**Exploring Lesbian Internalised Homophobia and Self-Harming: A Thematic Analysis**

**Abstract**

**Background:** Internalised homophobia has been associated with maladaptive coping and higher levels of psychological distress. Self-harm within a lesbian population is under researched, specifically in relation to internalised homophobia. The study aimed to explore whether internalised homophobia influences self-harming and coping mechanisms in a lesbian population. **Method:** All participants (*N* = 103) were over 18 (*M* =22.87, *SD* = 6.9) assigned female at birth, and identified as lesbian. The study implemented a qualitative design through an online questionnaire which asked 6 open-ended questions regarding sexuality, coping mechanisms and internalised homophobia. **Results:** Through thematic analysis three themes were identified: the role of sexuality on self-harm, importance of LGBTQ+ community, and negative societal perceptions which were explored in relation to relevant literature. **Conclusion:** Through thematic analysis, internalised homophobia was identified as a sub-theme of self-harming behaviours. The LGTBQ+ community was found to be a protective factor from maladaptive coping behaviours through belonging and shared culture. Participants highlighted there were negative societal perceptions regarding the LGBTQ+ community in general, but also their struggles with self-harm and mental health.The strengths and limitations of the study are addressed alongside suggestions for future research.

*Keywords:* Internalised Homophobia, Self-Harm, Lesbian, Mental Health, Minority Stress

Within the last decade, landmark progresses such as legalising same-sex marriage and increased platforms for lesbian, gay, bisexual, transgender and queer (LGBTQ+) activists in the UK demonstratesan increase in LGBTQ+ acceptance. Despite the UK’s socio-political changes, the LGBTQ+ community still face institutionalised, social, and internalised homophobia (Frost & Meyer, 2009). Resultantly, LGBTQ+ people are at higher risk of poor mental health outcomes than heterosexual people (Chakraborty et al., 2011). Homophobic experiences are associated with higher rates of internalising mental disorders based on prevalent depressive symptomology (Newcomb & Mustanski, 2010).However, there are significant mental health variations between sexualities, so, in research, it is important to separate LGB identities (Spittlehouse et al., 2020).

**Internalised Homophobia**

Internalised homophobia (IH) is a psychological construct characterised by negative attitudes and feelings towards homosexuality, in others and oneself (Shidlo, 1994). Internalising social heterosexism causes IH, resulting in psychological distress such as shame, fear, and self-hatred (Igartua et al., 2009). Past research found that IH has a direct impact on psychological distress, namely depression, anxiety, and trauma. This relationship is partially mediated through maladaptive coping strategies such as denial, self-blame and substance abuse (Cornish, 2012).

Lesbian IH specifically is associated with negative affect and greater alcohol consumption(DiPlacido, 1998)**,** conflict concerning sexual orientation(Szymanski et al., 2001),and depression (Herek et al., 1997; Szymanski et al., 2001). However, past studies have not investigated whether IH is associated with self-harm, presenting a gap in the literature. Lesbians who are conflicted or confused about their sexuality are presumed to have higher levels of IH than those who are not (Cass, 1979; Coleman, 1982). Szymanski et al. (2001) investigated psychosocial correlates of IH in lesbians using the Lesbian Internalised Homophobia Scale (LIHS;Szymanski & Chung, 2001). A sample of 157 lesbian and bisexual women completed surveys assessing sexual orientation and identity, lesbian IH, depression, somatic complaint, stability of self, and various social supports. The findings revealed that lesbians who reported conflict about their sexuality scored significantly higher on the LIHS total score than those who were not conflicted. These results substantiate the claims made by Cass (1979) and Coleman (1982) that higher conflict about one's sexuality presents higher levels of IH.

Most studies on IH focus on the LGB community collectively or predominately gay men (Hanekom, 2021). Psychosocial differences between gay men and lesbians impact identity formation such as sex-role factors and social considerations of patriarchal and heteronormative scripts (De Monteflores & Schultz, 1978). For example, coming out as a lesbian poses a vulnerability to harsh criticism, mostly from men who are intolerant of nontraditional role behaviours of women **(**Hedblom, 1973). Furthermore, female gender socialisation, experiences of sexism, and repression of female sexual desires are unique factors affecting lesbian identity (Faderman, 1985; McCarn & Fassinger, 1996; Roth, 1985).Failing to acknowledge the impact of living in a ‘woman-devaluing society’, makes it impossible to accurately discuss the effects of lesbian IH (Greenfield, 1990), supporting the necessity of researching lesbian IH in isolationfrom other sexualities. Furthermore, lesbians are more likely to report lifetime depressive disorders than heterosexual women (Bostwick et al., 2010; Fredriksen-Goldsen et al., 2010). IH has been identified has a significant contributor to depression in LGBTQ+ individuals suggesting that IH may be a risk factor for depression (Herek et al., 1997; Szymanski et al., 2001) Therefore, the established relationship between depression and self-harm could possibly be further influenced by experiences of IH. **Self-Harm**

