

**TO WHAT EXTENT CAN THE 'MINORITY STRESS MODEL' AS A
THEORETICAL FRAMEWORK INFORM SUPPORT FOR YOUNG
PEOPLE WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL AND
TRANSGENDER?**

Independent Study submitted in part-fulfilment for the

B.A. (Hons) Professional Practice

At

University of Worcester

Lisa Snowdon-Carr

May 2014

Abstract

The purpose of this research was to extend understanding of the impact of homophobia and internalised oppression, to investigate the potential impact this has amongst young people who identify as lesbian, gay, bisexual, transgender and questioning (LGBTQ) and to use a theoretical framework such as the 'minority stress model' (MSM) to consider their experience. Data collected provides an insight into the additional challenges young people who are LGBTQ may face such as stigma, societal discrimination and homophobia which can lead to negative mental health outcomes such as psychological distress and self-destructive behaviours.

This study highlights the impact of minority stress, raises implications for professionals working with young people who are LGBTQ and indicates the level of support needed by some young people responding to issues relating to sexual orientation. With this information the researcher aims to add new knowledge to the work of targeted youth support that could be considered both valuable and timely as a key element of their professional development.

Declaration

'I declare that the work in this Independent Study is my own, except where otherwise stated. It has not been previously admitted to any other university or institution of higher education, in total or in part, for the award of a degree.'

Signed:

May 2014

Acknowledgement

The writing of this paper has been one of the most significant academic challenges I have ever had to face and would not have been possible without the considerable help, support and encouragement I have received over the last year.

I would first like to convey my thanks to my academic tutor; Rachel Scully who provided the road map and made sure I kept on track.

Thank you to all participants; for your openness in completing the questionnaire and for taking part in the focus group, for demonstrating courage and resilience despite challenging “Coming out” experiences, and for being role models by sharing your feelings and describing events for the purpose of this study.

My biggest thank you is for my family; to my wife Vanessa for your patience, guidance and emotional support throughout; and to our daughter Kacie for providing me with a stress ball.

Contents

	Page
Abstract	2
Declaration	3
Acknowledgements	4
Contents	5
List of Diagrams	6
List of Tables	7
Abbreviations	8
Chapter One: Introduction	9
Chapter Two: Literature Review	13
Chapter Three: Methodology	22
Chapter Four: Results, Discussion and Evaluation	28
References	41
Appendices	
Appendix A: An adaptation of: Bremner & Hillin's (1994) Effects of Internalised Oppression	50
Appendix B: Questionnaire Proforma	51
Appendix C: Focus group Invitation	54
Appendix D: Initial findings according to the "2014 Coming Out survey"	55
Appendix E: Focus group - transcript	56
Appendix F: Analysis of transcript using Meyer's (2003) 'Minority Stress' processes	71

List of Diagrams

Page

Figure 1:

Question 5: "Have you witnessed or experienced homophobic bullying?" 29

Figure 2:

Question 4a: "How long after you first identified or labeled your sexuality 36

Did you speak to another person about it?"

Figure 3:

Question 4b: "Who did you come out to first?" 37

List of Tables

	Page
Table 1:	
Question 6: Results from the Online Questionnaire “Have you personally experienced? (More than one may apply)”.	30
Table 2:	
Question 6 (continued/a): Results from the Online Questionnaire “Have you personally experienced? (More than one may apply)”.	31
Table 3:	
Question 6 (continued/b): Results from the Online Questionnaire “Have you personally experienced? (More than one may apply)”.	34
Table 4:	
Question 6 (continued/c): Results from the Online Questionnaire “Have you personally experienced? (More than one may apply)”.	35

List of Abbreviations

BERA	British Educational Research Association.
FG	Focus Group.
JSNA	Joint Strategic Needs Assessment.
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning.
MSM	Minority Stress Model.
OfSTED	Office for Standards in Education, Children's Services and Skills.
NSI	Normative Social Influence.

CHAPTER 1: Introduction

In recent years, there has been increased attention towards the emerging mental health needs of young people who identify as lesbian, gay, bisexual, transgender and questioning (LGBTQ) (Horn et al 2009, Kelleher 2009). There are a number of studies that focus on their vulnerability and highlight potential implications for health and social care (Scourfield et al 2008). This includes the possibility of increased mental health difficulties as compared to heterosexual young people (Almeida et al 2009, Horne et al 2009); issues such as an increased prevalence of substance misuse, high levels of depression, deliberate self-harm and suicide attempts are also frequently reported (Eubanks-Carter et al 2005, Heck et al 2011, McDermott et al 2008, Sullivan & Valles 2008, Williamson 2000).

‘Coming out’ is a term used to refer to the point at which a person decides to tell another person about their sexuality (Stonewall 2014b). This process is considered to be a vital part of accepting your sexuality and can be both a liberating and a positive experience (Pace 2013). For some people however, the ‘coming out’ process can be less positive (Eubanks-Carter et al 2005, Pace 2013, Stonewall 2014b). Some people may experience discrimination, feel isolated, face rejection or victimisation and harassment and it is worth remembering that the ‘coming out’ process is “not necessarily a one off event” (Stonewall 2014b:p.1). The stress that ‘coming out’ can bring may result in an individual seeking support and this highlights the need for research to inform the support process.

Homophobia was a term first proposed by Weinberg (1972) and was suggested to mean the “dread of being in close proximity to homosexuals - and in the case for homosexuals themselves, self loathing” (Weinberg 1972:p.4). Heterosexism is the phrase used to describe a bias displayed by society or community that can often be pervasive, where heterosexuality is assumed and other sexual orientations are ignored

or dismissed (Stonewall 2004). Highlighted throughout this study will be comments relating to themes such as homophobia, heterosexism, a reluctance to disclose sexual orientation and increased mental health issues. In recognition of these themes, Stonewall (2014a) extended the definition of homophobia, describing it as an irrational hatred and intolerance of people who are LGBTQ and this can in some cases lead to violence towards them. In addition,

“LGB people brought up in a homophobic society can often internalise these negative stereotypes and develop varying degrees of low self esteem and self hatred, often described as internalised homophobia”
(Stonewall 2014a:p.1).

For this study, the researcher proposes an interpretivist stance with regard to the “nature of the knowledge, its acquisition and analysis, and the quality and certainty of the conclusions that can be reached from it” (Walliman & Buckler 2008:p.158). Young people who identify as LGBTQ will be asked to consider their ‘coming out’ experiences, provide examples of homophobia and comment on how this has affected them in their day-to-day lives.

In recognition that the information collected may be of a sensitive nature, ethical considerations such as anonymity, confidentiality and data protection will be given appropriate consideration in accordance with the British Educational Research Association Guidelines (BERA 2011). In addition, particular thought will be given to the compliance of legal requirements when working with vulnerable young people, voluntary informed consent and the right to withdraw (BERA 2011).

A social constructionist position is offered as a perspective within which to view the presented data. Social constructionism can be described as viewing ideas, concepts and memories from social exchanges and analysing how they are mediated through language (Hoffman 1996). There are many debates using this paradigm between an essentialist and a social constructionist view of human sexuality (DeLamater & Hyde

1998, Madwin 2009). The pure essentialist view is one that a person's sexual preference is not a conscious choice and is 'inborn' (Madwin 2009) whilst the extreme social constructionist view suggests a person's sexuality is chosen or "socially created" (Houston 2007:p.1). Both views have been widely criticised and researched and there has been no happy medium found between the two approaches (DeLamater & Hyde 1998). It is this essentialist and social constructionist or 'nature versus nurture' debate that could be considered to fuel the presence of homophobia in western cultures (Madwin 2009, Houston 2007) and some people use this to justify their position in terms of homophobia, stigmatisation and discrimination (Houston 2007).

The researcher is co-director and youth worker for an organisation providing support for young people who identify as LGBTQ and this research topic was primarily inspired by the evolving needs of the young people referred to this organisation. The organisation has been established for over ten years and the professionals involved seek to provide appropriate support and guidance should any issues emerge as young people come to terms with their sexuality (2BU 2014). This support is in the form of a regular group meeting, peer support, liaison with schools and colleges and by establishing links with other organisations such as youth clubs, child and adolescent mental health services, school nurses, counsellors amongst others. Young people can be referred by any one of these organisations and young people can refer themselves. Young people seeking the support of the organisation are in many cases struggling to come to terms with their sexuality or 'coming out'.

Previous small-scale studies by the researcher present interesting data and subjective accounts of the experiences of young LGBTQ people who access support (Snowdon-Carr 2012, 2013). This research looks to extend those previous studies and provide recommendations for:

- developing a distinct programme or way of supporting young people who are LGBTQ,
- raising the profile of the support needs for some young people who identify as LGBTQ and share findings and reflections acquired as a result of this study with professionals, service providers, commissioners and stakeholders in the county,
- inform the practice of professionals supporting young people who are LGBTQ,
- report to the Joint Strategic Needs Assessment (JSNA), describing the potential health and wellbeing needs of the population in order to provide appropriate services (Somerset Intelligence 2013),
- present to a variety of schools, colleges and equality and diversity networks in the county and
- support funding applications to extend the demographic and scope of support offered by the organisation.

This study will also provide the researcher with a means of professional development which has the potential to translate into support for young people who are LGBTQ and extend service provision.

For this study the researcher will collect data and reflect upon the experiences of young people who identify as LGBTQ in the local authority area. The researcher aims to provide a valuable insight into the potential impact of 'coming out' and the experiences of internalised homophobia amongst young people who are LGBTQ. A theoretical framework will be selected and applied to the data collected in order to further develop the understanding of the needs of this specific population.

CHAPTER 2: Literature Review

An exploration of the available literature will provide information so as to consider the extent to which a theoretical framework such as the 'Minority Stress Model' (MSM) could inform support for young people who identify as lesbian, gay, bisexual, transgender (Bell 1987). In addition to information relating to this theoretical perspective, literature will be used to illustrate the impact of homophobia and the potential for mental health difficulties (Bell 1987, Denscombe 2010, Walliman & Buckler 2008). Literature will be chosen and analysed from a wide range of sources (Bell 1987) and carefully used in order to fully inform the discussion and develop the line of reasoning (Walliman & Buckler 2008). This critical exploration will set to narrow the focus of the study in order to inform the research question (Walliman & Buckler 2008). Any relevant connections, trends or disparities from within the texts will also be noted and critically discussed in order to inform this research study (Bell 1987, Denscombe 2010, Walliman & Buckler 2008). This chapter will:

- provide a brief historical background to provide an overview of the current context for the research,
- consider the effect and prevalence of homophobia and how this might affect the mental health of young people,
- look at the theories available that could pose links with the 'coming out' experiences of young people who are LGBTQ.

One of the key themes when working with young people who are LGBTQ is that of the effects of homophobia (Almeida et al 2009, Heck et al 2011, Maycock et al 2008, McDermott et al 2008). Whilst there is an increased acceptance of LGBTQ individuals, a disparity still exists (Doward 2013, Richardson & Munro 2013, Savin-Williams 2006). This is evidenced by the legislative changes in the UK that make it possible for people who are LGBTQ to thrive, conflicted by the fact that they continue to face homophobia

in their every day lives (McDermott et al 2008). Legislation such as Civil Partnership Act (2004) and the recent Marriage (Same sex couples) Act (2013) along with the single Equality Act (2010), provide protection against homophobia and discrimination (Doward 2013, McDermott et al 2008). However despite this shift in acceptance, people who identify as LGBTQ continue to experience stigma, marginalisation, harassment and discrimination (Doward 2013, Richardson & Monro 2013). The Equality Act (2010:p.9) prohibits any direct or indirect discrimination in relation to the protected characteristic “Sexual Orientation”, but there are many case studies and literature examples available that explore the negative ‘coming out’ experiences of young LGBTQ people (Carter et al 2013, Thomas et al 2014).

The term homophobia will be used throughout this research as it is the expression used by young people to describe their experiences however, the word ‘homophobia’ has been criticised by some researchers as it is considered to locate the issue within the individual rather than considering the influences of cultural, organisational or individual ‘anti-gay’ attitudes (Davies 1996). Homophobia can be explicit and directed towards a person, and it can also be indirect and exist because of the omission to recognise that not everyone is heterosexual (Stonewall 2014a). This can be understood further again when the difference between ‘institutionalised homophobia’ and ‘internalised homophobia’ is explored (Davies 1996, Perez 2005).

Institutionalised homophobia refers to the way that society, government, health, education, professionals and religious organisations can be oppressive and discriminate against people who are LGBTQ (Milton 2014, Vaccaro 2012). This institutionalised homophobia manifests in many areas of society, examples include: job applications forms asking for marital status, workplace homophobia, being asked if you have an ‘opposite sex’ boyfriend or girlfriend, schools worried about ‘teaching’ about LGBTQ issues, homophobia in sport and the representation of negative

stereotypes of people who are LGBTQ in the media (Davies 1996). Young people who identify as LGBTQ are well aware that they exist in a society where some people or institutions are homophobic (Davies 1996). They may hear or see negative characterisations of people who are LGBTQ (The Rainbow Project 2012), feel isolated from their peers (Davies 1996), fear family rejection (Pilnik 2013) and delay their 'coming out' for fear of harassment (Eubanks-Carter et al 2005).

This can lead a person to take in these negative messages and internalise the homophobia, in some cases this internalised homophobia can manifest itself in ways that can be linked to mental health issues (Bremner & Hillin 1994, McDermott & Roen 2012, Reitman et al 2013 Scourfield et al 2008, The Rainbow Project 2012). This is illustrated by an increased prevalence of a range of substance misuse, high levels of depression, deliberate self-harm and suicide attempts (Eubanks-Carter et al 2005, McDermott et al 2008, Sullivan & Valles 2008).

Adolescence is regularly regarded as "time of great emotional upheaval" (Davis 1996:p.131) and whilst some young people who are LGBTQ may require support and encouragement, many are well adjusted, healthy and proud of their sexual identity (Pilnik 2013, Reitman et al 2013, Savin-Williams 2006). For young people who experience stigma and prejudice and unfair treatment "a hostile and stressful social environment" is created (Meyer 2003:p.674). The experience of discrimination, the expectation of rejection and an internalisation of homophobia can "lead to risky behaviour or mental health issues" (Pilnik 2006:p.1).

Young people spend a large amount of their time in school or alternative education (Fisher et al 2012) and young people who are LGBTQ may be the subject of additional bullying and victimisation in this environment (Ellis 2008, Heck et al 2011, Pilnik 2013, Reitman et al 2013). According to Streeting (2012) and Stonewall's (2012) 'School Report', levels of homophobic bullying have reduced but still over fifty percent of LGB

young people report examples of homophobic bullying in their schools. Sadly some schools are perceived as unsafe environments where harassment and bullying goes uncontested, resulting in a variety of challenges for all students, and not just students who are LGBTQ (Fisher et al 2012, Streeting 2012, Vaccaro et al 2012). This can have a negative impact on academic outcomes due to poor attendance and levels of aspiration and can raise mental health concerns such as increased anxiety or reduced self-esteem (Fisher et al 2012, McDermott & Roen 2012, Stonewall 2012).

