

A sociological exploration of lived experiences of LGBT people in the UK

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Published version

FORMBY, Eleanor (2018). A sociological exploration of lived experiences of LGBT people in the UK. Doctoral, Sheffield Hallam University.

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**A SOCIOLOGICAL EXPLORATION OF
LIVED EXPERIENCES OF LGBT
PEOPLE IN THE UK**

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*Published works submitted in partial
fulfilment of the requirements of Sheffield
Hallam University for the degree of Doctor
of Philosophy on the Basis of Published
Work*

October 2017

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PUBLISHED WORKS

The works consist of four articles published in leading peer-reviewed journals and one monograph:

R1) Formby, E. (2011) 'Sex and relationships education, sexual health, and lesbian, gay and bisexual sexual cultures: Views from young people', *Sex Education* 11 (3): 255-66 [http://dx.doi.org/10.1080/14681811.2011.590078]

R2) Formby, E. (2011) 'Lesbian and bisexual women's human rights, sexual rights and sexual citizenship: Negotiating sexual health in England', *Culture, Health and Sexuality* 13 (10): 1165-79 [http://dx.doi.org/10.1080/13691058.2011.610902]

R3) Formby, E. (2013) 'Understanding and responding to homophobia and bullying: Contrasting staff and young people's views within community settings in England', *Sexuality Research and Social Policy* 10 (4): 302-16 [http://dx.doi.org/10.1007/s13178-013-0135-4]

R4) Formby, E. (2015) 'Limitations of focussing on homophobic, biphobic and transphobic 'bullying' to understand and address LGBT young people's experiences within and beyond school', *Sex Education* 15 (6): 626-40 [http://dx.doi.org/10.1080/14681811.2015.1054024]

R5) Formby, E. (2017) *Exploring LGBT spaces and communities: Contrasting identities, belongings and wellbeing*. Abingdon: Routledge

ABSTRACT

This body of work examines lived experiences of LGBT people within three sub-themes: sex and relationships education (SRE) and sexual health; homophobic, biphobic and transphobic (HBT) bullying; understandings and experiences of LGBT 'community'.

I have identified a persistent invisibility of LGBT identities in school-based SRE and NHS healthcare provision, and argue that heteronormativity and heterosexism impact on sexual decision-making and sexual wellbeing. In particular, they foster fears about health services, specific concerns about confidentiality and/or disclosure, and fears about judgement or discrimination during health-related encounters.

In work in school and youth work settings I have linked curriculum invisibility to experiences of homophobia, suggesting that there is more at play than individual experiences of 'bullying'. I have highlighted the complexity of language use related to homophobia and bullying, and demonstrated that some school responses can (appear to) 'abnormalise' LGBT identities, for instance in referrals to counselling that young LGBT people can interpret as apportioning 'blame'. I have also pointed to tensions between governmental efforts to address HBT bullying and, until recently, their lack of support for school-based SRE.

In exploring constructions of LGBT 'community', I have demonstrated the complexity of experiences, and argued that use of the (singular) term 'LGBT community' risks minimising or misunderstanding such diversity, which has implications for service planning and provision.

Across my work, I stress the importance of adopting a sociological approach to what are often psychologised subjects, demonstrated in my illustrations of people's ongoing (LGBT) identity management. In doing so, I show how legislative developments do not always lead to improved experiences for LGBT people. However, I seek to influence policy and practice in a way that does not over-state LGBT people's perceived 'vulnerabilities' or 'at riskness', and that does not portray (particularly young) LGBT people as inherent 'victims' in need of 'support'.

CRITICAL APPRAISAL

Introduction

For the past seventeen years I have worked as a professional researcher (currently I am a Senior Research Fellow within Sheffield Institute of Education at Sheffield Hallam University). During this time my research interests have evolved from a concern with the wellbeing of young people to a more specific focus on sexual health, sex education and 'young' pregnancy/parenting. This has led me to specialise in lesbian, gay, bisexual and trans (LGBT) wellbeing and experiences of sexual health, schooling and society – my area of expertise over the last ten years. This specialism developed through my growing interest in the marginalisations inherent in heteronormative institutions and practices that can lead to negative impacts on health and wellbeing, and educational experiences and attainment. My interests are therefore situated at the nexus between sociology (my disciplinary background) and education (my current working context). These interests are reflected in the submitted works (R1-R5) which I will discuss in further detail below. The outputs were all sole-authored and published in the period 2011-2017.

As a whole, the works (R1-R5) relate to the lives of LGBT people in the UK, both as young people and adults. More specifically, there are three sub-themes: R1 and R2 focus on sex and relationships education and sexual health; R3 and R4 concentrate on homophobic, biphobic and transphobic bullying; and R5 relates to understandings and experiences of LGBT 'community' (covering a broad range of interrelated issues within that). In this critical appraisal I will outline below my aims, provide a description of the programme of research, summarise my areas of analysis, set out the coherence of the works, and indicate their significance and contribution to knowledge.