Self-harm is characterised by causing deliberate injury to oneself because of emotional or mental problems (e.g., cutting, burning; Garisch & Wilson, 2015). In the UK, self-harm without suicidal intent is most prevalent in young women (McManus et al., 2019), with LGB youth identified as a vulnerable subgroup to self-harm (Lytle et al., 2014). **Irish et al. (2019)** found that reports of past year occurrences of self-harm in sexual minority adolescents aged 16-21 were more likely than in heterosexual adolescents. They also uncovered that sexual minority adolescents are four times more likely to have self-harmed with suicidal intent by 21 (Irish et al, 2019). Lesbians and bisexual women are significantly more likely to have self-harmed than heterosexual women (Kerr et al., 2013). Despite the increased risk of self-harm in LGBTQ+ individuals, research on LGBTQ+ self-harm and the stressors accounting for this increased risk is scarce and focuses primarily on adolescent experiences.

Taylor et al. (2018), investigated psychological correlates of self-harm within a sample of 707 LGB UK University students. After accounting for mediating factors, LGB status was associated with an elevated risk of non-suicidal self-harm and suicide attempts. Thwarted belongingness which is characterised as a sense of loneliness, rejection, and a lack of reciprocal care **(Van Orden et al., 2010),** did explain some of this association, and was correlated with self-harm risk. The results of this study contribute to literature suggesting psychological factors may account for the relationship between LGB status and self-harm (Hatzenbuehler, 2009;Meyer, 2003). However, this paper suggested future research should measure specific constructs of minority stress, such as IH (Taylor et al., 2018).

The self –injury cognitive-emotional model (Hasking et al., 2017) states self-concept as an influential distal process that contributes to self-harm vulnerability. Experiences of rejection and discrimination, exposure to negative attitudes, and stereotypes impacts LGBTQ+ self-concept (Hegna & Wichstrøm, 2007;Kashubeck-West et al., 2008). Investigating the experiences and meaning of self-harm in lesbians and bisexuals, Alexander and Clare (2004) found in some lesbian participants, self-harm was influenced by guilt and hatred towards themselves for being lesbian. Self-harm was also understood as a coping mechanism to deal with abuse, invalidation, and the experience of being seen as different within society.These findings suggest that lesbians are likely to have an increased vulnerability to self-harm due to negative experiences that affect their self-concept.

IH can undermine an individual’s drive to keep themselves safe (Williamson, 2000) therefore risky behaviours (e.g., self-harm), may be more common. Taylor et al. (2018) measured self-harm, affective symptoms, and belongingness, and after accounting for mediating factors, LGB status remained associated with an increased risk of self-harm. Such evidence highlights the importance of understanding how LGB identity aligns with self-harming.

**Current Study**

The prevalence of self-harm and growing visibility around LGBTQ+ identities, highlights the importance of investigating the role of IH on self-harming. Previous research demonstrates the associations between LGBTQ+ status and being at risk for self-harming. However, most research fails to differentiate between LGBTQ+ identities. A substantial literature search with wide search terms retrieved 97 papers on EBSCO host, all of which focused on the LGBTQ+ community collectively not separate sexual identities, highlighting a lack of understanding behind the mechanisms of self-harm faced by lesbians. Many underpinning theories of IH were proposed between the 1970s and early 2000s, which may be less relevant to contemporary society and cultural shifts in acceptance of homosexuality. Recent research has called for further investigation into LGB groups mental health separately (Branstrom, 2017; Ross et al., 2018; Spittlehouse et al., 2020) to represent today’s culture more accurately.

The current study addresses this call and a gap in the literature by exploring IH and self-harm in a lesbian population. Taking a qualitative approach, the research aims to explore how feelings and events experienced by lesbians manifest in self-harm or other coping mechanisms, to answer the following research question “How does a lesbian population experience internalised homophobia and self-harming?”