In their inspection criteria, OfSTED (2012:p.1) “Explore the school’s actions to prevent homophobic bullying” and they report on;

- whether staff and school leaders are appropriately trained to tackle homophobic bullying or support students who are LGBTQ and
- the perceptions of the students, teachers and governors on the prevalence of homophobic bullying in their school.

For primary pupils this includes finding out whether pupils hear the word ‘gay’ used in a negative way to mean something that is rubbish or wrong. In secondary schools this could also include finding out whether pupils who are ‘out’ feel safe from homophobic bullying both at school and on social media sites (OfSTED 2012).

OfSTED (2012) also report on whether the school discusses different types of families, whether the curriculum meets the needs of LGBTQ young people (e.g. Sex and Relationships Education) and how the school meets its’ responsibilities with regard to the Equality Act (2010) (OfSTED 2012). These additional inspection criteria from OfSTED (2012) are statement that homophobic bullying should be tackled using a whole school approach and that “people perform better when they can be themselves” (Streeting 2012:p.1). It is also worth noting however that whilst most of the information relating to victimisation of young people who are LGBTQ is focussed on their school

experiences this victimisation can also occur in many other settings (Reitman et al 2013, Vaccaro et al 2012).

Similarly family connectedness and support from parents, carers and other family members are vital protective factors against depression, drug use and other major health risk behaviours for young people (Pilnik 2013, Reitman et al 2013, Rosario et al 2009, Ryan et al 2010). For some young people who are LGBTQ, their relationships with family members can become difficult and challenging and not all young people will be able to 'come out' to their families (Augelli et al 2005, Fisher et al 2012, Sullivan & Valles 2008). Previous studies show associations between family rejection of young people who are LGBTQ in predicting physical health and mental health problems (Ryan et al 2010) and give examples of denial and a lack of acceptance (Maycock et al 2008). If young people feel more able to discuss their sexuality with their family they are noted to 'come out' at an earlier age, (Reitman et al 2013) but they are more likely to tell a sibling before 'coming out' to their parents or carers (Davies 1996).

If when young people do 'come out' they receive a negative response this often results in them remaining silent and without any sense of a support network. If however, parents or carers are involved in this process and provide and support a positive 'coming out' experience, young people are less likely to internalise homophobia (Augelli et al 2005). The 'Good Childhood Report' describes connections between children's general happiness and other issues in their lives (Children's Society 2013) supporting the importance of families as protective factors in the development of positive self-esteem (Augelli et al 2005). Some young people who are LGBTQ may be living in transitory care settings such as foster care or youth offending settings and are at increased risk of bullying and harassment from other residents as well as staff (Pilnik 2013). Policies should be in place to ensure young people who are LGBTQ in

these settings are also protected and support is available for them where necessary (Pilnik 2013, Reitman et al 2013).

In recognition that young people who are LGBTQ may encounter everyday demands that heterosexual people do not (Eubanks-Carter 2005, Reitman et al 2013) as described earlier in this paper, this social context that shapes the lives of young people who are LGBTQ provides enough conflict for researchers to want to consider how this may effect their long term adjustment and individual characteristics (Horne et al 2009). Putnam (2000) informs us that the membership of organised groups or activities and the development of positive social networks can have significant positive impact on a person's health and well-being. The social context for some young people who are LGBTQ may well have a negative impact on their perceived ability to participate in such activities (Bremner & Hillin 1994, Horn et al 2009, Scourfield et al 2008) and this may have consequences for their long-term mental health (Hall 2010).

Meyer (2003) provides a conceptual framework for understanding the reasons why such stigma and discrimination create an environment that is unfriendly, stressful and can negatively affect health and well-being. This is referred to as the 'Minority Stress Model' (MSM) and identifies the "excess stress to which individuals from stigmatised social categories are exposed as a result of their social, often minority position" (Meyer 2003:p.675). The 'MSM' proposes four processes which are relevant to young people who are LGBTQ;

1. the occurrence of stressful events,
2. the expectation of stressful events,
3. the internalisation of negative social attitudes (Meyer 2003) and
4. concealment or hiding.

These processes present implications for public health and public policy interventions and should be considered at the distal (organisational, societal or policy level) as well as the proximal or individual level (Meyer 2003). The 'MSM' provides a structure for policy makers to consider how they can alter or reduce the potential for stress (Meyer 2003) and makes the distinction between how an individual copes with their own stress to encourage resilience and agency instead of being viewed as a victim (Meyer 2003). Many of the factors associated with the concepts of the model overlap as it describes stress processes such as the experiences of prejudice, expectations of rejection, internalised homophobia and concealment that may affect mental health outcomes (Dentato 2012, Meyer 2003). The concept of minority stress suggests the importance of understanding the impact of institutionalised or internalised homophobia and provides reference for the potential for negative or disproportionate impact on the mental health outcomes for LGBTQ individuals (Dentato 2012).

Each of Meyer's (2003) four processes could be considered in more detail, for this paper Bremner & Hillin's (1994) work provides a further framework to describe the effects of internalised homophobia or internalised oppression (Appendix A). This framework proposes that it is the absence of positive images, role models and attitudes which may affect individuals who identify as LGBTQ; the internalisation of negative messages about themselves has the potential to lead to low self-esteem, depression and self abuse (Bremner & Hillin 1994). Originally used to depict the effects of internalised oppression for gay males, much of the content can be applied and adapted accordingly for other LGBTQ individuals (Bremner & Hillin 1994).

Key themes emerge from this framework such as denial or partial acceptance of sexuality, over compensation (e.g. homophobia or the 'Good Boy' trap), self-destructive behaviours such addictions, self-harm and suicide, low self-esteem and mental health problems such as depression (Davis 1996). Whilst it is possible that

some people who are LGBTQ have not internalised the negative message from society (Savin-Williams 2006) others may benefit from an interruption of the cycle of internalised oppression. Bremner & Hillin (1994) propose 'Interruptions' to the oppressive cycle which includes;

- language - by correcting misinformation, providing information on the consequence of oppression and ensuring role models are accessible via discussion, posters and representation.
- behaviour - by providing support if individuals are engaged in self-destructive behaviours, providing counselling, building positive relationships and reducing isolation.
- feelings - by recognising and validating feelings, encouraging peer support and empowering action to challenge the oppression.

Young people are 'coming out' at an earlier age than previous generations and are likely to access a wide range of educational, health and social settings (Reitman et al 2013, Pilnik 2013). As a result, whilst young people may face additional challenges as a result of the 'coming out' process or societal discrimination they may also have more opportunity to access appropriate services to support them to achieve a healthy self acceptance (Eubanks-Carter 2005, Pilnik 2013, Reitman et al 2013). Professionals working with young people who are LGBTQ should therefore be encouraged to gain a better understanding of the experiences and issues they may face (Eubanks-Carter 2005, Milton 2014, Pilnik 2013, Reitman et al 2013, Schofield et al 2008).

Review of the literature provides account of the increased prevalence of mental health issues reported amongst young people who are LGBTQ (Savin-Williams 2006). Key themes identified amongst the existing information include homophobic bullying, victimisation, rejection from families and peers and social isolation all which have the potential to negatively impact on their mental health and well-being. Young people

may report feelings of low self-worth, increased anxiety and depression (Meyer 2003) and specific behavioural concerns may include alcohol and drug misuse, self harm, suicide ideation and low expectations of self (Bremner & Hillin 1994, Williamson 2000). However, a model of research that merely considers that young people who are LGBTQ as 'at risk' is considered to contribute to a social context that views these individuals as deficient (Horn et al 2009, Savin-Williams 2006). Concentrating instead on the resilience and diversity of young people is considered a more inclusive and contemporary view (Savin-Williams 2006). In the current financial climate where funding cuts are a constant threat to voluntary organisations the use of a conceptual framework to highlight these issues was considered by the researcher to be beneficial. The review of the literature reveals two main questions for further exploration:

- What does the internalised model of oppression tell us about the mental health and well-being of young people who are LGBTQ?
- How can the 'Minority Stress Model' or the 'Model of Internalised Oppression' be adapted or operationalised for exploring issues with young people who are LGBTQ?

CHAPTER 3: Methodology

This chapter will explore the general research approach/paradigm, justification for the selected approach, ethical considerations (Walliman & Buckler 2008), data collection methods and the context and limitations of the research (Denscombe 2010). Walliman & Buckler's (2008) "W5H1" approach is a useful method by which to explore to what extent a theoretical framework such as the 'Minority Stress Model' can inform support for young people who identify as LGBTQ. This is a format to ask who, what, where, when, why and how questions relating to the research design (Walliman & Buckler 2008) and will be addressed in the discussion below.

The researcher has an interpretivist standpoint for this study with regard to the collection and interpretation of the data. An interpretivist view is relevant when reporting on issues involving people (Walliman & Buckler 2008). In essence, however well informed our own views and interpretations of the world, this may well change over time, are based on our own understanding of events and could also be interpreted differently by different people (Walliman & Buckler 2008). It is widely recognised amongst interpretivists' that whilst it may be considered necessary to remain neutral and non-committal during this research process (Denscombe 2010, Bell 1987) the researchers' own interest in the research subject and their professional role working with young people who are LGBTQ, renders it impossible for them to remain entirely free from bias (Walliman & Buckler 2008).

A variety of data collection methods or 'mixed method approach' (Denscombe 2010) will be used (Bell 1987, Cottrell 2008, Denscombe 2010) in order to explore to what extent the 'MSM' could be used as a theoretical framework to inform support for young people who identify as LGBTQ. This study will utilise a combination of both qualitative and quantitative data collection techniques that seek to explore participant's experiences of homophobia and provide data for analysis. The use of more than one

method to collect data also provides opportunity to look at the research topic from more than one perspective known as triangulation (Denscombe 2010). Primary information will be collected via a questionnaire to generate quantitative data that can be used as numerical representation in the form of graphs and percentages (Walliman & Buckler 2008). Qualitative data will be collected during a focus group that will provide personal accounts, participant's interpretations and additional narrative for analysis.

Seidel (1998) developed a useful model to explain the basic process of qualitative data analysis. This model consists of: Noticing, collecting and thinking about interesting things. This has informed the research design and the approach to data analysis. Qualitative data collection is ideal in this research context for the researcher to be able to consider the participant's own perspectives and attitudes (Patton & Cochran 2002) and correlate with Meyers' (2003) 'MSM'.

Participants will be invited to take part in an online questionnaire that will be distributed throughout the county via college networks, secondary schools, pupil referral units, LGBTQ forums, youth groups and other support organisations (Appendix B). Methodological dilemmas arise when conducting LGBT research (McDermott & Roen 2012). One such dilemma includes working with a convenient sample that may be unrepresentative of all young people who are LGBT (Savin-Williams 2006) and therefore missing out on data from a 'hidden' population (McDermott & Roen 2012). In recognition of this dilemma, questionnaires were sent as widely as possible. The questionnaire sample consisted of 73 young people who self identified as lesbian (24%), gay (26%), bisexual (29%), transgender, (14%) and prefer not to say (7%). Respondents' average age was 17 years, ranging between 13 – 24 years old.

In addition, young people attending a local LGBT youth support group will be invited to take part in a focus group (Appendix C). This population of young people is considered

by the researcher able to provide in depth information useful for the research project; this method of sample selection is called intensity sampling (Patton & Cochran 2002). Participants of the focus group identified as lesbian (30%), gay (40%), bisexual (20%) and transgender (10%). Their average age was 17, ranging between 15 – 21 years old.

In order to ensure this study operates within an ethical framework and to assure anonymity, confidentiality and data protection, full consideration will be given to the benefits and risk associated with this study (Walliman & Buckler 2008). Ethical approval will be sought in accordance with BERA (2011) guidelines, with specific thought given to the compliance of legal requirements for working with vulnerable young people (BERA 2011). The researcher will seek appropriate permission and voluntary informed consent will be explained throughout the process (Denscombe 2010, Walliman & Buckler 2008). All participants will be made aware of the purpose and process of the research and explanation given as to how the information will be used and reported. Young people will also made aware that they could withdraw their contribution at any time (BERA 2011, Walliman & Buckler 2008) and all young people taking part in the focus group will be offered additional support should any issues emerge following their contribution to this research.

Data will be gathered using an online questionnaire tool, considered to be an accessible method for young people completing the survey and ideal for distributing as widely as possible by electronic means (McDermott & Roen 2012). In order to provide data that can be compared with previous studies (Snowdon-Carr 2012, 2013) it was considered beneficial for this study to use the same questionnaire (Appendix B). Questionnaires are considered advantageous as a data collection method as large amounts of data can be collected relatively quickly (Koshy 2010), the responses are anonymous and as the questions generated for this research are of a personal nature,

participants are more likely to give a more accurate response (Walliman & Buckler 2008). Questionnaires should not however be considered an easy option, they require proficiency in their design (Koshy 2010) and consideration as to the style and type of question used (Cottrell 2008, Bell 1987).

The use of online methods for gathering data of a sensitive nature, particularly amongst people who are LGBTQ is increasing (McDermott & Roen 2012). As the items included in this questionnaire have the potential to be emotive, none of the items were compulsory in order to progress through the questionnaire. In addition, to ensure participants feel supported throughout the process, contact details of the support group will be made available in case there are any emerging issues as a result of completing the survey. Care will be taken to distribute the questionnaires to a wide range of settings and populations of young people however the researcher is aware that the promotion of the questionnaire will be reliant on others.

Young people who attend a support group in the county will be invited to participate in a focus group in order to discuss their experiences of homophobia, to assist in the triangulation of the results from the survey questionnaire and to expand on the discussion for this research. Recognising there is a potential for bias (Bell 1987) the researcher acknowledges their dual role as facilitator of the discussion and youth support worker and realises that the delicate nature of the subject material requires sensitivity and therefore the researcher may be required to become more involved and engaged in the discussion (Denscombe 2010).

The intention of a focus group is to “explore attitudes and perceptions, feelings and ideas” about a specific topic (Denscombe 2010:p.177) and given the sensitive nature of the subject material, provisional questions will be forwarded to all participants prior to the event taking place (Cottrell 2008, Walliman & Buckler 2008). Young people will be asked to consider Bremner & Hillin's (1994) framework (Appendix A) that describes

the possible effects of internalised oppression to identify any of the characteristics which they considered to be as a direct result of their 'coming out' experiences or direct, indirect, institutionalised or internalised homophobia. Appropriate permission will be sought from all participants and group leaders (BERA 2011) and the ground rules agreed in relation to timekeeping, confidentiality and participant's right to withdraw (Bell 1987, BERA 2011). The focus group will last for one hour and will be transcribed verbatim (Appendix E). Each participant will be given a non-identifiable code and their code will be used for all illustrative text within the results, discussion and evaluation chapter (Denscombe 2010).

