'One day we won't need to be resilient, we will just be ourselves': an online qualitative exploration of LGBT+ people's perspectives of resilience.

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Abstract.

Resilience, generally understood as the avoidance of negative consequences despite the presence of adversity, has attracted significant attention in the study of human responses. This research focused on resilience with LGBT+ people in the UK who are known to experience health inequalities. As such, the findings contribute to a growing field, which has yet to adequately account for the perspectives of those with marginalised identities. The research questions explored the interrelated concepts of adversity and resilience, alongside intersectional notions of difference. Informed by the principles of qualitative social research with an online methodology, the research successfully engaged with 111 participants. These participants generated the research data through an online questionnaire and distance interviews via email, instant messaging and Skype.

Analysis indicated participants held complex relationships with the notion of resilience, which were grounded in their personal and community experiences. Individual agency factors and structural environmental characteristics contributed to participants' resilience. Significantly, participants perceived resilience as required from those with minority identities, pointing to the elevated rates of suicide and mental health problems as a direct consequence of this expectation. Resilience was also associated with notions of survival; these accounts diverge from many contemporary approaches which are contingent on the concept of thriving.

The study concludes that structural components, such as identity-based adversities, are central to understanding LGBT+ peoples' perspectives and experiences of resilience. The need for further qualitative explorations of resilience is evident. It is suggested that future research focuses on accounts of resilience with marginalised individuals and communities who have much to offer to the study and understanding of resilience. Furthermore, it is suggested that policy makers apply caution when deploying the concept of resilience as the expectations of responding in such a manner place significant requirements on those already at risk of the consequences of structural adversities.

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Declaration.

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for an award at this, or any other, University. All sources are acknowledged as references.

Preface.

A thesis encompasses more than the words, tables and analysis it contains. It is the culmination of hopes, dreams, emotions and experiences that extend beyond these necessary confines. The 'doing' of such research occurs for academic, employment and personal reasons which interact with one another. In this case, the researcher's interest in health inequalities, understood as the avoidable difference in health which are rooted in structure, motivated the approach and focus of the project.

These interests stem from my undergraduate studies when I had the opportunity to undertake a number of modules on social policies which relate to health inequalities. These studies were foundational in my interest and broadened my understandings of health and the inequities which extend beyond the differences in income, geography and employment. During this time, I also became involved in my university's student's union and was concerned by the inequalities experienced by LGBT+ people on campus. My undergraduate dissertation combined both interests by exploring trans university student's experiences of health and higher education. Undertaking this dissertation research, which involved qualitative email interviews, was a humbling experience which kickstarted a passion for research itself. As a white, English-speaking, cisgender, heterosexual woman, I became increasingly aware of the privileges associated with my own identity. I have not faced the identity-based discrimination which has been linked to the higher rates of suicide, mental health problems and self-destructive behaviours experienced by those who identify as LGBT+. I make no claims that this gives me an advantage or objectivity in my research; my interest is grounded in the desire to address inequalities which impact on the fabric of human experience.

My initial interest in resilience was as a counterbalance to the deficit driven models of vulnerability, risk and adversity which have long dominated the LGBT+ research field. In seeking to understand the concept further, it became apparent that the voices of marginalised individuals and communities, including those who identify as LGBT+, were largely missing from the field or were considered without adequately accounting for context in their narrative of the concept. In order to truly understand

approaches to resilience, we must situate our considerations in the structural imbalances in which discrimination, risk and adversity occur.

There were three research questions which this thesis sought to explore. Firstly, *How do LGBT+ people understand and experience adversity?* This first research question acknowledges the significance of context by focusing on LGBT+ people's understandings and experiences of adversity. This was intended to ground participants' perspectives of resilience in their lived experiences of adversity and risk. Secondly, *How do LGBT+ people understand and experience resilience in the context of navigating adversity?* Having accounted for context, the second research question concentrates on the key concept of resilience and participants' experiences and understanding of it. Thirdly, *In what ways, if at all, do notions of difference, such as sexual orientation and gender identity interlink and impact on experiences and understandings of resilience?* With questions over the grouping of multiple sexual orientations and gender identities under the same banner of 'LGBT+', it was also important to acknowledge and reflect on whether notions of difference impacted on these considerations. The final of the three research questions considers whether gender identity and/or sexual orientation impacted on participants' understandings and experiences of resilience. In acknowledging the significance of context, the research was able to access accounts of the structural environment which have been identified as largely missing from the resilience field, while simultaneously accounting for agency and individuality in understanding resilience.

Carrying out this research has been personally emotive, at times upsetting but in equal measure rewarding. Participants' responses contained intimate details of their lives including experiences of violence and intolerance while also demonstrating pride, hope and coping despite significant pressures. The personal responsibility of adequately reflecting these accounts and making a contribution to the field, was intensely felt. Being the receiver of participants' personal insights, understandings and experiences is a privileged position to hold. I am eternally grateful to all those who took the time to contribute through participation, supervision and personal support.

Chapter One: Contextualising LGBT+ Lives.

1.1. Introduction.

Individuals with minority sexual orientations and gender identities are subjected to a number of inequalities. As such, the unequal position of LGBT+ people in the UK is evident in both health outcomes and behaviours (Almack, Smith et al., 2015). Beginning with an exploration of health inequalities, this chapter will introduce the key concepts that underpin the rationale for undertaking this research. Conceptualisations of health inequalities will be considered alongside the ways in which LGBT+ people experience health disadvantages. Having established the appropriateness of approaching sexual orientation and gender identity as social determinants of health, the chapter will then consider the ways in which these foundational concepts are understood. Essentialist approaches to gender and sexuality will be considered alongside notions of the social construction of such concepts to illustrate how these categorisations shape our lives. While it is unusual to include input from participants early on, the subsequent section explores why a participant's suggestion to use the LGBT+ acronym was adopted within this research. An exploration of social policy will follow the discussions of acronym use in order to demonstrate the need for historically rooting research.

The chapter balances social theory and LGBT+ research to establish the lenses through which the research was undertaken and the circumstances in which LGBT+ people in the UK enact their lives. With this in mind, the following section focuses on heteronormativity. Heteronormative theory suggests the social world is built for, and by, heterosexual people. Those who do not fit in traditional gender roles or conform to the standards of monogamous, married, heterosexuality, experience consequences for belonging to a minority (Oswald, Blume et al., 2005). This section also draws on queer theory to illustrate how heteronormativity and structuralist approaches can work together. Discussion will then move on to consider intersectionality and the ways in which this research can benefit from its' insights. Intersectionality challenges previous rhetoric by considering the ways in which the social identities we inhabit interact and compound one another (Ahmed, 2017).

While discussions of intersectionality offer distinct insights from those of heteronormativity, both theories share a desire to understand, and address, the nature of power and in doing so offer complimentary ways through which to approach research.

Given the prevalence of discrimination, homophobia, biphobia and transphobia, both in the UK and worldwide, the chapter will then move on to consider these structural disadvantages (Bachman and Gooch, 2017; King, Semlyen et al., 2008). Discrimination has been linked to mental health problems and elevated rates of suicidality in LGBT+ individuals (Clarke, Ellis et al., 2010). With this in mind, the final section explores health inequalities in relation to discrimination, arguing that we need to move away from an individualised model of these risks and move towards approaching these as outcomes of structural inequalities.

It is important to note from the outset that as this is an under-researched field the chapter draws on research from both the UK and beyond. These sources included participants from adolescence to oldest adults. With this in mind it is also important to acknowledge that throughout the thesis research focusing on one of more of the sexual orientations and gender identities will be used. As these are under researched population, including such literature broadens the scope for consideration.

1.2. Health Inequalities and Social Determinants of Health.

The social conditions in which we live have a combined impact on our health (Fish and Karban, 2015a). Life expectancy, health conditions and health behaviours are defined not only by our genetics but by where we live and the structural circumstances in which we enact our lives. Location, ethnicity, social class, sex, race and employment status are all suggested to contribute to the many inequalities and inequities that persist in health (Dressler, 1993; Khang, Lynch et al., 2004; Marmot, 2005; Marmot, Stansfeld et al., 1991; Muntaner, Solar et al., 2010; Walsh, 2000). Social and economic conditions have been recognised as responsible for health outcomes and have come to be known as the social determinants of health (Marmot and Wilkinson, 1999). Sexual orientation and gender identity are understood as

contributing to these social determinants which result in health inequalities (Baum, 2008).

Although much of the health inequalities focus has been on the differences in life expectancy between the poor and the wealthy, there is a growing body of research and theory which explores the health inequalities experienced by LGBT+ populations (Wilkinson, 1996). Researchers have identified that health inequalities affect LGBT+ people worldwide with research substantiating this having been conducted in the UK (Karban and Sirriyeh, 2015), Australia (Anderson, McNair et al., 2001), the US (Fredriksen-Goldsen, Kim et al., 2013), Canada (Mulé, 2015) and Geneva (Wang, Häusermann et al., 2007) amongst other places. LGBT+ people are understood to experience the outcomes of health inequalities throughout their lives. These inequalities often start early in life as evidenced by the increased suicide rates in LGBT+ youth and are thought to persist throughout life (Meader and Chan, 2017). For example, findings from Blosnich, Farmer et al. (2014) suggest bisexual women in the US are significantly less likely to seek medical care on the grounds of costs than heterosexual women. While Cahill and Makadon (2014) point to the lower rates of lesbian women attending cervical cancer screenings as a marker of health disparities. There is also suggestion that trans people are more likely to have attempted suicide then those who identify as cisgender (McDermott, Hughes et al., 2018b; Reisner, White et al., 2014). As Eliason (2010: 9) points out 'virtually every study that compares LGBT (or people who are questioning, use other labels, or resist labels) to exclusively heterosexual and cisgender individuals, finds higher rates of depression, substance abuse, and suicidal behaviours'.

Whilst acknowledging that the question of how to define health inequalities remains contentious, Graham (2007: 4) outlines three broad approaches. These are 'health differences between individuals, health differences between population groups (and) health differences between groups occupying unequal positions in society'. This last approach to health inequalities combines health and social disadvantages to take a perspective which incorporates socially constructed inequities. While this approach has received less attention than the first two, it offers the opportunity to consider the health inequalities LGBT+ people experience when compared to the

heterosexual and/or cisgender population. Health inequalities, including those experienced by those who define as LGBT+, are argued to exist due to unequal power structures in society, which lead to social inequalities (Graham, 2007). These inequalities are not fixed. Rather, they change as society changes. As such, the term health inequalities is being used in this research to refer to the health outcomes of structural inequalities rather than to individual differences in health.

Evidence from the health inequalities field strongly indicates that social structures impact on LGBT+ people's health. For example, the elevated rates of symptoms of depression found in young people who identify as LGBT+ have been linked to experiences of intolerance (Almeida, Johnson et al., 2009). While research by Hatzenbuehler, Phelan et al. (2013) suggests stigma as one of the causes of health inequalities. Others still have suggested it is the accumulative effects of discrimination which generate these disparities in health (Almack, Smith et al., 2015). The impacts of stigma and discrimination can also be evidenced in the types, and amount, of data which are routinely collected. Questions on sexual orientation are routinely omitted from key surveys such as the census (Graham, 2007). For this reason, figures on sexual orientation do not exist in the same volume that they do for other social determinants of health. This can be linked to theorising on the impacts of heteronormativity, assumed heterosexuality and to Foucault's (1984) exploration of the silencing of sexuality. However, it is worth noting that the Office for National Statistics (ONS) have attempted to address this imbalance by developing a range of questions on sexual identity which are now included on all ONS surveys. Along with this, the National Health Service (NHS) have produced guidance on best practice when collecting data on sexual orientation (Sexual Orientation Monitoring: Full Specification, 2017).

This research takes the position that the social structures which LGBT+ are subjected to have a detrimental impact on their health. In other words, LGBT+ people's health is socially determined and represents a significant health inequality. The increased risks of mental health problems and self-destructive behaviours including suicide, self-harm, poor sexual health and substance misuse have dominated the LGBT+ research field (Bryan and Mayock, 2017; McDaniel, Purcell et al., 2001; McDermott,

Hughes et al., 2018a; Mustanski, Newcomb et al., 2011; Scourfield, Roen et al., 2008). These higher rates of mental health problems are demonstrative of an inequity between those with minority sexual orientations and gender identities and the rest of the population. They represent a clear need for understanding LGBT+ people's lives through a lens of socially determined health inequalities. Furthermore, this dominance has led to an interwoven narrative of health and risk which have dominated research, policy and practice. As such LGBT+ people have been understood as an 'at risk', 'risk taking' or 'risky' population group (Formby, 2017; Nodin, Peel et al., 2015).

1.3. Theorisations of Gender and Sexuality.

Sexual orientation and gender identity have been suggested as intersecting characteristics which shape the human experience (Doyle and Paludi, 1991). As such, the ways in which these are theorised, approached and understood are significant in contextualising the lives and experiences of people who identify as LGBT+ in the UK. Interdisciplinary and interrelated fields of enquiry, sexuality and gender studies contain disparate, often competing, perspectives. Feminists, essentialists, queer theorists, psychoanalysts and structuralists have all contributed to contemporary understandings. Significantly, these contributors often fundamentally disagree, which further contributes to an already complex field of enquiry (Barker and Scheele, 2016). In an increasingly globalised and interconnected world, gender and sexuality are understood to sit in the conjuncture between the global and the local, simultaneously affected by micro individual factors, meso community factors and macro national and international factors (Lancaster and Di Leonardo, 1997). In these contexts, our understanding of our own gender and sexuality shapes not only how we see ourselves but also our position in a wider social framework. Therefore, if seeking to understand the human experience, sex and gender are understood to be foundational cornerstones.

From our very conception our experiences are said to be shaped by the determination of our sex, yet opinions differ vastly on the very meaning of the term (Doyle and Paludi, 1991; Marchbank and Letherby, 2014). For example, sex has been

understood in biological terms of reproduction, hormones and chromosomes, as well as fluid, a spectrum and as a social construct (Doyle and Paludi, 1991; Hines, 2018). However, a separation of sex as the biological, and gender as the socially constructed, is said to have led to a binary divide between the two (Marchbank and Letherby, 2014). This variability illustrates the complexities of the field which endure despite significant attention. From differing brain chemistries and hormones to different styles of learning and speaking, the binary and essentialist categorisations of biological sex to gender through the classification of male and female have become fundamental in western cultures (Herdt, 1996; Kimmel and Aronson, 2003). While these concepts are understood to be integral to understanding the human experience, opinions vary vastly in regard to the extent to which biology and cultural practices, beliefs and expectations contribute to our experiences of both sexuality and gender (Hines, 2018). While essentialists take the viewpoint that gender differences are biologically determined and explained, social constructionists have challenged such notions asserting gender as constructed through discourse (Butler, 2006; Hines, 2018).

Essentialist approaches to gender and sexuality are underwritten by the biologically understood urge to reproduce (Marchbank and Letherby, 2014). This approach can be seen in many of the structural elements of modern societies which have assumed an inherent connection between the biologically determined sex of male or female and the appropriate, correct and acceptable form of heterosexual sexuality (Weeks, 2003). Ideas of 'normality' are then rooted in these understandings of biologically understood sex and sexuality. With procreating and continuing the species seen as the goal, those who do not fulfil ideals of heterosexuality - namely, monogamous heterosexual marriages - are viewed as deviant (Carabine, 2004; Weeks, 2003). In understanding gender and sexuality in terms of the 'natural' and biological, essentialist ideas are said to promote and protect the status quo (Heise, 2007). It is primarily for these reasons that essentialist approaches to gender, sex and sexuality have been challenged by social constructivists including Foucault (1984) and Weeks (2000; 2003) who argue sexuality should be understood as socially and culturally shaped and historically situated. The dominance of essentialist approaches to sexual

orientation and gender identity can be seen to manifest themselves in the ways in which biologically driven approaches to sexuality underwrite LGBT+ research. For example, many of the models of identity formation, which position sexual orientation and in many cases gender identity as at least in part biologically and genetically driven, leave little room for choice in the equation (Eliason and Schope, 2007). This is further underlined by the findings of Scourfield, Roen et al. (2008) whose participants describe non-heterosexual identities as natural.

Social constructionists approach sexuality and gender in vastly different terms to the biologically driven approaches of the essentialists. Gender and sexuality are considered in terms of social significance and subjective meaning (Parker and Aggleton, 2007). The same sexual act may be understood as having different meanings and significance in different time periods and across different cultures. Rather than being permanent, meanings are culturally and socially situated, changing across both time and place. Although social construction can mean different things to different scholars, socially constructed gender roles are often understood to interact with constructions of sexual orientation (Kimmel and Aronson, 2003). For instance, gender stereotypes such as warmth, empathy and aggression are also associated with sexuality. Consider the expectations and assumed sexuality of an effeminate man or a woman perceived as butch: these expectations transverse the borders of gender identity and sexual orientation, in many ways conflating the two. Partly for these reasons, feminist theorists have used notions of the construction of gender to illuminate the social structure through explorations of the foundational role of gender in the social order which contributes to maintaining the categories of male and female in the everyday order of social life (Lorber and Farrell, 1991). Rather than being something we fundamentally are, gender has been argued as something we become through social signals, practices and control which inhibit the freedom of individuals and impact on the categorisations of male and female in differing ways (De Beauvoir, 2011). For example, through the social reinforcement of the aforementioned gender stereotypes associated with aggression, warmth and empathy.

Queer theorists have drawn on social constructivism to query the very foundations of the concepts of sexuality and gender identity (Corber and Valocchi, 2003). At the core of queer theory is the identifying, questioning and deconstructing of social norms (Sullivan, 2003). Through the resistance of categorisations, and the rejection of binaries, these theorists have sought to deconstruct such notions through explorations of sex, sexuality and gender rooted in power and accounted for through the concepts of construction and performance (Barker and Scheele, 2016). Significantly, such approaches have questioned and disturbed the assumption of a causal relationship between gender identity and sexual orientation (Corber and Valocchi, 2003). In an evolving world, where meaning is culturally shaped and social practices shift, sexuality is understood as culturally impacted (Lancaster and Di Leonardo, 1997).

Many cultures and societies closely link together gender and sexuality through categorisations and characteristics. This has, at least in part, led to those who are gender diverse or gender non-conforming being associated with homosexuality. Hines (2018, p.84) uses the example of a transgender person to illustrate the complexities of, and in many ways problematise, this linkage. A person who transitions from male to female, whilst maintaining attraction to women throughout, is reclassified from heterosexual to homosexual; while this individuals gender identity, expression and pronouns have altered, their sexual orientation has internally continued yet - consequent to transition - externally altered. In considering such an example we are presented with the tensions between the individual and the structural interdependency of sexual orientation and gender identity. Queer theory seeks to question the way in which gender identity and sexual orientation have become a foundational relationship. Rather than our identities being something we essentially and naturally are, as argued by the essentialists, queer theory views gender and sexuality as performative actions which are shaped in the context of established social constructions of sexuality and gender. In doing so, queer theory aims to go beyond the historically constructed binaries to establish differing ways in which gender can be understood, approached and experienced (Barker and Scheele, 2016).

Sexual identities and acts have been argued as existing on a continuum which contributes to understanding sexual orientation as fluid across the life course (Kimmel, 2015). Although conceptualisation of sexuality and gender as on the same or separate, but closely related, continuums or spectrums seem to be gaining momentum, they have been criticised for largely failing to include those who identify as agendered, asexual or indeed both (Hines, 2018). In focusing on the behaviours of homosexuality, heterosexuality, masculinity and femininity these spectrums have left out key terms and understandings which have become increasingly prevalent in recent years.

Conceptualisation of gender and sexuality are central to the way in which we see the world. Through the categorisations associated with gender and sexual orientation, social, structural and cultural foundations can be illuminated (Hines, 2018). Though often presented as distinct characteristics, gender and sexuality have also been understood in conjunction with one another in shaping our experiences (Hines, 2018; Kehily, 2001; Lancaster and Di Leonardo, 1997). Significantly, theorisations of gender and sexuality have been recognised as complex fields of enquiry with a disparate set of, often competing, contributory voices (Doyle and Paludi, 1991; Lancaster and Di Leonardo, 1997). Discourses on gender and sexuality impact on the lives of LGBT+ people in the UK. They act as justification for structural norms, policy and practice whilst simultaneously shaping the ways in which we identify ourselves. This intersecting position between the structural and the individual shapes experiences both in the everyday and across the span of life (Hawkes, 1996). As such, theories of gender and sexuality are important in contextualising LGBT+ people's lives.

1.4. The LGBT+ Acronym.

Within both research and everyday life, there are many acronyms used to represent the same individuals. For the purposes of this research, the acronym LGBT+ was adopted. Whilst acknowledging there is a debate within the research field, as to whether to include sexual orientation and gender identity in the same research, there is an established history of such research (Chung, 2003; Devor, 2002; Schneider and Dimito, 2010). Similarities and comparisons can be drawn in terms of the

discrimination, hate crimes, increased risk of mental health problems and high rates of suicidal ideation experienced by those with minority sexual orientation and/or gender identities (Chakraborty, McManus et al., 2011; Marshal, Friedman et al., 2009).

Acronyms and initialisms create borders of inclusion and exclusion, regardless of intention. They can be confusing for outsiders and contentious for those choosing which to adopt. The options considered included those widely used in academic and community settings. For example, LGBT (Keuroghlian, Ard et al., 2017), LGBT+ (Fredriksen-Goldsen, 2016), LGBTI (Dominey-Howes, Gorman-Murray et al., 2014), LGBTQ (Woulfe and Goodman, 2018) and LGBTQI (Lennon, Hodgson et al., 2017). Though less well known, LG(BT) (Barker and Scheele, 2016) was also considered as it is used to indicate that LGBT agendas are often dominated by gay men, and to a lesser extent lesbian women, while bisexual and transgender people's voices and experiences are often minimised.

The approach taken to acronym use of Barker and Scheele (2016), draws our attention to the lack of research which represents a broad range of the identities included under the LGBT+ umbrella. Much of the research which purports to be on, or with, LGBT+ people fails to represent the diversity of identities included in the acronym. This has been recognised in the field somewhat with those such as McDermott (2011) pointing to the overrepresentation of white gay men in the literature at the expense of those from an ethnic minority background, women and those who identify as bisexual. These issues have also been highlighted by Chung (2003) whose literature review suggested that although bisexual and transgender people are often included in the headings and language of much of the LGBT+ career literature, little is actually known or understood in regard to their unique circumstances. These issues demonstrate the clear need for research which truly reflects the diverse identities under the LGBT+ banner.

In this case, using LGBT+ is not only representative of the research sample achieved but also of participants preferences. While LGBT was initially adopted for the pilot study, on the suggestion of a participant the + was added. This participant advocated

for the value of the + in reflecting the inclusive approach already adopted by the researcher. The addition of the + symbolises the inclusion of gender identities and sexual orientations beyond those of lesbian, gay, bisexual and trans explicitly referenced in LGBT. The + indicates to both potential participant and research output readers the inclusion of diverse identities in the research undertaken. In this case this includes those who identify as queer, questioning, pansexual, non-binary, asexual, intersex to name but a few.

1.5. Social Policy and LGBT+ Lives.

Internationally, LGBT+ people continue to be marginalized and treated unequally (Meezan and Martin, 2009). Significantly, research by The International Lesbian, Gay, Bisexual and Trans and Intersex Association (ILGA) suggests that around a fifth of the world's population do not believe LGBT+ people should be protected by equality legislation (Carroll and Robotham, 2017). In the UK, policy has historically treated LGBT+ people unequally, discriminating against LGBT+ people in terms of employment, marriage, education and healthcare (Weeks, 1989; 2003; Wilton, 2000). However, in recent years there has been a marked shift towards addressing inequalities including those experienced in terms of health. In order to contextualise the lives of the LGBT+ people in the UK, many of whom have lived through historical inequalities, this section draws upon both past and current policy. This is by no means an extensive list, for such content see Weeks (2007), but rather draws on a number of policies to paint a picture of both the current and historic position of UK LGBT+ policy.

For many LGBT+ in the UK, policy and practice can be understood as precarious. While gains were made in the 1980's with many public sector organisations seeking to address equality issues, these were subsequently withdrawn or repealed thus placing LGBT+ people in precarious unpredictable policy conditions. For example, many local governments put policy officers in place who were responsible for lesbian and gay equality (Carabine and Monro, 2004). Yet consecutive Conservative Governments, from 1979 until 1997, saw the retrenchment of these initiatives with

many individuals and committees responsible for such issues disbanded (Carabine and Monro, 2004; Colgan, Wright et al., 2009; Monro, 2006).

Policy routinely discriminated against LGBT+ people whilst simultaneously giving advantage to those who identify as heterosexual and cisgender. For example, while heterosexual couples were offered married persons tax allowances, those in same-sex relationships were often not even allowed to register the deaths of their partners. This forced same-sex couples to seek other legal recognitions, such as next of kin status, in order to access things taken for granted by heterosexual couples. For example, Kitzinger and Wilkinson (2004), a same-sex couple, explain their experiences of seeking equal treatment in comparison to heterosexual couples, prior to the introduction of civil partnerships or same-sex marriage. In doing so, they outline a range of inequalities, including; unequal access to pensions, the right to register death, inheritance tax and bereavement benefits which they, and many others, experienced. As such, the introduction of the Civil Partnership Act (2004) was more than a symbolic gesture. It was the first time same-sex couples were able to access the kinds of rights taken for granted by those able to enter into heterosexual marriages. The desire for this was clearly demonstrated in the 1857 civil partnership ceremonies which were performed in the first month of the legislation coming into effect (ONS, 2017). As of 2018, same-sex marriage is legal in over 20 countries (Winter, Forest et al., 2018). Though, Bermuda has become the first jurisdiction in the world to indicate that they intend to rescind equal marriage legislation (Leonard, 2017).

The unprecedented policy changes which have taken place in the UK since 2000 demonstrate that marriage, and partner entitlements, were not the only discriminatory policies in place (Weeks, 2007). Significantly, 2003 saw the repealing of section 28 which had impacted on the lives of many LGBT+ people in the UK. Section 28 of the Local Government Act (1988) prohibited the 'promotion of homosexuality' in schools. This effectively made it illegal to include same-sex relationships in sex education and for teachers to 'come out' to their students. For these reasons, section 28 has been seen as the prime example of heterosexual control and the exclusion of LGBT+ people from full citizenship (Burridge, 2004;

Richardson, 1998). Despite previous attempts, it took until 2003 for section 28 to be repealed in the UK and a further three years, until 2006, for section it to be repealed on the Isle of Man (Stonewall, 2016). Its repeal marked a historic turning point in the lives of LGBT+ people in the UK. Along with the repealing of section 28, 2003 also saw key employment legislation begin to protect LGB+ people in the workplace.

The Employment Equality (Sexual Orientation) Regulation (2003) was the first UK legislation to protect LGBT+ workers from discrimination on the grounds of their sexual orientation. Interestingly, research at the time suggested that while gay men were likely to earn around 15% less than their heterosexual counterparts, lesbian women were earning significantly more than heterosexual women with estimates ranging they were earning between 20-34% more (Black, Makar et al., 2003). These figures raise a number of questions about gender roles and their interaction with sexual orientation in the workplace. Along with these policy changes, 2003 also saw the passing of section 146 of the Criminal Justice Act (2003). When it came into force in 2005, this enabled the passing of tougher sentences for offences based on the victim's perceived or actual sexual orientation. This meant that LGBT+ people were legally entitled to equality in the workplace, while out-of-work discrimination was treated more seriously.

2004 saw the passing of The Civil Partnership Act which gave same-sex couples the same legal rights as heterosexual couples. However, discrimination in terminology not only persisted but was enshrined in law. While heterosexual couples were legally recognised as 'married', same-sex couples were 'partnered'. Although this meant same-sex couples legally obtained the same rights as a heterosexual married couple, there were many concerned over the 'equal but different' precedent which the Act set. Along with this, there are also ongoing concerns over the exclusion of heterosexual couples from civil partnerships which remain only available to same-sex couples. Interestingly, there has been a judgement from the Supreme Court that civil partnerships should be open to mixed-sex couples (Bulman, 2018). Along with civil partnership legislation, 2004 also saw the passing of The Gender Recognition Act which allowed trans people the right to a new birth certificate with reflects their appropriate gender. Although trans people were now entitled to new birth

certificates, the gender options available remain limited to 'male' and 'female'. Unlike other countries, the UK is yet to recognise a third gender or allow to changes on official documents on request without prior medical confirmation. Worldwide, there have been a number of significant markers of the beginnings of a shift in the legal recognition of gender. For example, in New Zealand trans people can opt to have an X in the sex section of their passport (Veale, 2008). While in Canada the world's first gender neutral health card, marked with a U for sex, was issued in 2017 (Carmichael, 2017). Whether the UK will seek to make similar adjustments remains to be seen. However, there has been indication that change is likely to come with a consultation into the process of gender recognition in the UK having been undertaken in 2018 (Government Equalities Office, 2018b).

In 2007 the Equality Act (Sexual Orientation) Regulations enshrined the equal provision of goods and services in law. This meant providers of goods and services, such as shops, B&B's and nightclubs, could no longer discriminate against customers or service users on the grounds of their sexual orientation. The following year saw the Human Fertilisation and Embryology Act (2008) pass which ensured same-sex couples were recognised as legal parents when they have used donated eggs, embryos or sperm. However, many have raised concerns over the current legal position of surrogacy in the UK particularly in terms of the rising numbers of people seeking such arrangements abroad which, in some cases, offer little legal protection (Crawshaw, Blyth et al., 2012; Norton, Hudson et al., 2013). In 2011, the partial lifting on the lifetime ban for men who've had sex with men donating blood, though until 2017 those wishing to do so had to remain celibate for 12 months prior to donation. Since 2017 this has been reduced to 3 months (NHS, circa 2018). There is no such clause for heterosexual individuals wishing to donate. The historic convictions for men who had sex with men enforced the unequal social position, and prejudice, LGBT+ people in the UK have experienced (Ellis and High, 2004). The Protection of Freedoms Act (2012) allowed for the removal of such convictions from criminal records and as such was a significant marker of apology. However, while this demonstrates a shift both in attitudes and law it can also be seen as an erasure of LGBT+ history. Removing such convictions, can be argued as a rewriting of history

which seeks to minimise the ways in which LGBT+ people have experienced historical inequities.

Along with the legal changes outlined throughout this section, there have also been a number of other significant indicators of LGBT+ inclusion. For example, the state has recognised that identifying as LGBT+ may have an impact on one's health (Fish, 2007). There has been inclusion of LGBT+ identities in the suicide prevention strategy, which specifically notes the higher risks of mental health and suicidal ideation that LGBT+ people in the UK experience (Preventing Suicide in England: a cross-government outcomes strategy to save lives, 2012). However, while the strategy indicates these elevated rates, as sexual orientation is not recorded on death certificates, we lack an accurate portrait of the data, which truly reflects up-to-date figures. Interestingly, this is also an issue in Australia where sexual orientation is rarely recorded on death certificates (Skerrett, Kõlves et al., 2014). This suggests heteronormativity is again prevalent in the types of data which are collected, or indeed are not. Sexual orientation is not regarded as something we need to routinely account in death.

Despite these issues there has been a commitment from The Department of Health and Social Care and the Government Equalities Office that a jointly devised plan to reduce LGBT suicide will be created alongside the inclusion of LGBT needs in future updates of the suicide prevention strategy (Government Equalities Office, 2018). While these are significant steps in addressing the health inequalities experienced by LGBT+ people in the UK, there are still issues to be addressed. Namely the inclusion of LGBT+ issues in NHS forward planning. Despite specific mentions of health inequalities, The NHS *Five Year Forward View*, which covered the period of 2014-2019, contained no references to LGBT+ issues (NHS, 2014). Having run its course, the subsequent NHS Long Term Plan (NHS, 2019a), which has a ten-year goal-based framework, only contains two references to LGBT+ issues. The former of uses LGBT+ young people as an example for the types of young people more likely to face mental health problems (NHS, 2019a: 51). With the latter being a reference to the experiences of LGBT+ staff in the NHS (NHS, 2019a: 87). While inclusion in itself may be argued to be progress, in the context of health providers feeling ill equipped to

deal with LGBT+ issues the lack of rigorous inclusion detracts from the wider government agenda of tackling LGBT+ health inequalities (Clarke, Ellis et al., 2010).

The inclusion of issues which impact on LGBT+ people has expanded across a number of government departments. There has also been somewhat of a commitment to addressing the health inequalities experienced by LGBT+ people in the UK (Government Equalities Office, 2018a). Significantly, Dr Michael Brady has become the first National Advisor for LGBT health (Department of Health and Social Care, NHS England et al., 2019). Through this role, Dr Brady will advise the government on how the both the physical and mental health inequalities which impact on LGBT+ people in the UK can be tackled. This appointment is one of the key recommendations of the LGBT Action Plan (Government Equalities Office, 2018a) which was a result of the findings of The National LGBT Survey (Government Equalities Office and Mordaunt, 2018) which found LGBT people in the UK are less satisfied with their life than the general population. Significantly, these findings indicated that trans people experience who had even lower life satisfaction than both the wider population and when averaged out across the LGBT population. This inclusion begins to suggest an acknowledgement from government that there are differences in experiences across the gender identities and sexual orientations included within the LGBT acronym. This is further exemplified by the launching of the consultation on the Gender Recognition Act (2004), which specifically mentions the governments intent to de-medicalise the legal recognition of gender (Government Equalities Office and Greening, 2017).

Along with tackling the health inequalities experienced by LGBT+ people in the UK a number of other government departments have LGBT+ inclusive policies and remits. For example, the Department for Education have recently made relationship education compulsory in primary schools and sex education compulsory in secondary schools. The draft guidance on these includes language on the integrated inclusion of LGBT sex and relationship education which rather than being standalone lessons should be incorporated into the overall strategy (Department for Education, 2019). There has also been an ongoing commitment from the Ministry of Housing, Communities and Local Government, the Home Office and the Ministry of Justice to tackle LGBT hate crime and improve the ways in which such incidence are reported

and recorded. Including in their update on the 'actions against hate' action plan (Ministry of Housing, Communities and Local Government, Home Office and Ministry of Justice, 2018). However, while there have been markers of inclusion across government, these are somewhat disjointed and largely come from the government Equalities Office who have taken a lead in tackling LGBT+ issues across the Governments remit.

While this section has focused predominantly on UK policy since the millennium, it is important to remember the historical policies which have shaped the lives of LGBT+ people living today. Many grew up, or indeed worked, under section 28 which actively promoted a hostile environment for LGBT+ people. Marriage has only been an option for LGBT+ people in the UK since the Marriage (Same-Sex Couples) Act (2013) came into effect on the 29th of March 2014 and those who identify as non-binary still do not have their gender identity legally recognised. While many changes have been made, there remain a number of key areas where rights have yet to be achieved. Additionally, we must bear in mind that the international picture is both complex and rapidly changing. In Iran, women who have sex with women can be subjected to 100 lashes for the first three proven offences after which they may face the death penalty (Bucar and Shirazi, 2012). While in Uganda, men who have sex with men face life imprisonment (Hollander, 2009). On the other hand, since 2007, trans people in Spain, provided they meet certain criteria, have had the right to legally change their name on official documents without undergoing surgery (Platero, 2011). In Sweden, the military has altered its uniform policy in order to allow LGBT+ military members to attend pride events in uniform (Sundevall and Persson, 2016). This complex picture means that while LGBT+ people have increasing rights in many places; they face discrimination to the extent of being put to death in others (ILGA, 2017).

1.6. Heteronormativity.

Through the preceding exploration of policy, it is clear that historically, inequality was not only an indirect consequence but also actively promoted. Policies such as section 28 and the married person tax allowance ensured that heterosexuality was not only

given priority but, significantly, was treated as the only normal and acceptable orientation. As such, heterosexuality is understood as more than merely a sexual orientation, it denotes a social institution that has advantaged some over others and is central in organising social membership (Hawkes, 1996; Berlant and Warner, 2003). The privileges of heterosexuality are often unconscious, a set of norms that cannot necessarily be pinned down that pervade senses of rightness, value and morality (Berlant and Warner, 2003). These 'heteronormativities' underpin the social structures, institutions, traditions and cultural assumptions which scholars have long sought to identify (Barker and Scheele, 2016).

In the 1990's, ideas of compulsory heterosexuality were developed and popularised through the concept, and terminology, of heteronormativity. While the word itself has its origins in Warner's (1991: 3) introduction to a special edition of the journal *Social Text,* in which the author hails those who have 'begun to challenge the pervasive and often invisible heteronormativity of modern societies', the concept is thought to have deeper roots. Ideas of 'compulsory heterosexuality' are believed to stem from Rich's (1980) formative article on lesbian existence. Heteronormativity has been understood as both an ideology, a concept and a theory (Hofstätter and Wöllmann, 2011; Oswald, Blume et al., 2005). It is a way of explaining, and exploring, the multiple ways in which heterosexuality is idealised in contemporary society and the moralities and values which are associated with it. Oswald, Blume et al. (2005: 143) suggest heteronormativity is socially constructed through 'gender, sexuality and family polarities'. In other words, gender roles and expectations combined with sexual orientation and the construction of family all contribute to the formation of heteronormative structures. Heteronormativity offers a way through which to understand the structures of the social world and to unpack the ways in which LGBT+ lives are subordinated.

The social actions, principles and meanings of heterosexuality have historically, and in many cases currently, dominated societal structures. Heterosexuality, and the cultural practices entwined with it, is understood as the ideal form of sexuality with marriage and monogamy being key components of this (Carabine, 2004a; b). In the Western World, 'individuals are expected to assume the gender of their biological

sex as well as the gender expectations and roles associated with it' (Grossman and D'Augelli, 2006: 112). For example, the traditional male breadwinner model which places women as caregivers and their 'husbands' as the workers and earners. These norms actively reinforce heterosexuality whilst simultaneously placing anyone who deviates from them as 'other'. As such, heterosexuality is understood as institutionalised. Structures simultaneously promote heterosexual culture whilst demoting non-heterosexual and non-cisgender identities. Consider the narrative around LGBT+ people 'coming out'. Heteronormative theory has a significant contribution to make in understanding the process and discourses entailed in disclosure. Heterosexuality is assumed to the extent that those who do not identify as such must leave the 'closet' and disclose their identity as deviating from heterosexual and/or cisgender (Barker and Scheele, 2016). Rather than being a one-off event, the structures of normative heterosexuality mean these disclosures continuingly reoccur (Rhoads, 1995).

As well as owing much of its creation to Warner (1991) and Rich (1980), Herz and Johansson (2015) also point to the influence second wave feminism had on the conceptualisation of heteronormativity. They suggest Rubin's (1975) theorisations on women's positions in gendered social hierarchies can be seen in its roots. The work of Foucault (1984) can also be argued as making a contribution to the debate. Foucault's (1984) *History of Sexuality* argues that the Victorian silencing of sexuality has had long-term consequences. During the Victorian era, sex moved from being relatively commonly spoken about and unhidden part of life to becoming part of the private domain, closeted and unspoken (Sullivan, 1996). This silence acts as a social control over sexuality as this 'Victorian Regime' can still be seen to dominate attitudes (Foucault, 1984). The consequences of this can be seen in the of minimising of same-sex relationships in sex and relationship education and the omission of questions on sexual orientation from key datasets such as the census (Formby, 2011; Graham, 2007).

Heteronormativity has been argued to have made significant contributions to the way we understand structure (Hofstätter and Wöllmann, 2011; Oswald, Blume et al., 2005). Heteronormativity has been used by researchers to theorise on the

intersecting cultures associated with gender norms, social exclusion, and social acceptance to theorise on a range of experiences and expectations. The concept has been used in research concerning women's body hair (Fahs, 2011), heroism in the Harry Potter books (Pugh and Wallace, 2006), and vegan sexuality (Potts and Parry, 2010) as well as numerous research projects into the lives and experiences of LGBT+ people (Blackburn and Smith, 2010; Dwyer, 2011; Kelly, Sakellariou et al., 2018). In seeking to explain, and illuminate, the structural expectations and cultural 'norms' associated with sexual orientation, heteronormativity also encompasses gender roles and expectations.

Health inequalities have demonstrated that the social position in which individuals enact their lives have a combined bearing on both physical and mental health (Fish and Karban, 2015a). Heteronormativity seeks to shed light on these positions by enabling researchers to explore the ways in which heterosexuality is privileged. However, rather than simply being a lens through which to see the world, queer theorists have argued heteronormativity as a way through which to locate and deconstruct the pervasive prevalence of heterosexuality (Barker and Scheele, 2016). Corber and Valocchi (2003: 4) suggest 'one of the crucial tasks of scholars working in this field is to identify what these modes are so we can understand better systems of sexual stratification and how to disrupt them'. The role of queer heteronormative researchers is not only to identify the ways in which it heterosexuality permeates institutions, structures and discourses but to also find ways to undermine, challenge and remove them. In this sense researchers are not passive voyeurs of structural inequalities, we have a role and perhaps duty to address them.

Combining heteronormativity with structuralist approaches provides a way through which to challenge and question the foundations of social structures. Yet challenges to heteronormativity often exist within these very heteronormative structures. Rather than finding a way to embed LGBT+ rights in existing social structures, some queer theorists have argued the aim should be to demolish their very foundation, value, definition and use (Loughlin, 2007). Challenging pervasive heteronormativities has been argued to represent an opportunity for 'transformational' change, to unseat power structures and dismantle processes of oppression, domination and

exclusion (Cohen, 2013: 80). Yet others have suggested this as unrealistic, favouring an approach which deconstructs heteronormativity from within existing frameworks (Sullivan, 2003). Regardless of the method, heteronormativity is more than a theory through which to examine the social world. It is a framework through which to seek out and challenge the privileges of heterosexuality.

The consequences of structural heteronormative ideals can be evidenced in the increased risk that LGBT+ people face of experiencing mental health problems. For example, McDermott, Roen et al. (2008: 827) suggest that 'the construction and reproduction of heterosexuality as the most legitimate sexual orientation seems to remain persistent in the face of major transformations associated with advances in acceptance of sexual diversity'. Though there have been further developments since this research was published, not least equal marriage legislation, heteronormative ideals are understood to be deeply imbedded in social structures and therefore remain persistent. Examples of this can be seen in many places including Sex and Relationship Education (SRE) in schools. The institutionalised nature of schools has been argued to explicitly enforce the ideals promoted by normative heterosexuality (Miceli, 2011). This in turn can be seen to impact on the content of SRE. SRE is said to reinforce heteronormativity by focusing on heterosexual sex and relationships. In turn, it further marginalises certain groups of young people including those who identify as LGBT+ whose needs have been at best forgotten and at worst deliberately excluded (Formby, 2011). Those who identify as LGBT+ must actively seek out information on sex and relationships. Their identities are further marginalised as those who do not actively identify as LGBT+ are unlikely to actively seek out this additional education and, as such, remain unaware of LGBT+ specific issues. This lack of inclusion in SRE has been seen to have direct impacts. For example, many women are under a misguided belief that women having sex with women cannot, or are less likely, to pass on or catch a sexually transmitted disease which is in fact not the case (Formby, 2011).

1.7. Intersectionality.

While heteronormativity looks specifically at sexuality, and the promotion of heterosexuality, intersectionality considers the way our experiences are shaped by the intersection of the multiple different identities we inhabit. As such, intersectional scholars have made significant contributions to the way difference is approached. Through interrogation of how social identities interact and compound one another, they have generated a new way of framing social identity. Intersectionality recognises both interdependent social identities and intersecting oppressions (Ahmed, 2017; Shields, 2008). In doing so, it highlights the interwoven nature of the various social identities we inhabit which simultaneously coexist. Social identities are understood here as the social groups of which we are members; for example as a heterosexual, white, female, feminist, researcher (Pratt and Rafaeli, 1997). While participants took part in the research because of one or more aspects of their identity (specifically, identifying as LGBT+), intersectionality acknowledges sexual orientation and gender identity are not experienced in isolation. Rather, a person is a sum of their whole. Along with sexual orientation and gender identity, ethnicity, race, social class, employment status, nationality, religion and relationship status, to name but a few, impact on the forming of our multiple complex interrelated social and political identities (Crenshaw, 1991).

Rather than inhabiting an identity which we receive, intersectional scholars have suggested we actively form our identities in relation the others we assert (Shields, 2008). In other words, LGBT+ people's experiences of sexual orientation and gender identity are influenced by the other social identities which they claim such as social class, ethnicity and race. In her writing on feminism, Ahmed (2017: 5) describes intersectionality as 'a starting point, the point from which we must proceed if we are to offer an account of how power works'. The insights into power that intersectionality can offer, extend beyond the boundaries of feminism. Intersectionality seeks to illuminate the combined experience if disadvantage. In doing so, it offers activists and scholars the opportunity to consider power from the offset. Homophobia, biphobia and transphobia intersect with sexism, racism and

classism. To understand power in a historical context is also vital. The historical classification of sexual orientation and gender identities as mental health problems have shaped the discourses of heteronormativity. The consequences of legal inequality and structural marginalisation reach through history.

Intersectionality has, and is, being employed as a theory, a theoretical framework, a methodology and an overall approach to social research (Cho, Crenshaw et al., 2013; Parent, DeBlaere et al., 2013). When used as a theoretical framework, intersectionality has been understood in relation to both the macro (or structural) level and the micro (or individual) level (Bowleg, 2012). At the structural level, intersectionality has been applied to issues such as homophobia and sexism whilst on an individual level it has been used to understand the impacts of structural factors through, for example, the exploration of microaggressions such as the use of 'gay' to signify something is bad (Nadal, 2013b; Nadal, Davidoff et al., 2015). In thinking about intersectionality, it is vital we remember it's 'messy and embodied' nature (Ahmed, 2017: 119). It encompasses concepts of legitimacy, power and permission. Intersectionality is inherently gendered, raced and classed. Yet simultaneously it offers us an opportunity; the chance to understand both the individual and the structures within which we enact our lives.

While homophobia, biphobia and transphobia are often thought of solely in relation to sexual orientation, or gender identity, using an intersectional lens suggests these experiences should be understood in relation to the other social identities which individuals inhabit (Nadal, Whitman et al., 2016). Social class and ethnicity are just two examples of such identities. As such, intersectionality counters narratives which universalise the experience of individuals on the basis of one social identity (Blackburn and Smith, 2010; Hancock, 2007). In LGBT+ research this suggests we should be careful about generalizations and mindful of the multiple identities contained within what has frequently been referred to as 'the LGBT community'. While researching concerning LGBT+ people and intersectionality is a small (yet expanding) field of enquiry, the research that has been undertaken has much to offer to both disciplines. For example, Haines, Ajayi et al's (2014) research which highlights the significance and challenges associated with inhabiting both a trans and a parental

identity. Their research broadens both our understandings of gender roles and offers insights into the intersection of, at times, competing identities.

1.8. Discrimination, Homophobia, Biphobia and Transphobia.

In Britain, research by the LGBT charity Stonewall suggests that in in the preceding twelve months, 16% of LGB and 40% of trans people experienced at least one hate crime with 80% of these crimes going unreported (Bachman and Gooch, 2017). Significantly, the authors highlight that this marks a 78% rise in LGB people experiencing hate crimes - up from 9% in 2013. Their findings indicated that younger LGBT+ people were especially unlikely to report such incidents to the police, it seems unlikely that national statistics reflect a true picture of the extent of LGBT+ people experiencing such incidents. Furthermore, it is important to bear in mind that hate crimes may occur on the grounds of more than one identity factor. For example, a hate crime experienced by a trans gay man may be motivated by both their trans identity and their sexual orientation and can be recorded as such. The 2016/17 Hate Crime Summary for England and Wales indicates a 45% increase in hate crimes targeted at those with a trans identity and a 27% rise in hate crimes on the grounds of sexual orientation. The report itself suggests this is 'due to the police improving their identification and recording of hate crime offences and more people coming forward to report these crimes rather than a genuine increase' (O'Neill, 2017: 7). However, given the figures suggested in Bachman and Gooch's (2017) research, and indication that four out of five hate crimes are unreported, it is possible that an actual increase in such incidents is being dismissed as it coincides with an improvement in the recording of such offences. Notably, despite legislation intended to protect LGBT+ people from such experiences, and deter people from discriminatory behaviour, both figures indicate a stark rise in hate crimes.

With research suggesting hate crimes are increasing in the UK LGBT+ people must navigate not only discrimination itself, but also fears and perceptions of discrimination. LGBT+ people are understood to employ a number of strategies to avoid homophobia such as making small, seemingly inconsequential, adjustments to their identity and behaviour to avoid harassment and discrimination. This includes

avoiding walking down certain streets and limiting the information they share online (Bachman and Gooch, 2017). Additionally, LGBT+ women in male dominated trades are suggested to navigate homophobia by controlling disclosure. For example, participants in Denissen and Saguy's (2014) research 'assessed risks' and told 'half-truths' such as stating they were not married but not mentioning their same-sex partners. Anticipating discrimination is believed to have significant impacts on the career choices made by LGBT+ people (Schneider and Dimito, 2010).

Findings from the UK National LGBT Survey (Government Equalities Office and Mordaunt, 2018) indicate that over two-thirds of LGBT+ people avoid holding hands in public. This expression of love and attachment, which is ostensibly taken for granted by many heterosexual couples, remains out of bounds for the majority of LGBT+ couples who fear repercussions from such public displays of affection. This is yet another example of one of the many intentional adjustments LGBT+ people make in order to minimise their likelihood of experiencing homophobia, biphobia and transphobia. The actions taken to minimise discrimination also have the perhaps unintended consequence of increasing invisibility, which in itself has undesirable outcomes (Gray, 2013). Invisibility is an insidious form of discrimination which has been highlighted as having a particularly significant effect on those who identify as bisexual. For example, the San Francisco Human Rights Commission's report on bisexual Invisibility (2011) suggests bisexual people have been erased from history with modern interpretations of key figures such as Freddie Mercury and Eleanor Roosevelt being labelled as gay or lesbian due to their same-sex relationships, despite often being in long-term relationships with different-sex partners. Bisexual identities are understood to experience layers of invisibility including when bisexual people are engaged in different-sex relationships and their identities are consequently interpreted as heterosexual.

While this (and much other) research groups lesbian, gay, bisexual, trans and '+' people together, it is vital to remember that while these identities share similar experiences these are not universal. For example, findings from Schneider and Dimito's (2010) quantitative research study indicates that of the 'LGBT' acronym, trans people are the most likely to be subjected to discrimination. Though it ought to

be noted that the sample of trans people in their study was small, and therefore not generalisable on its' own, this finding is one echoed in other research. Valentine, Wood et al's (2009) research on LGBT staff and students in higher education found trans students reported higher levels of negative treatment and discrimination than LGB students with just under a quarter of trans students having experienced discrimination or bullying since attending university.

Homophobia, biphobia and transphobia are suggested to affect LGBT+ people at a deep personal level as it treats their sexual desires and gender expression as abnormal and wrong. Identity therefore, becomes a key factor in negotiating this process. Research suggests homophobia is managed individually, with young people not expecting to receive support. This is thought to make them vulnerable to self-destructive behaviours (McDermott, Roen et al., 2008). Furthermore, Valentine, Wood et al. (2009) found that while many LGBT staff experienced discrimination very few had made formal complaints to their employer. Support is often highlighted as a key aspect of wellbeing with those who do not have adequate support networks seen to be at greater risk of detrimental outcomes (Mulé, Ross et al., 2009). DiFulvio's (2011) research on sexual minority youth concluded that there needs to be a move away from focusing on the outcomes of social exclusion for such groups (such as substance abuse, poor mental health and suicide) and a move towards considering them as a consequence of intolerance and stigma. Without contextualising such experiences within the wider frameworks of health inequalities, heteronormativity and intersectionality, we risk individualising responses to structural injustices.

1.9. Mental Health, Self-Destructive Behaviours and Suicidal Ideation.

Discrimination, homophobia, biphobia and transphobia have consequences for those they are targeted at. Research across countries consistently finds that LGBT+ people experience higher rates of mental health problems, self-destructive behaviours and suicidal ideation than heterosexual cisgender people (King, Semlyen et al., 2008; McDermott, 2011). Significantly, many of these elevated rates are linked, and to an extent predicted by, experiences of discrimination and prejudice. For example,

Clarke, Ellis et al. (2010: 135) suggest the prevalence of social stigma associated with LGBTQ identities in itself 'places LGBTQ people at higher risk of mental illness'. While McDermott, Roen et al. (2008) found a strong association between self-destructive behaviours and experiences of homophobia. Additionally, Bontempo and D'Augelli's (2002) analysis of the 1995 Massachusetts Youth Risk Behaviour Survey found that young LGB students who reported high levels of victimisation at school were at greater risk of suicidal ideation, substance misuse and engaging in risky sexual behaviours. This is further exemplified by the findings of Birkett, Espelage et al. (2009) who assessed that those who were questioning their sexual orientation reported the highest levels of bullying, self-destructive behaviours and mental health problems. This research demonstrated a clear link between high levels of bullying and the negative health and wellbeing impact on those who were victims of this.

Homosexuality itself has historically been considered a mental illness (Wilton, 2000). While this in no longer the case in the UK, the prevalence of mental health problems amongst LGBT+ people are well established (King, Semlyen et al., 2008). In the UK, Chakraborty, McManus et al. (2011: 143) suggest identifying as 'non-heterosexual was associated with unhappiness, neurotic disorders overall, depressive episodes, generalised anxiety disorder, obsessive–compulsive disorder, phobic disorder, probable psychosis, suicidal thoughts and acts, self-harm and alcohol and drug dependence'. This is largely mirrored in Plöderl and Tremblay's (2015: 367) systematic review which found increased 'risks (of) depression, anxiety, suicide attempts or suicides, and substance-related problem(s)' in individuals with sexual minority identities. Interestingly, this research review found bisexual individuals were consistently found to be the most at-risk group. It is important to remember when considering these extensive lists of mental health problems, the people behind the figures. No least because LGBT+ people in the UK are living with these issues on a daily basis.

It is becoming clear that LGBT+ people are particularly susceptible to a range of mental health issues. These elevated rates are not limited to LGBT+ people in the UK. Rather this is a worldwide and structural problem. This is highlighted in Kahn, Alessi et al's (2018) exploration of LGBT forced migrants in Canada who arrive with

persecution-related mental health problems. The authors stress that the mental health problems and trauma associated with coming from countries where homosexuality is illegal or socially unacceptable can be significant. Bearing in mind the eight countries which still have the death penalty in use, services may be dealing with a range of LGBT+ specific mental health problems (ILGA, 2017; Stonewall, 2017).

As well as compiling a substantive list of the mental health problems affecting LGB people in the UK, Chakraborty, McManus et al. (2011) found that the number of LGB people accessing mental health services to treat these issue was increasing. However, the services and professionals intended to treat LGBT+ people's mental health problems are often unprepared and even, at times, homophobic (Clarke, Ellis et al., 2010). In a briefing on the health inequalities experienced by LGBT people for health and social care staff, Fish (2007: 3) wrote that 'many people are reluctant to disclose their sexual orientation to their healthcare worker because they fear discrimination or poor treatment'. This was echoed by Smith, Altman et al. (2018) in their research with mental healthcare providers (psychologists, social workers, psychiatrists and nurses) who identified stigma and patients concealing their identity as barriers to providing good quality care. Significantly, Smith, Altman et al. (2018) also found that although these professionals felt LGBT issues were relevant, they had little training relating to LGBT+ people specifically and were unaware of the evidence-based, or 'best', practice when working with this cohort. With the numbers of LGBT+ people seeking mental health support increasing, it is key they feel safe and able to disclose their sexual orientation and/or gender identity and that providers feel equipped to deal with these issues. It seems particularly important that LGBT+ issues are built into course qualifications and professionals feel confident to deliver evidence-based practice.

As well as a high levels of mental health problems amongst LGBT+ people, there is also a significant volume of research pointing to self-destructive, or risky, behaviours and suicidal ideation. For example, young LGB people who have high levels of rejection from caregivers and family members are thought to be more likely to engage in illegal substance use, unprotected sex and are also more likely to attempt suicide (Marshal, Friedman et al., 2009; Ryan, Huebner et al., 2009). While historically

suicide research and recording has not accounted for sexual orientation, there is a significant body of research which points to elevated thoughts and attempts in LGBT+ individuals (McDaniel, Purcell et al., 2001). Nodin, Peel et al. (2015) suggest 34% of LGB young people have attempted suicide at least once compared to 18% of heterosexual young people. This figure is similar to that found by Eisenberg and Resnick (2006) analysis of the 2004 Minnesota Student Survey which suggested just over a third of those who had same-sex sexual experiences had attempted suicide at least once. Rivers and Cowie (2006) found slightly higher figures suggesting half of the participants, in their study of young LGB people who had been victimized at school, had considered or attempted suicide whilst they were being bullied. Similar figures are also found in studies on trans young people. For example, Kenagy's (2005) study into transgender health in the USA found a third of respondents had attempted suicide. This was mirrored in the figures Fish (2007) included in a Department of Health briefing where it was stated that one in three transgender adults were believed to have attempted suicide. Grossman and D'Augelli (2007) found similar figures in their study of 55 transgender youth; over half of the participants had seriously considered ending their own life and a quarter of participants actually had attempted suicide. These figures lend weight to McDaniel, Purcell et al.'s (2001) systematic review which found LGB youth to be the most at-risk group for suicide and suicidal behaviour.

While much of the focus of suicidality research is on young people, who are thought to be the most at-risk group, one study on older gay men stands out. Research based in Denmark found the risk of suicide for gay men in civil partnerships is around eight times that of men in heterosexual couples and double the risk in men who have never married (Mathy, Cochran et al., 2011). Notably, results from the same study showed no significant increase in the suicidal risk for women in civil partnerships compared to those in heterosexual relationships or who never married (Mathy, Cochran et al., 2011). This is particularly interesting as it highlights the intersecting relationship between sexual orientation and gender and in some senses questions the lumping together of the multiple identities which fall under the LGBT+ banner.

Suicidality in LGBT+ populations is pervasive. Research suggest almost three quarters of LGBT+ individuals have a close friend who has attempted suicide at least once (D'Augelli, Hershberger et al., 2001). Though this study also highlighted high rates of suicide attempts in its participants, the finding that LGBT+ people are highly likely to know someone who has attempted suicide, appears to be unique. While remaining cautious in over generalising this discovery, it points to an understanding of connectedness amongst LGBT+ people where, regardless of whether an individual has themselves attempted suicide, they are likely to be in contact with someone who has. This needs to be understood on a structural level if we are to address the higher rates of mental health problems, self-destructive behaviours and suicidal ideation in LGBT+ individuals.

1.10. Chapter One Summary.

During the conduction of this research, the Pulse nightclub shootings in Orlando Florida (Beckett, 2016), the repealing of guidance on bathroom use for trans students in the USA (Trotta, 2017) and Bermuda's intention to withdraw equal marriage legislation occurred (Sabur, 2018). Along with these LGBT+ events the election, and subsequent inauguration, of President Trump in the USA and the outcome of the Brexit referendum in the UK took place. These events are noteworthy as they signify times of uncertainty and impacted on both the participants and researcher's motivations for participating in and undertaking research into resilience. They are also beginning to be reflected in research. For example, Nakash, Nagar et al.'s (2017) exploration of the relationship between a hostile world environment and emotional distress in Israeli gay men and lesbian women.

The social conditions in which LGBT+ people live in the UK are understood to have a detrimental effect on their health (Fish and Karban, 2015a). With higher rates of mental health problems, suicide and self-destructive behaviours than the heterosexual cisgender population, many LGBT+ people experience the impacts of health inequalities (King, Semlyen et al., 2008; McDermott, Roen et al., 2008). Prejudice, intolerance and discrimination have been suggested as crucial in understanding these outcomes (Clarke, Ellis et al., 2010). In a context where hate

crimes appear to be rising in the UK (many of these going unreported), the consequences for individuals can be stark (Bachman and Gooch, 2017). Yet in the last 20 years, there have been, arguably, unprecedented changes in the legislation which affects LGBT+ people. From equalising the age of consent to the legal protection of characteristics such as sexual orientation and gender reassignment, these legislative changes have shaped the experiences of LGBT+ people in the UK (Weeks, 2007) . The current position, in terms of both legal rights and social acceptance, have been hard won. Many LGBT+ people have lived through decades of inequality and prejudice. These gains and retrenchments have framed lives of uncertainty.

