1 **Understanding the processes underlying self-harm ideation and behaviours within LGBTQ+**
2 **young people: A qualitative study**

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20

21 ## Abstract

22 **Objective:** This study aims to understand the processes underlying self-harmful thoughts and
23 behaviours, with and without suicidal intent, among LGBTQ+ young people.

24 **Method:** Nineteen semi-structured interviews took place between October 2019-May 2020.
25 Participants were aged between 16-25 years, had experiences of self-harm ideation and behaviours,
26 and were part of the LGBTQ+ umbrella. A range of sexualities and gender identities were
27 represented: eleven participants were cisgender, six were transgender and two were non-binary.
28 Interviews were transcribed verbatim and anonymised. Thematic analysis and reflective member-
29 checking were used to develop a thematic framework.

30 **Results:** Three themes were developed from the interviews and evaluated by four participants who
31 engaged with reflective member-checking. Findings indicated that internal processes and external
32 responses to being LGBTQ+ resulted in self-harmful thoughts and behaviours. Alongside these,
33 additional stressors related to being a young person were led to difficulties with self-harm.

34 **Conclusions:** Findings from this study indicate that young people often struggle with accepting their
35 LGBTQ+ identity for a number of reasons, whether this is due to access to a resource or their own
36 feelings about their identity. These negative self-perceptions can be enhanced by poor responses from
37 others and additional life stressors which impact their self-esteem or self-perception.

38 ## Highlights

39 • Understanding and accepting that one is LGBTQ+ is not always a simple process, struggling
40 with these thoughts can influence self-harm.
41 • Lack of LGBTQ+ terminology hinders self-acceptance and caused young people to engage
42 with self-harm.
43 • Peers and family members responses to a young people's LGBTQ+ identity is highly
44 significant and can directly led to self-harmful thoughts and experiences.

45 **Keywords:** self-harm, suicide, sexual orientation, gender identity, thematic analysis

46

47 ## Introduction

48 Self-harm, the self-injury or poisoning irrespective of suicidal intent (NICE 2011), is a crucial issue
49 impacting young people (Geulayov et al., 2017). LGBTQ+ (Lesbian, Gay, Bisexual, Transgender,
50 Queer or Questioning) youth are particularly vulnerable (Liu et al., 2019). Given self-harm ideation
51 and behaviours (SIB) are the strongest predictor of suicide attempt and completion (Hawton et al.,
52 2012; 2020), this is particularly worrying. Among LGBTQ+ youth, SIB is around 30-50% more likely
53 (particularly in trans people, those who do not identify their gender with the sex assigned at birth)
54 than among cisgender (individuals who identify as the sex they were assigned at birth), heterosexual
55 peers (Liu et al., 2019; Marshal et al., 2011). Given these significant disparities between LGBTQ+
56 youth and cisgender, heterosexual youth in SIB, it is crucial to explore processes that underlie these
57 experiences.

58 Among LGBTQ+ youth, SIB has been linked to high rates of mental health difficulties, victimisation
59 (Williams et al., 2021), interpersonal problems, lower self-esteem (Arcelus et al., 2016), difficulties
60 with self-concept integration and social comparison (Taylor et al., 2018). The Minority Stress Theory
61 (MST; Meyer 1995, 2003; Hendricks & Testa 2012) suggests that mental health is affected by
62 proximal (internally orientated processes) and distal (objective, external events) stressors based on
63 one's minority status. These adverse experiences negatively impact SIB (Williams et al., 2021;
64 Wilson & Cariola, 2020; Taylor et al., 2018; Arcelus et al., 2016; Shilo & Mor, 2014) and explain
65 some of the disparity seen between LGBTQ+ youth and cisgender, heterosexual peers.

66 Minority stressors within the LGBTQ+ umbrella can include internalised and external homo- and
67 trans- phobia (McDermott et al., 2018; McDermott et al., 2017; Pucket et al., 2017; McDermott et al.,
68 2008; Gibbs & Goldbach, 2015), body and gender dysphoria (Bailey et al., 2014; Wilson & Cariola,
69 2020), or impact of transition (social or medical) among others (Beek et al., 2015; Coleman et al.,
70 2012; Wylie et al., 2014) In order to reduce SIB, it is key to understand what these shared stressors
71 are and how they relate to being part of a minority group. This is particularly important to be studied
72 among young people as their identity develops when moving from childhood to adulthood.