**Method**

**Participants**

A total of 103 participants took part in the study. Participants were recruited using a snowball sampling method and distributing the questionnaire on social media platforms e.g., Facebook, Twitter. The sampling inclusion criteria required participants to be over 18, identify as lesbian, and assigned female at birth (to control for internalised transphobia and gender dysphoria). Those in, or seeking, therapy were advised not to participate due to the topic’s sensitive nature. See Table 1 for demographic summary**.**

**Table 1**  
*Demographics of Study Sample*

|  |  |  |
| --- | --- | --- |
| Participant Characteristics |  | N (%) |
| Gender Identity | Female | 69 (67) |
|  | Non-Binary | 19 (18.4) |
|  | Genderqueer | 6 (5.8) |
|  | Agender | 2 (1.9) |
|  | Prefer not to say | 2 (1.9) |
|  | Other | 5 (4.9) |
| Ethnicity | White/Caucasian | 91 (88.3) |
|  | Mixed | 8 (2.9) |
|  | Indian | 1 (1) |
|  | Chinese | 1 (1) |
|  | Other Ethnic Group | 2 (1.9) |
| Age |  | 22.87 (6.9)\* |

\*For age, the Mean and Standard Deviation are reported rather than N (%)

**Design**

The qualitative data collected was part of a larger mixed methods study where participants completed both standardised scales and open-ended questions. The open-ended questions focused on experiences of lesbian identity and coping mechanisms. Demographic data was also obtained. The data were collected via an online questionnaire which took approximately 20 minutes to complete. There were no expected outcomes of the research due to the limited research area, therefore inductive thematic analysis was appropriate for this research. Furthermore, thematic analysis was beneficial due to its flexible nature and not being tied to specific epistemological perspectives.

**Materials**

***Demographics.***Participants stated their age, gender identity, and ethnicity.

***Open-Ended Questions.*** Six open-ended questions were formulated for this research to gain insight on sexuality and coping mechanisms (e.g., “To what extent, if it all, are your coping mechanisms influenced by your sexuality?”, “How do you feel the issue of self-harm in the LGBTQ+ community is perceived by others?”).**Procedure**

Considering the sensitive nature of the research topic, the researcher gained ethical approval from the Host university’s ethics board. When working with a population who are vulnerable to self-harm much had to be considered. For example, the purpose of the research study was clear from the offset so participants could give informed consent. They also had the choice to skip any of the questions to help avoid any potentially triggering content. The ethics board approved the application, following this the recruitment process began.

The questionnaire was created on the software Qualtrics (Qualtrics, XM). Prior to participation, participants were provided with an information sheet and consent form. Participants were asked to complete the demographic questionnaire, followed by the open-ended questions.

Participants were debriefed at the end of the questionnaire, clarifying the research aims and purpose, and signposted to relevant information and psychological support (Mind, DistrACT) due to the sensitive nature of the research.

The data were analysed using inductive thematic analysis (Braun & Clark, 2006) to understand the experiences within this population. The researcher familiarised themselves with the data by reading and re-reading it before developing codes and organising these codes into themes and sub-themes. Data were coded manually on Microsoft Excel using colour coding to organise meaningful parts of the data (Tuckett, 2005). During the process of colour coding, themes were developed. Those that shared similarities were grouped into an over-arching theme. The themes were then appropriately worded to accurately indicate the theme’s content .

**Results**

Three main themes were identified in the analysis and were reflective of the different influences on self-harming interlinked with sexuality. These were ‘The Role of Sexuality on Self-Harm’, ‘Importance of (L)GBTQ+ Community’, and ‘Negative Societal Perceptions’ (Figure 1).

**Figure 1**  
 A Thematic Map Representing the Experiences of Coping Mechanisms in Lesbians

**The Role of Sexuality on Self-Harm**

This theme explores how the feelings surrounding identifying as lesbian and LGBTQ+ community standards can impact how one feels and copes with distress. Otherness, self-acceptance, IH and shame, were also mentioned across responses.

*Otherness*

The feeling of otherness is familiar within queer identities due to heteronormative society. Participants described a sense of otherness from their sexuality concerning their mental health. A participant expressed that they self-harmed to “relieve emotional pain and the feeling of otherness I (they) did not understand” (Participant 55). Participant 71 believed that “the general ‘otherness’ or social experience being queer can cause” contributed to poorer mental health. Therefore, identifying as ‘other’ may contribute to psychological distress, possibly resulting in self-harming to cope.

