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Study Number 6063

Cultural Context of Youth Suicide: Identity, Gender and Sexuality,
2006

USER GUIDE

Project title: The cultural context of youth suicide: Identity, gender and sexuality

Depositor: Katrina Roen

Researchers: Roen, Scourfield, and McDermott

Research Materials

1. Research protocol
2. Project Leaflet
3. Project Information Leaflet
4. Focus Group Information Leaflet
5. Interview Information Leaflet
6. Focus Group Consent Form
7. Interview Consent Form
8. Focus Group Plan
9. Questionnaire
10. Interview Schedule

Appendix 1: Research protocol

[**Note to Ethics Committee:** This is a brief version of the research protocol. The longer version is available should you wish to see it. Key elements of the longer version are already incorporated into the ethics application form and the attached materials. The title of the project shown here is the formal title, under which funding was granted. The title ‘*On the Edge*’ is a new development that we are employing for networking purposes.]

The cultural context of youth suicide: Identity, gender, and sexuality

Katrina Roen, Lancaster University
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Elizabeth McDermott, Lancaster University

Introduction

There is growing international evidence that young people struggling with issues of sexuality and gender identity face increased likelihood of attempting suicide [1] [2] [3] [4]. This has been raised repeatedly as an issue in the U.K. [5] [6] though not yet researched in detail. The proposed study will explore the cultural context of youth suicide in England and Wales, with a focus on the significance of gender identity and sexuality.

Issues of sexuality and gender present particular kinds of challenges to young adults. Particular challenges concern those who have experienced sexual abuse, those who feel under pressure to conform to heteronormative and gender-normative ways of interacting, and those seeking to make safe choices about romantic relationships and sexual interactions. In short, all young people may face challenges concerning sexuality and gender in some way. Specific challenges are faced by young people who identify themselves (or who are perceived by others) as gay, lesbian, bisexual, or transgender (GLBT).

The proposed research asks: how do young people think about suicide and self-harm? Suicidal and self-harming behaviour can be understood by young people to be, variously, a form of escape from difficult life situations, a means of expressing extreme distress, a distraction from (or a way of coping with) emotionally painful situations (e.g. sexual abuse or coming out as gay and meeting homophobic responses from loved ones). Each of these ways of understanding suicide comes to make sense within a particular discursive frame. Suicidal behaviour becomes possible insofar as it makes sense, insofar as it can be situated as discursively meaningful.

Research Questions

This research is guided by one central question and two sub-questions:

How do young people think about suicide and self-harm?

- Through what discursive frames do young people make sense of suicidal behaviour?
- What kinds of distresses or struggles around sexuality and gender identity may play a role in suicidal thoughts and behaviour?

This qualitative study draws from the perspectives of young adults to develop understanding about the discursive framing of suicide and, specifically, the possible impact of emotional challenges presented by sexuality and gender issues.

Method

The research will involve interviews and focus groups with young adults aged 16-25 years. The fieldwork will take place in the North West of England and South Wales. The focus groups will involve 12 groups of 5-7 young adults. Three to four of these groups will be made up primarily of young people who identify themselves as GLB or T and eight to nine groups of young people who do not.

We aim to speak to young people from diverse backgrounds and access will be facilitated by researchers' growing networks with relevant community contacts in their local areas e.g. young Muslim men's group, Queer Notions. These community contacts ('gate-keepers') will be asked to invite the young people with whom they work to take part in the research and distribute an initial information leaflet. All participants will initiate their own involvement with the project. More detailed information sheets about the project's aims and what participation involves will be provided to all potential participants. Aside from the research participants who are contacted via community-based gatekeepers, some recruitment will also take place via more generic means: advertisements will be posted on noticeboards in appropriate places (e.g. at the universities involved in the research), and information sheets will be sent to people who contact us to enquire about participating in the research. All participants will have to sign consent forms prior to participating in a focus group or interview.

By involving a range of young people, we will consider discursive framing in relation to a range of relevant issues across the spectrum of sexual and gendered identities, from overt homophobia / transphobia through to queer identification. Every effort will be made to ensure that the groups represent diversity in terms of the ethnicity and socio-economic circumstances of participants. We will consider some focus groups being restricted in terms of ethnic identity and/or gender, where the participants prefer this, for the purpose of facilitating talk about difficult subjects.

Definition of key concepts: Distress, self-harm, suicide and risk-taking behaviour

This will be a 16-month project, starting in October 2005.

The Researchers

Katrina Roen She has previously carried out research on topics such as youth suicide, bisexual identity, and transsexuality, involving in-depth interviews and focus groups. She has also worked as a youth sexual health educator, including facilitating groups of young people, undertaking telephone counselling and co-ordinating youth volunteer groups.

Jonathan Scourfield is a former social worker with experience of qualitative research on a range of issues to do with gender and with child welfare. He recently completed a project on young people's gendered help-seeking in times of distress ('Young people, gender and suicide prevention'), for the Wales Office of Research and Development in Health and Social Care.

Elizabeth McDermott is a research fellow with the Institute for Health Research at Lancaster University. She has wide ranging experience in research on issues of sexuality and mental health.

The Advisory Panel

The research is to be supported by an advisory panel whose members the researchers will be able to consult at key stages of the work. This panel includes representatives from GLBT organisations, academics doing research concerning youth suicide and/or GLBT issues, representatives from organisations concerned with youth suicide, and a (clinical) psychologist. The advisory panel currently has vacancies for representatives of groups with a particular interest in this area of work.

Bibliographic References

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5. Warwick I, Aggleton P, Douglas N. Playing it safe: addressing the emotional and physical health of lesbian and gay pupils in the U.K. *Journal of Adolescence* 2001;24:129-140.
6. Rivers I. Long-term consequences of bullying. In: Neal C, Davies D, editors. *Issues in therapy with lesbian, gay, bisexual and transgender clients*. Buckingham: Open University Press; 2000. p. 146-159.
7. Cutcliffe JR. Research endeavours into suicide: a need to shift the emphasis. *British Journal of Nursing* 2003;12(2):92-99.

ON THE EDGE PROJECT:

Research on young people in distress

THIS LEAFLET IS FOR YOUNG PEOPLE AGED 16-25 YEARS

WOULD YOU LIKE TO TAKE PART IN THIS RESEARCH?

❖ Why is the research being done?

As you know, being a young woman or man can be both exciting and stressful. Sometimes the pressure on young people can cause them to do things which may put themselves at risk, such as use alcohol or drugs, self-harm or attempt suicide. We are asking young women and men for their views on why this may happen.

We plan to listen to young people's opinions and then write a report. The aim is to try and understand why young people do risky things, harm themselves or think about suicide. We hope this will make it easier to find ways of helping young people in distress.

❖ What questions will the project ask?

- What do you think makes young people do risky things like use drugs, self-harm or attempt suicide?
- What are the pressures of being young AND a woman or man?
- Does being feminine or masculine put pressure on you?
- Do you worry about having sex (or not), feelings towards the same-sex, confused feelings about being a man or woman?

❖ **What does the project involve?**

We are asking groups of 5-7 young people to discuss (for between an hour and an hour and a half) what they think about these issues. We are not asking you to tell us about your own experiences (you can if you want to) but we want to know what you think generally. We will also be asking to interview people individually.

If you decide you want to take part, you can say 'yes' but then you are still free to drop out at any time. You don't have to tell us anything you don't want to. You can just take part in the discussion group or be interviewed or both.

The discussion and interviews will be recorded so that we can listen to your views afterwards and write our report. We will keep our recordings and notes about what you say in a safe, lockable place. We will not keep any personal details about you with the recordings. When we write reports about your views, we will change your name, so no one will know what you said.

Everyone who takes part in the research will be given a £10 Voucher to thank them for taking the time to talk to us.

❖ **Who will know about the research results?**

We will send you a short report at the end of January 2007 and invite you to a meeting where we will present the findings (you don't have to come). We will also write other reports for people who are involved with helping young people in distress.

❖ **Who is running the project?**

The three researchers running this project are: Liz McDermott and Katrina Roen from Lancaster University; and Jonathan Scourfield from Cardiff University. The project is funded by a grant from the Economic and Social Research Council. It has been approved by an ethics committee at Lancaster University.

ON THE EDGE PROJECT:

Research on young people in distress

PROJECT INFORMATION SHEET

❖ Why is the research being done?

As you know, being a young woman or man can be both exciting and stressful. Sometimes the pressure on young people can cause them to do things which may put themselves at risk such as using alcohol or drugs, self-harming or attempting suicide. We are asking young women and men for their views on why this may happen. We are especially interested in how gender and sexuality may influence young people's distress.

We plan to listen to young people's opinions and then write a report. The aim is to try and understand the reasons why young people do risky things, harm themselves or think about suicide. We hope this will make it easier to find ways to help young people in distress.

❖ What questions will the project ask?

Young people who choose to participate in this project will be part of a group discussion and/or a one-to-one interview. We will ask views and opinions on things like:

- What do you think makes young people do risky things like take drugs, self-harm or attempt suicide?
- What are the pressures of being young AND a woman or man?
- Does being feminine or masculine put pressure on young people?
- Do you think young people worry about having sex (or not), feelings towards the same sex, confused feelings about being a man or woman?

❖ What does the project involve?

We are asking groups of 5-7 young people to discuss for about an hour to an hour and a half what they think about these issues. We are not asking young people to speak about their experiences (they can if they want to) but we want to know what they think generally. We are also asking to interview people individually.

Young people who decide they want to take part can say 'yes' but are then free to drop out at any time. They don't have to tell us anything you don't want to. They can just take part in the discussion group or be interviewed or both.

Everyone who takes part in the research will be given a £10 voucher to thank them for taking the time to talk to us.

❖ **What will we do with the information given to us?**

The discussion and interviews will be recorded and made into a written form called a transcript. We will use this so that we can read and listen to young people's views afterwards and write our report. We will also write articles for scientific journals and give presentations to professionals who are working in the local community to help young people in distress.

❖ **Are the things that you say kept private?**

We will do everything we can to make sure that the things which are said are kept private. Everyone in the group will be asked to respect each other's privacy.

We will be storing the recordings and the transcripts of the discussion groups and interviews in a safe place (at Lancaster University) where no one can access them except the researchers. We will not keep any personal details about young people who take part in the project. Names will not appear anywhere on the recordings or transcripts - it will all be anonymous and confidential. When we write our reports we may use some of the things that people have said, but we will not quote any information that could identify that person.

If, during the group discussion or interview, a young person tells us anything that suggests they may be in danger of hurting themselves or someone else, we may have to break confidentiality in order to ensure that appropriate support is provided.

❖ **Who is running the project?**

The three researchers running this project are: Liz McDermott and Katrina Roen from Lancaster University; and Jonathan Scourfield from Cardiff University. The project is funded by a grant from the Economic and Social Research Council. It is currently awaiting approval by an ethics committee at Lancaster University.

If you have any queries or require any further information about the project you can contact Liz McDermott, Tel: 01524 593701; email: e.mcdermott@lancaster.ac.uk

ON THE EDGE PROJECT:

Research on young people in distress

THIS INFORMATION LEAFLET IS FOR YOUNG PEOPLE AGED 16-25 YEARS
GROUP DISCUSSIONS

PLEASE WILL YOU HELP US WITH OUR RESEARCH?

Why is the research being done?

As you know, being a young woman or man can be both exciting and stressful. Sometimes the pressure on young people can cause them to do things which may put themselves at risk such as use alcohol or drugs, self-harm or attempt suicide. We are asking young women and men for their views on why this may happen.

