

Speaking Back to Dominant Constructions of *LGBT Lives*: Complexifying ‘at riskness’ for Self-harm and Suicidality among Lesbian, Gay, Bisexual and Transgender Youth

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Abstract: *This paper challenges dominant constructions of LGBT youth against a backdrop of increased attention to LGBT people’s vulnerability to a host of mental health risks, including self-harm and suicidality. A universalising narrative of ‘at risk’ LGBT-identified youth has become the dominant frame through which young LGBT people’s lives in Ireland are understood, particularly since the publication of ‘Supporting LGBT Lives,’ the first study of the mental health and well-being of LGBT people to have been conducted in the Irish context. Drawing on key findings from this mixed methods study, the paper problematises the assumption of an automatic relationship between LGBT identification and suicidality. The merits of mixed methods research in the generation of a nuanced analysis and interpretation of LGBT suicidality are highlighted, as is the need to recognise the diversity, complexity and multifacetedness of LGBT lived experience.*

Key words: *LGBT youth; mental health; suicidality; mixed methods research; Ireland.*

Introduction

The last three decades have witnessed the emergence of a consensus that lesbian, gay, bisexual and transgender (LGBT) people—and youth in particular—are at greater risk of mental health problems and suicidal distress than their non-LGBT-identified peers (e.g., Gibson 1989; Kitts 2005; Remafedi 1999). These elevated levels of risk are generally attributed to a range of challenging or negative experiences associated with living as a sexual or gender minority in a homophobic, transphobic and heterosexist society. This paper discusses some of the key findings from *Supporting LGBT Lives: A Study of the Mental Health and Well-being of Lesbian, Gay, Bisexual and Transgender People* (hereafter *LGBT Lives*), the largest and most significant study of LGBT mental health to have been conducted in an Irish context to date (Mayock, Bryan, Carr & Kitching 2009). Focusing in particular on the prevalence of, as well as motivations for, self-harm and suicidal thoughts and behaviours, we argue that the findings challenge universalising representations of LGBT youth in which vulnerability and ‘at riskness’¹ for self-harm and suicide have become the dominant frames of reference. We also consider the study’s contribution to the emergence of counter-discourses which, albeit less visible, challenge prevailing assumptions about the ‘riskiness’ of LGBT lives, whilst simultaneously recognising the alienation and discrimination experienced by many LGBT-identified youth.

Dominant Discursive Constructions of LGBT Youth

LGBT youths’ ‘at riskness’ for self-harm and suicidality has become one of the key frames through which LGBT young people’s experiences have become ‘knowable’ in the academic and activist literatures (Rasmussen 2006; Rasmussen, Rofes, & Talburt 2004). As Rasmussen (2006:135) explains, these ‘tropes of risk’ have become part of the lexicon of LGBT activism and scholarship and serve an important strategic authorising and legitimising function for LGBT organisations whose existence is contingent on mobilising financial and political support for a range of LGBT services. The *LGBT Lives* study is no exception; co-commissioned by two of the most prominent LGBT non-governmental organisations (NGOs) in Ireland,² findings from the study have been used to directly inform several newspaper articles, parliamentary debates, policy documents, educational guidelines and pedagogical resources. In the main, these discussions and documents have highlighted the vulnerability of LGBT-identified youth to such negative life experiences as bullying, depression, alcohol and drug misuse, self-harm and suicidality (see for example, Department of Education and Skills [DES]/Gay and Lesbian Equality Network [GLEN] 2010; National Youth Council of Ireland and Youthnet 2012). While a detailed analysis of the content of these documents is beyond the scope of this article, this particular framing of the *LGBT Lives* study has arguably resulted in a situation whereby young LGBT people’s lives in Ireland have come to be defined primarily, if not exclusively, in terms of their vulnerability to bullying, their experiences of homophobic or transphobic violence, and their ‘at-riskness’ for depression, self-harm and suicidality. On some occasions, the study was referenced within the context of claims that people who identify as LGBT are at *increased* or *elevated* risk for self-harm and suicidality relative to their heterosexual or non-transgender identified counterparts, a claim which the research itself never sought to, nor was in a position to address, given the scope of its objectives and the nature of the research design (see methodology section).