Early sociological research on homosexuality focussed on gay men (and to a lesser extent lesbians) and emphasised the social construction of sexual identities (Weeks, 1995, 2000), shaped by 'macro' institutions – such as religion, the family, education, medicine, media and the law – and 'micro' interactions in everyday social contexts. An underlying belief was that sexual 'conduct' (Simon and Gagnon, 1967) is assembled and judged through human interaction and performance (Gagnon, 1977), i.e. it is shaped within and by society (Gagnon and Simon, 1973). Coinciding with the emergence of 'gay liberation' activism and wider identity politics in the 1960s and 1970s there was a particular interest in issues connected to coming or being 'out', and the 'learning' of sexual roles and identities (McIntosh, 1968; Plummer, 1975, 1981). Fundamentally, this work challenged the notion that homosexuality was "evil, a sin, a sickness" (Plummer, 1975: 96), arguing that it is "a social category, rather than a medical or psychiatric one" (McIntosh, 1968). Since then, there has been an expansion of literature examining a range of related issues, for example, gay friendships and 'families of choice' (Nardi, 1999; Weeks et al, 2001), and more recently, experiences of same-sex marriage (Heaphy et al, 2013), LGBT youth (Kjaran, 2017; Taylor, 2016) and LGB ageing (King, 2016; Simpson, 2015), among other things. There has also been increasing awareness of the multiple experiences and identities among LGBT people (Richardson and Seidman, 2002), most recently in scholarship utilising the concept of intersectionality (e.g. see Taylor et al, 2010). At the same time, sociological language has evolved from talking about 'homosexuality' and/or sexual 'orientation' (Whitam, 1977), with all the medicalised and fixed connotations they bring, to talking more about sexual identities. I recognise that

there has also been an expansion of work on LGBT lives within other disciplines, such as geography and psychology, but my interest here is in sociological perspectives, and specifically how my own contribution builds on, and adds to, this canon of work.

Aims

Whilst each original study had its own aims, here I articulate what the submitted body of work aims to achieve:

1. To examine, from a sociological perspective, LGBT lives, with particular reference to sex and relationships education and sexual health; homophobic, biphobic and transphobic bullying; and LGBT 'community';
2. To increase understanding of LGBT lives without adding to their pathologisation, or the perception that those who identify as LGBT are inherent 'victims';
3. To give a 'voice' to LGBT people who may challenge taken-for-granted assumptions, for example about the inevitability of bullying or the notion of belonging to a readymade 'community'.

The above aims are inevitably linked, concerned as they are with shedding light on LGBT people's lives. In a context of increasing 'tolerance' or 'acceptance' towards LGBT identities, I highlight specific areas where there is ongoing potential for negative experiences, including in health services, schools and community settings.

Description of the research

In this section I outline the research studies on which the published works draw (the outputs themselves include more detailed information on methods and research processes). In each study, I played a lead role in research design, data collection and (thematic) data analysis.

Study 1, entitled *Socialising and sexual health: An evaluation of the needs of gay and bisexual men and men who have sex with men in Sheffield*, was conducted for NHS Sheffield and took place in 2007-2009. The project aimed to explore the needs of gay, bisexual and men who have sex with men in Sheffield in order to inform local service provision. This study included a self-completion survey of men (n = 90), supplemented by five individual semi-structured interviews. The study fed into R1.

Study 2, *Lesbian, bisexual women and women who have sex with women: An evaluation of sexual health needs and experiences in Sheffield*, was also conducted on behalf of NHS Sheffield, in the period 2008-2009. It aimed to inform local service developments, and used a self-completion survey of lesbian/bisexual women (n = 54). This was drawn on in both R1 and R2.

Study 3, a *Sex and relationships education audit* for Leicester City Council, took place in 2009-2010. The aims of this project were to audit the views and experiences of young people in Leicester in relation to sex and relationships education (SRE), and subsequently to develop a 0-19 SRE strategy for Leicester. It involved a self-completion survey of young people aged 13-20 (n = 199), and three focus groups with young people aged between 13 and 23 (n = 32). This research also featured in R1.

Study 4, *Tackling homophobia and transphobia in settings supporting young people: What are the barriers and facilitators? Findings from South Yorkshire*, was funded by Higher Education Innovation Funding in 2011. The study aimed to gather data in South Yorkshire about views and experiences of the inclusion of LGBT issues within schooling and youth work, with an explicit focus on barriers and facilitators. The research used a self-completion survey of young people aged 13-21 (n = 146), eight focus groups with young people aged 11-20 (n = 65), and nine individual semi-structured interviews with youth workers and teachers. This was drawn on in R3 and R4.

Study 5, *(Trans)gender identity awareness and support in Rotherham* was funded by Rotherham Metropolitan Borough Council in 2013-2014. The aims of the project, as set out by the funder, were to: identify and examine what support non-cisgender young people in Rotherham feel they would like; assess the needs of 'out' non-cisgender young people, thus enabling youth workers to address these needs in the future; identify and support non-cisgender young people in Rotherham who are not 'out', raising awareness of what structures and support are available; examine professionals' knowledge and awareness levels regarding young people's gender identity, and raise the profile of where to signpost if necessary; raise awareness of non-cisgender young people's support needs among practitioners. This involved a self-completion survey of young people aged 13-21 (n = 37), a self-completion survey of staff working with young people (n = 72), four individual semi-structured interviews with staff who were not able to attend a focus group, and (separate) focus groups with seven young people, six parents of trans young people, and three staff/volunteers working with young people. This study was drawn on in R4.