We plan to listen to young people's opinions and then write a report. The aim is to try and understand why young people do risky things, harm themselves or think about suicide. We hope this will make it easier to find ways to help young people in distress.

Who can take part?

Anyone aged between 16 and 25 years who is able to talk with us in a group discussion is welcome to take part. You do not have to have any particular experience of the topics we are talking about - we are interested in everyone's perspectives.

What would you be asked to do?

If you choose to participate in this project, you will be part of a group discussion with five or six other young people. The discussion will take between 1 and 1½ hours. We will ask for your views and opinions on things like:

- What makes young people do risky things like take drugs, self-harm or attempt suicide.
- What are the pressures of being young AND a woman or man?
- Do you think young people worry about having sex, feelings towards the same sex, confused feelings about being a man or women?

What will we do with the information you give us?

The group discussion will be recorded and made into a written form called a transcript. We will use this so that we can read and listen to the things you and others have said. We will then write a report, and articles for scientific journals, and give presentations to professionals who are working in the local community to help young people in distress.

Are the things you say in the focus group kept private?

- We will do everything we can to make sure that the things you have said are kept private. Everyone in the group will be asked to respect each other's privacy.
- We will be storing the recordings and the transcripts of the discussion group in a safe place (at the university) where no-one can access them except the researchers. Your name will not appear anywhere on or near the recordings - it will all be anonymous and confidential. When we write about the group discussions, we may use some of the things that people have said, but we will not quote any information that could identify that person.
- If during the group discussion you tell us anything that suggests you may be in danger of hurting yourself or someone else, we may have to break confidentiality in order to ensure that you have appropriate support.

What if you change your mind about taking part?

- If you say you want to take part in this project and then you change your mind about it, that is fine - just let us know! You are welcome to change your mind at any time during the group discussion and we will not put pressure on you to continue.
- If you decide to pull out part way through a group discussion, we would like to keep the audio-recording of the group anyway because it will contain important ideas that other people have contributed. We will attempt to remove the things that you have said from the transcript where this is possible.

What happens after the group discussion?

- After the discussion group, we will ask you how the discussion was for you and check that you are OK about it. Because we will be discussing some sensitive issues, we will want to check that no one is feeling upset. We will give you information about local supports and services you could contact if you felt the discussion raised difficult issues that you may need to talk about further.
- This research project will also involve individual interviews, but only a few people will be asked to participate in an interview. After the focus group is over, we may contact you to ask whether you would also be willing to take part in an interview. You are not obliged to agree to this but we want to let you know that it is a possibility.
- If you would like to know what comes out of our research, we would be happy to send you a summary of our findings. Please let us know if you want this so we can make sure we have the right postal address or email address for you.
- Everyone who takes part in the group discussion will be given a £10 voucher as a way of thanking you for helping us.

Who are we and how can you contact us?

We are a group of three researchers. Liz McDermott and Katrina Røn work at Lancaster University and Jonathan Scourfield works at Cardiff University. You can contact Liz McDermott on **Tel: 01524 593701; email: e.mcdermott@lancaster.ac.uk** or **Jonathan Scourfield on Tel: 029 20875402** and they will be happy to answer any questions you may have about this project.

ON THE EDGE PROJECT:

Research on young people in distress

THIS INFORMATION LEAFLET IS FOR YOUNG PEOPLE AGED 16-25 YEARS

Interviews

WOULD YOU LIKE TO TAKE PART IN THIS RESEARCH?

Why is the research being done?

As you know, being a young woman or man can be both exciting and stressful. Sometimes the pressure on young people can cause them to do things which may put themselves at risk such as using alcohol or drugs, self-harming or attempting suicide.

We plan to listen to young women and men's views and then write a report. The aim is to understand why young people do risky things, harm themselves or think about suicide. We hope this will make it easier to find ways to help young people in distress.

Who can take part?

Anyone aged between 16 and 25 years who is able to talk with us in a one-to-one interview is welcome to take part. You do not have to have any particular experience of the topics we are talking about - we are interested in everyone's views.

What would you be asked to do?

The interview is likely to take 40-50 minutes. The interview will be with a researcher who will ask you to talk about some of your experiences and views about what makes young people distressed. If you would like to participate in this interview, the researcher will arrange a time and place that suits you.

What will we do with the information you give us?

The interview will be recorded and made into a written form called a transcript. We will use this so that we can read and listen to the things you and others have said. We will then write a report, and articles for scientific journals, and give presentations to professionals who are working in the local community to help young people in distress.

Are the things you say in the interview kept private?

- We will do everything we can to make sure that the things you have said are kept private.
- We will be storing the audio-recording, and the transcript, of the interview in a safe place (at the university) where no one can access them except the researchers.
- Your name will not appear anywhere on the audio-tape or the transcript - it will all be anonymous and confidential. When we write about the interview in our research, we may use some of the things that you have said, but we will not use any information that could identify you in any way.
- If during the interview you tell us anything that suggests you may be in danger of hurting yourself or someone else, we may have to break confidentiality in order to ensure that you have appropriate support.

What if you change your mind about taking part?

If you say that you want to take part in this project and then you change your mind about it, that is fine - just let us know! You are welcome to change your mind at any time and we will not put pressure on you to continue. If you decide to pull out part way through the interview, we will be able to erase the audio-recording of your interview if you request that.

What happens after the interview?

- After the interview, we will check that you are OK about it. We will give you information about local supports and services you could contact if you felt the discussion raised difficult issues that you may need to talk about further.
- If you would like to know what comes out of our research, we would be happy to send you a summary of our findings. Please let us know if you want this so we can make sure we have the right postal address or email address for you.
- Everyone who takes part in an interview will be given a £10 voucher as a way of thanking you for helping us.

Who are we and how can you contact us?

We are a group of three researchers. Liz McDermott and Katrina Røn work at Lancaster University and Jonathan Scourfield works at Cardiff University. You can contact Liz McDermott on **Tel: 01524 593701**; **email: e.mcdermott@lancaster.ac.uk** or **Jonathan Schofield on 029 20875402** and they will be happy to answer any questions you may have about this project.

ON THE EDGE PROJECT:

Research on young people in distress

Consent form

Focus Groups

I have read the information sheet for this research project and I understand what it says.

I agree to participate in a focus group discussion that will be audio-recorded, transcribed and used for the purposes of the research.

I understand that I may pull out of this research at any time but that, if I have already contributed to part or all of a focus group discussion, it may not be possible to withdraw all the things I have said during that discussion.

I have had an opportunity to ask questions about the research and I understand that the researchers are available should I wish to ask them further questions about it (contact details are on the information sheet).

Please print your name here:

Please sign your name here:

Date:

ON THE EDGE PROJECT:

Research on young people in distress

Consent form

Interviews

I have read the information sheet for this research project and I understand what it says.

I agree to participate in an interview that will be audio-recorded, transcribed and used for the purposes of the research.

I understand that I may still choose to withdraw from this research. In this case, I understand that (i) if I withdraw during the interview, I can ask for the audio-recording to be erased but that (ii) if I decide to withdraw after the interview has been transcribed, it may no longer be possible to withdraw my transcribed interview from the research.

I have had an opportunity to ask questions about the research and I understand that the researchers are available should I wish to ask them further questions about it (contact details are on the information sheet).

Please print your name here:

Please sign your name here:

Date:

On the Edge Project: Research on young people in distress

Focus Group Plan

The focus groups will incorporate a variety of discussion-based exercises and activities intended to facilitate participants' talk about issues of gender, sexuality, risk-taking, self-harm, and suicide in a sensitive and respectful environment. Careful briefing and debriefing processes will be worked through to ensure all participants are appropriately prepared for the sensitive nature of the topics under consideration.

While elements of the focus group discussion will be open-ended and flexible, the planned structure, the types of activities, and the types of questions are detailed here. This focus group plan gives many ideas for activities that may stimulate discussion. The emphasis is on the quality and nature of the discussion, not on getting through the activities. If a particular group is very forthcoming, the facilitator may just use minimal prompts to keep the discussion going along relevant lines, and to invite people to talk further. If the group is not forthcoming, any of these activities may be drawn upon to stimulate discussion.

The focus groups are intended to investigate the following types of questions:

- How do participants perceive self-harming and suicidal behaviour and what motivations do they attribute to those who self-harm or attempt suicide (i.e. it is just stupid; everyone thinks of it sometimes; it could be a way out; it is an understandable response to a crisis; only crazy people try it)?
- How do participants perceive risk-taking, such as excessive drinking or drug use and driving at speed?
- How do participants think being a young 'woman' or 'man' creates pressures?
- Do expectations about 'femininity' and 'masculinity' present difficulties?
- How supportive or unsupportive do participants perceive that their school/work/home/neighbourhood environment might be for GLBT peers?
- What difficulties do participants perceive that their GLBT peers face / could face within their community?

Overview of focus group structure:

1. Briefing and introduction
2. Why do young people get distressed?
3. Perceptions of suicidal, self-harming and risk-taking behaviour
4. In what ways does gender and sexuality influence this distress?
5. GLBT perceptions
6. De-briefing
7. Questionnaire

The focus group structure is a guideline for the order in which subjects will be raised, this is flexible depending on the discussion in the group. The following sections outline in more detail the ways in which each of these subject areas will be explored and the activities and exercises which may be employed to facilitate respondents' talk. It is important to note that the researcher will ensure that the structure of the group discussions will allow for breaks where participants can unobtrusively withdraw if they wish

1. Briefing and introduction

- *What the focus group is for ?*

As you know, being a young woman or man can be both exciting and stressful. Some times the pressure on young people can cause them to do things which may put themselves at risk such as alcohol, drugs, self-harm or attempting suicide. We are asking young women and men for their views on why this may happen.

We want to listen to your views and opinions to try and improve our understanding of why young people may do risky things, harm themselves or think about suicide. We want to know what kinds of thing push young people to the edge so that we can find ways to help young people in distress.

- What to expect today?

We are going to discuss today for about an hour what you think makes young people distressed. We are not asking you to tell us about your own experiences (you can if you want to) but we want to know what you think generally. We might do some activities or exercises to help our discussion.

- Opting out

You may stop participating in the discussion at any point. You can leave the room when you want. If you decide to pull out part way through a group discussion, we would like to keep the recording of the focus group anyway because it will contain important ideas that other people have contributed.

- Anonymity and confidentiality

Everything that is said in the group discussion today will be kept private as much as possible. This means everyone in the group (including me/us) will be asked to respect each others' privacy.

We will be recordings today's discussion (point to where recorders are placed) and then these will be put into a written form called transcripts. The recordings and the transcripts of the focus group will be stored in a safe place (at the university) where no one can access them except the researchers. Your name will not appear anywhere and it will all be anonymous and confidential. When we write about the focus group discussions in our reports, we may use some of the things that people have said, but we will not quote any information that could identify that person like family, street or place names.

If, in the course of the research, you tell us anything that suggests you may be in danger of hurting yourself or someone else, we will have to break confidentiality in order to ensure that you have appropriate support.

- Sensitivity and respect

We want to hear your views and opinions but the group discussion must allow everyone to have the chance to speak. Please respect each others views and don't talk over each other. Also, we must respect each other, so shouting, terms of abuse or aggressive behaviour is not acceptable – does that seem acceptable?

- Payment

As the information stated you will be given a ten pound voucher at the end of the discussion as a token of appreciation for helping us today. If you pull out of the discussion part way through you will still receive a voucher.

