response to negative events. According to Rolston and Lloyd-Richardson (2015), “Individuals who self-injure often use self-injury as a way to get relief from intense negative thoughts and emotions” (p. 4). The thoughts and emotions these individuals attempt to regulate do not need to be negative. NSSI can become an emotion regulation strategy used to cope with any overwhelming or strong emotion (Rolston and Lloyd-Richardson, 2015). When it becomes a reaction to any overwhelming emotion, it can quickly spiral out of control. An emotion regulation strategy is something typically used subconsciously. This is why when individuals turn to NSSI as a coping mechanism it can quickly become a regular habit. There are alternative, healthy emotion regulation strategies which can be learned in place of NSSI that are much safer and more effective in the long term.

### **Influences and Stressors**

As previously stated, members of the LGBTQIA+ community face unique challenges such as discrimination, biases and harsh societal expectations. These serve as salient stressors which can negatively impact their daily lives. The following section will explore some of the factors and stressors that have been implicated in NSSI.

## **Bullying**

Many individuals who identify as anything outside of the heterosexual or cisgender norm often experience bullying, which can lead to a multitude of mental health issues. According to the National Bullying Prevention Center (2017), “74.1% of LGBT students were verbally bullied (e.g., called names, threatened) in the past year because of their sexual orientation and 55.2% because of their gender expression.” These instances of bullying can drastically increase rates of self-injury and suicidal behavior (“Bullying Statistics,” 2017). Previous research has incorporated LGBTQIA+ individuals as a category, but often does not exclusively study the community. A majority of the research on NSSI in college age individuals focuses on the differences between males and females, enforcing a binary and serving to further alienate those that identify outside of the binary.

## **Weight Dissatisfaction**

According to Peterson, Matthews, Copps-Smith & Conard (2017), there is a possible correlation between weight dissatisfaction, often associated with body dysphoria, a symptom common among transgender individuals, and tendencies to partake in self-injury or suicide attempts. Those who were FTM were found to be at a higher risk for NSSI and suicide attempts than those identifying as MTF. FTM meaning female to male and MTF meaning male to female (Peterson et al., 2017). This may be due to societal pressures to fit certain gendered beauty standards. The societal pressures to assimilate entirely into a certain gender forces individuals to feel as though they need to change their bodies, creating a mental battleground of weight and body dissatisfaction. The nonexistent space for transgender individuals to exist as beautiful in society can foster a space for further self-hatred, which may play into the decision to self-harm.

### **Race and Ethnicity**

“Across all racial/ethnic groups, LGB individuals were more likely to report self-directed violence and depression than their non-LGB peers,” (Lytle, De Luca & Blosnich, 2014, p. 387). According to Lytle et al. (2014), race/ethnicity appears to serve as a moderating variable relative to depression and suicide rates in individuals, with lower rates of depression in Latino, Black and Multiracial individuals, yet a higher rate of suicide attempts for Black and Multiracial individuals when compared to NHW peers. Their findings also show a higher rate of NSSI within Multiracial or Other racially identifying individuals. Overall, findings show that within the LBG community, those with multiple minority identities may be more at risk for suicidal ideation and NSSI. Higher rates overall for those within the LGBT+ community were also found in research by Blosnich & Bossarte (2012).

### **Childhood Maltreatment**

In a study done by Gratz (2006), it was found that women that identified as anything other than heterosexual were significantly more likely to experience maltreatment during their childhood. This abuse was linked directly to a later tendency to participate in NSSI. This study also found a correlation between high levels of inexpressivity and NSSI in women. Gratz’s work in this research study was quantified, focusing less on individual experiences and more on statistical differences. Research from Brown et al., (2018) noted from their participants, “Around two thirds (65.1%) of participants in the NSSI group reported having experienced at least one type of child maltreatment. This was significantly different from 29.7% of participants in the non-NSSI group...48.2% of participants in the NSSI group reported having experienced multiple types of child maltreatment, while this was true for 12.8% of the non-NSSI group” (p. 4). This data shows that those who participate in NSSI are more likely to have experienced not only

childhood maltreatment, but also maltreatment in more than one form. The risk factor for self-harm increases when a child faces situations of abuse or neglect.

### **Mental Illness and Substance Abuse**

Another study by King and colleagues (2008) linked substance abuse and mental health conditions such as depression and anxiety to NSSI within the LGB community using preexisting epidemiological studies. The tendency to abuse substances is typically linked to preexisting mental health conditions, which is a commonality within the LGBTQIA+ community. A possible contributing factor for bisexual women is a lack of sense of belonging, as bisexuals are commonly ostracized for not fitting into one category or the other (Zaki et al., 2017). Zaki et al., also found that bisexual women were the least likely to seek professional help out of women of varying identities (2017). The dangers of not seeking professional help can be detrimental, as individuals who do not may turn to self-medication or self-harm in an effort to ease the stress of mental illness.

### **Introduction Summary**

Those within the LGBTQIA+ community already face a great deal of discrimination and struggles in the workplace, early schooling, adoption agencies and the housing market, just to name a few. What could help ease the struggle is if everyone were aware of the impact their words and actions have on those within the queer community. If people were able to read the struggles of those who have felt the need to self-harm, possibly as a result of past trauma or discrimination from loved ones, perhaps they would realize that how they react when someone close to them comes out to them could change how they view themselves. One hope I have for this research is not only that it leads to further studies on NSSI in the queer community, but that

it can serve as a sort of guide to anyone who has a close friend or family member in the queer community. There are enough battles that this community has had to fight, which means being informed on how to accept others and treat them with respect could change the course of actions that they take to cope with being a sexual minority in today's society.