Understanding the world through different frames leads to differing understandings. Applying the lenses of health inequalities, heteronormativity and intersectionality enables a particular viewpoint where power, inequalities and disadvantage are the focus. Significantly, they suggest a framework for research which not only investigates but seeks to challenge structural inequalities (Cohen, 2013). This framework can be applied to the complex and multiple issues faced on the grounds of both sexual orientation and gender identity. These three theories offer unique, but complementary, ways through which to understand the lived experience of identifying as LGBT+ in the UK. They offer insights into the increased risks this community face. Taking an approach of health inequalities and heteronormativity lends itself to understanding inequities in a cultural and contextual framework (Bartley, 2016; Corber and Valocchi, 2003; Sullivan, 2003). As such, it is important to consider not only the negative impacts of discrimination and adversities which have been considered in this chapter but also the alternative responses of coping and resilience. With much of the literature focusing on the increased risks that LGBT+ people experience, little has been known or understood in regards to the protective factors and coping mechanisms which enable some to thrive (Grossman, D'Augelli et al., 2011). While historically LGBT+ research has focused on risk as a negative aspect of well-being, for example, the mental health problems, self-harm and suicidality discussed in this chapter, there has recently been an emergence of a more positive slant focusing on resilience and coping amongst LGBT+ populations (Grossman,

D'Augelli et al., 2011). With this in mind, the thesis will now move on the consider the key concept of resilience which underpins the research approach and design.

Chapter Two: Making Sense of Resilience.

2.1. Introduction.

The word resilience is believed to have a nearly 500 year history in the written English language (Levine, 2014). With its origins in the Latin term *resilire* the concept has been used across disciplines including education (Mansfield, Beltman et al., 2016), ecology (Gunderson, 2000), gene studies (Kohrt, Worthman et al., 2016) and psychology (Waugh and Koster, 2015) to name but a few (Fletcher and Sarkar, 2013). In recent years, resilience has become a policy buzzword seemingly central to all things from flood defences to mental health support (Department for Environment, Agency et al., 2015; Department of Health, 2015). Interest from the academic field parallels this diverse policy use with the concept of resilience being used across the humanities, natural and social sciences (Berkes, Colding et al., 2003). Due to this varied use the concept of resilience has remained broad, encompassing a variety of usages and understandings (Rutter, 2000). The attention given to resilience has, at least in part, stemmed from a relatively recent research focus aiming to understand positive developments in the context of adversity (Bottrell, 2009). While adversity has traditionally been associated with a myriad of negative outcomes this new research focus suggests adversity has been misconstrued (Masten, 2001; 2014). This marks a key shift in focus from the negative deficit driven models of psychopathology to a focus on strength-based models (Windle, 2011).

Despite initially appearing as a relatively simple concept, the complications with defining and conceptualising resilience have been widely acknowledged (Windle, 2011). Almedom and Glandon (2007: 127) suggest 'researchers, policymakers, and practitioners have long succeeded in making English words such as health and resilience mean just what they choose them to mean, depending on their academic discipline, political allegiance, and / or personal moral convictions or indeed any combinations of these factors'. This chapter demonstrates the complexities involved in researching resilience through exploring varied approaches to the concept. In order to establish the breadth of the concept, approaches from a range of disciplines will be considered throughout this literature review.

The chapter begins by examining how resilience is being employed in a number of disciplines. Illustrating that resilience has a widespread use which has led to its varied conceptualisation. The chapter will then go on to explore more specific analogies of resilience through an exploration of the various concepts of 'bouncing back' (Aranda and Hart, 2015; Netuveli, Wiggins et al., 2008), 'bouncing forwards' (Walsh, 2002; 2003) and the 'seesaw' or 'scales' (Fenaughty and Harré, 2003) analogies of resilience. As adversity appears to be the dominating factor which can be found in the majority of resilience definitions, the next section will scrutinise adversity and risk in relation to resilience. This section illustrates that the resilience literature has been relying on the concept of adversity yet has failed to adequately define it.

Section two of the chapter will adopt a more critical gaze on contemporary depictions of resilience by exploring critiques surrounding its measurement and its employment within social policy, and in particular the field of education. For instance, a key theme emerging from the resilience literature is the dominance of quantitative methodologies. The next sections will therefore explore the measuring of resilience. Quantitative methodologies have limited the scope of approaches to resilience whilst also failing to account for the impacts of structure. These sections will explore the tension in the field regarding whether resilience is prevalent. A further theme that has been identified across the literature is approaching resilience in individualised terms. Therefore, after these first sections, exploring a range of approaches to resilience, the individualisation of the concept will be considered. Examples of how resilience has been used in policy will then be considered.

Finally, after considering the wider resilience literature, the literature on LGBT+ people and resilience will be explored. It will be argued that while this literature has addressed some of the concerns of the wider field, in that qualitative and community approaches are partially addressed, there remain gaps in understanding how LGBT+ people conceptualise resilience. The chapter will demonstrate that resilience in a diverse and engaging field that ought to move away from seeking a single agreed definition to considering what resilience means for different communities in different contexts. After considering whether resilience is a useful concept, the chapter will conclude by outlining the research questions this study addressed.

Section One: Conceptualisations of Resilience.

2.2.1. Towards an Understanding of Resilience.

Definitions, conceptualisations and usages vary over time and place, and are influenced by a combination of cultural, historical and social factors. As Fletcher and Sarkar (2013: 13) have suggested 'the specific nature of a definition is often influenced by the historical and sociocultural context within which the research was conducted, the researchers' conceptual proclivities, and the population sampled'. The concept of resilience is equally varied with definition and usage fluctuating dependant on cultural and historical context. Significantly, with its wide ranging and varied use across disciplines, resilience is being deployed in different contexts to mean different things. The debates surrounding the defining and conceptualising of resilience are significant not least as understanding impacts on researchers' developments of theoretical frameworks (Fletcher and Sarkar, 2013).

The relatively recent attention given to resilience by researchers and policy makers has been described as a 'paradigm shift' in focus from the deficit driven models of risk to the study of competency models of resilience (Richardson, 2002: 309). This focus can be seen across disciplines in the varied conceptualisations and usages of resilience including in the LGBT+ field of study (Brand and Jax, 2007; Cover, 2013). For example, LGBT+ researchers have begun to study resilience across cultures (Beasley, Jenkins et al., 2015). While researchers in human development have moved away from solely considering the negative impacts adversities in childhood may have, to also studying their influence on resilience in later life (Masten, 2014). Another example comes from the study of affective disorders demonstrating a shift from pathologising. Boardman, Griffiths et al. (2011) examined whether resilience can play a role in negotiating the stigma associated with depression. Ultimately suggesting that in many cases health care professionals should consider altering therapies to draw on clients existing relationships and personal strengths to encourage resiliency (Boardman, Griffiths et al., 2011). Finally, research in education demonstrates the importance of

moving away from collecting information solely concerned with the risk students face, and the deficits associated with these, to think about how to generate data on the strengths of students (Morrison, Brown et al., 2006).

In other disciplines resilience is being deployed in a number of ways. In ecology resilience has been used to describe the amount of disruption an ecosystem can endure whilst maintaining its core structure (Gunderson, 2000). In biology and gene studies the concept has been used to describe an interactive process of resistance to environmental threats (Rutter, 2006). At the heart of these scientific approaches to resilience is adaptability. The ability for an ecosystem, or individual, to acclimatize, adjust and eventually thrive is viewed as vital for its continuation and survival. In addition to the natural sciences, resilience is being used widely in a variety of social science and humanities disciplines.

Researchers in disaster management have used resilience to understand and explore how affected communities can be supported to strengthen themselves (Manyena, 2006). In education researchers are looking at ways to support young people in expressing basic emotions as a tool for building resilience (Vitalaki, Kourkoutas et al., 2018). Researchers concerned with the effects of austerity have used the concept of resilience as an insight into community experiences (Wright, 2016). While in social work resilience is being used to develop the delivery of social work training and encourage social workers to adopt resilience-based practice (Grant and Kinman, 2014). These examples only represent the tip of the iceberg in the variety of ways in which resilience is being researched and employed.

The breadth of resilience is not limited to the number of disciplines using it. Not only is resilience being studied in a range of different disciplines, and contexts, it is also being undertaken worldwide. In Afghanistan researchers have considered resilience in war effected areas (Eggerman and Panter-Brick, 2010). In the US, researchers have considered the resilience of lesbian and gay Christians (Foster, Bowland et al., 2015). While in the West Bank, Gaza, and East Jerusalem, resilience in the context of long-standing political unrest has been studied (Hobfoll, Mancini et al., 2011). Resilience has also been applied to understanding fisherman, housewives and community

leaders' experiences of the aftermath of the Asian Tsunami (Rajkumar, Premkumar et al., 2008) and the experiences of survivors of rape during the Rwandan genocide (Zraly and Nyirazinyoye, 2010). This extensive and wide-ranging research has contributed to the numerous definitions, usages and understandings that are currently in use. Levine (2014: 1) suggests 'the appeal of the same concept to so many disciplines has resulted in the reification of resilience, whereby resilience has come to be seen as a many-sided 'thing', rather than as a way of thinking about many different kinds of problems'. This reformation of resilience as a 'thing' has multiple potential consequences. The reification is argued to contribute to the quantification of resilience and impact on the shape this quantification takes. The implications of this are significant. When resilience is treated as a 'thing' interventions are expected, with these being designed around increasing the number of resilient individuals.

It is becoming clear that researchers are using the concept of resilience in numerous varied ways. The number of disciplines currently using the concept, and the variety of contexts and cultures it is being applied to, has meant there is no consensus on how to approach resilience or what it means to be resilient. Rather definitions are rooted in discipline, sample, culture and history (Fletcher and Sarkar, 2013). Some have suggested resilience definitions fit into groups or categories. For example, McCubbin (2001: 4) identified four related but distinct approaches to resilience. '(a) as good outcomes despite adversity, (b) as sustained competence under stress (c) as recovery from trauma and (d) as the interaction between protective and risk factors'. While others have concerned themselves with questions of whether resilience should be considered as an outcome, a process, resource or indeed a trait (Aranda and Hart, 2015; Fletcher and Sarkar, 2013; McCubbin, 2001; Olsson, Bond et al., 2003). This multiplicity of the approaches to resilience has largely been viewed as negative, confusing the field with a range of approaches, yet these can also be seen as leading to a diverse and engaging field that is dynamic and encompasses diversity. Significantly it should also be noted that a large portion of the resilience literature does not explicitly define or conceptualise how they are using the terminology (Boardman, Griffiths et al., 2011; Criss, Pettit et al., 2002; Rajkumar, Premkumar et

al., 2008). This could be argued to be an oversight or more largely a problem with the accessibility or usefulness of the literature.

Though resilience has been suggested as a recent change in focus, key authors in the field, such as Rutter (1979; 1985; 1990), have been researching protective factors and their influence on resilience, since the 1980's. The significance of early responses to adversity have been highlighted in Rutter's (1999: 125) work through the exploration of 'steeling effects'. These suggest that effectively navigating adversity in early life facilitates a resilient outcome in later life (Rutter, 1999). Successfully dealing with an adversity helps prepare an individual for future adversities. However, if early adversities are not dealt with successfully the individual may become vulnerable to risk (Rutter, 1985). In the context of LGBT+ people's lives this could be linked to the elevated risks of mental health problems, suicide and self-destructive behaviours outlined in the preceding chapter.

Meaning making, the ability of an individual to process an adversity and make sense of it, has also been identified as key competency likely to be involved in resilience (Rutter, 1985). This had led some to suggest that positive adaptation and adversity go hand in hand. Social science resilience definitions are argued to be based around the two foundational concepts of adversity and positive adaptation (Fletcher and Sarkar, 2013; McCubbin, 2001). The approach to combine the two in conceptualising resilience is largely accredited to the work of Luthar and colleagues (Infurna and Luthar, 2016a; b; Luthar, 1993; 2006; Luthar and Cicchetti, 2000; Luthar, Cicchetti et al., 2000a) and has drawn a great deal of attention and debate. Fletcher and Sarkar (2013) suggest that largely due to this collective work, a general agreement has emerged that in order to demonstrate resilience, adversity and positive adaption must both be apparent. Resilience research is often concerned with identifying the factors that are likely to lead to positive outcomes for individuals despite adversity (Carlton, Goebert et al., 2006). In seeking to identify the factors that may contributes to resilience many researchers are hoping to identify factors which can be encouraged through resilience promotion. For example, Feder, Nestler et al. (2009: 454-455) state that 'resilience is an active process, not just the absence of pathology, and it can be promoted by enhancing protective factors'. The factors that are thought

to encourage resilient outcomes include, but are by no means limited to, perceived parental support, perceived social support, self-esteem, political engagement and a positive attitude including the expectation of good times coming (Collishaw, Pickles et al., 2007; Grossman, D'Augelli et al., 2011; Rabkin, Remien et al., 1993; Wexler, DiFluvio et al., 2009).

2.2.2.   'Bouncing Back' or 'Bouncing Forwards'?

Resilience is understood to have its origins in the Latin verbs *resilire* or *resilio* meaning to jump or leap back (Fletcher and Sarkar, 2013; Klein, Nicholls et al., 2003; Smith, Dalen et al., 2008). 'Bouncing back' is therefore argued to be the closest understanding to resilience's original meaning. This conceptualisation can be seen in many contemporary approaches to the concept. For example, Aranda and Hart (2015: 18) suggest resilience is 'commonly defined as the ability to bounce back while living or working in adverse, challenging or disadvantaged contexts'. While Griffiths, Boardman et al. (2014: 2) suggest 'resilience can be understood as the ability to rebound or spring back, the power of something to resume its original shape or position after compression or bending'. This conceptualisation has been likened to a stretched spring which after receiving pressure will seek to return to its previously coiled state (Smith, Dalen et al., 2008). Other analogies include the likening of psychological resilience to a malleable metal, such as wrought iron, that is able to bend without breaking (Lazarus, 1993). 'Bouncing back' can be understood as an individual either maintaining their level of functioning through an adversity or returning to their previous level of functioning after a period of difficulty (Netuveli, Wiggins et al., 2008). Windle (2011) suggests that the concept of bouncing back is generally associated with longitudinal perspectives. For example, the concept of resilience as 'bouncing back' has been used in the study of HIV positive gay and bisexual older men, exploring the positive impact of time since diagnosis (Emlet, Shiu et al., 2017). Those concerned with a life course perspective have been interested in the examination of turning points with 'bouncing back' demonstrative of these junctures (Windle, 2011). These turning points highlight the ebbs and flows of resilience by examining the ability of individuals to bounce back from adversities.

There are also examples of the concept of 'bouncing back' being employed in youth studies, social policy and social work (Grant and Kinman, 2013; Harrison, 2013; Theron and Theron, 2010).

As has already been touched on, and will be further explored later in this chapter, many definitions of resilience are built on the assumption of adversity. Bouncing back and adversity are not mutually exclusive concepts. Rather many definitions rely on adversity for the individual to spring back from. For example, Gilligan (2000: 37) suggests that 'a resilient child is one who bounces back having endured adversity, who continues to function reasonably well despite continued exposure to risk'. This approach to resilience suggests resilient individuals have an innate ability to overcome adversity. In this sense, conceptualising resilience as bouncing back is inevitably interlinked with approaching resilience in terms of adversity. Tugade and Fredrickson (2004: 320) suggest resilient individuals are able those who are able to effectively bounce back from adversity 'quickly and effectively'. In approaching resilience in this manner, Tugade and Fredrickson (2004) are effectively introducing a timescale into resilience. The inclusion of short timescales in resilience definitions has been suggested to be highly problematic. Walsh (2002: 34) suggests that the expectation of speedy recovery is a 'serious error'. The adversity resilience is expected to counter encompasses a wide scale of difficulties, from everyday hassles to natural disasters, expecting resilient individuals to recover quickly is suggested to be unrealistic.

When resilience is conceptualised as bouncing back there are numerous implications for an individual. If we consider an adversity from the resilience literature, for example a long-term survivors of AIDS, we can see that expecting someone to return to the state prior to diagnosis seems unlikely (Rabkin, Remien et al., 1993). Rather someone with resilience would perhaps be quicker at adjusting to the new normal by using their resilience to bounce forwards. Greve and Staudiner's (2006) research suggests we also ought to consider how resilience is conceptualised in the context of older adults. Adaptation to adversities in later life, such as chronic illness, may mean an individual functions at a lower level then prior to the adversity (Greve and Staudiner, 2006; Windle, 2011). This lower level of functioning is a result of the aging

process rather than a lack of resilience and therefore Greve and Staudiner (2006) suggest they ought still be considered resilient individuals.

Carver (1998), proposes that resilience should be conceptualised in terms of bouncing back to ensure it is understood as distinct from thriving. In this approach resilience is understood as an individual returning to previous levels of functioning after experiencing adversity. Whereas, thriving is understood as an improvement in functioning compared to prior to the adversity. On the other hand, Bonanno (2004) is concerned with the distinctions between resilience and recovery. Bonanno (2004: 21) suggests resilient individuals, unlike recovering individuals, 'may experience transient perturbations in normal functioning (e.g., several weeks of sporadic preoccupation or restless sleep) but generally exhibit a stable trajectory of healthy functioning across time, as well as the capacity for generative experiences and positive emotions'. The idea that a resilient individual is one that does not deviate from there trajectory suggests that resilience and stability are closely related. By suggesting a resilient individual is one who is able to return to a functioning state after a period of unsettlement Bonanno (2004) is drawing from the principles of bouncing forwards without the problems associated with linking this recovery with a timescale.

While initially the concept of resilience as the metaphor of a spring bouncing back or rebounding to its original state may seem useful there are significant problems with this simple analogy of the complex concept. The connotations of bouncing back, recoiling or rebounding are of returning to the state prior to the adversity (Walsh, 2002). This does not allow for adversity potentially having long-term consequences, be they positive or negative. There is little room in the conceptualisation of bouncing back for an individual to fall short, so to speak, of their functioning prior to the adversity or to adjust to changed circumstances.

Those seeking to explain their approaches to understanding resilience should also consider who is excluded from their definitions. In the same manner that defining health can be problematic, potentially leading to those with long term illness's or disabilities never being considered 'healthy', there is a danger that defining resilience

in relation to adversity may exclude some people (Blank and Burau, 2010). Specifically, there is a concern that those experiencing long term, persistent or multiple adversities may be omitted. For example, in development studies poverty is often cited as an adversity young people face. Research strongly suggests that poverty and deprivation tend to be persistent adversities (Windle, 2011). If an individual is stuck in a cycle of poverty, with the ongoing consequences of this, how or indeed when are they expected to 'bounce back'?

Alternative approaches to resilience, such as that of Greve and Staudiner (2006), suggest an understanding of resilience as adaptation. In this sense, thinking of resilience as bouncing forward, rather than back, has the potential for an adversity to impact on an individual yet still consider them to be resilient. Monroe and Oliviere (2007: 1) suggest resilience 'is not just about re-forming but the possibility of growth'. Understanding resilience as 'bouncing forwards' include the possibility of change be that positive or indeed negative. This is not the first attempt to reconstruct resilience as bouncing forwards. In the aftermath of September 11th, Walsh (2002) sought to clarify the misconceptions of the analogy of a spring bouncing back to its pre-crisis state. Walsh (2002) suggested the scale of events such as 9-11 are beyond the individual and require many to reconstruct their world view. To expect resilience to mean individuals are able to easily and quickly return to 'normal' after such events is suggested as unrealistic. Furthermore, it does not allow room for individuals to reconstruct their sense of normal in the light of traumatic or adverse events. Walsh (2003) also applied this approach to studying families; identifying that resilient families set clear goals and work towards achieving them. Ultimately Walsh (2003: 12), suggests 'instead of "bouncing back" as if nothing had happened, they (resilient families) were helped to "bounce forward" to integrate the experience into their lives and meet the challenges of living with threatened loss and uncertainty'. In many ways, conceptualising resilience as bouncing forwards addresses the criticisms levelled at 'bouncing back'. Bouncing forwards approaches resilience as adaptation enabling for the metaphorical 'spring' to be bent out of shape, straightened or indeed recoil to its previous shape. A resilient individual is therefore one who is able to adapt either during, after or perhaps even prior to an adversity.

While bouncing back is understood as the closest to the original approach to resilience, bouncing forwards is a relatively new conceptualisation that has yet to garner a great deal of academic attention. Regardless of the direction of the bounce, the research focus on moving on from adversity does little to tackle the adversity itself (Menon, 2005). While these understandings may be closely linked to the origins of the term one of the key criticisms of this approach is that rather than equipping individuals with the ability to 'bounce', resilience is being used as a justification for failing to tackle adversities as resilient individuals are able to cope or adapt. Rather than concerning ourselves with understanding individuals who are able to bounce it has been argued that research and policy should be focusing on why the person is being required to bounce in the first place. The linking of experiencing adversity to the development of resilient individuals further justifies the continuation of adversities. Moreover, questions should be asked as to whether the research focus on resilience overemphasises the ability of those facing adversities to bounce, spring or leap in any direction.

2.2.3.   A Balancing Act?

Resilience has been theorised as a counter-balance to adversity. This has been illustrated using the analogy of scales or a seesaw. In these analogies adversities sit on one side of the scales and protective factors on the other. A fulcrum or balancing point sits in between determining the balance of the factors. Dependant on the position of the balancing point, or fulcrum, and factors on either side the scale may tip either in favour of a resilient or adverse outcome. Some have suggested that the fulcrum can shift dependant on circumstances. For example, positive events, experiences and coping skills can alter the balancing point making resilience easier to achieve (*Harvard University Centre on the Developing Child: Resilience*, 2018). While others view the fulcrum as the static point the two weights sit either side of (Fenaughty and Harré, 2003).

Fenaughty and Harré (2003) use the imagery of a seesaw to theorise the balance of factors that impact on the risk of young gay men committing suicide. The 'seesaw' balances risk factors on the one hand with resiliency factors on the other. Dependant

on the weighting of these factors a gay young man might 'be resilient, attempt suicide, or teeter somewhere in between' (Fenaughty and Harré, 2003: 1). An individual's position on this 'seesaw' is therefore not fixed. There may be periods of time where an individual is between the two, neither entirely resilient nor suicidal. Fenaughty and Harré's (2003) theory suggests that in order to be resilient, and avoid suicide, an individual needs their resilience factors to outweigh their suicidal factors. This can be demonstrated using one of the examples used in the model. Coping mechanisms can be on either the positive 'resilient' side or the negative 'suicidal' side of this metaphorical seesaw. On the resilient side, seeking support and identifying role models are identified as coping skills. While on the suicidal side, substance misuse and social withdrawal are illustrated as poor examples of coping mechanisms. The Seesaw Model places an importance on the individual differences. Individual factors can have positive and negative impacts on resilience. These include mental health problems, bullying, internalised homophobia, support from friends and family and self-esteem (Fenaughty and Harré, 2003). The positive impacts of support and the negative impacts of self-destructive behaviours are common themes across much of the resilience literature (Eisenberg and Resnick, 2006; Luthar, Cicchetti et al., 2000b; Ryan, Huebner et al., 2009; Scourfield, Roen et al., 2008). Though, Fenaughty and Harré (2003) research is concerned with the role of resilience specifically for gay and bisexual men's risks of suicide, the idea of conceptualising resilience as a seesaw widens the scope of approaching the topic of resilience.

While this balancing metaphor may be a useful, and accessible, way of visualising a complex concept it simultaneously perpetuates the concept that resilience is calculable. If positive factors outweigh negative factors resilience is achieved. Fergus and Zimmerman (2004: 401) describe this as the 'protective model' of resilience where protective factors reduce the effects of risks. However, there is suggestion from the field of risk studies that adversities are cumulative with the occurrence of adversity increasing the chance that further risks will follow (Newman, 2004). In this sense, risks are understood multiplying with individuals facing the possibility of becoming entrenched in a risk trajectory (Petridou, Zavitsanos et al., 1997). While the shifting fulcrum suggested by Harvard University Centre on the Developing Child

(*Harvard University Centre on the Developing Child: Resilience*, 2018) may account for this, it also suggests any attempt at calculation is much more complex than positive factors outweighing adversities.

2.2.4.   Adversity and Risk.

As this chapter has begun to establish, adversity and risk have become the factors that can be found in the majority of resilience definitions with many approaching them as a precondition to achieving resilience. Rutter (2000: 653) suggests the primary methodological concern for those interested in researching resilience is to establish that 'the individuals being studied have truly experienced an environmental risk that carries a major increase in the risk of psychopathology'. The concern is that without establishing that an individual has faced significant adversity, researchers may muddy the water by considering someone as resilient when resilience has not been required of them. The significance of this concern is debatable. Researchers have continually suggested that the majority of individuals will experience adversity in their life time (O'Leary, 1998). For example, Bonanno and Mancini (2008) suggest we are all likely to face potentially traumatic events during our lives. Potentially traumatic suggests that rather than adversity necessarily leading to poor outcomes, there are a range of potential reactions to adverse situations (Fletcher and Sarkar, 2013).

Masten (2006: 4) suggests that resilience 'refers to positive patterns of functioning or development during or following exposure to adversity, or, more simply, to good adaptation in a context of risk'. This theme of functioning in the face of adversity is mirrored across disciplines. Researchers concerned with children (Gilligan, 2000), family studies (Greeff and Human, 2013), depression and anxiety (Connor and Davidson, 2003) and primary care (Dowrick, Kokanovic et al., 2008) have all understood resilience in the context of adversity. Schoon and Bynner (2003: 21) describe resilience as the 'counterpart' to risk. In this context, resilience is understood as a balance for the accumulation of risks during our lives. Jackson, Firtko et al. (2007) and Smith, Tooley et al. (2010) describe resilience as the ability of an individual to adjust to or overcome adversity. This idea of positively adjusting is

beginning to move away from resilience being the overcoming of adversity to resilience being adjusting to adversity. It also brings into question whether resilience should be considered an ability. If resilience is considered an ability, then a resilient person is one who is capable of successfully overcoming adversity. On the other hand, Aranda and Hart (2015) view resilience as an individual or community resource. If resilience as treated as a resource, then a resilient person is one with the necessary means to overcome an adversity. These differences in connotation are subtle though significant. Ability suggests something a person can improve or hone whereas a resource conjures images of a thing individuals either have in their possession or do not.

Although a large number of definitions of resilience include adversity this is not to say that all explicitly address it, though many implicitly include it. Masten, Best and Garmezy (1990: 425) propose that 'resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances'. Suggesting that the focus of resilience should be on adaptation rather than on whether it is an ability or resource. Fine (1991) also views a resilient person as someone with an increased capacity to deal with daily life and navigate a world filled with both 'traumas and triumphs'. Monroe and Oliviere (2007) argue that resilience and risk go hand in hand. 'Resilience is inextricably linked to risk in an interactive process occurring over time' (Monroe and Oliviere, 2007: 1). This links us back to Rutter's (2000) suggestion that in order to be considered resilient, risk must first be established. Rather than this being a solely negative process with resilience requiring adversities and risks, resilience can also be seen to impact on risk. For example, there is some suggestion that improving resilience may impact on risk taking (Rew and Horner, 2003). There is also limited acknowledgement in the resilience literature that risk can encompass both positive events such as marriage and childbirth and negative events such as death and illness (McCubbin, 2001). This implies that risk and resilience impact on each other in a symbiotic relationship.

While adversity is seen by many as central to understanding resilience, how adversity is understood in this context varies widely. Relying on adversity to define resilience without explaining what 'adversity' is, can and is leading to misuse and

misunderstanding of the concept of resilience (Bonanno, 2012). Luthar, Cicchetti et al. (2000a) have emphasised that it is vital for researchers concerned with resilience to define adversity and provide clear justification for their understanding. Therefore, a brief outline of a range of approaches to adversity ought to be considered. Luthar and Cicchetti (2000: 858) take a quantitative approach suggesting adversity 'typically encompasses negative life circumstances that are known to be statistically associated with adjustment difficulties'. On the other hand, Davis, Luecken et al. (2009: 1638) take a far less strict approach suggesting 'for most of us, the adversities we encounter do not constitute major disasters but rather are more modest disruptions that are embedded in our everyday lives'. Others provide examples of what they consider to be adversities. Davydov, Stewart et al. (2010: 484) suggest a range of potential adversities 'such as functional limitation, bereavement, marital separation, or poverty'. While Jackson, Firtko et al. (2007: 2) present a range of adversities faced by nurses in the work place including 'shortages of experienced nurses, an ageing workforce, increased use of casual staff in the nursing workforce, bullying, abuse and violence'. Other adversities can be gathered from the resilience literature, for example AIDS diagnosis (Rabkin, Remien et al., 1993), family stress (Carlton, Goebert et al., 2006), chronic pain (Zhu, Galatzer-Levy et al., 2014) and experiencing a heart attack (Galatzer-Levy and Bonanno, 2014). The confusion over adversity does little for a field that already contains significant tensions over defining resilience. Whether adversity encompasses everyday difficulties, ongoing stressors and large one-off events remains unclear. Defining adversity in relation to resilience is underexplored. Without clearly outlining how adversity is being understood, researchers face the risk of further complicating the field. In this case, adversity has been approached on a working understanding which encompasses the everyday hassles we all experience, major life stressors and the numerous complications and risks in-between.

2.2.5.   Critique of the Reliance on Adversity.

While adversity is present in the majority of resilience definitions, the appropriateness of this as fundamental to understanding resilience has been, and continues to be, questioned. When discussing adversity, it is important to acknowledge that a researcher's perceptions of adverse or risky situations, events or

behaviours may not be understood as such by other researchers, our readers or indeed our participants (Bottrell, 2009; Ungar, 2004). It is therefore suggested as important to acknowledge that understanding adversity and resilience in our participant's terms goes hand in hand with understanding how we as researchers approach these concepts. This has the potential to lead to disconnections between the participant's understandings and the researcher's interpretations. Creating significant challenges for researchers in how to ensure their research reflects their participant's approaches.

Much of the resilience research is concerned with understanding resilience in relation to a given adversity in isolation. For example, Boardman, Griffiths et al. (2011) exploration of resilience in the context of depression. Research suggests that risks often occur concurrently, multiplying and potentially altering trajectories (Dong, Anda et al., 2004). Seery, Holman et al. (2010) suggest the impacts of individual adversity's, in a context of multiple risks, are difficult to tease out. This raises significant questions over conclusions drawn by research focusing on individual adversities. Approaching resilience in terms of adversity lends itself to the study of human reactions after adverse experiences. However, it has been suggested that in fact we know very little about whether individual or indeed communities are prepared for adverse events (Wright, 2016).

Events that are relatively large in scale appear to have garnered far more of the focus of resilience researchers then the everyday stresses an individual is also likely to encounter. Adversity has connotations of large adverse events rather than of the minor or continuous stressors many of us experience. This means many issues that are seen as everyday hassles, for example work related stressors, are often excluded from resilience understandings (Fletcher and Sarkar, 2013). This may in part be due to the often-blurred distinction between the two. An overarching adversity may be poverty with multiple interrelated adversities' stemming from this that may result in both one-off adverse events and ongoing adversities. For example, the stressors associated with fuel poverty have long been recognised (Marmot, Geddes et al., 2011). These stressors can be both major and minor, one-off and ongoing. Heating may be needed for a one-off event due to sickness in the household whilst

simultaneously being on ongoing issue due to a particularly cold winter. Given that resilience studies have concerned themselves with both chronic pain and divorce, which potentially have ongoing consequences, it seems reasonable to consider adversity as concerned with both ongoing and one-off events. Yet without clarity as to how adversity is being approached this remains somewhat unclear. Individuals are then relying on subjective meaning making as to what classifies as an adversity which in itself may be seen as problematic given the disposition of the use of quantitative approaches to resilience research. If resilience is approached in a qualitative way the subjective meaning making may in fact form the core way in which resilience and adversity can be understood. By clearly outlining how adversity is being understood in each research project many of these problems could be overcome.

The lack of clarity around adversity is not the only critique of this approach. The focus on adversity all but excludes any impacts, events which are generally understood in positive terms, may have on resilience. Fletcher and Sarkar (2013) suggest events such a promotion at work or marriage, which are unlikely to be seen as risky or adverse events, are none-the-less likely to impact on resilience. Support and support networks have been identified as key factors which can have positive impacts on resilience (Boardman, Griffiths et al., 2011; Cohn and Hastings, 2010). Focusing solely on the role of adversity in resilience has led to the underexploring of the potential impacts of positive life events. Furthermore, it means the field may have missed key factors impacting on resilience. For example, Tugade and Fredrickson (2004) suggest positive emotions can have benefits for resilient individuals navigating the regulation of negative emotions.

Adversity has been largely understood in individualised terms, mirroring the dominance of individualised approaches to understanding resilience which will be discussed later in this chapter (Bottrell, 2009; 2013; Walsh, 2003). As Bottrell (2009: 335) asks 'to what extent will adversity be tolerated, on the assumption that resilient individuals can and do cope? How much adversity should resilient individuals endure before social arrangements rather than individuals are targeted for intervention?'. With the recent attention resilience has been given, the focus has been on equipping individuals with the ability to cope rather than tackling the reason for coping. Bottrell

(2009) is suggesting that rather than the focus remaining solely on individuals there is a current policy gap which could be tackling the structural social causes of the widespread need for resilience. When definitions of resilience contain adversity at their core the human suffering required to become resilient should not be forgotten (Luthar, 1993).

Canvin et al (2009: 239) suggest that resilience literature 'views adversity as a pre-condition, and then investigates what is involved in 'beating the odds' associated with such adversity'. This raises questions about why, and indeed how, adversity has become the key way of understanding the concept. Resilience appears to be viewed here as a special kind of strength that protects the resilient individual from the 'poor outcomes' associated with adversity. Yet researchers, such as Masten (2014), have suggested that rather than being extraordinary resilience is an ordinary response to adversity. Resilience research has the prospect to provide an alternative, and significantly positive, focus to risk and adversity. Whether adversity should be viewed as pre-condition for resilience ought to be considered and not taken for granted.

While focusing on the adversity that requires an individual to rely on their resilience has dominated the field of research, a subfield concerned with positive adaptation has been evolving (Bottrell, 2009). Research concerned with positive adaptation has been largely accredited to the work of Luthar and colleagues beginning in the 1990's (Luthar, 1993; Luthar and Cicchetti, 2000; Luthar, Cicchetti et al., 2000a). While understanding resilience in terms of adversity leads to researching risk and risk taking, approaching resilience in terms of positive adaptation lends itself to researching protective resources and positive experiences (Sesma, Mannes et al., 2013). This approach is argued to account for the impacts positive life events may have on resilience (Fletcher and Sarkar, 2013; McCubbin, 2001). However, researchers such as Ungar (2008) have critiqued the notion of positive adaption and success in relation to resilience. Concepts of success, used in the resilience literature, such as remaining in school, are argued to be based on Western ideals of thriving. As such, researchers are said to be lacking sensitivity and potentially missing key cultural and community-based aspects of resilience (Ungar, 2008). Researchers should therefore be cautious of accepting what have become mainstream notions of

success, failing to do so may miss key aspects of community-based resilience. Furthermore, considering resilience in terms of positive adaptation still draws us back to the notions of risk and adversity that the individual is adapting to. Some have therefore suggested that rather than being an approach to resilience, positive adaptation is a separate but complementary fields of enquiry (Roosa, 2000).

Section Two: Researching Resilience.

2.3.1.   Measuring Resilience.

One of the key areas of resilience research is how and indeed if, resilience can be measured. From Linkert Scales (Friborg, Martinussen et al., 2006) to System Models (Bennett, Cumming et al., 2005) a number of quantitative approaches have been proposed. Within this quantitative resilience field, a tension has arisen between those asserting resilience is prevalent and those suggesting resilience has been overestimated. A review concerned with the prevalence of resilience reported a significant range in research findings with estimates of resilience ranging from 24-84% (Vanderbilt-Adriance and Shaw, 2008). Bonanno and Mancini (2008) suggest that after experiencing traumatic events upwards of 50% of individuals demonstrate resiliency. While Bonanno, Galea et al. (2006) found that after the events of 9-11, 65% of New York residents demonstrated resilience. On the other hand, research concerned with the stability of resilience finds consistently lower rates. For example, research with children who have contact with US child protective services, found between 14-22% of participants to be consistently resilient (Jaffee and Gallop, 2007). These starkly different findings demonstrate the aforementioned tensions with the estimating of resilience rates which in turn have significant impacts on the designing of interventions and policies.

Prior to the 1970's it was largely accepted that adversity during childhood would inevitably lead to poor outcomes. Theory suggested that early years were predictors for outcomes in later life (Feinstein and Bynner, 2004). The impacts of the prevalence of these theories can still be seen in policy today. Early years interventions, such as Sure Start Centres in the UK, were explicitly designed to support early development and minimise the risks of poor outcomes (Feinstein and Bynner, 2004). Since the 1970's, work by amongst others Garmezy (1970), Rutter (1979) and Werner and Smith (1982) have suggested that in fact the picture is much more complex with many children, and young people, showed little or no signs of maladaptation rather demonstrating competency despite the previously perceived odds (Sesma, Mannes et al., 2013). This has been argued to indicate that the same or similar adversities will

result in different outcomes for different individuals, challenging the previous rhetoric of determined outcomes (Walsh, 2003). Building on this pivotal work Bonanno and colleagues have continually suggested that after experiencing adversity, for example health related adversities such as a heart attack or chronic pain, resilience is the most common reaction (Bonanno and Diminich, 2013; Bonanno, Westphal et al., 2011; Galatzer-Levy and Bonanno, 2014; Zhu, Galatzer-Levy et al., 2014).

Masten (2001; 2014) argues that the most unexpected result of research concerned with children growing up in difficult conditions, is the prevalence of resilience. Masten (2014) argues that despite the significant risks associated with disadvantage, the majority of resilience research demonstrates that resilience is in fact widespread. Despite evidence to the contrary, the dominant discourse has remained that resilience demonstrates extraordinary strength and remarkable ability to deal with adversity. This approach conceptualises resilience as special, unattainable and demonstrative of the super powers of invincibility and invulnerability (James and Cohler, 1987; Masten, 2001; Werner and Smith, 1982). With adverse life experiences continuing to be thought to lead to poor mental health and a lack of resilience and coping mechanisms (Rutter, 1985). However, Masten (2001; 2014) argues that evidence strongly contradicts this. 'Resilience appears to be a common phenomenon that results in most cases from the operation of basic human adaptational systems' (Masten, 2001: 227). The prevalence of resilience is therefore argued to demonstrate that rather than being a super power resilience is in fact ordinary.

Despite exposure to risk and adversity it is consistently found that people are resilient (Canvin, Marttila et al., 2009; Grossman, D'Augelli et al., 2011; Jackson, Firtko et al., 2007; Masten, Best et al., 1990; Oswald, 2002; Sanders and Kroll, 2000). If resilience is understood in the terms suggested by Masten (2014, 2001) it is attainable, universal and pervasive. In other words, resilience is ordinary. Treating resilience as naturally occurring, and widespread, phenomena changes how we can interact with it (Herrick, Stall et al., 2014; Masten, 2001). Resilience can be promoted, encouraged and supported (Masten, 2001). The adversities which cause the need for resilience can be tackled and the promotive and protective factors can be researched and

encouraged. Masten's (2001) concept of resilience as 'ordinary magic' overtly challenges the previously widespread beliefs of resilience. However, the indication of previous research that resilience is widespread has done little to change the perception of resilience as extraordinary.

Measuring resilience has amassed a significant research base, yet to the best of the researcher's knowledge there appears to be a gap in this debate around whether individuals consider themselves to be resilient. This may partially be down to the dominance of quantitative methodologies in the field. Qualitative approaches to resilience have been outnumbered and outweighed by quantitative measures. Qualitative methods offer the opportunity to explore this area in detail with participants both in terms of individual and community resilience. Furthermore, there appears to be little understanding of how it feels to be resilient or indeed how it feels not to be. Without dedicated qualitative interrogation of the concept we risk the possibility of misunderstanding and misconceptualising what it means to be resilient for those we seek to study.

2.3.1.1. Is Resilience Measurable?

The prevalence of resilience potentially has significant impacts in terms of policy. Therefore, some have questioned the premise of measuring resilience entirely. Infurna and Luthar (2016a; b) suggest that researchers should be careful when making declarations of rates of resilience in the face of major life stressors as these are likely to have implications on the allocation of resources for practice. While this review intentionally does not seek to provide answers in relation to the rates of the population thought to be resilient the wider debate as to whether resilience is prevalent is of concern.

The debates surrounding the measurement of resilience form a large part of the foundations of the quantification of resilience. Resilience has come to be understood in quantifiable measurable terms; with risk being divided by protective factors to equal a resilient or adverse outcome. For outcomes in later life the sum of combined positive and negative factors has been suggested as a roughly weighted sum for calculating predicted outcomes in development (Roosa, 2000). Yet it has been

suggested by many, including Masten (2014), that positive development is often not this clear cut or calculable. The lack of qualitative approaches to understanding the concept has led to the focus being on how to judge an individual's resilience rather than the effects that being resilient or un-resilient has on the lived experience of those who are being assessed. Whether individuals consider themselves to be resilient has yet to be accounted for. Without accounting for these insights, researchers risk the pitfall of labelling an individual as resilient objectively without approaching the subjective meaning making of the concept.

There have also been criticisms of the quantitative measures used in resilience research. Roosa (2000) suggests that resilience researchers have failed to adequately demonstrate statistical significance in the interactions which are central in the quantified construct of resilience. The lack of reliable figures of the number of people in the UK who identify as LGBT+ presents a considerable problem in seeking to measure resilience within this community. Without national figures on the number of people who identify as LGBT+ in the UK, it remains impractical to consider the percentage or rate of resilience within this community (Graham, 2009). These concerns may be addressed by the recommendation by ONS to include voluntary questions of gender identity and sexuality in the 2021 census (ONS, 2018). Should these questions be included, the UK would be the first country in the world to incorporate questions on sexual orientation in a national census.

There is also a suggestion research as the focus on resilience in high risk, or vulnerable, groups may have introduced a bias in resilience research which may not be reflected in wider populations or groups at lesser risk (Roosa, 2000). Quantifying and measuring resilience can give the impression that findings should only be considered valid when they are generalizable. This simultaneously promotes quantitative approaches and demotes qualitative understandings of resilience. Generalisability is not the only insight research can offer. Qualitative approaches with high risk groups can give insight into the lived experience and uncover the experiences behind the statistics.

2.3.2. The Individualisation of Resilience.

Resilience research has been largely concerned with the individual and assumes an individual nature of adapting to adversity (Bottrell, 2009). While there are many critiques of this approach there are also many reasons for conceptualising resilience in this manner. Individual responses to adversity are argued to be a 'universal feature of empirical studies' (Rutter, 1985: 599). Each individual is said to face a unique set of adversities and is equipped with unique coping abilities. Resilience is therefore argued to be experienced individually. Research suggests that resilience is not static but ebbs and flows over our lives (Luthar, 2006). It is suggested that overcoming a particular adversity at a given time does not necessitate that the next adversity met will have an equally resilient outcome. Rutter (1987: 317) argues 'if circumstances change, resilience alters'. Therefore, it is argued that resilience should be understood as malleable changing continuously throughout our lives (Wolfson and Mulqueen, 2016). Considering resilience as malleable has significant impacts on whether resilience should be thought of as an ability, resource, or process. Furthermore, it brings into question whether resilience occurs on an individual or community level or perhaps some combination of the two.

A number of the studies concerned with resilience have looked at the after effects of significant events. For example, the ongoing consequences of widespread flooding in the north of England in the Christmas of 2015 (Wright, 2016). Events such as this are experienced simultaneously on an individual and community level. Due to the unexpected nature of such events very little is known prior to an occurrence whether a community will be able to recover. It is only after something such as flooding that researchers have been able to understand community resilience (Wright, 2016). Bottrell (2009) emphasised the lack of research on social and community-based approaches to the concept of resilience. The difficulties associated with considering community resilience outside of the context of a significant adversity may be one of the reasons why.

Levine (2014: 3) suggests that 'although it may be correct to call a community resilient, it is not clear exactly what this means or how it relates to the lives and the

resilience of the community's members. (A community capable of maintaining its status quo may be good or bad news for some of its members.)'. The lack of community-based resilience research has meant that we know very little about the benefits or indeed pitfalls of being a member of a resilient community. In order to plug this gap Bottrell (2009: 336) advocates for community-based resilience research which takes a 'ground up' approach to understanding the experiences and conceptualisations of marginalised groups. Bottrell (2009) advocates for an approach to research which provides the basis for the deconstructing of oppressive discourses that surround those with marginalised identities. Additionally, Fletcher and Sarkar (2013: 20) suggest 'governments should provide community-based opportunities that give individuals access to both environmental and personal resources that develop their resilience in meaningful ways'. Though suggesting different approaches both represent ways of addressing the dominance of individual discourses in the resilience field.

In policy terms, resilience has generally been approached as a personal attribute, individualised and understood in a behavioural fashion (Bottrell and Armstrong, 2012). Interventions are aimed at those categorized as at risk, socially excluded or marginalized (Bottrell, 2013). These policies reflect this behavioural and individualistic approach with self-help being at the heart of interventions. This self-help approach can also be seen at a community level in the British Government's Resilient Communities Agenda (Strategic National Framework on Community Resilience, 2011). Bottrell (2013) argues that the need for resilience comes as a result of neoliberal governance which is broadly understood, in this context, as the shift of social policy toward economic aims. In light of these criticisms, individualized approaches and responsibilities for developing resilience are argued by many to be out-dated (Bottrell, 2009; 2013; Bottrell and Armstrong, 2012; Massey, Cameron et al., 1998). They lack the rounded and holistic approach that is required to understand both the cause and effect of risk, discrimination, social exclusion and marginalization.

A significant criticism of the resilience field is that the dominance of individual approaches does little to account for societal, structural and policy issues (Bottrell, 2013; Dickinson and Adams, 2014; McConnell, Janulis et al., 2018). Societal

inequalities are entwined with the allocation of social and cultural capital, resources, opportunities and power (Bottrell, 2009; Bourdieu, 2004). Individual's resources, both social and personal, are linked to these allocations with the intersectionality of factors such as sexual orientation, gender identity, social class and race which supports the basis of an individual's chances of resilience as a largely social rather than individual formula (Bottrell, 2009; Crenshaw, 1991). Understanding resilience as a combination of individual characteristics and circumstances fails to account for the cultural factors, particularly in terms of discrimination, that members of identity communities face as a collective such as homophobia and racism. As Canvin, Marttila et al. (2009: 240) suggests, 'some resilience research, however, has focused on identifying personal risk and protective factors, and has been criticized for representing resilience as solely an individual or family trait, neglecting the role of the social, cultural and political context within which resilience occurs'. The lack of accounting for the social, cultural and political context in which research is taking place is a significant criticism. Without attributing the effects of these factors research fails to appreciate the bigger picture. As a consequence of the lack of consideration of structure, the resilience field has failed to account for how resilient individuals display agency in their lives (Bohle, Etzold et al., 2009; Dodsworth, 2015).

2.3.3. Social Policy and Resilience.

Having considered approaches to the concept or resilience, and criticisms of the individualisation and measuring of it, examples of resilience policy will now be examined. Social policy is the interface between academic theorisation and the designing, and significantly funding, of interventions (Luthar and Cicchetti, 2000). Resilience has become a key measure of successful policy across government departments. Luthar and Cicchetti (2000) suggest that knowledge from the resilience field could play a key role in the developing of policy interventions aimed at promoting wellbeing in disadvantaged and marginalised groups. With most measures of health inequalities suggesting they are increasing, despite 18+ years of government commitments to the contrary, the gap resilience may be asked to fill is significant (Garthwaite, Smith et al., 2016)

The first example of resilience in policy to be considered draws on recommendations from the all-party parliamentary group (APPG) on Social Mobility. The APPG called for 'Ofsted to determine how to factor Character and Resilience and 'extra'-curricular activities more explicitly into the inspection framework' (Paterson, Tyler et al., 2014: 8). The APPG on Social Mobility's view is that all schools have a role to play in promoting character and resilience in pupils. In order to achieve this, the APPG suggested that schools should not only be inspected and assessed on their ability to encourage academic, healthy and active pupils but also on their abilities to develop pupil's resilience. Schools are expected to develop resilience and character both in the classroom and through targeted after school activities. However, concerns have been raised about the ability of schools to deliver this for pupils from diverse backgrounds. Lewis (2016) suggests that while relationships with teachers are important questions need to be addressed in regard to the capability of schools to achieve this for pupils of mixed-race backgrounds. With teachers unacquainted with the specific circumstances of mixed-race pupil's schools are unable to support pupils from diverse backgrounds and are therefore unlikely to meet set targets. These criticisms raise significant questions for a policy agenda that elicited wide spread support from all political parties (Gerrard, 2014).

The APPG's report urges schools to help pupils to develop positive character traits, such as resilience, in order to attain social mobility (Gerrard, 2014; Paterson, Tyler et al., 2014). Camfield (2015: 68) suggests this proposed focus on non-cognitive skills in schools is part of a wider 'narrative of the shortcomings of 'the poor''. Under the framework of encouraging social mobility the abilities of 'the poor' are being assessed as lacking. By associating positive character traits, such as resilience, with success and social mobility the report is argued to clearly outline the divisions between being a productive upwardly socially mobile member of society and having poor character traits that lead to unproductivity and social immobility or worse still a downward trajectory (Gerrard, 2014).

Education is not the only area of policy which has used the concept of resilience. The Communities that Care (CtC) programme was aimed at tackling future social problems before they occur (Crow, France et al., 2004b). CtC was originally a policy

programme in the USA brought to the UK in a policy transfer that happened in the mid-1990's (Crow, France et al., 2004b). Funded by The Joseph Rowntree Foundation (JRF) 'this early intervention programme targets children living in communities and families that are deemed to put them at risk of developing social problems' (Crow, France et al., 2004a: 1). This was piloted in three communities, providing training to a range of both professionals and prominent figures who used their new skills to identify the key risks in their area (Crow, France et al., 2004a). The groups were asked to identify both risk and protective factors and develop a targeted action plan for their community. The five-year evaluation of the CtC programme raised significant concerns in regard to designing policies to alleviate adversities. Significantly, the policy implementers, JRF, found measuring the success of the interventions difficult (Crow, France et al., 2004b). Though one, of the three communities, showed a decrease in the risk factors young people faced, this could not be attributed to the intervention (Crow, France et al., 2004b). Although not directly targeting resilience, CtC sought to address the adversities young people face which has been suggested as one of the ways policy interventions could promote resilience. The implications for resilience policy may be significant. If interventions are difficult to assess or their impacts cannot be measured at all then why fund them? Given the ongoing impacts of an austerity agenda it is unlikely interventions without tangible, measurable, successful impacts will be implemented.

Clear comparisons between the recommendations from the APPPG and the CtC programme can be drawn. Both policies are aimed at intervening early in life to minimise future risks, be they social problems or immobility. This approach can be seen to draw on theorisation of the significance of trajectories in early life (Rutter, 1999). Trajectories have been used as a way of illustrating the impacts of risks on the constancy of an individual's life (Hutchison, 2011). Opportunities and choices impact on the path an individual's life takes, while risks can alter a trajectory and potentially multiply (Rutter, 1989). Hutchison (2011) suggests trajectories do not automatically follow a straight path however they are expected to generally follow a similar direction. In other words, trajectories, be they positive or negative, largely continue

along the same path. These trajectories are often understood to begin in early life and can become difficult to redirect.

Risk trajectory theory suggests that an isolated risk is unlikely to cause poor outcomes, such as social exclusion, but multiple risks can (Rutter, 1990). In other words, risks do not work alone. Risks combine to form negative outcomes for an individual setting them on a negative or adverse trajectory. Once an individual is on this trajectory or path it becomes increasingly difficult to divert it (Hutchison, 2011). As these trajectories self-reinforce, they become more difficult to change. Therefore, they become increasingly likely to continue in a similar direction. Both policies seek to increase the chances of positive outcomes for those in childhood by encouraging what they believe will place individuals on a positive trajectory. However, research concerning risk has been criticized for promoting an individualistic model of health and wellbeing (Douglas, 1994). By focusing on an individual's risks, wider structural issues have been minimised.

CtC can be seen as part of a larger political agenda to promote capacity building in communities. In a policy setting resilience has been understood as the ability for a community to care for itself (Cabinet Strategic National Framework on Community Resilience, 2011). Policy attention has shifted to developing communities of resilience and measuring national wellbeing as an alternative to economic measures of national success (Strategic National Framework on Community Resilience, 2011; ONS, 2016). The British government's national framework for community resilience defines resilience as 'communities and individual(s) harnessing local resources and expertise to help themselves during an emergency, in a way that complements the work of the emergency services' (Cabinet Strategic National Framework on Community Resilience, 2011: 27). The UK is not the only country to place resilience at the heart of responding to emergencies. Many countries use the concept of resilience as part of their emergency planning strategy (Wright, 2016). In the UK this can be evidenced as part of a wider agenda shift to responsibilisation, with individuals and communities being expected, and too an extent required, to take responsibility in helping themselves.

Resilience in the context of policy is suggested as taking a behaviourist approach to health inequalities with responsibility being placed on individuals to be resilient, overcome adversity and to beat the odds (Graham, 2007; Masten, 2014). Wider social and cultural problems are downplayed with the focus shifting from inequality, discrimination and disparity to resilient individuals. Resilience is treated as something everyone can attain yet simultaneously as superhuman power which demonstrates extraordinary strength. This dichotomy allows for significant issues of inequality to persist and for the onus to again be placed on the individual rather than wider societal and political issues.

2.3.4. LGBT+ Resilience Research.

While the resilience field has become individualised, dominated by measurable and calculable quantitative methods, the LGBT+ resilience literature, though said to be in its infancy, is a more diverse and varied field of enquiry (Asakura, 2019; Erickson-Schroth and Glaeser, 2017). With a combination of both quantitative (Breslow, Brewster et al., 2015; Kosciw, Palmer et al., 2014; Livingston, Heck et al., 2015) and qualitative methods (Gray, Mendelsohn et al., 2015; Rivers, Gonzalez et al., 2018) the LGBT+ resilience field has also begun to include community based approaches countering the dominance of individualisation in the wider resilience field (Meyer, 2015; Shilo, Antebi et al., 2015; Wong, 2015). Significantly, this research is taking place internationally including in Canada (Asakura, 2019; Asakura and Craig, 2014), Hong Kong (Chong, Zhang et al., 2015), the US (Cortes, Fletcher et al., 2019), Israel (Shilo, Antebi et al., 2015), Australia (Bariola, Lyons et al., 2015), Ireland (Higgins, Sharek et al., 2016) India (Chakrapani, Vijin et al., 2017) and amongst forced migrants (Kahn, Alessi et al., 2018). Despite evidence of research taking place globally, concerns have been raised over the individualised focus of resilience which some believe may limit its applicability due to it being rooted in 'an ethnocentric, white, Western perspective' (Colpitts and Gahagan, 2016: 6). While these concerns remain largely unaddressed, in both the LGBT+ and general resilience fields, they are part of a growing awareness of the need for intersectional resilience research. Significantly these need to be rooted in community and cultural understandings of resilience (Follins, Walker et al., 2014).

The LGBT+ resilience field has been viewed by some as an attempt to redress the previous dominance of the deficit driven approaches to researching LGBT+ people's lives (Colpitts and Gahagan, 2016; Higgins, Sharek et al., 2016; Smith and Gray, 2009). Yet there has also been concern that the field has lagged, failing to keep the momentum it initially generated (Kwon, 2013; Meyer, 2015). It is worth emphasising that, much like the general field, the LGBT+ field remains highly contested with little agreement as to how resilience should be defined, measured, approached or understood (Colpitts and Gahagan, 2016). Like much of the general resilience literature, many of the studies on resilience in relation to LGBT+ people fail to conceptualise or define the way in which resilience is being understood and operationalised in their work (Dentato, Orwat et al., 2014; Gray, Mendelsohn et al., 2015). However, this is not to say the findings of such studies should be dismissed. Rather this is a reflection on the ways in which the general resilience literature impacts on the LGBT+ subfield. Conceptualisations, references and approaches to resilience as bouncing back (Emlet, Shiu et al., 2017; Ramirez and Bloeser, 2018), positive adaptation (Russell, 2005) calculable (Fenaughty and Harré, 2003) and in relation to adversity (Gray, Mendelsohn et al., 2015; Meyer, 2015) also demonstrate the impact the general field has had on LGBT+ studies.

As is reflected in both the wider LGBT+ literature and the resilience field, research concerning young people and resilience represents a significant portion of the field (Bryan and Mayock, 2012; Craig, McInroy et al., 2015; Grossman, D'Augelli et al., 2011). Some have expressed concerns that research into older and elderly LGBT+ people's experiences is limited (Addis, Davies et al., 2009). However, it is worth noting, there is a small field specifically focusing on resilience amongst older LGBT+ populations predominantly based in the US (Averett, Yoon et al., 2011; Fredriksen-Goldsen, Kim et al., 2017; Hash and Rogers, 2013)

Much of the LGBT+ resilience focus has been on protective and promotive factors. These have been conceptualised by Russell (2005, p.8) into 'the characteristics of the individual' which might include personality factors such as confidence and 'the characteristics of influential settings' which may be impacted, for example, by cultural and political factors. However, there has also been concern expressed that

these explorations have failed to include black LGBT notions of coping, protective factors and strength (Follins, Walker et al., 2014). Whilst acknowledging these concerns, examples of the factors identified by the limited existing literature include, hope and optimism for positive events in the future (Hill and Gunderson, 2015), developing a positive LGBT+ identity (Riggle, Mohr et al., 2014; Szymanski, Mikorski et al., 2017), parental acceptance (van Beusekom, Bos et al., 2015), escapism through the use of offline and online media (Craig, McInroy et al., 2015) and LGBT support services (Bryan and Mayock, 2012). Research has also highlighted that successfully navigating previous adversities may contribute to achieving similar outcomes in the future (Gray, Mendelsohn et al., 2015). What is key here is the successful navigation of adversity. This suggests that the occurrence of adversity does not necessarily lead to resilience; rather successfully navigating past adversities may contribute to achieving similar results in the future. Echoing approaches to resilience from the wider literature, there has been some suggestion that LGBT+ people build resilience through their life time (Hash and Rogers, 2013). Experiences of discrimination prejudice, in their various forms, have been suggested to contribute to LGBT+ individuals building their strength and resilience. Similarities can be drawn here with the suggestion of Masten (2014), Neff and Broady (2011) and Gray, Mendelsohn et al. (2015) in that successfully navigating adversities may support similar outcomes in the future.

Researcher have used modelling to suggest that for young LGBT+ people being 'out' is likely to result in higher resilience but also higher victimisation (Kosciw, Palmer et al., 2014). As such, being 'out' in all contexts may not always be desirable. For example, Shilo, Antebi et al. (2015) found, in the context of military conscription age 18, that Israeli LGB soldiers rarely disclose their sexual orientation even when 'out' in their personal life. Considering the findings of Kosciw, Palmer et al. (2014) alongside those of Shilo, Antebi et al. (2015) suggests an understanding of resilience as benefited by disclosure and protected by the controlling of in which settings. Social, cultural forces may impact on certain contexts more than others (Wong, 2015). Choosing not to be 'out' in every context may not negate the positive impact disclosure can have, in certain contexts and to certain groups, on resilience.

Scourfield, Roen et al. (2008: 331) suggest that one of the strategies of resilience of some of the young people in their study was 'in essence a biologically based argument that non-heterosexual orientations are 'natural''. This principle that same sex attraction is natural and biological is said to be employed by LGBT+ people to negotiate the difficulties associated with their identity. By viewing themselves as natural, LGBT+ people are suggested to be building an internal strength or resilience to outside views and pressures (Riggle, Mohr et al., 2014). However, as Scourfield, Roen et al. (2008) point out, when it comes to creating an LGBT+ identity that is based around positively identifying as LGBT+, difficulties still persist. As other research has indicated, forming a positive LGBT+ identity whilst also dealing with homophobia, stigmatisation and marginalisation can be challenging (Riggle, Mohr et al., 2014; Szymanski, Mikorski et al., 2017). What is clear is the relationship between identify and resilience is nuanced, complex and intersectional. Research by Higgins, Sharek et al. (2016) suggests that for older LGBT+ people not being defined by their LGBT+ identity enhances their resilience. This was echoed in the findings of Gray, Mendelsohn et al. (2015) that gay Latino immigrants in the US did not want to be defined solely by their sexual orientation but favoured and intersectional holistic account of themselves. Additionally, one of the few studies involving LGBT+ people of faith found for Lesbian and Gay (LG) Christians finding a congregation they felt safe in was key to navigating resilience through both their LGBT+ and faith identities (Foster, Bowland et al., 2015).