- Check willingness to continue

2. Why do young people get distressed?

First of all I'd like us to talk about why you think young people get distressed. As you know we're interested in suicide amongst other things. What kinds of problems do you think might make someone might want to take their own life? The kinds of things that are sometimes connected with suicide are, for instance, problems in relationships, mental health problems such as depression, pressures to do with sexuality or family or money, maybe drug problems. There's a long list of what might be going on. Maybe those things I just mentioned are wide of the mark and there are completely different kinds of things that you think are important.

Possible activities:

- Vignettes

Here's a few lines of a story about someone who's in distress and thinking about suicide. Could you please read it and then tell us what you think?

Everything is getting on top of Chris, who is 20 years old and from Manchester/Cardiff. There seem to be so many problems and Chris often feels unable to face the day. Sometimes things feel so bad that life seems not worth living and Chris has been thinking about suicide a lot recently. What kinds of things do you imagine might have made Chris think like this? What kinds of problems do you think Chris might have been having?

3. Perceptions of suicidal, self-harming, and risk-taking behaviour

This section of the group discussion is to specifically explore young people's perceptions of suicidal, self-harming and risk-taking behaviour using some activities.

Graffiti Boards:

Graffiti boards invite spontaneous, written comments in relation to written prompts. Large sheets of paper ('graffiti boards') are stuck to the walls of the room, each with a question or a statement designed to act as a prompt. Participants are invited to walk around the room, looking at the graffiti boards they use either pre-designed or write free- responses to the prompts.

Possible prompts include:

- Suicide attempt
 - * What would you think of someone – of your own age – who tried to kill himself or herself?
 - * What do you think your friends would say if someone you knew tried to kill herself or himself?
- Self-harm
 - * What would you think of someone – of your own age – who purposefully harmed himself or herself (e.g., by cutting him/herself)?
 - * What do you think your friends would say if someone you knew purposefully harmed himself or herself (e.g., by cutting him/herself)?
- Risk-taking
 - * What do you think of people (your own age) who take serious risks with their lives (e.g. by driving very fast while drunk)?
 - * What do you think your friends would say about someone who takes serious risks with their lives (e.g. by driving very fast while drunk)?

Pre-designed responses

To ensure that participation in the activity does not rely on literacy skill alone, Post-it notes, with numerous possible responses to the prompts, will be prepared and made available to participants who prefer to select and attach a post-it note rather than (or as well as) writing their own comment

on the graffiti board. Blank post-it notes will be made available to ensure that there is an on-going invitation for people to write their own spontaneous responses.

Responses that we would make available on post-it notes would be designed to be wide-ranging as well as tapping into common myths and prejudices about people who attempt suicide. Responses would include:

it is just stupid; everyone thinks of it sometimes; it could be a way out of a difficult situation; it is an understandable response to a crisis; only crazy people try it; you'd have to be really dumb to do that; it could be a way to cope; it is not that uncommon; I wouldn't want to be seen with them; I wish someone was there to help them with their problems; no one really liked them anyway; that's really cool; that person is really cool; I just can't understand why they would do that.

4. In what ways does sexuality and gender influence this distress?

Depending on the previous discussion, this section aims to generate discussion about the ways in which gender and sexuality influence young people's distress.

If subjects around gender and sexuality have arisen spontaneously from the group then it may be possible to build on the discussion e.g. someone in the group may know of a person who was very upset because they were pregnant or gay etc.

If there has been little or no discussion then begin with:

When young people – people in their teens or early adult years – talk about sexuality and gender, sometimes they talk about things that are exciting and positive for them, and sometimes they talk about things that are really difficult. I want to give you a few examples of what I mean.

Young men – blokes – might talk about what it is like for them being blokes – maybe it is about being into certain kinds of sport, being into cars – things they enjoy with their mates. They might also talk about what is hard – maybe it is about having to live up to parents' expectations, maybe it is about not feeling like your body is muscley enough and wanting to look more like other guys.

Young women – girls – might talk about what it is like for them being girls – maybe it is about enjoying the clothes you wear, doing stuff with girlfriends – maybe it is also about things that are challenging, like not feeling like you look as good as other girls or worrying about getting pregnant ...

So there are good things and bad things – but sometimes the difficult things get so difficult that people get really upset. Maybe they need support to cope with it.

Just thinking about being a boy or a girl – what kinds of things do you think could get so difficult that a person might need to tell someone – maybe ask for help?

Or what things about being a young man or young woman are so distressing that they might push a young person to hurt themselves?

Activities and prompt could include:

- start in pairs and then open out into brainstorm if this is needed to get the group talking
- Researcher writes list for all to see as ideas are suggested from brainstorming
- develop this so that there are various things for males and for females

- once the group warms up, build on the sexuality aspect: unplanned pregnancy, finding out that you're gay, breaking up with a girlfriend/boyfriend, finding out that you have a STD ...

- Of the things we've listed here, which ones do you think might be that tough to cope with? Which of these things do you think would push a person to the edge ?
(*Researcher to mark on list those things identified as most challenging to cope with)

- Vignettes

Vignette 1

Aaron is 17 years old. He lives with his mother and step-father. He has been bullied throughout comprehensive school because other children say he is gay. He is often called names, especially by younger children, and in the past he has been beaten up by other boys. He coped with the worst of this bullying because of the support of his family and a couple of friends, whose way of dealing with it is to re-assure Aaron that he is 'normal'. Now he is in fact beginning to wonder if he might be bisexual, and is frightened of how his family and friends might react if they knew. He thinks there is no-one he can talk to and he has thought about killing himself.

Questions:

- What do you think he should do?
- If he wanted to talk to someone, who should it be, do you think?
- What do you think boys and young men usually do when they are so distressed they have thought about killing themselves?
- This young man has been bullied and is worried about how people will react to his being bisexual. Can you think of any other reasons why a young man might want to kill himself?
- Why do you think men are more likely to kill themselves than women?

Vignette 2

Cerys is 18 and lives in a flat by herself. She used to have a job in a shoe shop but has recently been laid off. Her relationship with her mother has been poor for some time and now Cerys says that every time they meet they argue. She thinks her mother has never had a good word to say about her. She has recently split up with a boyfriend. She is very depressed, and has started using heroin, which is easily available on the estate where she lives, to help her cope with these feelings. She regularly thinks about 'ending it all' by killing herself, and has been admitted to hospital several times after over-dosing.

Questions:

- What do you think she should do?
- If she decided to talk to someone, who should it be, do you think?
- What do you think girls and young women usually do when they are so distressed they have thought about killing themselves?
- This young woman believes nothing is going right for her. Can you think of any other reasons why a young woman might want to kill herself?
- Why do you think women are more likely to attempt suicide than men?

- Gender-Trouble exercise (could be a photo-elicitation exercise)

Aim: to explore norms around gender and the distress which may arise when young people are unable to comply with these.

On a large sheet of paper:

Examples	Normal	Not distressing	A bit distressing	Very distressing	On the edge
Young woman who likes to play football rather than shop					
Young man who likes to be tough					
Young woman who wants to look like a celebrity					
Young man who wants to be a ballet dancer					

Ask group to discuss whether these examples would experience any problems, and decide as a consensus (a team) which box to tick. Use the exercise to generate discussion

[At the end of this section, give some examples of the ways in which a person might seek help – the kinds of support systems available – in relation to the examples being raised. Take this opportunity to remind people about the opt-out possibility]

5. GLBT perceptions

This part of the group will be planned differently for (i) generic groups and (ii) GLBT-identified groups.

(i) Generic Groups

So far, we have talked a bit about sexuality and gender, and a bit about distress, self-harm and suicide. Now we want to focus for a little while on a particular aspect of sexuality and gender. [We have already mentioned ... (make any links possible with what has already been said)]. This part of the discussion is particularly concerned with young people who are gay, lesbian, bisexual, or transgender.

*From here onwards, if anyone makes heckling or similar sounds, use that as a chance to follow up – ask them what their response to this topic is – get them to talk about it.

Some research in other countries has suggested that young people who are gay, lesbian, bisexual, or transgender can have particular difficulties because of the prejudice that others may have against them – sometimes these difficulties can be so great that the young person concerned may even consider killing themselves.

It is for this reason that our research is particularly concerned to explore your ideas and experiences in the areas of suicide, gender, and sexuality.

[Elaborate on what is meant by each of the terms in GLBT – people may need clarification, particularly with transgender]

Depending of previous discussion and dynamics of different groups, may need the following:

[Where discussion around sexuality ‘difficult’ within the groups] We are approaching this discussion with the understanding that everyone is entitled to their own opinions. It is important to listen respectfully to each other’s points of view, and not to judge each other. Things that are said in this focus group are private – we agreed that at the start – and you are welcome to choose not to

discuss the topic. It is up to you. No one is expected to talk about anything personal that they don't want to talk about.

It is important to remember that people who are gay, lesbian, bisexual, or transgender are often just like anyone else – we can't look at a person and immediately know about their sexuality or even about their gender. We can guess – but we can't know for sure. Whenever we are among other people, we may assume that any one of those people could identify themselves as gay; any one of those people could be consider themselves transgender. Unless you know the person sitting next to you VERY well, you can't really expect to know how they identify themselves in terms of sexuality or gender. These things are often kept private and hidden. Even close friends and family members can surprise us one day, by telling us that that have always thought of themselves as GLB or T.

Even if you think you don't know anyone who is gay – it is most likely that you do know someone gay, but you just haven't yet found out that they are gay. Maybe you do know someone who is gay – or someone who you think could be gay – maybe you have seen someone go through the process of coming out – or maybe you haven't. Either way, we are going to spend some time thinking about what it might be like for someone within your community to identify themselves as GLB or T.

We'd like you to take some time and think about your family and your friends – the people you work with and the other people you spend time with – and think about how they would all respond if someone among them announced:

- that he was gay;
- that she was lesbian;
- if, for instance, you announced that you were bisexual
- if someone in your circle announced that he or she was transgender.

Prompts:

- Go around the group and see what response you get from each person who is still participating
- Consider using a continuum here. At one end of the continuum is the statement 'would respond very supportively' and at the other end is the statement 'would respond very negatively'. Get the rps up and moving – get them to stand on the continuum in response to each prompt:
- what about people at school / college ...?
- what about people at work ...?
- what about people within your family?
- what about people in the neighbourhood where you live?

Further questions:

- What kinds of difficulties do you think a GLB or T person might face as a result of the way others respond to them?
 - What prejudices others might hold against them because of their sexuality or gender identity?

(ii) GLBT identified groups

So far, we have talked a bit about sexuality and gender, and a bit about distress, self-harm and suicide. This part of the discussion is particularly concerned with young people who are gay, lesbian, bisexual, or transgender.

As you will know, young people who are gay, lesbian, bisexual, or transgender can have particular difficulties because of the prejudice that others may have against them/us. Some research in other

countries has suggested that these difficulties can be so great that the young person concerned may even consider hurting or killing themselves. It is for this reason that our research is particularly concerned to explore your ideas and views in the areas of suicide, gender, and sexuality.

[Elaborate on what is meant by each of the terms in GLBT – depending upon the make-up of the group, people may need clarification, particularly with transgender]

Questions for general discussion:

- Why do you think young GLBT people can become so distressed to the point that they think about ending their lives?
- How supportive or unsupportive do participants perceive their school/work/home/neighbourhood environment might be for GLBT young people?
- What difficulties do you think GLBT young people face within their community and families?

Prompts:

[It is envisaged that participants in the GLBT focus groups will be quite forthcoming with their stories, but if prompting is needed, it will follow similar lines used for the ‘generic groups’ ...]