The qualitative data collected during the focus group will be analysed to identify narrative that fits with Meyers' (2003) four processes described previously which are relevant to young people who identify as LGBTQ. To aid transparency, this analysis will be included (Appendix F) to illustrate any assumptions made by the researcher as to which quotes relate to which of Meyers' (2003) four processes. In order to offer insight as to whether the knowledge of such a 'model' could be beneficial and used when supporting young people who are LGBTQ and improve the validity of the data analysis, attention was paid to additional findings or data that does not fit with Meyers' (2003) theoretical perspective (Patton & Cochran 2002).

This study was conducted in two stages: The first involved distributing the online questionnaire to young people as widely across the county as possible and the second stage involved young people's participation in a focus group to collect qualitative data. The data collected from the online questionnaires will be numerically presented in the form of percentages and graphs (Appendix D). This data will then be used to illustrate the local prevalence of issues affecting young people who are LGBTQ and the impact their 'coming out' experiences can have on their mental health. Qualitative data

collected during the focus group will be analysed and presented as narrative to illustrate any connections or disparity with the 'Minority Stress Model' (Meyer 2003).

CHAPTER 4: Results, Discussion and Evaluation

This chapter will consider the data and reflect upon the idea that homophobia or internalised oppression may have impact on the lives of young people. Consideration will then be given to the knowledge and awareness of the 'MSM' and how other such models could be useful when providing support for young people who are LGBTQ.

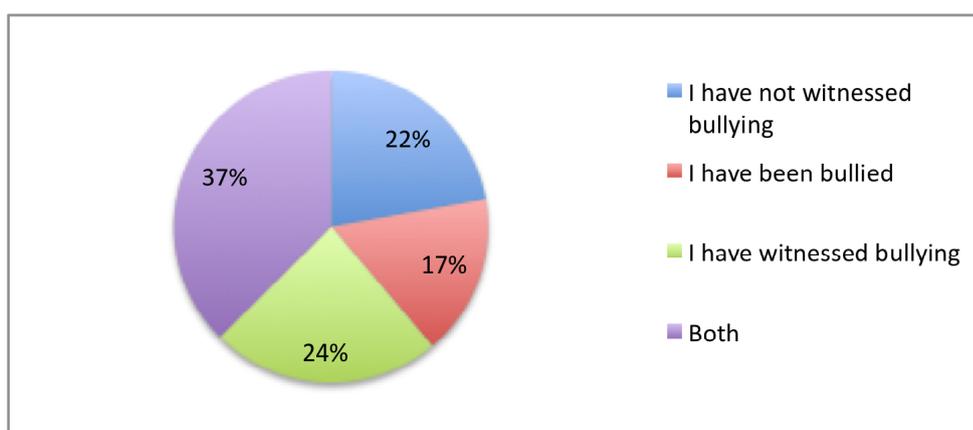
Prior to considering the data the methodological limitations need to be considered in relation to the results presented. The questionnaire sampling method was not consistent; it is known that some of the colleges sent the questionnaires to all students and that for other colleges/organisations it is possible the questionnaires were only sent via the LGBTQ networks and to targeted individuals. This may reflect the values of individuals/organisations and this will be taken into consideration throughout this discussion to avoid the potential for generalisation, negative stereotyping or marginalisation of participants (Cohen et al 2007, Savin-Williams 2006). This will also mean the researcher is unable to comment on the response rate of the questionnaires in relation to the size of the sample population. An additional obstacle in the methodology is that young people invited to take part in the focus group might be considered an "easy to reach" sample population, conveniently recruited and may not represent all young people who are LGBTQ (McDermott & Roen 2012:p. 561).

The results discussed in this section will integrate data from the research questionnaire (Appendix B & D) and information collected during the focus group (Appendix E) to highlight the stress processes described in Meyer's (2003) 'MSM'. Data is presented according to Meyer's (2003) four processes: the occurrence of stressful events, the expectation of stressful events, the internalisation of negative social attitudes and concealment and hiding (Appendix F).

The tables used to illustrate data from the questionnaire will highlight the number of responses for each item and compare it with data gathered in previous years by the researcher and also to compare to other research gathered nationally.

Meyer (2003) identified that people's lived experience of homophobia and victimisation is a key factor in minority stress. The online questionnaire asked participants to report on their personal or witnessed experience of homophobic bullying.

Question 5: "Have you witnessed or experienced homophobic bullying?"



(Figure 1)

As outlined in 'Figure 1', 78% of respondents indicated that they had either been bullied, they had witnessed bullying or both. When asked if they had reported these incidents, 37% of young people had reported these incidents to members of staff at school or at college, others indicated:

"I got some grief from my head of year in school and got bullied by my class mates but I never reported it as I was too scared too" (Online participant: 60).

All focus group participants provide example of explicit and direct homophobia such as verbal insults, being told that 'gay' is wrong and physical violence. Numerous studies have recorded in detail that the LGBTQ population are disproportionately subjected to prejudiced events which can include discrimination and violence (Almeida et al 2009, Davies 1996, Ellis 2008, Fisher et al 2012). Notably, current research data (Table 1) suggests the prevalence of such assaults or abuse is comparable to data provided in

previous years (Snowdon-Carr 2102, 2013) and results from the Stonewall (2012) ‘School Report’.

**Question 6: “Have you personally experienced...
(More than one may apply)”**

	Current research	Snowdon-Carr 2013	Snowdon-Carr 2012	Stonewall 2012
Have you personally experienced?	(N=73)	(N=39)	(N=15)	(N=1614)
Physical Abuse	47.9% (n=35)	47% (n=16)	50% (n=7)	55%
Verbal Abuse	91.7% (n=67)	94.1% (n=32)	92.9% (n=14)	96%

(Table 1)

In addition to the individual accounts of homophobia, there are also 15 individual illustrations of homophobia amongst the focus group data that can be located at the distal or organisational level (Meyer 2003). These accounts could be interpreted as institutionalised homophobia (Ellis 2008, Milton 2014, Vaccaro et al 2012) and include: the assumption that everyone is heterosexual, negative or stereotypical media representations of people who are LGBTQ and a lack of knowledge of the issues relating to this specific population of young people.

The ‘MSM’ proposes that people who identify as LGBTQ will experience additional stressors over their peers who are not stigmatised and that the stigmatisation originates from “social processes, institutions and structures beyond the individual” (Meyer 2003:p.676). Young people may expect rejection and further unfair treatment; they may be anxious and apply additional vigilance to a given situation in order to deflect further discrimination (Doward 2013, Meyer 2003).

“This [homophobia] was reported, and dealt with, but it took a lot of bravery to stand up for myself, especially when your deepest feelings and who you are has been openly criticised”. (Online Participant: 6).

This degree of self-protection could take a large amount of energy and has the potential to be quite stressful (Carter et al 2013, Dentato 2012).

“Well I think you could be feeling quite scared of what other people might think, you could be quite confident in yourself but once someone tells you so many times that you are not worth anything you start believing it” (FG participant T).

The relationship between the expectation of stressful events and assumed heterosexism in society is illustrated by one focus group participant’s account:

“Well from every single angle, you get pictures and images, you know, everybody’s saying in the media your going to find somebody of the opposite gender and you’re going to live happily every after. ...When you realise you are a different you know, gay you just shut down while you work it out...” (FG participant B).

The expectation of threat or the imagined possibility of negative events can affect an individual’s ability to function socially and/or academically and can undermine both motivation and identity (Horn et al 2009, Meyer 2003). Stress can occur as a result of the ‘threat’ of a harassment or victimisation and not necessarily as a direct result of a prejudiced event (Meyer 2003).

The results so far identify some of the distinctive causal agents of stress for young people who are LGBTQ. The following data provides indication of the impact that such social contexts may have had on their mental health and well-being. Data from the questionnaires and the focus group will provide account of the prevalence of depression, alcohol misuse and drug misuse, self-harm and suicide and implications for sexual health amongst young people who are LGBTQ.

Question 6 (continued/a): Results from the Online Questionnaire

“Have you personally experienced... (More than one may apply)”

	Current study	Snowdon-Carr 2013	Snowdon-Carr 2012
Medication for depression	33.8% (n=22)	20.5% (n=7)	35.7% (n=5)
Alcohol Misuse	35.3% (n=23)	29.4% (n=10)	42.9% (n=6)
Drug Misuse	29.2% (n=19)	23.5% (n=8)	28.6% (n=4)

(Table 2)

As outlined in 'Table 2', 33.8% of respondents (made up of 17% of male, 27% of female, and 55% of transgender) indicated that they had taken medication prescribed by a doctor for the treatment of depression. The 'MSM' can not be firmly applied at this stage as respondents gave no indication as to their own perceptions of the origin of their depression. 40% of participants from the focus group stated they had experienced low mood and depression and considered this to be as a result of 'coming out' or their experiences of homophobia (Appendix E).

"I kept it inside, I'm not good at expressing my thoughts, I would probably have made a mess of it [Coming out] if I'd tried to say something. I got upset ..." (FG participant J).

In the researchers own experience when working to support young people, it is particularly important to find out exactly what the young person is referring to when they describe themselves as depressed in order to be clear about the young person's intended meaning and contextual use of the word.

The online questionnaire revealed 35.3% of respondents reported alcohol misuse and 29.2% reported drug misuse. Of these respondents, 52.1% reported the misuse of both alcohol and drugs. Further data collected during the focus group indicated that there was a perception that alcohol and drug use was associated with being LGBT.

The impression I get of a lot of the gay scene sort of does revolve round those sort of activities [alcohol] if you want to have a good time" (FG participant J).

One respondent shared a specific account as to their use of alcohol and/or drugs and confirmed this to be a coping strategy to ameliorate the stress associated with their sexual orientation which is noted elsewhere in the literature (Heck et al 2011, Rosario et al 2009, Sullivan & Valles 2008).

"Well I've been told gay is wrong so often and I know I'm not supposed to do drugs (Pause) I can't help who I am can I? And the drugs, well that is about control, or loss of (Pause) and I can control that" (FG Participant B).

One participant provided further illustration to support Reitman et al (2013) who gave account of the importance of family relationships and connectedness. The young person made a clear link between their use of drugs and alcohol and the difficulty in 'coming out' to family.

"It's before you come out as well, er you're hiding who you really are. It's, (Pause) it is very difficult. Trying to hide from your parents especially" (FG Participant C).

We are reminded in Meyer's (2003) 'MSM' that the anticipation of a stressful event, the continuous attention this anticipation requires and concealing ones sexual identity are all considered additional factors associated with negative mental health outcomes for LGB people. (Bremner & Hillin 1994, Reitman et al 2013, Williamson 2000).

Young people participating in the focus group were also asked how they felt when someone was homophobic:

"I wanted to sort of shout and say No, your wrong, that's not how it is but of course it was a public place and if I do that then you'd get people saying more things about your sexuality so I felt even more uncomfortable so I didn't say anything" (FG Participant J).

Depression and self-abuse can result from "anger turned inwards" and take the form of alcohol and drug abuse (Bremner & Hillin 1994:p.28). Whilst it is instinctive and healthy to respond to extremes of inequality with emotions such as anger, young people who are LGBTQ have fewer opportunities to vent their emotions as they do not feel safe or fear further oppression (Horn et al 2009, Milton 2014).

Young people were asked via the online questionnaire to indicate their experience of self-harm and attempted suicide (Table 3).

Question 6 (continued/b): Results from the Online Questionnaire

“Have you personally experienced... (More than one may apply)”

	Current research (N=73)	Snowdon-Carr 2013 (N=39)	Snowdon-Carr 2012 (N=15)
Self Harm	60.0% (n=39)	67.6% (n=23)	78.6% (n=10)
Attempted Suicide	43.0% (n=28)	35.2% (n=12)	42.9% (n=6)

(Table 3)

According to Young Minds (2014:p.1) 6-8% of young people are reported to self-harm or impose pain on themselves”. In contrast for LGB young people, Stonewall (2012) reported 56% deliberately harm themselves which is similar to the rate of 60% noted in this study. This data suggests heterosexual young people have lower rates of self-harm than LGBTQ. The participants of the focus group highlight the need to operate caution to avoid generalised comments about causality and remind us there are many complex intentions or reasons behind any act of self-harm (Maycock et al 2008).

“I don't think its all about being gay as such or lgbt its more about how lgbt people are treated, cos if they were treated in the same way as straight people it wouldn't cause us to self harm or what ever” (FG Participant A).

According to the online questionnaire 43% (n=28) young people who identify as LGBTQ have attempted suicide. This is a higher figure than the 23% of LGB young people (Stonewall 2012) and 7% of all young people aged between 15-19 (Samaritan's 2013), noted elsewhere in the literature who have reported to have attempted to take their own life at some point.

The bias in the questionnaire sampling mentioned earlier could be one explanation for this higher rate. The absence of any qualitative data from the online questionnaire or from the focus group renders it difficult for the researcher to extrapolate conclusions about the relationship between sexual identity and self-harm or suicide ideation. There is however ample evidence to illustrate the excess stress associated with stigma,

alienation, isolation and problems with self-acceptance which have the potential to have a greater impact on mental health and well-being. (Eubanks-Carter et al 2005) Young people who are LGBTQ are therefore more vulnerable to self-harm, suicide ideation and attempt (Kelleher 2009, Reitman et al 2013).

The link between internalised homophobia, oppression and issues around self-esteem and risky behaviour (Eubanks-Carter et al 2005, Pilnik 2006) provides further debate in the public health arena specifically in relation to sexual health (Table 4).

Question 6 (continued/c): Results from the Online Questionnaire

“Have you personally experienced... (More than one may apply)”

	Current research	Snowdon-Carr 2013	Snowdon-Carr 2012
Practice Unsafe Sex	30.7% (n=20)	32.3% (n=11)	21.4% (n=3)
Being paid for Sex	13.8% (n=9)	2.9% (n=1)	7.1% (n=1)
Sex in Public Places	33.8% (n=22)	17.6% (n=6)	35.7% (n=5)

(Table 4)

Feelings of low self-worth amongst young people who are LGBTQ can result in having low expectation of relationships and finding it difficult to be intimate which can make it problematic for individuals to practice safer sex (Bremner & Hillin 1994, Dentato 2012).