### **Positionality statement**

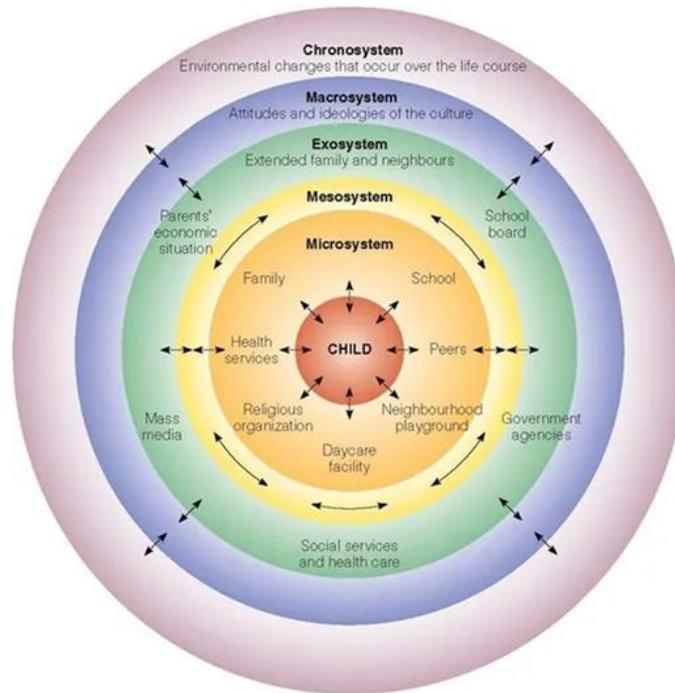
I am a member of the LGBTQIA+ community as someone who is non-binary and pansexual. I have participated in NSSI for a great deal of my life. As someone who fits the criteria for this study, it was in my best interest to abandon any prior assumptions I had about what my participants may say. During interviews I made sure to keep any leading questions to an absolute minimum and allowed the participants to guide where they went. What was said within the interviews was led by the participants, not by my own experiences. While I entered this study as someone who could relate to the participants and their experiences, I did my best to view their responses as objectively as possible. My individual experiences as a member of the LGBTQIA+ community who has self-harmed were not imposed on the participants. When reviewing their experiences, I took note only of commonalities between my participants rather than those that aligned with my own experiences. While my own lived experiences have given me insight into this topic, ensuring that each individual told their own story and stressed the details that they felt impacted them most was the focus throughout my research.

### **Theoretical Framework**

This research study uses Bronfenbrenner's bioecological model as its theoretical framework. In 1977 Bronfenbrenner created a structural model of an individual's environment organized in order of the level of impact each had on the individual (Guy-Evans, 2020). In order

from most impact to least these “rings” were deemed the microsystem, mesosystem, exosystem, macrosystem and chronosystem. These levels are not independent, as each one can be impacted with how they interact with the others. Within the microsystem are the closest impacting figures, such as family, friends, school, and other individuals that are typically interacted with on a day-to-day basis. The focus of this research was done with consideration of those within the microsystem as the main focus. The mesosystem is used to represent the interactions that occur within the individual’s microsystem (i.e., a parent interacting with a sibling) (Guy-Evans, 2020). The exosystem contains elements and social structures that may impact those within the individual’s microsystem such as their parent’s place of work and mass media (Guy-Evans, 2020). If the individual’s parent had a fight with their boss at work and came home angry this would be an occurrence of the effects of the exosystem on the individual. The macrosystem is the portion that encompasses more cultural elements that may impact how an individual experiences life such as their socioeconomic status or race (Guy-Evans, 2020). The chronosystem is the final piece of the bioecological model and it is used to represent the changes in environment over the individual’s lifetime (Guy-Evans, 2020). This could include any kind of transition or world-wide event such as war, changing schools, environmental changes or pandemics. Each of these levels work in an integrated system that shapes how an individual develops and experiences life. The bioecological model will be utilized as the framework for this study due to its explanation of how ties to society and social others impact the individual. These varying degrees of closeness are key to understanding how social others impact the individual directly. This will aid in understanding how these interactions changed their lived experiences. These interactions may impact their likelihood to participate in NSSI due to negative interactions

with significant social others, who have the closest influence. Included below is an image depicting the bioecological model as used in the research by Guy-Evans (2020).



### Research Question and Methodology

Few studies have attempted to uncover the possible effects of significant social others on the LGBTQIA+ community's tendencies to participate in non-suicidal self-injury. Many have touched upon past experiences and maltreatment by family to be contributing factors to underlying mental health issues, but none focus specifically on significant social others aside from parents. Previous research, or lack thereof, has led me to question 'What influences do significant social others have on NSSI in the LGBTQIA+ community?' In addition to the influence of significant social others on NSSI, I would like to determine if there are any notable markers that influence the choice to seek professional help. I believe there may be a difference in internalization of mental health issues that leads to NSSI that may be a result of lack of support

or even discrimination or rejection from individuals close to anyone identifying as a sexual minority. The goal is to discover correlations among individual experiences and NSSI, not claim causation.

### **Participants and Measures**

The method for this study was one-on-one interviews with members of the LGBTQIA+ community ages 18-25 (approximately college age). The interview guide created for the purpose of this study tapped into their lived experiences including childhood, friends, family, and religion. Questions also involved their thoughts on non-suicidal self-injury, seeking help, alternative coping mechanisms and support in their lives. The full interview guide can be found in Appendix A. Textual data were collected through semi-structured interviews that were then analyzed utilizing a grounded theory analytical strategy. The data that emerged from the interviews were grouped into ideas and concepts. Hypotheses are not formulated in advance of data collection in grounded theory. Rather, information is revealed from this study that informs further hypotheses for future research. For the purposes of this study, non-suicidal self-injury included any act of intentional self-harm, such as cutting, burning, bruising, hitting, intentional self-neglect and scratching. Inclusionary criteria to participate in this study included self-identification as queer or those who identify within the LGBT+ community, preferably those that have participated in NSSI. Those who have not participated in NSSI were also allowed to participate for a base control group.