73 While there is some consideration given to underlying processes which lead to self-harm across
74 LGBTQ+ young people in qualitative research (McDermott et al., 2018; McDermott et al., 2013;
75 McDermott et al., 2008), this is still a relatively small pool. Research is often split by identity (Dunlop
76 et al., 2021) or by aspect of self-harm, e.g. non-suicidal self-injury (Jackman et al., 2018) or suicidal
77 intention (Hunt et al., 2019; Rivers et al., 2018). This study aims to extend the literature in this area by
78 looking across LGBTQ+ identities and the dimensions of self-harm. Sexual orientation has been
79 grouped with gender identity in this study as both are part of a minority group at a time when their
80 identity is developing. By having these broad categories for self-harm and LGBTQ+ identities, it is
81 thought that this research will have utility across research, clinical and third-sector services and well

82 help us to understand the interaction between SIB and being part of a minority group. Furthermore, by
83 adopting the NICE (2011) definition of self-harm, findings can give insight into how particular
84 experiences can influence the transition from SIB to suicide attempts in young people. Therefore, the
85 aim of this study is to explore the views of young LGBTQ+ people's regarding the factors that
86 influence their SIB using a dimensional approach of self-harm to include experiences with and
87 without suicidal intent.

88 Materials & Method

89 *Design*

90 A cross-sectional qualitative study using semi-structured interviews considering experiences of self-
91 harm ideation and behaviour among young people who self-identified as part of the LGBTQ+
92 umbrella. This study was granted ethical approval by the Science, Technology, Engineering and
93 Mathematics review committee at the University of Birmingham (ERN_19-1032). A COREQ
94 checklist can be found in the supplementary materials 1.

95 *Participants*

96 Nineteen participants were interviewed between October 2019 and May 2020, through online,
97 physical and snowballing recruitment strategies (see SM2 for more information). These participants
98 were from the U.K. (n=16), U.S.A (n=2), and Israel (n=1). Participants held a range of gender
99 identities; 11 being cisgender (1 male; 10 female), 6 transgender (4 trans male; 2 trans female) and 2
100 who were non-binary (people who identify outside of male or female). These individuals also held a
101 variety of sexual orientations (Table 1). Ages ranged from 16-25 (M: 21.2, SD: 2.7).

102

103 [Insert Table 1 here]

104 *Procedure*

105 The interview schedule was developed with input from an advisory group of LGBTQ+ young
106 individuals who had experience of SIB and piloted with two individuals. The interviews broadly
107 discussed SIB, and how this may link with being LGBTQ+, finishing by asking about help-seeking
108 and recovery. The semi-structured nature of the interview allowed reflexivity and flexibility (Mason,
109 2002).

110 All participants were interviewed by AJW, who has previous experience of qualitative interviewing
111 and lived experience of these phenomena. These were single interviews, with only the primary
112 researcher and participant present. Personal reflexivity of the researcher can be found in

supplementary materials 2. Participants were encouraged to use the language which they felt was appropriate for them to describe their SIB. Field notes were taken during the interviews, which acted as question prompts and highlighted points of relevance within the interview. The interviews lasted a mean of 63 min (45' to 89') and were audio recorded and transcribed verbatim with identifying information removed for confidentiality. The majority of participants had experiences of SIB, with just under half discussing at least one suicidal attempt. One participant withdrew from the study as they had not realised that the main topic of the interview were SIB experiences instead of mental health generally.

Analysis

As all interviews and transcription were completed by AJW, the researcher was immersed in the data from collection. Initial coding of interviews began during data collection and was ongoing to ensure that data saturation was achieved before recruitment was ceased (Guest et al., 2020). Following transcription, data was imported into NVIVO12, and inductively thematically analysed following steps by Braun and Clarke (2006; 2019). Extensive coding of topics, content and context was performed. Similarities and differences among the codes were identified in order to develop preliminary subthemes within the data. These subthemes were continuously viewed in relation to the interviews, allowing for reflective consideration and critical discussion between all authors. AJW and JA refined subthemes to move forward the strongest identified. Notes and discrepancies were evaluated to enhance the accessibility of subthemes and regrouped to make major themes. This framework was then evaluated and discussed by all authors to create a full thematic framework.

