

Including and involving young people (under 18's) in hate research without the consent of parents

PICKLES, James

Available from Sheffield Hallam University Research Archive (SHURA) at:

<https://shura.shu.ac.uk/23591/>

This document is the Accepted Version [AM]

Citation:

PICKLES, James (2019). Including and involving young people (under 18's) in hate research without the consent of parents. Qualitative Research. [Article]

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

Abstract

This article provides a reflection on the ethical challenges faced when seeking ethical approval to include young people in a research project examining LGBT+ ‘hate’ experiences. I outline the ethical parameters constructed when attempting to recruit under 18’s into the project and justify the rationale for doing so. I detail how ethical approval was gained and reflect on the safeguards put in place to protect young participants. The methodological position adopted took a youth affirmative outlook, premised on enabling and championing the autonomy and agency of young people. Traditional ethical guidelines maintain that parental consent is required to include young people within sensitive research. Seeking parental consent placed young participants in a position of *greater* risk than what would occur during participation. Parental consent was not sought for young people to participate, nor were they informed about the involvement of their children in the project. This article provides justifications on rejecting the notion that parental consent is the only means for youth inclusion, and details how young people were empowered during participation. I argue that young people should not be instinctively excluded from sensitive research but should be actively enabled by minimising but not eradicating possible and potential risk.

Introduction

Although there is a greater level of attention being drawn on conducting socially conscious research with diverse, minority, and vulnerable populations, there is relatively little literature on how academic scholarship and practitioner based research intersect to actively enable these populations to participate in research (Martin and Meezan, 2009). This article draws on a study, exploring anti-LGBT+ hate crime among voluntary sector community and social groups across the North East of England, by examining the ethical hurdles that faced when conducting this research. More specifically the ethical ramifications and obstacles of

including young LGBT+ people, 13-18 years old, in qualitative research – a frequently neglected demographic within social scientific disciplines (Allen, 2008; Chabot, et al., 2012) – is scrutinised.

Whilst carrying out this study, I sought to understand the sociality of hate experiences, by identifying how LGBT+ people, of all ages, negotiated, navigated, and reconciled the identities for which they were victimised. Within this remit I decided, partly due to my paid job as an LGBT+ youth worker, to include LGBT+ young people, aged 13-18, in order to explore how youth identities influenced hate experiences. Criminological literature within the field of hate crime demonstrates that coming into contact with hate and homo-bi-trans-queerphobic experiences is a significant social issue for LGBT+ people (see Moran, 2004; 2008; Browne, et al., 2011; Gay British Crime Survey, 2013).

Similar to other forms of interpersonal violence, sexuality and victimised experiences often intersect within intimate environments such as the home, neighbourhoods, workplaces, and educational settings where perpetrators are neighbours, friends, colleagues, and family members (Moran, 2018). Far too frequently however, ‘hate’ within social research is framed as an adult-centric process in juxtaposition with school based victimisation – bullying (Espelage and Swearer, 2008; Warwick and Aggleton, 2014) – of LGBT+ youth. This article addresses this gap in adult-centric social research whilst acknowledging that the nature of sensitive research presents many ethical obstacles that discourage or prevent social researchers from including young people. Throughout I argue that the ethical challenges of including young people should not be discouraging for social researchers. This article provides suggestions of how social researchers can actively enable rather than disable or prevent young people from participating in sensitive research, in the ‘safest’ ways possible, relative to their situation.

This article is used to reflect on the ethical ramifications that arose during the process of conducting research for the LGBT+ hate crime project. Below, an outline of the project, its aims, scope, and theoretical considerations, is presented. Following this, previous sexuality research is reviewed in order to discuss the ethics of conducting sensitive research with non-heterosexual people. The decision to involve young people without the consent of their parents is then discussed. Finally I reflect on the multitude of ethical ramifications that arose when conducting the LGBT+ project, pertinent to the young people involved, and outline the specific steps taken to ensure the safety and protection of young participants.

The Project

Whilst there is now extensive research on LGBT+ youth experiences of homophobia, biphobia, and transphobia (Birkett, et al., 2009; DePalma and Atkinson, 2010; DePalma and Jennett, 2010; Dragowski, et al., 2011; Little, 2001) this research is often quantitative in nature and circumscribed to the schooling or educational setting. This is not without merit however as the latest Stonewall School Report (2017) found that 45% of LGB students, 11-19 years old, are bullied for their sexuality within the British schooling system; this includes 64% of trans pupils (Bradlow, et al., 2017). However, there is little empirical, qualitative research that includes young LGBT+ people around these issues and even less research that bridges experiences of hate crime with experiences of school based bullying. Stonewall's own research even separates the two types of experiences (see Bachmann and Gooch, 2017). The impact of victimisation for LGBT+ people, of all ages, can be significant. This can include posttraumatic stress symptoms (Dragowski, et al., 2011) such as not being able to cope with stressful life events; internalised homophobia, where the hostility directed towards LGBT+ individuals is internalised and turned into self-hate, directed at one's own sexuality or gender expression (Flowers and Buston, 2001); and increased risk of suicide ideation and self-injury (Herba, et al., 2008), amongst others.