### **Data Collection**

Full IRB board approval was acquired prior to the commencement of this study. Individuals were recruited by posting flyers on the college campus and on my personal social

media. A snowball effect was also employed as a recruitment method, meaning that if anyone saw the poster or came for an interview, they could recommend someone else to come talk with me who also fit the criteria. The interviews conducted were preceded by the necessary consent forms and a demographic survey. Interviews were recorded with participant permission using a passcode-protected device. All interviews lasted approximately one hour and, as previously stated, were conducted using an interview guide. The use of an interview guide allows for some flexibility, with interviewees leading the conversation. Given the personal and potentially sensitive topics discussed during the interviews, resources for nearby counselors and outreach centers were provided at the conclusion of the interview for participants (although many participants already had a therapist of their own before the interview).

### **Coding**

Following the interviews, the recordings were listened to and transcribed by hand. Each participant was identified in the recordings and transcriptions by number (i.e., Participant 1, Participant 2 etc.). Once the interviews were transcribed, they were analyzed using line-by-line in-vivo coding, meaning sections of text were extracted using the exact words of the participants. This was followed by secondary coding and comparisons of those to achieve a set of four main themes. These codes and themes were checked by a colleague for inter-rater reliability. These themes were then sent to participants with operational definitions in a follow-up email along with a few more questions for clarity in some cases. This was how member checking was conducted. Participants were given ample time to respond to ensure that the themes I found aligned with their self-perceived lived experiences. Their messages are portrayed to the best of my capabilities in this paper, with an emphasis on their experiences and interpretations.

## **Results and Discussion**

### **Demographics**

Five participants were interviewed in total. Those that participated in the interviews were between the ages of 18-24 and were all females at birth. One participant identified as a demi girl. Four of the five participants identified as Caucasian, and one identified as Asian/Caucasian. Two participants identified as Lesbian, two as bisexual and one as pansexual. Three participants identified as belonging to Catholic/Christian faith and two were agnostic or non-religious. Four out of the five participants had participated in some form of NSSI in their lifetime.

### **Themes**

Four themes emerged from the data: isolation, fear of judgment/rejection, lack of initial support from parents, and secrecy. The following section describes each theme in detail, with emphasis placed on participants' own words.

#### **Isolation**

Isolation is described as the experience of being separated from others. This could be done with the intent to isolate oneself on purpose, subconsciously isolating themselves, isolating during times of stress or being outcasted. When participants were contacted for review of themes, it was described to them as either isolating themselves from others on purpose, shying away from closeness during times of stress, having an isolated childhood, or feeling they did not belong. This may have been self-imposed or as a result of lack of acceptance in social groups. Isolation may mean that there is little connection to significant social others, be it self-imposed or due to lack of acceptance from peers. In childhood, support systems are often formed from

close ties to significant social others. With isolation, there is little room for these necessary microsystemic bonds to form.

Participants acknowledged many different instances of isolation within the interviews leading to this theme. Self-imposed isolation came up in multiple interviews, with participants noting that it was a form of self-sabotage. When life became stressful or the effects of mental illness set in, some participants noted that it was commonplace for them to isolate themselves from family and friends. This typically led to an instance of self-harm in some way, be that through cutting or neglecting to take care of themselves, as well as noted states of depression and feelings of self-hatred. Other participants noted isolation in the form of being outcasted or ostracized for many reasons including bullying. One noted that physical isolation was not the case but rather emotional isolation, wherein they would spend time with individuals, but not be mentally present nor act warm towards them.

### ***Isolation and NSSI***

The effects of isolation on seeking help can be detrimental. “I didn’t really get the help I needed simply because I wasn’t allowing people around me to see how much I actually was struggling” (Participant 1). This participant noted struggles with self-isolation that continue throughout their life. They stated that they felt the need to shoulder their pain on their own, never reaching out initially. During periods of time that they were under stress, they would self-isolate and turn to cutting as a form of self-harm. They stressed how this pattern of maladaptive behavior continued even after seeking help from professionals. This became the easiest way they knew to regulate emotions; any kind of overwhelming feeling was met with NSSI and it eventually became habitual. They isolated themselves to such a degree that they left themselves with nobody to turn to. “Each year I would travel from friend group to friend group because I

didn't really feel like I fit in anywhere...eventually I was like, 'screw that I don't need a friend group.'" (Participant 1). This extreme example of self-isolation shows the value that friends can hold in a young person's life. Had this individual felt they fit in and not self-isolated to such a degree, they may have been able to keep themselves from falling into the trap of NSSI.

### ***Emotional Isolation***

Isolation that was not self-imposed was noted by Participant 2. "There were just days where I would wake up and I literally wouldn't even have a friend to talk to or get coffee with or even text, 'I'm not okay'" (Participant 2). They found themselves in situations where they were consistently the friend that was there whenever someone needed, but that it was a one-way deal. This kind of isolation is not synonymous with an absence of people, as this individual was on a sport team, in a club and in a sorority. This was a kind of isolation where they had individuals, but nobody who was close enough in which to confide. Many people may not view someone with many acquaintances who is heavily involved as isolated, but the experiences of Participant 2 show that even with many connections, there can still be a major disconnect emotionally. During these periods of isolation, they turned inwards and talked to themselves to figure out situations and emotions. Previously, they participated in NSSI when alone and without a trusted confidant.

The words of Participant 3 highlight just how important having individuals to confide in can be. During times of extreme stress or ill mental health, they tend to participate in NSSI by not taking care of themselves. During a particularly low point in their life, they were home for days on end not eating, showering, or brushing their teeth. After this period of self-isolation, some messages from their friends showed them that this was not the end. "The fact that they were messaging me showed me that people cared about me, and if people care about me then I

should keep living” (Participant 3). The strength that they were given simply by a few messages from concerned friends checking in on them was enough to get them back on their feet and out of the period of self-neglect.

### ***Relational Isolation***

Participant 4 noted growing up in a large family with individuals who had very little time to spend with them. “I did bottle things up a lot, as a kid, which is probably why I do a lot of the things I do when I get defensive and stuff like that” (Participant 4). This pattern of behavior resulting from lack of closeness as a child led to them bottling up their emotions and becoming defensive during times of stress even in the present. “I’m very distanced and standoffish in my body language. I do kind of just, keep to myself in that kind of regard. In a physical aspect” (Participant 4). The lasting effects of not having parents emotionally or physically present in their childhood led to their current process for emotion regulation, which includes habitual emotional suppression and participating in NSSI in the form of hitting and punching.