We’d like you to take some time and think about your family and your friends – the people you work with and the other people you spend time with – and think about how they would respond – or how they have responded – if someone among them announced:

- that he was gay;
- that she was lesbian;
- that s/he was bisexual; or
- if someone in your circle announced that he or she was transgender.

How do you think – or know – the people you know would respond to that person?

*Go around the group and see what response you get from each person

- what about people at school / college ...?
- what about people at work ...?
- what about people within your family?
- what about people in the neighbourhood where you live?

What kinds of difficulties do you think that GBL or T people face as a result of the way others respond to them/us – the prejudices others might hold against them/us because of their/our sexuality or gender identity?

6. Debriefing

[**Note to the Ethics Committee:** The lists of contact details that we will make available to participants will be location-specific and therefore will be compiled when we have finalised decisions about the exact locations of the focus groups. We will submit these lists to the Ethics Committee at that time, and prior to embarking on fieldwork.]

[At the end of the focus group discussion, participants will be asked to complete a brief questionnaire. This is included in the materials and is intended to help us assess the diversity of the participants as a whole as well as giving us participants’ contact details and informing our selection of focus group participants as prospective interviewees. The onus is upon the researcher to ensure, as far as possible, that the questionnaires are completed in conditions of privacy. This may, for example, mean asking participants to move their chairs away from one another]

Okay, we are going to finish there. Thank you for talking to me today, you have been really great, the subject is a bit difficult but you have really helped the project. I would like to check with you that you are you Okay. Sometimes talking about these things can make people sad or remind them of sad times.

So, just in case later on you feel a bit upset, here are the contact details for support groups and services for young people and GLBT young people. Think about whether you have someone to talk to if you do feel a bit down, and do use these contact details if you need to.

Some of the contact details we have included here are for groups and venues that are supportive of GLBT people. It is important that you know there are plenty of ways of GLBT people to meet others, to enjoy strong and supportive networks, and to not feel 'down' or on the outside of things. Today I have mentioned the fact that some GLBT people do feel isolated and depressed – this is not the case for most GLBT people, just as it is not the case for most people of any social, cultural, or ethnic group.

Remember everything you have said to me today is completely confidential, so no one else will know what we have discussed. Please also remember what we agreed at the start about confidentiality. It is up to you to respect the privacy of others in the group and not repeat things they have said here to anyone outside this group.

- Check that individuals who want to receive the research findings have given their contact details
- Invite questions or comments
- Refer to the fact that some participants will be contacted again for an interview
- Give £10 voucher to each participant
- Thank all again

Researcher to remain with participants until participants want to leave the room. Allow time for post-interview questions and thoughts from participants.

ON THE EDGE PROJECT:

Research on young people in distress

Quick Questionnaire for Research Participants

Please respond to the questions on these two pages as fully as you feel comfortable. This will help us to know about the different types of people who have participated in this research.

How old are you? _____

What kind of place do you live in? (please tick one)

- A city
- A town
- A village
- A rural area
- Other (please describe) _____

Please describe your ethnicity or cultural group:

(e.g.: you may use a range of words like Welsh, English, white, Asian, Afro-Caribbean etc.)

Would you describe yourself using any of the following words?

(please tick all that apply)

- straight gay heterosexual bisexual
- lesbian queer male female
- homosexual girl boy woman
- man transsexual transgender
- intersex
- other: please write here _____

What qualifications do you have?

(please tick all that apply)

- | | |
|---|---|
| <input type="checkbox"/> GCSEs | <input type="checkbox"/> Degree |
| <input type="checkbox"/> NVQs | <input type="checkbox"/> Diploma |
| <input type="checkbox"/> A levels | <input type="checkbox"/> Postgraduate qualification |
| <input type="checkbox"/> None | |
| <input type="checkbox"/> Other, please describe _____ | |

Please describe what you currently do in terms of employment or schooling.

(e.g. you may write 'I am at school studying for GCSEs' or you may write 'I am not studying or working' or 'I work as a ...'.)

Please tell us whether or not you have a disability.

If you do have a disability, please write a few words to tell us what kind of disability you have.

Please tell us if you know someone who has ever attempted suicide.

(This may be a friend, a family member, or yourself)

If you feel that you need to talk to someone about any issues raised by this focus group or questionnaire, please either tell the researcher or make use of the contact details provided.

ON THE EDGE PROJECT:

Research on young people in distress

We would like to keep in contact with you in case:

- You want feedback on the research or
- We invite you to participate in an interview

Please write your contact details here if you don't mind being contacted by us again.

This information will be kept separate from any other details about you or what you have said to us in the course of the research. You may choose to only give an email address, depending upon how you would like us to contact you.

Name: _____

Postal Address: _____

Telephone number: _____

Email: _____

Please tell us whether or not you would like to receive a brief summary of our findings at the end of the project.

(tick one box only)

- I would like to receive feedback at the address above
- Please don't send me any feedback

THANK YOU! 😊

On the Edge Project Interview schedule

[**Note to Ethics Committee:** This is a preliminary outline of the interview schedule. The final version of the interview schedule will be developed in light of discussions that take place in focus groups. Please read this preliminary version as a guide. We will submit the final version to you in early 2006 when it has been developed.]

1. Briefing and introduction

- What the interview is for

In the focus group we discussed the pressures on young people and how this can cause them to do things which may put themselves at risk such as using alcohol or drugs, self-harming or attempting suicide. We talked about the kinds of things about being a girl or boy that can distress young people and push them to the edge. Today, we are going to carry on talking about these things but I am going to ask you about your own individual experiences and views.

- What to expect today?

We won't be doing any activities or exercises today. I will just be asking you some general questions and the interview should take 40 to 50 minutes.

- Opting out

You may stop participating in the interview at any point. If you decide to pull out part way through the interview, we will erase the recording of the interview if you tell us that you want this to happen.

- Anonymity and confidentiality

Everything that is said in the interview will be kept private as much as possible. I will be recording our interview (point to recorders) and then this will be put into a written form called a transcript. The recording and the transcript will be stored in a safe place (at the university) where no one can access them except the researchers. Your name will not appear anywhere on or near the recording or the transcript and it will all be anonymous and confidential. When we write about the interviews in our reports, we may use some of the things that you have said, but we will not quote any information that could identify you like family names, street or place names.

If, in the course of the interview, if you tell me anything that suggests you may be in danger of hurting yourself or someone else, we might have to break confidentiality in order to ensure that you have appropriate support.

- Payment

As the information sheet stated you will be given a ten pound voucher at the end of our interview as a token of appreciation for helping us today.

- Check willingness to continue

Interview questions

1. Can you tell me about a time when you, or a friend has felt very unhappy?
 - What do you think led up to that feeling of unhappiness?
 - [prompt to talk about any sources of support that were available]

2. As a girl/boy/ young man / young woman (use as appropriate) what sorts of things can cause you, or your friends, emotional or personal problems or distress?
3. What about relationships between boys and girls, do you think they can cause emotional problems? Tell me about the kinds of problems you have been through, or have seen your friends go through.
4. Do you notice any differences in distress in your friends who are girls and those who are boys?
5. Can you tell me about any emotional or personal difficulties you or your friends experience because you are a girl/boy, ones that boys/girls don't have e.g. pregnancy/being tough
6. Do you or your friends ever worry about what you look like? Does this make you/them unhappy? What kinds of things – about their looks or about their bodies – do you think girls / boys seem to feel unhappy or worried about?
7. Do you think young people who feel attracted to the same sex, or feel they are the wrong sex would experience emotional problems? Why do you think this might be a problem?
8. Can you tell me about yourself, or anyone you know who has experienced same-sex feelings? Can you tell me about yourself, or anyone you know who has experienced confusion about their gender? How did they cope with this? How did those around them respond to them? (e.g. peers, teachers, family)
9. How would you respond if someone close to you was confused about their sexuality? What if they told you that they were gay or lesbian or bisexual?
10. Can you tell me about the things that you or your friends do when you are unhappy or distressed? (e.g. alcohol, drugs, listen to music, play sport, talk)
11. Do you know anyone who has ever self-harmed or engaged in very risky behaviour? Can you tell me about what kinds of things they have done?
12. How do you think you would react if you found out that someone close to you was harming themselves e.g. cutting themselves or heavy drug-taking?
13. Have you ever encountered anyone who has attempted suicide? Can you tell me a bit about the circumstances?
14. Have you ever known anyone who has actually killed themselves? Can you tell me about the circumstances?
15. How do you think you would react if you found out someone you were close to was thinking about suicide?
16. We have talked a bit about how being a young man or woman can influence young people's distress. Is there anything else you think we should know about which would push young people to the edge?

Debriefing

Okay, we are going to finish there. Thank you for talking to me today, you have been really great, the subject is a bit difficult but you have really helped the project. Are you Okay? Sometimes talking about these things can make people sad or remind them of sad times.

So, just in case later on you feel a bit upset here are the contact details for support groups and services for young people and GLBT young people. Do you have someone to talk to if you do feel a bit down?

Remember everything you have said to me today is completely confidential, so no one else will know what you have told me.

- Check that individual wants to receive the research findings has given their contact details
- Invite questions or comments
- Give £10 voucher
- Thank again

Researcher to remain with participant until participant wants to leave the room. Allow time for post-interview questions and thoughts from participant.

RES-000-22-1239 – The Cultural Context of Youth Suicide: Identity, Gender and Sexuality

There is growing international evidence that young people struggling with issues of sexuality and gender identity are increasingly likely to attempt suicide. This innovative and interdisciplinary research project set out to explore this very issue by asking young people for their perspectives on suicide. And, most importantly, it analysed how distresses around sexuality and gender identity may play a role in suicidal thoughts and behaviours.

Main findings

Resilience to self-destructive behaviour

- Lesbian, gay, bisexual, or transgender (LGBT) young people's reactions to distressing environments are not straightforwardly either resilient or self-destructive. For example, some young people articulated being 'out and proud' while feeling uncomfortable with their sexual identity at the same time.
- The LGBT young people were concerned to identify safe places for people belonging to sexual minority groups. Resilient strategies included moving to a city that was perceived to be gay-friendly, or seeking out LGBT organisations.

How young people make sense of suicide

- The young research participants talked about people who attempt suicide as either 'attention-seeking,' or as being 'genuine' in their wish to die. More 'genuine' suicidal behaviour was seen as caused by, amongst other things, isolation, homophobic reactions and the impact of coming out in the context of the family.
- Suicide occupies a paradoxical position of being mundane and accessible to all, being horrific and inexplicable, yet repeatedly requiring rationalisation and explanation. Importantly, emotional connections between people were constructed as being central to maintaining the will to live.

Homophobia and self-destructive behaviours

- The research suggests a strong link between experiencing homophobia and self-destructive behaviours. Homophobia punishes at a deep individual level and requires LGBT young people to manage being positioned, because of their sexual desire, as abnormal, dirty and disgusting.
- 'Shame avoidance' is central to how LGBT young people negotiate homophobia. For some young people, such avoidance includes viewing homophobic abuse as routine to minimise its effects. Others position themselves as rational and responsible adults, or construct 'proud' identities. Most negotiate homophobia individually and do not expect support from the community or institutions.
- LGBT young people who are unable to resist the 'shaming' of homophobia may be more vulnerable to engaging in self-destructive behaviours.

Policy implications

Preliminary implications include:

- Addressing the issue of youth suicide needs to be a community-wide concern.

- Health and social care staff will benefit from a greater understanding of LGBT youth cultures, young people's reluctance to report homophobia and seek help, and the potential for self-harm in response to homophobia.
- All those engaging with young people need to be sensitive to, amongst other issues, the need for social connection, the fear of shame and the threat of ostracism from peer groups.
- UK government policies on suicide, social exclusion and health inequalities must include issues on young people and distresses surrounding sexuality and gender identities.