While transcripts were not return to participants, to enhance the accuracy and validity of this framework, participants who had expressed interest in being involved in member checking were contacted. These participants engaged with member checking (Harvey, 2015). Member-checking supported the proposed framework with minor adjustments (language used in theme descriptor).

Results

Three major themes were identified; i) Struggling with processing and understanding one's own LGBTQ+ identity; ii) Negative responses to being LGBTQ+; and iii) Life stressors. Each theme is described in further detail and supported by participants' quotes. The thematic framework is presented in Table 2, with theme and subtheme prevalence. Theme prevalence is offered for an insight into the generalisability of themes across participants. However, it is important to note that not every participants' experiences are the same and lower prevalence does not indicate the importance of a specific experience to an individual.

[Insert Table 2 here]

1. Struggling with processing and understanding one's own LGBTQ+ identity

Participants discussed at length their internal self-evaluation in relation to their LGBTQ+ identity and how this led to SIB with and without suicide intent. Multiple aspects fed into this process; not having the appropriate language to explain their thoughts and feelings even to themselves, hating their LGBTQ+ identity, coping with gender dysphoric feelings and the difficulties of medical transition. These aspects negatively influenced participants' self-acceptance, which led to self-harmful thoughts, behaviours and occasionally suicide attempts. During member checking one participant described how *"self-acceptance is an ongoing process and can fluctuate for some folks"* (Trans man, Bisexual, P4), which indicated that understanding and accepting one's LGBTQ+ identity is often not a linear process.

1.1. Not having the words to describe feelings and thoughts associated with LGBTQ+ identity

During early adolescence, self-harm was often related to working out one's sexuality and gender identity. Participants typically felt that their sexual attractions or gender identity were somehow different from their peers but did not have the words to describe what was going on for them;

> "*I think that was very much there but I probably I didn't have the terminology to understand erm, myself or that you could have a life anything other* [than heteronormative relationship]" (Cis woman, Lesbian; P12).

> "*The word trans was not something I heard until I was like 20 so, erm I didn't think it was a possibility and I didn't really connect me not liking my male body to me wanting to be a girl."* (Trans woman, Polysexual, P5)

By lacking this terminology, participants described how they were confused by their feelings and thoughts of being LGBTQ+, and often tried to suppress these which ultimately caused distress and SIB.

1.2. Internalised hatred relating to LGBTQ+ identity

Young people often struggled with accepting that they were LGBTQ+, leading to self-stigma and internalised hatred. Participants described feeling as though they were unable to think about being LGBTQ+ or imagine a future where this was the case, therefore believed that they deserved to be in

177 pain due to their sexuality and/or gender identity which could make them engage with SIB; for some
178 resulting in a suicide attempt; *"I didn't allow myself to accept or think about at that time that I was*
179 *gay"* (Cis woman, Lesbian, P12).

180 *"I think it was a lot of me feeling like I deserved it [self-harm]. Erm and that it was again a*
181 *form of punishment for me because I genuinely thought that what I was feeling was sinful and*
182 *that I needed to get it out for me."* (Trans man, Queer, P19)

183 While for some internalised hatred was part of the journey towards accepting themselves, other
184 participants still felt very negatively about their LGBTQ+ identity and were unable to accept this
185 aspect of themselves, this was a key factor leading to their self-harm. In particular, one participant
186 spoke at several points about not wanting to stand out or be considered different in anyway which
187 transcended into their early adult life.

188 *"I still would choose not to be gay now if I could. I-, I, I, it's not something I would choose or*
189 *wish on anybody but it's just who I am."* (Cis man, Gay, P3)

190 *1.3. Coping with gender dysphoria*

191 Among transgender and gender diverse participants, an important cause for SIB was experiencing
192 difficulties with their bodies and others using the wrong pronouns; this was described under the
193 umbrella of gender dysphoria. Young people explained how the mental distress caused by gender
194 dysphoria led them to feel that they should hurt themselves and was an ongoing issue, as their bodies
195 did not represent their true gender and were triggering their pain.