Family, social and community support are also key themes in the LGBT+ resilience literature. Shilo, Antebi et al. (2015) found that for Israeli LGBT+ people, family support simultaneously predicts wellbeing and is a significant element of developing resilience. While Grossman, D'Augelli et al. (2011) suggest that for young transgender people perceptions of support were significant in terms of psychological resilience and predicting mental health outcomes. The benefits of support to resilience were also highlighted by Tse and Kwon (2017) who suggested support boosts gay men's resilience to depression.

Community connectedness, social networks and LGBT+ friendships have also been highlighted as beneficial to resilience (Gray, Mendelsohn et al., 2015; Hill and

Gunderson, 2015). Research conducted in China found that social media may have a role to play in promoting resilient in LGB people (Chong, Zhang et al., 2015). Through social media LGB people were able to express their identity and find a sense of community which were understood to be key in encouraging their resilience. The role of online media was also highlighted by Craig, McInroy et al. (2015) who found it a key source of resilience through resource sharing and community forming. These findings support those of Nodin, Peel et al. (2015) who suggest that a sense of belonging and connection to other LGBT people encourages resilience. Similarly, Oswald (2002), emphasised resilience as dependant on the meaning constructed through social networks. For example, actively engaging in a transgender community has been linked to increased wellbeing and decreased anxiety for trans individuals (Breslow, Brewster et al., 2015). These findings are particularly interesting when considered alongside the research of D'Augelli, Hershberger et al. (2001) who found just shy of 75% of LGBT people knew someone who had attempted suicide. This duality of connectedness being important for resilience but also providing added stressors has not been accounted for in the resilience literature and represents a significant area for exploration.

There are also gaps in regards to intersectional approaches to community connections, LGBT+ people not experiencing mental health problems and comparisons with the heterosexual population. Findings from Zimmerman, Darnell et al. (2015) suggest there may be differences in community connections and engagement dependant on intersectional characteristics such as race. For example sexual minority women, from racial minorities, reported lower levels of community connectedness than non-racial minority women with minority sexual orientations (Zimmerman, Darnell et al., 2015). Gaps have also been identified in relation to the large portion of LGBT+ people who do not experience mental health problems. While mental health problems have often dominated the LGBT+ resilience field, the majority of LGBT+ people are suggested to display similar levels of functioning to the general population despite significant exposure to risk and adversity which many of those in the general population have not experienced (Hill and Gunderson, 2015). For example, the experiences of healthy gay and bisexual black men have been

highlighted as largely unaccounted for (Harper, Jernewall et al., 2004; Reed and Miller, 2016). Finally, how or indeed if resilience differs between LGBT+ and heterosexual populations has also been identified as lacking academic attention (Beasley, Jenkins et al., 2015).

While the emergence of resilience research in part counters the dominance of self-harm, suicide, substance misuse, and mental health problems in the LGBT+ research field, in doing so it has contributed to the polarisation of LGBT+ people's lives at the extremes of resilient or vulnerable. Researchers, such as Cover (2013), have critiqued this narrative that places LGBT+ people at extremes of vulnerable, weak and defenceless or resilient, strong and powerful as it fails to grasp the complexities of transitions in circumstances.

LGBT+ resilience researchers have challenged Masten's (2014) popular conceptualisation of resilience as an 'ordinary' response to adversity. For example, Asakura (2019) conceptualised LGBT+ young people's resilience as an extraordinary response to do well despite everyday adversities and underlying pain. While Meyer (2015) expressed concern over the connotations of ordinary with expected. Meyer (2015) in particular suggests we must be conscious that we do not confuse or conflate the ability of individuals or community to be resilient with expectation that they ought to be resilient and cope. As such it is important to shift the resilience discourses to encompass both individual resilience and community-based understandings. In taking such an approach, attention must be given to the primary causes of adversity faced by those with minority identities, group membership and communities whilst also considering the ways in which individual resilience can be supported and enhanced. Meyer (2015) proposes one way in which this can be achieved is by focusing on the causes of adversity for those with minority gender identities and sexual orientations. As the review of the resilience literature demonstrated, the presence of 'stressors' or adversity is understood as foundational in the understanding of resilience (Masten, 2007; Rutter, 2006). The minority stress model, suggests that living in a stressful and often hostile social environment systematically impacts on LGBT+ peoples mental health causing unique identity based stressors (Meyer, 2003; Meyer and Frost, 2013). The routine, everyday expectations of

experiencing discrimination are suggested to by significantly different to the adversities experienced by the general population and theorised as key in understanding and approaching LGBT+ people's resilience (Hill and Gunderson, 2015; Meyer, 2015). These unique stressors can occur throughout life both for those with minority sexual orientations and gender identities (Meyer, 2015). As such, the causes of the high rates of mental health problems, amongst those who identify as LGBT+, are suggested to stem from the stigma, prejudice and discrimination such individuals face. Habitual exposure to risk factors, both direct and indirect, impacts on the everyday lives and mental health of those with minority identities (Hill and Gunderson, 2015). In this context, resilience is understood as a buffer protecting individuals from the negative consequences of experiencing minority stress (Breslow, Brewster et al., 2015; Meyer, 2003). Resilience is therefore understood as integral in understanding minority stress; without the presence of adversity resilience would be redundant.

Approaching resilience in such terms vastly differs from much of the general resilience literature much of which focuses on the trajectory of resilience rather than why it is needed. In shifting attention to the causes of minority stress, with resilience as the buffer, Meyer's (2003; 2015) minority stress model has been influential in linking resilience back in to the health inequalities and disparities experienced by LGBT+ populations and has become popular in the LGBT+ research literature (Balsam, Molina et al., 2011; Lick, Durso et al., 2013; McConnell, Janulis et al., 2018). Significantly, such an approach simultaneously draws attention to the structural and individual, suggesting that rather than being the antithesis of each other, community and individual approaches to resilience can go hand-in-hand to create a holistic account of resilience. In doing so, it addresses many of the concerns of Dickinson and Adams (2014) that the over individualisations of resilience limits its usefulness in addressing structural concerns. Approaching resilience in such a way opens up a range of possibilities for LGBT+ resilience research. If we are to unravel the health inequalities and disparities experienced by LGBT+ people, resilience research needs to contribute to identifying the social and environmental conditions which negatively impact on the stressors of those with minority identities. Understanding the factors

of minority stress must come alongside research into community resilience if we are to move away from the dominance of individualisation in policy and practice. In a context where there has been growing recognition that that the views and experiences of marginalised groups have yet to be adequately accounted for in the wider resilience field, those researching LGBT+ peoples experiences have the opportunity to contribute to multiple domains of enquiry (Bottrell, 2009).

2.3.5.   How Useful is Resilience?

Thus far, this chapter has considered a number of approaches and measures to resilience. However, ultimately the question must be asked as to whether the concept is useful? Interrogating the concept of resilience has raised a significant number of questions not least whether the concept is a beneficial one. While resilience is being used across disciplines, and borders, whether the concept is valuable ought not to be taken for granted, particularly when it comes to the lives and wellbeing of those who identify as LGBT+. Simultaneously, the appropriateness of focusing on creating more resilient individuals rather than tackling the adversities these individuals face also raises significant questions and concerns (Harrison, 2013; Menon, 2005).

The research focus on resilience has been mirrored by a policy focus which has begun to address adversities those with marginalised identities face in their everyday lives. However, there is strong suggestion that, despite equality legislation designed to protect from such experiences, LGBT+ people continue to face routine discrimination (Bachman and Gooch, 2017; Hunt and Dick, 2008). Harrison (2013) suggests rather than the concept of resilience being problematic it's the way in which resilience has been used in academic and policy settings that should be of concern. Resilience has become intertwined with value judgements particularly in terms of the classification of positive or negative coping mechanisms. For example, the judgements placed on the use of substances in the LGBT+ literature (Hughes and Eliason, 2002). These judgements are said to reinforces existing normative values and perpetuate power imbalances both in research and policy settings (Stevens, 2011). These criticisms reflect those of Ungar (2008) who questioned the western notions of success

entwined with resilience. Resilience is often understood in terms of outcomes such as young people being academically successful despite adverse circumstances. Defining resilience in terms of outcomes such as these fails to acknowledge that these are culturally specific understanding of success (Bottrell, 2009; Fletcher and Sarkar, 2013; Mahoney and Bergman, 2002; Ungar, 2004). Without cultural, and subcultural, sensitivity resilience research has the potential to pathologies outcomes. In order to account for this criticism rather than attempting to gain a comprehensive and universal understanding of resilience researchers ought to consider what is unique about resilience to a given field or population.

Given the lack of a coherent universally accepted approach to the concept, and the unlikeliness of reaching one, why put time and effort into further complicating and already muddled concept? Roosa (2000: 567) suggested the key question is whether 'the resilience concept (has) added to our understandings of human development'. Given the continued debate as to the prevalence of resilience, both in childhood and throughout life, it is unclear how to approach this question. Ultimately, the lack of marginalised and community voices in the resilience discourse suggests there are still gaps in knowledge that need to be addressed before we can assess whether resilience has contributed to our understandings.

2.4.   Research Questions.

Research seeks to address gaps in current knowledge. These introductory chapters have contextualised the lives of LGBT+ whilst underlining the complexities involved with resilience researcher. Resilience is a complex field which has yet to fully account for LGBT+ people's resilience. Significantly, these initial chapters have demonstrated that health inequalities persist; those who identify as LGBT+ experience higher volumes of mental health problems, self-destructive behaviours and suicidality compared to those who identify as heterosexual (Clarke, Ellis et al., 2010; Nodin, Peel et al., 2015). While the introduction of equality legislation in the UK has increased the interest from policy makers and researchers alike, knowledge remains limited (Mitchel and Howarth, 2009). With this in mind it is essential we address the foundational issues concerned.

Treating LGBT+ people as the key informants and experts in their own lives, was central to the research approach and process. Therefore, the research questions focus on experiences, conceptualisations and understandings. Having established the gap in both the LGBT+ and resilience fields these research questions seek to address resilience from the perspectives of those who identify as LGBT+.

1. *How do LGBT+ people understand and experience adversity?*

In order to respond to the gaps in current knowledge, and address the need for establishing that individuals, and groups, have experienced adversity prior to researching their resilience, the first of the three research questions focused on the difficulties LGBT+ people have experienced. While much has been written and theorised on the increased risks LGBT+ people face, this research question seeks to establish how LGBT+ people view adversity and the experiences they attach to these understandings.

2. *How do LGBT+ people understand and experience resilience in the context of navigating adversity?*

With the first research question focusing on adversity, it should come as no surprise that the second focuses on resilience. Following a similar wording to the first, this research question addresses the qualitative gap in understandings of resilience. Fletcher and Sarkar (2013) suggest researchers concerned with resilience ought to revisit our definitions, conceptualisation's and understanding's periodically in order to ensure our approaches reflect the experience of those we research with. As such, this research question aims to explore how LGBT+ people themselves conceptualise resilience whilst simultaneously contextualising these understandings in experiences. Almedom and Glandon (2007) have suggested there is a long-held tradition of researchers adapting conceptualisations of words for their own ends. By exploring conceptualisations and understandings of resilience with LGBT+ participants, this research aims to address such concerns.

3. *In what ways, if at all, do notions of difference, such as sexual orientation and gender identity, interlink and impact on experiences and understandings of resilience?*

In response to the gap in research which spans the broad range of identities under the LGBT+ umbrella the research questions are inclusive of sexual orientation and gender identity. However, this is not to say all experiences are the same. Therefore, this third research question seeks to address whether notions of difference were significant in how resilience was approached. Incorporating notions of difference into the research questions enables an exploration of resilience grounded both in individuals accounts and in a wider structural framework.

This research responds to the gaps in current understanding by exploring resilience with people who identify as LGBT+. The research questions are intended to contribute to a small but growing field of research. By drawing on individual accounts to build a structural picture of resilience, the research addresses concerns of both individuality and community, agency and structure. With qualitative methodologies being outweighed by quantitative approaches, these questions offer the opportunity to address this imbalance whilst simultaneously offering insights into marginalised resilience.

2.5. Chapter Two Summary.

In its everyday use resilience is suggested as an imprecise word that has variability in meaning (Levine, 2014). The general resilience literature has become predominantly quantitative, measuring and calculating what resilience means and who should be considered as such (Infurna and Luthar, 2016a; b). Adversity is central in these understanding with resilience seen as both 'beating the odds', despite evidence to the contrary, and the desirable response to adversity (Masten, 2014). This has led to an understanding of resilience in individual terms with policy responses aimed at equipping individuals with resilience (Luthar and Cicchetti, 2000). These approaches do little to counter the adversities that systematically impact on individuals from marginalised communities.

The growing LGBT+ resilience field has begun to counter these quantitative and individualised narratives by developing a diverse and engaging field (Erickson-Schroth and Glaeser, 2017; Levine, 2014). However, there is little indication as to whether LGBT+ people think resilience is a useful concept when considering their own lives or whether in fact the recent research and policy focus is relevant to their experiences. Given recent concerns that the field may be losing its momentum, researching resilience with this population is timely (Kwon, 2013; Meyer, 2015). Like the general resilience field, there remains significant disagreement in the LGBT+ subfield as to how resilience should be defined, understood, researched and measured (Colpitts and Gahagan, 2016).

The resilience field has long been criticized for the variations in defining resilience, yet this has done little to advance understanding (Almedom and Glandon, 2007). For the purposed of this research, in the context of much debate in the literature, resilience was understood as a broad umbrella concept (McCubbin, 2001). Taking such an approach enables research, and researchers, to reflect on what resilience means for their given community whilst simultaneously addressing Bottrell's (2009) suggestion that understandings of resilience should be rooted in identity. Although approaching resilience as an umbrella term, this was understood as occurring within a framework where resilience is generally understood as the avoidance of negative consequences despite the presence of adversity. Therefore, this research adopted a working definition of resilience as an umbrella concept which hinges on the overcoming of adversities. For clarity, adversity was understood in general terms encompassing everyday hassles and major life stressors.

Chapter Three: Methodology.

3.1. Introduction.

This methodology chapter covers the rationale, design and procedures used in this research project. In order to explore different aspects of the methodological research process, the chapter has been split into two sections. While Section One focuses on the theoretical considerations involved with undertaking this research, Section Two outlines the research process including data management and the approach taken to analysis. Section One commences with an exploration of qualitative methods and why these are best placed to answer the research questions. The section then considers the influences qualitative principles had on the research design and approach. This section includes discussion of the power imbalances in the research process and the impact an insider or outsider relationship can have on a study. As self-disclosure is one approach which can be taken to addressing the power imbalances discussed, the impact researcher disclosure may have on their research is then considered. Section One concludes with a consideration of the impacts of long held academic traditions of considering LGBT+ people 'hard-to-reach' and/or 'vulnerable'. Throughout this first section the theoretical, ontological and epistemological underpinnings of the research will be considered.

Section Two draws on the theoretical foundations outlined in section one to discuss the practical and ethical considerations of undertaking this research project. This section commences with a consideration of online research addressing concerns over access, anonymity and participant withdrawal. Following this, the recruitment strategy, sampling aims and achievements are considered. As the research employed multiple qualitative methods of data generation, the following sections will introduce the online questionnaire and distance interviews utilised in this project. These sections explore the various choices open to participant during the research process. Following this, the pilot study and its impacts on the final research design will be discussed before considering the ethical implications of employing multiple qualitative methods with marginalised participants. The methodology chapter concludes by considering how the data was analysed.

<u>Section One: Theoretical Considerations.</u>

3.2.1.　　Qualitative Methods.

Qualitative approaches are suggested as vital when researchers seek to understand the meanings of experiences from the perspectives of those they research (Neville, Adams et al., 2015). The research questions outlined at the end of the literature review seek to do just this and are therefore best addressed by the use of qualitative methodologies. Qualitative enquiry is set apart in its approach to the way knowledge is generated. It is an approach to inquiry which is often seeking to answer the *what, how* or *why* of an issue (Hesse-Biber and Leavy, 2011). Such approaches stem from a tradition of inductivism, constructivism and interpretivism in social research (Bryman, 2008). While there is no unified approach to undertaking qualitative research, the current study conforms to these broad traditions.

Following the suggestion from Larkin (2013, no pagination) that 'methods in qualitative research are not like recipes or protocols. They provide a stance – a way of thinking about the data – and a direction of travel', the research was inspired by a range of approaches to create its own direction of qualitative travel. Inspiration was drawn from the traditions associated with qualitative inquiry. Therefore, principles from a number of qualitative approaches were brought together to develop a method designed to address the research questions posed.

Qualitative methods in the field of resilience are recognised as underutilised. Behaviourist approaches to health inequalities have dominated academic and public discourses (Graham, 2007). Upmost value has been placed on measuring experiences in quantifiable terms at an individual level. This dominance can clearly be seen in the resilience field with the attention given to measuring the prevalence of resilience. This approach to health inequalities emphasises individuality, a clear consequence of which is the minimising of the effects of social structures. As chapter two demonstrated, there is a significant gap in qualitative approaches to resilience. Reviewing the literature on resilience demonstrated that there is a significant gap in qualitative approaches to the concept. This identification, of a qualitative gap, significantly impacted on both the methodological design and the rationale for

undertaking this research project. Having established the relevance of qualitative methods, the chapter will now move on to consider the approaches to social research which provided inspiration.

3.2.2.   Qualitative Influences.

While some researchers take an approach dictated by a particular methodology or discipline, one of the advantages of qualitative research is the ability to draw inspiration and influence from a range of sources. Seeking to illuminate the social world can take a number of different approaches and stances. In this case, the researcher's approach was informed by the tradition of interpretivism in qualitative research, the concept of data generation rather than collection, the principles of Interpretative Phenomenological Analysis (IPA) and Constructivist Grounded Theory (CGT) and feminist reflections on power in the research process. Rather than being utilised as methodologies, these approaches aided in the construction of the foundations on which a qualitative approach to data generation and analysis was built.

IPA is a relatively new approach to qualitative research largely associated with the work of Smith and colleagues (Smith, 1996; 2004; Smith and Eatough, 2016; Smith, Flowers et al., 2009; Smith, Flowers et al., 1997). Influenced by the tradition of phenomenological philosophy, IPA is 'concerned with exploring experience in its own terms' (Smith, Flowers et al., 2009: 1). IPA is phenomenological in that its interest lies in the thorough exploration of participant's lived experiences (Smith and Osborn, 2003). Significantly, it relies on the assumption that individuals attempt to make sense of their experiences through reflection (Howitt and Cramer, 2008; Smith, Flowers et al., 1997). Reflection is therefore treated as a natural part of the human condition which researchers seek to access. This is achieved by creating the space for participants to give their own perspectives, tell their own stories and share their own reflections. As such it influenced the research in a number of ways. For example, IPA research often focuses on the number of transcripts, rather than the number of participants, as participants frequently participate in more than one form of data generation as is the case in this research (Smith, Flowers et al., 2009).

Furthermore, the approach taken by IPA impacted on and the forming of the research questions. While interpretation always plays a role in research, IPA views participant's perspectives as central in the research process. Research questions consequently tend to focus on participant's understandings, perceptions, processes and experiences of a particular phenomenon (Smith, Flowers et al., 2009). This is reflected in the research questions addressed in this thesis which focus on participants *experiences* and *understandings* of resilience. Rather than seeking to confirm or repute a pre-defined hypothesis, IPA and this research aims to explore issues in their own terms, seeking to present them as they are found, as far as this is possible (Smith and Osborn, 2003).

The principles of IPA influenced the way interpretation was regarded in the research process. IPA acknowledges, that access to participants reflections is dependent on researchers who are impacted by our own perceptions and experiences (Smith and Eatough, 2016). While participants voices are key, IPA research also recognises the role of the researcher in interpreting the lived experience (Smith, 2004). This role of interpretation is suggested to occur both in analysis and in the data collection itself (Brocki and Wearden, 2006). The majority of IPA data is generated through semi structured interview with interpretation playing a role during this two-way process (Brocki and Wearden, 2006; Smith, Flowers et al., 2009). If a participant finds it difficult to answer a question posed or shows signs they are uncomfortable, it us up to the researcher to interpret these signals as a demonstration of the participants emotional state during the interview (Smith and Osborn, 2003). In this sense, IPA suggests the researcher should take these interpretations into account and adjust their role in the interview process accordingly. These concerns were taken into account when designing the interview topic guide for the distance interviews. Significantly, these principles influenced the spider-diagram approach taken in the guide which was used to visually ensure there was no linear or hierarchical approach taken in the interviews themselves.

Like many qualitative approaches to social research, IPA takes an interpretative position in approaching social research. The tradition of qualitative interpretivist research has also influenced the research design and undertaking. Interpretivism

treats social research as fundamentally different from the natural sciences (Barbour, 2008; Bryman, 2008; Flick, 2002; May, 2011). This approach again requires the researcher to 'grasp the subjective meaning of social action' (Bryman, 2008: 16). Interacting with participants is therefore viewed as a valid and legitimate way of co-producing data (Bryman, 2008; Mason, 1996). Researchers' acknowledge that our insights into participants' experiences are limited by our ability to recall and describe them (Mason, 1996). Though understanding is limited, access to one version of events is thought of as useful when placed alongside the researchers own knowledge and other participant's accounts and insights (Barbour, 2008; Bryman, 2008; Mason, 1996). For these reasons there is a long-standing tradition of interpretivist qualitative research with marginalised groups (Liamputtong, 2006b; Meezan and Martin, 2009).

The research design was also influenced by principles from CGT. CGT is the lesser known cousin of grounded theory considered by some to be the outlaw of the family (Glaser, 2007; Goulding, 2005). It is a relativist and subjective approach to the undertaking of qualitative social research which distinguishes itself from grounded theory in that the researcher is no longer viewed as an objective observer (Charmaz, 2011). As such, this aspect of CGT aligns with that of that of IPA and the qualitative approach taken in this research to acknowledging the researcher's role in and impact on the research process.

CGT also suggests researchers should reflect on their own assumptions and consider the ways in which we are similar, or different, from those we research (Charmaz, 2014). As such, researchers have acknowledged the impact of similarities and differences in their consideration of the insider or outsider position of a researcher. Insiders are often viewed as having easier access to their potential participants as they are part of the community (Costley, 2010). As an insider, researchers are seen as having a perspective which resonates with the community and therefore are able to represent their experiences in a way that outsiders cannot. However, critics suggest that research conducted by insiders lacks the rigor of that conducted by outsiders (Medina and Luna, 2000). Being an insider or outsider inevitably impacts on your research, but this is not to say one should be favoured over the other. Knowledge is constructed differently by different people; combining different

insights offers new ways of understanding. These considerations impacted on the researcher's decision to disclose their sexual orientation and gender identity in the writing up of this thesis and to participants who asked. As a heterosexual, cisgender woman conducting research with LGBT+ participants, the researcher acknowledges her position as an outsider to those she undertakes research with. As is suggested by CGT, the researcher reflected on these differences prior to undertaking data generation.

The approach taken to generating data was also influenced by feminist perspectives on power in the research process. The researcher/participant dynamic is laden with power and knowledge imbalances, which place the participant as subordinate to the researcher (Liamputtong, 2006b). Some have suggested these imbalances stem from researcher's education and the status associated with their role (Cotterill, 1992). Paradis (2000: 840) goes as far as to compare this process to a colonial economy where the researcher extracts 'data' as a product which they exploit for their own use. In order to begin to address this, Collins (1998) suggests data is therefore approached in terms of generation rather than collection. This distinction is important as it reminds the researcher of our role in the data process. This suggestion of researchers as inherently exploitative entities is stark as it highlights the tension between the desire for knowledge and participating in research. It is a question researcher must reflect on in terms of potential participant exploitation which requires ethical and perhaps moral judgement. Researchers wishing to address this have suggested rejecting the necessity of the divide between those co-generating knowledge. Researchers have the capacity to promote collaboration between the traditionally divided groups of researcher and researched (Liamputtong, 2006b). Research, such as this, which hopes to benefit a community, should consider how to address this imbalance. An example of addressing such concerns can be seen in the introductory chapter which outlined both the participants and researcher's rationale for using the LGBT+ acronym.

CGT suggests one way of dealing with these power imbalances is to treat the research process as a partnership between the researcher and participants. Through acknowledging the impossibility of separating the inquirer from the inquired data is

seen as being generated rather than collected (Mills, Bonner et al., 2006; Collins, 1998). Unlike grounded theory, CGT requires mutuality and reciprocity between the researcher and participant (Mills, Bonner et al., 2006). Emphasis is placed on the co-creation of data rather than the researcher taking or gathering it from the participant. Throughout this thesis and any subsequent research outputs, the data is deliberately referred to as generated. This reflects the influence of CGT on the approach taken to qualitative online research. This fits with many approaches taken to qualitative research which has long acknowledged that the same experience may be prescribed different meanings by different researchers, participants and audiences. As May (2011: 31) argues, 'realities are actively produced by the participants through the meaning ascribed to certain events and objects … social research cannot escape these ascriptions of meaning if it wants to deal with social realities'. Rather than collecting data from participants, the research process can be seen as engaged with the co-generation of data. This is a dynamic and twofold process between the researcher and participant that produces knowledge that would likely not have been created without the research project.

Employing multiple methods are also seen as a way of attempting to rebalance the power relationship and develop a dynamic of mutuality, reciprocity and partnership. In this case multiple qualitative methodologies were combined. The online structured questionnaire was complimented with data from email, instant messaging, and Skype audio and video interviews. While this research both acknowledges and attempts to redress power imbalances present in the research process, it does not represent the type of 'full collaboration' between researcher and community that is advocated by many researchers (Liamputtong, 2006b: 13). By this, it is meant that participating in this research did not claim to offer inherent benefits to the participants. While participants may feel empowered by taking part in research, this was not suggested at any point nor was any other form of benefit or compensation offered. CTG offers a means of addressing the structural explanations IPA is unlikely to access. As such, taking inspiration from both approaches ensured this research would account for both the individual and structural levels needed to address the research questions.

3.2.3.　　　Researcher Disclosure.

It has been suggested that those conducting research with LGBT+ populations must decide whether to disclose their sexual orientation and/or gender identity (LaSala, Jenkins et al., 2008). As a heterosexual cisgender woman researching those who identify as LGBT+, there is a tension between asking participants to disclose their identity and whether to disclose mine. Previous experience of researching such communities suggested the researcher's sexual orientation rather than her gender identity would likely be a source of questions. Hence, how this would be approached was given utmost attention and determined before going into the 'field'.

Self-disclosure is a topic of debate in many different fields. As researchers, we debate whether to disclose our insider or outsider relationship in our research: mental health professionals' debate whether to disclose personal experiences to those they treat and teachers and social workers have similar debates (Gibson, 2012; LaSala, Jenkins et al., 2008; Stoltz, Young et al., 2014). Yet as researchers, there is an additional ethical obligation to avoid deceiving our participants (Barbour, 2008; May, 2011). Feminist research has a long history of self-disclosure and reciprocity between researcher and participant. For example, Oakley (1981), illustrated the strain between conducting feminist research and a traditional interviewer-interviewee relationship. By highlighting the dual socially interactive nature of an interview, Oakley (1981) questioned previous rhetoric that only the interviewer could ask questions. Self-disclosure can facilitate rapport between participant and researcher (Smith, Flowers et al., 2009). Opening up the interview into a two-way dialogue, between researcher and participant, is suggested to contribute to the breaking down of power dynamics and to bypass the one-way rhetoric of an interview process (Gubrium and Holstein, 2002). Additionally, there are numerous ethical reasons for researchers to disclose certain aspects of themselves to participants be these shared or diverging experiences (Smith, Flowers et al., 2009). For example, we often disclose our research interests to ensure participants can give informed consent.

However, researcher-disclosure can be seen as inserting the researcher into a dynamic that is intended to be about the participant. Given researchers are often

concerned with enabling participants to be 'free to express themselves on their own terms' this can be problematic (Smith, Flowers et al., 2009: 67). Disclosure early in the research process can bring this principle into question. Therefore, it has been suggested that researchers leave disclosure until later on in the research process (Smith, Flowers et al., 2009). For example, towards the end of an interview or perhaps during an informal debriefing at the end (Smith, Flowers et al., 2009). Others, such as Cotterill (1992), point to the dangers of disclosure arguing such occurrences blur the lines between a research relationship and friendship. Consequently, creating expectations of a type of relationship that are unlikely to be fulfilled. In disclosing to participants, researchers are said to be exploiting a false friendship to encourage participants to divulge personal, and sometimes painful, details of their lives. With concerns over exploitation also being central to qualitative research it was important these issues were addressed before any contact with participants began.

Whilst acknowledging the concerns surrounding self-disclosure this research was committed to creating an open an honest dialogue throughout the research process. An approach of mutuality was taken in hopes of generating an open, honest, engaging and insightful dialogue between the interviewer and the participants. While the researcher was committed to disclosing her status as a heterosexual, cisgender woman concerns over inserting herself into the research process and early disclosures were taken on board. Rather than providing these disclosures upfront the researcher deemed it appropriate to address any questions when asked. Perhaps due to the nature of anonymous online self-completion questionnaires, the researcher was only asked personal questions by interview participants. This meant that the majority of participants showed no overt interest in the researchers' identities. In the minority of interviews, researcher disclosure occurred naturally in the informal style suggested by Smith, Flowers et al. (2009) after the 'formal' proceedings of the interview had concluded.

While disclosure occurred in a minority of interviews, there remains a tension in the assumptions of participants and fellow researchers. The researcher felt an underlying assumption that she conducts research with LGBT+ people for personal reasons

which, while true, are not necessarily the reasons assumed. Each time the researcher was asked, which happened frequently during the research process, for instance from several fellow students in the first week of undertaking a PhD, she reflected on feeling the questioner expected a different answer to what that they were given. There is no particular insight to offer here, yet somehow it felt vital to include. Possibly as a reflection on the assumptions made by both participant and researcher alike, a common ground shared by both.

In taking a constructivist approach to social research the interview process was viewed as a method of interactive meaning making where both the participant and researcher co-generate meaning, understanding and knowledge (Crotty, 1998). As such the preconceptions of the researcher bring bearing on how the participant is involved in the process. With this in mind, the background chapter illuminated the lenses through which the researcher views the word. Health inequalities, heteronormativity and intersectionality provide the context through which the researcher understood the research and research process. The nature of this style of interview, the research questions and the researcher's approach to research lends itself to a focus on participants lived experience and understanding how participants interpret these experiences. As Emmel's (2009: 271) review of Liamputtong's (2006b) book 'Researching the Vulnerable' highlighted 'confronting inequality through exposing lived experience has emotional costs to both the researched and researcher'. In acknowledging these issues, the aim is to allow the voices of the participants to shine through the research as the central viewpoint. Having outlined the issues relating to disclosure in the research process, section one will now move on to consider the interrelated concepts of 'hard-ro-reach' and 'vulnerable'.

3.2.4.   'Hard-to-Reach' and 'Vulnerable'?

Research, and researchers, have frequently referred to LGBT+ people using the deficit driven models of vulnerability. In addition to this when it comes to recruitment LGBT+ people have been classified as hard-to-reach. Defining a group as 'hard-to-reach', 'hidden', 'evasive' or indeed 'vulnerable' has significant implications. It can be seen as a justification for not attempting to research and understand their lives and

experiences and can also be argued to be a further form of stigmatisation that has consequences for an already marginalised group. As researchers, including myself in the past, we are commonly employing this oppressive language to describe LGBT+ people. It is easy to use these terms to justify our methodological and sampling choices, but it should be acknowledged that this causes further stigmatisation to an already stigmatised community. As Aldridge (2015) draws our attention to, in doing so marginalised groups become overlooked and our knowledge in regards to their experiences remains limited. 'Hard-to-reach' has connotations that potential participants are hiding and do not want to be reached or involved in research, the implications of this are clear. Research involving LGBT+ people must therefore be jumping through extra hoops to achieve ethical approval for researching the vulnerable and as such are seen as going the extra mile to access this group. Accepting the premise that LGBT+ people are 'hard-to-reach' or 'vulnerable' contributes to continued stigmatisation and obstructs much needed research and services (Cortis, Katz et al., 2009; Liamputtong, 2006b; Moen, Aggleton et al., 2011). Referring to the LGBT+ population as hard-to-reach diminishes their experiences as a marginalised and stigmatised community and does little to engage a community who have distrust in how they have been represented and portrayed.

Significantly, focusing on these groups as 'hard-to-reach' does little to answer the questions of 'why' (Emmel, 2009). Researchers need to analyse why they are continually referring to a group as difficult to access and inherently vulnerable. These paradigms require researchers to navigate a path of socially constructed vulnerability and vulnerable people (Liamputtong, 2006b). We must determine, for research proposals and ethical approval, whether the group we intend to interact with demonstrates vulnerability, whether they have particular characteristics that we must navigate. Yet vulnerability is socially shaped. Unlike many concepts, the notion of vulnerability has faced little scrutiny from the academic field (Brown, 2015). While lists of the vulnerable range from sex workers to pregnant women and children this does little to address the problems with the concept itself (Liamputtong, 2006b: 3).

Do the higher rates of mental health problems, self-harm and suicidality place a group as intrinsically vulnerable? During the literature review it became increasingly

apparent that LGBT+ people are placed at extremes. Both collectively and individually, LGBT+ people are viewed as vulnerable or resilient (Cover, 2013). While previous researchers have approached LGBT+ populations as vulnerable taking this approach felt like a betrayal of the community this research seeks to illuminate. Furthermore, although some participants experience vulnerabilities, such as mental health problems, recruitment did not occur on these grounds. Rather a diverse general LGBT+ population group was recruited. While vulnerabilities were not sought there was none the less an awareness that sensitive topics would arise, and vulnerable individuals may participate in the research. This is a concern of social science research in general and does not, and should not, be taken as a reflection of the population who participated in this project.

While describing marginalised groups as 'hard-to-reach' may have been an accepted orthodoxy in the past, research by, amongst others, McDermott, Roen et al. (2013), Martinez, Wu et al. (2014), and Wilkerson, Iantaffi et al. (2014) challenges these assumptions and suggests that rather than being hard to reach, researchers have not been using the right tools. Participants, for whom anonymity and confidentiality are at the forefront of their decision to partake in research, may feel that traditional face-to-face formality is not an appropriate or desirable mode of research. While telephone interviews have become an established, yet subordinate, form of collecting qualitative data, online methods are rapidly establishing themselves in the field (Boardman, Griffiths et al., 2011; Neville, Adams et al., 2015). Advocates of telephone interviews argue that they allow participants who are averse to participating in a face-to-face context to be involved in the research process and this is a benefit shared by online research (Sturges and Hanrahan, 2004). Furthermore, Miller (1995: 29) suggests 'that the telephone can contribute to the extension of opportunities to groups under-represented in research'. Online methodologies offer similar benefits to those of the telephone whilst simultaneously allowing for multiple data generation methods.

Online methodologies further expand the options available beyond face-to-face settings. Internet based methods have opened up the possibilities for conducting research that have not been available in the past. These methods are argued to allow

researchers to access participants who have long been considered 'hard-to-reach' (Neville, Adams et al., 2015; Willis, 2012). Furthermore, they address some of the concerns associated with traditional forms of data generation. For example, online questionnaires and surveys are suggested to offer the option of total anonymity in a way that postal methods cannot (Neville, Adams et al., 2015). With anonymity being suggested as key for minority and marginalised identities to take part in research the significance of this ensuring participants feel safe should not be undervalued.

Engaging participants from marginalised groups is not without challenges and it would be amiss to leave that unacknowledged. These groups are characterised by their minority status, which has implications for research. Qualitative methods are suggested as the most appropriate way to engage with these groups who are often too small to be significant in representative samples (Flick, 2015). In highlighting participants own perceptions research can challenge previous rhetoric and ensure marginalised voices are given space to be heard. As researchers we need to be aware of the impacts language can have. Academic discourse can become a language of itself and this should be met with the same rigorous scrutiny as policy and practice.

Section Two: Practical Considerations.

3.3.1. Online Data Generation.

Internet methodologies have been used for over a decade and have become a key technique of research with LGBT+ participants (Markham and Baym, 2009; McDermott and Roen, 2012). With 86% of households thought to have home internet access in the UK, the internet has been hailed as both an accessible and established environment for data generation (Prescott, 2015). The development of online methods has been described as a timely innovation which has the ability to 'relate more closely to the needs of research participants' than traditional methods (Seymour, 2001: 148). Research conducted though a computer screen is argued to provide a higher degree of autonomy and flexibility then more traditional forms of qualitative data generation (Willis, 2012). Significantly, online methods enable participants to answer questions in their own choice of setting, at their own speed, using their own equipment which offers the added benefit that they are likely to be familiar with its usage (Liamputtong, 2006a; Markham and Baym, 2009; Pearce, Thøgersen-Ntoumani et al., 2014). Generating data through instant messaging or emails also allows for participants to edit and self-filter the information they wish to share with the researcher in a way that is not available in a face-to-face or telephone setting (Liamputtong, 2006a). In an email or instant message interview, participants have the opportunity to read over, and change, their response before sending to the researcher. This allows participants to live edit the transcript during the interview process. Another significant benefit to computer-based methods conducted at a distance is the ease of research withdrawal for participants. Participants can choose to end an online form of data generation with one or two clicks (Bowker and Tuffin, 2004). This allows for participants to withdraw from a study in a non-confrontational way with little likelihood of recourse. Online data generation can offer participants the flexibility of when and where to take part in research but also for how long and how often. Researchers can offer participants the option to dip in and out of research projects and also stay connected with a study through emails, a website or social media updates.

While remaining cautious of overstating claims, generating data online is argued to have the potential to offer total anonymity to participants (Neville, Adams et al., 2015). Dependant on research design, researchers can provide the option that participants do not have to share any identifying information with the researcher. For example, dependant on the type of online data generation, the participant's location, appearance, ethnicity and other identifying features can remain entirely anonymous. As such, the participant could be anywhere, or anyone, in the world and the researcher would not know. While this total anonymity may not be desirable for all researchers, particularly those who require information such as location for analysis, the benefit to participants can be significant. For example, a researcher may pass an interview participant on the street and not know they were speaking to them 10 minutes previously. Perceptions of anonymity are believed to be key in understanding LGBT+ young people's interactions on the internet (DeHaan, Kuper et al., 2013). High levels of anonymity are believed to appeal to marginalised groups as they offer an opportunity to take part in social research in a way which feels safe. Ensuring the ability for participants to take part entirely anonymously is said to allow for researchers to access participants who are unwilling, unable or reluctant to attend a face-to-face research environment (Barbour, 2008). It is also worth noting that the anonymity of participants also means the anonymity of the researcher which those who have taken part in such research methods have highlighted as a disadvantage (Pearce, Thøgersen-Ntoumani et al., 2014). The lack of face-to-face visual signals of communication can feel disconnected for participant and researcher alike. While some are used to this form of communication, for others it may be a new experience which can impact on the research process itself.

Online methods of communication are believed to have become a mainstream form of communication for many individuals and communities (Bryman, 2008). For LGBT+ young people the online world offers a range of knowledge and community membership that was previously unavailable (McDermott and Roen, 2012). The internet enables interactions between those who were previously separated by physical distance and as such fosters the creation of virtual communities (Wright, 2005). Internet methods are becoming a key way of ensuring researchers avoid only

sampling the 'visible' and easily accessible of marginalised populations (McDermott, Roen et al., 2013: 125). As concluded in chapters one and two, white gay men have been argued to be overrepresented in LGBT+ research at the expense of those from ethnic minorities, trans individuals and bisexual women (Chung, 2003; McDermott, 2011). Conducting research online is therefore one of the key ways this representation gap can be addressed. Furthermore, the researcher not being physically present for the online self-completion questionnaires and Skype, email and instant messaging interviews, is suggested to contribute to the rebalancing of power dynamics between the interviewer and participant (Porr and Ployhart, 2004).

Amongst the numerous other benefits of conducting qualitative research online there is also a financial benefit which should not be overlooked (Chen & Hinton, 1999). Online methodologies are much cheaper to conduct than traditional face-to-face or telephone interviews or indeed postal questionnaires. Researchers can therefore access dispersed populations which time and money would otherwise prohibit (Barbour, 2008). This was certainly a benefit experienced by this research which would have had to be geographically limited had face-to-face methods been employed. Significantly, due to financial constraints a number of participants would likely have had to be excluded from the interview process due to their distance from the researcher. Using online methods meant that finances did not come into the decision of whether a participant was appropriate for the research.

While there are clear advantages of adopting online methods for qualitative social research, for example enabling participants to remain anonymous, it is important to note the disadvantages of generating data in this manner. For example, the issue of misrepresentation has been highlighted in the literature. As McDermott and Roen (2012: 565) stated 'the authenticity of participants—that is, the question of whether participants are who they say they are—is an important concern for online methods'. Issues with the authenticity of participants can bring into question the reliability and validity of research (Barbour, 2008; Bryman, 2008). Advocates of online methodologies have argued that online data should be treated with the same authenticity as data generated offline and that, though the information participants share through online methods may be different to other methodologies, this does

not make it any less valid a form of research (Ograd, 2009). There is always the ability for participants to misrepresent themselves whether online or off. In order to address issues of authenticity the informed consent sheet asks all participants to confirm that they identify with a LGBT+ label. Bryman (2008) suggests there is also an increased risk of participants dropping out during the interview process than there would be in face-to-face interviews. On the other hand, it can be argued that online methods allow participants to withdraw from the research process if they feel uncomfortable in a way that the pressure of face-to-face interviews may not. Ethically, we are concerned with giving participants the option to withdraw so ought not to dismiss a method for participants taking it.

Research involving instant messaging with participants suggests one of the drawbacks of such methodology is the lack of personal communication. The participants in Pearce, Thøgersen-Ntoumani et al. (2014) viewed the lack of the subtle signals gained through body language and tone of voice as a downside of communicating through typed methods. Without these social cue's participants felt conversation could become stilted and issues such as both the researcher and participant typing at the same time occurred. There were also issues expressed in the use of typing which some participants felt required more effort to form clear, cohesive sentences.

As much about the situation of participants is unknown there are also issues with reproducing online research should researchers in the future wish to do so. Significantly, the location of participants is unknown to the researcher. Details such as whether the participant was alone during data generation, if their screen is overlooked by others, whether they are running out of charge on their device and the room temperature and lighting may all impact on a participant's responses. For example, if participants are responding in a public location, such as in a library, or at home may have consequences in the sorts of information they share. In taking an interpretative approach to research as the generation and construction of knowledge the subjectivity of this process is central to the research. While future researchers may not be able to replicate the exact experiences of the participants, researchers

should be able to ascertain enough detail to create similar circumstances should they wish to do so.

Online data generation methods were chosen as they offer inclusivity and accessibility. The methods employed in this study were a self-completion questionnaire and distance interviews. The questionnaire acted as both data generation and recruitment for interview. The distance interviews were semi-structured occurring over email, instant messaging and Skype audio or video calls. The disadvantages of such an approach have been noted, however all research requires compromise (Markham and Baym, 2009). The impacts these may have had on this research were considered over the course of the data generation and analysis which will now be discussed

3.3.2. Recruitment.

Due to the multiple methods used in this research, recruitment was not treated as a single stage of the process. Rather, recruitment was an ongoing activity that continued, but changed focus, throughout the data collection period. Initially, participants were recruited for the online questionnaire. Rather than approaching individuals directly, details of the research, including the questionnaire information sheet were circulated through relevant organisations, charities, professionals, liberation groups, networks, mailing lists, blogs, Facebook groups, and Twitter accounts. These included both groups for the entire LGBT+ community and also organisations that work with specific sub-groups such as lesbians, gay men and trans specific organisations. To protect the anonymity of the participants these organisations will not be named. In non-identifiable terms these included local and national organisations, individuals working with or for LGBT+ groups in a professional capacity, and liberation groups including pride organisations and university societies. The link to the questionnaire was also disseminated on a number of blogs and through a number of Twitter handles, Facebook groups and individual users. The study was advertised throughout the UK. There is limited evidence on the impact of recruiting online versus in offline forms. There is some suggestion that online recruitment may have a tendency to recruit younger participants however the lack

of concrete evidence for this suggests researchers have yet to establish any tangible differences (Ling-en, Chongyi et al., 2015).

After the initial recruitment for the questionnaire, participants were then recruited for the interviews through the questionnaire itself. The final screen of the questionnaire thanked participants for their time and asked them two final questions. These were 'if you would like to receive a brief outline of the results please provide your email address' and 'if you are willing to be interviewed via phone, email, Skype or instant messaging in regards to your answers please provide your email address. Alternatively, you can contact the researcher directly'. If participants were willing to take part in an interview, they were asked to provide an email address or, alternatively, to contact the researcher directly using the details provided. Asking participants for their contact details at the end of the questionnaire rather than the beginning gives them a feel for the research before the decide whether to take part in an interview. The interviews ranged in age from 25-68 and included participants in their 20's, 30's, 40's, 50's and 60's. They were also representative of the LGBT+ acronym including lesbian, gay, bisexual, trans male, trans female, questioning, non-binary and pansexual participants.

3.3.3.   Sample.

The initial sampling aim across both the questionnaire and interviews was between 40-50 transcripts. The success of recruitment led to a total of 111 participants, across the pilot study and subsequent research, who generated 128 transcripts. Given all transcripts were used to inform analysis, these numbers include the multiple forms of data generation across both the pilot and subsequent research study. The sampling approach taken for the questionnaire and interviews were separate but complimentary. The questionnaire relied on convenience sampling while the interviews relied on a combination of convenience and purposive. When considering sampling strategy, access must also be kept in mind (Hesse-Biber and Leavy, 2011). Convenience sampling, through LGBT+ community organisations and groups, was employed solely for the questionnaire. While critics suggest a convenience sample is unlikely to be diverse, and therefore lacks the validity of more systematic

approaches, the benefits of accessing informants quickly and cheaply have led to its wide use (Ritchie, Lewis et al., 2014). The sampling strategy of the interviews was designed, in part, to overcome the criticisms associated with convenience strategies that sampling lacks diversity.

TABLE 1 - QUESTIONNAIRE PARTICIPATION.

Pilot Questionnaire	14
Questionnaire	97
Number of Participants	111

TABLE 2 - INTERVIEW PARTICIPATION.

Email Interviews	7
Instant Messaging Interviews	3
Skype Interviews	7
Number of Participants	17

Neither the questionnaire nor the interviews attempted to achieve a representative sample. However, for the interviews, attention was given to ensuring diversity within the sample was achieved. Given the issues with LGBT+ research failing to represent all the letter in the acronym, it was important to achieve a sample that reflected the diversity within the LGBT+ community in terms of gender identity and sexual orientation (Addis, Davies et al., 2009; Chung, 2003; McDermott, 2011). A spreadsheet representing the diversity of the community was considered but it was felt this may have simply become a tick box exercise rather than concerned with representing the diversity of the community. Therefore, rather than relying on a sampling framework the researcher opted to 'stocktake'. Stocktaking aims to assess, and adjust, sampling strategy during data generation (Emmel, 2013). Specifically, stocktaking enables the researcher to identify groups they expected to be involved in the research who are underrepresented or yet to be represented (Finch and Mason, 1990). Researchers are then able to modify their recruitment strategy accordingly. With this in mind, stocktaking was built into the interview sampling framework occurring after each set of five interviews were undertaken. Stocktaking can provide support for adjusting the sampling strategy and size. Reaching the pre-set number of interviews may not coincide with achieving a diverse sample. Stocktaking enables researchers to purposely recruit those yet to be adequately

represented in their research and in so doing extend the scope of their research. The stocktaking exercise can therefore be seen as introducing purposive sampling into the research strategy.

Table 3 contains the participant demographics for the research undertaken (the pilot study demographics are included separately in section 3.3.6.). This table was compiled using this descriptive information participants provided in the open-box question in the questionnaire which asked participants 'could you please describe yourself including any of these details you are willing to share; gender, sexual orientation, age and relationship and employment statuses?'. Apart from the age groups which were generated by the researcher, the demographic descriptions used are taken from participants own words and have been placed inverted commas to indicate this.

As participants often identified themselves in more than one of the categories contained within these demographic details, for example as a student who is also employed part-time or as both bisexual and pansexual, when calculating the totals of some of the categories these can add up to more than the number of participants. For this reason, totals and percentages have not been included. However, it is worth drawing attention to the age ranges of participants as this has been highlighted as a concern for online research (Ling-en, Chongyi et al., 2015). In this case, while participants were recruited between the ages of 18 and 70 there was a weighting towards the younger end of this scale. 55 of the questionnaire participants were under the age of 40, 35 were aged between 40-70 and 7 did not provide their age. Significantly, 31 of the participants were between the ages of 20-29 which equates to just shy of a third of participants. However, there were also 14 participants over the age of 60 which represents a not insignificant figure particularly given the online qualitative methodology.

TABLE 3 - PARTICIPANT DEMOGRAPHICS.

	Questionnaires – 97 participants.	Interviews – 14 Participants
Age		
18-19	2	0
20-29	31	3
30-39	22	3
40-49	13	4
50-59	8	1
60-69	13	3
70-79	1	0
Information not Provided	7	0
Employment Status		
'Employed/Working'	19	2
'Full-Time'	19	4
'Part-Time'	10	2
'Retired'	11	2
'Self-Employed/Freelance'	9	0
'Student'	21	4
'Unemployed/Not Working'	10	1
'Voluntary Work'	2	0
Information not Provided	6	1
Gender Identity		
'Androgynous'	1	0
'Female/Woman'	50	3
'Intersex'	1	0
'Male/Man'	23	5
'Non-Binary/Gender Neutral'	3	1

'Trans'	2	0
'Trans Man'	1	0
'Trans Woman'	4	2
'Queer'	1	0
'Questioning'	2	1
Information not Provided	9	2
Relationship Status		
'Civil Partnership'	7	2
'Dating'	4	0
'Divorced'	4	1
'Engaged'	4	1
'In a Relationship/Partner'	33	6
'Married'	8	1
'Multiple Partners/Polyamorous'	2	0
'Open Relationship'	1	0
'Separated'	1	0
'Single'	22	3
'Widowed'	1	0
Information not Provided	10	0
Sexual Orientation		
'Asexual'	3	0
'Bisexual'	26	1
'Gay'	27	6
'Heterosexual'	1	2
'Lesbian'	29	3
'Pansexual'	9	1
'Queer'	2	1

'Questioning'	1	0
Information not Provided	4	0

The sample for the interviews was achieved through a combination of convenience and purposive sampling. Initial participants were sampled through the questionnaire on the convenience grounds of indicating they were willing to be interviewed. After 5 interviews the first stocktaking occurred and the diversity of the interviewees was considered. Following on from these initially convenience sampled interviews; the sample became purposive with the researcher seeking out those who were under represented at interview stage. Though this still occurred through the convenience sample of the questionnaire the researcher was able to target recruitment at underrepresented groups.

While limits on the number of participants were not employed attention was given to ensuring subtle inflections were included in analysis. The sampling strategy was also influenced by Charmaz (2014) who suggests researchers should consider increasing the number of interviews if they uncover something surprising, they wish to examine further. While this research intended to achieve between 20-30 questionnaires and a sample of around 20 interviews it was always intended that these figures would be assessed throughout data generation, through stocktaking, with these figures acting as guidelines rather than aims or limits. This number of questionnaires and interviews would produce between 40-50 transcripts. The actual number of participants, and transcripts, achieved was significantly larger than these initial intentions. The success of recruitment meant that in the end, 97 participants answered at least the first questionnaire question with 14 of these taking part in follow-up interviews. When added to the 14 pilot questionnaires and 3 pilot interviews this gave a total of 128 transcripts which varied in length from one questionnaire response to a two-hour interview transcript. Given the lack of research and the previous rhetoric that LGBT+ people are hard to reach, recruitment was deemed to be successful and the online questionnaire was closed after six weeks.

3.3.4.   Multiple Qualitative Methods.

As has been previously mentioned, this research employed multiple qualitative methodologies in order to address the research aims and questions. Two overarching methods of an online questionnaire and distance interviews were combined with multiple interview modes. Combining the questionnaire with qualitative semi-structured distance interviews added choice into the participant research process. This was introduced to acknowledge and attempt to redress the imbalance of power in the social research process (Cotterill, 1992). Neither the questionnaire nor the semi-structured interviews were treated as the primary source of data generation rather they were seen as equally important in the data generation process. Participants' contributions were treated with equal weighting. The two methods of data generation ran simultaneously with participants choosing if they would like to take part in one or both of the methods.

Self-completion questionnaires have an established history in the social sciences (Bowling, 2005). While in the past these have been predominantly administered via the post, internet-based methodologies have led to a range of new options for researchers (Bryman, 2008). There are now a number of software programmes and online companies dedicated to the facilitation of both commercial and research questionnaires (Wright, 2005). In this case the survey tool Qualtrics was used as the university at which this research was conducted, The University of York, has a site licence and the software offers the option for participant anonymity. The online questionnaire employed in this research had a twofold role. Firstly, the questionnaire was designed to generate comparable qualitative data. Secondly, the questionnaire acted as the main form of recruitment for the distance interviews.

Interviewing has long been considered the predominant methodology used by qualitative researchers (Deakin and Wakefield, 2013; Janghorban, Latifnejad Roudsari et al., 2014). It is an established method of data generation, and collection, where interaction with participants is seen as a valid and legitimate way of producing data (Bryman, 2008; Mason, 2002). At their most basic and functional, qualitative research interviews are the facilitation of conversations. The social relevance comes

in the ability of researchers and participants being able to relate to the principle of learning through conversation (Stanley, 1990). In this research, participants were given the options of email, instant messaging, and Skype audio or video interviews. The method of interview was chosen by the participant though these were all limited to distance methods. Of the 14 interview participants, 6 took part in email interviews, 2 participated through instant messaging and 6 were interviewed over Skype. Of these 6, 5 took part in video interviews and 1 in an audio only interview.

This section started by referring to the methods used as qualitative. While the researcher regards this to be the case, there is debate as to whether the questionnaire should be classified as such. Though the questions that generated data were open and qualitative in nature, conducting research through a screen loses many of the features traditionally associated with qualitative methodologies. This is also the case with the email and instant messaging interviews. For example, body language and tone of voice are lost in these mediums. While the transcripts of an email and face-to-face interview may look broadly similar, the way in which they were created varies significantly. As such the researcher may bring different baring and insights into the analysis process. Whilst acknowledging this, every effort was made to treat all transcripts equally.

3.3.4.1. Online Self-Completion Questionnaire.

Questionnaires have long been hailed as a cost-effective form of data collection with their relatively low cost often cited as the key benefit (Bryman, 2008; Lumsden, 2007). For researchers, such as myself, conducting research through an institution with software subscriptions there are no financial considerations. In this case, the questionnaire was hosted using Qualtrics software. This is a programme subscribed to by The University of York and as such had the additional benefit being headed with the official university logo. Conducting a self-completion questionnaire online also offers significant benefits in regard to time (Lumsden, 2007). One of the drawbacks of postal questionnaires is the administration period. The sending and receiving of physical mail can be a drawn-out process. Using online methods enables responses to occur in real time. Researchers can access the responses of a participant almost

instantaneously. This created an opportunity for questionnaire participants to inform the research process as it occurred. While other forms of questionnaire also enable the researcher to respond to feedback, using instantaneous methods means adjustments can be made immediately. In this case, the researcher was able to adjust the language they were using to reflect participants' concerns namely changing the acronym to LGBT+. Another benefit of questionnaires is the ability for the participant to remain entirely anonymous to the researcher. In this case, this was built into the research design from the outset. However, unfamiliarity with the Qualtrics survey software meant that unbeknownst to the researcher the location, through the IP address, of pilot participants were being collected. Once this was discovered, the setting was changed on the software and the questionnaires which had been completed were anonymised. Significantly, the researcher was able to do this without looking at the information collected on location. While this was certainly not something the researcher would have chosen to do, it acted as a timely reminder of the nuances involved with using new software and was rectified prior to the commencing of further research. As such, unless questionnaire participants indicated they were willing to be interviewed, and provided contact details, the respondent remained anonymous to the researcher.

One area of concern when designing a self-completion questionnaire is length. Researchers are often warned to ensure self-completion questionnaires are short in order to avoid what has become known as respondent fatigue (Bryman, 2008). While this has largely been conceptualised as a concern for the researcher in terms of incomplete questionnaires there are also ethical reasons to limit length. In order to avoid exploiting participants in terms of time there is a requirement that the researcher ensures each question is of significant value to the research project.

The online self-completion questionnaire was initially intended as a form of recruitment to interview. While it would generate data in its own right, it would be given a subordinate setting in the overall research design to the distance interviews. However, during the pilot of both the online questionnaire and distance interviews it became apparent that while the questionnaire produced a small volume of data per participant, this data was full of rich detail and would be as valuable as that

generated by the interviews. Given this discovery, the decision was made at the pilot stage to change the status of the questionnaire and include it in the mainstream research analysis. Therefore, the questionnaires had a duel role in the research process of firstly generated valuable data in their own right and secondly acted as recruitment for the online distance interview.

While questionnaires have been used as a form of recruitment in a number of studies, including Rutter and Smith (2005), there is mixed evidence as to whether questionnaires improve recruitment (Kendrick, Watson et al., 2001). In this case, the questionnaire had a duel role. Firstly, the questionnaire generated data contributing to addressing the research questions. Secondly, the questionnaire recruited participants for interview giving them a 'feel' for the research before they decided whether to take part in an interview. Significantly, the questionnaire allowing participants with limited time to still take part in the research process. In this sense it provided the breadth of the research with the interviews providing the depth.

Choice was built into the questionnaire as much as possible. The questions, though structured, were intentionally open allowing space for the participant's own perceptions. This approach fits with the research questions which seek to access perceptions, experiences and feelings (Smith and Osborn, 2003). The ability to skip questions was also built into the questionnaire design for both ethical and participant led research reasons. There was space for participants to provide feedback on the questionnaire which was checked daily during data collection in order to make any adjustments. This feedback section had impacts during the pilot study in that several participants requested the acronym LGBT+ was used rather than LGBT (see section 3 in the introductory chapter for further discussion).

As is common with questionnaires, respondents were asked to complete a series of structured questions in their own time without the presence of a researcher or interviewer (Bryman, 2008). This is in contrast to the interviews which were approached in a semi-structured manner. It was important to the researcher that though a questionnaire requires a structured list of questions that these remained qualitative and open in their nature. Participants were also able to choose not to

answer any of the questions, other than informed consent, without any repercussions. If a participant did not type an answer into the 'box' and click 'next' they were prompted once before proceeding to the next question.

The questionnaire recorded 183 responses, of this overall figure 97 had answered at least one question with 80 of these fully completed. The demographics of the questionnaire skewed towards participants who identified as female who accounted for over 50% of the total (see table 3). While there was a broad age range of participants, from 18-68, there was a weighting at the younger age range with 55, of the 97 research participants, under the age of 40. Significantly, 31 participants, which equates to just shy of a third of the total, were between the ages of 20-29. There were also a significant number of participants in relationships. The respondents included those in full-time employment, part-time employment, undergraduate and postgraduate students and retired individuals. The research also successfully engaged with participants from diverse sexual orientations and gender identities and this reflects the LGBT+ acronym being used.

Building rapport and trust with participants is central to qualitative research (Smith, Flowers et al., 2009). This occurs not only in the formal interview process but also from initial contact between the researcher and participants (Liamputtong, 2006b). In this case the questionnaire acts as the face of the research with the majority of participants interacting with this first. Building trust and rapport between the researcher and the participant is important for a number of reasons. Firstly, it contributes to ensuring participants are not exploited by the research process (Meezan and Martin, 2003: 2009). Participants are also more likely to feel positive about taking part in research when they feel they have built a relationship with the researcher and they understand they are of upmost value in the research process and to the researcher (Liamputtong, 2006b). Researchers have an ethical responsibility to make the research process a positive experience for each participant (Barbour, 2008). Experiences of the research process may impact on participants future decisions as to whether to participate in further research. Therefore, the importance of participants feeling safe and protected during the research process

should not be underestimated. As Liamputtong (2006b) suggests, LGBT people are unlikely to take part in research at all if they do not feel secure.