About the Study

Dr Katrina Roen and Dr Elizabeth McDermott of Lancaster University and Dr Jonathan Scourfield of Cardiff University conducted focus groups and interviews with 69 young people (aged 16-25) with a range of diverse ethnic backgrounds and sexual identities. Through discourse analysis and informed by critical psychological work the researchers studied young adults' views and experiences of self-destructive behaviours and suicide.

Keywords

Youth, suicide, self-harm, sexuality, gender identity, homophobia

Research Report

The cultural context of youth suicide: Identity, gender and sexuality

Principal Investigator: Katrina Roen

Co-Applicant: Jonathan Scourfield

Researcher employed by the project: Elizabeth McDermott

April 2007

Background

The present research asks: how do young people think about suicide and self-harm? Suicidal and self-harming behaviour may be understood by young people to be a reaction to common life problems (Thorslund, 1992) or a form of escape (Fullagar, 2003), among other possible understandings. Each way of understanding suicide comes to make sense within a particular discursive frame. Suicidal behaviour becomes possible insofar as it makes sense, insofar as it can be situated as discursively meaningful.

Much research concerning young people and suicide takes a quantitative approach to identifying risk factors or vulnerable groups, with a view to developing suicide prevention strategies. Such research often focuses on people who have attempted or completed suicide, takes a mental health or epidemiological angle and seeks to indicate ways that services may better cater for young people, thus reducing the youth suicide rate. By contrast, the present research takes a qualitative approach, seeks to understand how young people in general make sense of suicide, and understands suicide as a discursively produced phenomenon, rather than primarily as a mental health concern.

Other research whose approach contributes specifically to the present study includes Cato and Canetto's (2003) work that considers the effect of the social meanings associated with suicidal behaviour. They suggest that such social meanings influence the likelihood that a person will respond to adversity by engaging in such behaviour. Bourke's (2003) study is also of particular interest as it examines how young people talk about suicide and conceptualises this in relation to literature on youth and their social contexts. Bennett, Coggan, and Adams (2003) offer an analysis of the discourses that young people draw on to make sense of the link between depression and suicidal behaviour. They focus on the way that young people deploy, first, a medical discourse and, second, a moral discourse. Fullagar (2003) also takes a discourse analytic approach to understanding youth suicide. The framework of understanding developed in her paper conceptualises youth suicide in relation to notions of shame and waste. According to this analysis, suicide is seen as an escape from the pressures that make one feel shamed. Fullagar's analysis has become increasingly relevant to the present study.

This study has been conceived, in part, to address a research gap concerning the experiences of young people in relation to the struggles they may experience around sexuality and how these struggles may lead to suicidal behaviour. It is worth briefly reviewing the literature that draws such a connection between sexuality and suicide.

King et al. (2003), found, in their survey of lesbian, gay, bisexual (LGB) and heterosexual people of all ages (over 16), that gay men and lesbians had higher levels of psychological distress than heterosexual men and women respectively. They were also more likely than heterosexuals to have self-harmed. It has been well-documented that young LGB people experience elevated levels of bullying and victimisation relative to their heterosexual peers (Pilkington & D'Augelli, 1995; Rivers, 2000). The mental health effects of such bullying and victimisation have been investigated in some detail in the U.K. by Ian Rivers who found that 53% of the LGB people he surveyed had considered self-harming or suicide as a result of school bullying. Forty per cent had attempted suicide or self-harm and 30% had made more than one such attempt (Rivers, 2001).

Although there is growing evidence from several countries that young people struggling with issues of sexuality and gender identity experience increased likelihood of self-harm and attempted suicide (e.g., Cochran & Mays, 2000; Hershberger & Daugelli, 1995; Wichstrøm & Hegna, 2003), the issue has rarely been explored from a qualitative perspective (though see: Alexander & Clare, 2004; Fenaughty & Harre, 2003; Johnson, Faulkner, Jones, & Welsh, 2007). It was this gap that led us to undertake the present qualitative study.

Objectives

Aims and objectives of the research and any changes to these. You should state clearly how each objective has been addressed and whether the objective has been met or not, referring to other parts of the report as required. Where an objective has not been addressed or has not been met successfully, you should state the reasons for this. This will ensure that genuine difficulties faced in the course of the research are recognised and taken into account by the evaluators.

Aim

- To explore how young people think about suicide and self-harm.

Objectives

- To identify and analyse the discursive frames through which young people make sense of suicidal behaviour.
- To develop an analysis of the ways in which distresses or struggles around sexuality and gender identity may play a role in suicidal thoughts and behaviour.

The aim and objectives have guided the research throughout and the data analysis has enabled an even more productive engagement with the topic than anticipated. The two objectives are substantially addressed in the two papers submitted for consideration with this report.

The first objective has been addressed through a discourse analysis of the aspects of the focus group and interview data where young participants talk about suicidal behaviour (Roen, Scourfield, & McDermott, to be submitted May 2007). They talk, variously, about their own experiences of attempting or considering suicide, their experiences of knowing others who have attempted or completed suicide, and their experiences of how people they know have reacted to the news of a suicide. This talk offers insights into the ways in which young people make sense of suicide.

The second objective has been addressed through two separate analyses of the data: first, a thematic code-and-retrieve type of analysis (Scourfield, McDermott, & Roen, submitted 2007) and, second, Foucauldian discourse analysis of the way GLBT research participants talked about their struggles around sexuality in relation to their experiences of self-harming and suicidal behaviour (McDermott, Roen, & Scourfield, to be submitted April 2007).

Methods

The research involved focus groups and interviews with people aged 16-25 years. The fieldwork took place in the North West of England and South Wales. Participants were recruited via gate-keepers, working with young people, in roles such as youth group leader or school teacher. Young LGBT people were found to be particularly willing to participate in the research, while young working class men, people over 20, and people within minority ethnic groups were harder to interest in the study.

The 11 focus groups involved 66 participants. Three of these groups were made up specifically of young people who identify themselves as lesbian, gay, bisexual or transgender (LGB or T), three of the groups included a mixture of participants who identified themselves as heterosexual and as bisexual, and the remaining five groups included no participants identifying as LGB or T.

The 13 interviews were conducted with research participants who, in some cases, had also been part of a focus group. Seven interviewees identified themselves lesbian, gay or bisexual, five identified themselves as straight, and one identified herself by gender but not sexuality.

By involving a range of young people, we are considering discursive framing in relation to the spectrum of sexual and gendered identities. We aimed for diversity in terms of the ethnicity and socio-economic circumstances of participants, as well as collecting data in both rural and urban locations. We asked participants to describe their own ethnicity. Almost all of them chose an ethnic label for themselves and we have grouped these as follows: 39 white British or English; 15 white Welsh; 5 Asian; 3 Irish or mixed heritage including Irish; 2 Yemeni or British Yemeni; 1 white/Black Caribbean; 1 Arabic.

Recognising the sensitive nature of the research topic, we took particular care to employ ethical procedures to ensure that no harm should come to anyone participating in the process. The research project was formally approved by the Lancaster University Institute of Health Research Ethics Committee. Our ethical strategy, which drew centrally from guidelines produced by the ESRC and Lancaster University, focused upon informed consent, confidentiality and 'responsible' research practice. We produced a variety of information materials about the research project which were aimed at both young people and the 'gatekeepers' to youth organisations. We paid particular attention to negotiating access with 'ready-made' groups and ensuring that the young people were carefully informed and understood the nature of the research. Confidentiality was maintained by anonymising the data and using pseudonyms for the name of participants, youth organisations and their location. At each interview or focus group we arranged for a support worker, who the young people trusted, to be available if necessary. In some cases, the opportunity to talk with the support worker was found to be particularly

important for young people who had disclosed difficult, personal information during their participation in the study.

The data analysis and theorising drew from a discourse analytic framework for the purpose of enabling research participants' talk about suicide to inform us about widely held views on self-harm and suicidal behaviours. Discourse analysis provides a basis for analysing the competing meanings that may inform people who consider suicide. The particular understanding of discourse analysis being employed is that found in critical psychological research (Gavey, 1989; Hollway, 1989). This methodological and epistemological approach draws on the work of Willig, and Hook, among others (Hook, 2001; Potter & Wetherell, 1987; Willig, 2003).

Working with discourse analysis means working with texts to identify key discourses through which suicide is understood, to describe the relationship among those discourses, to identify points of tension and resistance. Through these processes, we have been able to point to the understandings that may be drawing young adults closer to, or further from, the possibility of suicidal behaviour. Most importantly, identifying points of resistance means finding ways in which discursive tensions in understandings about suicide may be deployed to reduce the likelihood that suicidal behaviour will occur. By navigating the discursive terrain through which suicide is currently seen (by some) as a viable option, this research offers an important conceptual step towards identifying ways that suicide can be understood differently, and putting in place structures through which new meanings about suicide can take precedence, particularly within sectors of the population where suicide rates are highest.

Results

It is useful to consider the project results under the following key headings:

1. thematic overview of data relating to self-destructive behaviour and LGBT young people
2. discourse analysis of how young people make sense of suicide
3. discourse analysis of how young LGBT research participants talk about self-destructive behaviours

These aspects of the results are being worked-up sequentially. The product of (1) has already been submitted for publication, and the products of (2) and (3) are submitted in support of this report. Further discourse analysis, of data relating to self-harming practices, is still in progress and has been committed as a conference presentation (UK Social Work Research Conference in Swansea, July 2007). What follows is a brief summary of key points from the results, under the three headings.

1) Thematic overview of self-destructive behaviour and LGBT young people

Distressing environments

The significance of spaces and places was a recurring theme in our data set. The LGBT young people were concerned to identify places that are safe for people belonging to sexual minority groups and similarly the minority ethnic young people referred to safety from racism. Clearly there is a powerful cultural component to these sexual geographies (Valentine, 1993; 1995). A general understanding emerges from the data that small towns are sexually conservative.

Negotiating distressing environments

Resilience

Young LGBT people provide clear examples of their own resilience in the face of homophobia. (For research with a specific focus on investigating resilience and engaging with psychological literature in this area, see Anderson, 1998 and Russell and Richards, 2003). We identified some strategies employed and some of the practical supports for resilient responses:

a) There was recourse to an ideology of natural sexual diversity for many of the LGBT young people. This is, in essence, a biologically-based argument that non-heterosexual orientations are 'natural' and this argument is employed as a strategy of resilience.

They say that being gay is not natural but it is, because it's what's going through your head, you are made naturally aren't you, you know you come from nature at the end of it all (interview with Paul, aged 16)

b) The commonest strategy of resilience spoken of by our research participants was finding safe places and safe people. This meant a physical 'escape' for some in the form of a move to a city that was perceived to be gay-friendly, or a deliberate strategy of seeking out LGBT organisations.

Living with ambivalence

It is important to note that LGBT young people's reactions to distressing environments are not straightforwardly either resilient or self-destructive. There is evidence in the data set of young people articulating understandings about being 'out and proud' but also simultaneously feeling uncomfortable with their sexual identity or despising aspects of gay culture.

Self-destructive behaviour

Participants spoke of self-destructive sexual behaviour amongst LGBT people, as well as talking about cutting and suicidal behaviour.