196 *"if I was already in a bad place you know something just as small as one pronoun would just*
197 *sort of send me into a spiral…. Yeah I'd say especially like dealing with like gender*
198 *dysphoria, you know, it feels you know kind of natural to take those feelings out on your body*
199 *when it feels like it shouldn't even be yours."* (Trans man, Gay, P2)

200 For some, this resulted in very specific, localised self-harm.

201 *"Hurt myself in my biceps or where I'm muscular. And when I was younger, so I would hurt, I*
202 *would disproportionally get hurt in my testicles a lot. Erm like I tried to, I tried to castrate*
203 *myself sort of" (*Trans woman, Polysexual, P5)

204 *1.4. Difficulties of medical transition*

205 Participants discussed the financial costs of medical transitioning to some degree, and the stress due to
206 waiting time for NHS trans health services, which occasionally forced young people to buying gender
207 affirming hormone therapy online. Interestingly, participants from the U.S.A and Israel had been able
208 to begin transition legally prior to the interviews and so much of their discussions were retrospective.

209 UK-based transgender participants were all still on waiting lists and dealing with these issues at the
210 time of interview.

211 *"They (Gender Clinic) sent me back a letter a couple of months later saying "18 months, see*
212 *you a year and a half from now". And then when that year and a half came they'd delayed it*
213 *another year or so, and at that point I've just spent 2 years of my life waiting to get care so I*
214 *can make the decision and when it got pushed back that's when I got suicidal because I just*
215 *needed the help there and then."* (Trans woman, Pansexual, P16)

216 The long waiting times for transitional appointments caused distress and self-harm as participants felt
217 as though they would never be seen by professionals resulting in thoughts of hopelessness about their
218 futures. Further concerns shared among participants included that they would age out of a particular
219 service before receiving treatment or that they might need to take on private services, which would
220 increase the financial burden. One participant discussed how this pushed back further life experiences,
221 such as attending university, as young people were trying to deal with medical transition first.

222

223 ## *2. Negative responses to being LGBTQ+*

224 A common theme which dominated the interviews was how others had and might respond to young
225 people disclosing their LGBTQ+ status or outwardly presenting as LGBTQ+. The fear and experience
226 of rejection was frequently stated as a perceived cause of self-harm. This often furthered any negative
227 perceptions the young person held of themselves and intertwined deeply with their self-esteem.

228 ### *2.1. Peer abuse and bullying*

229 Some participants spoke about how peers at school who knew or suspected their sexuality would
230 react, and that this made them a target for insults, bullying and abuse.

231 *"I had probably about at least half, 150 people being "oh [name] dirty lesbian" coming into*
232 *my classrooms, I had people throwing balls of yarn covered in piss, piss, urine, didn't ever hit*
233 *me."* (Non-Binary, Queer, P11)

234 Once their peers knew about their non-heterosexuality, changing rooms were a place for
235 discrimination and bullying. Several young people spoke about how they were accused of looking at
236 others while changing or otherwise invading others' privacy. This caused violence for some, while
237 others isolated themselves to avoid confrontation.

238 *"everyone would be like "ew she's going to be looking at us" like "aw I bet she fancies us*
239 *kind of thing", like I felt better being away from everyone else which it didn't feel great that I*
240 *had to kind of go somewhere else from other people [...] I think definitely the*

241 *discrimination I got when I was younger from other girls, that definitely impacted it [self-*
242 *harm and suicidal thoughts] because it added to that low mood and just not feeling*
243 *accepted."* (Cis woman, Bisexual, P15)

244 Subsequently, young people were anxious about sharing their LGBTQ+ identity and would keep it
245 hidden. This, however, resulted in participants feeling they were not being their "true selves" causing
246 emotional turmoil, ultimately leading to self-harm and sometimes suicide attempts.

247 *"I felt like anger for like how other people had treated me but I didn't know how to express*
248 *that anger in a healthy way towards the actual reasons I was feeling angry and so it became*
249 *self-directed anger and kind of felt like I should punish myself."* (Cis woman, Bisexual, P1)

250 *2.2. Unaccepted and unsupported by family*

251 Commonly, these negative responses to LGBTQ+ status came from family members. For transgender
252 and gender diverse youth this could be that their family invalidated their gender identity and desire to
253 transition. This had a detrimental impact on the relationship between the young person and their
254 family.