### ***Relational Aggression and Peer Rejection***

Participant 5 noted a great deal of bullying throughout their childhood well into high school. “I got made fun of for looking like a boy...the girls in my class didn’t want to play with me because I looked like a boy. They didn’t want to be seen with me. The boys didn’t want to play with me because I was a girl...no one wanted to play with me because they didn’t like the way I looked” (Participant 5). This kind of cruel isolation from classmates made them feel incredibly alone as a child. This isolation and bullying led to their decision to self-harm. “The first time I self-harmed was in eighth grade...I didn’t feel like I was good enough because I was still being bullied” (Participant 5). The lack of acceptance they experienced from their classmates

led to feelings of isolation and eventually contributed to their decision to participate in NSSI. “Early in high school I felt that there was no one there to support me” (Participant 5). This lack of support as a result of their classmate-imposed isolation led to them having to wait even longer before they felt they were ready to reach out for help.

### ***Isolation in Extant Literature***

Findings from a study by Lewis, Lumley and Grunberg (2015) support the concept of a link between isolation and NSSI, stating, “social isolation schema may, at least for some people with an NSSI history, contribute to why individuals self-injure” (p. 394). They suggest that those who become isolated from peers may have a higher tendency to self-harm in order to cope with stressors. They go on to connect NSSI to shame, showing the path from shame to further isolation (Lewis et al., 2015). “Increased shame could make it more difficult for people to discuss NSSI, thereby leading to less interaction and disclosure of NSSI with others” (Lewis et al., 2015, p. 394). This shows that this vicious cycle of shame, isolation and NSSI can be detrimental to those in need of help. Those in need lose the ability to confide in others which may be either due to isolation to the point of lack of support systems, or due to shame they may feel in their self-harm behaviors. Many participants expressed a desire or attempt to hide their self-harm from others, which in turn led to a longer time of them going without help.

### ***Importance of Support Systems***

As previously mentioned, isolation has been directly tied to self-harm (Lewis et al., 2015). Those who shy away from social interactions may be in great need of help and the faster those close to them can realize this, the faster they can get professional help. If support systems are readily available by way of significant social others becoming a source of safety and

confidence, NSSI could be prevented or caught earlier. Isolation from others can be easily recognized from a parental standpoint as they may see their child not expressing interest in seeing friends, participating in clubs or activities or a negative attitude surrounding expressing emotions or communicating with those around them. These warning signs can be the key to catching those who self-isolate early on and getting them the help they need. Significant social others such as friends can be active in checking in on friends who tend to fade away or back off from meeting up, or reach out to a friend they think might be struggling or self-isolating. The more warning signs that individuals can be aware of, the easier it will be to see that someone close to them might be struggling with mental health issues or self-harming.

### **Fear of Judgment/Rejection**

Fear of judgment can be ascribed to fear of judgment from society, parents, friends or other significant social others not accepting participants' identities in one way or another. Fear of being judged by others or losing relationships may be linked to their non-cis-hetero sexual or gender identity as well as fear of backlash or bullying as a result of these identities becoming known by others. This could possibly include making decisions that they wouldn't have, had they believed they'd be accepted. Fear of rejection is tied with fear of coming out to others; social others may not accept the given identity, which could lead to lost relationships or other aforementioned negative events.

### ***Societal Rejection and Social Norms***

One participant noted that fear of rejection from social groups they belonged to was a reason for hiding their sexual identity. This group of individuals was incredibly close to them, yet they feared if they came out, they would be viewed differently as the group was entirely

comprised of heterosexual individuals. Another noted that there is still a great deal of backlash from society in general that makes it difficult to be present in day-to-day life as a member of the LGBTQIA+ community. Fear of being rejected by the Catholic/Christian community was also mentioned, with a note that some branches of the religion are more accepting than others and this varies on a basis of site-to-site by worship. Another took note of the judgmental looks they received in society when with their partner in public as well as the awkwardness of coming out to strangers and their lack of receptiveness to the idea.

This fear of rejection or judgment does not stem from unrealistic concepts of how their family or society views them according to Participant 3. "I know that they would not be accepting *at all*...When they see a person who is in the LGBTQ community on T.V. for example they'll be like, "Well, I really hope you don't wind up to be one of THOSE people" (Participant 3). Comments like these reinforce the idea that there is something wrong with being a member of the LGBTQIA+ community, legitimizing the fear of rejection so deeply rooted in this individual. "Being in the closet or being half-in the closet half-out, you always have that fear of acceptance by your loved ones, and you worry: Who are you gonna lose?" (Participant 3). This fear of rejection from others can make it difficult to navigate conversations, constantly keeping a part of their identity a secret and tiptoeing through chats about love interests or experiences. Participant 4 noted that, in public, they get weird looks and experience awkwardness from the general public when they go out with their same-sex partner, a judgmental environment that was also a point of concern from Participant 3. "I was VERY very scared of being accepted, and I still live with that fear" (Participant 3). This fear of acceptance from any given individual in society shows there is a lack of general acceptance from the public that persists enough to concern individuals of the LGBTQIA+ community. This is evidence that there is a lacking in macrosystemic support of

those within the LGBTQIA+ community, as society perceives them as “othered” thus lacking as a complete support system.

Participant 2 now experiences fear of rejection when coming out to individuals after the experience of coming out to their mother. “I don’t know how they’re gonna see me afterwards. So I always just try to avoid [coming out] ...I’m just scared they’re going to view me different. Ever since what happened with my mom” (Participant 2). Their mother had an incredibly negative reaction to them coming out, which led to their lack of faith in others to respond positively. This fear of being rejected has resulted in them not coming out to certain groups of people if they do not think the individuals in the groups themselves are LGBTQIA+.