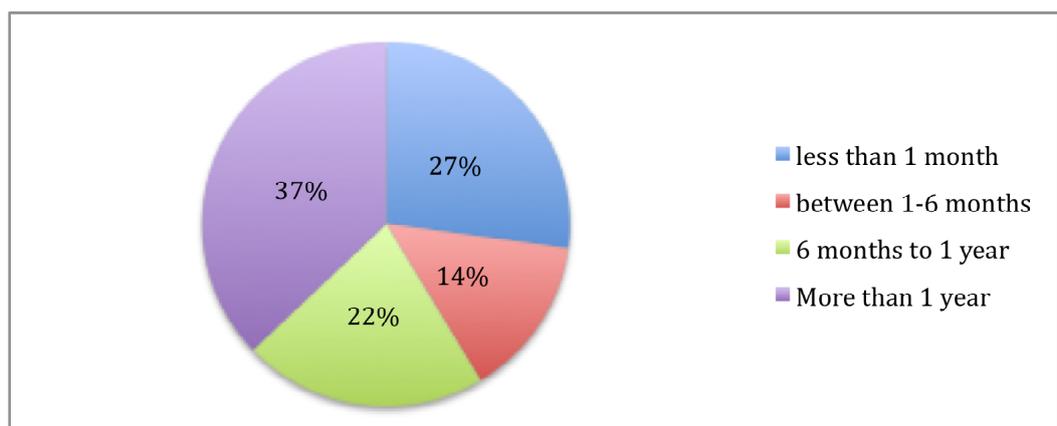
As illustrated within the focus group:

*“Of course when it comes to sex it’s the same reasons, you feel like erm, I guess, especially in the past if people have judged you for who you are it makes your self worth go down and I guess sex, even though it’s a short thing, its only a momentary thing, you do feel like someone actually cares for you, understands you, it gives you a boost just for a short....”
(FG Participant T).*

The results from the online questionnaire (Table 4) and focus group data highlight the support needs of this population of young people. This could include specific information relating to peer influence and acceptance, power and abuse, relationships and intimacy, self-esteem in sexual relationships, communication and information about risks such as HIV/Aids (Eubanks-Carter 2005, Bremner & Hillin 1994).

For some people, disclosing one’s LGBTQ identity can be a positive and accepting experience (Pace 2013) and for others it can be met with rejection, lack of acceptance and homophobic responses (Augelli et al 2005). Meyer (2003) suggests feelings such as anxiety and depression can often be associated with disclosing as well as not disclosing one’s sexual identity. 37% of survey participants did not come out to another person for more than one year (Figure 2). The period of time between a person’s first awareness of their sexuality and telling another person can be difficult (Meyer 2003), “daunting and traumatic” (Maycock et al 2008:p.57).

Question 4a: “How long after you first identified or labelled your sexuality did you speak to another person about it?”



(Figure 2)

LGBTQ people may decide not to ‘come out’ and in fact hide their sexual identity so as to protect themselves from perceived harm (Meyer 2003, Stonewall 2014b). Young people in particular are likely to constantly consider their presentation in all situations in order to limit the possibility of discovery (Maycock et al 2008). Focus group participants stated:

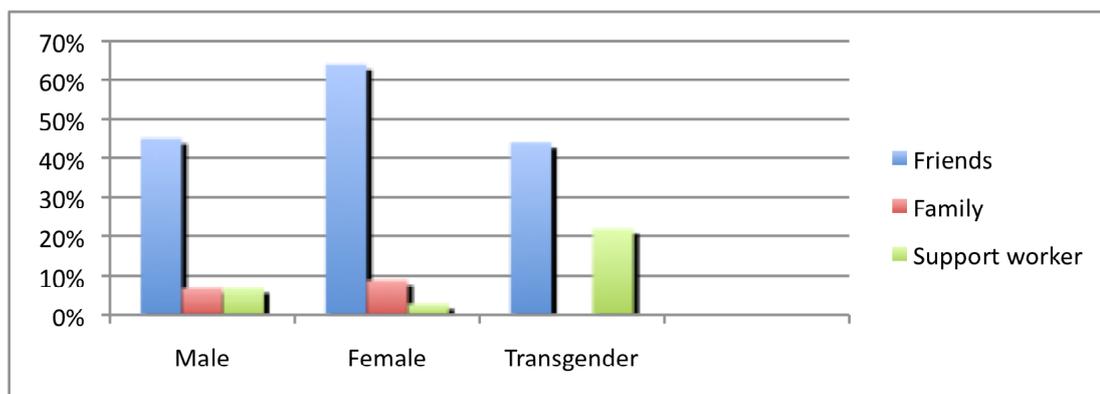
“I didn’t fully admit to myself that I was bisexual until recently, before that it just didn’t make sense...the hardest bit is holding on to it and not telling anyone”. (FG Participant J).

For many people who are LGBTQ, their first coming out experience is particularly memorable in terms of the extent to which this disclosure results in “denial,

acceptance, positive affirmation, invalidation or rejection” from their friends and family (Maycock et al 2008:p.58). One focus group participant reminds us:

“You never finish coming out, its true that every time you meet a new person you have to decide if you are going to come out again and that’s the process its every time, there is never a time that it stops” (FG Participant B).

Question 4b: “Who did you come out to first?”



(Figure 3)

A majority of the online participants chose to come out to a friend prior to coming out to their family (45% male, 64% female and 44% Transgender) (Figure 3).

“I told my best friend at the time, she was exceedingly accepting, it seems everyone else knew before I did” (Online participant: 6).

Of the survey participants, there were no negative accounts of young people coming out to their friends. Coming out to family members is however is typically associated with considerable stress and fear of rejection (Augelli et al 2005). One participant described a deeply traumatic account of their coming out experience:

“I told my parents and extended family all at the same time and when I told them, my dad and uncles flipped out and then tried to beat away the gay” (Online participant: 25).

It is considered that young people who are LGBTQ experience the same physical, developmental and emotional hurdles as their non-LGBT peers however, the non-acceptance by family members, friends or society can add to the attributes of stress that lead to mental health issues or high risk behaviours (Pilnik 2013, Reitman et al 2013).

The 'MSM' focuses on the stress processes associated with 'coming out' and the questionnaire requires comment on the negative experiences of young people who are LGBTQ. If we only ask about these difficulties especially in a group environment, then we are only likely to receive responses accordingly; this is referred to as a 'Normative Social Influence' (NSI) (Fournier 2010). In recognition of this 'NSI', focus group participants were asked to comment on occasions when they felt proud of their sexual identity as this sense of wellbeing could potentially ameliorate the experience of stress:

"I think you should always be proud of who you are... it starts getting easier and therefore you should be proud, you know, you're a human, you know, you're not an alien from a different planet (FG Participant M).

In order to develop a support intervention, issues which buffer stress need to be considered as well as ensuring that an over focus on the negative experiences does not occur (Maycock et al 2008). Any offer of support would require space to acknowledge the difficult aspects but also create space to share positive experiences and provide role model (Savin-Williams 2006).

The 'MSM' (Meyer 2003) is offered as a conceptual framework for understanding the unique degree of stress reported amongst some young people who identify a LGBTQ. The 'MSM' has provided a useful lens through which to view the lives of LGBTQ young people and to consider the influence of the discrimination, homophobia and stigma which contributes to the unfriendly and stressful social situation that can cause mental health problems (Meyer 2003). It is also beneficial to identify any additional issues that fall outside of the 'MSM'. Data collected for this study did largely fall into the four processes offered by the 'MSM (Meyer 2003) however additional themes emerged such as;

- identity: the importance of using positive images which reflect the lives of LGBTQ young people,

- language: challenging homophobia, correcting misinformation and using inclusive language and
- feelings: validating the young person's experiences and providing opportunity to feel safe about having difficult feelings (Appendix F).

If young people who are LGBTQ are at risk of excess distress, it is vital that professionals and policy makers are aware of the factors that can reduce this stress in order to improve their mental health and well-being (Williamson 2000). Consideration should be given to both the individual in order to manage and cope with the stress as well as attention given to the environment where the stress exists such as school, at home or other social situation (Meyer 2003), illustrated in the focus group:

“Having someone to talk to and rationalise something in your own mind and have a proper conversation about it and slot the pieces together instead of just having the pieces spinning around in your own head, that's not good for you” (FG Participant B).

The support model for young LGBTQ people needs to be developed in order to make the most of the resilience and coping strategies already identified by each individual (Carter et al 2013, Kelleher 2009). Affirmative approaches should be explored and self-acceptance promoted in order young people who are LGBTQ can explore their identities in a healthy manner (Pilnik 2013). The ‘MSM’ provides a useful model to inform support for young people who are LGBTQ. It provides a pragmatic framework for generating discussion and could be considered a starting point from which to consider the development of a tailored intervention or support programme for young people (Williamson 2000). The progression of such an intervention tool is beyond the remit of this study but the researcher recognises there is potential for further research. In the first instance the researcher aims to continue their own professional development by;

- raising the profile of the support needs for some young people who identify as LGBTQ and

- providing training and resources for other professionals working with this specific population of young people.

The researcher hopes to inspire and inform others, in particular those who can become role models for LGBTQ young people. Future professional development will involve the development of a distinct programme or tailored method of supporting young people who are LGBTQ which is in addition to the support group and occasional one to one support currently provided. The researcher is reminded that without a clear understanding of the effects of minority stress and internalised oppression professionals providing support for young people who are LGBTQ are “likely to be ineffectual at best and harmful at worst” (Eubanks-Carter et al 2005:p.6) and therefore the researcher intends to:

- champion other professionals and gather local support and expertise in order to generate such an intervention tool,
- access further funding in order to progress this study and
- emphasise the need for gay-affirmative individual support for young people who are LGBTQ.

Word Count: 9073

References

2BU (2014) *2BU Somerset: About us & Introduction*. [Online] Available from: <http://www.2bu-somerset.co.uk/page/about-us/29/> [Accessed 01/05/2014].

Almeida, J. Johnson, R. Corliss, H. Molnar, B. & Azrael, D. (2009) Emotional Distress among LGBT youth: The influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence*. 38 (1) 1001-1014. [Online] Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3707280/> [Accessed 01/04/2014].

Augelli, A. Grossman, A. & Starks, M. (2005) Parents' Awareness of Lesbian, Gay and Bisexual Youths' Sexual Orientation. *Journal of Marriage and Family*, 67 (2) 474-482. [Online] Available from: <http://www.jstor.org.atlas.worc.ac.uk/stable/pdfplus/3600282.pdf?acceptTC=true&jpdConfirm=true> [Accessed 14/04/2014].

Bell, J. (1987) *Doing your research project: A guide for first-time researchers in education and social science*. Buckingham, Open University Press.

Bremner, J. & Hillin, A. (1994) *Sexuality, Young People & Care: Creating Positive Contexts for Training, Policy and Development*. Dorset, Russell House Publishing Ltd.

Carter, L. Mollen, D. & Smith, N. (2013) Locus of control, minority stress, and psychological distress among lesbian, gay and bisexual individuals. *Journal of Counselling Psychology*, 61(1)169-175.

Civil Partnership Act 2004. (c.33) London, The Stationery Office Limited.

Cohen, L. Manion, L. & Morrison, K. (2007) *Research Methods in Education*. Oxon, Routledge.

Cottrell, S. (2008) *The Study Skills Handbook*. Third Edition. Basingstoke, Palgrave Macmillan Ltd.

Davis, D. (1996) Homophobia and Heterosexism. In: Davies, D. & Neal, C. (eds) *Pink Therapy: A guide for counselors and therapists working with lesbian, gay and bisexual clients*. Buckingham, Open University Press.

DeLamater, J. & Hyde, J. (1998) Essentialism vs. Social Constructionism in the Study of Human Sexuality. *The Journal of Sex Research*, 35 (1) 10-18. [Online] Available from:

<http://content.ebscohost.com.atlas.worc.ac.uk/pdf10/pdf/1998/SEX/01Feb98/676919.pdf?T=P&P=AN&K=676919&S=R&D=a9h&EbscoContent=dGJyMNHX8kSeprE4y9f3OLCmr0yepnSsKq4TLKWxWXS&ContentCustomer=dGJyMPGssE6yqrJMuePfgex44Dt6fIA> [Accessed 01/05/2014].

Denscombe, M. (2010) *The good research guide: For small-scale social research projects*. Berkshire, Open University Press.

Dentato, M. (2012) *American Psychological Association: The minority stress perspective*. [Online] Available from:

<http://www.apa.org/pi/aids/resources/exchange/2012/04/minority-stress.aspx> [Accessed 24/03/2014].

Doward, J. (2013) *Homophobia still rife in UK, survey claims*: The Observer, 25th August 2013 [Online] Available from:

<http://www.theguardian.com/world/2013/aug/25/homophobia-uk-survey> [Accessed 22/04/2014].

Ellis, S. (2008) *Diversity and inclusivity at university: A survey of the experiences of lesbian, gay, bisexual and trans (LGBT) students in the UK*. [Online] Available from:

<http://web.b.ebscohost.com.atlas.worc.ac.uk/ehost/pdfviewer/pdfviewer?sid=8b1e1d6f-d913-400f-bf86-cf36b733b9a9%40sessionmgr198&vid=2&hid=119> [Accessed 02/03/2014].

Equality Act 2010. (c.15) London, The Stationery Office Limited. [Online] Available from: http://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf [Accessed 15/04/2014].

Eubanks--Carter, C. Burckell, L. & Goldfried, M. (2005) Enhancing Therapeutic Effectiveness With Lesbian, Gay, and Bisexual Clients, *Clinical Psychology: Science and Practice*, 12 (1) p. 1-18.

Fisher, K. Poirier, J. & Blau, G. (2012) *Improving emotional and behavioural outcomes for LGBT youth: A guide for professionals*. Maryland, Paul H. Brookes Publishing Co.

Fournier, G. (2010) *Normative Social Influence*. [Online] Available from: <http://psychcentral.com/encyclopedia/2009/normative-social-influence/> [Accessed 02/05/2014].

Hall, S. (2010) Supporting mental health and wellbeing at a whole school level: Listening to and acting upon children's views. *Emotional Behavioural Difficulties*, 15 (4) 323-339. London, Routledge. [Online] Available from: <http://www.tandfonline.com/atlas.worc.ac.uk/doi/pdf/10.1080/13632752.2010.523234> [Accessed 07/04/2014].

Heck, N. Flentje, A. & Cochran, B. (2011) Offsetting Risks: High School Gay-Straight Alliance and Lesbian, Gay, Bisexual and transgender (LGBT) Youth. *School Psychology Quarterly*, 26 (2) 161-174. [Online] Available from: http://content.ebscohost.com/atlas.worc.ac.uk/pdf29_30/pdf/ddd/pdh/2011/2011-09093-001.pdf?T=P&P=AN&K=2011-09093-001&S=L&D=pdh&EbscoContent=dGJyMNHX8kSeprE4y9f3OLCmr0yepRrSrqm4S7CWxWXS&ContentCustomer=dGJyMPGssE6yqrJMuePfgex44Dt6fIA [Accessed 01/05/2014].

Hoffman, L. (1996) A Reflexive Stance for Family Therapy. In: McNamee, S. & Gergen, S. (eds) *Therapy as a social construction*. London, Sage Publications LTD, 7-25. [Online] Available from: <http://books.google.co.uk/books?id=WcvUSS4Xd1gC&pg=PA7&lpg=PA7&dq=reflexive+stance+for+family+therapy&source=bl&ots=hh991o2jXO&sig=N6QLf6xrhP6jA4iHUxm82O6Vyx0&hl=en&sa=X&ei=5TVZU5X4OobYOrPlgSA&ved=0CCwQ6AEwAA#v=onepage&q=reflexive%20stance%20for%20family%20therapy&f=false> [Accessed 24/04/2014].