Self-harm: Across the data set, whatever the sexual identity of the young people, a tension is set up between authentic self-harm which is rooted in distress and warrants a sympathetic response, and self-indulgent attempts to seek attention. There are tensions in the data set between the idea that LGBT young people are 'pushed' into self-harming by homophobic peers and the notion of self-harm as self-punishment for being gay. Both interpretations of self-harm could be seen as problematic; the former insofar as it abdicates all agency and the latter because it assumes that the stigma of same sex desire warrants punishment.

LGBT suicide: The idea of LGBT suicidal behaviour did resonate with the participants. There was no surprise shown if we mentioned the connection in research evidence. As with self-harm, a distinction was made between understandable, 'genuine' suicide and suicide which was not taken seriously because it was not seen as motivated by legitimate distress. Participants offered causal explanations for those LGBT suicides that were regarded as understandable and 'genuine.' Explanations which stand out relate to: isolation; homophobic reactions; and the impact of coming out in the context of the family.

2) Making sense of suicide

The discourse analytic process identified four central frameworks for understanding youth suicide. These frameworks of understanding variously (i) cast suicidal subjects as Other, (ii) highlight suicide as something that is accessible to young people, (iii) demonstrate the desire to rationalise suicidal behaviour, and (iv) define suicidal subjects in terms of their relationships with others.

Suicidal subjects as Other

Distancing oneself from the possibility of suicide, and distancing oneself from suicidal subjects and subjecthood, emerged more strongly than any other single aspect of the research participants' talk about suicide. One focus group participant distanced herself from a neighbour who killed himself, when she said: "to us they seemed like a normal happy family ... he hung himself in the garage ... oh it's horrible that it happened in our street" (P3). Through this othering process, it comes to seem reasonable to negatively judge some people who attempt suicide. What is being performed in this text is the very condition that apparently enables suicidal possibilities: individualism, isolation, othering, alienation.

Suicide as imaginable and readily accessible

Some research participants presented suicide as possible, plausible, imaginable, or even known directly within their lives. The accessibility of suicidal possibilities is exemplified by one focus group participant's comment that: "It's just like if you wanted to find out how to kill yourself you can just type it in Google" (P13). Further, it was thought that the quest to make their lives more meaningful may make suicidal behaviour more accessible to some young people. Framing suicide as something that all young people think of gives permission for suicidal possibilities to be entertained without this being a sign of pathology or immorality. This provides an alternative reading of youth suicide: engaging with suicidal possibilities may become an integral part of a young person's struggle to find meaning in life

Rationalising suicide

Our analysis of this aspect of participants' talk suggests that there is something to be gained by constructing those who see suicide as acting in a wholly rational way, making a clear decision to suicide in response to their life circumstances. What is silenced, by constructing suicidal behaviour as rational, is the potential chaos and irrationality of suicidal feelings and behaviours: here, participants are not considering the possibility that rationality is precisely lacking at the time of suicidal acts. Research participants use rationalisation to distance themselves from suicidal others, inoculating themselves from the horrific effects of suicide, saving themselves from having to contemplate the implications of suicidal possibilities for them.

Relationality

Woven through research participants' talk about suicide was a clear understanding about the importance of relationships and a sense of connectedness with other people. In the course of talking about relationships, participants developed a notion of emotional responsibility, suggesting that they may decide against attempting suicide because for fear of hurting loved ones. Thus, emotional responsibility was constructed as preventing suicide via a rational decision-making process. Despite this recognition of the importance of close relationships, the way some research participants talked about their response to suicidal others reflects and reproduces a social reality where young people feel potentially

misunderstood, ostracised, judged, and shamed, rather than feeling loved and valued by the people around them.

Making sense of suicide: Key points

This aspect of the research is particularly innovative, given the limited existing research that either asks young people for their perspectives on suicide or takes a discourse analytic approach to understanding suicide. According to this analysis, suicide occupies a paradoxical position of being mundane and accessible to all, being horrific and inexplicable, yet repeatedly requiring rationalisation and explanation. Importantly, emotional connections between people were constructed, by the research participants, as being central to maintaining the will to live.

3) How LGBT youth talk about self-destructive behaviours

LGBT young people suggested a strong link between homophobia and self-destructive behaviours. Participants discursively constructed homophobia as punishment for the transgression of heterosexual norms. The punishment was through physical and verbal abuse, rejection or isolation and worked at a deep individual level to create psychological distress. The strongly articulated connection between homophobia, emotional distress and self-destructive behaviours was not straight-forward. An important factor in LGBT young people's negotiation of homophobia in everyday interactions is to avoid being shamed

The young people employed three prominent strategies to negotiate homophobia and avoid shame:

The routinization and minimizing of homophobia

Homophobia was expected, and constructed as routine by the young LGBT people. Constructing homophobic abuse as routine served to minimize its effects. This strategy enabled the young LGBT participants to position themselves as unaffected by the abuse and deflect the shaming effects of homophobia

Maintaining individual 'adult' responsibility

A significant influence on the young LGBT participants' attempts to negotiate homophobia and avoid shame was their desire to position themselves as adults. Deborah was one participant who clearly situated herself in relation to both her sexuality and her adult status: "I'm not 10 years old anymore I'm 16, I've grown up and I'm leaving home soon so just get over the fact that I am what I am, that I like girls as well as lads" (Deborah, bisexual, focus group). By drawing upon individualising discourses of the neo-liberal self that demonstrate adult status by being rational and self-reliant they took individual responsibility for coping with homophobia, and were able to position themselves as adult.

Constructing 'proud' identities.

The young people drew upon discourses of pride in order to position themselves with a positive gay identity. The 'proud' LGBT subject position can be a strategy of resilience in the face of homophobia and deflect shame and distress. However, sustaining a proud sexual-identity requires resilience, experience, expertise (of the self) and resources.

These strategies of shame avoidance suggest young LGBT people manage homophobia individually, without expectation of support, and this may make them vulnerable to self-destructive behaviours.

Preliminary implications

The implications of the research results for policy and practice are currently being drawn out, and this process will continue in consultation with key stakeholders. To give a preliminary indication of the implications of the research, we include the following brief points:

- ◆ The responsibility for addressing the issue of youth suicide needs to be understood as community-wide concern. This research highlights the importance of addressing youth suicide collectively and developing an understanding of suicide that makes it less accessible without ostracising those who do engage in suicidal behaviour.
- ◆ Funding needs to be set aside to specifically address the psychological and material impacts of homophobic abuse. Suicidal behaviour, homelessness, and dropping out of education are all material effects of homophobic abuse and lead to on-going mental health problems for LGBT youth.
- ◆ Cultural competence is relevant both to supporting LGBT youth in general and also to suicide prevention. Cultural competence is usually discussed only in relation to working across ethnic cultural differences, however there is an important dimension for heterosexual health and social care staff in understanding LGBT youth cultures and the potential for self-harm to be a response to homophobia.
- ◆ It is vital for those who work with young people to understand the complex relationships among the need for social connection, the fear of shame, the threat of ostracism from peer groups, and the role of suicidal behaviour in some young people's repertoires of coping strategies. The need for those engaging with young people to be sensitive to their emotional context cannot be overstated.

Activities

The researchers have organised events, and developed a substantial network of contacts:

The researchers organised a panel of presentations of U.K. qualitative suicide research at the 11th European Symposium on Suicide and Suicidal Behaviour (ESSSB) (Slovenia, 9th – 12th September 2006). This panel included presentations relating to three different research projects, including two presentations relevant to the present study (listed in Section 2a).

The research launch for this project, at Cardiff University on 29th March 2007, attracted 57 participants from a variety of health, education, and social care organisations.

A dissemination event will take place at Lancaster University on 8th June 2007. This event will target approximately 30 invited participants with a view to enabling detailed group discussion of actions from the research as well as ideas for future research.

The researchers are organising an academic workshop: *'Qualitative research and suicide'* to take place at Cardiff University on 2nd July 2007.

Additional funding has been obtained, from Lancaster University, to support the development of a project website which will promote research results and events. Project website: <http://www.ontheedge.lancs.ac.uk/index.htm>

A substantial network of interested parties has been developed and is growing further via the project website. This network of people will be informed via email as the various research products become available.

Outputs

Outputs are currently in-process. Below, we identify the key outputs that are closest to completion:

1) Paper submitted for publication

Scourfield, J.; McDermott, E. & Roen, K. (submitted February 2007). Young LGBT people's experiences of distress: Ambivalence, resilience and self-destructive behaviours. *Health and Social Care in the Community*, Special Issue on the health and social care needs of children and young people.

2) Papers to be submitted for publication within one month

McDermott, E., Roen, K., & Scourfield, J. (planned submission: April 2007). Avoiding shame: Young LGBT people, homophobia and self-destructive behaviours *Sociology of Health and Illness*

Roen, K.; Scourfield, J., & McDermott, E. (planned submission: May, 2007). Making Sense of Suicide: Discourse analysis of young people's talk about suicidal possibilities. *Social Science and Medicine*

3) Dataset:

The full dataset of 13 focus group transcripts and 11 interview transcripts have been prepared, and offered, for submission to the Data Archive.

Impacts

The impact of the research may be judged, at this early stage, by the interest that has been shown by users:

During the course of the research, various people contacted the researchers to express interest in the study and to ask for any report of findings that could be useful for their own work. Examples include:

Employees of Lancashire Police, whose brief includes a focus on equality and diversity, sought to engage with the researchers in the course of their work with vulnerable young people whom they may encounter in the context of a suicide.

A counsellor offering services to young GBT men within a PCT contacted the researchers suggesting that our findings could feed into the PCT's suicide prevention strategy and help her argue for the continuation of her work with GBT men.

We were contacted by the director of LGBT Youth North West, who wanted to find out more about our research and to know whether findings from our research could be presented at a conference concerning LGBT young people and mental health. Similarly, a project manager from the LGBT consortium in London, which has a UK-wide brief, has shown considerable interest in the research.

A variety of people, including youth workers and county council employees with a brief concerning sexuality, youth and/or diversity and equality issues, have been in touch with us in the course of the project, offering support, and asking for information.

Advertising for the research launch in Cardiff resulted in more than 80 people registering to attend.

Future Research Priorities

We have been awarded seeding funds to develop a larger project in this area. We are currently drafting a proposal for research investigating the relationships among self-harming and suicidal behaviour, and sexuality and gender identities, using a mixed methods approach.

The website and dissemination events for the current project have been designed to elicit comments, from research users, on what they perceive would be useful to consider in undertaking future research in this area.

On the basis of the current research, key priorities appear to include the following:

- ◆ U.K.-based studies that provide evidence of the level of self-harming and suicidal behaviour among LGBT young people¹
- ◆ Research that further theorises the embodied relationship between self-destructive behaviour, youth, and sexuality/gender minority status
- ◆ Research that is conceptualised and disseminated to maximise impact on suicide prevention policies and programmes, with particular regard to addressing LGBT youth suicide as a priority
- ◆ Research that combines the insights of qualitative analyses (telling us about young people's experiences and perspectives) and quantitative analyses (providing evidence of the level of LGBT self-destructive behaviour)

We also consider that future research could usefully take a longitudinal approach, investigating ways in which suicidal possibilities become more or less urgent at different times in the life course.

¹ Other recent U.K. research also highlights this need, e.g.: Hawton, Rodham, & Evans (2006).

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ACTIVITIES AND ACHIEVEMENTS QUESTIONNAIRE

1. Non-Technical Summary

A 1000 word (maximum) summary of the main research results, in non-technical language, should be provided below. The summary might be used by ESRC to publicise the research. It should cover the aims and objectives of the project, main research results and significant academic achievements, dissemination activities and potential or actual impacts on policy and practice.