3.3.4.2. Questionnaire Procedure.

The information sheet containing the link to the online self-completion questionnaire was disseminated though the channels outlined in the recruitment section. Those interested in taking part were asked to follow a web link to the questionnaire which was accessible on laptops, tablets and smart phones. This link was also circulated through newsletters, blogs, Facebook groups, Twitter accounts and individual respondents. Therefore, to ensure informed consent was achieved, the link took potential participants to the information sheet and consent form. Participants were asked to read and consent to these prior to any questions being asked. However, it should be acknowledged there is no guarantee that the participants read or indeed understood the information sheet (Porr and Ployhart, 2004). In contrast to a face-to-face setting, there is no way of ensuring the participant fully reads the information sheet. While in the aforementioned setting researchers can read the information sheet aloud to the participant this option is not available with an online questionnaire. In fact, there may be no direct communication between the participant and researcher. This gives little opportunity to individually ensure consent is truly informed.

With these issues in mind, consent was achieved using Im and Chee's (2003) suggestion of a digital tick box system. Rather than requiring a signature, participants were asked to give their consent by ticking 'yes' or 'no' on screen to a series of questions. For example, the first question participants were asked was 'I confirm that I identify as LGBT+'. This ensured that those not suitable for the research would have been screened out prior to their participation. In this case, there were no potential participants screened out as all the respondents confirmed they identified as LGBT+. Following from this, participants were asked to give their informed consent. Had participants answered 'no' to either of these first two questions they would have been directed to a page thanking them for their desire to participate and informing them they were unfortunately not eligible to take part in the research. Again, no potential participant ticked 'no' and therefore this message was never displayed.

The online self-completion questionnaire followed a structured set of questions. Each question was presented on a separate screen with a large box for participants to type their response into. At the end of the questionnaire, participants were asked to indicate whether they would be willing to be interviewed. As was outlined in the recruitment section, the final question on the questionnaire was 'If you are willing to be interviewed via phone, email, Skype or instant messaging in regards to your answers please provide your email address. Alternatively, you can contact the researcher directly'. Below this there was a free-text-response-box for participants to leave contact details if they were willing to take part in an interview. In this case, 46 participants provided contact details 14 of which consequently participated in an interview.

3.3.5. Semi-Structured Distance Interviews.

This research employed semi-structured distance interviews. In a classical face-to-face setting an interview takes place with the researcher and participant typically facing each other in the same room. In a distance setting the researcher and participant are not physically occupying the same space rather they use technology as a means through which to communicate. In this sense a distance interview is not dissimilar to a telephone or video consultation with a doctor (Onor and Misan, 2005). As new technologies have emerged, qualitative researchers have embraced opportunities to diversify the ways in which interviewing can be accomplished (Deakin and Wakefield, 2013). Distance interviewing is a new way of describing various methods for conducting qualitative interviews. Distance interviews may happen synchronously or asynchronously through a range of methods. These methods may include telephone, text, email, instant messaging and audio or video calls using software such as Skype or Facetime. Distance interviewing is therefore a way of describing a range of different interview methods rather than a method in itself.

Distance methods of interview are still largely viewed as secondary preferences to face-to-face methods (Novick, 2008). Phone interviews are often viewed as generating different, and lesser, interactions and results than face-to-face interviews

(Novick, 2008). However, Sturges and Hanrahan (2004) suggests telephone and face-to-face interviews generate comparable transcripts. As transcripts often do not take into account the data that is seen as missing from distance interviews, body language and tone of voice, the transcripts produced by varying distance methods can be treated as largely the same as those produced following a face-to-face interview (Sturges and Hanrahan, 2004). While online interviews may or may not create different information to that generated if the same interview was conducted in a face-to-face setting, this does not inherently make them more or less reliable or valuable as a research method.

Distance interviews provide numerous benefits to both participants and researchers alike. For participants, distance interviews offer the ability to remain anonymous. Participants are able to take part in research in their own choice of environment, free from the potential pressures of a face-to-face setting. Withdrawal from the research process is arguably easier than in a face-to-face context and with email and instant messaging, participants are also left with a complete copy of the unedited transcript. For the researcher, distance interviews allow for power imbalances to be partially redressed. They save significant amounts of time in travelling to and from interviews and also in transcribing email and instant messaging conversations. In addition, it would be negligent to not acknowledge that these types of interviews are likely to be cheaper to undertake than those conducted face-to-face.

This research mixed qualitative distance methodologies to offer participants choice and enable those for whom anonymity is key to participate in every aspect of the research. Participants were able to choose between email, instant messaging and Skype audio or video interviews. While the interviews were not face-to-face the approach to interviewing was still informed by trends in qualitative semi-structured interviews. Semi-structured interviews are a method that draws upon standardized questions whilst also maintaining the flexibility to seek 'clarification and elaboration to the answers given' (May, 2011: 111). Semi-structured interviews sit on a scale somewhere between structured and unstructured interviews, using methods from both. This type of interview style is argued to allow participants to express their experiences and opinions in their own words (Bryman, 2008; Gomm, 2008).

In terms of this study, the interviews conducted sit towards the unstructured end of this spectrum. A non-linear topic guide was developed in order to provide a visual aid and reminder that structure should, as far as is possible, be directed by the participant. This topic guide covered the domains highlighted in the literature review for example conceptualisations of resilience and individual experiences of resilience. How this guide was then navigated through was influenced by the participants with little expectation given to all the questions on this guide being addressed. The structure was designed to enable themes to emerge during the fieldwork and also allow for participants to participate in the generation of discussion. Interviews are not neutral, context-free tools for data collection; rather they provide a location for active interaction between the researcher and participant (Mills, Bonner et al., 2006). Ensuring a balance between allowing space and encouraging disclosure is fundamental in facilitating a semi-structured qualitative interview. Smith and Osborn (2003: 6) suggest participants should have 'a strong role in how the interview proceeds'. In order to enable this, developing a flexible interview schedule was key.

Alongside the flexible topic guide, it was also important to consider and acknowledge the use of prompts in the interview process. No two interviews using the same topic guide were anticipated to follow the same route, though they may reach the same destination. Smith, Flowers et al. (2009) suggest that questions do not necessarily need to be asked at the same time or in the same manner to each participant. Consequently, the prompts and probes used were diverse. In this case, regardless of interview method chosen, the topic guide used was the same. This was a non-linear topic guide which was specifically designed to indicate that there is no set order to the interview questions. The topic guide was therefore used as a prompt and memory aid for the researcher and not to add a set structure to the interviews. The guide was thematic and designed to generate conversations around the domains highlighted in the literature review. While there were topics and questions of interest to the researcher there was also room in the interview design for topics the participants brought to the discussion. This flexible topic guide can be found in appendix one.

The topic guide was organised in a similar manner to a spider diagram to reinforce its non-linear nature whilst also grouping questions around themes of interest. Within these themes there were specific questions intended to act as catalysts for further discussion. Though these questions are specific for the purposes of the guide, when conducting the interviews, they were used more loosely. Questions were asked using different wording and the focus of each interview varied. No participant answered every question on the guide. Rather a combination of planned and unplanned questions was used. Each interview was therefore unique, converging and diverging, across different pathways.

As no interview participants contacted the researcher directly, the researcher was aware as to which questionnaire response was theirs. This meant that along with the interview guide, the researcher also had the participant's questionnaire response prior to the interview. The researcher therefore familiarised themselves with the participants responses prior to the undertaking of the interview. During this process, the researcher identified areas of the participant's questionnaire response which were of interest. In practical terms, this meant every interview commenced with the researcher asking the participant to clarify or expand on something they had mentioned in their questionnaire. In taking this approach, the voice of the participants was given utmost significance. In attempting to rebalance the power dynamic, the researcher placed importance on the participant's narrative. Rather than addressing a pre-prescribed list of non-individualised questions, the topic guide and questionnaire transcript acted as memory aids for dips in the flow of conversation. A pilot version of the topic guide was used in the pilot study. As an aid for developing conversations around resilience this went well with participants covering topics both included and importantly not included in the guide. After undertaking the pilot study, a second version of the guide was developed. This second version (appendix one) included topics covered in the pilot interviews, such as tensions in the LGBT+ community, as well as additions which were not in the original iteration.

3.3.5.1. Interview Procedure.

As has been outlined previously, participants were given the choice of multiple distance methods of interview. These were email, instant messaging and Skype audio or video calls. The physical distance of the researcher from the participant provides an important dynamic that was present in each interview regardless of method. The initial procedure for interview was the same regardless of the method of interview. The only potential differences were if the participant provided an email address at the end of the questionnaire or contacted the researcher directly. As has been previously mentioned, in the end all the interview participants came through the questionnaire. The researcher did not receive any enquiries over email. When participants indicated on the questionnaire that they would be willing to be interviewed they were emailed a copy of the interview information sheet and asked to consider which interview method they would prefer. If participants had contacted the researcher directly, they would also have been sent the interview information sheet and again asked to consider if they would like to take part and if so which interview method they would prefer. After indicating a chosen interview method, participants were then emailed the corresponding informed consent form. Participants were asked to read through this and were then given the opportunity to ask the researcher questions over email. Participants were asked to provide consent prior to or at the start of the agreed interview method.

For the 6 participants who opted for an email interview, there was a further discussion as to whether the interview would happen synchronously or asynchronously. This meant that email interviews were slightly different to the other methods in that they could last significantly different amounts of time. An email interview could be completed in a single 'sitting' meaning the participant and researcher emailed back and forth during a set period of real time. Or they could occur in an asynchronous manner where the researcher emailed the participant question/s in multiple 'sittings'. This naturally extends the period of time over which data was generated. When email interviews happened over an extended time period, rather than only achieving consent once in a formal manner, consent was renegotiated throughout. This was can be achieved by the researcher 'checking in'

with the participant rather than formally going through the consent form at every contact. This is a common way of continuing the consent process which is often used in longitudinal research (Wall, 1970). This was done to ensure participants did not feel an ongoing pressure or commitment to continuing in the research process. In this research, only one pilot participant took part in this manner all other email interviews occurred synchronously.

Participants who opted for an instant messaging interview, of which there were 2, were given the choice to use either Skype or google. The two participants who chose this method both opted for Skype. These interviews took place in real-time meaning the participant and researcher conversed for a single set period of time. In this way the method was similar to the single 'sitting' email interviews. When participants opted for Skype interviews they were asked to choose between audio and video calls. This decision was left to the participant with the researcher using the same function as the participant. Of the 6 participants who chose Skype 5 opted for video interviews and 1 for audio only. Participants using Skype had a separate informed consent form to the typing methods of interview. This contained an additional question asking whether participants gave consent for the interview to be audio recorded. All Skype participants gave consent for audio recording of their interviews.

3.3.6.   Pilot Study.

Both the online questionnaire and distance interviews were piloted before data generation began. Participants for the pilot study were recruited through one organisation who shared the link to the questionnaire on their social media accounts. The responses were assessed after 4 days of the questionnaire going live. In these 4 days a total of 15 responses were recorded. During the pilot study, the research was recruiting participants who identified as 'non-heterosexual'. At the suggestion of pilot participants, this was changed before research commenced to recruiting participants who identified as 'LGBT+'. Of these 15 responses 1 participant was not eligible as they indicated they did not identify as non-heterosexual. The number of pilot questionnaire participants was therefore 14. Of these 14 participants 1 did not

fully complete the questionnaire. Participants were not required to answer every question therefore this was not treated as a withdrawal from the pilot.

The demographics of the pilot study can be found in Table 4 below. Like the previous demographics table, this also contains the descriptive data generated by the questionnaire. Again, participants descriptive identities often contained more than one demographic identity and therefore should the totals be calculated this should be taken into account. The ages of the pilot participants ranged from 22-70 with 1 participant choosing not to disclose their age. The pilot was skewed to people identifying as male, 9 of the participants, with 2 identifying as female and 2 as gender non-binary of gender-neutral. The respondents included those in full-time employment, part-time employment, students and retired individuals. The majority of participants, 10, were in romantic relationships with one or more people with 2 participants indicating they were single at the time of completing the questionnaire. One participant did not include their relationship status in their self-description.

TABLE 4 - PILOT STUDY DEMOGRAPHICS.

	Pilot Questionnaire – 14 participants.	Pilot Interview – 3 Participants
Age		
20-29	8	3
30-39	1	0
40-49	1	0
50-59	1	0
60-69	1	0
70-79	1	0
Information not Provided	1	0
Employment Status		
'Employed/Working'	1	1
'Full-Time Work'	5	0
'Part-Time Work'	1	1

'Retired'	2	0
'Student'	4	2
'Unemployed'	2	0
Information not Provided	1	0
Gender		
'Female/Woman'	2	0
'Male/Man'	6	0
'Non-Binary'	2	2
'Trans Man'	2	1
Information not Provided	2	0
Relationship Status		
'Civil Partnership'	2	0
'In a Relationship'	4	1
'Married'	2	1
'Multiple Partners/Polyamorous'	3	1
'Single'	3	0
Sexual Orientation		
'Asexual'	1	1
'Bisexual'	2	0
'Gay'	6	2
'Lesbian'	2	0
'Pansexual'	1	0
Information not Provided	3	0

Results from the pilot questionnaire demonstrated the value of both the data generated in the pilot study as a whole and specifically the rich data generated by the questionnaire. This led to the decision to include the results from the pilot

questionnaires and interviews in the analysis of the research data. Furthermore, it shifted the focus of main data generation to give equal weighting to both the questionnaire and interviews. Significantly, the pilot informed both the adjusting of the questions in the questionnaire and in the follow up interviews. For example, several of the respondents referred to tensions in the LGBT+ community which became a topic of interest in later data generation.

> *'A big problem is internal fragmentation: I frequently question whether there's even such thing as "the LGBT community", though I still ultimately think the concept is useful and beneficial' (pilot questionnaire, 25-year-old gay trans male).*

> *"We can't really be called a group because in the UK and the world at large there are a lot of divisions amongst us and a lot of people being nasty to each other and not listening to new descriptions of what we define ourselves as. -That to me is our main difficulty: how on earth can we stop other people being dicks towards us when we're being dicks to each other?" (pilot questionnaire, 24 year old non gender binary)*

Whilst undertaking the questionnaire pilot, an issue in regard to the location of participants arose. Whilst the anonymity of participants was protected unbeknownst to the researcher the questionnaire had been collecting details of the participant's locations. The default option on Qualtrics is for the software to collect the IP address through which the questionnaire is being undertaken. This information is then used to provide the researcher with the location the questionnaire was completed at. As soon as this feature was discovered it was disabled and the final version of the questionnaire did not collect these details. All pilot transcripts were anonymised during transcription and removed from Qualtrics.

The interview was piloted with 3 participants who were all recruited through the questionnaire pilot. The interview methods chosen by the pilot participants were asynchronous email, Skype video and Skype audio. Due to technical issues with the Skype video call the interview was switched to instant messaging on Skype. Technical

issues with software are one of the potential downsides of conducting research online which have been highlighted in the limited methodological literature (Pearce, Thøgersen-Ntoumani et al., 2014). In both interviews using Skype, the internet connection of the participants was inconsistent. For this reason, part way through the Skype video call the interview was switched to instant messaging. In the Skype audio call there were a few instances of time lapse or delay where the audio became unintelligible. This did not present any significant problems rather it acted as a source of amusement for both the participant and researcher. The participant who opted for an asynchronous email failed to respond after a reminder and was therefore understood as withdrawn from the study. This was not treated as a problem with the methodology, as was outlined previously online methodologies are arguably easier for participants to withdraw from.

3.3.7. The Ethics of Online Research.

First and foremost, it is important to note that this research received ethical approval from the Department of Social Policy and Social work at the University of York. Ethics play a crucial role in the methodological design of any research involving participants from marginalised and stigmatised minorities (Liamputtong, 2006b; Meezan and Martin, 2009). Combining these concerns with researching online offers a unique set of ethical considerations and dilemmas. When compared to traditional qualitative methods the development of ethical guidelines for online research methodologies are still in their infancy. Yet online methods are becoming more widely used. With increased use there is also an increased attention over concerns with using online methods. These criticisms are vital if the field is going to develop an ethical framework within which to conduct social research.

When employing multiple methods researchers need to consider information sheets and consent forms carefully. In this case the distance interviews and online self-completion questionnaire had separate information sheets and consent forms (see appendices). For ethical reasons, there were also unique consent forms for the different modes of distance interviews. These were separated into Skype audio/video interviews and email/instant messaging interviews. These have been

separated as Skype audio/video interviews have the added question of whether participants gave their consent to being audio recorded. No video records were made.

In transferring traditional methods, such as questionnaires and interviews, to online settings researchers have had to consider the appropriateness of long-established ethical traditions. For example, these transfers have resulted in researchers questioning the suitability of requiring a physical signature to achieve informed consent (Mann and Stewart, 2002). Im and Chee (2003) suggest that consent can be achieved through different measures which are more in keeping with online methodologies. When research takes place online it makes sense for consent to take place in a complimentary manner. This study recognises the distinct ethics surrounding consent in online methods and has taken the decision to follow the suggestion of Im and Chee (2003) by eliciting informed consent for the online questionnaire through a series of yes/no questions.

For the interviews, informed consent occurred over email. McDermott and Roen (2012: 564) suggest that 'traditional methods of obtaining informed consent do not guarantee any more security or validity than emailed methods'. In a similar manner to a face-to-face consent process, participants were encouraged to ask the researcher questions. Participants were also made aware that they could withdraw from the study prior to or during an interview. Achieving consent through email leaves participants with a digital record of the consent form which they can access at a later date. Participants were not required to use their own name to sign the consent form and so could choose to use a pseudonym for both consent and when corresponding with the researcher.

Though internet methodologies have been hailed as an anonymous form of data collection this may not always be the case. Dependant on email address, or Skype name, participants were not always able to remain entirely anonymous to the researcher. Many people, including myself, use names or identifying features such as date of birth in Skype names and email addresses. Additionally, many email servers display not only an individual's email address but the full name the email address is

registered to. Participants may be unaware of the feature and therefore disclosing more information then they intended to. Although all features, including these, were anonymised during the transcription process this none the less breaks the total anonymity participants may have desired.

When conducting researcher online the ethical concerns regarding public and private space ought to be considered (Liamputtong, 2006a; Markham, 1998; Markham and Baym, 2009). When online, the lines of public and private can become blurred. Some have suggested that this divide should be assessed on the nature of what is being accessed rather than whether it is publicly available (Liamputtong, 2006a). In order to deal with concerns over privacy and the nature of online spaces, no advertisements for the study were posted without a site owner or contributors' agreement. Those who manage a website, mailing list or account were asked to advertise the study themselves. In taking this approach, the researcher does not intrude in private spaces without the agreement of those they are used by. This was particularly important given the researcher is not a member of the LGBT+ community.

Best practice in researching LGBT+ populations suggests that it is preferable to allow participants to use their own definitions of themselves rather than providing boxes that they have to fit into (Mitchel and Howarth, 2009). For both the questionnaire and interviews, participants were asked to define their sexuality and gender in their own terms and were also asked for their use of pronoun to ensure that both the researcher and the research reflect their own descriptions (Mitchel and Howarth, 2009). The first question on the questionnaire asked: Could you please describe yourself including any of these details you are willing to share; sexual orientation, gender, preferred pronoun, age and relationship and employment statuses? This step is ethically vital in ensuring participants are accurately represented during the research process and in any publications arising from the research. On reflection, this should also have included a question on ethnicity as this data would have been useful both in terms of this research and the field as a whole. This was an unintentional oversight which would be addressed should future research occur.

A specific ethical consideration of the email interviews should be addressed. There are distinct ethical concerns that arise within a context of interviewing over a drawn-out time period (France, Bendelow et al., 2000). When interviews are asynchronous or drawn out, it is best practice to consider consent as an ongoing process rather than an event that occurs at the beginning of the research. This entails revisiting consent with participants over time and managing the distinctiveness of the researcher/participant relationship within such a context (France, Bendelow et al., 2000). Participants were made aware of the possibility of the email interviews lasting different amounts of time in the interview information sheet.

Anonymity and confidentiality are fundamental principles that were employed to ensure that participants were able to safely take part in research (McDermott and Roen, 2012). Confidentiality intends to conceal the identity of participants to enable them to feel safe to take part in research (Liamputtong, 2006b). Confidentiality is essential when researching those who can be considered hidden or hard to reach. Liamputtong (2006b) suggests that LGBT people are unlikely to discuss their experiences unless they feel safe and protected. There is more involved in maintaining anonymity than concealing the names of the participants in the reporting of the research (Barbour, 2008). There are many features that can lead to the identifying of a participant. Therefore, when known, the geographical location of the participants has been anonymised as have other details that the participants shared which were deemed by the researcher to be potentially identifiable, for example, where the participants work and socialise or which organisation they learned about the research through. In order to further maintain anonymity, the specific organisations and locations participants were recruited through have been omitted from this thesis.

While it was not anticipated that participants would need to seek support following on from taking part in the research, details of a number of organisations were none the less provided. The information sheet contained the contact details of Switchboard, a helpline specifically for those who identify as LGBT+ (*Switchboard LGBT+ helpline*), the Samaritans who offer telephone and email support (Crotty, 1998) and the NHS which offers telephone health advice and reassurance (OECD,

2015). Participants were also given the contact details of both the lead researcher and the researcher's supervisors should they have concerns after participating. The researcher did not receive any inquiries of this kind.

3.3.8.   Data Management.

While every step was made to ensure the anonymity and confidentially of participants many email accounts remember addresses that have been corresponded with, even after any emails are deleted. Furthermore, there is often an undeletable trace of correspondence sent online. Barnes (2004) uses the example of Monica Lewinsky to highlight the issue. Emails deleted from both Lewinsky's home and work computers were subsequently recovered by investigators. While it was unlikely emails would be retrieved from the researchers account, it was nonetheless a concern that ought to be acknowledged when undertaking research online.

Accesses to the email and Skype accounts used by the researcher were password protected. The email account was hosted by The University of York and therefore had all the protections to malware and viruses this entails. These emails were not accessible on any shared devices and immediately following on from an email or instant messaging interview these were deleted from the email or Skype account. This included deleting them from the 'bin' folder of the email interface. These interview correspondences were then stored on The University of York server under password protection. As soon as was feasible these were anonymised.

While the email and instant messaging interviews created instant transcripts these still required anonymising. This anonymisation was undertaken by the researcher. For the pilot email interview that occurred over an extended period of time the anonymization process also occurred over an extended period of time beginning after initial contact. This meant that anonymization occurred following from each interview 'sitting'. Unlike in face-to-face interviews there is no decision of whether to provide participants with a copy of the interview transcript. In email and instant messaging interviews, the participant is automatically left with an identical digital copy of the transcript. This transcript is not anonymised, and it is at the participant's discretion as to what they wish to do with it. A participant having a copy of a

transcript for editing purposes is common in qualitative research and Skype participants were also asked whether they wanted a copy to approve or edit. In Skype audio or video interviews participants were given the option to receive a transcript and edit, check or read over their responses. This was to ensure consistency over the different interview methods and also again ensure participants were given power in the research process. However, it should be made clear this was an option for participants and not a requirement. As it transpired, no participant chose to use it.

3.3.9.   Analysis.

Analysis is the point at which the data generated, in this case the questionnaire and interview transcripts, are translated into knowledge and understanding (Dale and Mason, 2011). Significantly, it is the way through which qualitative researchers draw findings and can contribute to ensuring both validity and reliability in the research process and outcomes (Harding, 2019). Although these concepts have traditionally been associated with quantitative research, and their appropriateness in a qualitative context has been questioned, seeking to ensure qualitative research is trustworthy and rigorous remain of concern for all researchers (Lincoln and Guba, 1985). As such, it is important to ensure transparency in the approach taken to analysis in this research (Noble and Smith, 2015). As outlined previously, the approach taken to data was one of generation rather than collection. Both the researcher and participant played an active role in creating the data which was subsequently analysed. With this understanding of the data in mind, the approach taken to its analysis follows what Braun, Clarke et al. (2019) classified as *'reflexive thematic analysis'.*

Rather than attempting to achieve a unifying truth or collective agreement, as may be desired in other approaches to qualitative data analysis, taking a reflexive approach emphasises the role of the researcher, with their subjectivity understood as central to the analysis process. Themes are understood as the output of coding which are generated and undertaken by the researcher. While these themes may be understood as subjective, they 'result from considerable analytic work on the part of the researcher to explore and develop an understanding of patterned meaning

across the dataset' (Braun, Clarke et al., 2019: 848). As such, coding frameworks are not 'fixed' prior to analysis, rather they are an iterative and interactive set of ideas which evolve through immersion in the research data. The aim of coding is therefore to provide an interpretation of the data which the researcher accesses through their own cultural positions and viewpoints (Braun, Clarke et al., 2019). This was the approach taken to analysis in this research project, with the acknowledgement of interpretation coming through the filter of a researcher who identifies as a heterosexual, cisgender woman.

Coding was understood and approached as an iterative process with codes being split, combined, removed and added throughout the data analysis phase of the research process. As the researchers conceptual understanding of the data develops, codes shift and change (Braun, Clarke et al., 2019). For purposes of transparency, the final iteration of the coding framework has been provided in Appendix Nine. While analysis is commonly referred to as a 'phase', in reality there was no linear point at which it began. Themes and codes came throughout the research process including those highlighted by the literature review. Yet data generation and analysis were understood as impactful on one another and occurred simultaneously: interacting with, and impacting upon, each other (Mills, Bonner et al., 2006). As such, the formal process of coding the data, and the consequent generation of the coding framework, began as soon as data was generated. In this case, this was the day after the online qualitative questionnaire was launched. Undertaking data generation and analysis concurrently encourages the researcher to develop emergent themes which then influence subsequent data collection (Miller, 2000).

Transcription was also understood as contributing to analysis and, like many approaches to qualitative research, was treated as an integral aspect of the analysis process (Howitt and Cramer, 2008). With this in mind, transcription also occurred concurrently with data collection and analysis which encouraged the researcher to seek out emergent themes. To further embed the researcher in the data, all transcription and anonymisation of the data was undertaken by the researcher herself. Adopting this approach both encouraged and enabled a continual assessment of the interview guide, ensuring themes emerging from the data were

included. As all interview participants first responded to the questionnaire and early analysis of these responses began prior interview, the researcher was able to use these insights in the interviews themselves. Therefore, interviews almost always began with follow up questions from the participant's questionnaire response. Emphasis was placed on continual reassessment during the data collection and simultaneous analysis stages.

It has also been suggested that qualitative researchers should be mindful that the themes covered in our interview guides do not become the coding framework for analysis (Brocki and Wearden, 2006). As researcher's interests are likely to lie in the areas covered in the interview guide, it is probable there will be some overlap, but this should not form the only basis for analysis. One way of avoiding this pitfall is to further embed analysis in the words of participants. Pringle, Drummond et al. (2011: 21) suggest 'quotes and metaphors used by participants can also be used in theme titles or descriptions to further root the analysis directly in their words'. This approach can also be seen in *reflective thematic analysis* where the researcher is understood as a storyteller drawing together participants accounts (Braun, Clarke et al., 2019). While this has often been conceptualised as 'giving voice' to participants, in seeking to rigorously address power dynamics, such notions must be questioned. Rather than claiming to 'give voice' this research sought to create space to access and generate voice. Using anonymous quotes as subheadings in the findings chapter was intended a way of further embedding participants voices in the research outputs. This was done whilst also acknowledging there is a fine line between attempting to truly represent the participant's voices and overestimating the ability of a researcher to do so.

Ensuring analysis was rooted in participant's voices further embedded the co-generation approach of this research. Using an approach underpinned by the principles of reflective thematic analysis enables researchers to offer an analysis of participants lived experiences that are grounded in participants accounts, while also interpreting them by using the researcher's own knowledge to extend conceptualisation and analysis. This interpretation is intrinsically the analysis of one researcher, or group of researchers (Pringle, Drummond et al., 2011). Therefore,

analysis is grounded in the researcher who aims to produce credible insights whilst acknowledging other researchers may have equally credible, but differing, interpretations of the research data (Smith, Flowers et al., 2009).

The approach taken to analysis was also influenced by saliency analysis. Saliency analysis seeks to address some of the criticisms that have been levied at thematic analysis. It is generally accepted that there is no clear agreement as to what constitutes thematic analysis (Bryman, 2008). While some suggest this is a benefit of the approach, enabling flexibility within data analysis (Braun and Clarke, 2006), Buetow (2010) argues this has led to the reliance on reoccurrence in the creation of themes. Saliency analysis proposes that researchers should be concerned with ensuring themes are not only generated on the grounds of reoccurrence. While reoccurrence can be significant, we should not conflate multiple mentions with importance or significance (Buetow, 2010). In saliency analysis, though reoccurrence may play a role, themes may emerge from a single mention. Salient themes are therefore not necessarily discussed by the majority of participants but nonetheless provide insight into the phenomenon being considered (Spears-Johnson, Kraemer-Diaz et al., 2016). As such, it seeks to capture both the similarities and differences in participant's accounts. Therefore, rather than focusing solely on reoccurrence and commonalities, saliency analysis encourages researchers to prioritise participant voices. This enables the researcher to focus on drawing out the similarities and differences across the data generated.

Transcripts were analysed using Computer Assisted Qualitative Data Analysis Software (CAQDAS). In this case, the software package NVivo was employed. It is important to emphasise that CAQDAS is a means through which to organise analysis rather than an approach to it. NVivo is a device through which to code rather than a coding framework: it will not do our analysis for us. Rather, it is an alternative to, or updating of, the traditional highlighter, post-its and scissors associated with qualitative analysis. As such, NVivo will work with the researcher's style of analysis. While advocates of CAQDAS point to the gains in efficiency that it offers, critics are concerned that it distances the researcher from their research (Kelle, 2004). The concerns over the distance of the researcher from the research have also been

levelled at online data generation methodologies. Given the immersive nature of a thesis, and the researcher's continual focus on this over a relatively long period, concerns over distance from the data were not shared by the researcher. CAQDAS is a useful way of organising qualitative data around research themes and questions. In this case, it helped the researcher to navigate a significant transcript volume whilst also remaining mindful of capturing the minute details of participants' accounts. In practical terms, using NVivo fit with the iterative approach taken to coding as it allows the researcher to easily alter codes and themes throughout the data analysis (Braun, Clarke et al., 2019). As the research was conducted solely through computer-based methodologies, undertaking analysis in such a manner fit with the overall research design.

Ensuring transparency is vital in the undertaking of social research (Noble and Smith, 2015). Therefore, research must provide as much detail as is possible as to how analysis was undertaken both in regards theoretical considerations and practical undertakings. Regardless of the method of participation, all transcripts were coded on at least three separate occasions. With coding treated as an iterative process, it was important that codes developed in later transcripts were then applied to those coded earlier in the process. Therefore, the coding framework (Appendix Nine) represents the version of the framework at the time of submission. Should this data be used for further publications, this framework will be revisited. Repeatedly recoding the transcripts also helped to ensure a 'drift' in coding, whereby the codes are understood differently for initial and later transcripts, was avoided (Gibbs, 2007). Checking both codes themselves and the overall coding framework with other researchers can contribute to ensuring both validity and reliability, especially when working as a lone researcher as was the case in this research (Gibbs, 2007; Harding, 2019). In this case, the thesis supervision process was used as a sounding board for invaluable advice. Throughout the data analysis this occurred at least once a month, with discussion of particular transcripts and overall codes, themes and findings. This was an indispensable process which helped to craft and shape the direction of the thesis.

The way in which analysis should be approached is a much-contested field in its own right (Harding, 2019). Taking an approach informed by principles of reflexive thematic analysis and saliency analysis led to the generation of codes and themes rooted in the research data and the researcher's perspective (Braun, Clarke et al., 2019; Buetow, 2010; Pringle, Drummond et al., 2011). In seeking to answer our research questions and generate meaning from our data, researchers must make difficult decision in regard to what makes the final cut. As much as we may like to, we cannot include everything. This does not mean the themes that are not represented in the subsequent findings chapter hold no value, but that, in the context of answering the research questions, priorities had to be made. As can be seen in the coding framework (included as Appendix Nine), the transcripts led to the generation of a large number and wide range of codes. Moving from these codes to the themes presented in the subsequent finding's chapters, was an iterative process, with the themes included in the subsequent chapters representing the last of numerous iterations. These themes are representative of the reflexive approach taken to thematic analysis with full acknowledgement that another researcher, or indeed different participants, may have generated different themes and findings (Braun, Clarke et al., 2019).

3.4. Chapter Three Summary.

Qualitative approaches to resilience are far outnumbered by their quantitative counterparts. This research is specifically designed to address these concerns by drawing on the principles of qualitative data generation. In drawing influence from a number of approaches in combination with online methodologies, the research developed a novel design which successfully engaged with a diverse range of LGBT+ participants. Rather than being 'hard-to-reach', the recruitment and data generation methods demonstrated LGBT+ individuals are willing to participate in online methods. When considered alongside the other studies which have successfully recruited and undertaken research through the internet, these findings suggest the need for offering options for truly anonymous research participation (Martinez, Wu et al., 2014; McDermott, Roen et al., 2013; Wilkerson, Iantaffi et al., 2014).

The increase in number, from the initial sampling aims to the actual participants recruited, demonstrates the desire for opportunities to participate in social research. While the disadvantages of taking research online deserve consideration, the benefits of such an approach are clear. Employing multiple qualitative online methods ensured participants were able to take part regardless of geographical constraints. Total anonymity was offered to questionnaire participants while confidentiality was ensured for those who provided email addresses for interview participation or to receive a summary of the research findings.

The qualitative principles of the research design were continued in to the approach taken to analysis which was informed by reflexive thematic analysis (Braun, Clarke et al., 2019). Given the volume of data generated by the 111 research participants, the following three chapters focus on the research findings, addressing both the research questions posed and the unexpected themes which arose during data analysis. As the themes that analysis produced often spoke to more than one of the research questions, these findings chapters are presented thematically, offering insights into one or more of the three research questions posed. Presenting the findings in this manner ensures that the themes in the literature review and questionnaire and interview questions do not become the only lenses through which the data was analysed and presented. Each theme is begun with an anonymised quotes from a participant to further ensure analysis was rooted in the words and insights of participants (Pringle, Drummond et al., 2011).

Chapter 4: Results (1): Living with Apprehension, Fear and Concern.

4.1. Introduction.

This first, of three, findings chapters explores notions of apprehension, fear and concern through the experiences and understandings of the research participants. By considering the participants' accounts of intolerance and prejudice, alongside notions of fear and risk, this chapter will situate the following findings chapters in the experiences of those who contributed to the research. The ways in which participants negotiated and lived with fear, apprehension and concern were numerous. As such, these findings are significant in contextualising the lives and experiences of LGBT+ people and establishing the context in which resilience was being researched. They also contribute to addressing research questions in that these findings illustrate notions of adversity, resilience and difference.

The findings suggest social structures continue to ensure LGBT+ people in the UK must moderate their behaviour to avoid negative consequences. Fear, apprehension and concern are significant markers of the ways in which LGBT+ people's lives continue to be impacted by social controls on agency. These concerns and fears demonstrate the ways in which LGBT+ people must navigate heteronormative structures and ideals which continue to be privileged in the UK. The chapter commences with the theme of coming out which relates to both the chapter focus of apprehension and the thesis focus of resilience. Expectations of heterosexuality will be explored alongside notions of heteronormativity to illustrate the perpetual concerns participants attached to disclosure.

Having considered apprehension and concern in relation to sexual orientation and/or gender identity disclosure, the chapter then considers participants experiences of discrimination. In order to illustrate the places and spaces in which homophobia, biphobia and transphobia occur, this section contains participants accounts of discrimination occurring within LGBT+ spaces. Participants help a number of expectations in regards to discrimination, therefore the following section focuses on these expectations and consequent adjustments to behaviour.

The home and international political situations were reflected in participants concerns for themselves, LGBT+ people in the UK and international populations. The election of President Trump in the US and the UK's vote to leave the EU were signals of potential retrenchment to the participants who expressed concern over the impact these events would have on LGBT+ people. Research has yet to consider these issues in relation to LGBT+ people; therefore, its inclusion is timely. The penultimate section of this chapter will demonstrate the importance of understanding such events. Finally, the chapter will consider the impacts of living with apprehension, fear and concern.

Throughout the three findings chapters, quotes from participants will be used as subheadings. This follows the suggestion of Pringle, Drummond et al. (2011) of using quotes as titles to further ground the findings in participants' own words. This is understood to be a form of analysis in its own right as it amplifies the voices of participants context of 'making sense' of the research data (Larkin and Thompson, 2012: 102). In order to ensure no meaning were lost, the quotes taken from typed responses (including both the questionnaire, email and instant messaging interview) are verbatim and any spelling mistakes or grammatical errors have not been corrected.

4.2. Coming Out.

'In my experience you never just come out once'

While 'coming out' may seem an unnatural place to begin a chapter focused on the ways in which participants contextualised their experiences and understandings of resilience through notions of fear, these accounts offer a lens through which to approach the subsequent discussions. Furthermore, apprehensions, fear and concern were present in the ways in which participants approached and understood the concept of 'coming out'. In seeking participants who identified as LGBT+, it was anticipated that the majority of those who took part would be 'out', at least to themselves. Although not directly sampled for, the research engaged with a range of participants who shared many different experiences of being 'out', or indeed not.

While some participants identified themselves as being 'out' in multiple places and spaces including to family, friends, colleagues and professionals, for others the questionnaire was one of the few places they had disclosed that they identify as LGBT+. Whether participants had disclosed their sexual orientation, gender identity or indeed both at all, in a singular or multiple domains, was of interest in relation to notions of resilience. Quantitative researchers have suggested being 'out' simultaneously increases both resiliency and the likelihood of experiencing discrimination (Kosciw, Palmer et al., 2014). However, this has not been adequately explored in a qualitative context. Coming out has been conceptualised as a significant life moment for LGBT+ people and as such a rite of passage (Herdt, 1992). Yet when understood through a heteronormative lens, coming out is not a one-off event but a continual redisclosure of deviating from heterosexual or cisgender labels (Rhoads, 1995). Therefore, rather than being approached as a singular event, coming out was understood by the research participants as continuous, exhausting and significantly a source concern through the perpetual weighing up of the potential outcomes of disclosure. As such, disclosure represents multiple critical moments in LGBT+ people's lives.

> *'I've been out as a gay man since I was sort of 16/17 years old. I'm 53 now. And there was a point, there are occasionally points where I think, do I still have to do this? Can I not just forget about this and move on and not have this be me waving my sexuality on a stick about all the time? But actually, I think again I feel a stronger sense now being in the position that I am to actually stand up and be open and be counted.' (Skype video interview, 53, gay, male).*

Participants supported Rhoads (1995: 70) suggestion that coming out is 'never ending'. In a heteronormative context which promotes the ideal of a heterosexual relationship as the only legitimate and desirable form of sexuality, LGBT+ people must navigate assumed heterosexuality (Carabine, 2004b). As such, participants described coming out as ever present in their lives. Many found this challenging, particularly those such as the participant quoted above, who had been consistently outing themselves for the majority of their lives.

'In social situations where people don't yet know me, the constant 'coming out' has previously made me feel vulnerable.' (questionnaire, 50+, lesbian).

'having to continuously identify myself as male or female when i am neither.' (questionnaire, 37, non-binary, pansexual).

'having to decide whether to out yourself in any given environment. Having to out yourself again and again and again!' (questionnaire, 53, bisexual/pansexual).

While participants found this process endless, with many referring to it as exhausting, some also found strength and consequently resilience in this process. These accounts demonstrated being out can be both affirming and a political action in its own right. With research suggesting heterosexual people are more likely to have positive attitudes towards LGBT+ people if they know someone who is 'out', disclosing identity may have structural implications (Rees-Turyn, 2007). The participants' expressions of feeling 'stronger' for being out also have clear links to suggestions that LGBT+ individuals' resilience benefits from disclosure (Kosciw, Palmer et al., 2014). Being out counters the heteronormative narratives of assumed heterosexuality (Little, 2003). Participants highlighted that the assumption and expectations of sexual orientation and gender identity mean that continual disclosure is not limited to LGBT+ individuals themselves. Those they disclose to, in particular family and friends, must also navigate heteronormativity and disclosure of the LGBT+ individuals' identity.

'Well in my experience you never just come out once. its repeated every time you change job, change neighbours, make new friends' (instant message interview, 48, lesbian, woman).

'coming out to others is never a single event, every time we change our job, meet anyone new etc. etc.… And for our families it is the same, they have to come out about us when they make new friends etc etc… I see that being a lesbian is something I have to manage whenever I

engage in groups with straight people, the eternal 'coming out', it is a stressor, generally people who are hostile are not people I like anyway but nonetheless their hostility or stupiditybdoes have some impact, makes me reluctant to go out & join things sometimes' (questionnaire response (email interview), 68, lesbian).

When heterosexuality is both assumed and expected, disclosure is a complex negotiation; how this interplays with resilience is equally complex. If being out is associated with higher levels of resilience yet also increases the chances of experiencing discrimination then both who LGBT+ people are 'out' to and the locations in which they ate 'out' are significant (Kosciw, Palmer et al., 2014). Interestingly, many of the research participants shared that they were out in some spheres but not others. An example of this, was a participant who took part in both the questionnaire and a follow up interview. She identified as bisexual but felt invisible in many locations as she was married to a man. She was 'out' to her husband, at work and to friends but not to her parents. During her interview, she reflected on this multiple times, wavering as to whether she wanted them to know. At the core of her decision was apprehension and concern over her parents potential reactions and a fear of rejection. This quote summarises what she conceptualised as a dilemma.

'Actually, as far as they see it I'm married, I'm with (husbands name anonymised), I'm happily with him. You know, why bother telling them? Whereas obviously if the situation changed, if I was to get divorced and have a new partner and it happened to be a woman then I would clearly need to say something about it. Whereas at the moment I'm thinking well I don't particularly need to but I would like to because I think I would feel more comfortable' (Skype video interview, 34, bisexual, female).

This extract is particularly interesting when considered alongside the notion that being 'out' both increased resilience and discrimination (Kosciw, Palmer et al., 2014). While the participant was out in many spheres choosing not to disclose her sexual

orientation to her parents allowed her to gain from being out but also protect her resilience from anticipated biphobia. This particular participant was an active member of the LGBT+ community where she lives. Resilience may help in the process of assessing the risk of coming out and weighing up the costs and benefits of doing so (Denissen and Saguy, 2014). In this case, it may be insuring against the potential damage such disclosure may do. What is clear is anticipated discrimination impacted on the participants choice of disclosure as did concern over potential negative consequence on her relationship with her parents. As such, not disclosing her sexual orientation to her parents, her resilience remains stable. While participants outlined numerous reasons for not being out, concern for potential damage to relationships was a common reason.

> *'The fear of rejection - and worse - is powerful and real and the process of coming out demands in itself a considerable degree of resilience. There are more positive role models now than there have ever been and that helps enormously. But it is no surprise to me that many LGBT people experience mental health problems, as we have to navigate processes of personal and social development that are generlally much more challenging than they are for our non-LGBT peers.' (questionnaire response (Skype video interview), 52, gay, male).*

The above participant clearly links 'coming out' and resilience. The account proposes the notion that resilience in itself aids the coming out process. However, whether this means those who are out in multiple places and spaces demonstrate greater resilience remains unclear. For example, the following participant described her reasons for not disclosing that she identifies as asexual. To ensure there is no confusion, it is important to note that the brackets in this quote were included by the participant.

> *'Not being able to come out because of fear of how people will respond (corrective rape being one of the biggest fears) and the current political climate makes that all the worse. What is also difficult is*

dealing with people who blatantly deny that lgbt face any problems or who claim that aces don't have to deal with that because asexuals are normal/can hide their sexuality cause they're not really gay.' (questionnaire, 23, asexual, aromantic, female).

While this was the only participant to express a fear of corrective rape, the approach taken to analysis requires a focus not only on repetition but also differences and the inherent value of individual participants contributions (Buetow, 2010; Charmaz, 2011; Smith, Flowers et al., 2009). In sharing her concern this participant is highlighting an issue rarely voiced which is having a significant impact on her ability to come out. Concerns over the potentially negative consequences of coming out significantly shaped participants experiences of disclosure. For many, apprehensions was continually present when choosing when and when not to disclose. Through the analysis of participants accounts of sexual orientation and gender identity disclosure it became clear that participants both gained resilience from being out and positioned themselves as maintaining it by choosing not to be out to certain people or in certain spaces. Disclosure is clearly a complex and multifaceted decision. Rather than a one-off event, 'coming out' is a perpetual process repeated by both LGBT+ people themselves and their friends and family. Despite these complexities, or perhaps because of them, being out has been linked to a sense of pride which appeared to contribute to individual resilience.

4.3. Experiences of Discrimination.

> *'Violence and other hate crimes - although there has been significant improvements at the level of rights and at a political level, there remains homophobia and the fear of homophobia in British society'.*

Participants shared numerous experiences of homophobia, biphobia and transphobia. These included both verbal threats and physical violence. These accounts made a significant contributed to addressing the first of the three research questions, which focused on participants understandings and experiences of adversity. This section explores discrimination, homophobia, biphobia and transphobia through the participants accounts of intolerance. It draws on a vast

range of data generated through both the questionnaires and interviews. There has been suggestion that hate crimes are rising in the UK (Bachman and Gooch, 2017). As such, it is worth noting that the majority of participants' transcripts include at least one experience of discrimination though, as will become apparent, these were often minimised. For this research sample, discrimination was understood as commonplace, widespread and for many, routine. In order to establish that adversity is present in LGBT+ people lives, this section provides a range of experiences of discrimination and intolerance. In doing so, it directly addresses concerns that resilience researchers must establish that their participants have experienced adversity (Rutter, 2000).

Participants experienced discrimination in multiple places and spaces including in the workplace, at home, on the street, in LGBT+ venues and at schools both as students and parents. Analysis demonstrated that while there were accounts of both verbal abuse and physical violence, participants ascribed different meaning to these events. Verbal street harassments were viewed as commonplace and to an extent, expected, while physical violence was feared but rarely present in participants accounts. When experiences of physical violence were included, these appeared to be in the distant past, though of course this is impossible to tell without a clear timeframe which participants generally did not provide. While timelines were unclear, the expectations associated with different forms of discrimination were well-defined. For example, visible public displays of affection such as holding-hands with a partner were associated with the expectation and experience of verbal street harassment.

> *'I do feel I have to be restrained in public spaces when with my girlfriend. It's exhausting feeling nervous just from holding a girl's hand whilst walking around town. Will people say something? Will someone become abusive? I'm yet to experience a bad reaction, but the threat is very real'* (questionnaire, 24, cisgender woman, bisexual).

> *'Not holding hands with my wife in some areas. Referring to my wife as my 'partner' to someone new, before I know their views. GPs not feeling comfortable talking about same sex fertility issues. People*

shouting 'dyke!!' after us if seeing us hold hands in public.'
(questionnaire, 30, lesbian, female).

This finding is in line with the findings of the National LGBT Survey which suggested over two-thirds of LGBT people in the UK avoid holding hands in public due to fear of discrimination (Governement Equalities Office and Mordaunt, 2018). These fears were evidenced in the accounts of participants who had experienced discrimination after holding their partners hand in public. Analysis indicated experiences of discrimination impacted not only participant's fears of discrimination but also had wider implications. While the first participant has not experienced harassment, they are aware that others had, and had consequently adjusted their behaviour to minimise the risk of such an event (Gray, 2013). As such, LGBT+ people are positioned as responsible for the effects of the discrimination they are subjected to. The cumulative effects of discrimination impact both on the individual and on the wider LGBT+ population. Many participants' accounts of the difficulties they had faced, a question explicitly addressed in the questionnaire, included experiences of discrimination, harassment and also contraventions of the Equality Act (2010).

> *'verbal abuse in public leading to fear of showing affection at certain times or in certain locations, discrimination while looking for a flat to rent (both mild - estate agents clearly uncomfortable with showing us one-bedroom flats - and more significant - landlord refusing to rent to us), fear of holidaying in certain countries'* (questionnaire, 30, bisexual, cisgender woman)

> *'I have been verbally abused in the street, and threatened with rape so I can know what a real man is. It has caused me to always be wary and to stay extra safe.'* (questionnaire, 52, lesbian, intersex female).

It is becoming clear that LGBT+ people adjust their public behaviour as a direct consequence of actual, perceived and fear of discrimination. These adaptations have clear links to the resilience literature which suggests adversity and positive adaptation go hand-in-hand (Luthar, 2006). With many suggesting both must be present to demonstrate resilience, the question becomes whether adapting

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behaviour to avoid discrimination is in fact positive (Fletcher and Sarkar, 2013; McCubbin, 2001). Given that experiences of discrimination have been linked to the increased mental health problems and suicidal ideation experienced by the LGBT+ population, avoiding such events demonstrated both an awareness of the consequences and resilience in its own right (Clarke, Ellis et al., 2010). While resilience research is often concerned with identifying the factors which lead to positive outcomes for individuals despite adversity, perhaps, when possible, resilience also enables LGBT+ individuals to avoid certain kinds of adversity (Carlton, Goebert et al., 2006). Yet simultaneously, these experiences are reflective of the pervasive nature of heteronormativity and the everyday ways in which behaviour is consequently moderated.

Adjusting behaviour in response to adversity was particularly common in the narratives of discrimination from participants' who identified as female. While experiences of discrimination were not universal, they shared many commonalities. The everyday language and expectations that were attached to verbal harassment were expressed across the sexual orientations and gender identities which participated in the research. These approaches to the expectation of street harassment had clear parallels with Davis, Luecken and Lemery-Chalfant's (2009) approach to adversity as disruptions which are entrenched in everyday experiences. This included the minimising of verbal experiences of homophobia, biphobia and transphobia. The majority of participants dismissed or casually mentioned such experiences, demonstrating that they either expected them to occur frequently or viewed their own experiences as minimal compared to others.

Thus far, this section has focused on experiences of verbal harassment as these were the most common accounts shared by participants. This is not to say they were the only discriminatory experiences shared. Participants also shared experiences of physical violence. However, it is worth noting that there was suggestion, from interview participants, that physical violence is no longer as prevalent as it once was. While participants' accounts of verbal violence were framed as ongoing, the timeframes of physical violence were not always as clear. Many participants experienced verbal abuse to the extent it had become normalised.

'I worked in a gay bar once which was threatened a number of times whilst i was there and i only worked there a year. It was held up at gunpoint, burning tyre thrown in once, general threats. its horrible.' (questionnaire, 48, lesbian).

'I've had the usual name calling; bottles, cans and bricks thrown at me; I've been physically attacked 17 times' (questionnaire, 64, lesbian, transsexual, woman).

'Bullying for years at school and in the street Violence - beaten up 3 times, including by vigilantes in (UK location anonymised) armed with clubs with nails in them and breeze blocks' (questionnaire, 48, gay).

These three accounts of experiences of physical violence are a reminder of the types of adversity LGBT+ people in the UK have faced. They demonstrate that these experiences are not limited to one sexual orientation or gender identity; in fact, they include different sexual orientations and gender identities. If experiences of physical violence are decreasing, as suggested in the interview with the participant described as 64, lesbian, transsexual, woman, would be interesting to explore in further qualitative research which could illuminate LGBT+ individuals experiences of physical violence over time and place. Many participants experienced discrimination in multiple places and spaces. Discrimination occurred on the street, at school and in work locations. Participants who were parents took pains to draw the researcher's attention to the discrimination happening, both to students and parents, in schools. In their accounts, participants also linked these experiences of intolerance to the higher rates of mental health problems experienced by those who identify as LGBT+ (King, Semlyen et al., 2008).

'There are still deeply embedded challenges with homophobic behaviour from my work environment to my child's school playground. Awareness, education and more support is needed for LGBT communities in mainstream society to tackle peoples ignorance and stigma. Hence, increased mental health issues for LGBT people.' (questionnaire, 37, bisexual/lesbian, women).

> *'Homophobia in the workplace- blatent harrassement and discrimination because of my sexual idenity. Homophobia in parenting- being asked inappropriate questions that would never be asked of heterosexual parents. (ie: how did you have a baby? Did you have a donor? who is the dad in the relationship? extended sympathy to the 'real' father? Wanting to know who the 'real' mother is. Etc.)' (questionnaire, 37, lesbian, woman)*

These participants' narrations of discrimination demonstrate the multiple places and spaces in which resilience may be required. While the first quote demonstrates an awareness of the mental health inequalities experienced by LGBT+ people in the UK, the second speaks to issues of heteronormativity in parenting (Chapman and Saltmarsh, 2013; Fish and Karban, 2015a). Theories of heteronormativity contributed to understanding participants' responses to discrimination (Warner, 1993). Participants highlighted that discrimination includes low level discriminative factors. These lower level factors can be accumulative and compounded by their repetitive nature.

> *'Living in a world that is not built for you to exist in is tiring, particularly when being cisgender and straight is the norm and you deviate from one/both of those. It's not so much dealing with full blown arguments or misgendering all the time, but also dealing with microaggressions, the little things that remind you that you aren't the normal and you have to work that little bit harder to feel better.' (email interview, 25, queer, non-binary)*

The assumption of heterosexuality and consequences of heteronormativity are clearly felt by this participant. Microaggressions are commonplace slights, snubs or insults regardless of whether they are intentionally discriminative or not (Balsam, Molina et al., 2011). They are understood as both verbal and nonverbal and as such they can also include environmental factors. In discussing microaggressions, the participant draws our attention to the significance of underlying, subtle and insidious nature of hetrosexism. Nadal (2013a) suggests the accumulative effects of

microaggressions for LGBT+ people manifest themselves in a sense of victimisation and also the increased rates of suicidal ideation, substance misuse and mental health problems, in particular depression.

Finally, participants also expressed that responses to raising issues of discrimination were rarely ideal. As demonstrated in the literature, hate crimes and discrimination are often unreported by LGBT+ people (Bachman and Gooch, 2017). These findings mirror those of Valentine, Wood et al. (2009) who suggest that while many LGBT+ people experience discrimination in the workplace, very few raise formal complaints.

> *'Bullying at work ; raising my concerns and being dismissed as being my perception / as if my reality of having faced discrimination does not really count' (*questionnaire, mid 40s, gay, male).

> *'I was told by a supervisor that I would not be offered the same opportunities that she gave to her other students. I was ignored. I had work taken from me. I was shoved and jostled by a senior lecturer, a supervisor made several derogatory remarks about my appearance, refused to allow me to walk through the (department anonymised), I suffered verbal gender based violence from a lecturer. When I complained and was due to go to a hearing the lecturer I complained about tried to intimidate me. I was told in writing that trans issues are really an issue for disability services.'* (questionnaire, mid-forties, lesbian, transgender woman).

These accounts of responses to formally raising issues of discrimination in places of work and study link back to previous discussions of disclosure which many avoid due to fear of events such as those outlined above (Fish, 2007). Significantly, the second participant's account illustrates the concerns of Valentine, Wood et al. (2009) who found nearly two thirds of their LGB participants were not 'out' to lecturers for fear of discrimination.

4.3.1. Prejudice within LGBT+ Spaces.

> *Discrimination, bullying at school, sexualisation of my orientation by*
> *male peers, dismissal of my orientation by both straight and LGBT+*
> *peers.*

As well as reflecting on the structural requirement for resilience and the prevalence of resilience, participants also considered the spaces in which resilience may be particularly required of them to survive. Significantly, participants responses demonstrated resilience may be required of LGBT+ people in the spaces and places intended for them. Participants accounts demonstrated that fear of discrimination did not solely occur in predominantly heteronormative spaces. Participants shared experiences of prejudice, intolerance and discrimination occurring in LGBT+ spaces and by those who identify as LGBT+; these included whilst attending LGBT+ groups and also at social events expressly for LGBT+ people. While issues of discrimination and microaggressions amongst LGBT+ people have been highlighted by Nadal (2013a) they have yet to receive the kind of rigorous academic attention of other forms of discrimination. Furthermore, the consequences of such experiences are yet to be accounted for. Participants described experiences of biphobia, transphobia, sexism and racism occurring within those who identify as LGBT+, leading some to question the notion of LGBT+ community. For clarity, the brackets in the following quote were included by the participant during his interview which occurred over Skype instant messenger.

> *'it's not acceptable in some spaces to be a femme lesbian (a lesbian*
> *friend of mine has been turned away from gay clubs for having long*
> *hair and wearing skirts)'* (pilot questionnaire (pilot instant messaging
> interview), 25, gay, trans male).

> *'As a queer woman, biphobia, mostly from the LGBT community, and*
> *what I might call femmephobia - hostility, exclusion and mockery for*
> *looking straight, dating men, not being like the other gay girls.'* (email
> interview, 27, pansexual/bisexual, woman).

These accounts again return to the notion of appearance, though in this setting, rather than protecting the individual from outside discrimination, appearance is given as the reason for discrimination. When considered alongside previous accounts of appearance, a complex relationship between discrimination, physical appearance and behavioural appearance begins to emerge. While being able to pass enables a degree of safety in heteronormative spaces, entrance is excluded from some LGBT+ spaces, further exemplifying the significance participants placed on appearance. The first participant quoted above also reflected on the notion of LGBT+ community in the light of both their own and their friend's experiences of discrimination, hostility and intolerance in LGBT+ spaces. While ultimately the participant viewed the concept of LGBT+ community to be useful, internal divisions were viewed as highly problematic.

> *'I frequently question whether there's even such thing as "the LGBT community", though I still ultimately think the concept is useful and beneficial. There is a lot of ignorance about and prejudice towards trans people from LGB people, and towards bi people from lesbian, gay and trans people. This leads to spaces which advertise themselves as "LGBT" not being safe for all the letters of the acronym. (For example, at an LGBT club night recently my transfeminine friend was groped and I was misgendered; similarly, a high up committee member of (location of LGBT group anonymised) recently interrogated me about my genitals.)'* (pilot instant messaging interview, 25, gay, trans male).

While places intended for LGBT+ people may appear from the outside to be 'safe', participants are clearly expressing that this is not necessarily the case. With those organising LGBT+ events expressly questioning trans attendees about their surgery status, there are issues over appropriateness and perhaps power. As explored in the introductory chapter, there are tensions in including sexual orientation and gender identity under the same banner (Chung, 2003; Devor, 2002; Schneider and Dimito, 2010; Stone, 2009). However, the sharing of experiences such as similarities in discrimination are argued to unite those within the LGBT+ umbrella (Chakraborty, McManus et al., 2011; Marshal, Friedman et al., 2009; Nadal, 2013a). Along with

sharing experiences of intolerance within LGBT+ spaces, participants also shared concerns that they may act in discriminatory ways themselves. Participants shared that they sometimes felt uncertain about the different identities people used to describe their sexual orientation and gender identity. These disclosures add to the discussions of pansexual participants who often use bisexual as they feel it is more widely understood. The following quote is an example of a participant expressing concern over their own lack of understanding.

> *'I often do not have a clear understanding of the + side of LGBT+. Like what is "queer", how are people pansexual and even asexual. Although these are recognised, I sometimes feel I am in danger of being discriminatory because I don't have a proper understanding of these terms, what they mean, and what issues these people who fall into one of these categories.'* (questionnaire, 32, gay, man).

This participant's response indicates that those who identify as LGBT+ may not necessarily understand all of the identities the acronym encompasses. This is an important discovery in the use of language, particularly as the volume of terms through which sexual orientation and gender identity are described and labelled increases. Furthermore, it acts as a reminder that as LGBT has expanded to include a diverse range of sexual orientations and gender identities, and research such as this has added a + to demonstrate inclusivity, we must remain mindful that participants, and researchers, do not necessarily share the same understandings. Whether confusion over the use of labels included in '+' manifests itself as discrimination was not clear in participants' accounts. Nevertheless, the context in which participants understand and experience resilience is clearly complex. While no two people's experiences are likely to be exactly the same, it is significant that a number of participants had experienced discrimination within LGBT+ spaces. Further exemplifying the pervasive requirement to respond with resilience. Significantly, by including such accounts the participants demonstrated a desire to draw the researcher's attention to these internal issues. As well as experiencing multiple different types of discrimination on the grounds of sexual orientation and gender

identity, participants also expressed concern over racism within LGBT+ people and groups.

> *'I also think that the LGBT+ community really need to be braver and really confront the fact that within our community, we can have really bad racism, etc. For example, 'no fats, fems and Asians' is still widely bandied around.' (*questionnaire response (email interview), mid 40's, gay, man).

This participant's experiences resonate with the previous participant's description of femmephobia. These participants experienced, and witnessed, discrimination occurring in LGBT+ spaces on the grounds of appearance. The participant also introduces the issue of racism within LGBT+ groups, citing a phrase they conceived as commonplace. Given participants were recruited through advertisements sent to LGBT+ organisations, the participants sharing experiences of tensions and issues within LGBT+ settings were unexpected as they were likely to be in some way connected with at least one. A number of questions are also raised in relation to how widespread these experiences are, whether they are targeted at the particular identities included here and how these issues can be addressed. The following participant addresses just these questions whilst also contextualising these issues in a wider frame.