Horn, S. Kosciw, J. & Russel, S. (2009) Special Issue Introduction: New Research on Lesbian, Gay, Bisexual and Transgender Youth: Studying Lives in Context. *Journal of Youth Adolescence*, 38 (1) 863-866. [Online] Available from: http://download.springer.com/static/pdf/242/art%253A10.1007%252Fs10964-009-9420-1.pdf?auth66=1399285100_450d2d75e17878746bf9e4b42fd455de&ext=.pdf [Accessed 01/04/2014].

Housten, L. (2007) *Essentialism or Social Constructionism*. [Online] Available from: <http://www.banap.net/spip.php?article85> [Accessed 01/05/2014].

Kelleher, C. (2009) Minority Stress and Health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counselling Psychology Quarterly*, 22 (4) 373-379. [Online] Available from: http://content.ebscohost.com.atlas.worc.ac.uk/pdf23_24/pdf/2009/CPQ/01Dec09/49234554.pdf?T=P&P=AN&K=2010541921&S=R&D=rzh&EbscoContent=dGJyMNHr7ESeprl4y9f3OLCmr0yepdSs6i4S6%2BWxWXS&ContentCustomer=dGJyMPGssE6yqrJMuePfgex44Dt6fIA [Accessed 21/04/2014].

Koshy, V. (2010) *Action Research for Improving Educational Practice*, 2nd Edition. London, Sage publishing.

Madwin, G. (2009) *Queer by choice: What is the difference between essentialist and social constructionist techniques for fighting homophobia?* [Online] Available from: <http://www.queerbychoice.com/essentialism.html> [Accessed 01/04/2014].

Marriage (Same sex couples) Act 2013. (c.30) London, The Stationery Office Limited. [Online] Available from: http://www.legislation.gov.uk/ukpga/2013/30/pdfs/ukpga_20130030_en.pdf [Accessed 10/04/2014].

Maycock, P. Bryan, A. & Kitching, K. (2008) *Supporting LGBT Lives: A study of mental health and well-being*. [Online] Available from: http://www.academia.edu/843297/SUPPORTING_LGBT_LIVES_A_STUDY_OF_MENTAL_HEALTH_AND_WELL-BEING [Accessed 20/04/2014].

McDermott, E. Roen, K. & Scourfield, J. (2008) Avoiding shame: Young LGBT people, homophobia and self-destructive behaviours. *Culture, Health & Sexuality*, 10 (8) 815-829. [Online] Available from: <http://content.ebscohost.com.atlas.worc.ac.uk/pdf9/pdf/2008/B70/01Nov08/34998178.pdf?T=P&P=AN&K=34998178&S=R&D=a9h&EbscoContent=dGJyMNHX8kSeprE4y9f3OLCmr0yepdRSsK24TbKWxWXS&ContentCustomer=dGJyMPGssE6yqrJMuePfgex44Dt6fIA> [Accessed 01/04/2014].

McDermott, E. & Roen, K. (2012) Youth in the virtual edge: Researching marginalized sexualities and genders online. *Qualitative Health Research*, 22 (4) 560-570. [Online] Available from: <http://qhr.sagepub.com.atlas.worc.ac.uk/content/22/4/560.full.pdf+html> [Accessed 09/04/2014].

Meyer, I. (2003) Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129 (5) 674-697. [Online] Available from: http://content.ebscohost.com.atlas.worc.ac.uk/pdf29_30/pdf/ddd/pdh/2003/2003-99991-002.pdf?T=P&P=AN&K=2003-99991-002&S=L&D=pdh&EbscoContent=dGJyMNHX8kSeprE4y9f3OLCmr0yepRrSsae4TbaWxWXS&ContentCustomer=dGJyMPGssE6yqrJMuePfgex44Dt6fIA [Accessed 02/03/2014].

Milton, M. (2014) Capturing the experience of homophobia. *The psychologist*, 27 (1) 28-29.

OfSTED (2012) *Exploring the school's actions to prevent homophobic bullying: Briefing for section 5 inspection*. [Online] Available from: <http://www.ofsted.gov.uk/resources/briefings-and-information-for-use-during-inspections-of-maintained-schools-and-academies> [Accessed 20/04/2014].

Pace (2013) *Factsheets: Coming Out*. [Online] Available from: http://www.pacehealth.org.uk/files/2813/6068/9579/Coming_Out.pdf [Accessed 01/04/2014].

Patten, M. & Cochran, M. (2002) *A guide to using Qualitative Research Methodology*. [Online] Available from: <http://fieldresearch.msf.org/msf/bitstream/10144/84230/1/Qualitative%20research%20methodology.pdf> [Accessed 17/04/2014].

Perez, A. (2009) Internalised Oppression: How it affects Members of the LGBT Community. *The Diversity Factor*, 13 (1) 25-29. [Online] Available from: <http://web.b.ebscohost.com.atlas.worc.ac.uk/ehost/pdfviewer/pdfviewer?sid=af3a17e8-1aa2-4511-b968-de0608b8d0a0%40sessionmgr115&vid=2&hid=103> [Accessed 02/04/2014].

Pilnik, L. (2013) *Promoting LGBT Adolescents' Health and Well-Being: Youth Today*. [Online] Available from: http://www.youthtoday.org/view_article.cfm?article_id=5969 [Accessed 20/04/2014].

Putnam, R. (2000) *Bowling Alone: The Collapse and Revival of American Community*. New York, Simon & Schuster Paperbacks.

Reitman, D. Austin, B. Belkind, U. Chaffee, T. Hoffman, N. Moore, E. Morris, R. Olson, J. & Ryan, C. (2013) Recommendations for promoting the Health and Well-Being of Lesbian, Gay, Bisexual, and Transgender Adolescents: A position paper of the Society for Adolescent Health and Medicine. *Journal of Adolescent Health*, 52 (2013) 506-510.

Richardson, D. & Monroe, S. (2013) Public duty and private prejudice: sexual equalities and local government. *The Sociological Review*, 61 (1) 131-152. [Online] Available from: <http://onlinelibrary.wiley.com.atlas.worc.ac.uk/doi/10.1111/1467-954X.12007/full> [Accessed 22/04/2014].

Rosario, M. Schrimshaw, E. & Hunter, J. (2009) Disclosure of sexual orientation and subsequent substance use and abuse among lesbian, gay, and bisexual youths: critical role of disclosure reactions. *Psychology of addictive behaviors : journal of the Society of Psychologists in Addictive Behaviors*, 23 (1) 175-184. [Online] Available from: <http://web.a.ebscohost.com.atlas.worc.ac.uk/ehost/pdfviewer/pdfviewer?sid=24ca20a2-8991-429c-8cbf-783f64b4e0db%40sessionmgr4002&vid=2&hid=4112> [Accessed 23/03/2014].

Ryan, C. Russell, S. Huebner, D. Diaz, R. & Sanchez, J. (2010) Family Acceptance in Adolescence and the Health of LGBT Young Adults. *Journal of Child and Adolescent Psychiatric Nursing*, 23 (4) 205-213. [Online] Available from: <http://onlinelibrary.wiley.com.atlas.worc.ac.uk/store/10.1111/j.1744-6171.2010.00246.x/asset/j.1744-6171.2010.00246.x.pdf?v=1&t=huqsc8rh&s=bb6509cfeeadd97a66b25e11091140c8a69f7bca> [Accessed 11/04/2014].

Samaritans (2013) *Suicide Statistics Report 2013: Data for 2009-2011*. [Online]

Available from:

<http://www.samaritans.org/sites/default/files/kcfinder/files/research/Samaritans%20Suicide%20Statistics%20Report%202013.pdf> [Accessed 01/05/2014].

Savin-Williams, R. (2006) *The new gay teenager*. London, Harvard University Press.

Scourfield, J. Roen, K. & McDermott, L. (2008) Lesbian, gay, bisexual and transgender young people's experiences of distress: resilience, ambivalence and self destructive behaviour. *Health and social care in the community*, 16 (3) 329-336. [Online] Available from: <http://onlinelibrary.wiley.com.atlas.worc.ac.uk/store/10.1111/j.1365-2524.2008.00769.x/asset/j.1365-2524.2008.00769.x.pdf?v=1&t=huqsf7zh&s=f6dcbff0fbf99c110476373a1b762a53757c7ad3> [Accessed 24/04/2014].

Seidel, J. (1998) *Qualitative Data Analysis*. The Ethnograph v5 Manual, Appendix E. [Online] Available from: <http://www.qualisresearch.com/Downloads/qda.pdf> [Accessed 20/04/2014].

Somerset Intelligence (2013) *Joint Strategic Needs Assessment*. [Online] Available from: <http://www.somersetintelligence.org.uk/jsna.html> [Accessed 25/04/2014].

Snowdon-Carr, L. (2012) *What is the current prevalence of mental health issues amongst lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people?* [Online] Available from:

<http://www.somersetintelligence.org.uk/files/Mental%20health%20amongst%20LGBTQ%20research%20Feb%202012.pdf> [Accessed 25/04/2013].

Snowdon-Carr, L. (2013) *How does the "Coming Out" experiences of young lesbian, gay, bisexual, transgender and questioning (LGBTQ) people impact on their mental health?* [Online] Available from:

<http://www.somersetintelligence.org.uk/files/Coming%20Out%20and%20Mental%20Health%20amongst%20young%20LGBTQ%20in%20Somerset%202013.pdf> [Accessed 11/03/2014].

Stonewall (2004) *Beyond Barriers: Heterosexism* [Online] Available from:
http://www.stonewall.org.uk/beyond_barriers/faqs/1043.asp [Accessed 10/04/2014].

Stonewall (2012) *The School Report: The experiences of gay young people in Britain's schools in 2012* [Online] Available from:
http://www.stonewall.org.uk/at_school/education_resources/7957.asp [accessed 02/04/2014].

Stonewall (2014a) *What is homophobia?* [Online] Available from:
https://www.stonewall.org.uk/at_home/sexual_orientation_faqs/2697.asp [Accessed 08/03/2014].

Stonewall (2014b) *Coming Out.* [Online] Available from:
http://www.stonewall.org.uk/at_home/coming_out/ [Accessed 24/04/2014].

Streeting, W. (2012) A better place for gay pupils is better for all: *The Times Educational Supplement*. [Online] 5020, 44. Available from:
<http://www.tes.co.uk/article.aspx?storycode=6303486> [Accessed 20/04/2014].

Sullivan, S. & Valles, J. (2008) *Real Life Issues Curriculum Infusion for Lesbian, Gay, Bisexual and Transgender and Questioning (LGBTQ) Students.* [Online] Available from: <http://www.neiu.edu/~k12pac/orientation.htm> [Accessed 14/04/2014].

The Children's Society (2013) *The Good Childhood Report.* [Online] Available from:
<http://www.childrenssociety.org.uk/good-childhood-report-2013-online/index.html>
[Accessed 01/05/2014].

The Council of the British Educational Research Association: BERA (2011) *Revised Ethical Guidelines for Educational Research.* [Online]
<http://www.bera.ac.uk/researchers-resources> [Accessed 25/04/2014].

The Rainbow Project (2012) *Internalised Homophobia.* [Online] Available from:
<http://www.rainbow-project.org/mh/internalised-homophobia> [Accessed 24/03/2014].

Thomas, F. Mience, M. Masson, J. & Bernoussi, A. (2014) Unprotected sex and internalised homophobia. *Journal of Men's studies*, 22 (2) 155-158. [Online] Available from:
http://content.ebscohost.com/atlas.worc.ac.uk/pdf29_30/pdf/2014/1YY/01Mar14/95439076.pdf?T=P&P=AN&K=95439076&S=R&D=s3h&EbscoContent=dGJyMNLe80SeqLI4v%2BbwOLCmr0yepRrSSKy4SrSWxWXS&ContentCustomer=dGJyMPGssE6yqrJMu ePfgex44Dt6fIA [Accessed 22/04/2014].

Vaccaro, A. August, G. & Kennedy, M. (2012) *Safe Spaces: Making schools and communities welcoming to LGBT youth*. California, Praeger.

Walliman, N. & Buckler, S. (2008) *Your Dissertation in Education*. London, Sage publications Ltd.

Weinberg, G. (1972) *Society and the healthy homosexual*. New York, St Martins Press.

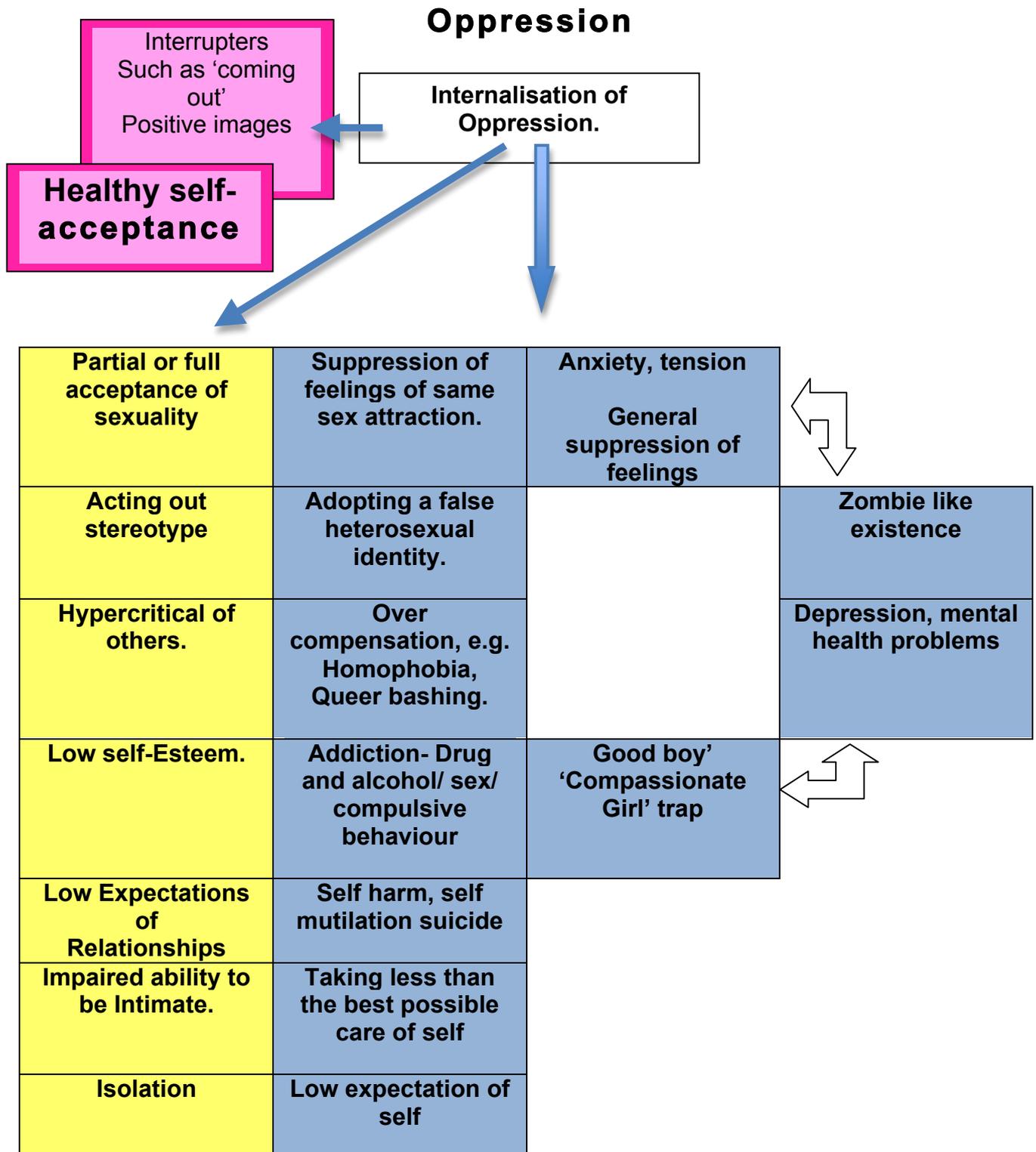
Williamson, I. (2000) Internalised homophobia and health issues affecting lesbians and gay men. *Health education Research*, 15 (1) 97-107. [Online] Available from:
<http://her.oxfordjournals.org/content/15/1/97.full.pdf+html> [Accessed 01/05/2014].