The relationship between LGBT identification and suicidality has, of course, long been a source of intense debate within the medical, psychological and social work literatures (Remafedi 1999; Russell 2003; Savin-Williams 2001a, 2001b). While some of the literature presents the relationship between LGBT

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identification and the risk for suicidality as a settled question (Kitts 2005; Remafedi 1999), others have disputed these claims, highlighting instead a range of methodological challenges associated with researching suicidality, particularly in relation to issues of sampling, the measurement of sexual minority status, and the measurement of suicide risk (Savin-Williams 2001a, 2001b; Russell 2003). An important emergent trend in research is the recognition that LGBT youth are not a homogenous 'at risk' group, and that diversity of experience, resilience and the effects of risk-based discourses themselves, merit investigation (Cover 2012; Eisenberg & Resnick 2006; Fenaughty & Harré 2003; Marshall 2010; Rasmussen, Rofes & Talburt 2004; Rasmussen 2006; Savin-Williams 2001a, 2001b; Talburt & Rasmussen 2010).

This paper presents a more nuanced interrogation of the relationship between suicidality and LGBT identification than the dominant discourses through which young Irish LGBT lives have become intelligible and knowable allow. It seeks to demonstrate the complexity and inherent 'messiness' of explorations of the relationship between LGBT identification and suicidality, as revealed through a mixed methods approach to LGBT mental health and well-being. It 'speaks back' to dominant narratives which constrain the available ways of thinking about LGBT lives by discursively constructing LGBT-identified youth as automatically vulnerable, by virtue of their non-normative sexuality or gender identification. Furthermore, by focusing on the *effects* of these dominant discursive framings, it seeks to contribute to an emergent counter-discourse which asks: what do such universalising discursive constructions of LGBT unhappiness and 'at riskness' do for LGBT youth? (Cover 2012). Before discussing some of the study's key findings, we provide an overview of the study's methodological approach.

LGBT Lives Methodology

The research aimed to examine mental health and well-being among LGBT people in Ireland with specific attention to the identification of factors and experiences that heighten vulnerability to psychological and suicidal distress. A strong emphasis was placed on contextualising LGBT mental health and on the identification of experiences that strengthen resilience in the lives of LGBT people. A combination of quantitative and qualitative research techniques was used, including the administration of a primarily quantitative, anonymous on-line survey and the conduct of in-depth interviews with LGBT people. Mixed methods research designs of the kind adopted in this study are increasingly recognised as the third major research paradigm and have become popular across a range of disciplines (Johnson et al. 2007; Leech & Onwegbuzie 2009). Whilst the field is still evolving (Creswell 2009; Small 2011), researchers are increasingly embracing mixed methodology because of

the recognised need for a variety of methods in order to capture the nuances of particular research questions (Patton 2002).

The study's quantitative and qualitative data were collected roughly within the same time period (between November 2007 and March 2008). The survey instrument took approximately 15-20 minutes to complete on-line and was designed to capture the experiences of LGBT people living in Ireland in a variety of settings and contexts. It included demographic and biographical variables (e.g., information about gender identity, sexual orientation, behaviour, and attraction), school experiences, including perceptions of belonging, victimisation and harassment, workplace experiences, as well as general levels of verbal and physical abuse experienced etc. Items and measures capturing various correlates, dimensions and indicators of psychological well-being, including alcohol use, self-esteem, family and social support, history of self-injurious behaviour and attempted suicide were also included. While the survey was constructed primarily for the purposes of gathering quantitative data, a text box was placed at the end of the survey to provide participants with the opportunity to make general comments or to discuss issues that were personally relevant. Over 400 individuals (out of a total of 1,110) answered this question, in many cases offering detailed explanations of their responses, or in-depth accounts of their experiences. Thus qualitative comments from the online survey complemented data garnered from the in-depth interview dimension of the research and were used to inform the analysis as a whole.