*Self-Acceptance*

The process of identity formation regarding sexuality differs in length and difficulty. Self-acceptance may be central to understanding struggles experienced by lesbians. Many respondents noted sexuality was a reason for self-harm but “not anymore” (Participant 74), such that when participants were working out their identity, they turned to self-harm but have since accepted themselves and no longer self-harm.

It’s (sexuality) not a reason I self-harm anymore as

I've learned to accept not everyone will be happy

with it but that’s not my problem.” (Participant 83)

This illustrates how increased self-acceptance reduced the need to cope with stressors associated with their sexuality: for one participant in particular they “learned to accept not everyone will be happy with it (their sexuality) but that’s not my problem” (Participant 62).

*Internalised Homophobia and Shame*

IH is a prevalent talking point within the LGBTQ+ community. Shame is a notable feature of IH and is often felt by people who do not meet societal expectations. Interestingly, those who mentioned shame and IH expressed feelings of self-hatred. One participant stated:

... a lot of the issues that I cope with are related to the shame

I’ve come to feel from who I am and having to hide it... I don’t

think the coping mechanisms are due to my lesbianism, but I think

the thoughts and feelings stem from dealing with it (Participant 41)

Another echoed this sentiment:

As a teen, the shame and confusion of being non-heterosexual was

a large contributor to my self-hatred. As a young adult, it is now the

past trauma where sexuality was a factor that impacts my habits

(Participant 13)

Both statements suggest a lesbian identity does not cause psychological distress; rather, the trauma related to the shame of being a lesbian does.

Participants revealed how IH was a factor behind their self-harm, for example, “I used to self-harm when really struggling with internalised homophobia” (Participant 14). Furthermore, Participant 4 expressed “I had a lot of internalised homophobia growing up, which was part of the reason I started self-harming”. Demonstrating how IH can negatively impact lesbians in their identity formation and can be attributed to self-harm. Interestingly, one participant shared that “healing emotionally ... meant healing physically as well” (Participant 55), suggesting that overcoming IH interacted with physical recovery from self-harm.

*Standards in the LGBTQ+ Community*

Influence from within the LGBTQ+ community was found to feed into self-harming behaviours, where expectations of living up to specific labels as a lesbian, are imposed by the community itself:

... people push forward the idea of being femme or butch which

can be hard if you don’t conventionally fit into those ideas, which

then leads to the self-harm coping mechanisms. (Participant 15)

This quote illustrates how there are expectations to live up to specific labels as a lesbian, which are imposed from the community itself. This participant expanded by saying:

Self-harm such as those including ED tendencies that are influenced

by my sexuality could be linked to the standards within the lesbian

community. (Participant 15)

Further demonstrating how these within-community expectations can possibly contribute to maladaptive coping mechanisms.

Additionally, the LGBTQ+ community was described as “romanticising” (Participant 92) self-harm. One participant stated that “...within the community – it is normalised to a shocking extent, especially on social media” (Participant 55). Those who have not self-harmed are perceived not to have “suffered as much” (Participant 94) posing an almost competitive expectation on LGBTQ+ individuals to have self-harmed.

**Importance of the LGBTQ+ Community**

This theme explores how the LGBTQ+ community, specifically the lesbian community, positively benefits individuals. Across responses, assets of lesbian culture and a sense of belonging were mentioned.

*Lesbian Culture*

Lesbian culture has historical importance (e.g., symbolism, language) pervasive in lesbian identities today. Moreso, the visibility of lesbians in mainstream culture has allowed for further development of subcultures. This theme demonstrates the positive impact that lesbian culture has on oneself. One participant shared:

There’s a whole social element of how we dress, talk,

experience media... I’d feel a bit lost without it.

(Participant 74)

This quote demonstrates the importance of lesbian culture for one’s identity. After seeing ‘Cottagecore Lesbians’ (a lesbian subculture) going on walks in the woods, participant 75, who previously self-harmed, took up going for walks as a coping mechanism and found doing so was “fun and peaceful”. Positive identification with lesbian culture seems to benefit one’s sense of self and coping mechanisms.

*Belonging*

Community and social support are essential elements of the LGBTQ+ community, with many individuals belonging to ‘chosen families’ and pride community groups. A sense of belonging was a common subject amongst responses. The quotes “I feel like I finally fit into a community that I relate to” (Participant 41) and “I’m a part of a community in a very heteronormative world” (Participant 26) illustrate belonging to a community.Another emphasised how identifying as a lesbian around straight friends and family is lonely; “when I’m around people like me it makes me feel less alone” (Participant 26). This participant also expressed how they hid their self-harm from their family, which could have contributed to their loneliness. These quotes, in comparison, show the importance of belonging and having a community to “relate to” (Participant 41) in negating feelings of loneliness and isolation.