Study 6, *Solidarity but not similarity? LGBT communities in the twenty-first century*, was funded by the Arts and Humanities Research Council (2011-2012) within the cross-council 'connected communities' programme of work. The study explored LGBT understandings and experiences of 'community', and assessed implications for LGBT people's health and wellbeing. It explicitly set out to do this based on self-reported impacts on health, wellbeing and 'quality of life', rather than using any pre-existing (supposedly 'objective') criteria. The research methods included a short online survey (n = 627), contributions to an interactive project website, and a series of (individual or paired) semi-structured interviews and focus group discussions with a total of 44 people. This resulted in R5.

As a generalisation, my work tends to focus on the 'micro' – informed as it is by the sociology of personal life (Smart, 2007; May, 2013), which might once have been called the sociology of family, though it is more than this. I therefore seek to document and understand life experiences, situating "sociological investigation... in the day-to-day experiences of individuals" (May, 2013: 77), because I believe that "personal life is embedded in the social" (Smart, 2007: 28). Fundamentally, this perspective stresses the relationality of (personal) life experiences; challenges the notion of 'personal' life being somehow 'private' or 'individual', and highlights the "connectedness and social embeddedness of people's lives" (May, 2013: 66). Informed by social constructionist and interactionist perspectives, I focus on people's subjective experiences and do not make claims to 'measure', 'representation' or 'truth'.

In adopting mixed methods I have sought to generate as wide a spectrum of data/participants as possible, within the confines of each individual project. This has led me to use survey methods in addition to more traditional qualitative methods to access more

people than my research budgets would otherwise allow, but the focus has always been on gathering individual perceptions and/or experiences, in an attempt to “understand the subjective social worlds of individual actors in specific situations” (Brinkerhoff et al, 1995: 82). Whether closed or open-ended questions were adopted, this approach has the advantage of allowing a sense of scale that can then inform the follow-up methods (for example to gain an overview of current practice in schools before beginning the in-depth fieldwork). Where possible, I supplemented survey results with in-depth interviews and/or focus groups to garner richer data (only Study 2 did not allow for this). I have found focus groups to be particularly appropriate with young people as they allow group members to be involved on their own ‘turf’ (e.g. at a youth club or group), and in the relative ‘comfort’ or ‘safety’ of their peers (Newman et al, 2017). This minimises the potential for intimidation from the (lone) researcher, and gives participants a greater degree of control over their level of engagement and/or disclosure (Newman et al, 2017). Of course the presence of peers may have influenced participants’ contributions, which is of interest in itself (as discussed in R3). The parental focus group in Study 5, for example, may have limited some people’s contributions as there was evidently varying degrees of support towards their trans children, and some may have felt restricted as to what the (perceived) ‘correct’ responses were. In hindsight, individual interviews may have been more suitable, though inevitably more costly, here. By contrast, the focus groups in Study 6 appeared to aid participant engagement and generated very lively discussions about LGBT ‘community’. This study also benefited from a wide variety of participants, enabled through the survey method and snowballing techniques employed (for example, participants supplied 31 different gender identities and 44 different sexual identities). As a book reviewer of R5, Catherine Donovan (Professor of Social Relations at the University of Sunderland), has commented, “The fact that so many of the participants adopt identities that resist, stretch, expand, challenge and complicate what has become, in some contexts at least, an umbrella label that is almost meaningless, is testament to the recruitment strategies [the author] used”.

Whilst I use the term ‘lived experience’ I recognise that this stems from a phenomenological perspective that is somewhat at odds with some of my research methods, given that the methods I adopted did not involve the sustained engagement with individuals often associated with phenomenology. However, the research projects did access multiple perspectives through in-depth interviews and/or focus groups, and these yielded important insights. Epistemologically, I would therefore locate myself within the interpretivist tradition (as opposed to positivist), and use the phrases ‘life experiences’ and ‘lived experience’ to stress the empirical orientation of my work. Thus, even when generating quantitative data I have not used this to test hypotheses or generate predictions or models. Empirical work is at the core of my aims (see above) to further our understanding of, and in doing so give ‘voice’ to, LGBT people. At the same time, I acknowledge a degree of pragmatism in my research methods which have been shaped by my working environment, access to financial resources, and so on. This is particularly the case working in a commissioned research environment where the client/funder often determines research budget, duration, and sometimes method (of the six studies Study 4 and Study 6 were produced as a result of researcher-led/regulated income streams). Whilst each study benefited from external funds, at the same time I had to work within the confines of these, which often resulted in pragmatic decisions about the (often mixed) research methods employed. However, the approaches taken – and the resultant outputs – all prioritised qualitative data, whether collected via open text survey questions or in more in-depth face-to-face encounters.

The studies were all approved by Sheffield Hallam University's research ethics processes, and followed rigorous ethical protocols about anonymity, confidentiality, informed consent, rights to withdraw and secure data storage at all times. In addition, I always consider particular sensitivities about researching LGBT identities in a context where people may or may not be 'out'. This has ranged from anonymising email titles (e.g. 'Research in South Yorkshire' rather than 'LGBT research'), through ensuring the secrecy of some LGBT youth service locations, to not seeking parental consent for those aged under 16. Whilst a certain school of thought suggests that it is good practice to always seek parental consent, this does not protect the interests of those young people who may be accessing (LGBT) services without their parents' knowledge. Following National Children's Bureau guidelines (Shaw et al, 2011), I therefore uphold young people's confidentiality by not seeking parental consent and only seeking direct consent from participants.