### ***Disclosure Fear***

Disclosure fear is a major obstacle when it comes to members of the LGBTQIA+ community coming out. “Disclosure of one’s sexual identity is an act often marked by fear, particularly of the reactions of others and the potential loss of social, emotional, and financial support” (Pollitt et al., 2017, p. 1279). The stigmas and rejection associated with queer identities is something that individuals within the LGBTQIA+ community are well acquainted with. According to Pollitt et al. (2017), LGB youth reported verbal and physical violence after disclosure. The fear of repercussion is validated through the accounts of others who have faced harsh rejection and discipline for exposing their identities. The lived experiences of participants from this study indicate that these parents had a particular bias against those who were bisexual. The reasons for this are explained in the study from Pollitt et al., (2017): “Bisexual people face multiple forms of discrimination (Grollman, 2012) because they occupy a space at the intersection of two systems of oppression: heterosexism that gay and lesbian people face and monosexism, or the structural privileging of attraction to only one gender” (p. 1280). This

explanation outlines the reality that some individual's experience of the world in terms of a strictly-binary view on sexuality can be cause for additional distress due to coming out as pansexual or bisexual. The pressure to "pick a side" when it comes to experiencing attraction for more than one gender can seem overwhelming and lead to a lack of disclosure of identity. The fear of invalidation from others due to disbelief in their sexuality can be overwhelming, and the stress from this can lead to a desire to isolate from those who may not approve. A study by Timmins and colleagues (2020) found that high levels of expectation of rejection coincided with higher levels of active concealment. This means that those that feel they will be rejected are more likely to hide their identity from others.

Research from Pollitt et al., (2017) suggests that this disclosure stress can be managed by utilizing social supports. This highlights the importance of significant social others as a support system. When there is little fear of lack of acceptance from those around them, individuals within the LGBTQIA+ community can feel more comfortable in confiding in others. When there is an increased ability to confide and consult with significant social others, there will be a better opportunity to seek help when it is needed. If these individuals are too afraid to confide in others about their sexuality, it may lead to a lack of desire to confide about other things such as NSSI. When people feel safe to confide their sexuality, they will likely feel more comfortable with seeking help and reaching out. These stable support systems being all-encompassing in their levels of acceptance are key to assuring LGBTQIA+ individuals can receive the care they need. This is known as unconditional positive regard, or, showing someone complete support and acceptance, regardless of their words or actions (American Psychological Association [APA], n.d.).

### **Lack of Initial Support from Parents**

For the purposes of this study, lack of initial support from parents was described as any reaction other than those which are inherently positive upon initial reveal of sexual or gender identity. This could be parents denying the existence of their child's claimed sexual or gender identity, refusal to accept that their child is their claimed sexual or gender identity, or belief that it is unacceptable for their child to be their claimed sexual or gender identity. Some parents may have needed to take time to digest the information upon first receiving it, and others may have been immediately supportive. For the purposes of this research, to classify the reaction as not inherently positive from parents, at least one parent was not initially or immediately accepting of this identity. This could be either due to stigmas attached to the identity, religious beliefs, lack of information regarding the identity, or blatant homophobia.

### ***Continuum of Parental Support and Acceptance***

Every individual interviewed noted some form of negative reaction from at least one parental figure when coming out. There were notable differences across participants in terms of the levels of intensity of these reactions, as well as eventual acceptance. Two participants experienced outright denial of the existence of their sexuality, with their parents insisting that specifically bi/pansexuality was non-existent or that they could not identify this way. There is a different form of fear around those who identify as anything beyond the socially constructed binaries surrounding gender and sexuality. This fear is experienced by those who identify as pansexual, gender non-conforming or bisexual. Since this is a transgression from the societal norm of utilizing a strictly binary system when it comes to gender and sexuality, these individuals noted struggles with their parents that differed from the other participants. Another participant noted that their mother needed time to digest the information and was vague about

their father's response, noting they never talk about it. Another participant's father was distraught over societal norms related to the traditional heteronormative wedding ceremony, such as walking her down the aisle, which impacted his ability or willingness to accept that his daughter was not going to marry a man. Also noted was one participant's parents' blatant homophobia, which prevents them from coming out to them at all. Harsh remarks from parents regarding others within the community has struck fear into the participant's heart about the idea of ever telling them the truth. The lack of support from parents makes it even more difficult to feel comfortable with full-disclosure and openness in current relationship these individuals have. While some parents did come around and eventually accept their children, their initial negative and/or ambivalent reactions to their child coming out undoubtedly impacted how participants viewed themselves as their parents grappled with their own feelings of denial and acceptance.

Participant 1 noted that both parents were fairly quick in accepting their sexual identity, but seemed doubtful in the interview that their mother was initially alright with the idea of her child being gay. After coming out to her during visiting hours in an inpatient treatment facility, "she kinda like bit her lip a little bit and was like, thinking about it for a while... she had to go home and I think that's when she processed everything" (Participant 1). After some time her mother was entirely accepting, but the initial reaction hinted at the existing stigmas surrounding being gay, which may have made her mother uneasy at the thought. When asked whether or not their father was supportive, they responded, "He's supportive in his own way... not necessarily in ostensible ways..." (Participant 1). They never spoke about coming out to him, nor his initial reaction. From their vague description of him having the traditional role of male provider and being emotionally disconnected, the assumption was made that he was not entirely there for

them. While he was physically present, his emotional unavailability made the overall role of emotional support system fall on their mother.

The father of Participant 4 had a reaction rooted in what she described as “ignorance” when she came out as lesbian; “he acted as if his daughter had died... in the sense of ‘oh, I’ll never be able to walk you down the aisle’” (Participant 4). His reaction is likely related to the fear of diversity and led to a temporary disconnect. “We didn’t speak as much and he then had an issue with the fact that my girlfriend was black... he eventually came back to his senses... but it was a little harder with him at first” (Participant 4). This initial reaction may stem from society’s portrayal of gay and lesbian relationships as the end of having a “normal” child. He immediately became distraught about societal norms and traditions, thinking he had in some way lost his daughter. In addition to that, when she finally brought her girlfriend over, he had an issue with her race as well. He did eventually become accustomed to the idea of his daughter being a lesbian and accepted both her and her girlfriend as a fact of life. These heteronormative expectations constructed by mainstream society heavily influence the parental tendency to “mourn” their children when they come out, and sometimes it is that internal fear of “losing” that image of their child that they had that causes them to react so negatively.