The qualitative component of the study involved the conduct of in-depth interviews with 40 LGBT adults and young people. Mixed sampling strategies, including purposive, snowball, and targeted sampling techniques, were used to recruit participants for in-depth interview. This combination of sampling strategies allowed for emergent design flexibility and permitted the addition of new and appropriate approaches to sampling as the study progressed (McManus 2003).³ The interview schedule was designed to examine the experiences (social, educational, familial, and peer-related) of LGBT people and their influence on their mental health status, including suicide risk. It also sought to identify sources of resiliency as well as positive aspects of LGBT identification. During interview, participants were encouraged to talk about daily life, their experiences of school, family life and peer relationships, as well as their social life and leisure activities. Specific questions targeted experiences that may have been challenging, difficult or stressful (e.g., experiences of discrimination, homophobic bullying, stress associated with 'coming out' to family and peers) while others focused directly on participants' experiences of depression, anxiety and loneliness, self-harm, as well as suicidal ideation and behaviour.⁴

Consistent with a grounded theory approach (Charmaz 2006; Strauss & Corbin 2008), qualitative

data analysis began during the data collection process. This essentially meant that ideas for making sense of the data started when the study was still in the field. To facilitate the systematic analysis of the qualitative data, all interviews were coded using NVivo, an integrated software package for qualitative data analysis (Miles & Huberman 1994). This process facilitated multi-level narrative and thematic analyses. The rationale underpinning the integrated analysis of the study's qualitative and quantitative data was inherently complementary and also sought, through triangulation, to elaborate and extend current understanding of LGBT mental health (Brannen 2005). The quantitative and qualitative components of the study were explicitly related to each other throughout the analytic process, producing nuanced findings that are 'greater than the sum of the parts' (Woolley 2009:7). A primary goal was 'to use the analytic leverage generated by different analytical perspectives' to yield a more comprehensive picture than would have been possible from one perspective alone (Small 2011:76).

Analysis

Assessing the prevalence of depression, self-harm and suicidality was a key dimension of the online survey. Suicidality was assessed using multiple self-report indicators, including suicidal thoughts, intent, plans and attempts. The number and severity of suicide attempts was also examined. Almost 18% ($n = 197$) of the on-line survey sample reported ever having attempted suicide, just under two thirds of whom had tried to take their lives on more than one occasion. However, a majority of survey respondents had never (42%) or rarely (32%) seriously contemplated suicide, a finding that significantly undermines the claim that LGBT people are uniformly at risk of suicide.

Universalising narratives of LGBT people's lived experience as primarily negative and traumatic *because of* their LGBT identification are further complicated by the complex pattern revealed by those participants who had ever attempted suicide when asked to what extent their first and/or most recent suicide attempts were related to their LGBT identification. Less than half (46.7%) of those who had attempted suicide at least once described their first suicide attempt as having been directly or primarily ('very related' or 'very much related') to their LGBT identification ($n = 92$), suggesting that a complex constellation of factors—including, but not limited to one's LGBT identification—are involved. Moreover, the vast majority (83%) of those aged 25 and under had never or rarely given serious consideration to ending their lives in the past 12 months, suggesting that while a significant sub-group of LGBT young people are indeed at risk of suicide, that it would be inappropriate to characterise all LGBT youth as being vulnerable.

Participants' narrative self-understandings of their self-injurious behaviour or suicidal feelings or actions further illuminated the extent to which these

experiences are attributable to a range of overlapping factors that cannot be reduced to monocausal explanation. Some participants were very clear that their sexual minority or gender-non-conforming status—or the range of negative experiences associated with this identification—had a direct role to play in their psychological distress. The following participant attributed his suicidal thoughts directly to 'being gay'.