At this point I want to say a few words about my own position within, and on, the research projects, because "being a social scientist does not preclude having strong opinions, values, or feelings" (Duneier, 1999: 79). Whilst I have tried to conduct my research without 'leading' participants, I acknowledge that research can never be truly objective, and that my own opinions, values and feelings (as well as cisgender, educated, female, middle class with working class roots, non-disabled and white British identity) will have influenced how I designed and conducted the research, as well as how I analysed the data. They have certainly influenced my interest in the subject areas I study. In some of the projects with LGBT participants, such as the project on LGBT 'community' (Study 6), I made my own sexual identity known, though not necessarily through an explicit "I'm a lesbian" statement (which would have felt rather 'unnatural' or 'forced' to me), but through other means. This may have helped participants feel more comfortable in talking to me (Weeks et al, 2001), but equally may have led to some (erroneous) assumptions – either by myself or participants – that we shared understandings or experiences. Though I always try to clarify or check participants' responses when not fully elaborated, I may have inevitably missed following-up on some details because I felt I 'knew' what they meant. In other projects with some non-LGBT participants, for instance within youth club based discussions during Study 4, I did not disclose my sexual identity, in an attempt to encourage participants to speak freely (i.e. in the hope that they would not feel only the 'right' non-homophobic responses were being sought). Although my identity may not have been easily 'read' as a lesbian at the time, it may have been inferred from the research area, as this can be taken as a 'clue' to a researchers' identity (Orne, 2011). However, my non-disclosure was seemingly successful, at least to a degree, in that I have heard some pretty homophobic remarks during the course of my research, which may not have been shared had people realised my own identity. In these circumstances, I deliberately tried to keep my personal disappointment that such attitudes are still voiced well-hidden from participants, and thus feel I obtained important data as a result. At other times my 'humanness' (Dean, 2017) inevitably showed within research encounters, where for example I expressed surprise or sympathy towards participants' experiences, which may or may not have been comforting/helpful to participants, and which may or may not have contributed to further sharing of information within the research encounter. On some occasions, participant experiences were upsetting to hear, and I may have shown emotion, albeit whilst trying not to; once again, the impact on the participant and the data collection process at these times is difficult to know. Overall, in acknowledging my experiences and their potential impacts on the research, I echo Mills' (1962: 11) statement that "I have tried to be objective [but] I do not claim to be detached".

Positionality aside, limitations to these studies are acknowledged in relation to varying degrees of ‘thick description’, size and potential for generalisation, but in their specific foci they offer original insights and illustrations of LGBT people’s lived experience, and have enabled a significant contribution to knowledge, which I set out further below. However, I do accept a particular weakness in that the early work focussed on lesbian, gay and bisexual identities and did not include trans people, though this did somewhat reflect awareness levels at the time. Similarly, the research has tended to be dominated by white participants, which might reflect the limitations of my initial networks and snowballing approach, though also the make-up of the local region to an extent. The lived experiences I discuss are therefore always (and I would argue inevitably) partial, with a clear potential for certain self-selecting (more likely to be white, educated and urban) voices to be ‘louder’ than others. Nevertheless, the studies have given participants the opportunity to share their experiences in a context where, particularly young, LGBT people do not always feel empowered or enabled to do so.

Areas of analysis and contribution to knowledge

In this section I discuss the three sub-themes that form the body of the submitted work.

1. Sex and relationships education and sexual health

R1) Formby, E. (2011) ‘Sex and relationships education, sexual health, and lesbian, gay and bisexual sexual cultures: Views from young people’, *Sex Education* 11 (3): 255-66

R2) Formby, E. (2011) ‘Lesbian and bisexual women’s human rights, sexual rights and sexual citizenship: Negotiating sexual health in England’, *Culture, Health and Sexuality* 13 (10): 1165-79

Sex and relationships education (SRE) has long been of interest to advocates and educators, recently culminating in policy-change that will see relationships and sex education (RSE) become statutory in England. Similarly, sexual health promotion has often been targeted at gay and bisexual men since the emergence of HIV/AIDS in the 1980s. Both of these, not unrelated, areas have been the subject of research from a variety of perspectives. Much research on SRE has concluded that it is “too little, too late and too biological” (Blake, 2008: 37), whilst evidence on sexual health has often ignored lesbian and bisexual women (e.g. see Fish, 2007). Research that did explore lesbian and bisexual women’s sexual health often stemmed from a medical rather than a sociological perspective (e.g. see Bailey et al, 2004; Mrazzozzo, 2000; Skinner et al, 1996). Hence, there were noticeable gaps: in particular, the experiences and perceptions of SRE among non-heterosexual young people, and lesbian and bisexual women’s experiences of (and views on) sexual health. At the time I wrote R1 and R2 campaigns for more inclusive SRE and/or sexual health resources were largely absent. In addressing these research and advocacy gaps, my research identified a persistent invisibility and marginalisation (or at best problematic inclusion) of LGB identities in school-based SRE (R1) and NHS healthcare provision for women (R2). I argue that heteronormativity and heterosexism impact on sexual decision-making and sexual wellbeing. In particular, they foster fears about health services, specific concerns about confidentiality and/or disclosure, and fears about judgement or