255 *"my mum basically used to send me loads of like articles to read and she was all for "oh you*
256 *know you need to look at the other side and stuff" but they were all really like blatantly*
257 *transphobic articles and one of them was so bad I had a panic attack really bad.*" (Trans man,
258 Gay, P3)

259 *"my mum has just refused to call me [name] or use my pronouns. Despite coming to the*
260 *clinic, sitting down with professionals being told "your daughter needs to hear this from*
261 *you." And she just wouldn't"* (Trans woman, Pansexual, P16)

262 Participants describe the experiences above as isolating and caused a huge amount of distress which
263 resulted in self-harm. Even if a parent or family did accept their child as being LGBTQ+, this did not
264 always result in the young person feeling as though their identity was supported which could
265 influence their own self-acceptance journey.

266 *"Sometimes still with my family, especially with my mum, even though I feel that she accepts*
267 *that I'm gay she still tries to get me to be someone that I'm not [...] And I struggle with that,*
268 *that she doesn't just, that there's not this acceptance of this is who I am, don't try and*
269 *change me." (*Cis woman, Lesbian, P12*)*

270 One participant noted that their parents not accepting that they were a lesbian caused them to feel
271 *"like I needed to change myself or be someone that I wasn't to make my parents happy and then I just*
272 *ended up disliking myself"* (Cis woman, Lesbian, P12), which ultimately caused them to suppress

273 their identity and limit disclosure. For this individual, this ended with them attempting suicide several
274 times.

275

276 ### 3. *Life stressors*

277 This was the final theme which was developed to convey young LGBTQ+ people's narratives of
278 difficult experiences that they had faced. These experiences, while not always explicitly related to the
279 individual's LGBTQ+ identity, often shaped other elements of their coping mechanisms or self-
280 perception which impacted self-harm.

281 #### *3.1. Abusive experiences*

282 Several young people experienced some form of abuse. For most, this abuse was emotional, however
283 one participant experienced multiple types of abuse from her parents and brother.

284 *"My dad physically, emotionally and sexually abused me throughout my life. [pause] Erm*
285 *and my mother physically and emotionally abused me. I was on child protection when I was a*
286 *child. And then my brother, I was his punching bag from around the age of 2 onwards…"*
287 (Cis woman, Lesbian, P17).

288 For participant 17, she began self-harming at a young age and was sectioned several times following
289 suicide attempt. Primarily she associated SIB with her abusive experiences and bullying from peers
290 related to her abusers. Another participant spoke in depth about their experience of being sexually
291 assaulted while hitchhiking which caused them to completely shut down their internal dialogue and
292 progress regarding their sexuality and gender identity. She discussed how SIB was a tool for
293 communication and coping with their experience.

294 *"…then one of those times when I was hitchhiking I was assaulted and kind of regressed*
295 *everything. I went into a depression afterwards and kind of didn't leave my house a lot […]*
296 *My problem was trauma. But it wasn't self-harm, self-harm was the way I dealt with it. But I*
297 *did have, in some ways self-harming was a way to get people to notice that there was a*
298 *problem."* (Trans woman, Polysexual, P5)

299 #### *3.2. Stress of feelings responsible for others*

300 Stress was often related to feeling responsible for others' either physical or emotional health. Several
301 participants had caring duties for people within their families or foster family and felt it was their
302 responsibility to look after the person who was disabled or ill. This led to them feeling overwhelmed,
303 and engaging with self-harm.

304 *"I was doing sort of like night shifts just learning how to be a proper carer, like you know he*
305 *[*foster brother*] had seizures, epilepsy, and you probably don't know what it is but chronic*
306 *seizures. They're erm. And I was only doing it for a little while but it was really a lot to*
307 *process, you know, like obviously his [*foster father*] daughter had been brought up with it*
308 *because he was, he was about 24 now I think but you know. It's terrifying seeing that you*
309 *know. And he was really ill, really ill"* (Non-Binary, Queer, P11)

310 Other participants spoke about how they were emotionally supportive for friends. Often, the case was
311 that the participant was the person that many people came to discuss their own problems with,
312 including mental health. Because of this, the young person felt they were unable to disclose their own
313 struggles without burdening their friends, and that it was their priority to care for their friends over
314 their own wellbeing. As young people were looking after others, this meant their own SIB was pushed
315 aside and caused them not to seek help, as they felt their own feelings were not a priority.