Obviously [my sexual orientation] would surely have to be part, wouldn't it? I would think, I mean obviously the abuse, sexual abuse that kind of ... being gay ... But no, it was my sexual orientation would have been the suicidal reasons. If I had committed suicide it would have been because of being gay. So that's definitely true, you know (Gay, Male, age 46).

For others, heteronormative expectations were a central feature of participants' self-understandings of their attempts to end their lives.

But it was actually my sexuality, certainly a lot closer in [the second attempt] than the last time. And again, you know, I think it was really the pressure of stepping out and not conforming to the marriage scenario... I really didn't know how to, I really, [pause], I suppose I felt [pause]... that this [marriage] is what I was supposed to do ... what I was meant to be doing, this was one's purpose in life (Lesbian, Female, age 29).

The emotional states described by young people in particular were strongly connected to an absence of legitimate means of self-expression and 'being' within contexts where heterosexuality was presumed. Non-acceptance, loneliness, and isolation were common themes that emerged in some participants' narrative accounts of their self-harming or suicidal behaviours.

At the time I started cutting myself, around when I was 17 ... The whole seclusion thing, I didn't feel accepted, I felt isolated ... my mum had a lot of problems to deal with so I didn't really express myself to her like, my emotions (Female, Bisexual, age 20).

In other instances, perceived or actual lack of acceptance of one's identification as LGBT among family and friends was cited as a specific trigger for self-harm and/or suicidal thoughts. One on-line survey participant identified her parent's failure to acknowledge or embrace her lesbian identity and same-sex relationships as the primary reasons for her self-injurious behavior and thoughts of suicide.

Most of my self-harming is related to the fact that my family are so disgusted with me for being gay and have shut me out constantly ever since I came out, asked me not to come home for

Christmas, not 'advertise' my lesbianness, etc. ... While they haven't rejected me completely, they make it very difficult for me to be around them and while they support all the heterosexual relationships of my siblings, they change the subject at any mention of my homosexual relationships. I mostly want to kill myself when I'm visiting them or after talking to them on the phone. Living away [from home] really helps (Lesbian, Female, age 30, Survey Participant).

Some felt attacked and silenced in contexts where they feared they would be ignored or reprimanded because they did not conform to the 'standards' of the heterosexual majority. School emerged as the most significant site of perceived threat and was a setting where homophobic or transphobic bullying was pervasive, with 58% percent of the overall survey sample, and half of all current school goers, reporting homophobic bullying among peers in school.

There's all this pressure [at school] and then the word gay being used as an insult for someone that's in school. You hear it and it's almost attacking you ... and you just feel that you can't be yourself because if people know that you're gay they'll just attack you and throw stones at you, metaphorical stones at you, and you'll be kind of at the centre ... (Gay, Male, age 20).

While some of those who had experienced suicidal distress attributed these feelings primarily to the challenges associated with their LGBT identification, others alluded to a range of additional circumstances or events in their lives that had caused them to contemplate or attempt suicide. This highlights the importance of the need for a highly nuanced understanding of suicidal distress, which views it as a result of a broad range of motivations and factors which interact in complex ways (Cover 2012). Furthermore, some did not perceive their suicidality to have been related *in any way* to their LGBT identity. The following are examples of these kinds of narrative accounts.

Interviewer: And have you ever had any thoughts about suicide, or wanting to take your own life?

Participant: Definitely, definitely. But again, not in relation, not because I'm gay or any issues surrounding the gay, always because of other issues, you know finding out about my Dad and my sister dying, definitely. When I'm in severe depression I'm like 'what the fuck am I doing here, what's the point,' d'you know? But you know, nothing because of being gay, it's always other issues (Lesbian, Female, age 31).

I attempted suicide once when I was 16. It was totally unrelated to being gay. No one knew I did it as it was unsuccessful and I never wanted to try it again after that (Lesbian, Female, age 29, Survey Participant).