Young Minds (2014) *Self Harm*. [Online] Available from:
https://www.youngminds.org.uk/for_children_young_people/whats_worrying_you/self-harm [Accessed 24/04/2014].

Appendices

Appendix A

AN ADAPTATION OF: BREMNER & HILLIN'S (1994) EFFECTS OF INTERNALISED OPPRESSION



Appendix B

Questionnaire Proforma

Dear Survey Participants,

Thank you in advance for agreeing to complete this questionnaire which will take 10 minutes of your time. Your participation is entirely voluntary and you can withdraw from the survey for any reason at any time. Any information you provide will remain anonymous.

Following the success from the previous two years, the results from this 2014 survey will be collated and reported to schools, colleges, local LGB&T Networks and Health organisations in Somerset.

I would greatly appreciate your comments and contribution.

Warm regards

Lisa Snowdon-Carr

If any issues arise for you as a result of completing the questionnaire, support is available for you via www.2BU-Somerset.co.uk.

1. Which of these categories best describes your gender?

Male

Female

Transgender

Prefer not to say

2. Which category below includes your age?

13-15

18-20

16-17

21-25

3. Which category best describes your sexual orientation?

Lesbian

Questioning

Gay

Prefer not to say

Bisexual

4a. How long after you first identified or labelled your sexuality did you speak to another person about it?

Less than 1 month

6 months to 1 year

between 1-6 months

More than 1 year

4b. Who did you "come out" to first? ("coming out" means telling another person about your sexuality)

5. Have you witnessed or experienced homophobic bullying? (For this survey homophobic bullying means using negative language to describe a LGBT person, verbal and physical abuse as a result of sexuality)

I have not witnessed or experienced any homophobic bullying

I have been bullied

I have witnessed bullying

Both

To whom, if anyone, did you report this?

6. Have you personally experienced... (More than one may apply)

Physical Abuse

Medication for depression

Verbal Abuse

Eating disorder

Sexual Abuse

Alcohol misuse

Homelessness

Drug misuse

Attempted Suicide

Practice unsafe sex

Being in Care

Being paid for sex

Self Harm

Sex in public places

7. Do you think sexuality can negatively affect a young person's mental health?

yes

no

Don't know

8. To what extent has your sexuality negatively affected your mental health at any time?

Not at all

Moderately

Slightly

Significantly

**9. When trying to find out about LGBT issues what sources of information and support have you used?
(More than one may apply)**

Internet

School

Books/Magazines

Family

LGBT Youth group

Friends

Helpline

Other

Clubs/societies

Please add any other sources you have found helpful

10. Where could a young LGBT person go for help if they were struggling with their mental health?

Appendix C

Focus Group Invitation



Dear Members of 2BU and group leaders,

“To what extent can the ‘Minority Stress Model’ as a theoretical framework inform support for young people who identify as lesbian, gay, bisexual and transgender? ”

I am a student at Worcester University studying for a Bachelor of Arts Professional Practice (Integrated Children's Services) Year 3. This research is for my independent study and will be analysed and written by myself. You will receive a copy of the report and further copies will be sent to the university.

For all participants your involvement in this project could include:

- 1) A short questionnaire (lasting approximately 10 minutes)
- 2) Invitation to attend a focus group (lasting approximately one hour).

Your participation in this research is entirely voluntary and you will be offered the opportunity to withdraw from the research for any reason at any time.

Any information you provide will be held totally anonymously, so that it is impossible to trace this information back to you individually. In accordance with the Data Protection Act, your information will be securely destroyed.

My research will consider to what extent a theoretical framework can inform support for young people who identify as lesbian, gay, bisexual and transgender and I would greatly appreciate your comments and contribution. Key themes will include internalised homophobia, heterosexism and minority stress.

I hope you look favourably on this request and I look forward to working with you. Please do not hesitate to contact me if you require further information.

Warm regards

Lisa Snowdon-Carr



Appendix D

Initial Findings according to the “2014 Coming Out Survey”

Have you personally experienced?	2014	2013	2012
Physical Abuse	38.4% (25)	47% (16)	50% (7)
Verbal Abuse	87.0% (58)	94.1% (32)	92.9% (14)
Sexual Abuse	24.6% (16)	17.6% (6)	35.7% (5)
Homelessness	10.7% (7)	8.8% (3)	0% (0)
Attempted Suicide	43.0% (28)	35.2% (12)	42.9% (6)
Being in Care	7.6% (5)	2.9% (1)	0% (0)
Self Harm	60.0% (39)	67.6% (23)	78.6% (10)
Medicated for depression	33.8% (22)	20.5% (7)	35.7% (5)
Eating Disorder	33.8% (22)	26.4% (9)	50% (7)
Alcohol Misuse	35.3% (23)	29.4% (10)	42.9% (6)
Drug Misuse	29.2% (19)	23.5% (8)	28.6% (4)
Practice Unsafe Sex	30.7% (20)	32.3% (11)	21.4% (3)
Being paid for Sex	13.8% (9)	2.9% (1)	7.1% (1)
Sex in Public Places	33.8% (22)	17.6% (6)	35.7% (5)

2014 N=73

2013 N=39

2012 N=15

Appendix E

Focus group - transcript

Proposed focus group questions:

- 1: Why do you think you or other young people who are LGBTQ may engage in what might be considered to be self-destructive behaviours, for example using alcohol, taking drugs etc.

2. Do you think there are any links between identifying as LGBTQ, feelings of extreme stress, self-destructive behaviours including deliberate self-harm and thoughts of suicide?

3. Have you experienced homophobia and how do you negotiate and manage this?

4. What do you think about the model of internalised oppression?

5. Where do you feel proud to be LGBTQ?

At the start of the focus group the researcher gave a brief introduction, voluntary informed consent was confirmed, ground rules agreed and explanation relating to the purpose and aims of the research. Details were shared in relation to what will happen to the data and ethical considerations were described.

Thank you for agreeing to take parting today's focus group.

Question 1

Okay firstly, thank you for taking part in the questionnaire online, this data (shows initial findings, (Appendix D) and lots of other data available suggests that young people who are LGBTQ may struggle from time to time. Why do you think you that is

and why do you or other young people you know engage in what might be considered to be self-destructive behaviours, for example using alcohol, taking drugs etc.

(Participant C) I have a few mates like this, erm and me. With, well me personally, the reason I use drugs is to get away from it, to get away from the situation. So for a brief moment I'm not actually in this reality I'm somewhere else. I will be feeling a bit better than I did before, yeah it doesn't work for that long but it's better than nothing.

Okay.... What reality do you mean by that (C)?

(Participant C) Erm homophobia.

Okay

(Participant C) Especially when I was in college, I regret to say, I did use quite a lot...

Thank you.

(Participant A) Erm, a lot of people get told at various times that being gay is wrong so their self worth goes down. They just do alcohol and drugs 'cos they don't think they are worth anything. They start doing those things 'cos it's self-destructive.

(Participant J) That makes sense.

That makes sense?

(Participant J) Yeah, I think if you sort of are not in a good place and want to get out of it then those sorts of activities you might think that sort of helps.

The drugs and the alcohol?

(Participant J) Yeah, you might think that at the time you can get away from everything if you know what I mean.

Tell me what you mean?

(Participant J) The homophobia, same.

Does anyone have anything else they want to add to that?

(Participant C) It's before you come out as well, er your hiding who you really are. It's...it is very difficult.

Mm

(Participant C) Trying to hide from your parents especially.

(Pause)

(Participant B) It's just like doing these things that you know you have been told that are wrong and doing these things that you are not supposed to do even though you are not really in control of the situation it's about making a choice and being able to make a choice with everything else in your life being sort of out of your own control making these choices even though they are the wrong choices is, just gives you that moment of control.

There are two things there (B).

(Participant B) Well I've been told being gay is wrong so often and I know I'm not supposed to do drugs...I can't help who I am can I? And the drugs, well that is about control, or loss of...and I can control that.

(Participant A) There's not much of an LGBT social life rather than drinking to be honest, other than this support group. If you want to, it's gay bars.

(Participant B) Yeah.

(Participant A) Or pride.

(Participant J) Yeah talking about that, the impression I get of a lot of the gay scene sort of does revolve round those sort of activities if you want to have a good time.

(Participant T) Of course when it comes to sex it's the same reasons, you feel like erm, I guess, especially in the past if people have judged you for who you are it makes your self worth go down and I guess sex, even though it's a short thing, it's only a momentary thing, you do feel like someone actually cares for you, understands you, it gives you a boost just for a short.... some people actually use that as some sort of yeah, feeling a bit better for a while. It just makes me feel like someone actually cares if you are with someone, if someone finds you attractive and someone accepts you for who you are even if it is just for that small moment.

Does that link in any way?

(Participant T) With what (Participant B) was saying about being in control and yeah not judged and that, yes definitely.

(Participant B) The unsafe sex thing being sort of seen as a risk. And it is but, from my own personal experience, it's just, having unsafe sex is not just like a conscious decision it's just you don't think about having the protection. It's just not, in that moment, you don't really take time to think have I got condoms, have I got all this sort of stuff it's just a thing that happens and a thing that makes me feel better about myself.

(Participant T) Yeah, it is actually, it's a moment thing. Like a, it's not a priority at that point.

(Participant B) Afterwards you kind of think oh crap, but, in the moment it's not something you think about.

OK

(Participant T) I don't think that that's just for gay young people though, I think that's the same for everyone.

Ok, Thank you...Are you ready for the second question?

(Participant B) Sure.

Ok, so the results from the questionnaire suggest that there are a lot of young people who are LGBT that have extremely distressful feelings and they have told us about their experiences of self-harm and suicide attempts. Do you think there are any links?

(Participant T) It can be, I think self-harm is not just linked to LGBT it's linked to a few other problems. You've got stress or any kind of depression in your life, whether its being lgbt or something else. Self-harm is like an escape and it becomes an addiction. Yeah, people get into it and it's almost like they can't stop, like they don't even need a reason to stop self harming or to do self harm, they just do it because it's a thing they have done. And it works; it stops for that moment the depression or whatever.

Whatever?

(Participant T) Whatever, like for me it did help for a bit when I felt really bad about being bi, especially like actually I am a lesbian and being bi was for me safer to say. But it wasn't really was it, I was just depressed and lonely and didn't understand my feelings and then I did.

(Participant A) I don't think its all about being gay as such or lgbt its more about how lgbt people are treated, 'cos if they were treated in the same way as straight people it wouldn't cause us to self harm or what ever.

I see

(Participant A) I think it's about self worth more than anything.

So what are you saying?

(Participant A) Well the message you might be hearing messages about who you are, like gay is bad and then you have really low self worth and you just don't feel like you are worth anything then self harm is something you think about. Something I did.

Ok, thank you, that's a really tough subject to talk about. Does anyone have anything to add...Ok so question 3, ready? Have you experienced, are you experiencing homophobia in your every day lives?

(Participant C) In my life I've not experienced it directly at me, er I think.

(Participant J) I've experienced a bit over, like I spend a lot of time on line so I've been involved in quite a bit of that 'cos when I told people online that I was gay, sorry bi, I got a few erm, a lot of people saying oh your just an attention seeker and that sort of stuff...which wasn't nice...and in my real life I haven't experienced homophobia, sort of discussing gay rights and stuff with people they might be homophobic but not to me, I haven't told some of them that I'm bi but still. I suppose they don't know about my sexuality so why, I don't expect them to realise and be careful what they say around me.

(Participant T) I think the word gay and stuff actually is quite, today its used as a banterish sort of thing, like erm...I went out to a party and got with a girl and I was really drunk and a lot of people didn't know that I'm bi so to them it was just a drunk thing that you

do 'cos a lot of people do that when they're drunk. And friends would laugh at it and would be like ha-ha but because they didn't know about it, me I mean, it's just a banter thing. I guess if they did they wouldn't actually use that as a...I don't think they would have.....you know...said that.

It's an interesting point that you make.

(Participant T) Some people don't like to have labels.

(Participant J) Yeah I don't like the term bisexual, it's limiting in terms of gender, 'cos it's only two and there are lots of terms.

(Participant B) Yeah, the NHS term is men who have sex with men, I know that one. Talking to my doctor but yeah, it's a broader range than people would think for themselves.

Thank you, so what about anyone else has anyone else experienced homophobia and how do you cope with it?

(Participant C) I have, I've had quite a lot of it, I was pushed....to my limit...each night I would go home and have a joint....as the saying goes....roll up your troubles....lick it....inhale it.....inhale the gay shit.....exhale the bullshit. That's how I lived my life.

That's how you coped?

(Participant C) Yeah, until I realised, like what is it, I'm smoking too much and tried to quit...didn't work so I just stood up for it. I though you know what, I'm going to be proud of what I am. And if anyone has a go at me for it, well. And since then, ok I still smoke too much and people still say stuff so what's the point.

(Participant T) I don't know, the more you show it doesn't affect you or the more front you put up the less people say anything, 'cos if you are happy or comfortable so anything they say isn't really going to affect. So yeah I think that does help, at least putting up a front even if it might hurt you, erm yeah putting up a front sometimes people don't think it affects you so they don't bother doing it again.

(Participant B) There is definitely that sort of playground mentality that if this person shows a weakness well we will go after them. If they see that you are not bothered, they will get bored and move on.

(Participant T) Yeah.

(Participant J) I don't get, I mean, I'm not sort of a conversational person but I get quite upset when I see homophobia like whether it's sort of being said at me or whether it's sort of like discussed like generally. I know I was talking just generally on line and all of a sudden it's oh it's so disgusting. I can't think of the exact words but oh it's so disgusting, men shouldn't stick their tongues down other men's throats and stuff like that and really nasty stuff. I said hang on, that's homophobic and she said no it's not... and just rrrrr, it upsets me to sort of hear people say that. Especially when you say that's homophobic and they say oh no it's not its sort of yes it is but it's really hard to challenge it any more.