discrimination during health-related encounters. As such, these publications have been consistently cited in subsequent research. Notably, R1 has aided understanding about a dominant (heterosexist) sexual culture constructed by health and education providers, and its influence on the sexual cultures of LGB young people. R2 has also evidenced inadequate information and safer-sex resources for lesbian and bisexual women, and barriers to seeking medical care, often related to staff attitudes and behaviours, or broader fears about mistreatment and discrimination (for example some women had been laughed at when they came out in health encounters). Given these poor experiences and lack of trust in NHS services and staff, non-specialist sources of information were often used, including internet searches and friends, which are not always accurate. This may help explain the apparent knowledge gaps and misunderstandings about sexually transmitted infection among some of my participants.

More broadly, both articles examined LGB understandings of, and expectations related to, sexual health, 'risk' and 'safe sex', and illustrated the dominance of a biomedical model of sexual health (where a lack of penetration may automatically be deemed 'low risk', or even 'unreal', sex, which is not helpful to lesbian and bisexual women). Across the two publications, consistent experiences of a heterosexual assumption led to participant anger, discomfort and embarrassment. Both papers also discuss wider influences on sexual activities, including drug or alcohol consumption, partner choice, communication, and notions of 'otherness'. Overall, R1 and R2 highlight the importance of considering social contexts and interactions in research related to sexual health, where future sexual health is shaped by heterosexist attitudes and institutional practices.

2. *Homophobic, biphobic and transphobic bullying*

R3) Formby, E. (2013) 'Understanding and responding to homophobia and bullying: Contrasting staff and young people's views within community settings in England', *Sexuality Research and Social Policy* 10 (4): 302-16

R4) Formby, E. (2015) 'Limitations of focussing on homophobic, biphobic and transphobic 'bullying' to understand and address LGBT young people's experiences within and beyond school', *Sex Education* 15 (6): 626-40

Homophobic and to a lesser extent biphobic and transphobic (HBT) bullying has been the subject of increasing interest over the last 15 years. The field has been dominated by research examining the prevalence, nature and impact of these experiences, particularly in the United States (Douglas et al, 1999; McNamee et al, 2008; Poteat et al, 2011; Rivers and Cowie, 2006; Russell et al, 2011). However, many studies in this area have been quantitative in nature, and therefore have under-explored some of the nuances of young people's experiences. In looking at subjective understandings and perspectives on bullying I did not seek to measure its prevalence or form. In wanting to explore young people's experiences in South Yorkshire, I have been able to link curriculum invisibility (which might be read as institutional heterosexism) to experiences of homophobia in school settings, suggesting that there is more at play than individual experiences of (peer-to-peer) 'bullying'. Whilst school-based professionals often construct homophobia as an individual problem of bullying, my research shows that young people recognise that it can be culturally learned, at

least in part from the messages that curriculum invisibility sends (R3). In addition, participants identified homophobia on the part of some school staff, combined with isolating or unhelpful school policies and practices – such as enforcing separate changing areas for known lesbian and gay pupils.

I have highlighted the complexity of language use related to homophobia and bullying, and have demonstrated that some school responses can (appear to) ‘abnormalise’ LGBT identities, for instance in referrals to counselling that young LGBT people can interpret as apportioning ‘blame’, rather than as providing support. I have also pointed to tensions between governmental efforts to address HBT bullying and, until recently, their lack of support for school-based SRE, which can manifest in lack of teacher confidence and/or minimal responses towards LGBT inclusion, thus undermining efforts to tackle HBT bullying. In other words, professional ‘caution’ about, or discomfort with, sexuality and gender identity in school settings does not support anti-bullying work. Moreover, school staff contribute to a climate in which young people can, or notably feel they cannot, report HBT bullying. In not challenging homophobia, young people felt that some staff were in fact contributing to, or cultivating, homophobia. In this sense, whilst there was a certain degree of acceptance or resignation regarding bullying, there was also clear anger about schools’ lack of responses, where homophobia was thought to not be taken as ‘seriously’ as other forms of discrimination, such as racism. At the same time, there were some signs of young people’s agency or potential ‘resilience’ in choosing when and where to be ‘out’.

In examining youth work environments as well as schools, I have been able to illustrate the safety, confidentiality and identity validation that they were felt to provide (in comparison to schools and some home environments). I have also shown how a research and advocacy focus on bullying can neglect the influence of teachers and broader school policies and practices, as well as young people’s home/family life, which all have a significant impact on young people’s experiences. I thus suggest that if we look at young LGBT people’s experiences through a broader lens than bullying we can begin to better understand – and address – some of these other, additional issues. This is particularly important for trans young people who may not experience (what they perceive to be) ‘bullying’, but who do still have negative experiences. The incorrect use of pronouns or names, for example, was said to cause stress, frustration, upset and anger, and it occurred within schools, colleges, workplaces, and at home, but can be un(der)acknowledged within understandings limited to intentional ‘bullying’ between peers. To compound these negative experiences, young trans people were sometimes chastised or disciplined (within education contexts) for challenging peers’ or staff members’ pronoun/name usage, which illustrated to them a clear lack of understanding. Equally, however, a focus on bullying can contribute to a context in which young people and/or staff members working with them assume that they will inevitably (and equally) face bullying, which can also be problematic, not least because my (and other people’s) studies suggest that this is not the case (Bryan and Mayock, 2012; Cover, 2012). In R4, some young people explained how a level of unwarranted fear meant they unnecessarily tried to ‘prepare’ themselves for bullying, and I would suggest that this warrants further investigation.