316 *"the problems with my friends, my friends were going through depression and stuff. And*
317 *having stuff going on in their lives, and I was always the one who was like helping them out.*
318 *And it got to a point where it was just too much for me, I just started cutting and stuff..."* (Cis
319 woman, Lesbian, P9)

320 *3.3. Difficulties relating to physical injuries and illnesses*

321 A number of participants also dealt with ongoing physical injuries or illnesses which caused them
322 great stress. *"I have chronic back and neck pain after fracturing my spine […] I would say [pause] it*
323 *affects my mood a lot and it can affect the self-harming aspect as well."* (Cis woman, Lesbian, P6).
324 Another participant discussed at length how their physical illness, caused them to isolate themselves
325 from others, question their sexual orientation due to a fear of being intimate with others and described
326 how it left her feeling hopeless. "*it (self-harm) was to do with a physical health thing that I had going*
327 *on that I felt really embarrassed about and didn't tell anyone about and yeah. I didn't really have any*
328 *hope for the future*" (Cis woman, Bisexual. P14).

329 *3.4. Academic pressures*

330 Finally, participants discussed how they were concerned about their academic performance, that they
331 were perfectionists, and that they could not live up to their own expectations. For some, pressure also
332 came from their parents to succeed but mainly the young people discussed the pressures which they
333 put on themselves. These pressures led to feelings of anxiety particularly in relation to exam periods,
334 such as A-levels, or in the first year of university.

335 *"So with the end of first year just before like probably 2 months before first year exams*
336 *things just got really, really bad. Erm, and I'd yeah, it was, it was like a daily every minute*
337 *just thinking I'd be better off dead."* (Cis man, Gay, P3)

338 One of the participants stated how academic pressures tend to *"affect everyone a lot more directly,*
339 *and I feel it is something which contributes, is affected by and is at the centre of a person's life at this*
340 *age."* (Trans man, Bisexual, P18). This highlights the key position of school, college or university
341 plays within many young people's lives.

342 **Discussion**

343 Our findings extend the knowledge regarding the aetiology and maintenance of SIB among gender
344 and sexual minorities young people. At a time when a person moves from childhood to adulthood the
345 sense of belonging is important (Corrales et al.,2016), hence being part of a minority group is
346 particularly hard (Goldbach & Gibbs 2015; McCallum et al., 2011). People from the sexual and
347 gender minorities share the experiences of being different, of not being accepted in a big part of
348 society, of living against many religious believes, and of experiencing discrimination and abuse
349 (McDermott et al., 2018; Gibbs & Goldbach, 2015; D'Augelli et al., 2006; Meyer, 1993). As a
350 consequence, is not surprising that SIB is high among this population. Aiming at understanding the
351 interaction between SIB and growing up as part of a minority group, this study provides interesting
352 findings. Firstly, the study confirms the influence of accepting one's self as part of the LGBTQ+
353 umbrella in SIB. Secondly it highlights the important role of peers and family and the influence of not
354 being accepted by them in SIB. These findings allow for an in-depth understanding of how different
355 groups can influence SIB by overt and indirect actions. Furthermore, this self-exploration and
356 acceptance of being LGBTQ+ may act as a representation of proximal stressors while distal stressors
357 are represented by others' attitudes and responses. This is consistent with prior research, which
358 indicates that minority stressors are influential to self-harmful thoughts and behaviours, with and
359 without suicide intent among LGBTQ+ young people (Wilson & Cariola, 2020; Rivers et al., 2018;
360 McDermott et al., 2017; McDermott et al., 2008; Meyer, 1993).