> *'We need to stop judging and bitching about each other. There is so much prejudice within the LGBT+ community and we face that from the outside too. We need to be more cohesive and less into judging about what denotes one another as lesbian, gay, bisexual and what is male and female and, God help us, is someone really feminine or masculine enough to be blah, blah. It makes me want to puke! and all this within the LGBT+ community. This stereotypical crap is snowing us under and is exactly what we need to be fighting against. Before we can start changing what is going on in the wider world, we damn well need to take a look at our own values.'* (questionnaire, 48, pan-sexual, transgender female/gender neutral).

There is certainly a sense from these quotes that prejudice within LGBT+ settings is rife. Whether this viewpoint was shared by other participants was not clear. However, issues of appearance, femininity and masculinity are again touched upon. Both this and the previous quote call for a change in behaviour from LGBT+ people, suggesting this needs to be addressed internally. This section has explored the ways in which participants and their friends have experienced discrimination in LGBT+ settings. When combined with previous accounts of verbal and physical violence, a picture emerges of the prevalence of discrimination across both time and localities. Research suggests the impacts of such experiences can be seen in the elevated rates of mental health problems, self-destructive behaviours and suicidal ideation in LGBT+ populations (Marshal, Friedman et al., 2009; Nodin, Peel et al., 2015; Plöderl and Tremblay, 2015). Significantly, these accounts demonstrate the spaces and places where resilience may be required of LGBT+ people.

4.4. Expectations of Discrimination.

> *'your slightly lucky, you can walk down the street and unless your waving pink pompoms and gold hot pants then people are probably not going to go whispering under their breath'*

Analysis of the questionnaire and interview transcripts highlighted the expectations participants attached to discrimination. Participants made sense of their experiences in relation to anticipations and perceptions of the frequency, location and types of discrimination they understood as common place. Those who had not experienced discrimination, or who had fewer experiences than they felt were to be expected, ascribed meaning to appearance and luck, viewing these as key in understanding their lack of experiences.

> *'I have become used to occasional verbal abuse and subtle discrimination while out with my wife'* (questionnaire, 30, bisexual, cisgender woman).

> *'Ignoring obvious homophobic comments and stares. We make a striking couple and both accept our difference... I can pass on my own*

but when we're out together say shopping, we do get looked at' (questionnaire, lesbian, intersex female).

'Ignoring people shouting 'dyke' at you when you hold another woman's hand in public.' (questionnaire, 33, female).

In this setting, participants were speaking to a sense of 'good' luck in that they had not experienced more frequent or severe discrimination. The interconnected themes, of appearance and luck in relation to discrimination, were unexpected yet are significant in understanding participants' anticipation of discrimination and accounts of resilience. Placing emphasis on emerging themes ensures researchers do not translate their interview guide, or questionnaire, into the sole form of analysis (Brocki and Wearden, 2006; Buetow, 2010). Therefore, it is important to highlight how this theme was reached. Significantly, the theme contributes to understanding all three research questions which have, to the best of the researcher's knowledge, yet to be simultaneously addressed in the resilience or discrimination literature.

A diverse range of participants expressed that they were lucky to appear a certain way, to not attract street harassment or to have experienced lower levels of discrimination than other LGBT+ people. Significantly, these accounts demonstrate that high levels of discrimination are anticipated by LGBT+ people. For many participants, this sense of luck was linked to their appearance, gender expression and being viewed as able to 'pass'. Passing in this sense is understood as a consequence of the privileges of heteronormativity where LGBT+ people are assumed to be cisgender or straight and therefore do not attract negative attention. It has been understood as a way of downplaying difference to avoid discrimination. However, in order to achieve this LGBT+ people are required to moderate their behaviour in public (Yoshino, 2006). For example, by avoiding public displays of affection such as holding hands.

'I am lucky to be femme, female, straight-looking (whatever that means). So I don't need to rely on my resilience as a queer person as much as, say, a camp gay man or trans woman who does not pass. They are likely to face oppression and hostility in big and small ways

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every day' (questionnaire response (email interview), 27, pansexual/bisexual, woman).

'I am lucky in that, as a "straight-passing" white woman, I have not often had to encounter the kinds of abuse that more visible members of the community have endured.' (questionnaire, 30, bisexual, cisgender woman).

'I think a lot (of discrimination) is also stereotypes around what is also what somebody who is not straight looks like or um so I guess when people look at me they assume that I'm straight and perhaps don't realised that there's another part there' (Skype video interview, 34, bisexual, woman).

These quotes illustrates how expectations of discrimination hinged on the concepts of luck and appearance. Appearance and the associated ability to pass, was something participants felt lucky to have. In this sense appearance and gender expression were understood as beyond the remits of choice and agency. For these 'lucky' participants, public locations were a place they could inhabit without the fear of discrimination. While in the previous section, participants modified their behaviour in order to avoid attention, these participants did not express that they had adapted their appearance in order to pass. Demonstrating an idea of appearance as innate and deterministic rather than an expression of choice. At the same time, participants conveyed concern for those who did not share their luck and who were consequently seen as vulnerable to discrimination. The above quote also speaks to understandings of resilience which hinge on adversity. For example, participants suggested that those who do not pass are likely to experience frequent discrimination. Much of the resilience literature suggests an outcome of adversity is improved resilience (Masten, 2014). However, other participants have suggested resilience is not 'unlimited'. There may be a balance here between adversity improving resilience yet too much adversity may damage it. The theme of appearance intersects expectations and understandings of adversity, understandings and experiences of resilience and how notions of difference impact on the first two.

It draws upon previous theorizing on the consequences of heteronormativity which suggests that as a society we take a stance that ourselves, young people, celebrities and fictional characters are heterosexual until proven otherwise (Warner, 1993). This assumption of heterosexuality was experienced by a number of participants in varying contexts.

> *'I think people assume that I'm straight and so I think you know especially the people who've met my husband and know that I'm married they don't assume there's like another part of my identity there if that makes sense? Um and I guess because people look at how I look if that makes and they people make assumption don't they? Based on your appearance and if you appear feminine or whatever I think a lot is also stereotypes around what is also what somebody who is not straight looks like or um so I guess when people look at me they assume that I'm straight and perhaps don't realise'* (Skype video interview, 34, bisexual, female).

For bisexual participants perceived to be in heterosexual relationships, such as the participant quoted above, assumed heterosexuality led to feelings of invisibility both within LGBT+ spaces and in wider society. These findings resemble those of Ross, Dobinson et al. (2010) that bisexual participants are negatively impacted by assumption of heterosexuality. While heteronormativity is often understood as subtle, the consequences can be significantly harmful (Blackburn and Smith, 2010). There has been some suggestion in the literature that bisexual people may experience even higher rates of mental health problems than other gender identities and sexual orientations included in the LGBT+ acronym (Jorm, Korten et al., 2002; Smith, Rissel et al., 2003). Considering this alongside participants' accounts of invisibility, we can begin to see visibility, along with appearance, as a further notion of difference that impacts on resilience. The importance of understanding notions of appearance and the role it plays in many LGBT+ people's lives further reinforces the ways in which participants linked stereotyping to assumptions of how LGBT+ people should look, act and behave.

'I haven't experienced a huge amount of homophobia really as I'm not often read as male in public (i.e. my husband and I are read as a straight couple). But a major difficulty has been the invisibility of gay trans people, and the doubt and invalidation ("why would you transition in a way that makes you gay?!" that happens as a result. I'd have realised I was trans a lot sooner, saving myself literally years of anguished confusion, if I'd known it was legitimate to be both gay and trans.' (pilot instant messaging interview, 25, gay, trans male).

Appearance is repeatedly seen as the key lens through which to understand homophobia, biphobia and transphobia. It was used to predict the likelihood of experiencing discrimination as well as to explain and in many senses justify why participants had minimal experiences of intolerance. Analysis demonstrated the intersecting importance of gender identity, sexual orientation, appearance and luck. These were demonstrated through the ways in which many of the participants minimised their experiences of intolerance, homophobia, biphobia and transphobia, seeing others as experiencing significantly worse than themselves. Of these participants, many perceived themselves as 'lucky' for not experiencing worse forms of prejudice. This sense of 'luck' suggests an awareness that LGBT+ people face frequent and significant forms of discrimination. The minimising of prejudicial experiences and the focus on others having it worse may also be one way of coping with discrimination (Cahill and South, 2002). For example, consider the following quote.

'I've been very lucky that my sexuality has never been an issue for me in the workplace. I've never faced any homophobic abuse and it's never been an issue in the workplace. I've always been very open about my sexuality since coming out.' (questionnaire, 32, gay, man).

There is a clear sense that discrimination is to be expected and therefore not regularly experiencing it is out of the ordinary. Significantly, participants accounts illustrated a desire to ensure the researcher did not infer that their lack of experiences of discrimination were representative of the wider LGBT+ population in

the UK. Regardless of the accuracy of the recordings of hate crimes, discrimination was understood and articulated by the participants in terms which demonstrated concern that their experiences would be interpreted as common (Bachman and Gooch, 2017; O'Neill, 2017). Participants perhaps felt an obligation to other LGBT+ people that their experiences were not generalised. Furthermore, with research suggesting LGBT+ people are highly likely to know others who identify as such, it is also possible that participants compared their experiences to others and felt they did not reflect a wider trend (D'Augelli, Hershberger et al., 2001). It may also represent an articulation of a narrative amongst LGBT+ populations that acknowledges inequality and demonstrates the need for representation, support and services. This placing of experiences as minimal compared to others is in need of further qualitative exploration.

This section has explored the multiple forms, places and spaces in which participants experienced discrimination. These experiences were widespread with nearly all questionnaire participants including at least one way in which they had, or were continuing to, experience discrimination. Discrimination is a form of adversity in its own right and is therefore an important aspect of contextualising resilience and resiliency. However, outside discrimination is not the only form of adversity LGBT+ people face. The following section will explore participants' experiences of intolerance from those who also identity as LGBT+.

4.5.   Politics and Fear.

> *'In the current global political climate, I worry that the LGBT+ community will become more marginalised as groups of people and nations hold more right-wing views'*

The data generation, including both the online questionnaire and interviews, took place in December 2016 and January, February and March 2017. Throughout this time period, the news was dominated with the inauguration of US President Donald Trump and the outcome of the vote for Britain to leave the European Union (EU). The LGBT+ and resilience research fields have yet to account for these events, therefore this offers a unique opportunity to reflect on participants' concerns. These themes

came into the research process with a number of participants expressing concern and fear over the eventual outcomes and consequences of these political events. In many ways, the participants viewed their rights and social justice more generally as precarious and fragile. The ways in which participants discussed fear, particularly in political terms, provide a significant context for understanding the presented in the two subsequent findings chapter. Participants expressed a range of concerns for the future including the potential repealing of the rights LGBT+ people have 'won' both in the UK and internationally (Weeks, 2007).

The majority of this data was generated through the self-completion online questionnaire which asked participants 'what difficulties do you see the LGBT+ community facing?'. While the concept of LGBT+ 'community' or 'group' can be problematic it was ultimately deemed beneficial by participants. This was not anticipated in the research design and certainly deserves more consideration in its own right. Whilst acknowledging the problems with using community as a concept, the data generated by this question made an unexpected and valuable contribution to contextualising the participants' experiences and perceptions of resilience. The repealing of rights, such as those occurring in Bermuda, were one of the fears expressed by participants which they linked to the rise of right-wing ideology (Leonard, 2017).

> *'Risks to previously gained rights/equality due to changes in government.'* (instant message interview, 31, gay, man).

> *'I think it will also depend on the political climate - I find it very easy to get frustrated at how things are/aren't progressing in the general social climate, so if things take a downward turn I predict that I would be less resilient!' (Skype audio interview, heterosexual, male at birth questioning).*

> *'I am also concerned that the current swing to the right may see an increase in people feeling able to express homophobic, biphobic and transphobic attitudes publicly.'* (questionnaire, 38, bisexual, woman).

> *'the rise of a homophobic and politically powerful far right - nothing we have achieved in society can be taken for granted; it could all disappear.'* (questionnaire, 38, gay, woman).

The principle that LGBT+ people cannot '*rest on our laurels*' or '*take for granted*' was one shared by a number of participants. There was also a concern that rights and protections are not ironclad and can be revoked. It is worth further contextualising these responses in the retrenchments older participants had experienced in the UK, including the introduction of section 28 (Burridge, 2004; Colgan, Wright et al., 2009; Monro, 2006; Richardson, 1998). In addition to concerns over the repealing of rights, participants also expressed concern over actions and attitudes held towards and about LGBT+ people. Participants voiced apprehension that homophobia, biphobia and transphobia both was increasing and would likely increase further. These fears were linked to concerns over political events both in the UK and internationally. There were numerous accounts of these types of fear from participants of differing ages, sexual orientations and gender identities.

> *'The political climate is becoming increasingly hostile, I feel. Not only in the US, but I have noticed an increase in anti-LGBT feeling among my local community.'* (questionnaire, 32, bisexual cisgender female).

> *'Hate crime... likely to get worse I think given recent political developments in both UK and US.'* (questionnaire, 61, gay male).

> *'Rise in hate crime, the impact of Brexit. Possible erosion of human rights once we leave the EU. I think there is also a very real danger of being silenced, through funding cuts etc - less potential for activism etc.'* (questionnaire, 37, pansexual/tired of labels, transgender).

> *'I worry things will change following Brexit and changes to human rights law in the UK.'* (questionnaire, 34, bisexual, female).

Hate crimes, directed at LGBT+ people, are suggested to have steeply risen in the last 5 years (Bachman and Gooch, 2017). While the Hate Crime Summary for England and Wales (O'Neill, 2017) puts these rising figures down to improvements in the

recording of such events, participants' views did not reflect this. Participants' perceived hostility, discrimination and prejudice as rising. Significantly, participants felt these were likely to get worse. These concerns were linked to notions of the current political climate which was felt to be increasingly right wing and likely to lead to retrenchments in national and international rights. There is clearly a tension between participants' accounts and the reporting of official statistics. Bachman and Gooch's (2017) research directly contradicts the conclusion of O'Neill (2017), suggesting 80% of the hate crimes experienced by LGBT+ people are not reported. The accounts of participants demonstrate unease over these figures and a perceived lack of effort to address discrimination. Whether hate crime figures will continue to rise is unclear; however, participants' concerns are grounded in their experience and demonstrate the need for addressing these issues. Along with concerns over the safety of LGBT+ people in the UK, participants also expressed concern and fear over the international situation for LGBT+ people. Participants voiced apprehension both for the safety of LGBT+ people and, as noted above, for the retrenchment of equality rights internationally.

> *'When i hear about attacks on LGBT individuals around the world it frightens me'* (questionnaire, 48, lesbian).

> *'you can't pick up the LGBT news without seeing someone's been murdered for being trans of gay or this or that or the next thing so it's… its more almost like it was my duty to read about it to to not ignore these things'* (Skype video interview, 43, gay, male).

The above quotes reflects those of a number of participants who were frightened and concerned by murders and attacks on LGBT+ people in other countries. While it was not something they directly experienced, they demonstrated empathy for LGBT+ people living in countries with lower levels of acceptance and less rights. In doing so, these participants were comparing their situation in the UK to a spectrum of international rights for LGBT+ people. For some participants, the international situation had significant impacts on their everyday lives. Awareness of the discrimination faced by LGBT+ individuals internationally had impacts on these

participants. For example, a number had consequently begun to avoid the news. These participants actively chose to eschew the news for extended periods of time or entirely.

> *'I don't follow a lot of the news as its rather depressing. As a result I am not very well informed. I know internationally it is very difficult to to be LGBT+ and it is illegal in too many places. Even in the commonwealth.'* (questionnaire, 27, pansexual/bisexual, gender uncertainty/genderqueer).

> *'also at one point, went for a little bit of counselling, with regards to one of the topics, was looking at these sort of things and just talking through that is it a betrayal not to read every sort of thing that happens in the world, probably not'* (Skype video interview, 43, gay, male).

In addition to this, there were also participants who chose not to follow LGBT+ news specifically. For example, a participant shared that they had unsubscribed from a number of LGBT+ organisations mailing lists as they found it was having a significant impact on their life and ability to function. The decision of some participants to actively avoid LGBT+ news was in itself a source of concern for one participant. This participant expressed concern that LGBT+ people in the UK were not aware of the position LGBT+ people experience internationally.

> *'Many LGBT people don't even know about the situation in Commonwealth countries and are not putting pressure on politicians here to explore and try to pressure for change in places such as Uganda where gay people are outed by newspapers and the public exhorted to beat them, if not kill them.'* (questionnaire, 65, lesbian).

The theme of fear was an unexpected outcome of the questionnaire and interview data generation. In part, it appeared to be reflective of a wider sense of uncertainty over the outcomes of Brexit and the election of Trump as US president. However, there were also concerns over the situation internationally for LGBT+ people. Living

with such fears impacted on the participants in a number of ways. Some experienced anxiety and depression while others avoided the locations where they feared they would learn of such events. The everyday situating of these experiences demonstrated not just fear of experiencing discrimination as an individual but also the structural, international position in which experience is lived.

4.6. The Impacts of Living with Fear, Apprehension and Concern.

> *'Mental health difficulties are higher in LGBT+ people than in straight cis people'.*

LGBT+ peoples' experiences of prejudice and discrimination have long been linked to the elevated rates of mental health problems, self-harm, suicidal ideation and self-destructive behaviours (Hagger-Johnson, Taibjee et al., 2013; Mays and Cochran, 2001). While mental health problems and suicidal ideation were not directly addressed in the questionnaire, the research findings support previous indications that these risk factors are present in general LGBT+ populations (Addis, Davies et al., 2009; Fredriksen-Goldsen, Emlet et al., 2013; McCann and Sharek, 2014). Significantly, these findings contribute to the field by demonstrating that LGBT+ people are both aware of these risk factors and concerned with how they can be structurally addressed. When asked what difficulties participants saw the LGBT+ community facing, mental health problems were the most common answer.

> *'...soaring mental health crisis'* (questionnaire, 21, bisexual, female).

> *'access to mental health services.'* (pilot questionnaire, 24, gay, gender-neutral male).

> *'I'm painfully aware that young LGBT people face high levels of bullying, rejection by their family and mental illness.'* (questionnaire, 40, bisexual, cis woman).

This was closely followed by concerns over suicide and discrimination occurring within the LGBT+ community. While the approach taken to analysis placed emphasis

on ensuring not all themes are generated by repetition, the field has yet to account for LGBT+ peoples' own perceptions of these elevated rates and therefore this reoccurrence across the participant spectrum is noteworthy (Buetow, 2010).

'high suicide and self harm rates' (questionnaire, 48, gay, man).

'I have a determination about trans suicides. They are somewhat higher than the norm… I determined when I started the groups that no more suicides on my watch. And having had 150 people over the 5 years in the 5 groups I haven't had a single suicide' (Skype video interview, 64, lesbian, transsexual, woman).

'self harm and suicide on the rise. This is going to get worse. In (location anonymised) there has or going to be cuts to LGBT Youth Services which will just make things worse.' (questionnaire, 25, non-binary, gay).

Participants were acutely aware of the multiple risks LGBT+ people face (Bontempo and D'Augelli, 2002; McDermott, Roen et al., 2008). Participants expressed concern across a range of different factors including for young people, those who identify as trans and those who experience discrimination. Participants also shared personal experiences of their own mental health problems and experiences of their partners and LGBT+ friends. It has been well established that LGBT+ people have an increased risk of experiencing mental health problems throughout life (Addis, Davies et al., 2009; Meads, Carmona et al., 2012). With this awareness in mind, it was anticipated that a number of a participants would have had such experiences. A large portion of participants shared that they were either currently experiencing, or had experienced in the past, mental health difficulties. These included experiences of depression, anxiety, stress, panic attacks, bipolar, detachment, eating disorders, gender dysphoria, self-harm and suicidal thoughts and attempts (Chakraborty, McManus et al., 2011). Participants indicated that their experiences of mental health problems had led to a range of further adversities including family breakdowns, job loss and isolation. The following quotes come from participants who both linked their mental health problems to being unemployed at the time of interview.

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'I get up everyday and live my life! For a long time this was a difficulty for me as I was dealing with anxiety and depression for a number of years. But I'm recovering and making small steps to a healthy mind every day. I still have periods of low mood, but I try again.' (questionnaire, 24, bisexual, cisgender woman).

'Although I was shattered by the psychotic breakdown, I am slowly rebuilding a sense of myself as a worthwhile person who still has something to contribute to the world and who can influence the world around him for the better, albeit in small ways' (email interview, 48, gay, male).

These participants are from different age groups, sexual orientations and gender identities and yet they share common experiences and insights. They reflect one of the key themes the resilience field is grappling with: namely the relationship between resilience and time. With some, such as Tugade and Fredrickson (2004), suggesting resilience is the ability to recover quickly from adversity, others such as Walsh (2002), have expressed concerns over this, advocating that speed is unrealistic when responding to certain types of adversity. Adversity can be understood to encompass a broad spectrum of experience from everyday hassles to natural disasters. The speed of response is reflective of the type of adversity (Walsh, 2002). While much of the resilience field equates speed to resilience, these participants write of their recovery and rebuilding of their lives as slow. This again suggests speedy resilience is unrealistic as it does not account for this diversity of adversity. Rather than taking this slow rebuilding as demonstrative of a lack of resilience, the ability to recover was suggested by these participants to be evidence of resilience. There are comparisons here with the suggestion of Rabkin, Remien et al. (1993) that following an AIDS diagnosis, resilience enables an individual to adjust rather than return to their state prior to diagnosis.

4.7. Chapter Four Summary.

Fear, apprehension and concern came through clearly in multiple ways in participants accounts. These experiences and understandings illustrate the invasive

impacts of discrimination and heteronormativity (Berlant and Warner, 2003). Yet participants were keen to emphasise notions of difference and their relatively 'lucky' positions. For participants, appearance interacted with sexual orientation and gender identity to predict the likelihood of discrimination. Those who benefitted or were perhaps protected by this equation, viewed themselves as lucky and perceived that those whose calculation was less favourable, would need to rely on their resilience more. The everyday nature of street harassment and increase in hate crimes weave a tapestry in which homophobia, transphobia and biphobia are to be expected. When considered alongside participants' accounts of slowly recovering from mental health problems, Walsh's (2002) approach to resilience as variable, dependant on the types of adversity being countered, appears to be the most appropriate fit. This approach allows for intersectional responses to adversity and lends itself to a diverse understanding of resilience.

Reflections on the mental health problems experienced by LGBT+ people and fears over the political and international environment, demonstrate an awareness of the positioning of LGBT+ lives and a concern for others with a shared identity. While individual participants shared experiences of mental health problems, by placing these accounts alongside both each other and the concerns of fellow LGBT+ people, the need for understanding such issues as structural health inequalities becomes apparent (Karban and Sirriyeh, 2015). To build a multidimensional picture of resilience in the context of LGBT+ people's lives, it is important to understand not only the individual factors given prominence in the literature but also the structural issues identified by LGBT+ people themselves. Coming out, discrimination, mental health issues and fear of retrenchment are all approached by participants as simultaneously structural and individual, yet the resilience literature does not reflect these accounts.

Researchers have long suggested that people with minority identities react to adversity by coping and demonstrating resilience (Allport, 1954). While adversity, and to a lesser extent risk, are at the heart of the majority of resilience definitions, the failure to define adversity can, and is, leading to confusion over the concept (Bonanno, Galea et al., 2006; Masten, 2006; Schoon and Bynner, 2003). For the

LGBT+ people who participated in this research, living with fear, apprehension and concern was a significant adversity in its own right.

Chapter 5: Results (2): Resilience as Required for Survival.

5.1. Introduction

As demonstrated by the preceding chapter, participants contextualised their experiences and understanding of resilience in a social environment impacted by fear, concern and apprehension. In this context, LGBT+ people approach resilience as not only desirable, as is reflected in the literature, but essential for survival and significantly structurally required of LGBT+ people living in the UK. These concepts of resilience as survival and resilience as required are the dual focus of this chapter which will begin by exploring these unique research findings. These interconnecting themes, emerged during data generation and came to the forefront during the analysis of said data. These themes were initially coded separately but spoke to each other in fundamental ways, hence joint consideration here.

Having considered notions of resilience as required for survival, the chapter will then move on to reflect on the prevalence of resilience. When understanding resilience in terms of survival, the emphasis placed on the need to be resilient becomes even more significant. Yet there has been little qualitative exploration of whether individuals consider themselves to be resilient. While researchers found quantitative research estimates vary vastly from 24-84% of individuals demonstrating resilience (Vanderbilt-Adriance and Shaw, 2008). Qualitative approaches to prevalence are missing from these debates which has resulted in a lack of accounts of self-identified, rather than independently calculated, resilience. In the context of understanding resilience as required, the majority of the research participants identified as such. Demonstrating the need to meet this requirement is keenly felt.

The penultimate section of the chapter will consider the pressures participants felt to be visibly resilient. Despite not always feeling particularly resilient themselves, a number of participants involved with organising LGBT+ support groups, staff networks and social events felt they need to be seen to be resilient. While this was a small number of participants, this finding is particularly interesting in the context of resilience being required to survive. Suggesting a complex interdependent

relationship between how resilience is understood, experienced and demonstrated. Finally, the chapter will consider whether resilience can be learned.

5.1. Required Resilience.

> *'I think society pretty much requires everybody in an oppressed or minority group to be resilient. The public sphere is, at best, not built with us in mind and, at worse, stacked against us'.*

Mental health problems, suicidality and risky behaviours, such as un-safe sex and substance use, have been established as prevalent in LGBT+ populations (Nodin, Peel et al., 2015). In the context of this knowledge, which participants frequently demonstrated they were aware of, rather than being a means through which to thrive, resilience was understood and experienced as required of LGBT+ people to survive. Given the dominance of individualised approaches to resilience in the wider literature, these structural accounts were particularly significant (Bottrell, 2009; Council, 2001; Haase, 2004). Such insights contributed to addressing the research question regarding experiences and understandings of resilience. These accounts highlighted the relationship between structure and agency, drawing attention to the minimisation of the former in much of the resilience literature (Bauman, 2007). With resilience policy often actively promoting an individualised approach, it was anticipated that access to structural considerations would be limited (Graham, 2007; Paterson, Tyler et al., 2014). Participants' individual accounts of resilience occur within a structural framework in which agency is given far more weighting than structure. This encourages an individualised account of resilience over an understanding of the structural context in which resilience is required. Despite this, there was a number of participants whose responses directly, or indirectly, commented on the relationship of resilience to structure and agency.

> *'It is good to see LGBTQ+ research focused on resilience as so much of*
> *it focuses on 'problems'. But, I am also quite suspicious of the word as*
> *I think the idea of 'promoting resilience' is used a lot in policy to place*

responsibility for well-being on individuals, rather than on systemic

issues.' (questionnaire, 38, bisexual, cisgender woman).

The participant expresses discomfort at the individualised approaches to resilience that have been dominant in policy and practice discourses. In doing so, she highlights a concern that the concept of resilience has become overly individualised and has failed to account for the structural environment which create the need for resilience. Other participants addressed this by taking structural approaches to the concept of resilience. For example, the following quote comes from a questionnaire participant who conceptualised resilience as a political response to structural oppression. The brackets in the following quote were included by the participant.

'To me resilience is political. It is the courage and strength to protest against and overcome biphobia, homophobia or transphobia (by individuals or structural). As a bi cis woman, for me that means overcoming invisibility in our society. I find resilience in the LGBT+ community, specifically in the online LGBT+ community on Twitter and Facebook. Resilience is ultimately a response to oppression and it is something we shouldn't need. One day we won't need to be resilient, we will just be ourselves.' (questionnaire, 40, bisexual, cis woman).

The above participant gained individual resilience from community, interestingly in this case online, whilst also recognising the structural reasons she required resilience. This complex relationship between structure and agency manifests itself in different ways. While the participants in this section both account for the structural environment in their responses, they do so for different reasons. The structures around the policy approach to resilience are questioned whilst simultaneously considering the structural barriers faced. This account of resilience in action demonstrates an understanding of resilience as a counter to both the individual and structural factors of homophobia, biphobia and transphobia. In viewing resilience as a response to oppression, the participant moves away from an individual approach to conceptualising resilience as an outcome of structure. For example, a number of participants felt they were required to be resilient to overcome prejudice.

'Being born different isn't a choice and you need resilience to get through.' (questionnaire, lesbian, intersex female).

'Will I need to be resilient to outlive all the prejudice and ignorance? definitely' (questionnaire, 27, pansexual, genderqueer).

'Your part of the LGBT community or something like that you shouldn't have to be resilient but I think obviously in society it's necessary.' (Skype audio interview, 24, gender questioning).

One outcome of the structural environment in which LGBT+ people live their lives, was a feeling participants had that they, and other LGBT+ people, are required to be resilient. This was the first research, to the best of the researcher's knowledge, that found that LGBT+ people in the UK feel they are required to be resilient. This is a new and previously unconsidered aspect of LGBT+ people's resilience that has the potential to advance the field. Further research could consider this in relation to other marginalised groups to establish whether comparisons can be drawn. Interestingly, regardless of whether they thought of themselves as resilient, participants felt resilience was required of LGBT+ people. Participants felt resilience was required to overcome the prejudice and stigma LGBT+ people continue to face in the UK and pointed to the elevated rates of mental health problems and suicide as an outcome of this pressure to be resilient. The following quotes draw on the participants own perceptions and experiences of heteronormativity, to illustrate why resilience may be thought of as essential.

'I think society quite often simply expects people to 'get on with it', regardless of whether they are LGBT+, disabled, BAME, etc...I don't think there is awareness of some of the 'harms' that people can inflict (whether intentionally or unintentionally) through their actions, words, etc. There can also be a naïve expectation that people can 'overcome' if they put their hearts and mind into it...Equally, I think there is some kind of societal expectation that it is down to individuals...in this case, to be resilient, particularly if they are from 'minoritized' communities. However, as Anthony Gidden's argued, it's

never just about structure and neither is it just about agency. It's that complex interface between the two. ' (email interview, mid-40's, gay, man).

'I think LGBT people have to deal with a lot of insidious undermining of their very existence, much more than the average majority population. I think there's a lot of stuff like holding hands, being affectionate in public, discussing what you did in the weekend, that most people take for granted and which isn't necessary to even think about, but which can chip away at a person's sense of being and resilience if they're in a particularly isolating situation. Being disapproved of, even implicitly, requires a lot of resilience to overcome. The problem is, not everyone who is LGBT is necessarily going to be resilient, hence the higher depression rates than the average population.' (email interview, 38, gay, woman).

The participants is draw a clear link between the consequences of living within heteronormative structures and LGBT+ people being required to be resilient. This is also a clear example of participants suggesting resilience is required to counter, not only major once-in-a-lifetime adversities but also the everyday hassles. For LGBT+ people, these can include everyday activities such as discussing with colleagues upcoming plans for the weekend. Participants also reflected on the impacts of not being resilient when resilience is required. As suggested in the previous quote, although LGBT+ people are required to be resilient, not all those who identify as such are. The consequences of not being resilient were seen by participants as stark. As one participant expressed it:

'You have to be resilient or if you're not then you could have problems.' (Skype video interview, 43, gay, male).

'If you aren't resilient then you will easily fold with the pressures of the outside world. I've seen the consequences most people hiding away, people folding up.' (Skype video interview, 64, transsexual, woman).

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Participants felt that LGBT+ people who lacked resilience were at even higher risk of suicide, self-harm, substance misuse and mental health problems than the general LGBT+ population (Chakraborty, McManus et al., 2011; McDermott, Hughes et al., 2018b; Nodin, Peel et al., 2015). Participants' experiences of adversity, particularly in terms of homophobia, biphobia and transphobia, were both common place and often minimised. In interpreting these experiences, there are comparisons to be drawn between the occurrence of discrimination and understanding resilience as required. Expectations of discrimination have in many ways led participants to view resilience as structurally required of LGBT+ people in the UK. The consequences of not being resilient were thought to be stark. For many of the participants, resilience was not about thriving but rather about surviving. For example, whilst a number of participants experienced resilience as confidence or an ability to adapt to change, many participants experienced resilience in terms of still being alive. References to being '*still here*' were particularly common in the questionnaire where participants were asked in what ways they consider themselves to be resilient. The following are examples of these type of responses, with participant suggesting their continued presence and existence was a demonstrated their resilience.

> *'I'm still here!' (questionnaire, 52, lesbian, intersex female).*

> *'I'm still here therefore I think I am resilient.'* (questionnaire, 45, lesbian, female).

> *'I'm still here'* (questionnaire, 21, asexual, female).

> *'I am resilient because so far life hasn't beaten me.'* (24, asexual, non-binary).

> *'I am still alive! - after many horrendous experiences'* (email interview, 48, gay, man).

> *'I am still alive.'* (questionnaire, 25, gay, non-binary).

> *'still alive, still at university, still afloat and managing to do (mostly)what i want to do even if i am struggling more than i feel i should.'* (questionnaire, 21, bisexual, female).

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Rather than resilience as a form of thriving, for many participants, such as the participants quoted above, it was a method through which they were able to survive and endure. This is a drastically different approach than has been covered in much of the literature (Bonanno and Mancini, 2008; Jackson, Firtko et al., 2007; Rutter, 2006). While for some participants adversity enabled and encouraged resilience, this was not the outcome for everyone (Gray, Mendelsohn et al., 2015). For these participants, resilience was not about an ability to 'bounce back' from adversity, rather it was a means through which to continue enduring (Aranda and Hart, 2015; Fletcher and Sarkar, 2013; Smith, Dalen et al., 2008). This sense of survival, of not giving in or giving up, is starkly different to other participants' approaches, particularly when compared to a group of participants who conceptualised resilience in terms of confidence. For example, a number of participants wrote that they felt resilient in that they were still alive but had experienced damage as a result of facing adversity.

> *'Despite experiencing homophobia and transphobia on a near-daily basis, I haven't given up and committed suicide - but I do feel "damaged" as a result of those stressors, and not particularly resilient in general.'* (questionnaire, 34, gay, trans man).

> *'I haven't killed myself yet so I can't be totally terrible but resilience is something I am still learning'* (questionnaire, 30, bisexual/pansexual, female).

This is an important reminder that not all the LGBT+ people who participated in this research thought of themselves as resilient. While for some participants resilience came with a sense of confidence and an ability to thrive, for others, resilience manifested itself as essential for survival. Whether these participants would be considered resilient using the quantitative measures of resilience that dominate the field is questionable. Resilience as survival also differs vastly to scale measures of the concept which have been proposed previously by participants. Taking a qualitative approach has allowed for differing approaches to be considered and whilst also

capturing approaches that would be unlikely to be highlighted using quantitative measures.

5.2.   The Prevalence of Resilience.

> *'My impression is that historically the LGBT community was very resilient, accomplishing extraordinary things in the face of great adversity and opposition. But that might be the sugar-coated version we see in the books and films and it may not have felt like that at the time.'*

The quantification of resilience has led many to consider the percentage of a given population that are resilient and whether, or not, resilience is widespread (see Bonanno and Mancini, 2008; Jaffee and Gallop, 2007; Vanderbilt-Adriance and Shaw, 2008). Significantly, researchers dispute whether resilience has been over or under estimated (Bennett, Cumming et al., 2005; Friborg, Martinussen et al., 2006). In the context of understanding resilience as required, the prevalence of resilience garners different meaning. Yet, the majority of participants' accounts demonstrated aspects of resilience, with many expressly considering themselves to be resilient. While this may be a reflection of the topic and the methodology employed, which likely attracted those with a degree of interest in resilience, this can also be interpreted as supporting Masten's (2014) proposition that resilience is prevalent and an ordinary response to adversity. However, given Meyer's (2015) concern that ordinary be mistaken for expected and the participants conceptualisation of resilience as required, caution ought to be employed when considering this connection.

> *'It's hard to explain but I think I'm quite good at being able to keep a distance from stressful things that I can't control, so then it is easier for me to roll with them, and not take them personally. That's the key thing for me I think.'* (email interview, 28, gay, woman).

> *'I am resilient because what ever life throws at me, I am always able to recover quickly'* (questionnaire, 55, female).

'I definitely consider myself to be resilient.' (email interview, mid-40's, gay, man).

'I think I'm quite resilient' (questionairre, 20, bisexual/pansexual, female).

Whilst the majority of participants expressed that they thought of themselves as resilient, it is also important to consider the accounts of participants who did not. Particularly given the context of resilience being structurally required and perhaps even expected. These were a small subsection of the overall participants, yet their experiences and insights provide rich data that deserves consideration. These participants reflected both on why they did not feel resilient and also the impacts of feeling they were lacking resiliency. A number of questionnaire respondents stated they were not feeling '*particularly resilient*' or did not feel they demonstrated resilience '*in many ways*'.

'I have very low self-esteem (undiagnosed-until-recently ADHD; Catholic upbringing; domineering perfectionist mother) - so I'm not particularly resilient, especially to external factors, notably others' opinions.' (questionairre, 53, female, bisexual).

'Sometimes I think I'm not very (resilient).' (questionairre, 30, bisexual, cisgender woman).

'I've felt in the past, certainly my previous place, that on occasion I wasn't resilient enough.' (Skype video interview, 43, gay, man).

For some participants the causes of this lack of resiliency were life events. For example, one participant wrote that the culmination of a number of different circumstances meant they were not feeling resilient.

'Having recently lost both my job and my girlfriend, having to claim Employment Support Allowance and generally finding my life crashing around me, I don't feel at all resilient at the moment!' (questionnaire, 53, bisexual/pansexual/sexually fluid, female).

Many participants suggested resilience is not unlimited. Dealing with the combination of multiple concurrent adversities has been suggested to alter trajectories (Dong, Anda et al., 2004). When we combine these accounts, a picture of resilience being extended beyond its limits emerges. To use the imagery of a an elastic band, used by a participant, multiple adversities can stretch resilience too far, potentially permanently altering it.

> *'The ability to recover. I believe it's like an elastic band, you can keep pulling and it will eventually spring back to 'normal' but if you pull too hard, it will snap. A resilient person can recover from many things but I do believe that everyone has the ability to lose their resilience.'* (questionnaire, 20, bisexual/pansexual, female).

> *'I don't think unlimited resilience is possible for anyone'* (questionnaire, 55, bisexual, female).

Life events, such as job loss and the breakdown of a relationship, are not unique to the LGBT+ population. Losing a job or a partner are adversities that many in the general population may face. However, when combined with the other adversities' LGBT+ people are known to experience, there may be a cumulative effect. The inequalities and increased risk factors experienced by LGBT+ people may have a compounding effect, especially when multiple risk factors occur simultaneously, which in some circumstances, may have adverse impacts on resilience (Rutter, 1989). In addition to the participants who were lacking resilience at the time of data generation, there was also a section of participants who reflected back to times in their lives where resilience was diminished or absent. These accounts suggest resilience may be transient, or as suggested by other participants, on a spectrum or scale.

> *'During my undergraduate study, I had depression, and didn't think of myself as resilient at all. Despite my obvious privilege and uncomplicated life, I found basic day-to-day experiences difficult and often overwhelming. I lost respect for myself because of that. I'd*

always prided myself on being resilient in the past.' (email interview,

27, pansexual/bisexual, woman).

This participant's account of lacking resilience, when they previously prided themselves on it, demonstrates that, for some participants, resilience is part of their identity. Previous research has highlighted the importance of creating identities around feeling proud of identifying as LGBT+ (Scourfield, Roen et al., 2008). For these participants, resilience was another aspect of their identity formed around pride and confidence.

'I think on your main form of resilience I think I am pretty resilient...I think becoming the person that I really am enabled me to have a lot of self-confidence and I think that's where it is.' (Skype video interview, 68, probably heterosexual, trans woman).

'I have become more resilient by facing challenges and pushing the boundaries of my comfort zone, which has increased my confidence.' (questionnaire, 38, questioning, female).

For the above participants, confidence was also tied up with their resilience and sense of self. Often highlighted as an individual protective factor, confidence is largely understood in the same individual and desirable terms as resilience (Constantine, Benard et al., 1999; Haase, 2004; Stajkovic, 2006). There were some similarities between participants' accounts of confidence and Carver's (1998) explanation of confidence as an outcome of overcoming adversity, particularly in terms of understanding the relationship between confidence, resilience and coping. Confidence and resilience were viewed as interdependent and reliant on each other, both in a positive sense, such as improving each other, and in a negative sense, detracting from one another. Significantly, participants identified this interdependent relationship as key in improving their resilience. While for some participants, their identity enabled their resilience, others saw resilience as part of their identity.

> *'Resilence is part of my daily life, part of my idenity of who I am, how I raise my child, how I do my work and my studies, and the community I belong to. It means speaking up when nobody else does. It means witnessing and supporting other's struggles. It means taking risk, relying on strenght from inside and my community. It means being present, and by that, I mean, showing up and representing an alterative. It means not conforming to heteronormative standards and expectations, by not being othered if I don't choose or just simply cannot meet those standards/expecations.'* (questionnaire, 37, lesbian, woman).

While approaching resilience in terms of identity may lend itself to an individualised mode, the participant above uses it as a way of connecting to community, adding structural elements to her conceptualisation. In doing so, she connects her own individual resilience to the structures of heteronormativity in which it functions. The participant also brings in a suggestion of resilience as the ability to contribute to community and support others in their struggles with adversity. The ability to offer help and support to friends and family was another factor a small number of participants identified as demonstrating their resilience. For example, a questionnaire respondent discussed her resilience in terms of her ability to help other people who identify as LGBT+.

> *'Most of the time I feel emotionally strong enough to help and comfort others who are going through emotional struggles or who struggle with their sexuality. That makes me feel like I am resilient because if I was weighed down too much by my own struggles, I would not be able to do that. I am resilient because I know from experience that I can pick myself up after going through a rough time without (much) outside help and that gives me confidence.'* (questionnaire, 23, asexual, aromantic, female).

While researchers have highlighted the role having support may play in resilience, very little attention has been given to the resilience as the ability of individuals to

provide support (Fenaughty and Harré, 2003; Ryan, Huebner et al., 2009). This idea of resilience being demonstrated through being able to give support, offers a unique approach. The approach taken to analysis placed significance not only on the repetition of themes but also the unique ways in which participants accounts diverged and contradicted each other (Braun, Clarke et al., 2019; Buetow, 2010). While only a small number of participants may share an approach, the contribution it makes is treated as equally valid to a theme shared by the majority of accounts. This idea, of resilience enabling an individual to offer support to others, is interesting as it moves resilience away from being solely an individualised concept to taking a more connection-based approach. At the same time, this participant feels they are resilient as they don't need much external support from others. At first, this seemed like somewhat of a contradiction; however, in considering it further, this participant is offering a clear understanding of how they are able to deploy their resilience. For this participant, the fact they are able to overcome adversity with minimum help from others, enables them to offer support and demonstrate their resilience.

5.3. The Resilient Persona.

> *'I'm visible and you remain visible you appear to be strong you appear to be confident and that helps people '*

While the majority of participants demonstrated their own resilience through their research responses, in the context of resilience being expected and even required of LGBT+ people, there were a number of participants who despite not feeling resilient, felt they needed to appear as such. These participants felt they had to present a more resilient persona than they actually felt. For these participants, being resilient was not enough. Significance was placed on being seen to be resilient through the projection of a resilience persona. These participants felt it was important that others saw them as demonstrating resilience. Participants expressed this for two distinct reasons. Firstly, those involved in organising groups for LGBT+ people, being seen as resilient was important in terms of encouraging resiliency in others. When resilience is required, to avoid the risks of mental health problems and suicidal ideation, being seen to be resilient demonstrates a meeting of this structural goal. As such, these

participants felt LGBT+ people needed to see other LGBT+ people exhibiting resilience in order to encourage their own. The second group of participants projected a sense of resilience in order to maintain privacy. For these participants, resilience was a way through which to mask the adversities they were currently experiencing.

> *'I've not only got to be resilient, but I've got to be seen to be resilient. Perhaps that's more important even.'* (Skype video interview, 64, lesbian, transsexual, woman).

This participant single-handedly runs a number of different LGBT+ support groups and saw a resilient persona as perhaps more important that resilience itself. This participant placed significance on resilience, viewing it as a central aim and consequent outcome of attending the group she runs. For her, like many other participants, resiliency was a matter of survival. She was extremely proud that there had been no suicides on her 'watch'. Despite suicidal ideation, none of the people attending her trans specific support groups had committed suicide since she began running them several years previously. She equated this outcome to her ability to foster resilience in others, in part due to the appearance of her own resilience which she thought of as particularly high.

> *'I have refused to deny my identity and I'd like to think that in being a visible part of the LGBT+ community I help others find the strength to be true to themselves.'* (questionnaire, 40, bisexual, cisgender woman).

> *'I feel a stronger sense now being in the position that I am to actually stand up and be open and be counted. To show the fact that I'm not worried about what other people think… I hope it shows to the young gay people, LGBT people that are coming through that they have nothing to be afraid of coming out and in fact everything to gain by coming out and being open.'* (Skype video interview, 52, gay, man).

'If you can show resilience… showing it is ok to report a hate crime it is ok the police will deal with it and victims services will deal with it and that public face might give people some more confidence.' (Skype video interview, 64, lesbian, transsexual, woman).

What became increasingly clear through the analysis process was that, for a small but significant group of participants, resilience is, in part, experienced by being seen and viewed by others as resilient. Demonstrating a resilient persona was consequently associated with beating the structural odds of the high rates of suicide and mental health problems that participants were all too aware of (Skerrett, Kõlves et al., 2014). The significance placed on visibly being seen as resilient, by a number of participants, may also suggest an understanding of resilience as being 'out' and visible (Rees-Turyn, 2007). This brings into question that if resilience is encouraged through visibility, do you have to be 'out' to be resilient? Previous quantitative research has linked disclosure with increased resilience but also higher levels of victimisation (Kosciw, Palmer et al., 2014). Here, participants are qualitatively linking the two, suggesting their visibility impacts on their resilience. As previously explored, 'coming out' is rarely a one-off event for LGBT+ people, rather it is a perpetual state of discloser. While individuals may be 'out' in some locations they may not in others. It seems unlikely that the participants above intended to imply that only those 'out' can be considered to be resilient. Rather, it seems likely that these participants were suggesting that being seen as resilient is one way of encouraging or improving resiliency in others whilst also meeting the structural requirement to be resilient.

Additionally, participants placed significance on being seen as resilient as a form of privacy. For these participants, being seen as resilient was important as it helped them to retain their own sense of privacy and confidentiality. This was particularly significant in understanding these participants' experiences of mental health problems. These participants used their resilient personas as a way of choosing not to disclose experiences of mental health problems amongst other adversities. For example, the following quote comes from a participant who took part in both the questionnaire and a skype video interview. Unlike the previous participant, this participant stated in their questionnaire that he did not feel particularly resilient.

While this participant did not consider himself to be resilient '*in many ways*', he felt the majority of people he knew would think of him as resilient.

> '*I think probably looking at me you'd think that I'm quite resilient, because I project that*' (Skype video interview, 43, gay, male).

Projecting a resilient persona was important to this participant, in part due to the pressures of their position in management and also, as they are a private person who chooses to share their experiences of mental health problems and counselling with a very limited number of people. The above participant felt that if their experiences of anxiety, and consequent prescription for anxiety medication, were more widely known, others would no longer consider them to be resilient. Whether adverse life events, such as the mental health problems experienced by this participant, decrease or increase resilience is of great debate in the literature (Masten, 2014; Rutter, 1985). The participant's account demonstrates a continued fear over stigma in regards to the outcomes of mental health problems. Boardman, Griffiths et al. (2011) suggest resilience can help individuals suffering with depression to overcome the social stigma associated with mental health problems. The participant's feeling that they lack resilience corresponds with this suggestion as it demonstrates a significant impact of stigma when lacking resilience, despite continuing to project a resilient persona.

5.4. The Origins of Resilience.

> '*Personally, for me, I am resilient inexplicably. there is some innate thing which made me cope against adversity*'

If resilience is required of LGBT+ people in the UK, questions must be asked on whether resilience could, or even should, be taught and encouraged? The final theme to be considered in this chapter draws on the ways participants accounts of resilience can contribute to addressing these and wider questions about where resilience comes from. Whether resilience is something biological or learned is contested in the literature (Kohrt, Worthman et al., 2016). For example, there are researchers attempting to identify a resilience gene while on the other hand there are those

developing a resilience framework for schools (Allan, 2014; Kohrt, Worthman et al., 2016). Researchers are not alone in reflecting on whether resilience is extrinsic or intrinsic. The contributions of a small number of participants highlighted that while these debates are often seen as polar opposites, for some of the research participants, these can be viewed as two sides of the same coin. A number of participants felt resilience was a combination of biological and learned factors. However, it is worth noting that while no participant expressed an understanding of resilience that was wholly biological, a small number felt resilience should be understood in solely learned and extrinsic terms. An interview participant reflected on this debate by suggesting, rather than being innate, resilience is something learned over time, which can be encouraged by teaching people to react in different ways.

> *'resiliency isn't an intrinsic thing. Resilience is something that's built over the years, it's reaction to things not intrinsic in itself. So you can change people's way of reacting to things and improve their resilience no end with that.'* (Skype video interview, 64, lesbian, transsexual, woman).

> *'I think any minority group has to learn to be resilient because they are not you know they are constantly coming up against obstacles, against people telling them that somehow they are second class citizens in one way or another, to be able to actually deal with that and maintain your self-respect and self-awareness is a massive challenge.'* (Skype video interview, 52, gay, man).

This approach to resilience, as something which can be both learned and taught, fits with past attempts by Public Health England (Allan, 2014) to identify ways in which an individual's resilience can be improved and encouraged. Contemporary debates regarding improving resilience focus around children and the role schools could, or should, play (Morrison, Brown et al., 2006). This may be due to the suggestions of life course researchers that successfully navigating adversities in early life facilitates resilience in later life, with such trajectories generally continuing along the same path

(Hutchison, 2011; Rutter, 1999). This particular participant was speaking from their personal experience of running LGBT+ groups for members of different ages. The participant reflected on how membership of these groups impacted on how individuals reacted to discrimination. The experience of running these groups over a number of years had led the participant to view resilience as something which is learned or gained over time rather than something intrinsic and biological. For other participants, the debate between learned or biological resilience was less distinct. To highlight this, the rest of this section will focus on one participant's response to both the questionnaire and their subsequent Skype video interview. In his questionnaire, this participant wrote that his own experiences of mental health problems had led him to believe that resilience is, at least in part, genetic and biological.

> *'I believe my upbringing and inherited characteristics - possibly even my genetics - meant that I was not a resilient child or young man. I have suffered from severe anxiety and some periods of depression during my life & other close family members have experienced similar problems.'* (questionnaire (Skype video interview), 52, gay, male).

This account of a lack of resilience in early life contrasts the approaches of childhood and life course researchers who suggest early resilient outcomes are more likely to lead to resilience in later life (Masten, 2014). It simultaneously has overlaps with the suggestion that resilience can play a role in the overcoming of mental health problems (Boardman, Griffiths et al., 2011). While the participant's questionnaire response focused on genetics and biological factors, their follow up interview had a different focus. During their Skype video interview, the participant again reflected on their family and upbringing. However, this time he suggested that resilience can be encouraged or improved through the development of emotional intelligence.

> *'I came from both a family background and an educational background that really didn't put any store into emotional intelligence whatsoever. Nobody tried to explain to me that actually you can feel conflicting emotions at the same time. You don't have to choose one over the other or whatever. You can hate something, you can hate*

somebody and love somebody at the same time. And I think it's been quite a long process of actually being able to learn that. And also, to unlearn stuff. I mean that's a concept I only came across a few years ago. The whole idea that it's actually just as important to unlearn things as it is to learn new things…, it feels to me that we should be teaching this kind of thing to students to some degree. To help them to understand better what's happening' (Skype video interview, 52, gay, male).

The participant's suggestion that resilience can be encouraged both through learning and unlearning was unique. While a number of other participants suggested resilience can be learned, and taught, this interview participant was the only person to suggest that resilience can also be improved by unlearning, or changing, behaviours that detract from resilience. This is an interesting suggestion as it points to multiple different ways in which resilience can be improved or encouraged. The final quote from this participant suggests that resilience be learned and taught, and this teaching can be thought of as a form of prevention.

'As I say having come across the concept quite recently it really made a huge amount of sense to me. The moment I heard it talked about, and it was kind of one of those moments where you think why haven't I kind of thought about this before? … And you know I think again the prevention, it's much better to help somebody at the early stages of stress than if they're actually in the midst of a massive breakdown. So, to be trying to actually equip them better to face that kind of environment I just feel is something we should be looking into very seriously.' (Skype video interview, 52, gay, male).

This concept of resilience as prevention mirrors a previous suggestion that resilience can act as a shield, protecting individuals from adversity. The likening of resilience to a protective shield to guard individuals from adversity has clear links to the resilience literature which considers resilience to be a protective factor (Constantine, Benard et al., 1999: Gilligan, 2000). It suggests resilience is able to defend against the

everyday hassles and major life events that have previously been linked to adverse and negative outcomes (James and Cohler, 1987: Masten, 2014: Werner and Smith, 1982).

> *'its almost a shield isn't it? Just to sort of let the things bounce off you. And you don't want the shield as we've discussed with me you don't want it too high because then nothing would emotionally effect you and you'd just be blasé about everything but if it goes from zero to one hundred you probably don't want to be one hundred but you don't want to be zero either you want to have some sort of level of protection to sort of cut out the noise and the not to be effected by everyone you see'* (Skype video interview, 43, gay, male).

It also shares similarities with discussion, mainly in the field of psychology, around the protective factors which may impact on resilience (Constantine, Benard et al., 1999). This conceptualisation is also worth considering alongside the previous theme of resilience as survival which, in many senses, conceptualises resilience as preventative of certain individual outcomes, such as suicide. Participants' accounts of resilience largely support the notions that resilience can be both learned and taught (Allan, 2014; Morrison, Brown et al., 2006). While elements of resilience may be biological, participants' accounts demonstrate a learning process through which their resilience was improved. This learning included improving confidence and changing the way they reacted to discrimination.

5.5. Chapter Five Summary.

The accounts of resilience from individuals with marginalised identities have been recognised as underexplored (Bottrell, 2009). With the LGBT+ resilience field said to be in its infancy, approaches and experiences of such individuals have yet to be fully accounted for, particularly in a UK setting (Erickson-Schroth and Glaeser, 2017). In a context where participants conceptualised resilience is required of LGBT+ people, resilience was understood in terms of survival. These two findings were closely linked, demonstrative of the perception that in a structure that requires LGBT+ people to be resilient, resilience was consequently understood as a means through

which to survive the numerous increased risks faced by those with minority gender identities and sexual orientations (Bryan and Mayock, 2017; McDaniel, Purcell et al., 2001; McDermott, Hughes et al., 2018a). Understanding and experiencing resilience as survival may be unique to LGBT+ people; however, without further exploration, it remains unclear as to whether this feeling is shared by other marginalised identities. This deserves further exploration, particularly as this may mean resilience is being misconceptualised.

The majority of those who participated in the research considered themselves to be resilient. Consequently, questions need to be raised in regard to the prevalence of quantitative measures in the field. With quantitative measures dominating the conceptualisation of both who is resilient and what it means to be so, the field is lacking qualitative explorations of both the prevalence of resilience and how resilience is enacted. Furthermore, there is a need for research which explores resilience with participants, such as those who participated in this research, who do not identify as, or indeed feel, resilient.

Structural inequalities impact on the ways in which LGBT+ people approach, conceptualise and experience resilience. Approaching resilience as structurally required of LGBT+ people in the UK and linking to this to understanding resilience in terms of survival significantly differs from much of the mainstream resilience literature. These findings also bring into question the notion of resilience as an 'ordinary' response to adversity for LGBT+ people (Masten, 2001; 2014). Reflecting much of the concerns of Meyer (2015: 211), participants accounts suggest resilience has become 'expected' of those facing structural inequalities.

Chapter 6: Results (3): Identity, Community and Resilience.

6.1. Introduction.

As well as experiencing resilience in the context of fear and discrimination, participants also reflected on the ways in which being a member of a minority group impacted on their experience. While the first of the three findings chapters demonstrated that discrimination occurs within LGBT+ places and spaces, this chapter will highlight the ways in which participants positioned themselves in relation to others and drew resilience from their experiences of marginalisation. In the context of understanding resilience in terms of survival, the factors which supported resilience become even more significant. As such, this chapter focuses on the interconnected themes of identity, community and resilience to illustrate how both structure and agency underpinned participants responses. The conceptualising of resilience as structurally required of LGBT+ people, in order to survive, impacted on the ways in which participants experienced and interacted with it. Significantly, participants placed importance on their connections to other LGBT+ people in a number of ways. This chapter will focus on these connections to illuminate community aspects of resilience which have been marginalised in the field (Bottrell, 2009; Levine, 2014; Massey, Cameron et al., 1998).

The chapter will begin by considering the ways in which participants positioned their own experiences of discrimination and resilience in relation to other identities contained within the LGBT+ acronym. This section highlights how participants viewed trans and to a lesser extent non-binary people as receptive of greater discrimination and consequently in need of more resilience. Having considered accounts of identity in relation to others, the chapter will then consider identity in relation to narratives of pride. Previous research has indicated that constructing proud identities may improve resilience, this is supported by the research findings which demonstrate the ways in which expectations of discrimination impact with notions of pride and resilience (Scourfield, Roen et al., 2008).

Having considered notions of identity, the chapter then cosiders the second theme of community in realtion to notions of resilience. This is split into two sections the

first of which focuses on the ways in which participants gained resilience from community connections. This section demonstrates the ways in which bellonging to a minority identity can provide connections, whether this be in face-to-face or online settings (Nodin, Peel et al., 2015). Finally, the chapter concludes by discussing notions of community through the lenses of those involved in organising, running and maintaining commmunity groups, support groups, staff networks, social events and pride organisations.

6.2. Relational Identity.

> *'I have had very few difficulties relative to my friends in the TG world'*

Although there were tensions in notions of 'LGBT+ community', particularly for those who had experienced discrimination within such spaces, there was still a sense of collective identity in participants accounts of resilience. Significantly, in the ways in which participants positioned their own experiences in relation to other members of this shared identity. Participants conceptualised resilience as particularly required by certain groups. While LGBT+ people in general were viewed as requiring resilience to survive, there was a suggestion that certain groups within the community may need it more than others. These accounts were analysed as demonstrating a trifold of themes. Firstly, they positioned the respondents as aware of discrimination as intersectional with members of the LGBT+ community having different experiences. Secondly, they positioned the participant as concerned not only for themselves but for others who share their LGBT+ identity. Thirdly, these accounts suggested the respondent as in some way requiring less resilience themselves. These themes combine to suggest a community understanding of resilience rooted in both individual experiences and a wider understanding of the social positions of the various LGBT+ identities. As such, these are significant findings that have the potential to contribute to moving discussion beyond the individualised position that has dominated resilience discourses and policy interventions (Bottrell and Armstrong, 2012). Intersectionality encourages qualitative researchers to explore notions of difference in our transcripts (Crenshaw, 1991). This section will explore these notions by focusing on perceptions of resilience in relation to gender identity.

There was suggestion from both trans and non-trans participants alike that trans, non-binary, gender-fluid and gender-questioning people face a greater level of adversity than some of the other identities that fall under the LGBT+ acronym. Consequently, resilience was perceived as desirable and particularly necessary for survival for individuals whose social identities intersect these labels.

> *'I think the biggest difficulty at the moment is the acceptance of non-cis gendered people. Improvements are being made, but progress is slow. Especially the concept of gender fluidity, I've seen a lot of people being scathing of the 'attention seeking, special snowflakes' or of people 'changing the definitions of words and going against biology to suit their own needs'. The discrimination is horrendous.'* (questionnaire, 24, bisexual cisgender, woman).

> *'I think certain groups within the LGBT+ acronym face more difficulties than others; for example, trans people still face greater degrees of prejudice, discrimination and lack of understanding. There is still a huge lack of awareness of intersex and asexual identities. Bisexual invisibility is a problem in both gay and straight communities.'* (questionnaire, 38, bisexual, cisgender woman).