3. *Understandings and experiences of LGBT 'community'*

R5) Formby, E. (2017) *Exploring LGBT spaces and communities: Contrasting identities, belongings and wellbeing*. Abingdon: Routledge

The phrase 'LGBT community' is often used by policy-makers, service providers and LGBT people themselves, but what it actually means is rarely interrogated. Indeed, as Studdert and Walkerdine (2016) have argued, it is rare to find research that actively interrogates the conceptual basis of (any) community, with many social scientists simply taking it for granted. In previous research, 'the LGBT community' has been assumed and defined, essentially, as groups of LGBT people (e.g. see Frost and Meyer, 2012). This lack of exploration and/or critique has been noted previously (Keogh et al, 2004; McLean and O'Connor, 2003), and is rigorously addressed in my book. Within the context of the cross-research council 'connected communities' programme of work, I was interested to explore what connections LGBT people may (not) have, and what use of the term 'community' suggests or implies.

In exploring constructions of 'LGBT community', I have demonstrated the diversity of experiences, and contend that – building on existing sociological thought about the 'doing' of family (Morgan, 1996) – community and space are 'done' within social and relational practices, often as a way to (try to) feel 'safe' and supported. However, I found that 'LGBT community' can be experienced as both inclusionary and exclusionary by different people, or by the same people at different points in their lives. In addition, people can feel community is both 'real' and 'imagined', spatial and virtual, across the life course. To feel part of a community is inherently bound up with feelings of collective identity and/or belonging with an LGBT 'us', and feelings of not belonging with a heterosexual cisgender 'them', though this feeling of 'we-ness' is not a given for all LGBT people, not least because identity-based prejudices also exist among LGBT people (for instance based on age, body, disability, ethnicity, faith, HIV status and perceived social class). Most participants desired a sense of belonging with those they perceived to be 'like-minded', with some believing that they shared a 'bond' of discrimination. However, some participants also identified themselves in ways that did not 'fit' within, and indeed challenged, the common four letter acronym. I therefore demonstrate the complexity of notions of community, and their implications for people's wellbeing, but do not reduce this to 'measurements' of connection or 'scales' of wellbeing.

Based on my research, I argue that use of the singular term 'LGBT community' risks minimising or misunderstanding the diverse needs and experiences of LGBT people, both in terms of their everyday lives and in relation to service planning and provision. Using the term community as a synonym for people does not acknowledge the inherent complexities within the concept, though the idea of a plurality of communities does at least acknowledge diversities within and between LGBT people, and by implication recognises that not all LGBT people (wish to) belong to one large homogenous, and ostensibly harmonious, group. As a reviewer of my book, Amin Ghaziani (Canada Research Chair in Sexuality and Urban Studies at the University of British Columbia, Vancouver) stated, "Eleanor Formby shatters the stereotype of singularity and shows us the manifold experiences of communities – in the plural – for LGBT people". That some people feel less 'welcomed' within the LGBT acronym, and the related concept of community, was a clear feature of R5, which has important implications for service delivery premised on the notion of a monolithic LGBT 'community'.

The term was understood by some as homogenising and/or 'lumping together' LGBT people. In addition, it can foster the idea that people should feel part of something, which if they do not, can heighten feelings of exclusion or isolation. This is not to negate people's feelings or experiences of 'community', but to demonstrate that language use can contribute to some people's feelings of alienation.

Within the book, I explore the simultaneous comfort and exclusion different people felt within scene spaces, which could hold symbolic significance even for those who never entered them. I also documented the temporally- and spatially-specific freedoms offered (to some) by Pride events, though there were still concerns raised, for instance about alcohol consumption and/or 'extreme' queerness that could unsettle some people. Drawing these and other chapters together, I note that 'community' was felt to impact on wellbeing, most notably mental health and emotional wellbeing, through facilitating mutual support and information-sharing, identity validation, and heightened self-esteem. However, I also observed the potential for 'othering', particularly regarding the scene, where the consumption of alcohol or drugs could be conceived as 'dangerous' and linked to unsafe sex.