361 Understanding and processing one's sexuality and or gender identity is an ongoing journey, and self-
362 acceptance is many times the longest and painful, complex process. The role of self-acceptance
363 among young people and its influence in SIB, highlights the need for society to normalise sexual and
364 gender minorities through education and appropriate role models. An interesting finding from the
365 study is the distress caused by the lack of LGBTQ+ terminology which affect their sense of identity
366 and their own identity formation. Lack of self-acceptance could lead to internalised hatred and
367 internalised trans- and homophobia. Among TGNC participants this internalised hatred was
368 frequently interwoven with gender dysphoria. Furthermore, participants' internalised phobia was
369 validated by external phobia and feelings of rejection or discrimination from peers, friends, and

370 family members which increases the self-hate and SIB. Witnessing discrimination towards LGBTQ+
371 individuals caused some participants to delay their self-acceptance and worsened struggles with SIB.
372 Therefore, it is important to consider LGBTQ+ young people who engage with SIB holistically,
373 underlying processes can be influential to each other and relate to earlier experiences within the young
374 person's development.

375 The final theme "Life stressors" is somewhat complicated. While these experiences were not
376 explicitly connected to participants' LGBTQ+ identity here, they may be interlinked with other
377 aspects of participants' self-views which as discussed are highly influential to SIB. Abuse and
378 maltreatment (Cederbaum, Negriff & Molina, 2020; Celik & Odaci, 2012), the perception of ill health
379 (Goodwin & Olfson, 2002), and perfectionism (Smith et al., 2017) have all been linked to negatively
380 impacting self-perception and self-esteem. Given that LGBTQ+ youth often struggle with their self-
381 esteem (Gnan et al., 2019; Arcelus et al., 2016), these life stressors may enhance already tumultuous
382 self-perceptions, and relate to the behaviours of prioritising others first. This, in turn, led to our
383 participants struggling more with self-harm. Therefore, these findings highlight the importance of
384 understanding how self-perceptions relate to self-harmful thoughts and behaviours.

385 Based on these findings, supporting young people who are LGBTQ+ through their self-exploration is
386 key to reducing self-harm. Part of our participants' experiences was that a lack of terminology to
387 describe their developing understanding of their sexual or gender identity, and limited awareness of
388 LGBTQ+ identities during early adolescence (Thorne et al., 2019). This might reflect a failing to
389 include LGBTQ+ education or information within education systems; and therefore highlights the
390 importance of inclusive education regarding LGBTQ+ experiences, history and terminology
391 consistently throughout year groups. Such approaches enhances young people's ability to engage with
392 LGBTQ+ history and culture to promote acceptance among students broadly (Wagaman et al., 2018).
393 Additionally endorsing accepting behaviours in students from younger ages and reduce the level of
394 discrimination or bullying directed towards LGBTQ+ peers (Gower et al., 2018).

395 Findings also suggest that the responses from others are highly influential to personal acceptance and
396 self-harm. Supporting young people to better understand their own identity and enhance their self-
397 perception can be enhanced by positive approaches and acceptance from family members, friends,
398 peers and society on a wider scale, this furthers young LGBTQ+ people's confidence and self-esteem
399 (Romijinders et al., 2017). Family acceptance is crucial (McDermott et al., 2021), acting as the
400 strongest influence to positive self-esteem and feeling comfort as LGBTQ+ in young people (Snapp et
401 al., 2015). These findings emphasize the need for families to approach LGBTQ+ disclosure in an
402 accepting and reassuring manner to ensure good mental health (McDermott et al., 2021), this would
403 therefore help mitigate and perhaps even reduce self-harm.

404 Professionals working closely with LGBTQ+ youth, (educators, social workers, CAMHS workers,
405 counsellors), require a broad understanding of the young person's family environment and context
406 around the individual (Roe 2016; Wagaman et al., 2016). For social workers or counsellors engaging
407 with the family, having an awareness that such internal dynamics around the young person's
408 LGBTQ+ identity is important, as well as considering how the family have or might respond. It has
409 been widely acknowledged that family support is important for health and well-being in LGBTQ+
410 youth (Westwater et al., 2019; McConnell et al., 2016) however, having alternative adult support may
411 also act protectively for self-harm and suicide (Roe, 2016). Professionals should be expected to
412 understand that a young person may require further support and potentially work with the family to
413 explore underlying concerns around being LGBTQ+ (Roe 2016; Wagaman, 2016). Furthermore,
414 professionals also need to explore how the young person perceives themselves and how this
415 influences their mental wellbeing.