So you challenged the homophobia?

(Participant J) Yeah I challenged it so far, it's quite upsetting like I wanted to throw it back but I couldn't....

What about anyone else?

(Participant M) Well I mean, I prefer to speak to people about it, erm. I also have a gay best friend who at the moment was being bullied erm and he preferred speaking to people cos we were kind of sharing ideas and almost like our opinions how things are getting on, erm. What he said he found out is easy is that I was giving the information to him that was what he found useful and he could use and just recently he's come out of his shell a lot more. Well you know, he's spoken to a lot of people about his sexuality and it's good. But I think just speaking to people about it, it's so much easier, it makes your life so much easier.

So why is that?

(Participant M) I think you should always be proud of who you are, if you start off with yeah it may be difficult but people are afraid of what they don't understand but if you

understand yourself then other people around you, you start to realise it starts getting easier and therefore you should be proud, you know, you're a human, you know, you're not an alien from a different planet therefore you should be just proud of yourself and who you are.

Some of us might be aliens (laughter).

(Participant T) You should definitely try and think of it from, I know its hard because they are being horrible to you but I do think you should try and think of it from that other persons perspective, 'cos people are afraid of what they don't understand, if they...it's the same for everything whether its disability or anything, especially with us, like the younger generation if people don't understand it they're gonna attack it I guess. So you kind of have to look at it from that point of view.

(Participant J) It's not that difficult to understand.

(Participant T) It might not be to us, because to us that's who we are but to other people if they're not in that position they might not get it or understand it because they're not in the same position.

(Participant B) Well from every single angle, you get pictures and images, you know, everybody's saying in the media your going to find somebody of the opposite gender and you're going to live happily every after. That's the image that everybody has. When you realise you are different you know, gay you just shut down while you work it out... you know, before you tell anyone else so no-one has a go at you... Maybe eventually you can gently explain to them that no, actually, this is perfectly normal. Everybody has an image in their head about how everything is supposed to be and when something doesn't fit they don't like it so now I explain to them. Everyone has to have that explanation at some point, everyone just needs to accept the fairy tale image you see on TV, doesn't actually fit for 90 percent of people in the world it's not how people want to be or how people are so...

(Participant C) That what you said actually brought to my mind something that Banksy actually did, he did a picture of two male policemen kissing. First time I saw it I

thought at least someone really sees what is happening and actually it's the first time I saw a picture that could've been me....not a policeman...laughter.

(Participant T) I think you will always come across people who are going to be horrible, it's never gonna stop, you get racism, you get it with disabilities, you get it with lgbt, it's never...there is always going to be someone that disagrees with it and its just kind of a thing that you have to accept.

(Participant B) It should get lower and lower and lower.

(Participant T) It should.

It should?

(Participant T) It should, I think the more people understand, the more people become accepting erm, but it's never going to stop because different people are going to have different takes on it.

(Participant B) But it should at some point flip from being the norm to be homophobic to it being that one crazy person who is having a go at someone.

(Participant T) It definitely will shrink I reckon, I think a lot more people today are probably more accepting to it and more open to it I think that's becoming a lot more the norm. Yeah I think the minority will become the people that don't accept it.

Thanks...take yourself back to a time, the last time, a time that pops in your mind when someone was homophobic. How did you feel?

(Participant J) Angry.

Angry?

(Participant J) Very angry, I don't often get deep down angry like that but it got me very angry.

What happened?

(Participant J) I kept it inside, I'm not good at expressing my thoughts, I would probably have made a mess of it if id tried to say something. I got upset and yeah.

(Participant C) I wanted to tear the bloke's throat out. Thank god they actually stopped me cos I would have done...

What feeling was that?

(Participant C) Anger, I can't think of the right words. I was very pissed off. I wanted to shout at him. I was ready to have a go but my mates held me back.

(Participant J) I wanted to sort of shout and say No, your wrong, that's not how it is but of course it was a public place and if I do that then you'd get people saying more things about your sexuality so I felt even more uncomfortable so I didn't say anything. It just didn't feel ok to say anything.... I wanted to; I would have like to express it but.... I just didn't.

How about anybody else, how does homophobia make you feel?

(Participant T) It does make you feel angry, it makes you very angry and you end up getting, you see a lot of sides to people that you don't really see usually. The person was being homophobic to one of my closest friends who is a really outgoing guy my friend, but he's also really sensitive and erm it was a girl being really horrible to him and erm he looked angry and was just shouting at her, telling her that it just wasn't right, she just shouldn't do that, she has no right to judge and what if it was the other way round and you had something that was eating away at you and someone came up to you and made you feel ten times worse about it. Like how would you feel?

(Participation B) It's the frustration at the ignorance, you just feel this person is so ignorant that they haven't got a clue what they are talking about and they really don't have a right to comment most of the time about what they are talking about but they feel that they are put on this earth to share their own opinion with us and we should be an audience to it. It's just annoying.

Do you make any comment when this is happening?

(Participant B) I am usually unbearably sarcastic towards them.

(Participant J) It's when people quote things as facts and you know they are wrong as well, that's when its worse, 'cos when gay marriage was first passed the first debate in

parliament, it was a conversation along the lines of, Oh I see the fucking queers can marry now, Oh did you hear about that, they are going to force churches to marry them, Oh I can't believe that ...things like that.... And that's not the case anyway so, but it's all that, the hatred and the inaccuracy, it's horrible.

(Participant C) I had that said to me once, someone said to me about it being wrong according to God, the same person that said that said you shouldn't eat pork and you shouldn't get tattoos. And that bloke, the bloke saying it to me had a tattoo of Jesus.

(Participant T) I am a bit older though, it's a lot harder to challenge someone, say if you were fourteen and still in school. There is always that chance that it could backfire.

(Participant B) Yeah and all the way through the education system you are programmed not to talk back to adults and stuff and your opinion isn't worth as much as an adults so when they turn round and are cruel to you its kind of hard to do anything about it and you feel bit lost.

(Participant J) It is different now we are in college.

Okay, thank you, let's take a break.

BREAK

Okay thanks for coming back, here is a copy of the adapted model of internalised oppression (Appendix A). Can you take a moment to have a look and to consider the diagram? What I have done is look at each individual questionnaire and wonder if the information can be used with this model in any way. And I wonder what you think?

The internalised model of oppression makes suggestion as to how the LGBT community might feel or respond to the constant messages of homophobia and what might happen if we internalise these messages. This particular model suggests you

might not accept who you are, you might not want to tell other people about your sexuality or you might assume a heterosexual identity. According to this model...

(Participant C) (Interrupts)... That was me, I've done that.

You've done that?

(Participant C) When I was in school, I used to take the mickey out of this bloke, he came out and I used to, I actually beat him about three or four times. I saw him in the pub one day and I said, I am so sorry, I know how you feel now.

Thanks (Participant C) do you think that when you beat him up, that was about his sexuality?

(Participant C) I think it was most probably more about my sexuality, I knew he was gay but I was trying to hide myself.

Thank you.

(Participant B) I don't think it's all about sexuality though, yeah you do have issues with sexuality but it's quite likely that it's well, if you are LGBT you are more likely to fall into these boxes. That's what I would think.

(Participant A) Can we make assumptions about the people who said they weren't comfortable about their sexuality? I think it will affect their self worth?

Their self worth?

(Participant A) Yeah you could adopt a heterosexual identity like it says on here, you feel conflicted inside.

(Participant T) Well I think you could be feeling quite scared of what other people might think, you could be quite confident in yourself but once someone tells you so many times that you are not worth anything you start believing it.

You start believing it?

(Participant B) If you hear it enough times... you might create that heterosexual identity and be comfortable with that life that you have built around that sort of lie and found

a comfortable situation that they can live with, but really you are not telling people who you really are and you have to try and live with that.

(Participant A) I had a friend who married but he was really gay...he had kids and so it was really tricky.

(Participant T) What would you say coming out is?

(Participant J) I would say telling family; I'd say coming out is by default....

(Participant B) You never finish coming out, it's true that every time you meet a new person you have to decide if you are going to come out again and that's the process it's every time, there is never a time that it stops.

(Participant A) It's a big thing to start with coming out to yourself, cause there's that sort of question, I think I might be but I'm not kind of sure, and then you don't want to be and a lot of people might think oh no I can't be but then you realise I guess that actually I am and then you sort of accept yourself.

(Participant J) I didn't fully admit to myself that I was bisexual until recently, before that it just didn't make sense. Before then I sort of thought maybe I'm asexual or just a bit curious. But then when I felt fully sure of my sexuality I did feel a bit better about myself, the hardest bit is holding on to it and not telling anyone.

Can you see yourself anywhere on this model? And how could it be useful when we are thinking about the kind of support some people might need at this time?

(Participant B) It's all about trust, you would need to not only trust the person, but also the organisation that they work for and know that they aren't going to share that information and that they are going to be able to help you.

(Participant B) Having someone to talk to and rationalise something in your own mind and have a proper conversation about it and slot the pieces together instead of just having the pieces spinning around in your own head, that's not good for you, it doesn't really go anywhere. It's when you put it all into sentences that helps.

(Participant C) I would have liked to talk more, like in private.

(Participant B) A lot of young people, just generally could always do with that talk just to figure out what's going on, but especially if you're LGBT.

Lots of nodding.

Can I ask you... a bit of a straw poll... would you write your initial (or make a mark on the model) to tell me which of the boxes you identify with and consider to be as a result of your coming out experiences or homophobia . That way, I am not making assumption about your experiences.

(Participant J) I can see myself on here.

(Participant T) Me too.

(Participant J) it's really accurate actually.

Can anyone see themselves in the healthy self acceptance box?

(Participant C) I can see where I am now, and I can see where I was. It's quite surprising actually. I can tick the alcohol and lots of drug use.

OK.

(Participant J) Yeah I can see the same as well.

(Participant T) Yeah I'm in about three or four or five places.

(Participant M) I'm more in the yellow than the blue, is that how I feel about myself I wonder.

(Participant M) I think I'm in a bit of a good boy trap.

Thank you, thanks for doing that. Can I ask you finally? Where do you feel proud to be LGBT?

(Participant A) Pride, pride march, cause you get to be with lots of other gay people, people are cheering at you and there is lots of happy music and your celebrating and everything. And your drunk, that definitely helps.

(Participant S) Here, just here.

(Participant J) When I'm on a date that's going well.

(Participant A) When I'm with someone I'm proud to be with, being just proud to be with someone without being judged.

(Participant T) Here, I know everyone is going to be ok so I feel more comfortable.

(Participant C) I was proud when I actually stuck up for a gay bloke.

(Participant J) Sometimes being gay is a burden, most of my mates are straight and some of them are really homophobic. Mind you drink does help.

Thank you, really thank you. I know it can be hard to talk about this subject. It is difficult and I appreciate your honesty, your interpretations but most of all you sharing your stories, with me...and each other.

OFFER OF SUPPORT.

Appendix F

Analysis of transcript using Meyer's 2003 'Minority Stress' processes

1. The occurrence of stressful events,

(Participant C) I have, I've had quite a lot of it, I was pushed....to my limit...each night I would go home and have a joint....as the saying goes....roll up your troubles....lick it....inhale it.....inhale the gay shit.....exhale the bullshit. That's how I lived my life.

(Participant J) I don't get, I mean, I'm not sort of a conversational person but I get quite upset when I see homophobia like whether it's sort of being said at me or whether it's sort of like discussed like generally. I know I was talking just generally on line and all of a sudden it's oh it's so disgusting. I can't think of the exact words but oh it's so disgusting, men shouldn't stick their tongues down other men's throats and stuff like that and really nasty stuff. I said hang on, that's homophobic and she said no it's not... and just rrrrr, it upsets me to sort of hear people say that. Especially when you say that's homophobic and they say oh no it's not it's sort of yes it is but it's really hard to challenge it any more.

So you challenged the homophobia.

(Participant J) Yeah I challenged it so far, it's quite upsetting like I wanted to throw it back but I couldn't....

(Participant J) It's when people quote things as facts and you know they are wrong as well, that's when it's worse, cos when gay marriage was first passed the first debate in parliament, it was a conversation along the lines of, Oh I see the fucking queers can marry now, Oh did you hear about that, they are going to force churches to marry them, Oh I can't believe that...things like that.... And that's not the case anyway so, but it's all that, the hatred and the inaccuracy, it's horrible.

(Participant C) I had that said to me once, someone said to me about it being wrong according to God, the same person that said that said you shouldn't eat pork and you shouldn't get tattoos. And that bloke, the bloke saying it to me had a tattoo of Jesus.

2. The expectation of stressful events,

(Participant C) I have a few mates like this, erm and me. With, well me personally, the reason I use drugs is to get away from it, to get away from the situation. So for a brief moment I'm not actually in this reality I'm somewhere else. I will be feeling a bit better than I did before, yeah it doesn't work for that long but it's better than nothing.

(Participant C) Erm homophobia.

(Participant J) Yeah, you might think that at the time you can get away from everything if you know what I mean.

Tell me what you mean.

(Participant J) The homophobia, same.

(Participant A) Erm, a lot of people get told at various times that being gay is wrong

(Participant A) Well the message you might be hearing messages about who you are, like gay is bad and then you have really low self worth and you just don't feel like you are worth anything then self harm is something you think about. Something I did.

(Participant J) I've experienced a bit over, like I spend a lot of time on line so I've been involved in quite a bit of that cos when I told people online that I was gay, sorry bi, I got a few erm, a lot of people saying oh your just an attention seeker and that sort of stuff...which wasn't nice...and in my real life I haven't experienced homophobia, sort of discussing gay rights and stuff with people they might be homophobic but not to me, I haven't told some of them that I'm bi but still. I suppose they don't know about my sexuality so why, I don't expect them to realise and be careful what they say around me.

(Participant T) I think you will always come across people who are going to be horrible, its never gonna stop, you get racism, you get it with disabilities, you get it with lgbt, its never...there is always going to be someone that disagrees with it and its just kind of a thing that you have to accept.

(Participant B) It should get lower and lower and lower.

(Participant T) It should.

(Participant T) It should, I think the more people understand, the more people become accepting erm, but it's never going to stop because different people are going to have different takes on it.

(Participant J) I wanted to sort of shout and say No, your wrong, that's not how it is but of course it was a public place and if I do that then you'd get people saying more things about your sexuality so I felt even more uncomfortable so I didn't say anything. It just didn't feel ok to say anything.... I wanted to; I would have like to express it but.... I just didn't.

(Participant T) I am a bit older though, it's a lot harder to challenge someone, say if you were fourteen and still in school. There is always that chance that it could backfire.

(Participant B) Yeah and all the way through the education system you are programmed not to talk back to adults and stuff and your opinion isn't worth as much as an adults so when they turn round and are cruel to you its kind of hard to do anything about it and you feel bit lost.