### ***Negative Implications for Self and Family Connectedness***

While parents may have negative reactions to coming out, when they do not support their child in many aspects it can seem much more daunting to ever come out in the first place.

Participant 3 notes, “My father does not believe in social work, he does not believe that I’ll graduate, he believes that I’ll just be like my siblings and just drop out of college and not get my degree. So that was...very difficult for me to keep going with school knowing that my father doesn’t believe in me.” (Participant 3). This total lack of support from her father has led to

struggles and self-doubt. Parents are an essential support system for their children, the lack of which can lead to self-doubt and lack of faith in oneself. When she had ordered some pride things for herself online and they came in the mail, her father found them first. She lied and said they were for a friend, to which he responded “Well, you shouldn’t help those kinds of people.” Participant 3 further explained how this type of comment negatively impacted her relationship with her father: “So, with them making remarks like *that*, I know for a fact that if and when I come out to them it would not be pretty and I would most likely not be able to talk to my family again” (Participant 3). The comments that her family have said regarding those within the LGBTQIA+ community exemplify the total lack of support from her parents in this domain.

Participant 3 notes that her family are a major support system that she wished she could come out to. “I know that my family loves me, but it makes me feel like they love the picture that they have painted of me. They don’t love me, they love the person who they believe that I am” (Participant 3). This quote from their interview in particular was strong and impactful. They feel that they are an imposter in their own family, someone who is in disguise to appease them as they are beyond aware of their lack of support. “I really wish that I could come out to my family and live my life as my true self” (Participant 3). They noted several times throughout the interview how the lack of support from their family made them feel upset, seeing as how the rest of them (aside from her father) were incredibly supportive in other areas of her life. “My mom and I have a really, really close bond so it’s really difficult that I can’t even tell her” (Participant 3). Their struggles with this leaves her distraught, knowing there will likely never be a point in her life where she can feel fully accepted by her parents.

## Bi and Pan Erasure

Participant 2 found herself in a situation that made her come out to her mother earlier than she had planned to. The cops had been called for a welfare check and had told her mother it was her girlfriend who had contacted her. Her mother turned to her and said in a nasty tone, “Are you gay?!” to which she replied, “No.” Her mother then asked, “Well, what are you?” to which she replied, “I’m bi-sexual?” Her mother instantly shot her down. “You can’t be that. Yeah, no. That’s not a thing. You’re either one way or the other and there’s no in-between.” (Participant 2). She was in such shock she simply responded “Okay?” with her mother asking, “So are we in agreeance?” (Participant 2). She described this as a “very awkward, uncomfortable conversation.” (Participant 2). This direct shutting down of the conversation along with enforcing her views on how sexuality worked captures her mother’s immediate lack of support in her coming out. Her father was described as not being a huge part of her life as he was in and out of jail, so this is the only parent she could come out to. The initial reaction of her mother made her angry as she states, “You’re telling me I can’t be someone that I’m pretty damn sure I am” (Participant 2).

Something interesting that Participant 2 noted was what eventually made her mother come around to her being bisexual. “When *Love Simon* came out I actually went and saw it with her and it changed her whole perspective from that moment...we ended up having a heart-to-heart after the movie and she apologized to me because she didn’t realize how much of a bitch she was” (Participant 2). Her mother saw the circumstances of how people within the LGBTQIA+ community experience life and it changed her perspective on her own daughter’s identity. This kind of coming around so quickly was both heartening to see and shows how education on a topic can lead to a greater chance of acceptance.

Participant 5 also noted a vehement disagreement from her parents upon coming out to them. “I tried to come out to my family, as pan, and they don’t believe in being pansexual or bisexual. You’re either straight or gay... I tried to explain it to them so many times and they just keep saying it’s not real, they keep saying how it’s bullshit and they keep saying how it’s just people making stuff up” (Participant 5). This stark invalidation of how she identifies is incredibly hurtful, but it is something that, similar to how Participant 2 noted, is a specific issue people tend to take up with bisexual or pansexual individuals. “My parents would’ve been completely fine if I was just 100% lesbian.” (Participant 5). This binary way of conceptualizing sexuality is a result of people mislabeling bisexual and pansexual individuals as greedy and indecisive. Many people think of these sexualities as individuals who ‘just haven’t figured it out yet’ and will eventually become either gay or straight. When asked how her parents view her sexuality, she replied “They kind of just ignore it, and they kind of, again just deny its existence” (Participant 5). She regarded this as more of an annoyance and was frustrated with the situation. Since her parents do not bring it up, it does not cause her significant distress for the time being as she is currently in a committed heterosexual relationship. However, to be denied with such vigor by people that are meant to support you in life surely is not conducive to achieving a strong bond with them.

### **Importance of Family Support in Extant Literature**

It is no secret that family is a key component in feeling accepted in all aspects of one’s identity. According to Reisner and colleagues (2014), “family support is significantly protective for both self-harm and suicide attempts, representing a key resilience resource” (p. 550). When an individual feels that they are supported by their family members, they are more likely to seek help and confide in them, and less likely to participate in NSSI. Those that can feel comfortable

around their family members and accepted by their parents are able to use them as an additional resource to seek help if needed. Alternatively, “separation between their LGBTQ experience and their parent–youth experience made it difficult for these youth to access resources, even if they would have greatly benefited from them” (Mehus et al., 2017, p. 189). Those who feel they cannot confide in their parents or have been rejected may be less likely to obtain the services they need. These youth are more at risk to participate in NSSI, and are less likely to receive the help they need to break free from the vicious cycle it creates.

