

SUPPORT AND SOLIDARITY

SUPPORTING LGBTQ+ PEOPLE WITH
EXPERIENCE OF SELF-HARM



JULY 2021

SUMMARY

Make Space is a **user-led collective**. We create spaces for more **nuanced, generous, and courageous conversations about self-harm**.

In the Spring of 2021, we ran a 5-session program of events aimed specifically at supporting **LGBTQ+ people with experience of self-harm: Community, Care, and Creativity**.

As part of the program, we ran an **event with LGBTQ+ people exploring their experiences of self-harm** – specifically the care they had (or had not) received in the past and the kinds of support we wish we had received. The session, named **Support and Solidarity**, was co-facilitated with Max Cohen (he/him) from It's All About You Wellbeing.

This report is **non-exhaustive**. It is not a list of all the barriers facing LGBTQ+ people with experience of self-harm. Instead, it is our learnings and reflections, both from the peer solidarity session but also from the broader program as a whole.

WE FOUND

That LGBTQ+ people:

- Had very few experiences of care that adequately held the **nuance of both self-harm and queerness**;
- Felt that **self-harm was often equated with queerness** - either people were self-harming because they were queer, or that queerness was a result of emotional distress;
- Wanted **access to support that did not focus on cessation**, and was not rooted in coercion or punishment;
- Found helpful **user-led care** that did not try to fix or 'solve' them, and was instead curious about what both self-harm and queerness meant to them.

"Don't assume you know what my queerness or self-harm means to me - both could be important (and positive)."

WHAT'S NOT WORKING

IDENTITY ≠ SELF-HARM

It is often **assumed that people self-harm because they are queer**. Or that they are queer because of their mental health. Pathologising both self-harm and queerness only serves to entrench shame, and stigma. Instead, learn more about the barriers facing the LGBTQ+ community, realising that responses to oppression are not a sign of illness.

OVER EMPHASIS ON SELF-HARM

Some people seek support because they would like to stop self-harming, or self-harm in different ways. People found that **when they disclosed self-harm, it became the sole focus of the support**. This can **reduce people to their actions** and miss the nuance of what they are trying to do. Focus on the feelings associated with self-harm instead. **Provide appropriate medical care without making cessation a condition of continued support.**

QUEERNESS ≠ PATHOLOGY

Being queer is not inherently difficult. Our responses to oppression are not a sign that queerness equals pathology. For example, LGBTQ+ people have to put distance between themselves and some others (such as family members) because it is unsafe for them to stay close. This does not mean a person has difficulty forming connections, it means they have good boundaries. **Making queerness something that is only ever bad or sad denies the nuance, complexity, and joy of queerness.**

ADMINISTRATIVE VIOLENCE

Many people, especially trans people, face **administrative violence** when trying to access formal support. This may include not being able to access support in your gender identity, or someone assuming your pronouns and/or sexual preference. **Identify and challenge homophobia, transphobia, and queerphobia in yourself and your organisations** before you support people who are LGBTQ+.

"We are not broken, the world (structures and systems) are often broken or not working for us. Ask us about that, acknowledge that, and give us space to explore that, rather than seeing us as problems that you need to fix."

COPRODUCTION AS EQUAL PARTNERS

In recent years there has been a big push to get marginalised groups involved with services. Sometimes this involves recruiting people as **Experts by Experience**, running focus groups, or asking people to participate in surveys. More often than not, **LGBTQ+ people** often find they are brought in to offer their perspectives and perhaps bring about minor changes, but are **offered no power, skills, or remuneration to meaningfully influence** what that service might look like. **Coproduction without equal partnership is often tokenism.**

COPRODUCTION IS NOT ALWAYS ENOUGH

Sometimes LGBTQ+ people **need spaces for care and support outside of medicalised or formalised structures.** They are created exclusively **by us, for us.** User-led spaces should be funded and supported, and at the very least given equal importance as statutory or medical services.

“Don’t try to change us or put us in a box - see us as individuals who know ourselves best.”

WHAT WE NEED

SUPPORT AFTER SELF-HARM

Some people are able to access support when they self-harm - this may include wound care or emotional support. **Very little support is provided for the things that can be difficult following self-harm, such as living with scars/injury** (e.g. plastic surgery or physiotherapy) or dealing with the emotional toll and/or **trauma of self-harm.**

SUPPORT WITHOUT COERCION OR PUNISHMENT

Many who have sought care after self-harm have faced punishment or coercion - either by **making cessation a condition of continued care**, or receiving **care that is clearly punitive** (e.g. refusal of pain relief). **Punishment is an inhumane and ineffective strategy for ensuring safety and wellbeing** - in fact, it almost always achieves the opposite.

SUPPORT, NOT SOLVING

People are not problems to be solved. Seeing people (or their actions) as impossible to understand only serves to alienate and isolate. While we do not believe it is necessary to make self-harm intelligible, **we can often find insight and perspective when holding self-harm in the broader context of someone's life.**

TRANSPARENCY

Many organisations adopt pride flags in June, or release statements as to their LGBTQ+ friendliness. **Without transparency and accountability, these acts can feel tokenistic and empty.** Consider what you have done to challenge prejudice so far, what you need to do next, and how you will go about it – tell us that instead.

ELASTIC BANDS ARE NOT THE ANSWER

Many of us have interacted with services that offer alternatives to self-harm – which are almost always either pinching an elastic band, drawing on yourself, or holding ice cubes in your hand. **These generic alternatives often miss the nuance of self-harm, assuming that self-harm is about causing pain or injury to oneself.** While elastic bands may be helpful for some people, automatic and repeated recourse to 'alternatives' can feel demeaning and patronising.

WHAT WE NEED (cont.)

IT IS OKAY TO ASK

When we do not understand, it **may be appropriate to ask** a person about the kind of words they would like us to use about our experience of being LGBTQ+ or of self-harm. E.g. some people are comfortable with the term “queer”, and some are not at all. Some people are ok with the idea of “hurting yourself”, some are not. It is okay to be curious about someone's self-harm, or queerness – provided we are **motivated by a genuine desire to understand and connect, not by trying to find flaws in a person's logic or getting them to “teach” us about LGBTQ+ experiences and/or self-harm.**



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“If you're not sure how to support me — ask.”