(Participant T) Well I think you could be feeling quite scared of what other people might think, you could be quite confident in yourself but once someone tells you so many times that you are not worth anything you start believing it.

You start believing it?

(Participant B) If you hear it enough times... you might create that heterosexual identity and be comfortable with that life that you have built around that sort of lie and found a comfortable situation that they can live with, but really you are not telling people who you really are and you have to try and live with that.

(Participant T) What would you say coming out is?

(Participant J) I would say telling family; I'd say coming out is by default...

(Participant B) You never finish coming out, it's true that every time you meet a new person you have to decide if you are going to come out again and that's the process it's every time, there is never a time that it stops.

(Participant A) It's a big thing to start with coming out to yourself, cause there's that sort of question, I think I might be but I'm not kind of sure, and then you don't want to be and a lot of people might think oh no I can't be but then you realise I guess that actually I am and then you sort of accept yourself.

(Participant A) When I'm with someone I'm proud to be with, being just proud to be with someone without being judged.

(Participant J) Sometimes being gay is a burden, most of my mates are straight and some of them are really homophobic. Mind you drink does help.

3. The internalisation of negative social attitudes,

(Participant C) I have a few mates like this, erm and me. With, well me personally, the reason I use drugs is to get away from it, to get away from the situation. So for a brief moment I'm not actually in this reality I'm somewhere else. I will be feeling a bit better than I did before, yeah it doesn't work for that long but it's better than nothing.

(Participant A) Erm, a lot of people get told at various times that being gay is wrong so their self worth goes down. They just do alcohol and drugs cos they don't think they are worth anything.

(Participant J) Yeah, I think if you sort of are not in a good place and want to get out of it then those sorts of activities you might think that sort of helps.

(Participant B) It's just like doing these things that you know you have been told that are wrong and doing these things that you are not supposed to do even though you are not really in control of the situation its about making a choice and being able to make a choice with everything else in your life being sort of out of your own control making these choices even though they are the wrong choices is, just gives you that moment of control.

(Participant A) There's not much of an LGBT social life rather than drinking to be honest, other than this support group. If you want to, its gay bars.

(Participant A) Or pride.

(Participant J) Yeah talking about that, the impression I get of a lot of the gay scene sort of does revolve round those sort of activities if you want to have a good time.

(Participant T) Of course when it comes to sex it's the same reasons, you feel like erm, I guess, especially in the past if people have judged you for who you are it makes your self worth go down and I guess sex, even though it's a short thing, its only a momentary thing, you do feel like someone actually cares for you, understands you, it gives you a boost just for a short.... some people actually use that as some sort of yeah, feeling a bit better for a while. It just makes me feel like someone actually cares if you are with someone, if someone finds you attractive and someone accepts you for who you are even if it is just for that small moment.

Does that link in any way?

(Participant T) With what (Participant B) was saying about being in control and yeah not judged and that, yes definitely.

(Participant B) The unsafe sex thing being sort of seen as a risk. And it is but, from my own personal experience, it's just, having unsafe sex is not just like a conscious decision it just you don't think about having the protection. It's just not, in that moment, you don't really take time to think have I got condoms, have I got all this sort of stuff it's just a thing that happens and a thing that makes me feel better about myself.

(Participant T) Yeah, it is actually, it's a moment thing. Like a, it's not a priority at that point.

(Participant B) Afterwards you kind of think oh crap, but, in the moment it's not something you think about.

OK.

(Participant T) I don't think that that's just for gay young people though, I think that's the same for everyone.

(Participant T) It can be, I think self-harm is not just linked to LGBT it's linked to a few other problems. You've got stress or any kind of depression in your life, whether its being

lgbt or something else. Self-harm is like an escape and it becomes an addiction. Yeah, people get into it and it's almost like they can't stop, like they don't even need a reason to stop self harming or to do self harm, they just do it because it's a thing they have done. And it works; it stops for that moment the depression or whatever.

(Participant A) I think it's about self worth more than anything.

(Participant A) Well the message you might be hearing messages about who you are, like gay is bad and then you have really low self worth and you just don't feel like you are worth anything then self harm is something you think about. Something I did.

(Participant J) Angry.

Angry?

(Participant J) Very angry, I don't often get deep down angry like that but it got me very angry.

What happened?

(Participant J) I kept it inside, I'm not good at expressing my thoughts, I would probably have made a mess of it if I tried to say something. I got upset and yeah.

(Participant C) I wanted to tear the bloke's throat out. Thank god they actually stopped me cos I would have done...

What feeling was that?

(Participant C) Anger, I can't think of the right words. I was very pissed off. I wanted to shout at him. I was ready to have a go but my mates held me back.

(Participant J) I wanted to sort of shout and say No, your wrong, that's not how it is but of course it was a public place and if I do that then you'd get people saying more things about your sexuality so I felt even more uncomfortable so I didn't say anything. It just didn't feel ok to say anything.... I wanted to; I would have like to express it but.... I just didn't.

(Participant C) (Interrupts).... That was me, I've done that.

You've done that?

(Participant C) When I was in school, I used to take the mickey out of this bloke, he came out and I used to, I actually beat him about three or four times. I saw him in the pub one day and I said, I am so sorry, I know how you feel now.

Thanks (Participant C) do you think that when you beat him up, that was about his sexuality?

(Participant C) I think it was most probably more about my sexuality, I knew he was gay but I was trying to hide myself.

Thank you.

(Participant T) Well I think you could be feeling quite scared of what other people might think, you could be quite confident in yourself but once someone tells you so many times that you are not worth anything you start believing it.

You start believing it?

(Participant B) If you hear it enough times... you might create that heterosexual identity and be comfortable with that life that you have built around that sort of lie and found a comfortable situation that they can live with, but really you are not telling people who you really are and you have to try and live with that.

(Participant B) Having someone to talk to and rationalise something in your own mind and have a proper conversation about it and slot the pieces together instead of just having the pieces spinning around in your own head, that's not good for you, it doesn't really go anywhere. It's when you put it all into sentences that helps.

(Participant A) Pride, pride march, cause you get to be with lots of other gay people, people are cheering at you and there is lots of happy music and your celebrating and everything. And your drunk, that definitely helps.

(Participant J) Sometimes being gay is a burden, most of my mates are straight and some of them are really homophobic. Mind you drink does help.

Effects of internalised oppression (Bremner & Hillin 1994)

(Participant J) I can see myself on here.

(Participant T) Me too.

(Participant J) it's really accurate actually.

Can anyone see themselves in the healthy self acceptance box?

(Participant C) I can see where I am now, and I can see where I was. It's quite surprising actually. I can tick the alcohol and lots of drug use.

OK

(Participant J) Yeah I can see the same as well.

(Participant T) Yeah I'm in about three or four or five places.

(Participant M) I'm more in the yellow than the blue, is that how I feel about myself I wonder.

(Participant M) I think I'm in a bit of a good boy trap.

4. Concealment or hiding.

(Participant C) It's before you come out as well, er your hiding who you really are. It's...it is very difficult.

Mm

(Participant C) Trying to hide from your parents especially.

(Pause)

(Participant B) It's just like doing these things that you know you have been told that are wrong and doing these things that you are not supposed to do even though you are not really in control of the situation its about making a choice and being able to make a choice with everything else in your life being sort of out of your own control making these choices even though they are the wrong choices is, just gives you that moment of control.

(Participant J) I've experienced a bit over, like I spend a lot of time on line so I've been involved in quite a bit of that 'cos when I told people online that I was gay, sorry bi, I got a few erm, a lot of people saying oh your just an attention seeker and that sort of stuff...which wasn't nice...and in my real life I haven't experienced homophobia, sort of discussing gay rights and stuff with people they might be homophobic but not to me, I

haven't told some of them that I'm bi but still. I suppose they don't know about my sexuality so why, I don't expect them to realise and be careful what they say around me.

(Participant T) I think the word gay and stuff actually is quite, today its used as a banterish sort of thing, like erm...I went out to a party and got with a girl and I was really drunk and a lot of people didn't know that I'm bi so to them it was just a drunk thing that you do 'cos a lot of people do that when they're drunk. And friends would laugh at it and would be like ha-ha but because they didn't know about it, me I mean, it's just a banter thing. I guess if they did they wouldn't actually use that as a...I don't think they would have.....you know...said that.

(Participant C) In my life I've not experienced it directly at me, er I think.

(Participant T) Some people don't like to have labels.

(Participant J) Yeah I don't like the term bisexual, it's limiting in terms of gender, cos it's only two and there are lots of terms.

(Participant B) Yeah, the NHS term is men who have sex with men, I know that one. Talking to my doctor but yeah, it's a broader range than people would think for themselves.

(Participant A) Can we make assumptions about the people who said they weren't comfortable about their sexuality? I think it will affect their self worth?

Their self worth?

(Participant A) Yeah you could adopt a heterosexual identity like it says on here, you feel conflicted inside.

(Participant T) Well I think you could be feeling quite scared of what other people might think, you could be quite confident in yourself but once someone tells you so many times that you are not worth anything you start believing it.

You start believing it?

(Participant B) If you hear it enough times... you might create that heterosexual identity and be comfortable with that life that you have built around that sort of lie and found

a comfortable situation that they can live with, but really you are not telling people who you really are and you have to try and live with that.

(Participant A) I had a friend who married but he was really gay...he had kids and so it was really tricky.

(Participant J) I didn't fully admit to myself that I was bisexual until recently, before that it just didn't make sense. Before then I sort of thought maybe I'm asexual or just a bit curious. But then when I felt fully sure of my sexuality I did feel a bit better about myself, the hardest bit is holding on to it and not telling anyone.

Additional information

Resilience

(Participant C) Yeah, until I realised, like what is it, I'm smoking too much and tried to quit...didn't work so I just stood up for it. I thought you know what, I'm going to be proud of what I am. And if anyone has a go at me for it, well. And since then, ok I still smoke too much and people still say stuff so what's the point.

(Participant T) I don't know, the more you show it doesn't affect you or the more front you put up the less people say anything, cos if you are happy or comfortable so anything they say isn't really going to affect. So yeah I think that does help, at least putting up a front even if it might hurt you, erm yeah putting up a front sometimes people don't think it affects you so they don't bother doing it again.

(Participant B) There is definitely that sort of playground mentality that if this person shows a weakness well we will go after them. If they see that you are not bothered, they will get bored and move on.

(Participant M) Well I mean, I prefer to speak to people about it, erm. I also have a gay best friend who at the moment was being bullied erm and he preferred speaking to people cos we were kind of sharing ideas and almost like our opinions how things are getting on, erm. What he said he found out is easy is that I was giving the information to him

that was what he found useful and he could use and just recently he's come out of his shell a lot more. Well you know, he's spoken to a lot of people about his sexuality and it's good. But I think just speaking to people about it, it's so much easier, it makes your life so much easier.

(Participant M) I think you should always be proud of who you are, if you start of with yeah it may be difficult but people are afraid of what they don't understand but if you understand yourself then other people around you, you start to realise it starts getting easier and therefore you should be proud, you know, you're a human, you know, you're not an alien from a different planet therefore you should be just proud of yourself and who you are.

(Participant T) It might not be to us, because to us that's who we are but to other people if they're not in that position they might not get it or understand it because they're not in the same position.

(Participant B) It's the frustration at the ignorance, you just feel this person is so ignorant that they haven't got a clue what they are talking about and they really don't have a right to comment most of the time about what they are talking about but they feel that they are put on this earth to share their own opinion with us and we should be an audience to it. It's just annoying.

Do you make any comment when this is happening?

(Participant B) I am usually unbearably sarcastic towards them.

(Participant T) What would you say coming out is?

(Participant J) I would say telling family; I'd say coming out is by default...

(Participant B) You never finish coming out, it's true that every time you meet a new person you have to decide if you are going to come out again and that's the process it's every time, there is never a time that it stops.

(Participant A) It's a big thing to start with coming out to yourself, 'cause there's that sort of question, I think I might be but I'm not kind of sure, and then you don't want to be and

a lot of people might think oh no I cant be but then you realise I guess that actually I am and then you sort of accept yourself.

Identity

(Participant B) Well from every single angle, you get pictures and images, you know, everybody's saying in the media your going to find somebody of the opposite gender and you're going to live happily every after. That's the image that everybody has. When you realise you are different you know, gay you just shut down while you work it out... you know, before you tell anyone else so no-one has a go at you... Maybe eventually you can gently explain to them that no, actually, this is perfectly normal. Everybody has an image in their head about how everything is supposed to be and when something doesn't fit they don't like it so now I explain to them. Everyone has to have that explanation at some point, everyone just needs to accept the fairy tale image you see on TV, doesn't actually fit for 90 percent of people in the world its not how people want to be or how people are so...

(Participant C) That what you said actually brought to my mind something that Banksy actually did, he did a picture of two male policemen kissing. First time I saw it I thought at least someone really sees what is happening and actually it's the first time I saw a picture that could've been me....not a policeman...laughter.

Feelings

(Participant B) It's the frustration at the ignorance, you just feel this person is so ignorant that they haven't got a clue what they are talking about and they really don't have a right to comment most of the time about what they are talking about but they feel that they are put on this earth to share their own opinion with us and we should be an audience to it. It's just annoying.

Do you make any comment when this is happening?

(Participant B) I am usually unbearably sarcastic towards them.

(Participant J) Angry.

Angry

(Participant J) Very angry, I don't often get deep down angry like that but it got me very angry.

What happened?

(Participant J) I kept it inside, I'm not good at expressing my thoughts, I would probably have made a mess of it if I'd tried to say something. I got upset and yeah.

(Participant C) I wanted to tear the bloke's throat out. Thank god they actually stopped me cos I would have done...

What feeling was that?

(Participant C) Anger, I can't think of the right words. I was very pissed off. I wanted to shout at him. I was ready to have a go but my mates held me back.

(Participant J) I wanted to sort of shout and say No, you're wrong, that's not how it is but of course it was a public place and if I do that then you'd get people saying more things about your sexuality so I felt even more uncomfortable so I didn't say anything. It just didn't feel ok to say anything.... I wanted to; I would have liked to express it but.... I just didn't.

Not all about LGBT

(Participant B) I don't think it's all about sexuality though, yeah you do have issues with sexuality but it's quite likely that it's well, if you are LGBT you are more likely to fall into these boxes. That's what I would think.

The need for support

(Participant B) It's all about trust, you would need to not only trust the person, but also the organisation that they work for and know that they aren't going to share that information and that they are going to be able to help you.

(Participant B) Having someone to talk to and rationalise something in your own mind and have a proper conversation about it and slot the pieces together instead of just having the pieces spinning around in your own head, that's not good for you, it doesn't really go anywhere. It's when you put it all into sentences that helps.

(Participant C) I would have liked to talk more, like in private.

(Participant B) A lot of young people, just generally could always do with that talk just to figure out what's going on, but especially if you're LGBT.

Lots of nodding.