416 ***Limitations***

417 Several interview methods were offered; in-person, by phone or through Skype, which removed
418 geographical and financial barriers for participants. However, there are limitations such as difficulties
419 with rapport building (Opendenakker, 2006) and complexities surrounding nonverbal cues being
420 observed (Cohen, 2007; Novick 2008) in non-visual interviews. However, the majority of participants
421 selected methods which enhanced their privacy and anonymity (selecting not to use Skype, preferring
422 phone calls) which may have actually increased information that was shared (Ybarra et al., 2005).

423 Two interviews were with participants in the U.K. during the COVID-19 lockdown period (March-
424 April 2020). No changes were made to their interview process. However, both mentioned COVID-19
425 during the rapport building section of the interview.

426 Within the study, we aimed to include a range of gender and sexual identities, however there was a
427 majority of cisgender female participants (with a variety of sexual orientations) which could bias the
428 sample. This overrepresentation may be related to females being more likely to present with SIB
429 (Marchant et al., 2020). It is possible that these results hold more utility of cisgender LGBTQ+
430 women than other identities. Data on ethnicity of participants was not captured. Therefore, there is
431 inadequate information present to determine whether any of these experiences were related to multi-
432 minority status. Given that ethnic minority members of the LGBTQ+ umbrella are underrepresented
433 (Kneale et al., 2019), future research should ensure inclusion and diversity of populations.

434 ***Conclusion***

435 Minority stress experiences appear to interact and influence those processes underlying self-harm
436 among LGBTQ+ young people. Often these experiences are related to thoughts and feelings relating

437 to being LGBTQ+ but experiences of abuse and discrimination enhance this negative self-perception.
438 Alongside this, LGBTQ+ young people also face stressors relating to how they perceive themselves,
439 which could compound already complicated emotions surrounding their identity. Consideration needs
440 to be given to LGBTQ+ acceptance within families, by peers, and society more widely as this could
441 help protect LGBTQ+ young people against self-harm. This could be achieved through LGBTQ+
442 education within schools and colleges. Professionals working with LGBTQ+ youth should be aware
443 of how these young people may perceive themselves and what family environment they may be
444 dealing with.

445

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452

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629

630 # TABLES

631

632 ***Table 1: Participants' Descriptives***

Gender	Sexuality	Age (years)	Interview method
Cis Female	Bisexual	21	Phone
Trans Male	Gay	16	Phone
Cis Male	Gay	22	Phone
Trans Male	Bisexual	23	Skype (video chat)
Trans Female	Polysexual	24	Skype (non-video chat)
Cis Female	Lesbian	19	Phone
Cis Female	Bisexual	21	Skype (video chat)
Non-Binary	Asexual	22	Phone
Cis Female	Lesbian	18	Phone
Cis Female	Lesbian	24	Phone
Non-Binary	Queer	19	Skype (video chat)
Cis Female	Lesbian	25	Phone
Cis Female	Bisexual	18	Phone
Cis Female	Bisexual	25	Phone
Cis Female	Bisexual	19	Phone
Trans Female	Pansexual	23	Skype (non-video chat)
Cis Female	Bisexual	22	Phone
Trans Male	Bisexual	18	Skype (video chat)
Trans Male	Queer	23	Skype (video chat)

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634

635 ***Table 2: Thematic framework of LGBTQ+ young people's experiences of self-harm and suicide***

Theme	**N (%)**	**Subtheme**	**N (%)**
Struggling with processing and understanding one's own LGBTQ+ identity	*16 (84%)*	Not having the words to describe feelings and thoughts associated with LGBTQ+ identity	*12 (63%)*
		Internalised hatred relating to LGBTQ+ identity	*7 (37%)*
		Coping with gender dysphoria	*8 (42%)*
		Difficulties of medical transition	*4 (21%)*
Negative responses to being LGBTQ+	*16 (84%)*	Peer abuse and bullying	*8 (42%)*
		Unaccepted and unsupported by family	*13 (68%)*
Life stressors	*14 (74%)*	Abusive experiences	*6 (32%)*
		Stress of feeling responsible for others	*7 (37%)*
		Difficulties relating to physical injuries and illnesses	*6 (32%)*
		Academic pressures	*5 (26%)*

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