Introduction

This research explored what young people believe about self-harm and suicide. Since previous research has found high levels of suicidal thoughts among lesbian, gay and bisexual young people (LGB), the research focused in particular on questions of sexuality and gender identity. The research objectives were (i) to identify and analyse the discursive frames through which young people make sense of suicidal behaviour and (ii) analyse the ways in which distresses or struggles around sexuality and gender identity may play a role in suicidal thoughts and behaviour.

The research has sought to make an innovative contribution in the following ways:

- by improving understanding of emotional challenges faced by young people in relation to issues of sexuality and gender identity.
- by generating new qualitative data in a field that is primarily informed by quantitative studies.
- by providing new information to practitioners concerned with young people, mental health, sexuality and gender issues, self-harm and/or suicide prevention.
- by improving the understandings of youth suicide and self-harm that may be used to inform academic work, policies, and service provision in these areas.

Methods

This was a qualitative study, using data from focus groups and interviews carried out in North England and South Wales. Research participants included 69 young people (aged 16-25) across a range of diverse ethnic backgrounds, rural and urban areas, and those who identify as lesbian, gay, bisexual, or transgender (LGBT), as well as those who do not. Research participants were also diverse in that some had personal experience of suicidal or self-harming behaviour, while others did not. A discourse analytic approach, informed by critical psychological work, was taken to analysing the data.

Results

A thematic analysis of the data concerning self-destructive behaviour and LGBT young people highlighted the importance of being able to negotiate distressing environments. LGBT young people's reactions to distressing environments are not straightforwardly either resilient or self-destructive. There is evidence in the data set of young people articulating understandings about being 'out and proud' but simultaneously feeling uncomfortable with their sexual identity.

The LGBT young people were concerned to identify places that are safe for people

belonging to sexual minority groups. They provided clear examples of their own resilience in the face of homophobia. One of the resilient strategies talked about involved making a physical 'escape' in the form of a move to a city that was perceived to be gay-friendly, or a deliberate strategy of seeking out LGBT organisations.

While some self-destructive behaviour was dismissed as being 'attention-seeking,' participants offered causal explanations for LGBT suicidal behaviour that they or their peers regarded as 'genuine.' Explanations which stand out relate to: isolation; homophobic reactions; and the impact of coming out in the context of the family.

The discourse analytic process investigating how young people make sense of suicide identified four central frameworks for understanding youth suicide. These frameworks of understanding variously (i) cast suicidal subjects as Other, (ii) highlight suicide as something that is accessible to young people, (iii) demonstrate the desire to rationalise suicidal behaviour, and (iv) define suicidal subjects in terms of their relationships with others. According to our analysis, suicide occupies a paradoxical position of being mundane and accessible to all, being horrific and inexplicable, yet repeatedly requiring rationalisation and explanation. Importantly, emotional connections between people were constructed as being central to maintaining the will to live.

The data from LGBT participants suggest a strong link between experiencing homophobia and self-destructive behaviours. The discourse analytic work with these data demonstrates that homophobia works to punish at a deep individual level and requires young LGBT people to manage being positioned, because of their sexual desire, as abnormal, dirty and disgusting. At the centre of the complex and multiple ways in which young LGBT people negotiate homophobia are 'modalities of shame-avoidance' such as: the routinization and minimizing of homophobia; maintaining individual 'adult' responsibility; and constructing 'proud' identities. We argue that, where young LGBT people are unable to find ways to resist the 'shaming' of homophobia, they may be more vulnerable to engaging in self-destructive behaviours.

Dissemination

Results from the present research are being disseminated in a variety of ways and to a variety of audiences, which are summarised here:

A dissemination event has been held at Cardiff University (29th March 2007) for research users, including those who work with young people. This involved 80 participants.

The principal investigator was interviewed about the research on the BBC 4 programme 'Thinking Allowed'. (Aired on 28th March 2007).

Further funding for dissemination activities, relating to this research, has been obtained from Lancaster University. These activities (listed 1-2 below) are on-going:

(1) A project website has been developed to disseminate key findings and to inform people of relevant events we will be holding later in 2007:

<http://www.ontheedge.lancs.ac.uk/index.htm>

(2) A dissemination event will be held at Lancaster University (June 8th 2007). This event

will include people who have supported the research locally (such as youth group organisers and local council staff), as well as academics.

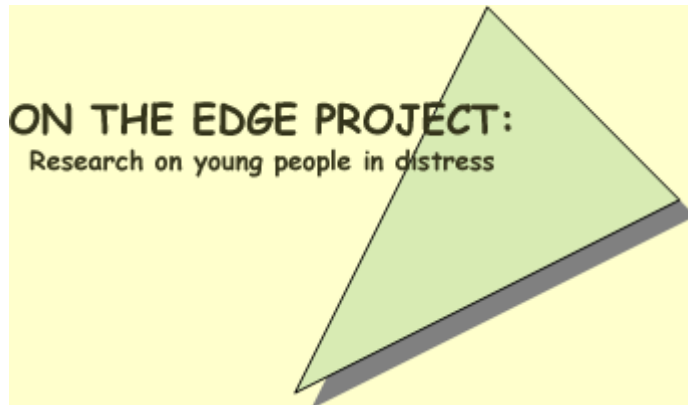
An article about the research findings will be submitted to a publication likely to be read by people who work with young people and/or are concerned about youth suicide and self-harm (e.g. *Community Care*).

The research is being presented to academic audiences through conferences and journals. Preliminary results have been presented at the 11th European Symposium on Suicide and Suicidal Behaviour (ESSSB) (Slovenia, 9th – 12th September 2006) and a manuscript sent to *Health and Social Care in the Community* (special Issue on the health and social care needs of children and young people). Further work towards academic research products is currently underway.

On-Going work

Out of this project, three new activities have emerged:

- 1) Development of an edited book that will profile interdisciplinary, social science research on suicide.
- 2) A one-day conference (Cardiff University, 2nd July 2007), focusing on methodological developments in suicide research.
- 3) Development of a new research proposal, concerning suicide and sexuality, to be written up into a funding application by the end of 2007.



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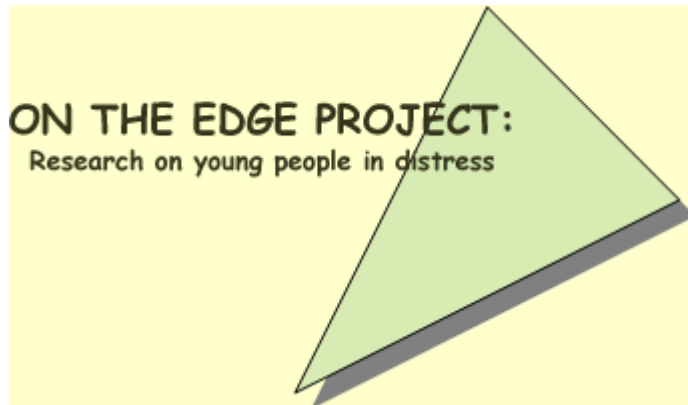


ON THE EDGE PROJECT:

Research on young people in distress

Introduction

Sometimes the pressure on young people can cause them to do things that puts them at risk, such as self-harming or attempting suicide. We are doing research that asks young women and men for their views on why this may happen. We are especially interested in how gender and sexuality may influence young people's distress.



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Who Are We?

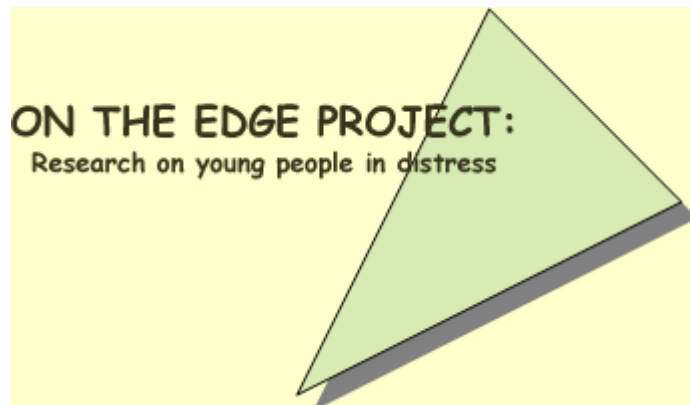
There are three researchers running this project:

Katrina Roen from the Institute for Health Research at Lancaster University.

Liz McDermott from the Department of Social Policy & Social Work, University of York.

Jonathan Scourfield from the School of Social Sciences at Cardiff University.

The project is funded by a grant from the Economic and Social Research Council.



[HOME PAGE](#) |
 [WHO ARE WE?](#) |
 [MORE ABOUT THIS RESEARCH](#) |
 [PROJECT FINDINGS](#)
[DETAILS FOR PROFESSIONALS](#) |
 [EVENTS OF INTEREST](#) |
 [USEFUL LINKS](#)



More About This Research

There is growing international evidence that young people struggling with issues of sexuality and gender identity face increased likelihood of attempting suicide. Our study is exploring the cultural context of youth suicide in England and Wales, with a focus on the significance of gender identity and sexuality.

This research asks three key questions:

- How do young people think about suicide and self-harm?
- Through what discursive frames do young people make sense of suicidal behaviour?
- What kinds of distresses or struggles around sexuality and gender identity may play a role in suicidal thoughts and behaviour?

This qualitative study draws from the perspectives of young adults to develop understanding about the discursive framing of suicide and, specifically, the possible impact of emotional challenges presented by sexuality and gender issues.

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Project Findings

We spoke to 69 young people, in focus groups and interviews. These young people were aged 16-25, and lived either in South Wales or the North of England. Our research report gives an overview of how young people think about suicide. It also examines the how issues around sexuality and gender identity may be connected to self-harm and suicide.

You can download the full project summary, *(in PDF format)*, from [here](#).

Or read online below:

ON THE EDGE: RESEARCH ON YOUNG PEOPLE IN DISTRESS

RESEARCH REPORT

What we wanted to find out

We had two main questions to try and answer in this research:

1. How do young people think about suicide and self-harm? (e.g. are young people sympathetic to these things or judgemental? do they think suicide or self-harm are possibilities for them or are they out of the question?)
2. How are difficulties to do with sexuality (e.g. coming out as gay when people around you are homophobic) connected to self-harm and suicide?

We were interested in sexuality and gender because LGBT (lesbian, gay, bisexual and transgender) young people seem to be especially at risk of thinking about suicide and attempting it.

How we did the research

We spoke to 69 young people in total, in focus groups and interviews. These young people were aged 16-25, and lived either in South Wales or the North of England. They were a diverse group – LGBT and straight, white and ethnic minority, from cities and from small towns or villages, working class and middle class. We contacted young people through school, colleges, youth groups and so on.

What we found out

What is the general picture of how young people think about suicide?

1. How do young people think about suicide and self-harm?

For SUICIDE, we identified four different themes in young people's views. These don't fit together neatly. There are some contradictions in how young people think about suicide. These are the four themes:

1. Suicide and suicide attempts were seen as things that other people do, not us. Suicide is horrible and you might well not be sympathetic to people who do it.
2. Suicide was seen as quite available to young people – some young people said that we all know people who've thought about it or done it and you only have to search google to find out about it.
3. There was a view that people must have good reasons for suicide and they must weigh all this up when deciding to kill themselves.
4. There was also a view that relationships are all-important and they can help to stop people killing themselves.

When talking about SELF-HARM the young people were generally referring to people cutting themselves. There was a clear divide set between two very different things people said about self-harm:

1. When it is done in private and no-one knows about it, the young people we spoke to said that it shows real distress and we should be sympathetic.
2. When people deliberately show their scars they may be seen as 'attention-seeking.' In this case, some of the people we spoke to thought that those who self-harm do not deserve the same kind of sympathy because they are being over-dramatic.