**Negative Societal Perceptions**

This theme reflects the negative societal perceptions of self-harm and sexuality. Overall, participants expressed how they felt that their actions were negatively perceived as attention–seeking but also overlooked.

*Attention Seeking*

Participants expressed how they felt self-harm in the LGBTQ+ community is viewed as attention seeking:

… people associate self-harm with attention-seeking

makes me worry that they will regard sexuality as similar   
 (Participant 34)

Another participant supported that self-harm is “something done for attention as some people probably perceive being LGBT as a choice to get attention” (Participant 44). These quotes demonstrate how self-harm and sexuality may be inextricably linked by those outside of the community to gain attention.

*Overlooked*

The LGBTQ+ community is more visible in society, but participants stressed that those outside the community do not understand the difficulties LGBTQ+ people face; “I don’t think people outside the community really understand how difficult it is to come to terms with being LGBTQ+” (Participant 53). This highlights that issues the lesbian community face may be overlooked due to a lack of societal understanding. Furthermore, the issue of self-harm is “kept quiet” (Participant 52) and “not taken seriously” (Participant 64), demonstrating how the prevalence of LGBTQ+ self-harm may be overlooked.

*External Factors*

Those outside of the community do not understand the impact sexuality can have on self-harm. Participants expressed how society presumes that due to external progress (e.g., gay marriage), the LGBTQ+ community now has it easier. One participant expressed that:

society focuses heavily on external obvious factors like blatant

homophobia and hate crimes, rather than internal factors ...

such as internalised homophobia (Participant 30)

This quote highlights how society fails to recognise how internal conflicts regarding sexuality can cause psychological distress. Resultantly, mental health support provided for LGBTQ+ people may ignore identity conflict as the “external obvious factors” (Participant 30) are less prevalent nowadays. Another participant supported that self-harm is “something done for attention as some people probably perceive being LGBT as a choice to get attention” (Participant 44). These quotes demonstrate how self-harm and sexuality may be inextricably linked by those outside of the community to gain attention.

**Theme Development**

**Table 2**  
*Overarching Themes, Sub-themes and Sample Quotations*

|  |  |  |  |
| --- | --- | --- | --- |
| Theme | *Sub-themes* | *Codes* | *Sample Quotations* |
| Influence of Sexuality on Self-Harm  Importance of LGBTQ+ Community | Otherness | Feeling Different Going against norms Deviance Distinctiveness | “Being queer added to the reasons I was different, to the reasons I stood out or was ‘weird’, which meant I became even more excluded” (Participant 91) |
| Self-acceptance | Pride Confidence Happiness Positive Labeling | “As I came to accept myself as who I am and found people who did too, this (Self-harm) largely stopped.” (Participant 72) |
| Standards in LGBTQ+ Community | Expectations Fitting in Appearances Conventions | “Body shaming and racism is prevalent in the cis gay male community” (Participant 19) |
| Internalised Homophobia and Shame | Shame Compulsory Heterosexuality Religious Trauma  Self-hatred Self-Criticism | “I think self-harming tends to affect queer people more because sexuality is viewed (by many, despite what anyone wants to say about living in the 21st century) as shameful…Legally, maybe, but the shame in families, religion etc is damaging … this can often lead to self-harm.” (Participant 79) |
| Lesbian Culture | Cottagecore Clothing Speech Codes Community Against Norms | “Lesbian history is important to me, particularly those that defied societal norms.” (Participant 91) |
| Negative Societal Perceptions | Belonging | Fitting in Community Shared Experiences Connection | “I feel like I finally fit into a community that I relate to. the inherent gender con-conformity really fits into how I've felt for so long. I'm incredibly proud to be a lesbian, especially when surrounded by other queer people.” (Participant 55) |
| Attention Seeking | Abnormal Attention Seeking Help-seeking | “Others feel sympathy towards the situation but I know they also think it is also attention seeking” (Participant 69) |
|  | Overlooked | Kept Quiet Unspoken  Unrecognised Misunderstood Ignored | “I think it's kept quiet - people outside of the community think/know little of it."(Participant 67) |
| External Factors | Societal Process Discrimination Society Homophobia Hate Crimes | “People will judge me as problematic for deviating from so many society norms”(Participant 88) |

**Discussion**

This study aimed to explore the experiences of lesbian IH and self-harming to further understand how identity and coping mechanisms are experienced by this population. The responses relating to self-harm were characterised by three themes, ‘The Role of Sexuality on Self-harm', which considers IH and shame, and otherness; ‘Importance of the LGBTQ+ Community’ in terms of belonging and lesbian culture and, ‘Negative Societal Perceptions’ around attention seeking, external factors and being overlooked.