People who identified as bisexual and/or trans were more likely to feel excluded or discriminated against within LGBT communities, as well as in their everyday lives, and such experiences could impact on their mental and physical health. In examining the social construction of LGBT communities I have thus identified implications for current policy and practice, especially where use of the term community can act as a barrier to participation or engagement. Nevertheless, with many caveats and nuances, I would suggest that the phrases 'LGBT community' and 'LGBT communities' have some validity because some LGBT people choose to use them, and in doing so give the terms some meaning, albeit meanings that are not always shared. Whilst the concept of community might be a social construct, it is a social construct that matters to many people. For some, the notion of community enabled a feeling of, what I have termed, solidarity without similarity. That is, whilst participants did not necessarily perpetuate an illusion that LGBT people are all alike, some did draw on the ideas of difference and sameness simultaneously to explain their acknowledgment of diversity at the same time as maintaining a sense of belonging and connection. Despite (some) recognition of difference, there were often still assumptions of a collective identity, and beliefs about communities were frequently predicated on dichotomous notions of safety and comfort among LGBT people, and a lack thereof elsewhere. LGBT people can thus distinguish themselves as different from heterosexual cisgender 'others' as much as, if not more than, they conceive themselves as similar to each other. Overall, a social context that was assumed to be negative towards LGBT people was regularly the reason people chose to invest in the idea of, or engage with particular, LGBT communities – so they could feel safe and understood. This was usually by sharing space with, and/or feeling connected to in other ways, other LGBT people with whom there may be no direct personal ties.

Building on existing literature that has tended to focus on communities as spatial, virtual, imagined, or based on friendships and personal connections, I have shown that community can be understood and experienced in all of these ways. The book explores in detail the complexity and problematic nature of the term 'community', documenting the variety of ways in which (LGBT) individuals understand and experience it. Whilst some people focussed on the sociality of spaces (whether physical, virtual, or a combination of these), others were

more concerned with friendships or solidarity (either political or emotional), though these emphases also overlap. In general, the 'doing' of community was linked to being with LGBT people, or in particular spaces, often as a way to feel safe and supported, and these themes of safety and support flow throughout the book, though this is not to suggest that all LGBT people feel 'accepted' or 'included' with other LGBT people, or that community could not also be valued in a purely intangible or imagined form.

Coherence of the works

Across my publications, I stress the importance of adopting a sociological approach to what are often psychologised subjects, demonstrated in my illustrations of people's ongoing (LGBT) identity *management* and *performance*. This is in contrast to more traditional/psychological views of identity *development*. Drawing on the sociology of personal life (Smart, 2007; May, 2013), I am therefore committed to documenting – and improving understanding of – people's lived experiences. In doing so, I place an emphasis on the voices of LGBT participants, an approach which can challenge current thinking – for example with respect to the inevitability of bullying experiences or the notion of belonging to a readymade 'community'. Whilst sociological thought on sexual and gender identity, and the life experiences of LGBT people, have evolved and arguably improved (for example no-one should now fear imprisonment for their identity in the UK), I contend that issues still remain. Whether or not people believe in 'folk essentialism' (i.e. that they were 'born this way'), LGBT identities are still managed or performed (consciously or otherwise) in a (sometimes) 'unfriendly society' (Richardson and Seidman, 2002). That is, they are relationally and contextually-specific. Although not always explicit in my work, this illustrates the influence of Goffman's dramaturgical (and general micro interactionist) thinking on my research, where identities are performed or presented differently (and thus life experiences vary) depending on the region or 'stage' on which they occur.

Throughout my work, I show how social contexts inform people's performances and experiences of sexual and gender identities. In R4, for instance, I argue that the dominance of anti-bullying discourses in policy, practice and advocacy can have negative impacts on LGBT youth, in part because of a view that anti-LGBT discrimination and prejudice is an individual problem, rather than a societal one. I suggest that in assuming and focussing on adversity, school policy and practice, popular culture, and activism can (albeit inadvertently) minimise the potential for shared stories of love, friendship and happiness among young LGBT people, which can in turn impact negatively upon LGBT young people's identities and sense of self. On a more practical level, this diversionary focus also means that training and support needs for teachers and other school staff can become harder to identify and justify.

I have demonstrated the impact of heterosexism and heteronormativity on sexual decision-making and sexual wellbeing. 'Community' contexts are also important in influencing how sexualities are practised, and the extent to which wellbeing is (not) supported (e.g. regarding the acceptability of practicing safer sex and the influence of word of mouth on (lack of) access to healthcare). There are therefore clear strands that run throughout the three themes (SRE and sexual health, HBT bullying, and LGBT 'community'), including issues of marginalisation, and a tendency for LGBT people to be rendered invisible (as in SRE and some sexual health provision) or homogenous (as in perceptions about experiences of schooling and/or 'community').

The research which underpins this critical appraisal points to the prevalence and/or fear of homophobia, biphobia and transphobia in LGBT people's lives, suggesting that contexts may not have changed markedly for some, despite legal equalities changes in the UK in recent years. There were strong views in both schools and youth services from a variety of staff and young people about the 'unnaturalness' of same-sex relationships, and the 'appropriateness' or relevance of talking about these and related issues within professional practice. Taken together, the submitted publications illuminate the complexities and nuances of LGBT people's lives. They illustrate some people's negative experiences, but at the same time resist a 'deficit' (Quinlivan, 2002) or 'tragic' (Monk, 2011) view of LGBT life.

Summary of significance and contribution to knowledge

Building on the above points regarding the coherence of my work, I will now outline its specific contribution to knowledge. Grounded in empirical insights, I have developed understanding about LGBT lives, and in doing so have expanded and complicated existing thought in three specific areas. In particular, I have drawn attention to:

- gaps and deficiencies in current SRE provision for LGBT youth, as well as sexual health provision for lesbian and bisexual women;
- evidence that HBT bullying is not inevitable and/or experienced in the same ways, nor is it the only issue facing LGB, and particularly trans, youth;
- the complexity of experiences of, and views on, 'LGBT community'.