A considerable number of those who had self-harmed or who had felt suicidal articulated these thoughts or actions as a response to a combination of challenging or negative life experiences, such as home-based difficulties, school and exam-based pressures, or sexual abuse during childhood. These accounts illuminated the pressures that young people *in general* experience in a world which necessitates balancing a complex set of demands and experiences in multiple contexts and settings, such as school, family and the peer-group (Cover 2012). For example, this young bisexual woman understood her self-harming primarily as a response to parental conflict and other home-based challenges which she had been experiencing at the time.

My mum and dad constantly fighting. My sister didn't have [pause], the mental thing [mental health problem] wasn't recognised at the time but she was very wild, she was very unstable. So my mum had a lot of problems with her at that age. So I think it was all that and I was a young 17, I wasn't able to handle all that (Female, bisexual, age 20).

Others were unable to identify or articulate a specific reason for having attempted to take their own life, but nonetheless believed that it was not related to their LGBT identification.

And the second time [I attempted suicide] it was to do, not with my sexuality but it was to do with [pause] ... the second time I never figured out what it was about. I've no idea why I've been depressed for so long and now suddenly I'm out of it (Gay, Male, age 17).

Collectively, these findings suggest that suicidality and self-harm among those who identify as LGBT was often motivated by a complex constellation of experiences. The diversity of experiences in relation to suicidal distress reported here speaks to the importance of recognising sexuality as but one facet of identity—albeit a significant one—which must be considered in relation to a range of other contexts and experiences which shape and influence individuals' lives (Cover 2012). In other words, while some of these experiences were related to the stress of identifying as LGBT in a range of homophobic and transphobic settings and environments, others were wholly unrelated to LGBT identification. As stated earlier, almost a fifth of the overall survey sample had attempted suicide on at least one occasion but only 8% of all survey participants had made a first suicide attempt which they deemed to

be 'very much related' or 'very related' to their LGBT identification. The narrative data similarly suggest that suicidal distress is not always, or necessarily directly or primarily related to one's LGBT identification. That a majority of survey participants had *never* given serious consideration to the idea of ending their lives lends further support to the view that it would be inappropriate to characterise all LGBT people as being at elevated risk for suicidality (Savin-Williams & Ream 2003). These findings raise questions about the legitimacy of universalising discourses which portray LGBT youth in particular, as always, or necessarily 'at risk'. None of this, of course, negates the reality that suicidality and self-harm are very real features of a significant minority of LGBT people's lives. Nonetheless, the weight of the combined quantitative and qualitative data does call into question the appropriateness of assuming that there is an automatic relationship between LGBT identification and suicidal or psychological distress.

As previously noted, the study aimed to balance an assessment of the prevalence and nature of depression, self-harm, and suicidality with an exploration of LGBT people's perspectives on their lives and of the experiences that mobilise and strengthen resilience in LGBT people of all ages. Measures of subjective well-being were assessed as part of the on-line survey and the findings suggest that LGBT people living in Ireland are, on the whole, more happy than they are unhappy with their lives. When asked how happy they considered themselves to be, the average score was 7 out of 10 (mean = 6.87, s.d. = 2.20, n = 1097), where 0 was 'extremely unhappy' and 10 was 'extremely happy'. Satisfaction with life as a whole was also generally high amongst the survey sample. Again, the average score was 7 out of 10 (mean = 6.96, s.d. = 2.29, n = 1092). Findings of this nature raise further questions about the accuracy of popular constructions of LGBT lives as uniformly wounded and vulnerable and as somehow markedly different from their heterosexual or gender-conforming peers. The study's exploration of resilience drew primarily on the study's qualitative data and provided critical insight into experiences, people, places and relationships that act as enablers, thereby protecting LGBT people against stressors. These data offer important insights into the contextual factors which make *some* LGBT youth more vulnerable—and indeed others more resilient—to psychological and suicidal distress (Cover 2012; Savin-Williams 2001a).