> *'not everyone who identifies as LGBT+ knows what it's like to be everyone else who identifies as LGBT+ (eg gay men don't know what it's like to be a lesbian, lesbians don't know what it's like to be trans, etc etc). But because of the concept of an LGBT community, the fact we're all banded together under this big label, one set of people often assumes they can speak on behalf of the whole community, then they get told they can't, then they get defensive… I think we have more similar experiences than we do different ones, and definitely common enemies. But as a community we need to recognise that there's diversity within the acronym… I do feel trans people bear the brunt of it more than most as societal ignorance about us is strongest!'* (pilot instant messaging interview, 25, gay, trans male).

The above quotes are examples of the many participants who expressed concern over the treatment of those who identify as trans, non-binary or indeed gender-fluid. Significantly, a large number of these accounts came from participants who do not identify in this way themselves. This demonstrates a concern for other identities in the LGBT+ acronym. These participants were concerned that individuals' chosen gender identities and expressions were not treated as legitimate (Ansara and Hegarty, 2014). In order to evidence this, a number of participants shared indirect or second-hand anecdotes to demonstrate that 'attention seeking', 'special' or 'confused' were commonplace views of people whose gender identity is anything other than cisgender. There were clear assertions from participants that these social divisions need addressing. Language was seen to be particularly important, with participants expressing that misgendering or ignoring people's preferences was common place and unacceptable. The outcomes of these experiences were reflected in the accounts of non-binary and trans participants who had experienced isolation.

> *'I can often feel isolated due to fear of how people might react to my gender identity.'* (questionnaire, 24, heterosexual, male at birth questioning).

> *'I think it would be far too easy to fall into that isolation (again). Transsexuals in general are not good at interaction because they think because their transsexual and because they've transitioned they think their visible. It's not like being gay or lesbian you could go all your life any maybe nobody would ever know but if you transition it's obvious.'* (Skype video interview, 64, lesbian, transsexual, woman).

> *'Loneliness. Isolation. Exclusion within "lgbt" "lgb" and "t" spaces alike.'* (questionnaire, 43, bisexual, female/enbee, trans).

The concerns expressed by cisgender people in relation to trans, non-binary, gender-fluid and gender-questioning participants reflected the experiences of many of the research participants who identified as such. Accounts, such as those above, demonstrate that the concerns of participants were not unfounded. Fear of discrimination has direct consequence for trans people. Isolation, and fear of

isolation, was something expressed by a number of participants. While isolation is often thought of in relation to older age groups, it has been identified as a significant concern for LGBT+ people (Johnson and Amella, 2014). For non-binary participants, binary gendering and heternormativities impacted on their sense of resilience.

> *'The things that detract are… having to continuously identify myself as male or female when i am neither.'* (questionnaire, 37, pansexual, transgender).

> *'having family members make horrible comments about me for not being stereotypically female'* (24, asexual, non-binary).

In a society where essentialist ideas of both gender and sexuality dominate discourses, gendering is embedded throughout life (Harris, 2012). From medical forms which ask us to identify whether we are 'male' or 'female' to the language used to refer to others, pronouns are structurally entwined with heteronormativities (Koehler, Eyssel et al., 2018). In an echo of participants' accounts of continuously coming out, trans and non-binary participants expressed that endlessly expressing and reaffirming their gender identity was exhausting. These participants felt that this process and the fear associated with being misgendered, significantly detracted from their resilience. However, there were also trans participants who felt their appearance, and ability to pass, contributed to their resilience. Again, these participants felt they were lucky not to experience worse and pointed to friends and acquaintances who were not able to 'pass'.

> *'There is hostility. In my personal experience, very little, but in the experience of friends, rather more. I have friends in the (location anonymised) trans group who don't pass and get at least verbal abuse wherever they go. So if they're going to carry on like that they need a lot of inner strength.'* (Skype video Interview, 68, probably heterosexual, trans woman,).

This participant felt they were an 'anomaly' as a trans woman who had experienced low levels of transphobia and discrimination. Their account again reinforces these

themes of luck and appearance whilst also speaking to those who are seen as more likely to experience discrimination. Being able to 'pass' and the consequences of not been able to 'pass', were key concerns of trans participants. This reflects the concerns of cisgender participants who viewed non-cisgender people as more likely to experience discrimination. The account also speaks to an understanding of resilience as inner strength, or confidence, which will be discussed in the following chapter (Carver, 1998; Haase, 2004).

6.3. Identity and Resilience.

'staying strong and being proud in the face of adversary'

One of the ways in which the LGBT+ participants in this research navigated discrimination and demonstrated resilience was through the construction and inhabiting of proud identities. Participants saw being proud of their LGBT+ identity as both demonstrative of their resilience and supporting it. In an echo of Scourfield, Roen et al.'s (2008) findings, a number of the participants in this research positioned their LGBT+ identity in terms of pride. The notion of pride was linked to both expectations and experiences of adversity and expectations and experiences of resilience. Pride was understood both in terms of individual pride and a community response to disadvantage, oppression and discrimination. In this sense, pride was strongly associated with notions of resilience being both required and demonstrative of survival.

> *'I am an out, proud, successful woman who give to all areas of the communities I am an active part in'* (questionnaire, 47, pansexual, female).

> *'I am true to my identity…. strive to be proud of my transness* (questionnaire, 20, bisexual, transgender man).

> *'I feel strongly that what has solved a lot of this has been the actions of the LGBT community itself through self-assertion, pride etc'* (questionnaire, 67, lesbian, female).

Being proud was not a passive trait but something many participants actively worked to maintain. In a context of heteronormativity, being out and proud can be understood as a political act in its own right (Little, 2003; Rees-Turyn, 2007).

Previous research has indicated that many LGBT+ people take genetic approaches to their LGBT+ identity, describing it as, at least in part, biological (Scourfield, Roen et al., 2008). This approach can be seen in many models of LGBT+ identity formation which leaves little room for choice (Eliason and Schope, 2007). Some have argued this is a further expression of heteronormativity in that such models place LGBT+ people as essentially different from the heterosexual population (Hegarty, 2002). Furthermore, it can be argued to be a response to and consequence of the dominance of essentialist ideas of both gender identity and sexual orientation (Hines, 2018). Examples of this impact can be seen in the research which has been undertaken to identify a 'gay' gene (Conrad and Markens, 2001). The dominance of accounts of LGBT+ identities as biological are further evidenced in the difficulties of finding expressions of LGBT+ identity as choice in the literature. They are, from the researcher's experience, much harder to find. Even Whisman (1996), who intended to sort lesbian and gay research participants into two distinct groups of 'choice and non-choice', struggled. However, in this research, participants expressed clear boundaries between the two, entering a debate on sexual orientation akin to the nature versus nurture arguments in child development.

Two participants, who both described themselves as lesbians, referred to their sexual orientation as a choice. These accounts challenge the prevailing discourse which suggests sexual orientation is biologically determined (Bilodeau and Renn, 2005; Hegarty and Pratto, 2001). In doing so, they challenge essentialist approaches to sexual orientation and gender identity questioning the biologically determined categorisations that have dominated discourses (Doyle and Paludi, 1991; Hines, 2018; Marchbank and Letherby, 2014). Furthermore, these accounts provide a significant narrative of the politics of sexual orientation and feminism, contributing to a largely unexplored conceptualization of sexuality. Interestingly, while the majority of participants included their gender identity in their self-descriptions, with many including whether they identified as cisgender or transgender, there were a

number of participants who described themselves as lesbian, including the two participants being considered, who did not include their gender identity. It may be the case that participants assumed their gender identity was clear from the other descriptions they included. The fact that some lesbian participants did not include their gender identity is interesting in itself as it suggests intersectional social expectations and notions of validity in regards to who has a right to claim the lesbian sexual orientation (Chapman and Brannock, 1987; Sophie, 1986). Lesbian, mother and grandmother are seemingly being used here as gender descriptors in their own right. Woman, female and transwoman were the only gender identities included with the sexual orientation of lesbian. Unlike lesbian, male and female participants alike identified themselves as gay. Examples of these can be seen in the descriptions after the following quotes and throughout the findings chapters.

> *'I'm so blatantly open that people have to deal with me as I am. I travelled the world as an asexual being, never forming lasting relationships and uninterested in sex...until I met my partner-to-be in 1986 and she said she loved me. That was that. I would probably consider myself a political lesbian in that I am not, and never have been, sexually attracted to other women.'* (pilot questionnaire, 70, lesbian).

> *'I chose to be a lesbian as part of being a feminist a long time ago & have never regretted the choice no matter what; sense that 'sticking it to the man' is more important now than ever before in my life.'* (questionnaire (email interview), 68, lesbian).

The narrative of being a lesbian of choice directly contradicts the predominant narrative of LGBT+ identities being biological, genetic and inherent (Bilodeau and Renn, 2005; D'Augelli, 1994). However, while these views may be widespread it has been suggested that biological essentialist arguments are in fact heteronormative (Hegarty, 2002). They are said to promote duality of being either LGBT+ or heterosexual and cisgender throughout life and provide little room, or explanation, for those who move between labels. With the biological, natural argument

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dominating discourses, very little is known, or understood, about those who approach their sexuality as a choice. In this case, both participants were retired suggesting age may be a significant factor in these narratives. This represents a significant gap in the literature which was not apparent until data analysis began. As such, it was of considerable importance to engage with the participants who described themselves in these terms. The second of these participants agreed to take part in an email interview during which their choice was discussed.

> *'I chose to be a lesbian in the 1970s, the heyday of women' liberation. 'any woman can be a lesbian' was sung & chanted on matches & the idea of sexual orientation as a social construct was endlessly debated. There were divisions between 'real' lesbians who considered they were born as lesbians and political lesbians who were choosing to be lesbian, much heated debate, stormy love affairs, excitement, transformation... The whole debate about sexuality, sexual orientation etc is different now, feminism underpinned our choice. The political aspects of what one calls oneself are now not much discussed'*
> (email interview, 68, lesbian).

The participant quoted above refers to experiencing this tension between biology and choice which again, is viewing these as two distinct paradigms (Whisman, 1996). In doing so, the participant acknowledges that not all lesbians form their identities in the same way. On the other hand, participants who viewed sexual orientation and gender identity as innate did not acknowledge these tensions and viewed their own approach as widely accepted.

> *'society and individuals needs to be educated that being a LGBT is not a choice and is as normal as anyone else they see around'*
> (questionnaire, 24, homosexual, male).

The tension between participants accounts of sexual orientation being a choice or biological cannot be resolved by this research. Rather, they offer contradicting but equally valid accounts through which to understand resilience. These are important as they reflect the methodological approach of the research and demonstrate the

ways in which participants gained resilience through constructing proud identities. If we want to understand how to encourage resiliency, it is important these contradictions are accounted for. Without doing so, we risk simplifying resilience and over generalizing the ways in which it can be encouraged. While participants were not directly asked what they thought of the other side of the debate, it is likely many LGBT+ people would take offence at the notion of sexual orientation being purely a choice. For many, approaching sexual orientation as biological and natural is a way of navigating discrimination and owning their identities (Scourfield, Roen et al., 2008). The participants' own words demonstrate strong held positions in how they approach this debate. They indicate that while the prevailing discourse is that sexual orientation is natural and biological, there are a minority of LGBT+ people who view their sexual orientation as a choice (Hegarty, 2002). Whether this extends beyond lesbian women of an older age perhaps needs further exploration.

Sexual orientation as a choice may be perceived as challenging previous research which indicates LGBT+ people use natural and biological approaches to sexuality as a way of forming proud identities (Scourfield, Roen et al., 2008). However, it may also be conceptualized as complimentary. Though the ways in which sexual orientation is being approached significantly differs, the outcome of an identity of pride, which the individual actively claims and asserts, is strikingly similar. Yet it also brings to mind the polarization of the nature versus nurture debate and philosophical questions of determinism (Hegarty, 2002). As a researcher, participants' accounts of choice raise a number of questions in regards to presumptions of sexuality being innate and determined. While biological based accounts currently dominate discourse, those who approach their sexual orientation or indeed gender identity though notions of choice are further marginalized.

> *'I'm still here, I'm still living, I'm still an activist, and I'm still walking around with my head held high, proud to be a woman, proud to be a lesbian, proud to be a feminist, but most of all proud to be transsexual. As long as that pride is there it will always promote resilience.'* (Skype video interview, 64, lesbian, transsexual, woman).

Many participants found resilience through the construction of proud identities. Claiming their LGBT+ identity as one which is marginalized and discriminated against, promoted their sense of resiliency. It encouraged connection with other LGBT+ individuals which also helped to improve resilience. In doing so, participants demonstrated an LGBT+ narrative of co-dependent resilience and pride. The projected persona of resilience, discussed in the previous findings chapter, can also be seen in the ways participants improved their resiliency through visibility. Being seen and recognised, in terms of their sexual orientation or gender identity, was important to a number of participants. Being visible was generally seen as improving resilience, though a limited number of participants acknowledged that this can be a duel edged sword as visibility can attract intolerance (Kosciw, Palmer et al., 2014). One participant described how being part of a lesbian walking group was important for her resilience.

> *'The walking groups are great because you are a band of women out on the moor then we have lunch after. Its a real presence sitting with 15-30 lesbian women in a moors pub'* (instant messaging interview, 48, lesbian).

While experiences of resilience were diverse, the largely positive impacts of visibility and the largely negative understanding on invisibility came through strongly in the accounts of the participants. However, there was some limited acknowledgment that being out and visible can be a duel edged sword. A number of participants mirrored Kosciw, Palmer and Kull's (2014) findings that while being out can increase an individual's resilience, it can also increase their risk of experiencing intolerance and prejudice. While the diversity of the participants has been explored in a previous chapter, it is nonetheless important to highlight here again that for a diverse range of participants visibility and invisibility were recurrent themes.

6.4. Resilience and Community.

> *'I know where to find strength, I know to turn to the LGBT+*
> *community (online or in real life).'*

In a context where survival is the key marker of resilience, significant was placed on LGBT+ friends, groups and organisations. This was particularly the case for those involved with organising and running groups and events for the LGBT+ community. Participants from across the spectrums of sexual orientation, gender identity and age cited LGBT+ friends, services, groups and communities as central to encouraging, maintaining and supporting resilience. These findings echo those of Nodin, Peel et al. (2015) that LGBT people's resilience is improved through this sense of belonging and connection to other LGBT people. Additionally, as Singh (2013) suggests in relation to transgender youth of colour, finding a place in these communities can be understood as contributing to the lived experience of resilience. Participants found safety and security in spending time with those who have similar identities, cultures, values and norms. These connections took place both in face-to-face settings and in online spaces and were highly valued in terms of resiliency. The inclusion of online spaces adds to previous research which found social media played a key role in finding community and developing resilience for LGB people in China (Chong, Zhang et al., 2015). These findings further demonstrate the need for greater exploration of the role of online spaces in LGBT+ peoples resilience. While notions of LGBT+ community can be contentious, these accounts illustrated the value participants placed on shared experiences (Chung, 2003; Devor, 2002; Schneider and Dimito, 2010). These accounts were often individualised, yet they simultaneously demonstrated community and structural resilience factors. Individual resilience was assisted by group membership, a sense of belonging, shared experiences and goals, while community resilience was present in the meanings and significance attached to these shared identities and communities.

> *'Finding and interacting with a group that shares my opinions and*
> *inspires me to follow up on them definitely contributes to my*
> *resilience.'* (questionnaire, 23 asexual, aromantic, female).

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'a tribe to belong to and share the joys and challenges together to form a healthy sense of self heals my lack of resilience' (questionnaire, 37, bisexual/lesbian, women).

'My community, friends and loved ones will always contribute to my resilience.' (questionnaire, 20, bisexual, transgender man).

The above quotes, though individualised, point to the positive benefits participants associated with a sense of belonging. The need to belong has been highlighted in the psychology literature; significantly, the consequences of lacking such connections are thought to be detrimental to wellbeing and have been linked to isolation (Baumeister and Leary, 1995). This sense of belonging was in many senses political and was associated with contributing to the LGBT+ cause through the sharing of the burdens of communal, marginalised identities. Being part of a group was constructed as valuable for pushing for rights, acceptance and advancement and for celebrating when these are achieved. In the context of participants concerns over the current international political climate, these accounts of resilience through connection demonstrated structural awareness and responses to resilience.

'The rise of the alt-right in Europe and America detracts from my resilience. Actively taking part in protests/demos/marches against these movements strengthens my resilience. As does being part of the LGBT+ online community. Working with other oppressed groups also strengthens my resilience. Solidarity is powerful.' (questionnaire, 40, bisexual, cis woman).

The politics of marginalisation play out in the participant's account of finding strength in actively participating in LGBT+ and oppressed communities. Notions of strength continue to interplay with resilience, building a picture of the roles connections and participation may play (James and Cohler, 1987; Masten, 2001; Werner and Smith, 1982). These accounts also demonstrate resilience through community. Connections are positioned as impactful on individual resilience, while solidarity, perhaps, illustrates community resilience. While community approaches to resilience have been highlighted as largely missing from the research field, participants' accounts

demonstrate resilience through and within connections with others with shared identities (Bottrell, 2009). The resilience literature has been criticised for 'neglecting the role of the social, cultural and political context within which resilience occurs' (Canvin, Marttila et al., 2009: 240). Participants' accounts further exemplify this criticism by demonstrating perspectives of resilience grounded in these contexts. With participants' approaches demonstrating such understandings of resilience, it is vital the resilience literature reflects these concerns.

> '<u>Interviewer</u>: So is it true to say that having an LGBT+ community in terms of friendship and support has become important to you?
>
> <u>Participant</u>: *Yes absolutely. I would actually say it's the second most important thing in my life (the first being my relationship with my husband)'* (pilot email interview, 25, gay, trans male).

The LGBT+ community played a meaningful role in many participants lives. Significance was placed on the support of those with similar experiences and the ability to collectively respond to structural oppressions. However, there were also a small number of participants who were not actively engaged with LGBT+ groups or community. Given recruitment for this research occurred through such groups, there were only a small number of accounts from those who were not involved in community organisations. The following two quotes were responses to the questionnaire question: *what difficulties do you see the LGBT+ community facing?* It is worth noting that though the final participant is not involved in the 'LGBT+' community, they are actively involved in the trans community.

> *'I cannot comment because I do not consider myself part of this community in that I rarely attend any events or socialise with 'groups' of LGBT people.'* (questionnaire, 50+, lesbian).
>
> *'From what I can see of the gay community in the UK there are not many problems. I know gay men and lesbians who are part of normal life and seem to be accepted. I am not part of that community, and*

like many trans-people I experience opposition.' (questionnaire (skype video interview), 68, hetero, transitioned, woman).

These above quotes demonstrate the need for caution in generalising LGBT+ people's experiences. While for some participants, LGBT+ community resiliency was important, others were not actively involved in such groups or events. The findings chapters have already demonstrated the internal fragmentations within the notion of LGBT+ community and significantly the ongoing internal homophobia, biphobia, transphobia and racism participants had directly and indirectly experienced. The final quote again points to these issues. While this participant was actively involved in her local trans groups, she had experienced opposition from LGBT+ communities. The accounts of previous participants clearly demonstrate resilience through community membership. When this membership is denied through exclusion, the impacts may be significant. Trans participants' accounts demonstrated that community was often found through trans specific organisations. Given the concerns of participants across the spectrums of sexual orientation, gender identity and age that trans individuals continue to experience heightened consequences of marginalisation than many of the identities under the LGBT+ banner, key questions over oppressions and their impacts within the 'community' need to be addressed.

6.5. LGBT+ Community Organisers.

> *'I really like the idea of community groups – I like the idea of being a part of a community and belonging somewhere.'*

As recruitment for this research occurred through LGBT+ organisations, community groups, support groups, work-based networks and online communities, organisers with publicly accessible contact details, often generic organisational email addresses, were the points of initial contact. Consequently, it was anticipated that a number of individuals involved with running such groups would likely participate in the questionnaires and follow-up interviews. While LGBT+ group organisers were not specifically sampled, a number participated in the research and identified themselves as such. Of the 17 interviews conducted, 6 participants expressed they were involved in running groups for one or more of the identities included in the LGBT+ umbrella.

These included organising staff networks, LGBT+ sports teams, support groups and socialising groups. Those involved with organising work-based staff networks felt they had achieved visibility and made a difference by doing so. Participants found meaning through visibility in the workplace, they associated being prominently out at work with notions of role-modelling for those earlier on in their careers. For these participants, it was important to create safe work environments that countered narratives of heteronormativity and embraced perceptions of difference. Meaning making has been highlighted as a key competency in resilience (Rutter, 1985). This suggests that these participants were processing notions of community adversity through the meaning they attached to visibility, consequently improving their own resilience.

> *'I'm chair of our LGBT group at work called (anonymised) which is quite good... I'm trying to sort of make a difference there as well so I do those things'* (Skype video interview, 43, gay, male).

> *'I'm one of the chairs of the LGBT staff network...I think we have made quite a big change. Again, there much more visibility now for LGBT issues across the (Organisation) than there was when I started working here 8 years ago'* (Skype video interview, 52, gay, male).

While these participants both identified as gay men, they worked in distinctly different sectors. However, they both placed significance on visibility and on being out in the workplace. Their involvement in their respective staff networks was perceived as an extension of this; in doing so, they hoped they could encourage others to be visible at work. While these participants linked this visibility into individual resiliency and authenticity, the structural significance of a staff network was also valued. There was a sense that increasing numbers of staff out in their places of work was demonstrative of social change and community resilience.

Along with those organising staff networks, participants also organised support and social groups. These participants shared their perspectives on attempting to explicitly or implicitly improve resilience for their members without the knowledge, training or financial and emotional support they felt were required to achieve this.

Significantly, those who participated in interviews stated they received no public funding for their organisations and in many cases, relied on their own personal income, including state pensions, and the support of charities.

> '*I started about five years ago and run 5 transsexual support groups every week…I fund it all out of my own state pension. I mean we're in an awful position. I mean I've run most groups for 5 years and we can't get funding because the funding is only for new projects. They don't tend to fund ongoing projects. If I was a registered charity I could apply for quite a few fundings but you need to have an income of £10,000 to become a registered charity so it's a catch 22*' (Skype video interview, 64, lesbian, transsexual, woman).

The issues associated with a lack of funding were significant. For example, the above participant relied on a charity for rooms to run their trans support groups. Should this charity face financial issues and no longer be able to provide the rooms free of charge, the support group would have no means of meeting these costs other than the organisers own state pension. While the Government have indicated funding to support projects, responding to the findings of The National LGBT Survey Research Report (Government Equalities Office and Mordaunt, 2018), the £4.5 million allocated until March 2020 will be split by public, private and voluntary sector organisations and is unlikely to be adequate to address the plethora of concerns highlighted by the report (Herdt, 1992). If this is the case, it is likely the personal financing of activities by community organisers, such as those who participated in this research, is likely to continue.

> '*Sometimes you arrange to meet somewhere and then if people don't pay for their own individual things people sometimes leave without paying. And obviously I'm there at the end of the night and end up paying what's leftover. So I've had a couple of instances of that. Normally it's like yeah it's never been more than ten pounds but ten pounds is ten pounds, it's still you know (trails off) and I'm in a better financial situation now then I was about a year ago, when I started*

running the group, but even so it's not, it's not ideal and I think it's people are obviously needing to access the group and you know if they can't afford a drink or something and they're kind of scurrying away without paying (laughing) um and then I guess when there is a group of people there and you don't know who it is, it must be really embarrassing for them as well but yeah so I don't get funding' (Skype video interview, 34, bisexual, female).

While the first quote came from an individual running support groups, this second quote is from a participant who ran a bisexual social group. She had recently taken the organisation over from the group's creator and found this process overwhelming. While the group was not for support, she found a number of individuals were seeking such provision and she felt unprepared and unqualified to respond to respond to these requests. In addition to this, she found running events came at a personal financial cost. At every event she had run, she had been left with a bill to pay for drinks or food for which members had not paid. Although she reflected on this with humour, there was an undertone of concern that this would force her to stop running such events as she could not afford this personal financial cost. The participant also expressed an underlying concern that people may not be accessing the group for financial reasons. As this was a social group, the activities tended to include drinks if not food which may have been unintentionally excluding those less well off. With the lack of structural responses to LGBT+ specific issues, individuals felt a requirement and at times, a burden to provide such resources themselves. This had a personal cost, both emotionally and financially, on those who took on such provision requirements.

These accounts highlight participants perceptions of a lack of allocation of resources to LGBT+ issues, despite significant indications of higher rates of mental health problems, suicidality and self-harm (Chakraborty, McManus et al., 2011; McDermott, 2014; Nodin, Peel et al., 2015). As demonstrated in the previous chapters, the LGBT+ participants were often aware of these increased risks. Many viewed resilience as the counter balance to these elevated risks, seeking to improve and encourage this in both themselves and those who attended their groups. Whilst aiming to improve

resilience, these organisers also identified their limitations. To successfully support individuals, the organisers felt they were in need of multiple forms of support, not least financial. As it stood at the time of data generation, the participants were running organisations without any training and on a voluntary basis. These were not registered charities and were often initially intended as spaces for socialisation, filling the gaps in the perceived lack of service provision. Such groups were highly valued by members, with other participants highlighting the importance of these safe space in informing and building their resilience.

> *'...people who are experiencing discrimination need support. The trans (location deleted) Facebook group, and once a month meeting...these are supporting. And part of it is just going to a group where somebody arrives looking very much like a man who gives a female name and from then on everybody says she...Yeah it means for the duration of that time that person will feel safe in their identity and perhaps will gain the courage to present as female in the group'* (Skype video interview , 68, (probably) hetero, transitioned woman).

Trans people caring for others in the community by helping to foster transition is a key cultural marker of resiliency. It demonstrates an awareness of others and ability to not only encourage resiliency but also to share community strength. This represents the community-based resilience Ungar (2008) suggests researchers should be attempting to account for. Trans people themselves are stepping in to provide support when structural approaches are perceived as lacking. The creation of safe spaces which respect pronoun use was highly valued by a number of participants, further underlining the need for such community-based places of support. On the other hand, a lack of these safe community spaces was associated with isolation and disconnection from shared identities.

> *'safe spaces, being with friends who use the correct pronouns'* (questionnaire, 25, queer, non-binary).

> *'Judgement, ridicule, lack of awareness from your community. Isolation and a sense of aloneness so deep it shatters your core being*

detracts from my resilience.' (questionnaire, 37, bisexual/ lesbian, women).

The findings of this and the preceding subsection suggest the value of community resilience and demonstrate how in-group discrimination can be particularly harmful. While community connections can strengthen resilience, rejections from within such spaces can be exceptionally harmful. Participants' accounts demonstrated a complex framework for community which was hinged on diversity whilst simultaneously illustrating the ways in which agency was significant for understanding participants perspectives.

6.6. Chapter Six Summary.

Identity and community impacted on participants understandings and experiences of resilience and notions of difference. In many ways, these themes were linked together with identifying as LGBT+ a key aspect of identity and a way through which to access and build community. In this context, participants related their experiences to other identities contained within the LGBT+ umbrella. These findings closely related to those discussed previously, for example that discrimination is expected. They also suggest an intersectional understanding of difference.

Participants' accounts demonstrate an understanding of resilience as more than competent functioning in the face of adversity. These accounts straddle the boundaries of structure and agency. In doing so, they demonstrated the need for problematising the individualisation of resilience in favour of more complex and nuanced approaches. Community approaches to resilience have long been recognised as underexplored in the resilience literature (Bottrell, 2009; Massey, Cameron et al., 1998). Yet notions of connection and community were central to understanding participants accounts of resilience. These accounts demonstrated the need to address the individualisation of both the resilience literature and policy responses to a range of inequalities (Bottrell, 2013; Dickinson and Adams, 2014; McConnell, Janulis et al., 2018). As policy has generally approaches resilience in an individualised fashion focusing on behaviour, the structural expectations and

requirements for LGBT+ people to respond to adversity with resilience are perhaps an unintended consequence (Bottrell and Armstrong, 2012; Meyer, 2015).

The accounts of those involved with organising LGBT+ community groups and events demonstrated how structural social inequalities impact on access to resources, opportunities and power (Bourdieu, 2004). One of the ways LGBT+ people can gain much sort after visibility, is through the formation and organisation of LGBT+ networks, support groups, social and pride events. However, involvement in such groups came at personal financial costs to participants. While significance was placed on LGBT+ community membership, both in person and online, there were also tensions with some experiencing discrimination in these very places and spaces.

Given participants accounts throughout the three findings chapters, it is vital that researchers contextualise the resilience of individuals with marginalised identities in the structural power imbalances experienced by such groups (Cohen, 2013; Corber and Valocchi, 2003; Sullivan, 2003). In doing so, inequality can be approached as intertwined with access to social and cultural capital, which suggests the adoption of a social formula that accounts for intersectionality in calculating resilience (Bottrell, 2009; Bourdieu, 2004; Crenshaw, 1991). In order to truly address the concerns of Kwon (2013) we must not only explore the individual factors which encourage and promote resilience but also consider these structural requirements for resilience.

> *'Resilience is ultimately a response to oppression and it is something we shouldn't need. One day we won't need to be resilient, we will just be ourselves'.*

Chapter 7: Discussion.

7.1. Introduction.

Interrogation of the concept of resilience is essential if we are interested in the lives and wellbeing of those who are structurally marginalised. This research sought to understand the contexts in which resilience is experienced by LGBT+ people as well as their perspectives and understandings of the concept. The three research questions came from an extensive review of both the general and LGBT+ resilience literature and as such represent noteworthy gaps in both the LGBT+ and resilience research fields. Significantly, as well as addressing the research questions posed, the research findings contribute to the qualitative online methodological field.

This final chapter begins by considering each of the three research questions in turn, directly addressing each individually, with reference to the research findings and wider literature. This will begin with consideration of adversity. The findings of this research and previous research strongly suggest LGBT+ people in the UK face significant, identity-based adversities, which can have detrimental consequences. Significantly, both previous research and the research participants link these to the many health inequalities LGBT+ people in the UK face (Baum, 2008; Fish and Karban, 2015b; Wilkinson, 1996). This research question and findings contextualise the participants' accounts of resilience in understandings of adversity. In doing so, Rutter's (2000) concern that those researching resilience must first establish risk, or adversity, is present is addressed. The chapter will then move on to consider the other research questions in turn. First focusing on understandings and experiences of resilience, before considering notions of difference in participants accounts.

Having considered the research questions, the methodological contributions are discussed. This section demonstrates the advantages of recruiting LGBT+ participants online and the benefits of generating data at a distance. With 111 participants, with an age range of from 18-70, this research has the potential to contribute to challenging the suggestion that online research largely attracts younger participants (Ling-en, Chongyi et al., 2015). The findings demonstrate that online research with

LGBT+ populations works and in doing so challenges the long-established notion of the population being 'hard-to-reach'. Having addressed these notions, the implications of the research findings, for both policy and future research, are considered. Specifically, this section demonstrates the clear need for further qualitative exploration of individual and community-based resilience with participants from minority marginalised identities. The chapter then offers final reflections on the research project as a whole before drawing discussion to a conclusion.

7.2. How do LGBT+ People Understand and Experience Adversity?

Many approaches to resilience suggest it as the counterpart, or balance, to adversity and risk (Schoon and Bynner, 2003). With this in mind, it has been suggested that the first methodological concern of resilience researchers is to establish that those being studied have directly experienced an adversity which is associated with increasing psychopathology (Rutter, 2000). Previous research strongly indicates experiences of discrimination impact on LGBT+ people's mental health, increasing the risk of suicidality, self-harm and self-destructive behaviours (Bontempo and D'Augelli, 2002; Clarke, Ellis et al., 2010; McDermott, Roen et al., 2008). Given these concerns and indications, it was important to establish the context in which the LGBT+ participants understood and experienced resilience through the types of adversity they faced and the meaning they attached to these experiences.

In seeking to understand one aspect of our participants lives, we risk the unintentional consequence of removing them from the contexts through which these experiences are navigated and mitigated. Research does not take place in a context free bubble. Rather it takes place, both for the researcher and researched, in political, personal and indeed historical circumstances (Braun, Clarke et al., 2019). In focusing on the originality, value and impact of our research, context can become all too easy to forget, something the participants of this research project were also aware of. Perhaps due to the current political climate, participants' accounts of resilience were rooted in time and place. They pointed to understandings of resilience as a response

to structural uncertainty. This uncertainty was present both in the everyday fears of holding hands in the street, the concerns over the situation for LGBT+ people living outside of the UK and the belief that LGBT+ people living in the UK are required to be resilient.

LGBT+ people understand and experience adversity in varying ways. While the meanings attached to experiences differed, there were a number of emergent themes. Many of the participants adjusted their behaviour in order to avoid homophobia, biphobia and transphobia. For example, participants linked their avoidance of public displays of affection to concerns over the risk of discrimination. These findings are reminiscent of previous research which has highlighted the ways in which LGBT+ people moderate their behaviour to avoid negative effects with the avoidance of holding hands in public, a key marker of these alterations (Bachman and Gooch, 2017; Denissen and Saguy, 2014; Governement Equalities Office and Mordaunt, 2018). Themes, such as this, highlighted the pervasive nature of heteronormativity and how behaviour in the public sphere continues to be regulated by insidious, often subtle, cultural norms (Rich, 1980; Warner, 1991). Significantly, these findings demonstrate that while LGBT+ people experience the one-off adversities, such as relationship breakdowns and job loss, there are also ongoing continuous adversities associated with their identities. To be clear, both the research findings and previous accounts of LGBT+ lives strongly indicate there are unique adversities that LGBT+ people in the UK face because of their sexual orientations and gender identities.

Both the accounts provided by the participants and the introductory chapters, demonstrated adversity is all too present in the lives of LGBT+ people in the UK. Significantly, many of these adversities relate directly to their LGBT+ identities. Homophobia, biphobia and transphobia were evident in the difficulties the participants had faced during their lives. Many of these findings echo those of contemporary research. For example, the National LGBT Survey Research Report (Government Equalities Office and Mordaunt, 2018) found the majority of respondants avoided holding hand in public for fear of discrimination. While this research found even individuals who had not experienced such dicrimination feared

it may happen, adjusting their behaviour in public was a direct consequence of this concern.

Despite numerous indicators that discrimination remains rife, official statistics suggest the rise in hate crimes is in fact down to improvements in their recording (O'Neill, 2017). Instead of tackling this discrimination, LGBT+ people feel they are expected to be able to cope (Meyer, 2015). LGBT+ people themselves point to the high rates of mental health problems and suicidality experienced by their community being a direct consequence of these expectations. The consequences of the adversities LGBT+ people face, due to their marginalised identities, were clear in the participants' responses. Participants were all too aware of the increased risks of mental health problems, suicidal ideation and self-destructive behaviours which the community face (Clarke, Ellis et al., 2010; Nodin, Peel et al., 2015). Participants' accounts demonstrated discrimination is characterized not only in direct experiences, but also in the indirect knowledge of such incidence. The knowledge of discrimination through news and the accounts of other LGBT+ individuals, impacted on participants choices, with many living with an apprehension or fear of discrimination, regardless of their own direct experiences. These insights suggest LGBT+ people living in the UK expect to experience discrimination. Notions of difference impacted on these expectations with trans people perceived as the most likely to experience discrimination, both by those who identified as trans and those who did not. These perceptions of difference suggest the risk of adversity is a complex notion, with LGBT+ people situating their own experiences and expectations in relation to those they perceive as more likely to experience discrimination.

7.3. How do LGBT+ People Understand and Experience Resilience in the Context of Navigating Adversity?

The concept of resilience is in active use across disciplines, countries, cultures and contexts (Levine, 2014). This wide usage has been acknowledged as contributing to a varied field which encompasses vigorously debated conceptualisations and usages (Aranda and Hart, 2015; McCubbin, 2001; Olsson, Bond et al., 2003). While definitions are said to be embedded in discipline, sample, culture and history, there

are also a significant number of studies which fail to include the ways in which they are understanding the concept (Boardman, Griffiths et al., 2011; Criss, Pettit et al., 2002; Fletcher and Sarkar, 2013; Rajkumar, Premkumar et al., 2008). These debates also extend to the LGBT+ resilience literature which similarly lacks a unified approach to the concept (Colpitts and Gahagan, 2016). In order to establish the ways in which LGBT+ people in the UK understand and experience resilience, a broad approach was taken to resilience. The working understanding of resilience was as an umbrella concept which is generally understood as avoiding negative outcomes despite the presence of adversity (McCubbin, 2001). Taking such an approach allowed for participants understanding to take precedence. It also takes account of Fletcher and Sarkar's (2013) suggestion that researchers concerned with resilience ought to revisit our definitions, conceptualisation's and understanding's periodically in order to ensure our approaches reflect the experience of those we research with.

Participants accounts of their understandings and experiences of resilience demonstrated notable variations in the ways in which they conceptualised the concept. Significantly, they confirmed that LGBT+ peoples' accounts of resilience include structural and community perspectives which have been previously been highlighted as neglected in the field (Bottrell, 2009; Dickinson and Adams, 2014; McConnell, Janulis et al., 2018). These findings contribute to a growing LGBT+ resilience field which has begun to counter the dominance of individualised quantitative resilience research (Erickson-Schroth and Glaeser, 2017). This focus on LGBT+ resilience represents a significant shift in the LGBT+ research field which has been dominated by the deficit driven models of mental health problems, suicidal ideation and self-destructive behaviours.

Cover (2013) has suggested this shift has led to LGBT people being placed at the extremes of 'vulnerable' or 'resilient' and the field has failed to grasp the complexities of altering circumstances. The research findings of this project suggest the need for problematising unified approaches to resilience which treat LGBT+ people as a homogenous community. Yet, simultaneously, the findings also suggest themes of commonality and notions of community. Significantly, the participants' narratives straddle the line of structure and agency, demonstrating both individual

and community resilience. Ultimately, the findings illustrate the value in including the perspectives of those with marginalised identities in the resilience field.

Significantly, it is important to note that the overwhelming majority of participants demonstrated resilience in their research responses. Most participants identified their resilience in at least one way though many of these accounts varied vastly from those found in the literature. While this finding is optimistic, it is not necessarily generalisable beyond the research participants to the wider LGBT+ population of the UK. Health inequalities experienced by the LGBT+ population, including the high rates and risks of suicidal ideation, arguably demonstrate that resilience amongst this population is by no means universal (McDermott, Hughes et al., 2018b; Meader and Chan, 2017). Significantly, participants expressed concern that lacking resilience leads to these elevated rates. In doing so, they demonstrated an understanding that resilience is not universal and indeed has limitations. This is something resilience researchers have indicated, suggesting resilience comes in ebbs and flows; as circumstances alter, resilience consequently changes (Luthar, 2006; Rutter, 1987; Wolfson and Mulqueen, 2016).

The 'bouncing-back' conceptualisation of resilience has been associated with successful and quick recovery (Tugade and Fredrickson, 2004). Yet, participants' accounts of recovering from mental health problems demonstrated LGBT+ perspectives of resilience move away from the conceptualisation of resilience as speedy or quick. In doing so, the findings support the suggestion of Walsh (2002) that expecting a quick recovery, from certain kinds of adverse experiences, is unrealistic. Yet, resilience was prevalent in the accounts of the research participants. In many ways, the findings mirror the suggestions of Masten (2014) that resilience is an ordinary response to adversity. However, they also highlight the ways in which generalised concepts of resilience have failed to account for differences between those with and indeed without minority, marginalised identities (Bottrell, 2009). This was particularly highlighted by the requirement participants felt to be resilient which echo's Meyer's (2015) concern that resilience may become 'expected' of those experiencing structural adversities.

One of the themes which emerged during data analysis was the link participants made between confidence and resilience, both in terms of their own and how they viewed resilience in others. Confidence has been highlighted in the literature as both a promotive and protective factor of resilience and an outcome of adversity (Carver, 1998; Constantine, Benard et al., 1999; Haase, 2004). Participants' accounts supported these notions by emphasising the co-dependent relationship between confidence and resilience. With many participants expressing they felt resilience could be both learned and taught this represents an opportunity for those wishing to encourage it. If confidence and resilience are linked, supporting confidence may have a subsequent effect on resilience. Given that initial trials of confidence workshops by Horrell, Goldsmith et al. (2014) and Brown, Elliott et al. (2004) appeared to have both promising and successful impacts, whilst being cost effective, there are a number of potential possibilities for supporting the resilience of those with marginalised identities.

A number of the resilience research findings make significant contributions to the field in that, to the best of the researcher's knowledge, they have not been previously identified. Participants' accounts demonstrate that resilience can be found in the everyday battle to survive. Resilience is a multifaceted concept. While some participants viewed and experienced resilience in their thriving, others felt it was demonstrated solely by their survival and continuity. Given a strong indication that suicide is a significant risk factor for LGBT+ people in the UK, these accounts offered unique insights into the tension between resilience as a means to thrive and resilience as a means to survive. These findings are particularly significant when considered alongside notions of resilience being required of those with marginalised identities in the UK. Significantly, participants accounts reflected the working understanding of resilience which was employed in this research. Namely that resilience can be understood as an umbrella concept.

One of the ways this research contributes to both the LGBT+ and wider resilience research fields is the unique research finding that LGBT+ people feel resilience is structurally required of them. Significantly, participants saw the consequences of not meeting this requirement in the high rates of mental health problems and suicidality

experienced by the LGBT+ population in the UK. If resilience is structurally required of LGBT+ people, the expectation is coping, despite the continued exposure to and fear of discrimination. While being able to cope is important for LGBT+ people in the short term, many of the adversities they face such as homophobia, biphobia and transphobia are structural issues which require correspondingly structural responses. As such, tackling heteronormativity is essential if we wish to move resilience away from being a required response to structural oppression (Cohen, 2013; Corber and Valocchi, 2003).

Significantly, participants viewed this requirement for resilience as detrimental. Participants linked lacking resilience to the elevated rates of suicidal ideation which were also an area of substantial concerns for those who participated. The consequences can also, perhaps, be seen in the large numbers of hate crimes which are thought to go unreported (Bachman and Gooch, 2017). When resilience is required, expectations are places on LGBT+ people in terms of their ability to cope with adversity. In this sense, reporting a hate crime could be conceptualised as not coping or not demonstrating resilience. If this is the case, the addressing of hate crimes requires a more nuanced approach than merely expecting that those who experience them will come forward to report in the same manner other crimes would be reported. This requirement for resilience may in fact represent a health inequality in its own right and therefore is in need of greater consideration with both LGBT+ people and those with other marginalised, intersectional identities.

Finally, it is important to reflect on the participants' accounts of demonstrating a resilient persona, despite not always feeling particularly resilient. The appearance of resilience was important to a number of the participants who contributed to this research. This came through in their accounts in a number of ways. Significantly, it was highlighted in the emphasis that was placed on confidence and in the accounts of participants who projected a resilient persona despite not always feeling particularly resilient themselves.

There was no unified consensus in participants' approaches to conceptualising resilience. There were a number of themes which both converged and diverged with

the wider resilience literature. This is an important finding in its own right as it suggests the variations in the field are reflected in LGBT+ peoples' approaches to resilience. Perhaps the resilience field needs to move towards embracing these variations rather than trying to ascertain the one 'true' notion of resilience. Previous researchers have suggested various approaches which fit with this broad conceptualisation and embracement of resilience. For example, Levine (2014) suggests that in its everyday usage, resilience is an imprecise word with significant variation in meaning, while McCubbin's (2001) approach to understanding resilience as an umbrella concept, encompasses a range of different approaches. Perhaps the variability of resilience across cultures, disciplines and contexts signifies its broad appeal and applicability, rather than being a downside of the field, as has been suggested by some. With this in mind, it becomes even more important to situate resilience in the approaches of the researched and, as Fletcher and Sarkar (2013) suggest, revisit these approaches periodically in order to ensure they remain grounded in the community (Bottrell, 2009).

7.4. In what ways, if at all, do Notions of Difference, such as Sexual Orientation and Gender Identity, Interlink and Impact on Experiences and Understandings of Resilience?

Notions of difference impacted on participants understandings and experiences of resilience in multiple ways. They informed approaches to adversity, gender identity and concepts of the LGBT+ community. In doing so, they problematise approaching LGBT+ people's resilience as one 'thing' (Levine, 2014). Indeed, participants' accounts demonstrated the need for further exploration of intersectional approaches to resilience. Researchers advocating for an intersectional approach suggest that we take a holistic view to notions of difference, accounting for their interaction, compounding and reinforcement of one another (Ahmed, 2017; Shields, 2008).

Participants used notions of difference both to position their own experiences in relation to others and to signify their understandings of the impact these differences have on experience. Notions of difference came to the forefront in participants

accounts, expectations and perceptions of resilience in relation to adversity. Adversity was at the heart of many participants accounts of resilience and can also be seen in the much of the literature (Luthar, Cicchetti et al., 2000a; Masten, 2006). In order to contextualise resilience, it is crucial to understand these notions of difference. One of the clear ways in which participants demonstrated their resilience was through the locating of their own position in relation to other LGBT+ individuals.

While adversity was present in participants lives, they were keen to stress that experiences were not universal. Many of the participants pointed to others facing worse difficulties than themselves, particularly in terms of discrimination. Specifically, trans and to a lesser extent bisexual and non-binary people were viewed as experiencing worse or more frequent forms of discrimination. This downplaying of discrimination and the conceptualisation of themselves as 'lucky' was one of the multiple demonstrations of participants resilience. The minimising of their accounts of discrimination appeared to moderate their experiences both for themselves and those they were telling. In viewing other identities as 'having it worse', perhaps individuals are protecting themselves and their resilience. As participants suggested, resilience can only go so far; at some point in its stretching it will lose its original shape or break. Downplaying experiences of adversity appears to be a response to the structural requirement to be resilient. Minimising these experiences demonstrates individuals were able to cope and responded to meet the requirement of resilience. Responding in such a way appeared to simultaneously reinforce their resilience and improve their ability to respond similarly in the future. Measuring their experiences against others enabled the LGBT+ participants to understand their position in a wider social framework, demonstrating an intersectional understanding of structural adversity.

Notions of difference were also clear in participants accounts of and engagement with, the LGBT+ 'community'. Concepts of community were central in supporting and encouraging many participants resilience. However, there was also acknowledgment of the variability of experiences within the LGBT+ umbrella, both within such communities and in other contexts. In particular, there were again perceptions that trans and bisexual individuals' experiences differ significantly from other members

of the LGBT+ community. For example, participants shared experiences of in-group discrimination. This was theorised as particularly harmful, given the significance attached to shared identity bonds and community connections in supporting resilience. Safe spaces were valued across the boundaries or sexual orientation and gender identity. Those for whom LGBT+ spaces were not inclusionary, or indeed safe, felt the consequences of such experiences on their resilience. Rather than benefiting or aiding resilience, individuals experiencing these adverse community spaces needed to draw upon their own individual resilience. While there were clear accounts of structural community resilience which have yet to be accounted for in the literature, there was also demonstrations of individual and agency-based resilience responding to structural barriers (Bottrell, 2009). Further exploration of these adverse community experiences and their intersection with resilience as required for survival, is greatly needed.

Resilience is complex. The differences between and within groups, need further exploration if we are to understand the concept holistically. However, there is a clear need for caution in the way resilience is deployed, particularly in policy settings. The diverse usage of resilience in policy and practice has placed LGBT+ people in a position where they feel resilience is required of them. Policy messages reinforce that resilience is desirable, demonstrative of the ability to cope despite outside pressures. With this in mind, notions of difference require greater detailed explorations which account for intersectional identities. Race, ethnicity, social class and educational levels ought to be more thoroughly accounted for in the resilience field. Ultimately, diversifying the voices in the resilience field can contribute to maintaining a dynamic and engaging interdisciplinary field of research.

7.5.   Methodological Findings.

In addition to addressing the research questions posed, there were a number of methodological findings which can also contribute to ongoing debates. LGBT+ people have long been methodologically overlooked with researchers frequently referring to them as 'hard-to-reach' or 'vulnerable' (Aldridge, 2015). Approaching groups as 'hard-to-reach' has been suggested to contribute to stigmatisation and linked to the

overlooking of marginalised voices in research (Cortis, Katz et al., 2009; Moen, Aggleton et al., 2011). However, unlike many other concepts, 'hard-to-reach' and 'vulnerable' have received limited academic scrutiny (Brown, 2015). As such, this research contributes to a small but expanding field seeking to challenge these widespread notions.

The success of previous and current studies strongly indicates LGBT+ people engage with online research methods (Martinez, Wu et al., 2014; McDermott, Hughes et al., 2018a; McDermott, Roen et al., 2013; Wilkerson, Iantaffi et al., 2014). Indeed, these online data generation methods have been suggested as a key mechanism for accessing the 'hard-to-reach' (Neville, Adams et al., 2015; Willis, 2012). Addressing the prevalence of LGBT+ people being 'hard-to-reach' was one of the key motivations for the methodological choices which were made. By generating data at a distance, this research was able to successfully engage with a diverse range of participants in terms of sexual orientation and gender identity. Unlike many projects which use the LGBT acronym, this research is inclusionary of LGBT participants as well as including a number of identities under the '+' banner (Chung, 2003).

Online methods with LGBT+ people can be successful. However, this is not to say they are without complications. There are a number of methodological findings which have the opportunity to contribute to future research with LGBT+ populations. Firstly, there were a number of participants who either requested a face-to-face interview during the consent process or when reflecting on their chosen method. While these participants still took part, it is possible a number of potential participants did not reply to emails sent by the researcher as they did not like the options listed. Therefore, the interview methods provided are understood as a limitation of the research design. If we are to ensure LGBT+ people in the UK feel willing and significantly able to take part in research, a diverse range of methodological approaches to participant inclusion are needed. Participants had mixed, but generally positive, responses to the interview methods. While the majority of participants were happy with their chosen interview method some reflected that they may have actually preferred other options. For example, the following quotes come from participants who took part in typed interviews. They

reflected at the end of these that the methods felt a little remote or disconnected and would like to have had phone interviews as an option.

> *'on reflection I would've preferred talking on the phone. Its a bit remote like this' (instant messaging).*

> *'I think I would have preferred a phone 8nterview, that would have given me kore idea of who i am talking to, I know nothing about you e.g. age, ethnicity, class. E mail wa slower & I am not a good typist but being slower helped me think more and this has generated a lot of thoughts, memories etc' (email interview).*

Feelings of detachment were particularly an issue for non-voice-based interview methods, such as email and instant messaging, where the participants were disclosing personal information whilst knowing very little about the researcher. As previous research has indicated, typed interview methodologies can feel disconnected (Pearce, Thøgersen-Ntoumani et al., 2014). Some participants shared this feeling, wanting to know more about the researcher or articulating on the conclusion of the interview that they wished they were able to type quicker or more accurately.

Issues with technology are both frustrating and common. Relying on internet connections can be precarious. Email interviews were by far the slowest form of communication. Seemingly inconsequential delays in our everyday emails become heightened when communication in real synchronous time. There were several points during email interviews where the researcher began to believe participants had disengaged or withdrawn from the research. A 10-15-minute gap in question and response can be anxiety educing, particularly in the early stages of data collection. The overlapping of questions and responses can lead to confusion both in the interview process itself and the consequent transcripts. Clarifications in participant responses take time and can impact on the direction of conversation in a far greater way than in person. When a smaller number of questions are asked, as was the case when comparing email to instant messaging or skype interviews, the importance of each question becomes more significant. Email interviews also offer an added

dimension to concerns over participant fatigue. Without the traditional queues of a face-to-face setting, and with the added element that far fewer questions are asked over a longer period of time, it becomes difficult to ascertain the point at which an interview should end. This ending became judged by time rather than by reaching saturation with a participant. In seeking to ensure participants time was not exploited, key questions went unanswered. While this is clearly a significant disadvantage of email interviews, the advantages of participant choice and inclusion in the research must be weighed against these drawbacks. Ultimately, the value of having a small number of questions was deemed to offset these obstacles.

Email interviews may, perhaps, be best when conducted asynchronously, when participant and researcher spend an extended period of time revisiting the interview. For synchronous typed interviews, instant messaging offers a far quicker delivery and response system. Furthermore, many of the instant messaging systems, including Skype, offer visual symbols to indicate to both the participant and the researcher that the other is actively participating. For example, dots are used to show the other member of the conversation is typing. Visual information, such as online status and indicators that the other is typing, contribute to ensuring there is limited confusion as to whether the other contributor continues to be actively participating. However, issues of overlapping questions and responses are equally present, as is the added dimension of emojis which the literature has yet to account for. Having recommended the use of instant messaging for synchronous typed interviews, the caveat should be added that some participants were unfamiliar with this type of technology or did not have accounts which facilitated this. If we are to ensure a diverse range of abilities are able to participate in online research, options as to how they wish to do so must remain equally varied.

One of the advantages of online research is the ease of withdrawal for participants; with just one or two clicks participants can choose to end the research process without a fear of repercussions (Bowker and Tuffin, 2004). This can be seen in the questionnaire which had a completion rate (the percentage of respondents who answered every question) of 52%. Although online methods have been criticised for their rates of withdrawal, in this case, it was seen as a significant advantage, allowing

potential participants to engage to their point of comfort (Bryman, 2008). Significantly, of the 94 fully completed questionnaires, which includes those of the pilot participants, 47 respondents provided email addresses for follow up interviews. These participants responses indicated they were both keen and willing to expand on their questionnaire responses. In fact, many explicitly offered to contribute in such a way prior to being asked. For example, a number of research participants responded to the additional question of '*before finishing this questionnaire, is there anything else you would like to add to your responses or any feedback or suggestions on how to improve this questionnaire?*' with offers of additional involvement.

> '*I could give fuller answers if required*' (questionnaire).

> '*I'm glad to have had the opportunity to contribute. Thank you! If you wish any follow up I'm happy to discuss: (email address anonymised)*' (questionnaire).

These responses demonstrate the willingness of participants to be involved in a research project that offered no direct rewards for participation. As the questionnaire was also a form of recruitment for interview, it is worth noting that around half of the participants provided an email address and indicated they would be willing to be interviewed. These converted to undertaking 14 interviews which allowed participants to expand on their questionnaire responses. These interviews were intentionally diverse on the sampling framework of sexual orientation and gender identity (see appendices). They also represented a range of views and experiences of resilience. Should the research be conducted again, additional diversity components could be included in these criteria to address concerns of the research field, for example, race and ethnicity.

It is also worth noting that the majority of individuals and organisations who disseminated the call for participants were cold emailed by the researcher, i.e. recruitment did not rely on existing networks or relationships. Significantly, a number of the organisations contacted stated they were keen to support researchers and research and were more than willing to circulate information sheets and the questionnaire link. Even participants who did not want to be further involved in the

research offered their wishes of luck and thanked the researcher for undertaking such a project.

> *'I have limited time but would wish you every success in your project. I would prefer to remain anonymous.' (questionnaire).*

A number of questionnaire participants appreciated the option for anonymity even to the researcher. Responses such as these, including the one above, demonstrate the value of including truly anonymous distance data generation options when seeking to include the 'hard-to-reach'. Participants also valued the open, qualitative questionnaire style which they felt was less biased than many quantitative approaches which use pre-prescribed response options.

> *'No, surprisingly. Commonly, I find questionnaires irritating for bias in the way questions are worded, and/or for the lack of options given without the option of adding a comment. Good luck with your research!' (questionnaire).*

As well as using open ended questions for the data generation, best practice when researching LGBT+ populations suggests self-definition is preferable (Mitchel and Howarth, 2009). Asking participants to self-define, without the pre-approved characteristics of a tick box system, is vital when conducting research with diverse groups. It ensures the researcher's preconceptions of identity do not become the sampling characteristics. Furthermore, it allows participants to decide what information they wish to share. However, the way in which this is worded is of upmost importance as is the example definition provided. If future research should be undertaken, the researcher would ensure ethnicity was included in the list of characteristics. It is proposed that this as the ideal opportunity, should researchers so desire, to provide a self-description. For example, I am a 29-year-old, white, British/American, cisgender woman, who identifies as heterosexual, a PhD researcher and a seminar leader in Social Policy and Social Work at the University of York.

Given the long history of LGBT+ people being considered 'hard-to-reach' by researchers and their research, recruitment should have been a difficult process with unforeseen issues arising. However, this was far from the case. In fact, the number of participants who took part in the questionnaire was around double the number initially intended to be recruited. This generated a significant amount of data from a diverse range of participants. There has been some suggestion that online research skews towards younger participant demographics (Ling-en, Chongyi et al., 2015). While this is yet to be adequately established 64 of the 111 research participants were 39 or under. However, in successfully engaging with participants up to the age of 70, the research also demonstrated that there is scope to recruit a diverse age range of participants using purely online methods.

Further unpacking of the conceptualisation of LGBT+ people as 'hard-to-reach' is greatly needed. In order to achieve this, qualitative research which utilises both traditional face-to-face methods and distance methodologies such as internet, postal and phone methods of interview or questionnaire is required. In the age of smartphones, perhaps there is even a way to utilise text messaging, WhatsApp or other purpose designed research applications. As forms of communication change, researchers need to expand the ways in which we offer options to our participants, significantly introducing choice into the research process for a participant. Placing decision making in the hands of those who are marginalised is a vital tool for addressing the notion of 'hard-to-reach' and beginning to address the inherent power imbalances in the research process.

The success of the recruitment strategy indicated that rather than being 'hard-to-reach', LGBT+ people respond to research which uses non-traditional methods. Disseminating the call for participants, through information sheets, to a diverse range of groups generated a corresponding diversity in participants. Furthermore, those who took part not only actively responded to research interest but also demonstrated willingness to further engage. Along with this readiness for research, participants expressed gratitude both to the researcher directly and to the topic being considered. These expressions established an awareness of the lack of LGBT+ research from those who could benefit from it the most.

7.6. Limitations.

The characteristics of social research design require the reflection and acknowledgment of methodological limitations. Providing a holistic account of both the project successes and limitations is essential to research and is intended to assist in clarifying the contribution to knowledge that research generates (Harding, 2019). Given the research focus on resilience, which participants were aware of prior to deciding to contribute, the sample may have skewed towards those who considered themselves as such. In this sense, it is important to acknowledge that LGBT+ people's prior perceptions of resilience may have impacted on their decision as to whether to take part. LGBT+ people who consider themselves to be resilient may have been more willing to take part in research into resilience than those who felt resiliency was lacking at the time of data generation. Though this cannot be verified, when considering these research results, it is none-the-less important to bear these factors in mind.

In conducting the research wholly online, there were trade-offs to be made between accessing participants and excluding those without the knowledge or access to online facilities. As recruitment also occurred through the contacting of publicly accessible organisations, LGBT+ individuals involved with community groups and organisations without an internet presence were also likely excluded. When the research began, 86% of households in the UK were thought to have home internet access (Prescott, 2015). While there are no figures on the number of LGBT+ people in the UK with internet access, if these general figures are reflective, approximately 14% of potential participants were excluded from accessing the study from home. While this is clearly a limitation of the research design, taking the research online offered a duel benefit of accessing the 'hard-to-reach' and contributing to methodological approaches to LGBT+ research. Recruitment strategies are often flawed, compromising between idealistic research designs and practicality. Future research could draw on these conclusions by offering both online and offline methods of recruitment and data generation. This would overcome such limitations and contribute to rebalancing the power dynamics which inherently favour the researcher over the researched.

The research sample may also be conceived as a limitation. While a representative sample is often desirable, like many social research participant groups, this was not achievable with LGBT+ people living in the UK. The sample that was ultimately recruited, skewed towards the younger age range of participants, as has been a concern for internet-based methodologies (Ling-en, Chongyi et al., 2015). However, while this is worth noting, it is also important to keep in mind the lack of LGBT+ research which encompasses multiple gender identities and sexual orientations whilst simultaneously including a wide age range of participants (Addis, Davies et al., 2009). While again, there is a slant towards participants who identify as female, there is also diversity in terms of gender identity which many LGBT+ studies fail to achieve. It is worth noting the substantial portion of participants who identify as bisexual, 27 of the 111. With much of the literature criticised for failing to include those who identify as such, this is a significant success (Barker and Scheele, 2016; Chung, 2003). This lack of bisexual representation in research further amplifies feelings of invisibility and marginalisation. Therefore, whilst acknowledging the limitations, the recruitment design and subsequent sample were deemed to be successful in terms of achieving the desired diversities of gender identity and sexual orientation. The success of recruitment demonstrates that access to participants, often anticipated as a potential challenge with LGBT+ populations, can be effectively addressed when considered as central in the methodological approach and research design (Liamputtong, 2006b).

