

Examining Self-Injury and Coping Based on Sexual Orientation



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Introduction

Approximately 27 to 35% adults engage in Non-Suicidal Self-Injury (NSSI), or the deliberate destruction of body tissue without suicidal intent (Brown et al., 2007; Favazza, 1998; Gratz 2001). Societal factors such as trauma, discrimination, and victimization have been found to be a strong correlates with the development of non-suicidal self-injury in sexual minority individuals (Alexander & Clare, 2003; Walls, Lasers, Nickel & Wisenski, 2010).

According to Minority Stress Theory (e.g., Meyer, 2003), individuals who are a sexual minority may be impacted by a variety of both distal and proximal stressors, which in turn may have adverse impacts on psychological well-being. Past research has demonstrated higher levels of drug use have been found among non heterosexual young adults, particularly during adolescence (Corliss et al., 2010). Additionally, Gay, Lesbian, and Bisexual individuals may also experience minority stress in the form of reconciling their sexual identity, religiosity and spirituality (Sherry, Adelman, Whilde, & Quick, 2010).

The purpose of the present study was to examine differences in coping among individuals who engage in non-suicidal self-injury based on sexual orientation. Past research indicates that LGBT individuals are significantly more likely to report engaging in NSSI (Deliberto, 2008; House & Horn, 2011), however differences in coping strategies have remained unexamined.

It was hypothesized that individuals who were a sexual minority (non-heterosexual orientation) would report greater distress and more forms of dysfunctional coping. Specifically, I hypothesized that individuals who identified as a sexual minority would engage in more forms of NSSI, and would report greater coping with substances.

Methods

Participants:

- Participants were recruited from online discussion groups and completed the survey online
- 399 adults ages 18 and over (90.7% women) with a history of NSSI
- Average age was 27.17 years ($SD = 8.236$).
- 65.1% of participants identified their sexual orientation as either exclusively or predominantly heterosexual (34.9% as sexual minority).

Measures:

- **Demographics:** Participants provided answers to a basic demographic questionnaire.

- **Self-Harm History:** The Deliberate Self-Harm Inventory (DSHI; Gratz, 2001) was used to assess self-injury history. This measure assesses various acts of deliberate self-harm (e.g. cutting) with a yes/no response option in the following format: "Have you ever intentionally (i.e., on purpose) [specific behavior] without intending to kill yourself?" Follow-up questions inquire about age of onset and lifetime episodes.

- Assessed behaviors such as cutting, burning with lighters or matches, severe scratching, carving, sticking sharp object under skin, skin picking, hair pulling, interfering with wound healing, rubbing chemicals and sandpaper on skin

- **Coping Strategies:** The COPE questionnaire (Carver, Weintraub & Scheier. 1989) is used to assess specific coping responses that can be considered dysfunctional and functional.

- Assessed the following coping strategies: positive reinterpretation and growth, mental disengagement, focus on and venting of emotions, use of instrumental social support, active coping, denial, religious coping, humor, behavioral disengagement, restraint, use of emotional social support, substance use, acceptance, suppression and planning.

Results

- Average number of NSSI methods used was 6.95 ($Median = 7.00, Mode = 8.00$).

- Cutting was the most common form, endorsed by 387 individuals.

- 40.3% of the sample indicated they had cut themselves 500 or more times in their life.

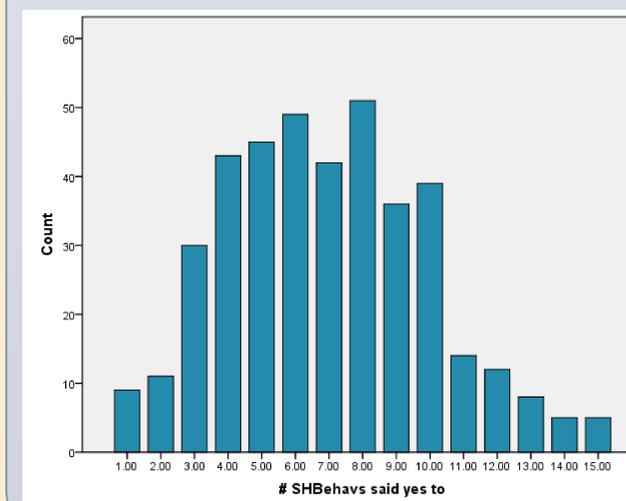
- Results indicated that individuals who identified as a sexual minority engage in significantly more forms of NSSI, $t(397) = -3.68, p < .001$.

Differences in coping strategies were examined between individuals who identified as a sexual minority compared to those who indicated their orientation as predominantly or exclusively heterosexual. Differences in coping were as follows:

- Mental Disengagement, $t(394) = -3.54, p < .001$,
- Religious Coping, $t(395) = 4.23, p < .001$
- coping with humor, $t(394) = -1.99, p = .048$.

- LGBT individuals engaged in greater mental disengagement, more humor, and less religious coping.

Figure 1. Frequencies of NSSI Forms



Discussion

The present findings indicate higher frequency of NSSI among individuals identifying as a sexual minority, which may possibly extend from their increased distal and proximal stressors. Research on coping shows that gay African men engage in disengagement coping responses (David & Knight, 2008) and that gay men being treated for HIV engage predominately in active coping responses (Knippels & Weiss, 2000). Also, research has suggested that lesbian women diagnosed with breast cancer engaged in less denial coping strategies, and more emotional support, positive reframing, and venting than heterosexual women (Arena et al, 2008). In the present study, few differences were found in coping styles based on sexual orientation, suggesting that few differences may exist in a sample with high levels of distress, as evidenced by engaging in NSSI.

Our hypotheses regarding use of substance abuse was not supported, while the hypothesis that individuals who identified as a sexual minority would report engaging in more forms of NSSI was supported. Overall, individuals who identified as a sexual minority did not endorse greater maladaptive coping. Clinical implications of this study point to the need for treatment to focus on effective coping skills across all groups.

Figure 2. Differences in Frequencies of Cutting by Sexual Orientation