Four key sources of social support—friends, family, LGBT support services, and specific environments such as school and the workplace—were found to foster resilience and enable LGBT people to cope positively with stress. While not seeking to reproduce an overly-simplistic, stereotypical representation of vulnerable LGBT youth versus resilient LGBT adults, or to feed into some of the more problematic elements of the 'it gets better' discourse (see Cover 2012), participants accounts did suggest that strengths *can* be fostered or developed *over time*, taking

us beyond the common view of resilience as a trait that is static or innate. Study participants frequently described a process of *becoming* resilient, a path that can be broadly characterised as an emerging capacity to move on in a positive way from negative, traumatic or stressful experiences. The following are examples of participants who described the development of new meanings and interpretations of their lives and experiences over time.

I think that I've become more comfortable with my sexuality as I've got older, and my mental health is definitely a lot better around it too (Lesbian, Female, age 38, Survey Participant).

I was sick of being bullied. I decided, 'I don't care, people can think what they want'. When I seemed to be going that way I made more friends and became more social. From that point everything was good like (Gay, Male, age 21).

For some, negative experiences appeared to act as a catalyst for change, propelling people to resist and transform negative perceptions of self. Taking strength from and resisting prejudice or discrimination was therefore an important dimension of a process of 're-framing' experience that may otherwise have been constructed negatively.

I was just anti-gay myself and, even coming out, I found a struggle. But again it was just over time; you let go of that. You get to the stage in your life and you say, 'so what, you're the person who has the problem with it. This is my life and I'm living it for me' (Lesbian, Female, age 47).

There was also evidence that LGBT people actively engaged in the development and strengthening of their own resilience to reduce their vulnerability to adversity and stress. Several reported ways in which they gained deepened insight into their lives over time, emphasising ways in which this enabled them to positively appraise their situations and experiences, making them more comprehensible, manageable and meaningful.

Discussion

The findings presented in this paper challenge dominant constructions of LGBT people, and youth in particular, against a backdrop of decontextualised narratives about LGBT people's vulnerability to a whole host of risks and negative outcomes, including suicide. This narrative appears to have intensified in an Irish context following the publication of *LGBT Lives*, the first mixed methods study of its kind to have been conducted on the island of Ireland.

As highlighted earlier in this paper, the dominant image invoked by many researchers, as well as organisations advocating for LGBT youth, has been that of an isolated, victimised, and largely powerless

young person who is 'at risk' of self-harm and suicide. In recent years, a small yet significant number of scholars have begun 'speaking back' to these dominant discursive constructions of risk, arguing that they present a pathologising and universalising picture which fails to illuminate the diversity and multi-facetedness of the experiences of LGBT-identified youth, or their capacity for agency, pleasure and creativity (Marshall 2010; Rasmussen, Rofes & Talburt 2004; Rasmussen 2006; Savin-Williams 2001a, 2001b; Talburt & Rasmussen 2010). These counter-discursive efforts have been led by 'after-queer' scholars (Cover 2012; Marshall 2010; Talburt 2010; Talburt & Rasmussen 2010) whose goal is not to discount the existence of self-harm or suicidality among individuals who identify as LGBT, but rather to convey the socially constructed nature of tropes of risk. These counter-discourses also powerfully illuminate some of the problematic *effects* of those representations which define LGBT-identified youth predominantly or exclusively in terms of their relationship to victimisation and suffering (Marshall 2010; Rasmussen 2006). For example, Rasmussen (2006) suggests that the constant repetition of 'horror stories' of 'wounded' LGBT youth has a range of consequences, including a focus on individual pathology which forecloses consideration of LGBT agency or the heteronormalising processes that generate and sustain LGBT marginalisation. The repetition of risk-based tropes may also have a distancing or numbing effect, in the longer term, which prevents people from acknowledging or recognising their implicatedness in the suffering of others (Rasmussen 2006). The case for destabilizing the notion of LGBT-identified youth as 'always already victim' has been argued by Marshall (2010) on the grounds that this discursive representation has the effect of policing queer youth. By focusing on their 'at riskness', LGBT-identified youth are defined by their victimhood and become objects of our empathy (Patton 1996; cited in Talburt & Rasmussen 2010). To counteract these problematic effects, Rasmussen (2006) maintains that we need to guard against constructing LGBT youth as uniformly abject and in need of salvation and protection and hence fundamentally different from their heterosexual or gender-conforming peers.