It was an omission and limitation of the research design not to collect more specific demographic data. In focusing on 'best practice' in collecting such details on LGBT+ populations, which suggests open box responses rather than tick box options, some details were over looked (Mitchel and Howarth, 2009). Given the dominance of certain demographics in LGBT+ research, namely white gay men and lesbian women, it would have aided analysis and the field more generally, to have had details on participants race, ethnicity, social class, education levels and other intersectional characteristics (Chung, 2003; McDermott, 2011). Future research could address such issues in a number of ways. Should a similar approach to demographics be taken, namely an open box response, further prompting details could be added to the

question and example response. This would also offer an opportunity for the researcher to provide a description of themselves for their participants, including details such as their insider or outsider relationship to their research. For example, the researcher in this case could have included details of their sexual orientation, gender identity, ethnicity, education, age, social class and employment in order to establish a way in which to share such details, encourage reciprocity and provide participants with edited insight into the researcher. Given a number of interview participants asked the researcher for details on their gender and/or sexual orientation, taking this approach may have addressed participants curiosity. Taking such an approach to demographics could also contribute to the addressing of power dynamics within the research process which all too often favour the researcher, particularly given concerns over the dynamics of educational status (Cotterill, 1992; Liamputtong, 2006b).

Had the research been undertaken using traditional face-to-face interviews different data may have been generated. While online setting for research generation are no less valuable then other settings, it would be remiss not to acknowledge the differences these may have on the research data produced. As the questionnaire was initially intended primarily as a form for recruiting interview participants, using this data in the research had limitations. The questions were intended to give potential participants a 'feel' for the research without expecting a large time commitment. For these reasons, the questionnaire was limited to a small number of questions. As was anticipated from the pilot results, many participants replied to these with either one or two sentences, in some cases one or two words. While this data was subsequently included as primary data, due to its richness, there were challenges in incorporating such limited responses. However, taking an approach to analysis which required the multiple revisiting of transcripts helped to overcome such issues and ensured the questionnaire and interview transcripts were given equivalent consideration in the research process (Braun, Clarke et al., 2019).

The distance and disconnection which some participants felt may also have impacted on how they shared information. While for some participants this may have enabled inclusion and dialogue for others it may have resulted in a far different transcript

from that would have been produced in person. Although this is a limitation, had the research taken place in face-to-face settings this would have limited the options for diverse geographical inclusion. When financial constraints would otherwise limit the options for interview design, online methods are a viable way through which to access a geographically diverse sample whilst maintain a qualitative approach to research. Undertaking the interviews in a face-to-face manner may also have excluded participants who took part because of the online nature of the research.

Qualitative researchers' have long acknowledged that our insights into participants' experiences are limited in a number of ways. For example, insights are restricted by participants' capacity to articulate their perceptions, understandings and experiences (Mason, 1996). Though these insights are limited, value is placed on this ability to access a version of events, which when situated within the context of other participants' accounts and researcher's own knowledge, can provide a useful basis for insight (Barbour, 2008; Bryman, 2008). Providing the researchers account of the limitations is intended to demonstrate researcher reflexivity and fits with the approach taken to generating qualitative research (Braun, Clarke et al., 2019)

7.7. Recommendations and Implications.

Despite legislation that promotes equality and specifically protects those with LGBT+ identities from discrimination, participants still experienced homophobia, biphobia and transphobia and the consequences of pervasive heteronormativity. The Equality Act (Sexual Orientation) Regulations (2007) are intended to protect individuals in the UK from discrimination on the grounds of sexual orientation or gender identity. However, research, including this, strongly suggests discrimination continues to persist particularly in schools, the workplace and in public spaces (Governement Equalities Office and Mordaunt, 2018; Birkett, Espelage et al., 2009; McDermott, 2011; Rivers and Cowie, 2006). Experiences of discrimination have clear consequences for many LGBT+ people.

Both the participants in this research project and the wider literature directly linked the higher rates of mental health problems, self-destructive behaviours and suicidal

ideation experienced by this population to discriminatory experiences (Chakraborty, McManus et al., 2011; Clarke, Ellis et al., 2010; King, Semlyen et al., 2008). These findings strongly suggest the need for further structural responses to discrimination. For example, there is growing support for misogyny to be recorded as a hate crime (Grierson, 2018). How and where hate crimes are recorded also needs more consideration. While in a number of local authorities hate crimes can be reported to community organisations, groups and charities, this is often not made clear to those seeking to do so. For example, the government website on hate crimes only provides the option to report to the police or using an online form (Gov.UK, n.d.). Given the value LGBT+ people place on community connections and belonging, there may be a larger role which LGBT+ organisations could play in this process. Should this happen, hate crime recording and statistics must continue to reflect when crimes are committed on the grounds of more than one motivating factor.

The research questions posed sought to understand resilience and adversity from the perspectives of LGBT+ people in the UK. In doing so, the research contributes to the expanding field of research focusing on wellbeing in the face of risk. The resilience field has been dominated by quantitative, calculable approaches to resilience. In counting who is and who is not resilient, the field has failed to include the diversity of resilience experiences. Indeed, how it feels to be resilient, or to lack such feelings, have yet to be accounted for, particularly in terms of health inequalities, heteronormativity and intersectionality. Future work on LGBT+ resilience would benefit from the explicit inclusion of diversity particularly in terms of ethnicity and social class. There is also room for cross-cultural comparisons which incorporate heteronormative and intersectional frameworks. Such research has the potential to broaden and deepen our understandings of resilience in the lives of LGBT+ people and account for the significance of the structural environment in which it occurs.

The research findings demonstrated how a number of participants felt their LGBT+ identity required them to be resilience. While these findings are not intended to be generalised, this unique insight, into a personal response to structural oppression, demonstrates both the importance of qualitative research and the need for further exploration of the structural requirements to demonstrate resilience. It also raises a

number of questions as to whether these feelings of requirement are shared by other individuals and communities with marginalised minority identities. As such, there is an evident need for careful study of the similarities, and indeed differences, between LGBT+ peoples' conceptualisations and experiences of resilience and those with other intersectional, marginalized, identities.

An additional area for further research regards the relationship between mental health problems and resilience. Given the strong research indication that mental health problems are a significant risk factor for LGBT+ people in the UK, there is a need to understand how LGBT+ people who have experienced such issues, conceptualise and experience resilience (Chakraborty, McManus et al., 2011). While participants did include such experiences, in recruiting a general LGBT+ population group, they were not the focus of this research. However, the limited sample suggests the speed of resilience needs further exploration and supports Walsh's (2002) notion that expecting speedy recovery is not always realistic. Future work on LGBT+ resilience would benefit from the explicit inclusion of diversity particularly in terms of ethnicity and social class. There is also room for cross-cultural comparisons which incorporate heteronormative and intersectional frameworks. Such research has the potential to broaden and deepen our understandings of resilience in the lives of LGBT+ people and account for the significance of structure.

If the expectations to respond resiliently, which were keenly felt by the research participants, are to be addressed, policy needs to meet the health needs of LGBT+ people in the UK. Despite high rates of mental health problems there are relatively few NHS services designed specifically to address these needs. Furthermore, given the value the participants placed on LGBT+ safe spaces, there is a clear need for healthcare professionals and services to not only have awareness of such issues but actively promote inclusion. At the most basic level, the training of all those working in healthcare settings, including both healthcare professionals, administrators, cleaners and others who are likely to come into contact with patients, ought to include not only token equality and diversity training but specific awareness of LGBT+ health inequalities issues. Additionally, the training of health professionals should include best practice for working with LGBT+ populations. These include the need for

a shift in healthcare culture away from the heteronormative. Changes to the way in which questions are asked and formatted could help to remove the apprehension and concern many LGBT+ people face when accessing services. For example, healthcare professionals who ask about partners and whether patients are sexual activity must move away from an assumption of heterosexuality and a binary connection between sexual activity and the chance of pregnancy for patients with a womb. Language matters and ensuring heterosexuality and gender identity is not assumed would go a long way towards creating safe spaces and ensuring LGBT+ inclusion.

As well as providing training, if health inequalities are to be addressed there is a need for significantly more funding of mental health services. While consultant-led mental health waiting times are covered by the NHS 18-week maximum wait time policy, there is strong suggestion that many services users wait significantly longer than this and face detrimental consequences as a result (Moore and Gammie, 2018; Perlin, 2018; NHS, 2019b). These difficulties in access and long wait times urgently need addressing. A long-term plan for training more mental health professionals, and NHS funded jobs when they graduate, could contribute to addressing these issues. While the NHS Long Term Plan contains two references to LGBT+ issues there is no discussion of strategies to tackle the pervasive health inequalities experienced by LGBT+ people in the UK (NHS, 2019a). This is a significant omission which future long-term NHS plans must address.

The health inequalities experiences by LGBT+ people in the UK are outcomes of the structural inequalities those with minority sexual orientations and gender identities experience. While better training of staff and more funding for services is greatly needed, these can only ever go so far in addressing such issues. As called for by queer theorists, we must address heteronormativities if we are going to rebalance the system (Cohen, 2013; Loughlin, 2007; Sullivan, 2013). As health inequalities do not exist in a context free bubble, structural responses must be widespread. From the inclusion of LGBT+ safe sexual practice in sex and relationship education, to the representation of LGBT+ lives in the media, shifts must be made towards true inclusion, representation and equality.

7.8.   Final Reflections.

The resilience field is one of rigorous debate. Qualitative research is necessarily navigated through the researcher's eyes. Our research questions, theoretical frameworks and methodological choices offer insight into how we approach such matters. These have significant impacts on the direction of travel our research takes. Had another researcher undertaken this research project, they may well have come to different conclusions. However, this is one of the strengths of qualitative research. Such studies offer distinct insights from their quantitative cousins. Rather than offering an objective conclusion, the findings are situated in both participants' and the researchers subjective perspectives (Braun, Clarke et al., 2019). Taking a qualitative approach enabled an exploration of resilience grounded in experience which found accounts of resilience as survival that a quantitative approach was unlikely to have captured. Additional qualitative approaches to resilience are needed if we are going to rebalance the research field and truly interrogate the concept. Furthermore, if representation is desired, we must ensure the experiences and perspectives of those who have been structurally marginalised are included.

The resilience field has been dominated by quantitative calculable approaches to resilience. In counting who is and who is not resilient, the field has failed to include the diversity of resilience experiences. Indeed, how it feels to be resilient, or to lack such feelings, have yet to be accounted for particularly in terms of health inequalities, heteronormativity and intersectionality. This research contributes to the growing body of enquiry regarding those who are able to cope, despite exposure to increased risks and adversities. While resilience has a long history in the English language, it is a relatively recent LGBT+ research focus, which is said to be in its infancy (Erickson-Schroth and Glaeser, 2017; Levine, 2014). This research has drawn on contextual understandings of LGBT+ people's lives in the UK to root understandings and experiences in the lived experiences of the research participants. In doing so, it contributes to an expanding research field whilst addressing previous concerns over the lack of marginalised voices and structural accounts in the resilience literature (Bottrell, 2009).

Undertaking this research was an emotive, at times overwhelming, experience for the researcher. The participants' accounts were filled with adversities and the consequences of these experiences. Reading and analysing these was an affecting experience which was both challenging and rewarding. In sharing highly personal experiences and insights, participants placed trust in the researcher which the researcher recognises as a privileged position. The holder of such insights has a duty of care to participants to ensure their contributions are treated with respect. This was not the first time the researcher had engaged with generating data at a distance. Previously, it had been on a far smaller scale, conducting email interviews for an undergraduate dissertation. However, there were personal challenges with adopting such a methodology on a larger scale. At times, the researcher felt detached from the participants, particularly in the case of those who only undertook a questionnaire. Each response generated a corresponding emotional response in the researcher, often leading to a number of follow-up questions which of course, due to the research design, could not always be addressed. Like the participants, challenges of internet connections, Skype interference and typing over each other impacted on the researcher's experience of conducting the research. However, there were also advantages in generating the research online. For example, it did not require the travel or time commitments of conducting face-to-face interviews across the UK. Ultimately, generating data at a distance is a methodology the researcher is passionate about and would like to continue in the future, though with the addition of more options for participation, perhaps including those occurring offline.

As well as having emotional impacts, undertaking the research impacted on the researcher in a number of ways. The principles of queer theory in relation to heteronormativity, of not only identifying but challenging and addressing the ways in which heterosexuality is expected and privileged, had both personal and professional impacts (Barker and Scheele, 2016; Corber and Valocchi, 2003; Sullivan, 2003). While the researcher had previously addressed the micro heteronormativities in the places and spaces she inhabits, the research findings demonstrated the need to systematically challenge these prevailing norms, discourses and structures. Holding a position as an associate lecturer teaching across a range of modules,

degree programmes and year groups, offers the opportunity to not only challenge existing heternormativities but also embed LGBT+ issues in my teaching practice. There is an obligation to make research findings public. The undertaking of this dissemination began during the conducting of the research with the research approach and findings being presenting at numerous conferences and seminars. This was followed by the dissemination of the research findings to those who participated in the researcher and indicated they would like to receive research output. Beyond these measures already taken, the researcher aims to continue presenting the research findings in diverse location and also to publish these findings.

Resilience researchers have long suggested structural accounts are missing from the field (Bottrell, 2009). While LGBT+ voices have begun to be included, they have yet to receive the widespread attention required to ensure the field adequately accounts for their perspectives. In qualitatively researching LGBT+ peoples' perspectives on resilience, this thesis makes a valuable contribution to a small but expanding field. The findings demonstrate the need for diverse understandings and support McCubbin's (2001) suggestion that resilience should be approached as an umbrella concept, encompassing a range of approaches. Furthermore, participants' accounts of the impact of the structural environment on resilience demonstrate the need for caution when applying the concept to LGBT+ people.

Regardless of intention, resilience has connotations of strength in the face of adversity. Too frequently, LGBT+ individuals and communities are being referred to as resilient and strong, without concern for the expectations this places on them or indeed without consultation. While the accounts of participants demonstrated the need for caution, they also illustrated the multiple ways in which resilience is relevant to the lives of LGBT+ people in the UK. Throughout the research process, the researcher personally struggled with the concept of resilience, continually debating its usefulness. Ultimately, participants' accounts demonstrated a multiplicity of understandings, encompassing both fears over the structural requirements and the individual benefits of being able to cope with adversity. While adversities were present in participants' accounts, these were underwritten with notions of coping, success and pride. In seeking to understand resilience from the perspectives of LGBT+

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people, this research has demonstrated a diversity in perspectives and experiences. With this in mind, we need to move away from the static view of resilience as the antithesis of vulnerability to a nuanced account that reflects the multiple, at times conflicting, accounts of resilience participants provided during this research. Participants' accounts demonstrate resilience is conceptualised and significantly experienced in a multitude of ways.

7.9. Conclusion.

Discourses of resilience shift the focus of discrimination from the structural circumstances in which it occurs, to the individual's response to adversity. In doing so, the onus is placed on the individual to be able to cope, continue and endure. In this context, LGBT+ people describe resilience in terms of survival. Significantly, this occurs within a context where resilience is regarded as structurally required of those with marginalised identities. Taking a qualitative approach to data generation, with LGBT+ people, accesses the community and structural accounts of resilience which have marginalised in the field. In doing so, this research has demonstrated a clear need for including the perspectives of those with minority marginalised identities in the resilience literature. Without this inclusion, we risk continuing to structurally expect and require resilience from those who experience significant identity-based adversities.

Bibliography.

Addis, S., et al. (2009). The health, social care and housing needs of lesbian, gay, bisexual and transgender older people: a review of the literature. *Health & Social Care in the Community* 17(6) 647-658.

Adler, N. E. and Snibbe, A. C. (2003). The Role of Psychosocial Processes in Explaining the Gradient Between Socioeconomic Status and Health. *Current Directions in Psychological Science* 12(4) 119-123.

Ahmed, S. (2017). *Living a feminist life*. Durham and London: Duke University Press.

Aldridge, J. (2015). *Participatory research: working with vulnerable groups in research and practice*. First edition. ed. Bristol: Policy Press.

Allan, M. (2014). Local action on health inequalities: Building children and young people's resilience in schools. *In* P. H. England ed. London, Public Health England.

Allport, G. W. (1954). *The nature of prejudice.* Oxford: Addison-Wesley.

Almack, K., Smith, T. and Moss, B. (2015). Research and policy about end of life care for LGBT people in the UK. *In* J. Fish and K. Karban eds. *Lesbian, Gay, Bisexual and Trans Health Inequalities; International Perspectives in Social Work*. Bristol, Policy Press. 145-158.

Almedom, A. M. and Glandon, D. (2007). Resilience is not the Absence of PTSD any More than Health is the Absence of Disease. *Journal of Loss and Trauma* 12(2) 127-143.

Anderson, S., McNair, R. and Mitchell, A. (2001). Addressing health inequalities in Victorian lesbian, gay, bisexual and transgender communities *Health Promotion Journal of Australia: Official Journal of Australian Association of Health Promotion Professionals* 11(1) 32-38.

Ansara, Y. G. and Hegarty, P. (2014). Methodologies of misgendering: Recommendations for reducing cisgenderism in psychological research. *Feminism & Psychology* 24(2) 259-270.

Aranda, K. and Hart, A. (2015). Developing resilience to tackle health and social inequalities. *Primary Health Care* 25(10) 18-25.

Asakura, K. (2019). Extraordinary Acts to "Show Up": Conceptualizing Resilience of LGBTQ Youth. *Youth & Society* 51(2) 268-285.

Asakura, K. and Craig, S. L. (2014). "It Gets Better" … but How? Exploring Resilience Development in the Accounts of LGBTQ Adults. *Journal of Human Behavior in the Social Environment* 24(3) 253-266.

Averett, P., Yoon, I. and Jenkins, C. L. (2011). Older Lesbians: Experiences of Aging, Discrimination and Resilience. *Journal of Women & Aging* 23(3) 216-232.

Bachman, C. L. and Gooch, B. (2017). LGBT in Britain. Hate crime and discrimination. London, Stonewall.

Balsam, K. F., et al. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity and Ethnic Minority Psychology* 17(2) 163-174.

Barbour, R. (2008). *Introducing Qualitative Research*. London: Sage.

Bariola, E., et al. (2015). Demographic and Psychosocial Factors Associated With Psychological Distress and Resilience Among Transgender Individuals. *American Journal of Public Health* 105(10) 2108-2116.

Barker, M. J. and Scheele, J. (2016). *Queer: a graphic history*. London: Icon Books.

Barnes, S. B. (2004). Issues of Attribution and Identification in Online Social Research. *In* M. D. Johns, S.-L. Chen and G. J. Hall eds. *Online social research : methods, issues & ethics*. Oxford, Peter Lang.

Bartley, M. (2016). *Health inequality: an introduction to concepts, theories and methods*. Second edition. ed: Polity.

Baum, F. (2008). *The New Public Health*. Oxford: Oxford University Press.

Bauman, Z. (2007). *Liquid Times: living in an age of uncertainty*. Cambridge: Polity Press.

Baumeister, R. F. and Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin* 117(3) 497-529.

Beasley, C., Jenkins, R. and Valenti, M. (2015). Special Section on LGBT Resilience Across Cultures: Introduction. *American Journal of Community Psychology* 55(1-2) 164-166.

Beckett, L. (2016). Orlando nightclub attack is deadliest US mass shooting in modern history. *The Guardian*. London, The Guardian.

Bennett, M. E., Cumming, S. G. and Peterson, D. G. (2005). A Systems Model Approach to Determining Resilience Surrogates for Case Studies. *Ecosystems* 8(8) 945-957.

Berkes, F., et al., eds. (2003). Navigating social-ecological systems [electronic resource] : building resilience for complexity and change. Cambridge, Cambridge University Press.

Berlant, L. and Warner, M. (2003). Sex in Public. *In* R. J. Corber and S. Valocchi eds. *Queer Studies: an Interdisciplinary Reader.* Oxford: Blackwell Publishing.

Bilodeau, B. L. and Renn, K. A. (2005). Analysis of LGBT identity development models and implications for practice. *New Directions for Student Services* 2005(111) 25-39.

Birkett, M., Espelage, D. and Koenig, B. (2009). LGB and Questioning Students in Schools: The Moderating Effects of Homophobic Bullying and School Climate on Negative Outcomes. *Journal of Youth and Adolescence* 38(7) 989-1000.

Bisexual Invisibility: Impacts and Recommendations [*online*]. (2011). San Francisco: San Francisco Human Rights Commission. Available at: https://sf-hrc.org/sites/default/files/Documents/HRC_Publications/Articles/Bisexual_I nvisiblity_Impacts_and_Recommendations_March_2011.pdf   [Accessed 15/03/2017].

Black, C. and Ford-Gilboe, M. (2004). Adolescent mothers: resilience, family health work and health-promoting practices. *Journal of Advanced Nursing* 48(4) 351-360.

Black, D. A., et al. (2003). The Earnings Effects of Sexual Orientation. *ILR Review* 56(3) 449-469.

Blackburn, M. V. and Smith, J. M. (2010). Moving Beyond the Inclusion of LGBT-Themed Literature in English Language Arts Classrooms: Interrogating Heteronormativity and Exploring Intersectionality. *Journal of Adolescent & Adult Literacy* 53(8) 625-634.

Blank, R. H. and Burau, V. D. (2010). *Comparative health policy*. 3rd ed. ed. Basingstoke: Palgrave Macmillan.

Blosnich, J. R., et al. (2014). Health Inequalities Among Sexual Minority Adults. *American Journal of Preventive Medicine* 46(4) 337-349.

Boardman, F., et al. (2011). Resilience as a response to the stigma of depression: A mixed methods analysis. *Journal of Affective Disorders* 135(1–3) 267-276.

Bockting, W. O., et al. (2013). Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population. *American Journal of Public Health* 103(5) 943-951.

Bohle, H.-G., Etzold, B. and Keck, M. (2009). Resilience as Agency. *Newsletter of the International Human Dimensions Programme on Global Environmental Change* 2.

Bonanno, G. A. (2004). Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events? *American Psychologist* 59(1) 20-28.

Bonanno, G. A. (2012). Uses and abuses of the resilience construct: Loss, trauma, and health-related adversities. *Social Science & Medicine* 74(5) 753-756.

Bonanno, G. A. and Diminich, E. D. (2013). Annual Research Review: Positive adjustment to adversity – trajectories of minimal–impact resilience and emergent resilience. *Journal of Child Psychology and Psychiatry* 54(4) 378-401.

Bonanno, G. A., et al. (2006). Psychological Resilience After Disaster: New York City in the Aftermath of the September 11th Terrorist Attack. *Psychological Science* 17(3) 181-186.

Bonanno, G. A. and Mancini, A. D. (2008). The Human Capacity to Thrive in the Face of Potential Trauma. *Pediatrics* 121(2) 369-375.

Bonanno, G. A., Westphal, M. and Mancini, A. D. (2011). Resilience to Loss and Potential Trauma. *Annual Review of Clinical Psychology* 7(1) 511-535.

Bontempo, D. E. and D'Augelli, A. R. (2002). Effects of at-school victimization and sexual orientation on lesbian, gay, or bisexual youths' health risk behavior. *Journal of Adolescent Health* 30(5) 364-374.

Bottrell, D. (2009). Understanding 'Marginal' Perspectives: Towards a Social Theory of Resilience. *Qualitative Social Work* 8(3) 321-339.

Bottrell, D. (2013). Responsibilised Resilience? Reworking Neoliberal Social Policy Texts. *M/C Journal* 16(5).

Bottrell, D. and Armstrong, D. (2012). Local Resources and Distal Decisions: The Political Ecology of Resilience. *In* M. Ungar ed. *The Social Ecology of Resilience: A Handbook of Theory and Practice*. New York, Springer. 247-264.

Bourdieu, P. (2004). The Forms of Capital. *In* S. J. Ball ed. *The Routledge Falmer reader in sociology of education*. London, RoutledgeFalmer. 15-29.

Bowker, N. and Tuffin, K. (2004). Using the Online Medium for Discursive Research About People With Disabilities. *Social Science Computer Review* 22(2) 228-241.

Bowleg, L. (2012). The Problem With the Phrase Women and Minorities: Intersectionality—an Important Theoretical Framework for Public Health. *American Journal of Public Health* 102(7) 1267-1273.

Bowling, A. (2005). Mode of questionnaire administration can have serious effects on data quality. *Journal of Public Health* 27(3) 281-291.

Brand, F. S. and Jax, K. (2007). Focusing the meaning(s) of resilience: resilience as a descriptive concept and a boundary object. *Ecology and Society* 12(1).

Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology* 3(2) 77-101.

Braun, V., et al. (2019). Thematic Analysis. *In* P. Liamputtong ed. *Handbook of Research Methods in Health Social Sciences*. Singapore, Springer Singapore. 843-860.

Breslow, A. S., et al. (2015). Resilience and Collective Action: Exploring Buffers Against Minority Stress for Transgender Individuals. *Psychology of Sexual Orientation and Gender Diversity* 2(3) 253–265.

Brocki, J. M. and Wearden, A. J. (2006). A critical evaluation of the use of interpretative phenomenological analysis (IPA) in health psychology. *Psychology & Health* 21(1) 87-108.

Brown, J. S. L., et al. (2004). Meeting the unmet need for depression services with psycho-educational self-confidence workshops: preliminary report. *British Journal of Psychiatry* 185(6) 511-515.

Brown, K. (2015). *Vulnerability and young people : care and social control in policy and practice*. Bristol: Policy Press.

Bryan, A. and Mayock, P. (2012). Speaking Back to Dominant Constructions of LGBT Lives: Complexifying 'at riskness' for Self-harm and Suicidality among Lesbian, Gay, Bisexual and Transgender Youth. *Irish Journal of Anthropology* 15(2) 8-15.

Bryan, A. and Mayock, P. (2017). Supporting LGBT Lives? Complicating the suicide consensus in LGBT mental health research. *Sexualities* 20(1-2) 65-85.

Bryman, A. (2008). *Social Research Methods*. Oxford: Oxford University Press.

Bucar, E. M. and Shirazi, F. (2012). The "Invention" of Lesbian Acts in Iran: Interpretative Moves, Hidden Assumptions, and Emerging Categories of Sexuality. *Journal of Lesbian Studies* 16(4) 416-434.

Buetow, S. (2010). Thematic analysis and its reconceptualization as 'saliency analysis'. *Journal of Health Services Research & Policy* 15(2) 123-125.

Bulman, M. (2018). Heterosexual couples can have civil partnerships, rules Supreme Court. *Independant*. https://www.independent.co.uk/news/uk/home-news/civil-partnerships-heterosexual-couples-supreme-court-same-sex-marriage-lgbt-a8418871.html.

Burridge, J. (2004). 'I am not Homophobic But...': Disclaiming in Discourse Resisting Repeal of Section 28. *Sexualities* 7(3) 327-344.

Butler, S. S. (2004). Gay, Lesbian, Bisexual, and Transgender (GLBT) Elders. *Journal of Human Behavior in the Social Environment* 9(4) 25-44.

Butler, J. (2006). *Gender trouble: feminism and the subversion of identity*. New York: Routledge.

Cahill, S. and Makadon, H. (2014). Sexual Orientation and Gender Identity Data Collection in Clinical Settings and in Electronic Health Records: A Key to Ending LGBT Health Disparities. *LGBT Health* 1(1) 34-41.

Cahill, S. and South, K. (2002). Policy issues affecting lesbian, gay, bisexual, and transgender people in retirement. *Generations* 26(2) 49-54.

Camfield, L. (2015). 'Character matters': how do measures of non-cognitive skills shape understandings of social mobility in the global North and South? *Social Anthropology* 23(1) 68-79.

Cancer Patient Experience Survey (2014). London, Department of Health.

Canvin, K., et al. (2009). Tales of the unexpected? Hidden resilience in poor households in Britain. *Social Science & Medicine* 69(2) 238-245.

Carabine, J. (2004a). Personal Lives, Public Policies and Normal Sexualities? *In* J. Carabine ed. *Sexualities: personal lives and social policy*. Bristol, Policy Press in association with the Open University. 159-173.

Carabine, J. (2004b). *Sexualities*. Bristol: The Policy Press.

Carabine, J. and Monro, S. (2004). Lesbian and Gay Politics and Participation in New Labour's Britain. *Social Politics: International Studies in Gender, State & Society* 11(2) 312–327.

Carlton, B. S., et al. (2006). Resilience, Family Adversity and Well-Being Among Hawaiian and Non-Hawaiian Adolescents. *International Journal of Social Psychiatry* 52(4) 291-308.

Carmichael, P. (2017). A child without a gender challenges our preconceptions about sex. *The Guardian*.

Carroll, A. and Robotham, G. (2017). Minorities Report 2017: attitudes to sexual and gender minorities around the world. The International Lesbian, Gay, Bisexual and Trans and Intersex Association.

Carver, C. S. (1998). Resilience and Thriving: Issues, Models, and Linkages. *Journal of Social Issues* 54(2) 245-266.

Chakrapani, V., et al. (2017). Understanding How Sexual and Gender Minority Stigmas Influence Depression Among Trans Women and Men Who Have Sex with Men in India. *LGBT Health* 4(3) 217-226.

Chakraborty, A., et al. (2011). Mental health of the non-heterosexual population of England. *The British Journal of Psychiatry* 198(2) 143-148.

Chapman, A. and Saltmarsh, S. (2013). The Politics of Normative Childhoods and Non-Normative Parenting: A Response to Cristyn Davies and Kerry Robinson. *Contemporary Issues in Early Childhood* 14(1) 60-65.

Chapman, B. E. and Brannock, J. C. (1987). Proposed Model of Lesbian Identity Development. *Journal of Homosexuality* 14(3-4) 69-80.

Charmaz, K. (2011). A Constructivist Grounded Theory Analysis of Losing and Regaining a Valued Self. *In* F. J. Wertz ed. *Five ways of doing qualitative*

analysis : phenomenological psychology, grounded theory, discourse analysis, narrative research, and intuitive inquiry. London, Guilford Press. 165-204.

Charmaz, K. (2014). *Constructing grounded theory*. 2nd ed. ed. London: SAGE.

Cho, S., Crenshaw, K. W. and McCall, L. (2013). Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis. *Signs: Journal of Women in Culture and Society* 38(4) 785-810.

Chong, E. S. K., et al. (2015). Social Media as Social Capital of LGB Individuals in Hong Kong: Its Relations with Group Membership, Stigma, and Mental Well-Being. *American Journal of Community Psychology* 55(1) 228-238.

Chung, Y. B. (2003). Career Counseling With Lesbian, Gay, Bisexual, and Transgendered Persons: The Next Decade. *The Career Development Quarterly* 52(1) 78-86.

Civil Partnership Act (2004). London: The Stationery Office.

Clarke, V., et al. (2010). *Lesbian Gay Bisexual Trans and Queer Psychology An Introduction.* Cambridge: Cambridge University Press.

Cohen, C. (2013). Punks Bulldaggers, and Welfare Queens. *In* D. E. Hall and A. Jagose eds. *The Routledge Queer Studies Reader.* Oxon, Routledge.

Cohn, T. J. and Hastings, S. L. (2010). Resilience Among Rural Lesbian Youth. *Journal of Lesbian Studies* 14(1) 71-79.

Colgan, F., et al. (2009). Equality and diversity in the public services: moving forward on lesbian, gay and bisexual equality? *Human Resource Management Journal* 19(3) 280-301.

Collins, K. and Nicolson, P. (2002). The Meaning of 'Satisfaction' for People with Dermatological Problems: Reassessing Approaches to Qualitative Health Psychology Research. *Journal of Health Psychology* 7(5) 615-629.

Collins, P. (1998). Negotiating Selves: Reflections on 'Unstructured' Interviewing. *Sociological Research Online* 3(3).

Collishaw, S., et al. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect* 31(3) 211-229.

Colpitts, E. and Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. *International Journal for Equity in Health* 15(1) 60.

Connor, K. M. and Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety* 18(2) 76-82.

Conrad, P. and Markens, S. (2001). Constructing the 'Gay Gene' in the News: Optimism and Skepticism in the US and British Press. *Health* 5(3) 373-400.

Constantine, N. A., Benard, B. and Diaz, M. (1999). Measuring Protective Factors and Resilience Traits in Youth: The Healthy Kids Resilience Assessment. *Seventh Annual Meeting of the Society for Prevention Research*. New Orleans, LA.

Corber, R. J. and Valocchi, S. M. (eds) (2003). *Queer studies: an Interdisciplinary Reader*. Oxford: Blackwell Publishing.

Cortes, J., et al. (2019). Mental Health Differences Between Older and Younger Lesbian, Gay, Bisexual, and Transgender Veterans: Evidence of Resilience. *Clinical Gerontologist* 42(2) 162-171.

Cortis, N., Katz, I. and Patunly, R. (2009). *Occasional Paper No 26: Engaging hard-to-reach families and children. Australian Government Department of Families, Services and Indigenous Affairs*. Canberra, Australian Government Department of Families, Housing, Services and Indigenous Affairs.

Costley, C. (2010). *Doing work based research: approaches to enquiry for insider-researchers*. London: SAGE.

Cotterill, P. (1992). Interviewing women. *Women's Studies International Forum* 15(5) 593-606.

Council, N. R. (2001). *New Horizons in Health: An Integrative Approach*. Washington, DC: The National Academies Press.

Cover, R. (2013). Queer Youth Resilience: Critiquing the Discourse of Hope and Hopelessness in LGBT Suicide Representation. *M/C Journal* 16(5).

Craig, S. L., et al. (2015). Media: A Catalyst for Resilience in Lesbian, Gay, Bisexual, Transgender, and Queer Youth. *Journal of LGBT Youth* 12(3) 254-275.

Crawshaw, M., Blyth, E. and van den Akker, O. (2012). The changing profile of surrogacy in the UK – Implications for national and international policy and practice. *Journal of Social Welfare and Family Law* 34(3) 267-277.

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review* 43(6) 1241-1299.

Criminal Justice Act (2003). London: The Stationery Office.

Criss, M. M., et al. (2002). Family Adversity, Positive Peer Relationships, and Children's Externalizing Behavior: A Longitudinal Perspective on Risk and Resilience. *Child Development* 73(4) 1220-1237.

Crotty, M. (1998). *The foundations of social research : meaning and perspective in the research process*. London: Sage Publications.

Crow, I., et al. (2004a). Does Communities that Care work? An evaluation of a community-based risk prevention programme in three neighbourhoods. York, Joseph Rowntree Foundation.

Crow, I., et al. (2004b). Findings: The evaluation of three 'Communities that Care' demonstration projects. York, Joseph Rowntree Foundation.

D'Augelli, A. R., Hershberger, S. L. and Pilkington, N. W. (2001). Suicidality Patterns and Sexual Orientation-Related Factors Among Lesbian, Gay, and Bisexual Youths. *Suicide and Life-Threatening Behavior* 31(3) 250-264.

D'Augelli, A. R. (1994). Identity Development and Sexual Orientation: Toward a Model ofLesbian, Gay, and Bisexual Development. *In* E. J. Trickett, R. J. Watts and D. Birman eds. *Human Diversity: Perspectives on People in Context*. San Francisco, Jossey-Bass.

Dale, A. and Mason, J. (2011). *Understanding social research: thinking creatively about method*. London: SAGE.

Davis, M. C., Luecken, L. and Lemery-Chalfant, K. (2009). Resilience in Common Life: Introduction to the Special Issue. *Journal of Personality* 77(6) 1637-1644.

Davydov, D. M., et al. (2010). Resilience and mental health. *Clinical Psychology Review* 30(5) 479-495.

De Beauvoir, S. (2011). *The Second Sex*. London: Vintage.

Deakin, H. and Wakefield, K. (2013). Skype interviewing: reflections of two PhD researchers. *Qualitative Research* 15(5) 603–616.

DeHaan, S., et al. (2013). The Interplay between Online and Offline Explorations of Identity, Relationships, and Sex: A Mixed-Methods Study with LGBT Youth. *The Journal of Sex Research* 50(5) 421-434.

Denissen, A. M. and Saguy, A. C. (2014). Gendered Homophobia and the Contradictions of Workplace Discrimination for Women in the Building Trades. *Gender & Society* 28(3) 381-403.

Dentato, M. P., et al. (2014). Examining Cohort Differences and Resilience among the Aging LGBT Community: Implications for Education and Practice among an Expansively Diverse Population. *Journal of Human Behavior in the Social Environment* 24(3) 316-328.

Department for Education (2019). Relationships Education, Relationships and Sex Education (RSE) and Health Education: Draft statutory guidance for governing bodies, proprietors, head teachers, principals, senior leadership teams, teachers. London, Department for Education.

Department for Environment, F. R. A., et al. (2015). A country more flood resilient. *Environment Secretary announces work to identify additional flood protection measures in Cumbria*.

Department of Health (2015). 2010 to 2015 government policy: mental health service reform. London: The Stationary Office.

Department of Health and Social Care, et al. (2019). *Government appoints first National Adviser for LGBT Health* [*online*]. https://www.gov.uk/government/news/government-appoints-first-national-adviser-for-lgbt-health [Accessed 19/05/2019].

Devor, H. (2002). Who Are "We"? Where Sexual Orientation Meets Gender Identity. *Journal of Gay & Lesbian Psychotherapy* 6(2) 5-21.

Dickinson, P. and Adams, J. (2014). Resiliency and mental health and well-being among lesbian, gay and bisexual people. *International Journal of Mental Health Promotion* 16(2) 117-125.

DiFulvio, G. T. (2011). Sexual minority youth, social connection and resilience: From personal struggle to collective identity. *Social Science & Medicine* 72(10) 1611-1617.

Dodsworth, J. (2015). Resilience and Agency. *Pathways into Sexual Exploitation and Sex Work: The Experience of Victimhood and Agency*. London, Palgrave Macmillan UK. 194-207.

Dolan, P., Layard, R. and Metcalfe, R. (2011). Measuring Subjective Wellbeing for Public Policy: Recommendations on Measures. London, Centre for Economic Performance.

Dominey-Howes, D., Gorman-Murray, A. and McKinnon, S. (2014). Queering disasters: on the need to account for LGBTI experiences in natural disaster contexts. *Gender, Place & Culture* 21(7) 905-918.

Donaldson, W. V., Asta, E. L. and Vacha-Haase, T. (2014). Attitudes of Heterosexual Assisted Living Residents Toward Gay and Lesbian Peers. *Clinical Gerontologist* 37(2) 167-189.

Dong, M., et al. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect* 28(7) 771-784.

Douglas, M. (1994). *Risk and blame : essays in cultural theory*. London: Routledge.

Dowrick, C., et al. (2008). Resilience and depression: perspectives from primary care. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine* 12(4) 439-452.

Doyle, J. A. and Paludi, M. A. (1991). *Sex and gender: the human experience*. 2nd ed. ed. Dubuque, IA: Wm. C. Brown Publishers.

Dressler, W. W. (1993). Health in the African American Community: Accounting for Health Inequalities. *Medical Anthropology Quarterly* 7(4) 325-345.

Dwyer, A. (2011). 'It's Not Like We're Going to Jump Them': How Transgressing Heteronormativity Shapes Police Interactions with LGBT Young People. *Youth Justice* 11(3) 203-220.

Eggerman, M. and Panter-Brick, C. (2010). Suffering, hope, and entrapment: Resilience and cultural values in Afghanistan. *Social Science & Medicine* 71(1) 71-83.

Eisenberg, M. E. and Resnick, M. D. (2006). Suicidality among Gay, Lesbian and Bisexual Youth: The Role of Protective Factors. *Journal of Adolescent Health* 39(5) 662-668.

Eliason, M. (2010). Introduction to Special Issue on Suicide, Mental Health, and Youth Development. *Journal of Homosexuality* 58(1) 4-9.

Eliason, M. J. and Schope, R. (2007). Shifting Sands or Solid Foundation? Lesbian, Gay, Bisexual, and Transgender Identity Formation. *In* I. H. Meyer and M. E. Northridge eds. *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations*. Boston, MA, Springer US. 3-26.

Ellis, V. and High, S. (2004). Something more to tell you: gay, lesbian or bisexual young people's experiences of secondary schooling. *British Educational Research Journal* 30(2) 213-225.

Emlet, C. A., et al. (2017). Bouncing Back: Resilience and Mastery Among HIV-Positive Older Gay and Bisexual Men. *The Gerontologist* 57(1) 40-49.

Emmel, N. (2009). Book Reviews: Researching the vulnerable: a guide to sensitive research methods, by Pranee Liamputtong, London, Sage, 2007, 246 pp., £22.99 (paperback), ISBN 13-978-1-4129-1253-2. *International Journal of Social Research Methods* 12(3) 271-272.

Emmel, N. (2013). *Sampling and choosing cases in qualitative research : a realist approach*. London: Sage.

Equality Act (2010). London: The Stationary Office.

The Equality Act 2010: Advice for Schools (2012). *In* T. D. o. Education ed. London, The Stationary Office.

Equality Act (Sexual Orientation) Regulations (2007). London: The Stationary Office.

Erickson-Schroth, L. and Glaeser, E. (2017). The Role of Resilience and Resilience Characteristics in Health Promotion. *In* E. K. and P. J. eds. *Trauma, Resilience, and Health Promotion in LGBT Patients*. Cham, Springer. 51-56.

Fahs, B. (2011). Dreaded "Otherness":Heteronormative Patrolling in Women's Body Hair Rebellions. *Gender & Society* 25(4) 451-472.

Feder, A., Nestler, E. J. and Charney, D. S. (2009). Psychobiology and molecular genetics of resilience. *Nat Rev Neurosci* 10(6) 446-457.

Feinstein, L. and Bynner, J. (2004). The Importance of Cognitive Development in Middle Childhood for Adulthood Socioeconomic Status, Mental Health, and Problem Behavior. *Child Development* 75(5) 1329-1339.

Fenaughty, J. and Harré, N. (2003). Life on the Seesaw: A Qualitative Study of Suicide Resiliency Factors for Young Gay Men. *Journal of Homosexuality* 45(1) 1-22.

Fergus, S. and Zimmerman, M. A. (2004). ADOLESCENT RESILIENCE: A Framework for Understanding Healthy Development in the Face of Risk. *Annual Review of Public Health* 26(1) 399-419.

Finch, J. and Mason, J. (1990). Decision taking in the fieldwork process: Theoretical sampling and collaborative working. *Studies in qualitative methodology* 2 25-50.

Fine, S. B. (1991). Resilience and Human Adaptability: Who Rises Above Adversity? *American Journal of Occupational Therapy* 45(6) 493-503.

Fish, J. (2006). *Heterosexism in Health and Social Care*. Basingstoke: Palgrave Macmillan.

Fish, J. (2007). Reducing Health Inequalities for Lesbian, Gay, Bisexual and Trans People. London, The Stationary Office.

Fish, J. and Karban, K. (2015a). Introduction: social work's contribution to tackling lesbian, gay, bisexual and trans health inequalties. *In* J. Fish and K. Karban eds. *Lesbian, Gay, Bisexual and Trans Health Inequalities: international perspectives in social work*. Bristol, Policy Press. 1-24.

Fish, J. and Karban, K., eds. (2015b). Lesbian, gay, bisexual and trans health inequalities : international perspectives in social work. Bristol, Policy Press.

Fish, J., et al. (2018). Promoting good outcomes in Lesbian, Gay and Bisexual cancer care: a qualitative study of patients' experiences in clinical oncology. Leicester, De Montfort University.

Fletcher, D. and Sarkar, M. (2013). Psychological Resilience: A Review and Critique of Definitions, Concepts, and Theory. *European Psychologist* 18(1) 12-23.

Flick, U. (2002). *An introduction to qualitative research*. 2nd ed. ed. London: Sage Publications.

Flick, U. (2015). Qualitative Inquiry—2.0 at 20? Developments, Trends, and Challenges for the Politics of Research. *Qualitative Inquiry* 21(7) 599-608.

Follins, L. D., Walker, J. N. J. and Lewis, M. K. (2014). Resilience in Black Lesbian, Gay, Bisexual, and Transgender Individuals: A Critical Review of the Literature. *Journal of Gay & Lesbian Mental Health* 18(2) 190-212.

Formby, E. (2011). Sex and relationships education, sexual health, and lesbian, gay and bisexual sexual cultures: views from young people. *Sex Education* 11(3) 255-266.

Formby, E. (2017). How should we 'care' for LGBT+ students within higher education? *Pastoral Care in Education* 35(3) 203-220.

Foster, K. A., Bowland, S. E. and Vosler, A. N. (2015). All the Pain Along with All the Joy: Spiritual Resilience in Lesbian and Gay Christians. *American Journal of Community Psychology* 55(1-2) 191-201.

Foucault, M. (1984). *The history of sexuality*. Harmondsworth: Penguin.

France, A., Bendelow, G. and Williams, S. (2000). A "risky" business: Researching the health beliefs of children and young people. *In* A. Lewis and G. Lindsay eds. *Researching Children's Perspective*. Buckingham, Open University Press.

Fredriksen-Goldsen, K. I. (2016). The Future of LGBT+ Aging: A Blueprint for Action in Services, Policies, and Research. *Generations (San Francisco, Calif.)* 40(2) 6-15.

Fredriksen-Goldsen, K. I., et al. (2013). The Physical and Mental Health of Lesbian, Gay Male, and Bisexual (LGB) Older Adults: The Role of Key Health Indicators and Risk and Protective Factors. *The Gerontologist* 53(4) 664-675.

Fredriksen-Goldsen, K. I., et al. (2013). Health Disparities Among Lesbian, Gay, and Bisexual Older Adults: Results From a Population-Based Study. *American Journal of Public Health* 103(10) 1802-1809.

Fredriksen-Goldsen, K. I., et al. (2017). The Cascading Effects of Marginalization and Pathways of Resilience in Attaining Good Health Among LGBT Older Adults. *The Gerontologist* 57(1) S72-S83.

Friborg, O., Martinussen, M. and Rosenvinge, J. H. (2006). Likert-based vs. semantic differential-based scorings of positive psychological constructs: A psychometric comparison of two versions of a scale measuring resilience. *Personality and Individual Differences* 40(5) 873-884.

Galatzer-Levy, I. R. and Bonanno, G. A. (2014). Optimism and Death: Predicting the Course and Consequences of Depression Trajectories in Response to Heart Attack. *Psychological Science*.

Garmezy, N. (1970). The study of competence in children at risk for severe psychopathology. *In* E. J. Anthony et al. eds. *The child in his family*. New York, Wiley.

Garthwaite, K., et al. (2016). Desperately seeking reductions in health inequalities: perspectives of UK researchers on past, present and future directions in health inequalities research. *Sociology of Health & Illness* 38(3) 459-478.

Gender Recognition Act (2004). London: The Stationery Office.

Gerrard, J. (2014). All that is solid melts into work: self-work, the 'learning ethic' and the work ethic. *The Sociological Review* 62(4) 862-879.

Gibbs, G. R. *Qualitative Research kit: Analyzing qualitative data*. London: Sage Publications.

Gibson, M. (2012). Opening Up: Therapist Self-Disclosure in Theory, Research, and Practice. *Clinical Social Work Journal* 40(3) 287-296.

Gilligan, R. (2000). Adversity, resilience and young people: the protective value of positive school and spare time experiences. *Children & Society* 14(1) 37-47.

Glaser, B. G. (2007). Constructivist Grounded Theory? *Historical Social Research / Historische Sozialforschung. Supplement*(19) 93-105.

Gomm, R. (2008). *Social research methodology : a critical introduction*. 2nd ed. ed. Basingstoke: Palgrave Macmillan.

Goulding, C. (2005). Grounded theory, ethnography and phenomenology: A comparative analysis of three qualitative strategies for marketing research. *European Journal of Marketing* 39(3/4) 294-308.

Gov.UK (n.d.). *Report Hate Crime [online]*. Available at: https://www.gov.uk/report-hate-crime [Accessed 01/06/2019].

Government Equalities Office (2018a). *LGBT Action Plan: Improving the Lives of Lesbian, Gay, Bisexual and Trangender People*. London, The Stationary Office.

Government *Equalities Office (2018b). Reform of the Gender Recognition Act [online].* Available at: https://consult.education.gov.uk/government-equalities-office/reform-of-the-gender-recognition-act/ [Accessed 01/06/2019].

Government Equalities Office and Greening, J. (2017). *New Action to Promote LGBT Equality* [*online*]. Available at: https://www.gov.uk/government/news/new-action-to-promote-lgbt-equality [Accessed 19/05/2019].

Government Equalities Office and Mordaunt, P. (2018) National LGBT Survey Research Report (2018). Manchester: Government Equalities Office.

Graham, H. (2007). *Unequal lives: health and socio-economic inequalities*. Maidenhead: Open University Press.

Graham, H. (2009). *Understanding health inequalities*. 2nd ed. ed. Maidenhead: Open University Press.

Grant, L. and Kinman, G. (2013). 'Bouncing Back?' Personal Representations of Resilience of Student and Experienced Social Workers. *Practice* 25(5) 349-366.

Grant, L. and Kinman, G., eds. (2014). Developing resilience for social work practice, Palgrave Macmillan.

Gray, J. (2013). LGBT Invisibility and Heteronormativity in ELT Materials. *In* J. Gray ed. *Critical Perspectives on Language Teaching Materials*. London, Palgrave Macmillan. 40-63.

Gray, N. N., Mendelsohn, D. M. and Omoto, A. M. (2015). Community Connectedness, Challenges, and Resilience Among Gay Latino Immigrants. *American Journal of Community Psychology* 55(1) 202-214.

Greeff, A. P. and Human, B. (2013). Family Resilience Relative to Parental Death. *In* D. S. Becvar ed. *Handbook of Family Resilience*. London, Springer.

Greve, W. and Staudiner, U. M. (2006). Resilience in later adulthood and old age: resources and potentials for successful ageing. *In* D. J. Cohen and D. Cicchetti eds. *Developmental psychopathology, Vol 3: Risk, disorder, and adaptation (2nd ed)*. Hoboken, NJ, US, John Wiley & Sons Inc. 796-840.

Grierson, J. (2018). Review of UK hate crime law to consider misogyny and ageism. *The Guardian*.

Griffiths, F. E., et al. (2014). The effect of strategies of personal resilience on depression recovery in an Australian cohort: A mixed methods study. *Health (London)*.

Grossman, A. H. and D'Augelli, A. R. (2006). Transgender Youth Invisible and Vulnerable. *Journal of Homosexuality* 51(1) 111-128.

Grossman, A. H. and D'Augelli, A. R. (2007). Transgender Youth and Life-Threatening Behaviors. *Suicide and Life-Threatening Behavior* 37(5) 527-537.

Grossman, A. H., D'Augelli, A. R. and Frank, J. A. (2011). Aspects of Psychological Resilience among Transgender Youth. *Journal of LGBT Youth* 8(2) 103-115.

Gubrium, J. F. and Holstein, J. A. (2002). *Handbook of interview research : context & method*. London: Sage Publications.

Gunderson, L. H. (2000). Ecological Resilience--In Theory and Application. *Annual Review of Ecology and Systematics* 31 425-439.

Haase, J. E. (2004). The Adolescent Resilience Model as a Guide to Interventions. *Journal of Pediatric Oncology Nursing* 21(5) 289-299.

Hagger-Johnson, G., et al. (2013). Sexual orientation identity in relation to smoking history and alcohol use at age 18/19: cross-sectional associations from the Longitudinal Study of Young People in England (LSYPE). *BMJ Open* 3(8).

Haines, B. A., Ajayi, A. A. and Boyd, H. (2014). Making trans parents visible: Intersectionality of trans and parenting identities. *Feminism & Psychology* 24(2) 238-247.

Hancock, A.-M. (2007). When Multiplication Doesn't Equal Quick Addition: Examining Intersectionality as a Research Paradigm. *Perspectives on Politics* 5(1) 63-79.

Harding, J. (2019). *Qualitative Data Analysis: From Start to Finish.* London: Sage.

Harper, G. W., Jernewall, N. and Zea, M. C. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. *Cultural Diversity & Ethnic Minority Psychology* 10(3) 187-199.

Harris, A. (2012). Non-binary Gender Concepts and the Evolving Legal Treatment of UK Transsexed Individuals: A Practical Consideration of the Possibilities of Butler. *Journal of International Women's Studies* 13(6) 57-71.

Harrison, E. (2013). Bouncing back? Recession, resilience and everyday lives. *Critical Social Policy* 33(1) 97-113.

Hash, K. M. and Rogers, A. (2013). Clinical Practice with Older LGBT Clients: Overcoming Lifelong Stigma Through Strength and Resilience. *Clinical Social Work Journal* 41(3) 249-257.

Harvard University Centre on the Developing Child: Resilience [*online*]. (2018). Cambridge: Harvard University Centre on the Developing Child. Available at: http://developingchild.harvard.edu/science/key-concepts/resilience/ [Accessed 29/05/2018].

Hatzenbuehler, M. L., Phelan, J. C. and Link, B. G. (2013). Stigma as a Fundamental Cause of Population Health Inequalities. *American Journal of Public Health* 103(5) 813-821.

Hawkes, G. (1996). *A sociology of sex and sexuality*. Buckingham: Open University Press.

Hefferon, K. M. and Ollis, S. (2006). 'Just clicks': an interpretive phenomenological analysis of professional dancers' experience of flow. *Research in Dance Education* 7(2) 141-159.

Hegarty, P. (2002). 'It's not a choice, it's the way we're built': symbolic beliefs about sexual orientation in the US and Britain. *Journal of Community & Applied Social Psychology* 12(3) 153-166.

Hegarty, P. and Pratto, F. (2001). Sexual Orientation Beliefs. *Journal of Homosexuality* 41(1) 121-135.

Heise, L. L. (2007). Violence, sexuality, and women's lives. *In* R. Parker and P. J. Aggleton eds. *Culture, society and sexuality: a reader*. London, Routledge.

Herdt, G. H., ed. (1992). Gay Culture In America: Essays From the Field. Boston, Beacon.

Herdt, G. H., ed. (1996). *Third sex, third gender: beyond sexual dimorphism in culture and history*. New York: Zone Books.

Herrick, A., et al. (2014). Resilience as a Research Framework and as a Cornerstone of Prevention Research for Gay and Bisexual Men: Theory and Evidence. *AIDS and Behavior* 18(1) 1-9.

Herz, M. and Johansson, T. (2015). The Normativity of the Concept of Heteronormativity. *Journal of Homosexuality* 62(8) 1009-1020.

Hesse-Biber, S. N. and Leavy, P. (2011). *The practice of qualitative research*. 2nd ed. ed. London: Sage Publications.

Higgins, A., Sharek, D. and Glacken, M. (2016). Building resilience in the face of adversity: navigation processes used by older lesbian, gay, bisexual and transgender adults living in Ireland. *Journal of Clinical Nursing* 25 3652-3664.

Hill, C. A. and Gunderson, C. J. (2015). Resilience of Lesbian, Gay, and Bisexual Individuals in Relation to Social Environment, Personal Characteristics, and Emotion Regulation Strategies. *Psychology of Sexual Orientation and Gender Diversity* 2(3) 232–252.

Hines, S. (2018). *Is Gender Fluid?: a primer for the 21st century.* London: Thames and Hudson.

Hobfoll, S. E., et al. (2011). The limits of resilience: Distress following chronic political violence among Palestinians. *Social Science & Medicine* 72(8) 1400-1408.

Hofstätter, B. and Wöllmann, T. (2011). The Concept of 'Heteronormativity' and its Methodological Implications. 10th Annual IAS-STS Conference on Critical Issues in Science and Technology Studies.

Hollander, M. (2009). Gay Rights in Uganda. *Virginia Journal of International Law* 50(1) 219-266.

Horrell, L., et al. (2014). One-day cognitive–behavioural therapy self-confidence workshops for people with depression: randomised controlled trial. *British Journal of Psychiatry* 204(3) 222-233.

Howitt, D. and Cramer, D. (2008). *Introduction to research methods in psychology*. 2nd ed. Harlow: Prentice Hall.

Hoy-Ellis, C. P., et al. (2017). Prior Military Service, Identity Stigma, and Mental Health Among Transgender Older Adults. *The Gerontologist* 57(Suppl 1) S63-S71.

Hughes, A. K., Harold, R. D. and Boyer, J. M. (2011). Awareness of LGBT Aging Issues Among Aging Services Network Providers. *Journal of Gerontological Social Work* 54(7) 659-677.

Hughes, T. L. and Eliason, M. (2002). Substance Use and Abuse in Lesbian, Gay, Bisexual and Transgender Populations. *Journal of Primary Prevention* 22(3) 263-298.

Human Fertilisation and Embryology Act (2008). London: The Stationery Office.

Hunt, R. and Dick, S. (2008). Serves You Right: Lesbian and gay people's expectations of discrimination. London, Stonewall.

Hunter, S. (2007). *Coming Out and Disclosures: LGBT Persons Across the Life Span.* London: Routledge.

Hutchison, E. D. (2011). A Life Course Perspective. *In* E. D. Hutchison ed. *Dimensions of Human Behavior; the Changing Life Course*. London, Sage. 1-38.

ILGA. (2017). *MAPS - SEXUAL ORIENTATION LAWS* [*online*]. Available at: https://ilga.org/maps-sexual-orientation-laws [Accessed 28/04/18 2018].

Im, E. O. and Chee, W. (2003). Feminist Issues in E-Mail Group Discussion Among Cancer Patients. *Advances in Nursing Science. Health and the World Wide Web.* 26(4) 287-298.

Infurna, F. J. and Luthar, S. S. (2016a). Resilience Has Been and Will Always Be, but Rates Declared Are Inevitably Suspect: Reply to Galatzer-Levy and Bonanno (2016). *Perspectives on Psychological Science* 11(2) 199-201.

Infurna, F. J. and Luthar, S. S. (2016b). Resilience to Major Life Stressors Is Not as Common as Thought. *Perspectives on Psychological Science* 11(2) 175-194.

Jackson, D., Firtko, A. and Edenborough, M. (2007). Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: a literature review. *Journal of Advanced Nursing* 60(1) 1-9.

Jaffee, S. R. and Gallop, R. (2007). Social, Emotional, and Academic Competence Among Children Who Have Had Contact With Child Protective Services: Prevalence and Stability Estimates. *Journal of the American Academy of Child & Adolescent Psychiatry* 46(6) 757-765.

James, A. and Cohler, B., eds. (1987). The invulnerable child. New York, Guilford Press.

Janghorban, R., Latifnejad Roudsari, R. and Taghipour, A. (2014) Skype interviewing: the new generation of online synchronous interview in qualitative research. *International journal of qualitative studies on health and well-being* 9(1).

Johnson, M. J. and Amella, E. J. (2014). Isolation of lesbian, gay, bisexual and transgender youth: a dimensional concept analysis. *Journal of Advanced Nursing* 70(3) 523-532.

Jorm, A. F., et al. (2002). Sexual orientation and mental health: results from a community survey of young and middle-aged adults. *Br J Psychiatry* 180 423-427.

Kahn, S., et al. (2018). Facilitating Mental Health Support for LGBT Forced Migrants: A Qualitative Inquiry. *Journal of Counseling & Development* 96(3) 316-326.

Karban, K. and Sirriyeh, A. (2015). LGBT asylum seekers and health inequalities in the UK. *In* J. Fish and K. Karban eds. *Lesbian, Gay, Bisexual and Trans Health Inequalities: International Perspectives in Social Work*. Bristol, Policy Press. 187-204.

Kehily, M., J (2001). Issues of gender and sexuality in schools. *In* B. Francis and C. Skelton eds. *Investigating gender: contemporary perspectives in education*. Buckingham, Open University Press.

Kelle, U. (2004). Computer-assisted qualitative data analysis. *In* C. Seale et al. eds. *Qualitative research practice*. London, Sage.

Kelly, D., et al. (2018). Heteronormativity and prostate cancer: A discursive paper. *Journal of Clinical Nursing* 27(1-2) 461-467.

Kenagy, G. P. (2005). Transgender Health: Findings from Two Needs Assessment Studies in Philadelphia. *Health & Social Work* 30(1) 19-26.

Kendrick, D., et al. (2001). Does sending a home safety questionnaire increase recruitment to an injury prevention trial? A randomised controlled trial. *Journal of Epidemiology and Community Health* 55(11) 845-846.

Keuroghlian, A. S., Ard, K. L. and Makadon, H. J. (2017). Advancing health equity for lesbian, gay, bisexual and transgender (LGBT) people through sexual health education and LGBT-affirming health care environments. *Sexual Health* 14(1) 119-122.

Khang, Y.-H., Lynch, J. W. and Kaplan, G. A. (2004). Health inequalities in Korea: age- and sex-specific educational differences in the 10 leading causes of death. *International Journal of Epidemiology* 33(2) 299–308.