A sense of belonging and lesbian culture reflects the highly regarded social support within the LGBTQ+ community. In general, social support buffers the ill effects of stressful events (such as victimisation) by minimising stress perception (Cohen & Wills, 1984). LGBTQ+ youth who have low levels of social support, both familial and social, report increased loneliness and feelings of hopelessness **(McConnell et al., 2015).** This is notable in LGBTQ+ research as ‘outness’ can be a protective buffer for stressors, by providing access to social support (Beals et al., 2009; Kwon, 2013), which is identified as a significant independent mitigator of IH across sexualities (Meyer, 2013). The data suggests that otherness contributed to self-harming and negative mental health whereas community appeared as a protective factor from this distress. Therefore the data aligns with the past research on LGBTQ+ mental health.

Furthermore, lesbian women often experience a disconnection from heteronormative culture through experiences of oppression and discrimination, so they form separate lesbian subcultures to disconnect from the societal norms they do not identify with (Russell, 2009). The creation of lesbian subcultures has been applied to relational-cultural theory (Miller, 1976), as subcultures increase resilience across contexts by detaching from oppressive institutions and forming healthier environments. Doing so promotes belonging, acceptance, and association (Russell, 2009). Harkless and Fowers (2005) noted that lesbians often maintain bonds with previous partners which further promotes community. Consequentially, lesbian subcultures often consist of individuals who have common ties with shared history, values, and struggles. This shared identity and intense closeness is protective from the harm faced through heteronormative culture (Harkless & Fowers, 2005).

Self-acceptance of a lesbian identity was found to be beneficial; participants expressed how lesbian identity is a positive source of self-esteem, suggesting that sexuality can be protective and is not always a source of psychological distress. Such evidence is supported by identity formation models, for example, Alexander and Clare (2004) found that once lesbians identified as such, they were relieved and reduced the need to self-harm to cope.

Extant literature focusing on lesbian mental health discuss issues of otherness, IH and shame. For example, sexual minorities may minimise and erase their sexual orientation to shift their otherness to the foreground (Jones, 2018), this is often known as “passing” whereby the individual will be perceived as heterosexual. From the responses, it appears that, for some participants, they self-harmed to cope with feeling othered and the shame which comes along with hiding their true identity. Furthemore, cultural and familial pressures, alongside internalising heteronormativity, contributes to experiences of shame (Cover, 2016), which is associated with perceived burdensomeness; a major risk factor for suicidal behaviours, including self-harm, in sexual minorities (Woodward, 2014).

The results from this study demonstrate areas of importance that have both positive and negative impacts on lesbian mental health and coping mechanisms. Identifying protective and risk factors of mental health in lesbians is fundamental for informing future research on mental health management in this population.

**Limitations and Future Research**

There are limitations of the current study that warrant discussion. Whilst an online questionnaire was deemed the most suitable method of data collection for reaching the study population, some LGBTQ + individuals may not feel safe to participate in such research (King et al., 2008). Fear that their participation could be found out may put-off individuals who are not out. These individuals often have higher levels of IH (Herek at al., 1997). The study may have appealed to lesbians who are out and therefore experience less IH; the findings suggest many participants grew more comfortable with their identity over time, possibly lessening self-harm engagement. Resultantly, this study’s participants may not represent the wider lesbian population by appealing to a majority who are out, and not capturing those who are closeted.

The high response rate demonstrates how this demographic is willing to talk about the subject, suggesting there is more space to explore self-harm within a lesbian population. The results suggest that IH influences self-harm and psychological distress. Further investigation could explore addressing IH in clinical settings to prevent self-harming with lesbian clients.

This research explored how lesbians experience IH and self-harming, finding that sexuality positively and negatively contributes to coping mechanisms. Further research could provide greater understanding of this topic and findings could inform the development of culturally competent care, by combatting the effects of IH in lesbians.

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