Sexual Minority Status, Coping (In)effectiveness, and Self-Damaging Behaviours in First-Year University Students

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Introduction

- Sexual minority (SM) undergraduates experience significantly higher rates of self-damaging behaviours (DB), such as binge eating, fasting, purging, non-suicidal self-injury, and suicidal ideation, than their non-SM counterparts (Prud’homme et al., 2018).

- Although coping behaviours have been linked to psychosocial adjustment or distress in several populations (e.g., Folstein et al., 1986), little is known about whether SM students are more likely to engage in certain (mal)adaptive coping behaviours than heterosexual students, and if their SM status interacts with coping to predict vulnerability to self-injurious thoughts and behaviours (SITB) and disordered eating (DE).

Research Questions

1. Does SM status influence the use of specific (mal)adaptive coping styles in first-year undergraduate students?
2. Does SM status predict distinct trajectories of coping in undergraduate students across their first year of university?
3. Does SM status consistently interact with different coping styles throughout the first year of university to decrease or increase risk for DE and SITB?

Methods

Sample: 42 SM and 256 non-SM first-year undergraduates at Uvic
- 9 gay/lesbian, 24 bisexual, 7 questioning, 1 pansexual, 1 asexual

Measures: Self-reports, 7 time points (October 2017 – April 2018)
- Coping (Brief COPE, Carver, 1997)
  - Self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, self-blame
- SITB (Stewart, Hesley, Ponder, & Milner, 2003)
  - Non-suicidal self-injury, suicidal ideation
- DE (JUPS, Wise, Teich, & Ritz, 2000)
  - Fasting, purging, binge eating

Analyses: SPSS 23
- Independent t-tests
- Linear Multilevel Modeling

Results 1

Independent t-tests revealed that in comparison to their non-SM peers, SM students reported:
- ↑ behavioural disengagement in October and November only (t = -3.51 to -3.05, ps < .002).
- ↑ denial in October, November, and December only (t = -2.61 to -2.44, ps < .015).
- ↑ substance use in October and November only (t = -2.35 to -2.03, ps < .043).
- ↑ self-blame in October, March, and April only (t = -3.60 to -2.29, ps < .023).
- ↓ positive reframing in October, December, and March only (t = 2.16 to 2.33, ps < .035).
- ↓ active coping in October only (t = -2.11, p = .001).

Results 2

Linear multilevel analyses revealed:
- Interaction effects only between SM status and time in predicting behavioural disengagement (β = -0.09, t(943) = 2.67, p = .008) and denial (β = .16, t(1073) = 23.65, p < .001), suggesting greater decreases in behavioural disengagement and denial over time for SM students.

Results 3

Linear multilevel analyses revealed:
- Greater increases in SITB for SM students than for non-SM students when engaging in more behavioural disengagement (β = .07, t(127) = 2.95, p = .004) and self-blame (β = .04, t(195) = 2.67, p = .008).
- Greater increases in DE for SM students but greater decreases in DE for non-SM students when engaging in more religious coping (β = .13, t(1476) = 2.16, p = .031).
- Greater increases in DE for SM students than for non-SM students when using more instrumental support (β = .07, t(1488) = 2.44, p = .015) and behavioural disengagement (β = -.14, t(1442) = 4.09, p < .001).

Conclusions

- SM first-year undergraduate students tend to engage in more maladaptive coping and in less adaptive coping than their non-SM counterparts.
- SM students report decreasing denial and behavioural disengagement over their first year of study, whereas non-SM students’ use of these coping styles appears more stable over time.
- Greater use of behavioural disengagement, self-blame, religion, and instrumental support seem to be particularly ineffective for SM students.
- ↑ behavioural disengagement x SM status → ↑ DE
- ↑ behavioural disengagement x SM status → ↑ SITB
- ↑ self-blame x SM status → ↑ DE
- ↑ religious coping x SM status → ↑ DE
- ↑ use of instrumental support x SM status → ↑ DE

These findings may imply experiences of invalidation, rejection, and prejudice for SM students turning to religion or asking for tangible help from others, which in turn may be increasing, rather than decreasing, their vulnerability for DE.

However, future research should examine the directionality of these relationships to see if SM students are more at risk for DE when using greater religious and instrumental support due to society and religion’s possible invalidation and prejudice, or if SM students with more DE simply use greater religious and instrumental support due to higher levels of distress.

References