Kimmel, D. C., Rose, T. D. and David, S. (2006). *Lesbian, gay, bisexual, and transgender aging : research and clinical perspectives*. New York: Columbia University Press.

Kimmel, M. S. (2015). *Sexualities: identities, behaviors, and society*. Second edition. Oxfoed: Oxford University Press.

Kimmel, M. S. and Aronson, A. (2003). *The gendered society reader*. 2nd ed. ed. New York: Oxford University Press.

King, M., et al. (2008). A systematic review of mental disorder, suicide and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry* 8(70) 1-17.

Kitzinger, C. and Wilkinson, S. (2004). The Re-Branding of Marriage: Why We Got Married Instead of Registering a Civil Partnership. *Feminism & Psychology* 14(1) 127-150.

Klein, K., et al. (2015). Complicating the Coming Out Narrative: Becoming Oneself in a Heterosexist and Cissexist World. *Journal of Homosexuality* 62(3) 297-326.

Klein, R. J. T., Nicholls, R. J. and Thomalla, F. (2003). Resilience to natural hazards: How useful is this concept? *Global Environmental Change Part B: Environmental Hazards* 5(1–2) 35-45.

Koehler, A., Eyssel, J. and Nieder, T. O. (2018). Genders and Individual Treatment Progress in (Non-)Binary Trans Individuals. *The Journal of Sexual Medicine* 15(1) 102-113.

Kohrt, B. A., et al. (2016). Psychological resilience and the gene regulatory impact of posttraumatic stress in Nepali child soldiers. *Proceedings of the National Academy of Sciences* 113(29) 8156-8161.

Kosciw, J., Palmer, N. and Kull, R. (2014). Reflecting Resiliency: Openness About Sexual Orientation and/or Gender Identity and Its Relationship to Well-Being and Educational Outcomes for LGBT Students. *American Journal of Community Psychology* 1-12.

Kwon, P. (2013). Resilience in Lesbian, Gay, and Bisexual Individuals. *Personality and Social Psychology Review* 17(4) 371-383.

Lancaster, R. N. and Di Leonardo, M. (1997). *The gender/sexuality reader: culture, history, political economy*. New York: Routledge.

Larkin, M. (2013). *Interpretative phenomenological analysis - introduction* [*online*]. Available at: https://prezi.com/dnprvc2nohjt/interpretative-phenomenological-analysis-introduction/?utm_campaign=share [Accessed 18/09/2015].

Larkin, M. and Thompson, A. R. (2012). Interpretative Phenomenological Analysis in Mental Health and Psychotherapy Research. *In* D. Harper and A. R. Thompson eds. *Qualitative research methods in mental health and psychotherapy : a*

guide for students and practitioners. Chichester, West Sussex, John Wiley & Sons.

LaSala, M. C., et al. (2008). LGBT Faculty, Research, and Researchers: Risks and Rewards. *Journal of Gay & Lesbian Social Services* 20(3) 253-267.

Lazarus, R. S. (1993). From psychological stress to the emotions: A history of changing outlooks. *Annual Review of Psychology* 4 1-22.

Lennon, R., et al. (2017). P-54 Developing accessible and inclusive palliative care for lgbtqi patients and their carers. *BMJ Supportive & Palliative Care* 7(Suppl 2) A29-A29.

Leonard, A. S. (2017). Marriage Maters In December. New York, New York Law School

Levine, S. (2014). Assessing resilience: why quantification misses the point. London, Overseas Development Institute.

Lewis, K. (2016). Helping mixed heritage children develop 'character and resilience' in schools. *Improving Schools.*

Liamputtong, P., ed. (2006a). Health research in cyberspace: methodological, practical and personal issues. New York, Nova Science Publishers.

Liamputtong, P. (2006b). *Researching the vulnerable*. London: SAGE.

Lick, D. J., Durso, L. E. and Johnson, K. L. (2013). Minority Stress and Physical Health Among Sexual Minorities. *Perspectives on Psychological Science* 8(5) 521-548.

Lincoln Y. S. and Guba E. G. (1985) *Naturalistic Inquiry*. Beverly Hills: Sage,

Ling-en, S., et al. (2015). Comparing Samples of Men Who Have Sex with Men Recruited Online and in Venues, Jiangsu Province, China, 2013. *LGBT Health*.

Little, J. (2003). 'Riding the Rural Love Train': Heterosexuality and the Rural Community. *Sociologia Ruralis* 43(4) 401-417.

Livingston, N. A., et al. (2015). Sexual minority stress and suicide risk: Identifying resilience through personality profile analysis. *Psychology of Sexual Orientation and Gender Diversity* 2(3) 321-328.

Local Government Act (1988). London: The Stationery Office.

Lorber, J. and Farrell, S. A. (1991). *The social construction of gender*. London: Sage Publications.

Loughlin, G. (ed). (2007). *Queer Theology: Rethinking the Western Body.* Oxford: Blackwell Publishing.

Lumsden, J. (2007). Online-Questionnaire Design Guidelines. *In* R. A. Reynolds, R. Woods and J. B. Baker eds. *Handbook of Research on Electronic Surveys and Measurements*. London, Idea Group Pub. 44-64.

Luthar, S. S. (1993). Methodological and Conceptual Issues in Research on Childhood Resilience. *Journal of Child Psychology and Psychiatry* 34(4) 441-453.

Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. *In* D. Chicchetti and D. J. Cohen eds. *Developmental psychopathology: Risk, disorder and adaptation*. New York, John Wiley & Sons. 739-795.

Luthar, S. S. and Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology* 12(04) 857-885.

Luthar, S. S., Cicchetti, D. and Becker, B. (2000a). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development* 71(3) 543-562.

Luthar, S. S., Cicchetti, D. and Becker, B. (2000b). Research on Resilience: Response to Commentaries. *Child Development* 71(3) 573-575.

Mahieu, L. and Gastmans, C. (2015). Older residents' perspectives on aged sexuality in institutionalized elderly care: A systematic literature review. *International Journal of Nursing Studies* 52(12) 1891-1905.

Mahoney, J. L. and Bergman, L. R. (2002). Conceptual and methodological considerations in a developmental approach to the study of positive adaptation. *Journal of Applied Developmental Psychology* 23(2) 195-217.

Mann, C. and Stewart, F. (2002). Internet Interviewing. *In* J. Gubrium and J. Holstein eds. *Handbook of Interview Research: Context and Method*. Sage. 603-627.

Mansfield, C. F., et al. (2016). Building resilience in teacher education: An evidenced informed framework. *Teaching and Teacher Education* 54 77-87.

Manyena, S. B. (2006). The concept of resilience revisited. *Disasters* 30(4) 434-450.

Marchbank, J. and Letherby, G. (2014). *Introduction to gender: social science perspectives*. Second edition. London: Routledge.

Markham, A. N. (1998). *Life online : researching real experience in virtual space*. Walnut Creek, CA: Altamira Press.

Markham, A. N. and Baym, N. K. (2009). *Internet inquiry : conversations about method*. London: Sage Publications.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet* 365(9464) 1099-1104.

Marmot, M., et al. (2011). The Health Impacts of Cold Homes and Fuel Poverty. London, Friends of the Earth & the Marmot Review Team.

Marmot, M. and Wilkinson, R., eds. (1999). Social Determinants of Health. Oxford, Oxford University Press.

Marmot, M. G., et al. (1991). Health inequalities among British civil servants: the Whitehall II study. *The Lancet* 337(8754) 1387-1393.

Marriage (Same-Sex Couples) Act (2013). *London: The Stationary Office*.

Marshal, M. P., et al. (2009). Individual trajectories of substance use in lesbian, gay and bisexual youth and heterosexual youth. *Addiction* 104(6) 974-981.

Martinez, O., et al. (2014). Still a Hard-to-Reach Population? Using Social Media to Recruit Latino Gay Couples for an HIV Intervention Adaptation Study. *Journal of Medical Internet Research* 14(4).

Mason, J. (1996). *Qualitative researching*. London: Sage.

Mason, J. (2002). *Qualitative researching*. 2nd ed. ed. London: Sage.

Massey, S., et al. (1998). Qualitative Approaches to the Study of Thriving: What Can Be Learned? *Journal of Social Issues* 54(2) 337-355.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist* 56 227-238.

Masten, A. S. (2006). Promoting resilience in development: a general framework for systems of care. *In* R. Flynn, P. Dudding and J. Barber eds. *Promiting Resilience in Child Welfare*. Ottowa, University of Ottowa Press.

Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology* 19(3) 921-930.

Masten, A. S. (2014). *Ordinary magic: resilience in development*: The Guilford Press.

Masten, A. S., Best, K. M. and Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology* 2(04) 425-444.

Masten, A. S. and Gewirtz, A. H. (2006). *Resilience in Development: The Importance of Early Childhood* [*online*]. Encyclopedia of Early Childhood Development. Available at: http://www.child-encyclopedia.com/sites/default/files/textes-experts/en/834/resilience-in-development-the-importance-of-early-childhood.pdf [Accessed 07/01/2018].

Mathy, R., et al. (2011). The association between relationship markers of sexual orientation and suicide: Denmark, 1990–2001. *Social Psychiatry and Psychiatric Epidemiology* 46(2) 111-117.

May, T. (2011). *Social research : issues, methods and process*. 4th ed. Maidenhead: Open University Press.

Mays, V. M. and Cochran, S. D. (2001). Mental Health Correlates of Perceived Discrimination Among Lesbian, Gay, and Bisexual Adults in the United States. *American Journal of Public Health* 91(11) 1869-1876.

McCann, E. and Sharek, D. (2014). Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland. *International Journal of Mental Health Nursing* 23(2) 118-127.

McConnell, E. A., et al. (2018). Multiple minority stress and LGBT community resilience among sexual minority men. *Psychology of Sexual Orientation and Gender Diversity* 5(1) 1-12.

McCubbin, L. (2001). Challenges to the Definition of Resilience. *The Annual Meeting of the American Psychological Association*.

McDaniel, J. S., Purcell, D. and D'Augelli, A. R. (2001). The Relationship Between Sexual Orientation and Risk for Suicide: Research Findings and Future Directions for Research and Prevention. *Suicide and Life-Threatening Behavior* 31 84-105.

McDermott, E. (2011). The world some have won: Sexuality, class and inequality. *Sexualities* 14(1) 63-78.

McDermott, E. (2014). Asking for help online: Lesbian, gay, bisexual and trans youth, self-harm and articulating the 'failed' self. *Health:*.

McDermott, E., Hughes, E. and Rawlings, V. (2018a). Norms and normalisation: understanding lesbian, gay, bisexual, transgender and queer youth, suicidality and help-seeking. *Culture, Health & Sexuality* 20(2) 156-172.

McDermott, E., Hughes, E. and Rawlings, V. (2018b). The social determinants of lesbian, gay, bisexual and transgender youth suicidality in England: a mixed methods study. *Journal of Public Health* 40(3) 244–251.

McDermott, E. and Roen, K. (2012). Youth on the Virtual Edge: Researching Marginalized Sexualities and Genders Online. *Qualitative Health Research* 22(4) 560-570.

McDermott, E., Roen, K. and Piela, A. (2013). Hard-to-Reach Youth Online: Methodological Advances in Self-Harm Research. *Sexuality Research and Social Policy* 10(2) 125-134.

McDermott, E., Roen, K. and Scourfield, J. (2008). Avoiding shame: young LGBT people, homophobia and self-destructive behaviours. *Culture, Health & Sexuality* 10(8) 815-829.

McFadden, S. H. and Basting, A. D. (2010). Healthy Aging Persons and Their Brains: Promoting Resilience Through Creative Engagement. *Clinics in Geriatric Medicine* 26(1) 149-161.

McGovern, J. (2014). The Forgotten: Dementia and the Aging LGBT Community. *Journal of Gerontological Social Work* 57(8) 845-857.

Meader, N. and Chan, M. K. Y. (2017). Sexual orientation and suicidal behaviour in young people. *The British Journal of Psychiatry* 211(2) 63-64.

Meads, C., Carmona, C. and Kelly, M., P (2012). Lesbian, gay and bisexual people's health in the UK: a theoretical critique and systematic review. *Diversity and Equality in Health and Care* 9 19-32.

Medina, C. and Luna, G. (2000). Narratives from Latina Professors in Higher Education. *Anthropology & Education Quarterly* 31(1) 47-66.

Meezan, W. and Martin, J. I. (2003). *Research methods with gay, lesbian, bisexual, and transgender populations*. London: Harrington Park Press.

Meezan, W. and Martin, J. I. (2009). *Handbook of research with lesbian, gay, bisexual, and transgender populations*. London: Routledge.

Menon, K. U. (2005). National Resilience: From Bouncing Back to Prevention. *Ethos* 11(1) 14-17.

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin* 129(5) 674–697.

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3) 209-213.

Meyer, I. H. and Frost, D. M. (2013). Minority stress and the health of sexual minorities. *In* C. J. Patterson and A. R. D'Augelli eds. *Handbook of psychology and sexual orientation*. New York, Oxford University Press. 252–266.

Miceli, M. (2011). Schools and the Social Control of Sexuality. *In* S. Seidman, N. Fischer and C. Meeks eds. *Introducing the new sexuality studies*. London, Routledge. 438-445.

Miller, C. (1995). In-depth interviewing by telephone: Some practical considerations. *Evaluation & Research in Education* 9(1) 29-38.

Miller, R. L. (2000). *Researching life stories and family histories*. London: SAGE.

Mills, J., Bonner, A. and Francis, K. (2006). Adopting a constructivist approach to grounded theory: Implications for research design. *International Journal of Nursing Practice* 12(1) 8-13.

Ministry of Housing, Communities & Local Government, Home Office, and Ministry of Justice (2018). *Update on the actions from the UK Governments 2016 'Action Against Hate' action plan.* Londong: Stationary Office.

Mitchel, M. and Howarth, C. (2009). Trans Reserch Review. Manchester, Equality and Human Rights Commission.

Moen, K., et al. (2011). Not at all so hard-to-reach: same-sex attracted men in Dar es Salaam. *Culture, Health & Sexuality* 14(2) 195-208.

Monro, S. (2003). Transgender Politics in the UK. *Critical Social Policy* 23(4) 433-452.

Monro, S. (2006). Evaluating local government equalities work: The case of sexualities initiatives in the UK. *Local Government Studies* 32(1) 19-39.

Monroe, B. and Oliviere, D. (2007). Introduction: unlocking resilience in palliatve care. *In* B. Monroe and D. Oliviere eds. *Resilience in palliative care : achievement in adversity*. Oxford, Oxford University Press. 1-7.

Moore, A. and Gammie, J. (2018). *Revealed: Hundreds of children wait more than a year for specialist help* [*online*]. Available at: https://www.hsj.co.uk/quality-and-performance/revealed-hundreds-of-children-wait-more-than-a-year-for-specialist-help/7023232.article [Accessed 09/06/2019].

Morrison, G. M., et al. (2006). Understanding resilience in educational trajectories: Implications for protective possibilities. *Psychology in the Schools* 43(1) 19-31.

Mulé, N. J. (2015). Much to be desired: LGBT health inequalities and inequities in Canada. *In* J. Fish and K. Karban eds. *Lesbian, Gay, Bisexual and trans Health Inequalities: International Perspectives in Social Work*. London, Policy Press.

Mulé, N. J., et al. (2009). Promoting LGBT health and wellbeing through inclusive policy development. *International Journal for Equity in Health* 8(18).

Muntaner, C., et al. (2010). Unemployment, Informal Work, Precarious Employment, Child Labor, Slavery, and Health Inequalities: Pathways and Mechanisms. *International Journal of Health Services* 40(2) 281-295.

Mustanski, B., Newcomb, M. E. and Garofalo, R. (2011). Mental Health of Lesbian, Gay, and Bisexual Youths: A Developmental Resiliency Perspective. *Journal of Gay & Lesbian Social Services* 23(2) 204-225.

Mustanski, B. S., Garofalo, R. and Emerson, E. M. (2010). Mental Health Disorders, Psychological Distress, and Suicidality in a Diverse Sample of Lesbian, Gay, Bisexual, and Transgender Youths. *American Journal of Public Health* 100(12) 2426-2432.

Nadal, K. L. (2013a). *Contemporary perspectives on lesbian, gay, and bisexual psychology. That's so gay! Microaggressions and the lesbian, gay, bisexual, and transgender community.* Washington: American Psychological Association.

Nadal, K. L. (2013b). *That's so gay! Microaggressions and the lesbian, gay, bisexual, and transgender community.* Washington: American Psychological Association.

Nadal, K. L., et al. (2015). A Qualitative Approach to Intersectional Microaggressions: Understanding Influences of Race, Ethnicity, Gender, Sexuality, and Religion. *Qualitative Psychology* 2(2) 147–163.

Nadal, K. L., et al. (2016). Microaggressions Toward Lesbian, Gay, Bisexual, Transgender, Queer, and Genderqueer People: A Review of the Literature. *The Journal of Sex Research* 53(4-5) 488-508.

Nakash, O., et al. (2017). The association between the hostile-world scenario, perceived control, and emotional distress among gay men and lesbians. *Journal of Gay & Lesbian Mental Health* 21(2) 99-114.

Neff, L. A. and Broady, E. F. (2011). Stress resilience in early marriage: Can practice make perfect? *Journal of Personality and Social Psychology* 101(5) 1050-1067.

Netuveli, G., et al. (2008). Mental health and resilience at older ages: bouncing back after adversity in the British Household Panel Survey. *Journal of Epidemiology and Community Health* 62(11) 987-991.

Neville, S., Adams, J. and Cook, C. (2015). Using internet-based approaches to collect qualitative data from vulnerable groups: Reflections from the field. *Contemporary Nurse* 1-20.

Newman, T. (2004). *What works in building resilience?* Ilford: Barnardo's.

NHS (2014). *Five Year Forward View* [*online*]. Available at: https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf [Accessed 21/05/2019].

NHS (circa 2018). *Men who have sex with men* [*online*]. Available at: https://www.blood.co.uk/who-can-give-blood/men-who-have-sex-with-men/ [Accessed 07/05/2018].

NHS (2019a). *The NHS Long Term Plan* [*online*]. Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf [Accessed 22/05/2019].

NHS (2019b). *How to access mental health services* [*online*]. Available at: https://www.nhs.uk/using-the-nhs/nhs-services/mental-health-services/how-to-access-mental-health-services/#waitingtimes [Accessed 09/06/2019].

Ní Raghallaigh, M. and Gilligan, R. (2010). Active survival in the lives of unaccompanied minors: coping strategies, resilience, and the relevance of religion. *Child & Family Social Work* 15(2) 226-237.

Noble, H. and Smith, J. (2015). Issues of validity and reliability in qualitative research. *Evidence-Based Nursing.* 18(2) 34-35.

Nodin, N., et al. (2015). The RaRE Research Report: LGB&T Mental Health - Risk and Resilience Explored. London, PACE - Project for Advocacy Counselling and Education.

Norton, W., Hudson, N. and Culley, L. (2013). Gay men seeking surrogacy to achieve parenthood. *Reproductive BioMedicine Online* 27(3) 271-279.

Novick, G. (2008). Is there a bias against telephone interviews in qualitative research? *Research in Nursing & Health* 31(4) 391-398.

O'Leary, V. E. (1998). Strength in the Face of Adversity: Individual and Social Thriving. *Journal of Social Issues* 54(2) 425-446.

O'Neill, A. (2017). Hate Crime, England and Wales, 2016/17. London, Home Office.

Oakley, A. (1981). Interviewing women: a contradiction in terms. *In* H. Roberts ed. *Doing feminist research*. London, etc., Routledge and Kegan Paul.

OECD (2015). *How's Life? 2015: Measuring Well-being*. Paris: OECD Publishing.

Ograd, S. (2009). How Can Researchers Make Sense of the Issues Involved in Collecting and Interpreting Online and Offline Data? *In* A. N. Markham and N. K. Baym eds. *Internet Inquiry Conversations about Method*. California, Sage.

Olsson, C. A., et al. (2003). Adolescent resilience: a concept analysis. *Journal of Adolescence* 26(1) 1-11.

Onor, M. L. and Misan, S. (2005). The clinical interview and the doctor-patient relationship in telemedicine. *Telemedicine Journal & e-Health* 11(1) 102-105.

ONS. (2016). *Gender identity update* [*online*]. Available at: https://www.ons.gov.uk/methodology/classificationsandstandards/measuringequality/genderidentity/genderidentityupdate.

ONS. (2017). *Statistical bulletin: Civil Partnerships in England and Wales: 2016* [*online*]: Office for National Statistics Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsand

marriages/marriagecohabitationandcivilpartnerships/bulletins/civilpartners hipsinenglandandwales/2016 [Accessed 04/05/2018].

ONS. (2018). *2021 Census topic research update: December 2018* [*online*]. https://www.ons.gov.uk/census/censustransformationprogramme/question development/2021censustopicresearchupdatedecember2018#sexual-orientation [Accessed 19/05/2019].

ONS. (no date). *National Wellbeing: Measuring what Matters* [*online*]. Available at: http://www.ons.gov.uk/ons/guide-method/user-guidance/well-being/index.html [Accessed 22/01/2016].

Organisation, W. H. *Social Determinates of Health* [*online*]: World Health Organisation Available at: http://www.who.int/social_determinants/sdh_definition/en/index.html [Accessed 06/04/2018].

Oswald, R. F. (2002). Resilience Within the Family Networks of Lesbians and Gay Men: Intentionality and Redefinition. *Journal of Marriage and Family* 64(2) 374-383.

Oswald, R. F., Blume, L. B. and Marks, S. R. (2005). Decentering Heteronormativity: A Model for Family Studies. *In* V. L. Bengtson et al. eds. *Sourcebook of Family Theory and Research*. SAGE Publications, Inc. 143-165.

Paradis, E. (2000). Feminist and Community Psychology Ethics in Research with Homeless Women. *American Journal of Community Psychology* 28(6) 839-858.

Parent, M. C., DeBlaere, C. and Moradi, B. (2013). Approaches to Research on Intersectionality: Perspectives on Gender, LGBT, and Racial/Ethnic Identities. *Sex Roles* 68(11-12) 639–645.

Parker, R. G. and Aggleton, P. (2007). *Culture, Society and Sexuality: a reader*. 2nd ed. London: Routledge.

Paterson, C., Tyler, C. and Lexmond, J. (2014). *Character and Resilience Manifesto*. London: The all-party parliamentary group on Social Mobility.

Pearce, G., Thøgersen-Ntoumani, C. and Duda, J. L. (2014). The development of synchronous text-based instant messaging as an online interviewing tool. *International Journal of Social Research Methodology* 17(6) 677-692.

Pelts, M. D., et al. (2018). Using a Life Review to Inform Mental Health Services with Older Lesbian and Gay Veterans. *Best Practices in Mental Health* 14(1) 27-39.

Perlin, H. (2018). *Long waits for mental health treatment lead to divorce, job loss and money problems, RCPsych finds*. London: Royal College of Psychiatrists.

Petridou, E., et al. (1997). Adolescents in High-Risk Trajectory: Clustering of Risky Behavior and the Origins of Socioeconomic Health Differentials. *Preventive Medicine* 26(2) 215-219.

Platero, R. (2011). The narratives of transgender rights mobilization in Spain. *Sexualities* 14(5) 597-614.

Plöderl, M. and Tremblay, P. (2015). Mental health of sexual minorities. A systematic review. *International Review of Psychiatry* 27(5) 367-385.

Porr, W. B. and Ployhart, R. E. (2004). Organizational Research Over the Internet: Ethical Challenges and Opportunities. *In* E. Buchanan, A ed. *Readings in Virtual Research Ethics: Issues and Controveries*. London, Information Science Publishing. 114-154.

Potts, A. and Parry, J. (2010). Vegan Sexuality: Challenging Heteronormative Masculinity through Meat-free Sex. *Feminism & Psychology* 20(1) 53-72.

Pratt, M. G. and Rafaeli, A. (1997). Organizational Dress as a Symbol of Multilayered Social Identities. *The Academy of Management Journal* 40(4) 862-898.

Prescott, C. (2015). Internet Access - Households and Individuals: 2015. *In* T. O. f. N. Statistics ed. London, ONS.

Preventing Suicide in England: a cross-government outcomes strategy to save lives (2012). *In* T. D. o. Health ed. London, The Stationary Office.

Pringle, J., et al. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse researcher* 18(3) 20-24.

Protection of Freedoms Act (2012). London, The Stationary Office.

Pugh, T. and Wallace, D. L. (2006). Heteronormative heroism and queering the school story in J. K. Rowling's Harry Potter series. *Children's Literature Association Quarterly* 31(3) 260-281.

Rabkin, J., et al. (1993). Resilience in Adversity Among Long-Term Survivors of AIDS. *Psychiatric Services* 44(2) 162-167.

Rajkumar, A. P., Premkumar, T. S. and Tharyan, P. (2008). Coping with the Asian tsunami: Perspectives from Tamil Nadu, India on the determinants of resilience in the face of adversity. *Social Science & Medicine* 67(5) 844-853.

Ramirez, H. and Bloeser, K. (2018). Risk and Resilience: A Review of the Health Literature of Veterans Who Identify as LGBT. *In* R. E, W. J and P. B eds. *ay Mental Healthcare Providers and Patients in the Military*. Cham, Springer.

Reed, S. J. and Miller, R. L. (2016). Thriving and Adapting: Resilience, Sense of Community, and Syndemics among Young Black Gay and Bisexual Men. *American Journal of Community Psychology* 57(1-2) 129-143.

Rees-Turyn, A. (2007). Coming Out and Being Out as Activism: Challenges and Opportunities for Mental Health Professionals in Red and Blue States. *Journal of Gay & Lesbian Psychotherapy* 11(3-4) 155-172.

Reisner, S. L., et al. (2014). *Transgender Health Disparities: Comparing Full Cohort and Nested Matched-Pair Study Designs in a Community Health Center* [*online*]. LGBT Health 1(3). Available at: https://www.liebertpub.com/doi/full/10.1089/lgbt.2014.0009 [Accessed 15/05/2018].

Rew, L. and Horner, S. D. (2003). Youth resilience framework for reducing health-risk behaviors in adolescents. *Journal of Pediatric Nursing* 18(6) 379-388.

Rhoads, R. A. (1995). Learning from the coming-out experiences of college males. *Journal of College Student Development* 36(1) 67-74.

Rich, A. (1980). Compulsory Heterosexuality and Lesbian Existence. *Signs* 5(4) 631-660.

Richards, L. (2016). For Whom Money Matters Less: Social Connectedness as a Resilience Resource in the UK. *Social Indicators Research* 125(2) 509-535.

Richardson, D. (1998). Sexuality and Citizenship. *Sociology* 32(1) 83-100.

Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology* 58(3) 307-321.

Riggle, E. D. B., et al. (2014). A multifactor lesbian, gay, and bisexual positive identity measure (LGB-PIM). *Psychology of Sexual Orientation and Gender Diversity* 1 398–411.

Ritchie, J., et al. (2014). Designing and Selecting Samples. *In* J. Ritchie et al. eds. *Qualitative research practice : a guide for social science students and researchers*. SAGE Publications Ltd. 111-146.

Rivers, I. and Cowie, H. (2006). Bullying and Homophobia in UK Schools: A Perspective on Factors Affecting Resilience and Recovery. *Journal of Gay & Lesbian Issues in Education* 3(4) 11-43.

Rivers, I., et al. (2018). LGBT people and suicidality in youth: A qualitative study of perceptions of risk and protective circumstances. *Social Science & Medicine* 212 1-8.

Robinson, J. L. (2000). Are There Implications for Prevention Research from Studies of Resilience? *Child Development* 71(3) 570-572.

Röndahl, G., Innala, S. and Carlsson, M. (2006). Heterosexual assumptions in verbal and non-verbal communication in nursing. *Journal of Advanced Nursing,* 56 373–381.

Roosa, M. W. (2000). Some Thoughts about Resilience versus Positive Development, Main Effects versus Interactions, and the Value of Resilience. *Child Development* 71(3) 567-569.

Ross, L. E., Dobinson, C. and Eady, A. (2010). Perceived Determinants of Mental Health for Bisexual People: A Qualitative Examination. *American Journal of Public Health* 100(3) 496-502.

Rubin, G. (1975). The traffic in women: notes on the 'political economy' of sex. *In* R. R. Reiter ed. *Toward an Anthropology of Women*. New York, Monthly Review Press.

Russell, S. T. (2005). Beyond Risk: Resilience in the Lives of Sexual Minority Youth. *Journal of Gay & Lesbian Issues in Education* 2(3) 5-18.

Rutter, J. and Smith, G. W. H. (2005). Ethnographic Presence in a Nebulous Setting. *In* C. Hine ed. *Virtual Methods: Issues in Social Research on the Internet*. Oxford, Berg. 81-92.

Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. *In* M. W. Kent and J. E. Rolf eds. *Primary prevention of psychopathology*. Hanover, University Press of New England.

Rutter, M. (1985). Resilience in the face of adversity. Protective factors and resistance to psychiatric disorder. *The British Journal of Psychiatry* 147(6) 598-611.

Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American journal of orthopsychiatry* 57(3) 316-331.

Rutter, M. (1989). Psychosocial Risk Trajectories and Beneficial Turning Points. *In* S. Doxiadis and S. Stewart eds. *Early Influences Shaping The Individual*. Springer US. 229-239.

Rutter, M. (1990). Psychosocial resilience and protective mechanisms. *In* J. ROLF et al. eds. *Risk and Protective Factors in the Development of Psychopathology*. Cambridge, Cambridge University Press.

Rutter, M. (1999). Resilience concepts and findings: implications for family therapy. *Journal of Family Therapy* 21(2) 119-144.

Rutter, M. (2000). Resilience Reconsidered: Conceptual Considerations, Empirical Findings, and Policy Implications. *In* J. P. Shonkoff and S. J. Meisels eds. *Handbook of early childhood intervention*. Cambridge, Cambridge University Press. 651-682.

Rutter, M. (2001). Psychosical Adversity: Risk, Resilience and Recovery. *In* J. M. Richman and F. W. Mark eds. *The Context of Youth Violence*. Praeger. 13-42.

Rutter, M. (2006). Implications of Resilience Concepts for Scientific Understanding. *Annals of the New York Academy of Sciences* 1094(1) 1-12.

Ryan, C., et al. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics* 123(1) 346-352.

Sabur, R. (2018). Bermuda becomes world's first country to repeal same-sex marriage legislation. *The Telegraph*. London, Telegraph Media Group.

Sanders, G. L. and Kroll, I. T. (2000). Generating Stories of Resilience: Helping Gay and Lesbian Youth and their Families. *Journal of Marital and Family Therapy* 26(4) 433-442.

Schneider, M. S. and Dimito, A. (2010). Factors Influencing the Career and Academic Choices of Lesbian, Gay, Bisexual, and Transgender People. *Journal of Homosexuality* 57(10) 1355-1369.

Schoon, I. and Bynner, J. (2003). Risk and Resilience in the Life Course: Implications for Interventions and Social Policies. *Journal of Youth Studies* 6(1) 21-31.

Scourfield, J., Roen, K. and McDermott, L. (2008). Lesbian, gay, bisexual and transgender young people's experiences of distress: resilience, ambivalence and self-destructive behaviour. *Health & Social Care in the Community* 16(3) 329-336.

Seery, M. D., Holman, E. A. and Silver, R. C. (2010). Whatever Does Not Kill Us: Cumulative Lifetime Adversity, Vulnerability, and Resilience. *Journal of Personality & Social Psychology* 99(6) 1025-1041.

Sesma, A., Mannes, M. and Scales, P. C. (2013). Positive Adaptation, Resilience and the Developmental Assets Framework. *In* S. Goldstein and B. R. Brooks eds. *Handbook of Resilience in Children*. Boston, MA, Springer US. 427-442.

Sexual Orientation Monitoring: Full Specification (2017). London, NHS England Equality and Health Inequalities Unit.

Seymour, W. S. (2001). In the flesh or online? Exploring qualitative research methodologies. *Qualitative Research* 1(2) 147-168.

Shields, S. A. (2008). Gender: An Intersectionality Perspective. *Sex Roles* 59(5) 301-311.

Shilo, G., Antebi, N. and Mor, Z. (2015). Individual and Community Resilience Factors Among Lesbian, Gay, Bisexual, Queer and Questioning Youth and Adults in Israel. *American Journal of Community Psychology* 55(1) 215-227.

Silverman, D. (2013). *Doing qualitative research*. 4th ed. ed. London: Sage.

Simpson, P., Almack, K. and Walthery, P. (2016). 'We treat them all the same': the attitudes, knowledge and practices of staff concerning old/er lesbian, gay, bisexual and trans residents in care homes. *Ageing and Society* 1-31.

Singh, A. A. (2013). Transgender Youth of Color and Resilience: Negotiating Oppression and Finding Support. *Sex Roles* 68(11) 690-702.

Skerrett, D. M., Kõlves, K. and De Leo, D. (2014). Suicides among lesbian, gay, bisexual, and transgender populations in Australia: An analysis of the Queensland Suicide Register. *Asia-Pacific Psychiatry* n/a-n/a.

Smith, A. M. A., et al. (2003). Sex in Australia: Sexual identity, sexual attraction and sexual experience among a representative sample of adults. *Australian and New Zealand Journal of Public Health* 27(2) 138-145.

Smith, B. W., et al. (2008). The brief resilience scale: Assessing the ability to bounce back. *International Journal of Behavioral Medicine* 15(3) 194-200.

Smith, B. W., et al. (2010). Resilience as the ability to bounce back from stress: A neglected personal resource? *The Journal of Positive Psychology* 5(3) 166-176.

Smith, J. A. (1996). Beyond the divide between cognition and discourse: Using interpretative phenomenological analysis in health psychology. *Psychology & Health* 11(2) 261-271.

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology* 1(1) 39-54.

Smith, J. A. and Eatough, V. (2016). Interpretative Phenomenological Analysis. *In* E. e. Lyons and A. e. Coyle eds. *Analysing qualitative data in psychology*. SAGE.

Smith, J. A., Flowers, P. and Larkin, M. (2009). *Interpretative phenomenological analysis : theory, method and research*. London: SAGE.

Smith, J. A., Flowers, P. and Osborn, M. (1997). Interpretative phenomenological analysis and the psychology of health and illness. *In* L. Yardley ed. *Material discourses of health and illness*. London, Routledge. 68-91.

Smith, J. A. and Osborn, M. (2003). Interpretative phenomenological analysis. *In* J. A. Smith ed. *Qualitative psychology. A practical guide to research methods*. London, SAGE. 51-80.

Smith, M. S. and Gray, S. W. (2009). The Courage to Challenge: A New Measure of Hardiness in LGBT Adults. *Journal of Gay & Lesbian Social Services* 21(1) 73-89.

Smith, R. W., et al. (2018). Mental Health Care for LGBT Older Adults in Long-Term Care Settings: Competency, Training, and Barriers for Mental Health Providers. *Clinical Gerontologist* 1-6.

Snapp, S. D., et al. (2015). Social Support Networks for LGBT Young Adults: Low Cost Strategies for Positive Adjustment. *Family Relations* 64(3) 420-430.

Sools, A. and Mooren, J. H. (2012). Towards Narrative Futuring in Psychology: Becoming Resilient by Imagining the Future. *Graduate journal of social science* 9(2) 203-226.

Sophie, J. (1986). A Critical Examination of Stage Theories of Lesbian Identity Development. *Journal of Homosexuality* 12(2) 39-51.

Spears-Johnson, C. R., Kraemer-Diaz, A. E. and Arcury, T. A. (2016). Participation levels in 25 Community-based participatory research projects. *Health Education Research*.

Stajkovic, A. (2006). Development of a core confidence-higher order construct. *Journal of Applied Psychology* 91(6) 1208-1224.

Stanley, L. (1990). Feminist Praxis and the Academic Mode of Production. *In* L. Stanley ed. *Feminist Praxis. Research, Theory and Epistemology in Feminist Sociology*. London, Routledge. 3-19.

Stein, G. L., Beckerman, N. L. and Sherman, P. A. (2010). Lesbian and Gay Elders and Long-Term Care: Identifying the Unique Psychosocial Perspectives and Challenges. *Journal of Gerontological Social Work* 53(5) 421-435.

Stein, M. (2008). Resilience and Young People Leaving Care. *Child Care in Practice* 14(1) 35-44.

Stevens, A. (2011). Telling Policy Stories: An Ethnographic Study of the Use of Evidence in Policy-making in the UK. *Journal of Social Policy* 40(02) 237-255.

Stokes, P. (2013). *Full story: What does the Census tell us about religion in 2011?* [*online*]. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/fullstorywhatdoesthecensustellusaboutreligionin2011/2013-05-16 [Accessed 29/10/2018].

Stoltz, M., Young, R. and Bryant, K. (2014). Can Teacher Self-Disclosure Increase Student Cognitive Learning? *College Student Journal* 48(1) 166-172.

Stone, A. L. (2009). More than Adding a T: American Lesbian and Gay Activists' Attitudes towards Transgender Inclusion. *Sexualities* 12(3) 334-354.

Stonewall. (2016). *Key dates for lesbian, gay, bi and trans equality* [*online*]. Available at: https://www.stonewall.org.uk/about-us/key-dates-lesbian-gay-bi-and-trans-equality.

Stonewall. (2017). *What's the situation for LGBT people worldwide?* [*online*]. Available at: https://www.stonewall.org.uk/our-work/international-work-1 [Accessed 28/04/2018].

Strategic National Framework on Community Resilience (2011). *In* T. C. Office ed. London, The Stationary Office.

Sturges, J. E. and Hanrahan, K. J. (2004). Comparing Telephone and Face-to-Face Qualitative Interviewing: a Research Note. *Qualitative Research* 4(1) 107-118.

Sullivan, A. (1996). *Virtually normal: an argument about homosexuality*. London, etc.: Picador.

Sullivan, N. (2003). *A Critical Introduction to Queer Theory*. New York: New York University Press.

Sundevall, F. and Persson, A. (2016). LGBT in the Military: Policy Development in Sweden 1944–2014. *Sexuality Research and Social Policy* 13(2) 119-129.

Switchboard LGBT+ helpline [*online*]. Available at: https://switchboard.lgbt/ [Accessed 11/08/2015].

Szymanski, D. M., Mikorski, R. and Carretta, R. F. (2017). Heterosexism and LGB Positive Identity: Roles of Coping and Personal Growth Initiative. *The Counseling Psychologist* 45(2) 294-319.

Theron, L. C. and Theron, A. M. C. (2010). A critical review of studies of South African youth resilience, 1990-2008. *South African Journal of Science* 106 1-8.

Trotta, D. (2017). *Trump revokes Obama guidelines on transgender bathrooms* [*online*]: Reuters. Available at: https://www.reuters.com/article/us-usa-trump-lgbt/trump-revokes-obama-guidelines-on-transgender-bathrooms-idUSKBN161243 [Accessed 17/11/18].

Tse, J. and Kwon, P. (2017). Extraversion as a moderator for resilience factors among gay men. *Journal of Gay & Lesbian Mental Health* 21(2) 115-131.

Tugade, M., M and Fredrickson, B., L (2004). Resilient Individuals Use Positive Emotions to Bounce Back From Negative Emotional Experiences. *Journal of Personality and Social Psychology* 86(2) 320–333.

Ungar, M. (2004). *Nurturing Hidden Resilience in Troubled Youth*. Toronto: University of Toronto Press.

Ungar, M. (2008). Resilience across Cultures. *British Journal of Social Work* 38(2) 218-235.

Valentine, G., Wood, N. and Plummer, P. (2009). The Experiences of Lesbian, Gay, Bisexual and Trans Staff and Students in Higher Education. London, The Equality Challenge Unit.

van Beusekom, G., et al. (2015). Same-sex attraction, gender nonconformity, and mental health: The protective role of parental acceptance. *Psychology of Sexual Orientation and Gender Diversity* 3(2) 307-312.

Vanderbilt-Adriance, E. and Shaw, D. S. (2008). Conceptualizing and Re-Evaluating Resilience Across Levels of Risk, Time, and Domains of Competence. *Clinical Child and Family Psychology Review* 11(1) 30-58.

Veale, J. F. (2008). Prevalence of Transsexualism Among New Zealand Passport Holders. *Australian & New Zealand Journal of Psychiatry* 42(10) 887-889.

Villar, F., et al. (2013). As long as they keep away from me: attitudes toward non-heterosexual sexual orientation among residents living in Spanish residential aged care facilities. *The Gerontologist* 55(6) 1006-1014.

Vitalaki, E., Kourkoutas, E. and Hart, A. (2018). Building inclusion and resilience in students with and without SEN through the implementation of narrative speech, role play and creative writing in the mainstream classroom of primary education. *International Journal of Inclusive Education* 1-14.

Von Eye, A. and Schuster, C. (2000). The Odds of Resilience. *Child Development* 71(3) 563-566.

Wall, W. D. (1970). *Longitudinal studies & the social sciences*. London: Heinemann.

Walsh, F. (2002). Bouncing Forward: Resilience in the Aftermath of September 11. *Family Process* 41(1) 34-36.

Walsh, F. (2003). Family Resilience: A Framework for Clinical Practice. *Family Process* 42(1) 1-18.

Walsh, M. (2000). *Social policy & welfare*. Cheltenham, Glos., U.K.: Stanley Thornes.

Wang, J., et al. (2007). Health status, behavior, and care utilization in the Geneva Gay Men's Health Survey. *Preventive Medicine* 44(1) 70-75.

Warner, M. (1991). Introduction: Fear of a Queer Planet. *Social Text* 29 3-17.

Warner, M. (1993). *Fear of a queer planet : queer politics and social theory*. Minneapolis: University of Minnesota Press.

Waugh, C. E. and Koster, E. H. W. (2015). A resilience framework for promoting stable remission from depression. *Clinical Psychology Review* 41 49-60.

Weeks, J. (1989). *Sex Politics and Society*. Harlow: Longman.

Weeks, J. (2000). *Making sexual history*. Malden, Mass.: Polity Press.

Weeks, J. (2003). *Sexuality*. London: Routledge.

Weeks, J. (2007). *The world we have won: the remaking of erotic and intimate life*. London: Routledge.

Werner, E. and Smith, R. (1982). *Vulnerable but invincible: A study of resilient children and youth*: McGraw-Hill Companies.

Wexler, L. M., DiFluvio, G. and Burke, T. K. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine* 69(4) 565-570.

Whisman, V. (1996). *Queer By Choice*. New York: Routledge.

Wilkerson, J. M., et al. (2014). Recommendations for Internet-Based Qualitative Health Research With Hard-to-Reach Populations. *Qualitative Health Research* 24(4) 561-574.

Wilkinson, R. (1996). *Unhealthy Societies: The Afflictions of Inequality*. London: Routledge.

Willis, P. (2012). Talking sexuality online – technical, methodological and ethical considerations of online research with sexual minority youth. *Qualitative Social Work* 11(2) 141-155.

Willis, P., et al. (2016). Swimming upstream: the provision of inclusive care to older lesbian, gay and bisexual (LGB) adults in residential and nursing environments in Wales. *Ageing and Society* 36(2) 282-306.

Wilton, T. (2000). *Sexualities in health and social care : a textbook*. Buckingham: Open University Press.

Windle, G. (2011). What is resilience? A review and concept analysis. *Reviews in Clinical Gerontology* 21(02) 152-169.

Winter, B., Forest, M. and Sénac, R. (2018). Introduction. *In* B. Winter, M. Forest and R. Sénac eds. *Global Perspectives on Same-Sex Marriage: A Neo-Institutional Approach*. Cham, Springer International Publishing. 1-18.

Witten, T. M. and Eyler, A. E. (2012). *Gay, Lesbian, Bisexual, and Transgender Aging: Challenges in Research, Practice, and Policy*. Baltimore: The John Hopkins University Press.

Wolfson, N. E. and Mulqueen, C. (2016). Advancing Employee Resilience Research: Additional Thoughts. *Industrial and Organizational Psychology* 9(2) 452-456.

Wong, F. Y. (2015). In Search for the Many Faces of Community Resilience Among LGBT Individuals. *American Journal of Community Psychology* 55(1-2) 239-241.

Woulfe, J. M. and Goodman, L. A. (2018). Identity Abuse as a Tactic of Violence in LGBTQ Communities: Initial Validation of the Identity Abuse Measure. *Journal of Interpersonal Violence* 00(0) 1-21.

Wright, K. (2016). Resilient communities? Experiences of risk and resilience in a time of austerity. *International Journal of Disaster Risk Reduction*.

Wright, K. B. (2005). Researching Internet-Based Populations: Advantages and Disadvantages of Online Survey Research, Online Questionnaire Authoring Software Packages, and Web Survey Services. *Journal of Computer-Mediated Communication* 10(3) 00-00.

Yoshino, K. (2006). *Covering: The Hidden Assault On Our Civil Rights*. New York: Random House.

Zhu, Z., Galatzer-Levy, I. R. and Bonanno, G. A. (2014). Heterogeneous depression responses to chronic pain onset among middle-aged adults: A prospective study. *Psychiatry Research* 217(1–2) 60-66.

Zimmerman, L., et al. (2015). Resilience in Community: A Social Ecological Development Model for Young Adult Sexual Minority Women. *American Journal of Community Psychology* 55(1-2) 179-190.

Zraly, M. and Nyirazinyoye, L. (2010). Don't let the suffering make you fade away: An ethnographic study of resilience among survivors of genocide-rape in southern Rwanda. *Social Science & Medicine* 70(10) 1656-1664.

Appendices.

Appendix One – Topic Guide.

Topic Guide.
Resilience: an LGBT+ Perspective.

Individual Experiences of Resilience

- How do you cope when struggling with something?
- Are there times in your life when you haven't been resilient?
- What difficulties have you faced in your life?
- In what ways have you changed during your life?
- Are you resilient? Can you point back to a time you were/weren't?
- What contributes to your resilience?
- When has resilience been important in your life?
- How could your resilience be supported?
- How do you imagine your future?

Community Experiences of Resilience

- Do you think of the LGBT+ community resilient?
- Are you involved in any community organisations? Do these impact on your resilience?
- Do you feel this involvement impacts on your resilience?
- Do you see any tensions in the LGBT+ community
- Are your friends/family resilient? In what ways?
- In what ways are your community/s resilient?
- What does community mean to you? Who are your community?

Methods

- Were you satisfied with the options for interview?
- Did you feel you were able to freely express yourself?
- Did you feel comfortable with your chosen interview method?

Questionnaire

- Biography
- Clarifications
- Follow-ups

Concept of Resilience

- Do you think of yourself as resilient? Do you think this will change or continue to be the same?
- Can you teach someone to be resilient?
- Has the way you think about resilience changed over time?
- What are the consequences of not being resilient?
- Is resilience desirable?
- What does resilience mean to you?

Society

- How could things be improved for LGBT+ people?
- What are the structures in society that contribute or detract from your resilience?
- Why do you think resilience is encouraged?
- What are the constraints to you becoming more resilient?
- What difficulties do you see the LGBT+ community facing?

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Appendix Two – Online Questionnaire Participant Information Sheet

Study title
Resilience: an LGBT+ Perspective.

Introduction
Do you identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual or Pansexual (LGBT+? If so, I would like to invite you to take part in a study into resilience. Before you decide whether to take part, I would like you to understand why this research is taking place and what it would involve for you. If there is anything that is not clear, please contact Eppie Leishman using the details provided below.

What is the purpose of this study?

It is hoped that the project will provide useful information for policy makers, practitioners and LGBT+ groups about wellbeing and resilience from LGBT people's points of view. It will also generate the knowledge that which will be used for my PhD in the Department of Social Policy and Social Work at the University of York.

Do I have to take part?

Your participation in this project is entirely voluntary. You are not obliged to take part. If you do not wish to take part you do not have to give a reason and you will not be contacted again. Similarly, if you do agree to participate you are free to withdraw at any time, including during the online questionnaire, without giving a reason. You may also choose not to answer any question during the online questionnaire without giving a reason.

What will happen to me if I take part?

If you are interested in taking part you can follow this link (will be added once ethical approval is granted) to undertake the online questionnaire. You will be asked a series of 6 questions about resilience and wellbeing. These questions will be presented on separated screen with boxes for you to write your answer into. If you agree to take part you can choose to remain entirely anonymous or provide your details for a follow up interview. If you agree, anonymous quotations from the questionnaire will be used in my thesis and any publications arising from this research. If you would prefer you can contact the researcher and participate in an interview instead.

What are the possible benefits and risks of taking part?

I cannot promise that taking part in this research will help you, but the information I get from this study may help to improve understanding of resilience and wellbeing. You will be provided with a copy of the study's brief final report by email if you wish. There are minimal risks associated with taking part in this study.

What will happen if I don't want to carry on with the study?

You have the right to withdraw from the study at any point and are not obliged to provide a reason for this. Your data can be withdrawn from the study on your request.

Will my taking part in the study be kept confidential?

Everything you say is confidential. I will anonymise all quotes used in any publications arising from the study. You have the right to check the accuracy of information held about you and correct any errors. Your data will be stored at the University of York and identifiable data such as your name, email address and telephone number will be stored separately to ensure all data remains anonymous.

Who can I contact if I need support after I take part in the study?

If during or after taking part in the study you feel like you would like to talk to someone you can contact a number of support services. Switchboard, a helpline specifically for those who identify as LGBT+, can be contacted on 0300 330 0630 or chris@switchboard.lgbt. The Samaritans offer telephone and email support and can be contacted on 08457 90 90 90 or jo@samaritans.org. The NHS offers telephone health advice and reassurance and can be contacted for free on 111.

How can I find out more?

If you have any queries about the study or would like to participate, please contact the researcher:

Ms Eppie Leishman
Department of Social Policy and Social Work
University of York
Heslington
York YO10 5DD

Email: eppie.leishman@york.ac.uk

This project is being supervised by Prof Martin Webber and Dr Aniela Wenham if you have any other queries or complaints about the study please contact either:

Prof Martin Webber	**Dr Aniela Wenham**
Department of Social Policy and Social Work	Department of Social Policy and Social Work
University of York	University of York
Heslington	Heslington
York YO10 5DD	York YO10 5DD
Tel: 01904 321203	Tel: 01904 321236
Email: martin.webber@york.ac.uk	Email: Aniela.wenham@york.ac.uk

Appendix Three – Questionnaire Consent.

Study title: Resilience: an LGBT+ perspective.

Principal Investigator: Eppie Leishman

Please tick box as applicable

1.   I confirm that I identify as LGBT+.

Yes ☐

No ☐

2.   I confirm that:
-   I have read and understood the information sheet
    (on the previous page) for the above study.
-   I have had the opportunity to consider the information.
-   I understand that my participation is voluntary and that I
    am free to withdraw at any time without giving any
    reason.
-   I understand that data collected from me during the study will be kept
    confidential. I agree for quotations from me to be used anonymously
    in publications arising from the study, as appropriate.

Yes ☐

No ☐

3.   I agree to take part in this study.

Yes ☐

No ☐

Appendix Four – Questionnaire Questions.

1. Could you please describe yourself including any of these details you are willing

   to share; gender, sexual orientation, age and relationship and employment

   statuses?

2. What does resilience mean to you?

3. What contributes to or detracts from your resilience?

4. What difficulties do you see the LGBT+ community facing?

5. What difficulties have you faced?

6. Finally, in what ways do you consider yourself to be resilient?

7. Before finishing this questionnaire, is there anything else you would like to add
   to your responses or any feedback or suggestions on how to improve this
   questionnaire?

Appendix Five – Completed Questionnaire Form.

Study title: Resilience: an LGBT+ perspective.

Principal Investigator: Eppie Leishman

Thank you for taking the time to take part in the study your responses are valuable and appreciated.

1. If you would like to receive a brief outline of the results please provide your email address:

2. If you are willing to be interviewed via email, Skype or instant messaging in regards to your answers please provide your email address. Alternatively you can contact the researcher directly at eppie.leishman@york.ac.uk:

Appendix Six – Distance Interview Participant Information Sheet

Study title
Resilience: an LGBT+ Perspective.

Introduction
Do you identify as Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual or Pansexual (LGBT+? If so, I would like to invite you to take part in a study into resilience. Before you decide whether to take part, I would like you to understand why this research is taking place and what it would involve for you. If there is anything that is not clear, please contact Eppie Leishman using the details provided below.

What is the purpose of this study?
It is hoped that the project will provide useful information for policy makers, practitioners and LGBT+ groups about resilience from LGBT+ people's points of view. It will also generate the knowledge that which will be used for my PhD in the Department of Social Policy and Social Work at the University of York.

Do I have to take part?
Your participation in this project is entirely voluntary. You are not obliged to take part. If you do not wish to take part you do not have to give a reason and you will not be contacted again. Similarly, if you do agree to participate you are free to withdraw at any time, including during the interview, without giving a reason. You may also choose not to answer any question during the interview without a reason being given. I will describe the study and go through this information sheet with you before the interview. If you agree to take part, I will email you a consent form and we will go through it together.

What will happen to me if I take part?
If you are interested in taking part this can happen in a number of ways. You can contribute to the study through a Skype call (audio or visual), email or instant messaging (Skype or gmail). If you agree to be interviewed, the type and timing of the interview will be mutually agreed depending on what is most convenient for you. You will be asked about resilience and wellbeing in the context of your home, professional and social life. Email interviews can be conducted over a set period of time, for example an hour, or over a longer period, such as periodically over a week, if preferred. If you agree, Skype interviews will be audio recorded and then transcribed. Again if you agree, anonymous quotations from these transcriptions will be used in my thesis and any publications arising from this research.

What are the possible benefits and risks of taking part?
I cannot promise that taking part in this research will help you, but the information I get from this study may help to improve understanding of resilience. You can be provided with a copy of the study's brief final report by email if you wish. There are minimal risks associated with taking part in this study.

What will happen if I don't want to carry on with the study?
You have the right to withdraw from the study at any point and are not obliged to provide a reason for this. Your data can be withdrawn from the study on your request.

Will my taking part in the study be kept confidential?
Everything you say is confidential unless you tell me something that indicates that you or someone else is at risk of harm. I would discuss this with you before telling anyone else. I will anonymise all quotes used in any publications arising from the study. You have the right to check the accuracy of information held about you and correct any errors. Your data will be stored at the University of York and identifiable data such as your name, email address and telephone number will be stored separately to ensure all data remains anonymous.

Who can I contact if I need support after I take part in the study?
If during or after taking part in the study you feel like you would like to talk to someone you can contact a number of support services. Switchboard, a helpline specifically for those who identify as LGBT+, can be contacted on 0300 330 0630 or chris@switchboard.lgbt. The Samaritans offer telephone and email support and can be contacted on 08457 90 90 90 or jo@samaritans.org. The NHS offers telephone health advice and reassurance and can be contacted for free on 111.

How can I find out more?
If you have any queries about the study or would like to participate, please contact the researcher:
Ms Eppie Leishman
Department of Social Policy and Social Work
University of York
Heslington
York YO10 5DD

Email: eppie.leishman@york.ac.uk

This project is being supervised by Prof Martin Webber and Dr Aniela Wenham if you have any other queries or complaints about the study please contact either:

Prof Martin Webber	**Dr Aniela Wenham**
Department of Social Policy and Social Work	Department of Social Policy and Social Work
University of York	University of York
Heslington	Heslington
York YO10 5DD	York YO10 5DD
Tel: 01904 321203	Tel: 01904 321236
Email: martin.webber@york.ac.uk	Email: Aniela.wenham@york.ac.uk

Appendix Seven – Skype Interview Consent Form.

Study title: Sexuality, Resilience and Wellbeing.

Principal Investigator: Eppie Leishman

Please tick box as applicable

1. I confirm that I do not identify with a heterosexual label.

    Yes ☐
    No ☐

2. I confirm that:
    - I have read and understood the information sheet (v.1 dated 10.11.2016) for the above study.
    - I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
    - I understand that my participation is voluntary and that I am free withdraw at any time without giving any reason.
       I understand that data collected from me during the study will be kept confidential. I agree for quotations from me to be used anonymously in publications arising from the study, as appropriate.

    Yes ☐
    No ☐

3. I would like to receive a brief analysis of the results through email.

    Yes ☐
    No ☐

4. I agree for the interview to be audio-recorded.

    Yes ☐
    No ☐

5. I agree to take part in this study.

    Yes ☐
    No ☐

_____   _____   _____
Name of participant   Date   Signature

_____   _____   _____
Name of person taking consent Date   Signature

When completed: 1 for participant; 1 for researcher file

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Appendix Eight – Email and Instant Messaging Interview Consent Form.

Study title: Resilience: an LGBT+ perspective.

Principal Investigator: Eppie Leishman

Please tick box as
applicable

Yes ☐

1.   I confirm that I identify as LGBT+.

No ☐

2.   I confirm that:

-    I have read and understood the information sheet
 (v.1 dated 05.06.2015) for the above study.
-    I have had the opportunity to consider the information,
    ask

Yes ☐

 questions and have had these answered satisfactorily.

No ☐

-    I understand that my participation is voluntary and that I am free to
 withdraw at any time without giving any reason.
-    I understand that data collected from me during the study will be kept
 confidential. I agree for quotations from me to be used anonymously
 in publications arising from the study, as appropriate.

Yes ☐

3.   I would like to receive a brief analysis of the results through email.

No ☐

Yes ☐

4.   I agree to take part in this study.

No ☐

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Name of participant   Date   Signature

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Name of person taking consent   Date   Signature

When completed: 1 for participant; 1 for researcher file

Appendix Nine – Coding Framework.

1. **How do LGBT+ people understand and experience adversity?**

Coming Out

- First
- Frustration
- Hiding
- Not out
- Out
- Out for long time
- Perpetual outing
- Wanting to come out

Discrimination
- Biphobia
- Bullying
- Expectation of discrimination
- Hate crimes
- Harassment
- Heteronormativity
- Homophobia
- Luck/Lucky
- Fear of discrimination
- Others have it worse
- Physical violence
- Racism
- Verbal
- Transphobia

Fear

- Discrimination
- Future
- Ageing

Isolation

Fear

- Brexit
- Politics
- Referendum
- Retrenchment
- Right wing
- Trump

Visibility

- Appearance
- Backlash
- Invisibility
- Language
- Location

- Media
- Stereotyping

2. How do LGBT+ people understand and experience resilience in the context of navigating adversity?

<u>Experience Resilience</u>

- Authenticity
- Change
- Childhood
- Community
    - Belonging
    - Community support
    - Lack of community/not involved in community
    - Location
        - In person
        - Online
    - Oppression
    - Organising
    - Positive community
    - Problems community
    - Trans community
- Confidence
- Demonstrating resilience
- Disability
- Emotions
- Family
    - Family general
    - Family Resilience
    - Family support
    - Parents
    - Partner
    - Rejection
- Feeling resilient
- Finance
    - Financially secure
    - Lacking finances
- Friends
    - Friends general
    - Friends support
    - Resilient friends
- Humour
- Identity
    - Pride
- Improving
- Independence
- Lack of resilience
- Location
    - Safe spaces
    - School

- University
- Workplace
- Loneliness
- Media
- Medical
- Personal finance
- Policy
- Religion
- Risk taking
- Stability
- Still here
- Lack of support
- Varying resilience

Mental Health

- Family - mental health
- LGBT+ mental health
- Mental health general
- Mental health specific
  - ADHD
  - Anxiety
  - Bipolar
  - Breakdown
  - Depression
  - Detachment
  - Dysphoria
  - Eating Disorder
  - Employment MH
  - Medication
  - Panic attack
  - Self-harm
  - Stress
  - Suicide
- Partner mental health
- Personal mental health
- Therapy
- Treatment

Understand Resilience

- Adaptable
- Adversity
- Asking for help
- 'Bouncing back'
- Combination
- Community resilience
- Control
- Coping
- Desirable
- Flexibility
- Gradual

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- Individual
- Intersectional resilience
- Learned
- Natural/biological
- Normal
- Not giving up
- Problematic
- Recovery
- Required
- Resource
- Self-belief
- Speed
- Strength
- Structural understanding
- Survival
- Values
- Varies
- Withstand

3. **In what ways, if at all, do notions of difference, such as sexual orientation and gender identity, interlink and impact on experiences and understandings of resilience?**

Age
- Ageism
- Better over time
- Changes in attitude
- Getting older

Gender identity
- Non-binary
- Sexism
- Trans

Global situation

Intersectionality

Sexual orientation
- Biological
- Choice
- Sexualisation

4. **Method.**

Method Negatives

Method Positives

Reflexivity

Suggestions

Valuable Research