The findings presented in this paper reveal that suicidality and self-harm among LGBT people are related to complex constellation of factors and experiences, some of which may be significantly or in part related to LGBT identification; others however, were wholly unrelated to LGBT identification. That a majority of on-line survey respondents had rarely or never seriously contemplated suicide further problematises dominant constructions of LGBT youth as uniformly at risk of suicidal distress and mental health problems. The study's findings in no way conceal the extent to which many LGBT people are negatively impacted by both external and internal stressors including direct and indirect forms

of LGBT discrimination and victimisation. There were numerous stresses associated with concealing and/or disclosing one's LGBT identity and, for LGBT youth in particular, school was a site where LGBT identities were silenced or ridiculed (Mayock et al. 2009). Nonetheless, the evidence arising from the study's quantitative and qualitative data significantly challenges the assumption of an automatic relationship between LGBT identification and suicidality. Moreover, this study's mixed methods approach helped to produce a more nuanced understanding of self-harm and suicidality among LGBT people than would have been possible through the use of either qualitative or quantitative methods alone. While the narrative data uncovered motives as well as meanings that helped to locate, contextualise, and understand self-harm and suicidality, the quantitative data produced a broader statistical picture of the extent to which participants who had experienced suicidal distress attributed their thoughts or attempts to end their lives to their LGBT identification. These integrated findings pose important questions about the now pervasive narrative which portrays all LGBT people as at elevated risk for suicidality which, by implication, suggests that mental health problems are simply associated with being LGBT.

While some of the findings of *LGBT Lives* have been influential in shaping policy responses, public debate and service provision in recent years, a highly nuanced and multi-dimensional interpretation and understanding of the perceived link between LGBT identification and mental health indicators such as self-harm and suicidality is warranted. This understanding should neither lend itself to universalising discourses about the prevalence of risk within communities of LGBT-identified youth nor discount the realities of homophobic and transphobic violence in society; rather, it should enable a deeper appreciation of the diversity, complexity and multi-facetedness of LGBT lived experience.

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Notes:

¹ Davis 1999; cited in Rasmussen 2006 noted an overemphasis on what he termed 'at riskness' and an absence of understanding of how black males construct personal meanings in their lives in an out of school. The term 'at riskness' captures the dominant framing of LGBT experience in which LGBT youth in particular are positioned as inherently 'at risk', disempowered victims.

² The study was commissioned by the Gay and Lesbian Equality Network (GLEN) and BeLonG To Youth Service and was funded by the National Office for Suicide Prevention.

³ Initial efforts to recruit LGBT people for in-depth interview centred on making contact with LGBT organisations, services and interventions as well as LGBT

venues and clubs. The personal contacts of the research team also facilitated access to participants in some cases. As the recruitment process progressed, snowball sampling techniques were also utilised. Finally, a smaller number of participants made direct contact with the research team (usually by telephone) having completed the on-line survey to indicate that they were willing to be interviewed. All interviews took place at a time and venue selected by individual interviewees.

⁴ This research project was reviewed and approved by the Ethics Committees at the Children's Research Centre, Trinity College Dublin, and University College Dublin, respectively. Appropriate ethical procedures relating to informed consent, anonymity and confidentiality were adhered to throughout the conduct of the study. Due to the sensitive nature of many of the issues under investigation, a range of protective mechanisms were put in place from the outset of the research (see Mayock et al. (2009) for a detailed account of the procedures for protecting research participants).