As I show below, I have uncovered the ways in which social contexts impact on LGBT people's lived experiences through fostering a sense of (albeit possibly unwarranted) fear – about accessing health services, about coming/being 'out' at school, and about showing affection in public. The latter issue was explored in some depth within R5, indicating that LGBT communities are often understood in terms of the degree to which they enable people to escape the self-censoring practices (e.g. deliberately not holding hands) they engage in elsewhere. Understandings of LGBT communities were in part predicated on the assumption that people 'filter' or self-censor their behaviour outside of these communities, thus demonstrating the prevalence of self-censorship among some LGBT people, and its links to the very concept of (desiring) community.

Though often small-scale, my research offers original insights and illustrations about the nuances of LGBT lives and the contexts in which they are lived. Such insights can inform policy, practice and advocacy work, as well as future research, especially regarding schools and other youth settings. An important aspect of my work has been to highlight some of the different ways in which school teachers and youth workers approach the issues of homophobia and/or bullying, and the potential implications for their practice and the young people they work with. This was often related to professional contexts and skills, where youth workers were sometimes uncertain about their remit, whilst teachers were often more unsure about their own abilities. My research thus extends existing literature by analysing experiences within youth services (as well as schools), which are less often explored in bullying literature (Horn et al, 2009). I have also identified the complexity of language use related to homophobia and bullying, and demonstrated that individualistic school responses risk appearing to 'abnormalise' LGBT identities. This is particularly evident in referrals to counselling that young LGBT people can interpret as suggesting that they are 'at fault'. R4

contributed to critical (and more sociological) debates in the field of bullying scholarship (e.g. see the work of Pascoe (2013), Payne and Smith (2013) and others) by showing how bullying discourses manifest in practice settings, and how they can negatively affect the lives of LGBT youth. It thus offered insights from young people who less often feature in critiques of homophobic, biphobic or transphobic bullying in existing literature.

I have also evidenced tensions between government efforts to address HBT bullying and, until recently, their lack of support for SRE in schools. Where there is reluctance or opposition to discuss sex(ual activities) within the curriculum, this can manifest in minimal responses towards LGBT inclusion which, if left unchallenged, does not support anti-bullying work. I have therefore pointed to specific deficiencies and needs in relation to SRE and sexual health for LGBT young people. In addition to the fears raised above, key issues include concerns about confidentiality and/or disclosure, lack of visibility of LGBT patients in health materials, and poor supply of suitable safer-sex items such as dental dams. However, in seeking to influence policy and practice I have stressed the importance of not overstating LGBT people's perceived 'vulnerabilities' or 'at riskness', as well as the importance of not portraying LGBT people (particularly the young) as inherent 'victims' automatically in need of 'support'.

R5 in particular has expanded sociological thought on the complexity and diversity of LGBT identities and related lived experiences. In doing so, the work has extended current knowledge on space, and applied this to the concept of community, linking both 'space' and 'community' to LGBT people's social and relational practices. I thus support Studdert and Walkerdine's (2016) interests in what they call the act of 'communing', which they use to stress its social and relational foundations. In showing that the 'doing' of community was linked to being with LGBT people, or in particular spaces, I have indicated that legislative developments do not always lead to social change or improved experiences for LGBT people. Whilst not suggesting that there have been no improvements in relation to both legislation and wider social attitudes, I have demonstrated the significance of some people's persistent apprehension and self-surveillance. Indeed, perceptions of adversity are integral to notions of 'LGBT community', as it is this social context that many feel they need or want to retreat from in order to relax or feel comfortable, even if only on occasion. Fundamentally, I have illuminated Wills' (2016: 639) contention that 'community' is about social relationships, not "a 'thing' that is 'lost', 'found' or 'made'". Community (or what Studdert (2016) terms 'communal being-ness') is therefore a social action; a verb not a noun (Studdert, 2016; Studdert and Walkerdine, 2016).

Whilst my work has been published and cited in high-quality journals (thus indicating academic rigour and esteem), its originality and significance can also be demonstrated through the volume of media interest and invited presentations it has garnered (to both academic and professional audiences, including MEPs, senior civil servants and Government Ministers at the European Parliament and the UK Government Equalities Office). This engagement with my work is illustrated in a REF2014 impact case study based on my research which received positive feedback from the panel who commented "research of the highest quality within the submission focused on... sexualities and sexual health... sexual wellbeing was noted as an area of strong impact, informing policy and practice development".

Overall, the body of work has illuminated the complexity and nuances of LGBT people's lived experiences in the UK, regarding SRE and sexual health, HBT bullying, and LGBT 'community'. In particular, it has contributed to debate and discussion about LGBT life, whilst not perpetuating LGBT people's pathologisation. In the current climate of rising conservative, far right and neo-fascist ideologies, evident for example within Brexit discussions, President Trump's pronouncements, and increasing hate crime statistics, greater understanding of LGBT lives is vitally important. I believe my work contributes to this understanding, and in doing so has furthered the field of LGBT studies as a whole.

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