As a parent, being supportive of your child in all aspects of their life is the best thing you can do for them. If a child comes out to their parent and is met with immediate resistance, abuse, dismissiveness, or any other kind of negative reaction, they are less likely to utilize their parents as a support system. Parents are a crucial support for their children as they are there throughout their child’s life as they grow and should be seen as a source of stability, safety, and unconditional love and positive regard. When a parent neglects to serve as a supportive outlet for their child, their child is more likely to fall into the hands of NSSI. “Over one-quarter of LGBTQ youth who did not have at least one accepting adult in their life reported attempting suicide in the past year compared to 17% of those with at least one accepting adult” (thetrevorproject.org, 2019). The risk of suicide is significantly decreased in LGBTQIA+ youth by having even just one parent who accepts them for who they are. The effects of supportive parents on the lives of LGBTQIA+ youths and individuals are undeniably positive. The best way to keep LGBTQIA+ youth safe from themselves is by accepting them and showing them love, compassion and consideration, regardless of how they identify.

## **Secrecy**

The operational definition of secrecy for this study was: lack of full disclosure with some or all individuals. This includes telling their families and friends some aspects of their lives while hiding others. These hidden aspects could be about their emotions, NSSI, gender, sexuality or other aspects, such as relationships. This hesitancy and/or refusal to fully disclose could be rooted in a fear of rejection, general lack of trust, lack of desire to disclose information, or due to a desire to appear as their families and friends already viewed them. In addition, secrecy could be a direct result of keeping their sexuality hidden due to fear of judgment. This could also result from the fear of becoming a burden to others by expressing issues they are having or emotions they are experiencing.

### ***Being “Closeted”***

The participant who noted their parents’ “blatant homophobia” stated clearly that they felt unable to be themselves around their family, creating a great barrier of secrecy revolving around their sexual identity. All participants noted a period of time of being “closeted” with their sexuality, implying a time of secrecy about their identity. Some participants noted that there are friends and family they will not come out to. Many participants acknowledged a lack of full disclosure with any given individual in their life; meaning not a single person knows everything about them. Participants noted that their secrecy may have contributed to delaying their search for necessary mental health care. These periods of time in which they experience self-isolation and fear of rejection lead to a spell of secrecy in which they dealt privately with the mental issues they faced.

### ***Living a “Double Life”***

Due to her parents’ extreme homophobia, Participant 3 is still unable to come out to them and thus lives her existence as a bisexual individual in secret. “I have to be very careful about every little word I say in front of my family to make sure that I don’t slip up and say something...I just feel like I’m hiding my true self from them. I feel like I’m being an imposter when I’m around my family” (Participant 3). This kind of secrecy leads to a great deal of stress when navigating conversation with her parents and family. She feels as though she is leading a kind of double-life, one where she can be herself around her friends and another where she needs to be incredibly speculative about the language she uses around her parents. It is not her desire to live this kind of life, as she wishes she could come out to her family. “There has been so many moments where I was going to tell them, but something had stopped me” (Participant 3). Her family’s comments make her feel like she has to hide her identity for fear of being outcasted.

### ***NSSI Secrecy and Burden Fear***

Participant 3 noted that she kept her habits of NSSI hidden to as much of an extent as possible. “I don’t actually talk about what’s going on” (Participant 3). Her form of NSSI is in isolation, not taking care of base-line cleanliness and not eating. When this occurs, it can go on for days at a time, during which she keeps her emotions to herself. She will reach out and talk to people, to see what they are doing and attempt to motivate herself based off of others’ actions rather than tell others what is going on. This lack of communication is her second form of secrecy, as she does not reach out to others and tell them what is bothering her. She will look at what others are doing and say to herself, “Okay, if they’re doing that then I can do that” (Participant 3). This kind of secrecy, when coupled with isolation, makes for a harsh reality where nobody within her support system is truly aware of her struggles.

Participant 4 notes that during her childhood within a large family, she felt she was unsupported by members. She makes sure to note that this was not intentional, but merely a result of having such divided time and so many other kids to take care of along with work responsibilities. “I had to just buckle up and be like, “alright, you’re fine,” ...I did bottle things up a lot as a kid” (Participant 4). This type of secrecy is accompanied by the feeling of being a burden to her family. “I didn’t want to come to them with issues and make their lives any more stressful” (Participant 4). She attributed middle-child syndrome as a contributing factor of not wanting to burden her family with issues. In addition to middle-child syndrome, she noted not feeling acknowledged or understood by family members. This kind of secrecy is both self-imposed and simultaneously not, as she felt she was lacking support and was therefore unable to express her emotions to her parents.

Participant 1 notes the levels to which she goes to keep her self-harm habits a secret from those around her. Noted throughout the interviews are stories of how she was nearly “caught” by various authority figures. Some efforts to conceal self-harm were noted by clothing choice, quickly hurrying to change in the locker rooms, hiding bandages or blood-stained items from wandering eyes and lying. At one point her mother assumed a blood stain was chocolate and she went along with it. The lengths to which she went to keep her self-harm a secret were extensive and show the true emotions that others might have about it. Her reactions express a possibility of shame in her habits of NSSI, or simply a desire to keep others from being concerned.

### ***Secrecy and Shame in the Extant Literature***

A study by Mahtani and colleagues (2018) suggests that there is a link between shame and NSSI. Their study was found to link “perceptions of experiencing parental invalidation during childhood and adolescence to the functions of NSSI among Australian emerging adults

through increased psychological distress, shame proneness, and an internalized shame coping style” (Mahtani et al., 2018, p. 166). This links most of the findings of this research together. Those who have experienced invalidation through their parents' eyes may begin to feel shame. This would lead to secrecy, internalization, isolation and the possibility of NSSI occurring. The factor of parental acceptance having such a heavy influence on this study's participants desire for secrecy suggests that there may be a connection between that and their decision to participate in NSSI. According to Lewis et al. (2015), “Increased shame could make it more difficult for people to discuss NSSI, thereby leading to less interaction and disclosure of NSSI with others” (p. 394). This difficulty in starting that necessary discussion could influence one's decision between seeking help or remaining shrouded in veils of lies and secrecy.