Part of the role of research is to report what kinds of things young people said. Research is also about asking questions and presenting new ideas and possibly challenges. There are some problems with the points of view we've described above. For example, if you think suicide is something that only other people do and that it is horrible, then how will you react to a friend who confides that they're feeling suicidal? If you are very judgemental about people who let their self-harm scars be seen, then that might only make them feel even more isolated than they already do. These are the kinds of issues that have come out of this research project.

2. How are difficulties to do with sexuality and gender identity connected to self-harm and suicide?

Although some of the straight young people we spoke to said they thought most people these days are pretty accepting of all kinds of sexuality, the LGBT young people we spoke to had lots of stories to tell about hostility and not being accepted by their families and by other young people they knew. There were several different ways that they dealt with these problems.

1. Being strong despite the hostility (or even because of it)
2. Having mixed feelings about how to deal with the hostility
3. Self-destructive behaviour, including self-harm and suicide

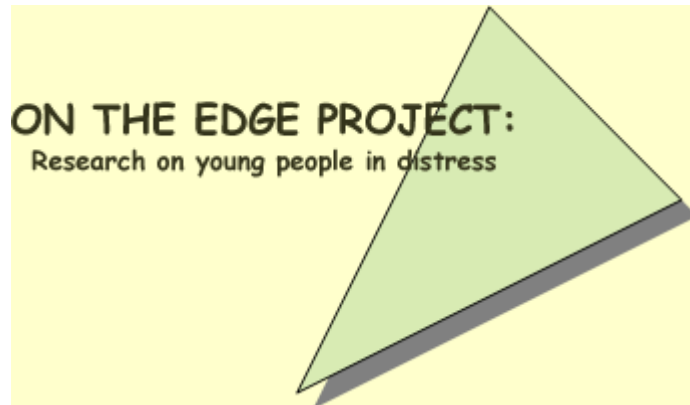
We thought shame was an important emotion in connection with sexuality – that LGBT young people have to work hard to avoid feeling shame because their sexuality goes against the mainstream of society, and if they can't avoid this shame they may be more likely to harm themselves. These are the ways in which we thought LGBT young people avoided shame:

1. Expecting a certain level of homophobia and playing it down
2. Being 'adult' about homophobia – some young people saw it as their role to take responsibility for teaching people to accept all kinds of sexuality.
3. By saying they are 'Out and Proud'

There are some difficult things about all of these. Playing down homophobia as 'not so bad' can allow it to carry on. The idea that LGBT people are responsible for teaching others about discrimination puts a lot of pressure on LGBT people themselves when they are not the problem! Also there can be a pressure to feel straightforwardly happy about being 'Out' and this might not allow for those who have some mixed feelings or are unsure of themselves.

We have made this research report very brief to fit it into 4 pages! If you'd like to read a much longer version, or get in touch with us, please see our website:

<http://www.ontheedge.lancs.ac.uk/details.htm>



[HOME PAGE](#) |
 [WHO ARE WE?](#) |
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Events Of Interest

Past and future events. Materials related to the events, including presentations and handout can be downloaded from here. Please contact us If you attended and have additional material to contribute.

29/03/07

LGBT young people's mental health and well-being: A Seminar on Research, Policy and Practice Thursday 29th March 2007, 10.00am - 1.00pm Committee Room 1, The Glamorgan Building,

Speakers include:

- Jonathan Scourfield, Cardiff School of Social Sciences: findings from the ESRC-funded research project 'On the Edge'

Download a flyer, *(in PDF format)*, from [here](#).

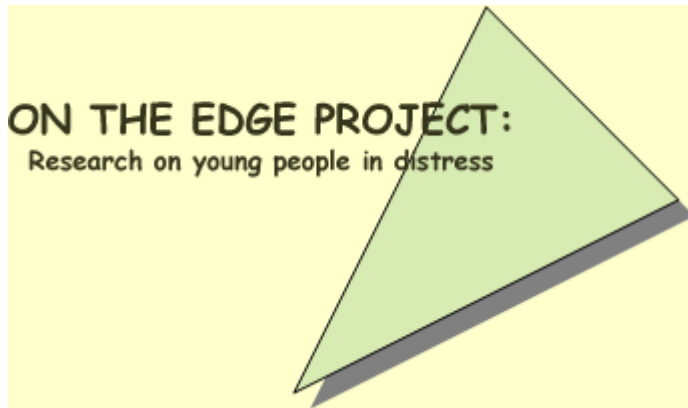
08/06/07

2nd Seminar on Research, Policy and Practice concerning LGBT Youth, Suicide and Self Harm. Friday June 8th 2007, 10.30 am to 3:30 pm. Lancaster University.

The day will include:

- presentation of our research findings
- presentation from practitioners doing related work
- discussion of where-to-from-here

Download a flyer, *(in PDF format)*, from [here](#).



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Useful Links

- www.fflag.org.uk
- www.cara-friend.org.uk
- www.queeryouth.org.uk
- www.mermaids.freeuk.com
- www.papyrus-uk.org
- www.lgbtyouth.org.uk

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**LGBT youth, suicide, and self-harm
One-day conference**

10.30am - 3.30pm
8th June 2007

Furness Lecture Theatre 3
Lancaster University

Programme

10.30 am	Introduction
10.45 am	Katrina Røn (Lancaster University) and Liz McDermott (University of York) <i>LGBT youth, suicide, self-harm: Research Presentation</i>
11.30 am	Nico Juetten (LGBT Youth Scotland) <i>LGBT youth, suicide prevention and mental health: Policy Presentation</i>
12.30 pm	Lunch (<i>Whewell Building Room B9 – No. 43 on campus map</i>)
1.15 pm	Jan Bridget (GALYIC: Gay and Lesbian Youth in Calderdale) <i>Working with LGBT youth</i>
2.00 pm	Discussion

Discussion: Where-to-from-here

The discussion will concern:

- ❖ Research: what suggestions do you have regarding future research priorities in this area?
- ❖ Practice: what steps need to be taken to change practice in the light of the work to date?
- ❖ Policy: what steps need to be taken to ensure that research evidence finds its way into workable policy changes?

Funded by:

ESRC (Economic and Social Research Council; RES-000-22-1239)
Lancaster University Friends' Disbursement Fund
Lancaster University Small Grants Scheme



Organisers' Research Website:

<http://www.ontheedge.lancs.ac.uk/index.htm>

Research, Practice and Policy

A One-Day Workshop

concerning
LGBT youth,
suicide, and
self-harm

**ON THE EDGE
PROJECT:
Research on
young people in distress**

The 'On the Edge' Project involves qualitative research with young people on how they think about distress, suicide and self-harm, with particular reference to distresses surrounding gender and sexuality

www.ontheedge.lancs.ac.uk

When and Where:

Friday 8th June 2007, 10.30am - 3.30pm
Lancaster University

Who Can Be Involved:

There are a limited number of places. We are inviting specific individuals rather than advertising this event widely

Please **RSVP ASAP** to
Sabrina Mazzoni (sabgis@yahoo.com) or write to her c/o
Dr. Katrina Roen, Institute for Health Research,
Bowland Tower East, Lancaster University, LA1 4YT

The day will include:

- ▽ presentation of our research findings
- ▽ presentation from practitioners doing related work
- ▽ discussion of where-to-from-here

The discussion will concern

- ▽ **Research:** what suggestions do participants have regarding future research priorities in this area?
- ▽ **Practice:** what steps need to be taken to change practice in the light of the work to date?
- ▽ **Policy:** what steps need to be taken to ensure that research evidence finds its way into workable policy changes?

Convenors:

Dr. Katrina Roen,
Institute for Health Research,
Lancaster University

Dr. Liz McDermott,
Department of Social Policy and Social Work,
University of York

Free Event

Lunch will be provided

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COUNCIL



RES-000-22-1239

LGBT young people's mental health and well-being:

A Seminar on Research, Policy and Practice

ON THE EDGE PROJECT:
Research on young people in distress

The 'On the Edge' Project involves qualitative research with young people on how they think about distress, suicide and self-harm, with particular reference to distresses surrounding gender and sexuality

When and Where:

Thursday 29th March 2007, 10.00am - 1.00pm
Committee Room 1, The Glamorgan Building,
King Edward VII Avenue, **Cardiff University**

Speakers include:

Dr Jonathan Scourfield, *Cardiff School of Social Sciences*: findings from the ESRC-funded research project '*On the Edge*'

David Farrington, National Project Manager for *LGBT Young People's Mental Well Being for the Consortium of Lesbian, Gay, Bisexual and Transgender voluntary and community organisations*

FREE EVENT:

Places must be booked in advance. Email Sabrina Mazzoni (sabgis@yahoo.com) or write to her c/o Dr. Katrina Roen, Institute for Health Research, Bowland Tower East, Lancaster University, LA1 4YT

We encourage people to come by Public Transport: campus is a 10-15 walk from central bus and train stations (you can also get the train to Cathays or Queen Street Stations). There is no free parking available except for orange badge holders. Please come on public transport or use public car parks nearby. There are car parks in North Road, Duffries Place and Greyfriars Road.



Iechyd meddwl a lles pobl ifanc Lesbaidd, Hoyw, Deurywiol a Thrawsrywiol: Seminar ar Ymchwil, Polisi ac Ymarfer

PROSIECT ON THE EDGE:
Ymchwil ar bobl ifanc mewn gofid

Mae Prosiect 'On the Edge' yn cynnwys ymchwil ansoddol gyda phobl ifanc ar eu barn am ofid, hunanladdiad a hunan-niwed, gyda phwyslais penodol ar ofid mewn perthynas â rhyw a rhywioldeb

Ble a Phryd:

Dydd Iau 29 Mawrth 2007, 10.00am - 1.00pm
Ystafell Gynadledda 1, Adeilad Morgannwg,
Rhodfa Brenin Edward VII, **Prifysgol Caerdydd**

Siaradwyr yn cynnwys:

Dr Jonathan Scourfield, *Ysgol Gwyddorau Cymdeithasol Prifysgol Caerdydd*: casgliadau '*On the Edge*', prosiect ymchwil a ariannwyd gan y Cyngor Ymchwil Economaidd a Chymdeithasol

David Farrington, Rheolwr Prosiect Cenedlaethol *Lles Meddyliol Pobl Ifanc Lesbaidd, Hoyw, Deurywiol a Thrawsrywiol ar gyfer Consortiwm sefydliadau gwirfoddol a chymunedol Pobl Lesbaidd, Hoyw, Deurywiol a Thrawsrywiol*

DIGWYDDIAD AM DDIM:

Mae'n rhaid archebu llefydd ymlaen llaw. Anfonwch e-bost at Sabrina Mazzoni (sabgis@yahoo.com) neu ysgrifennwch ati d/o Dr. Katrina Roen, Institute for Health Research, Bowland Tower East, Lancaster University, LA1 4YT

Rydym yn anog pobl i ddefnyddio Trafnidiaeth Gyhoeddus: mae'r campws 10-15 munud ar droed o'r gorsafoedd bus a thrên canolog (gallwch hefyd ddal y trên i orsafoedd Cathays neu Heol y Frenhines). Nid oes llefydd parcio am ddim, oni bai bod gennych chi fathodyn oren. Defnyddiwch drafnidiaeth gyhoeddus neu feysydd parcio cyhoeddus gerllaw. Mae meysydd parcio yn Ffordd y Gogledd, Plas Duffries a Heol y Brodyr Llwydion.