### ***Impact of Social Others***

Secrecy is difficult to approach from the standpoint of a significant social other because it may be that the individual is so adept at hiding things there is minimal room for suspicion. This does not mean that privacy should be invaded by friends and family, as that is still a given right any individual should have. This simply means that, as those close to LGBTQIA+ individuals, we should remain mindful of the emotions and experiences of others and allow them the space to feel secure in expressing themselves. A large motivating factor for secrecy is a fear that others will judge harshly the decisions that someone has made. If someone feels safe enough to confide in you, be sure to be receptive in a positive way and offer help in any way possible. Those who wish to keep secrets will likely do so if they so choose, but respecting their desire for privacy and granting them a safe space to confide those secrets may be the key to their eventual personal disclosure when the time is right for them. If those within the LGBTQIA+ community feel they

have a space where they will not be judged or devalued for their sexuality or actions, they may be more likely to confide in someone and be able to receive the support and help they need.

### **Limitations**

All research studies have their inherent limitations, including the current study. For example, this study was conducted by one researcher, with only five participants. While the nature of qualitative research allows for fewer participants, it is likely that interviewing more participants would have led to the development of additional themes before reaching the saturation point. Another limitation is that only one generation was studied in total. Furthermore, all participants were from New York state and were studying at universities within the Western New York region. All participants were female at birth, with only one identifying as a demi-girl. A greater variety in gender-identity would likely provide more diverse data on self-harm and lived experiences. Societal roles of gender would likely have differing effects on how these individuals experienced coming out and life in general. This research was qualitative, which means there is always room for subjectivity. Participants may have left out crucial data or exaggerated, as there is always a chance for this in self-report measures. That being said, it is my belief that all information provided was based in their own truths and reflected the lived experiences of these individuals. Finally, my own biases may have swayed the interviews unintentionally with leading questions. Upon review of the interviews, there were minimal instances of this happening as they were interviewee-lead interviews at their core. However, there were a few instances in which questions may have assumed information beyond that which was stated directly. This was typically in an attempt to piece together stories or timelines, or due to already implied information from the interviewee.

### **Suggestions for Further Research**

There is a great deal of room for future research on this topic, some of which directly stems from the current study. Cross-generational analysis and interviews could give great insight to the differing experiences of coming out and self-harm. It is known that acceptance of those within the LGBTQIA+ community is still not fully recognized by society, but it has become better in recent years. Self-harm rates seem to be increasing with the younger generations, implying there may be a generational difference that connects the two. Creating a country-wide study that views differences between urban, rural and suburban areas as well as regional differences on experiences with acceptance and NSSI could lead to different themes as well.

Focusing on those within the transgender community (including those that fall outside of the gender binary) could lead to rich data. The experiences of these individuals differ from others within the queer community as they face a different realm of minority status. When it comes to gender identity versus sexual identity, there is a difference in levels of concealability that make it more difficult to exist in society as closeted. This lack of space to exist with secrecy leads to a higher chance that discrimination may occur. The struggles these individuals face are unique within the LGBTQIA+ community in that they are typically less accepted.

In addition, research focusing on the reasons behind the decision to participate in NSSI could lead to fruitful discussion on preventative measures. Future research exploring the specific mechanisms underlying the connection between NSSI and sexual and gender minority status is essential, given that few studies have examined LGBTQIA+ individuals' motivation to engage in this maladaptive behavior. And finally, research examining the impact of various parenting styles (including those that fall outside of Baumrind's paradigm) on socioemotional outcomes of

LGBTQIA+ individuals, specifically those outcomes tied to emotion regulation strategies, would further our understanding of specific microsystemic influences.

### **Conclusion**

This study was initiated as a start on the qualitative conversation, as a delve into the why, rather than the typical statistics that surround this sensitive topic. Sexual and gender minorities have been shown in multiple studies to be more likely to participate in NSSI than their peers (Blosnich and Bossarte, 2012; King et al., 2008; Lytle et al., 2014; Muehlenkamp et al., 2015; Peterson et al., 2017; Reisner et al., 2014). This study was designed to both collect and share stories and themes surrounding the lived experiences of LGBTQIA+ individuals relative to social others specifically in the context of NSSI. The four themes that emerged from the interviews were isolation, fear of judgment/rejection, lack of initial support from parents, and secrecy. This study can be used to inform and serve as a basis for ongoing studies given its importance. The scope of this study went beyond family and into the mesosystemic and macrosystemic influences in these individual's lives, showing how crucial their impacts can be at different levels.

This study is important to me because I am a member of the LGBTQIA+ community who has participated in NSSI and was lacking necessary support systems at a time in my own life. There is exponential room for society to grow and learn to accept those of us within the queer community, as well as room for further research within this topic. It is my hope that this research can help others to see how their actions and words can have an effect, as well as help others in the LGBTQIA+ community to feel validated and confirmed in their own lived experiences.

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## Appendix A

### Interview Guide

#### An Exploratory Analysis: Significant Social Others Influence on NSSI in the LGBTQIA+ Community

“Hello! Thank you for taking the time to come out and talk with me today. Just a reminder that you are able to withdraw from the study at any point in time and participation is not mandatory. In addition to that if there is a question that makes you uncomfortable and you wish to refrain from answering it or would like to take a break that is perfectly acceptable. Do you understand that participation is voluntary and can be terminated at any time that you wish? \*pause for response\* Wonderful, I look forward to hearing your perspective!”

1. How do you identify?
2. Tell me about what it was like growing up. (Religion, Family, School experiences, Friends, Parents, Siblings etc.)
3. Have you come out yet to your family and friends? How did this change the dynamics of your relationships?
4. What are your thoughts on self-harm behavior?
  1. Have you ever harmed yourself intentionally?
  1. Tell me about your first experience with self-harm.
5. What other coping mechanisms do you employ?
6. What do you think about seeking help?
7. Was there ever a lack of support in your life that you feel you were missing in a time of need? Tell me more about that.
8. Is there anything else that you feel I should know?

“Thank you for coming and talking with me. Here are some resources in case you would like to talk to a mental health professional after this study. Thank you again for your time and consideration, and I’ll be in touch to review the data once all interviews have been completed.”