The aim of my project was to qualitatively explore how LGBT+ people, of all ages, experienced hate crime – how they negotiated, navigated, and reconciled their hate experiences – towards their identities. LGBT+ people were recruited from community organisations and youth groups across the North East of England. Youth and community groups that were LGBT+ exclusive, with services dedicated to LGBT+ individuals, were therefore targeted. These groups were exclusionary to straight identifying people as users have to be LGBT+ and above the age of 13. My overall sample group (n=23) contained four young people who were under the age of 18; the youngest being 14 years old. Specific steps and safeguards were put in place for these four individuals which will be detailed later in this article. These individuals were bifurcated into two groups: Under 16s (n=2) and 16-18s (n=2). Parental consent was not sought for these participants so as to avoid ‘outing’ and revealing their identities to their parents. It should be emphasised now, for the benefit of points raised later in this article, that these individuals identified as LGBT+, were aware of their sexuality and gender, and attended LGBT+ specific youth groups. Although the bulk of the interview data for the project was conducted with adults, I will focus specifically on the rationale to include LGBT+ young people aged 16-18 and ethically justify how and why they were included into the research. I will then provide additional ethical discussion for how and why young people, under the age of 16, were enabled to participate in this research.

Sexuality Research and Ethics

Ethical obligations and standards that are applied to sexuality research, specifically research involving people as participants, have advanced significantly from the mid-1900’s. Indeed, previous research on sexuality – historically, research that medicalised (homo)sexuality – violates many contemporary ethical principles (Martin and Meezan, 2009). The medicalised approach to sexuality caused many harms and injustices towards LGBT+ participants and the communities they belonged. Previous studies attempted to eliminate homosexuality by

evaluating the effectiveness of chemical castration (Bremer, 1959), electric shock therapy of homosexual 'deviants' (Owensby, 1941), and aversion and apomorphine therapy (Callahan and Cameron, 1973) causing vomiting when aroused. Thus, there is vast historical evidence that research on sexuality pathologised non-heterosexuality causing physical, psychological, and emotional harm towards, often unwilling and non-consenting, participants. The social disciplines have also employed questionable research methodologies towards LGBT+ populations. The most prolific of which is Humphreys' (1970) *Tearoom Trade*.

Laud Humphreys (1970) covertly observed men engage in same-sex behaviour in outdoor toilets (tearooms), without the consent of participants. This was not the most deceptive technique employed however. Following these observations, Humphreys obtained the license plates of the men that he had observed in order to gain access to their home addresses. He then went to their home address and under false pretences asked them to participate in interviews about their personal lives. Although this invaded the participants' privacy, he did not breach their confidentiality by releasing this information, protecting parts of their anonymity. The study is iconic for shedding light on a stigmatised issue without bringing direct physical and emotional harm to participants. Further, it exposed the levels of blackmail and corruption amongst police officers, who threatened to expose and 'out' men engaging in tearoom behaviour. Thus, it can be argued that the overall benefits here outweighed the potential harms. This overall methodological approach however is, by contemporary standards, profoundly unethical due to its covert approach, invasion of privacy, and risk of harm to participants. In an attempt to move away from the harms caused by studies such as these, there is increasing acknowledgement within the social disciplines of the importance of ethical parameters to safeguard both participants and researchers from harm. I will therefore briefly outline the British Sociological Association's (BSA) most recent ethical guidance on safeguarding participants. When conducting research, the BSA (2017: 5) argues that

12. Sociologists have a responsibility to ensure that the physical, social and psychological well-being of research participants is not adversely affected by the research. They should strive to protect the rights of those they study, their interests, sensitivities and privacy, while recognising the difficulty of balancing potentially conflicting interests.

However, Martin and Meezan (2009) outline that contemporary ethical guidelines offer very little guidance over the unique dilemmas that may come about when researching sexuality. Indeed, LGBT+ people are at a heightened risk of experiencing violence and discrimination (Birkett, et al., 2009; Bradlow, et al., 2017; Browne, et al., 2011; Chakraborti and Garland, 2015; Dragowski, et al., 2011; Dunbar, 2006; Gay British Crime Survey, 2013; Meyer, 2010; Moran, 2004; Moran, 2008; Pierce, 2001; Stanko and Curry, 1997; Willis, 2004). As such, research around non-heterosexuality, with queer participants, always takes place within this context of structural and societal oppression. Martin and Meezan (2009) posit that the risks of harm to LGBT+ participants are therefore likely to be magnified. Specific risks such as ‘outing’, reproducing heterosexist and binary biases of gender and sexuality, exposing participants to heterosexual dominated environments, and homogenising all LGBT+ people as an identical collective are particularly pertinent and specific to sexuality research. During the conduct of this project, it was the intention to remain reflexive throughout, with the purpose of being mindful of the unique risks that may occur to LGBT+ people. A central component to this reflexivity was to reflect consistently on my own gendered and sexual biases, as an LGBT+ person raised in a heteronormative society. LGBT+ communities are so diverse even personal knowledge of being LGBT+ does not make one an expert into all areas of queer identity. A black, trans¹, lesbian may have a different experience and by default a different layering of ethical hurdles than a white, cisgender², gay man.

¹ Transgender: an umbrella term to describe individuals with a gender identity different to the one they were given at birth

² People with the gender identity they were assigned at birth; not transgender.

Due to the heightened risk of harm, LGBT+ people – and by default research on sexuality – are considered vulnerable. The BSA (2017: 6) advises that ‘special care should be taken where research participants are particularly vulnerable by virtue of factors such as age, disability, their physical or mental health.’ The type of ‘special care’ that is required is contextual and nuanced, particularly when age is a significant variable. It is the secondary aim of this article to provide a coherent guideline, based on the project outlined, on how to include young LGBT+ people. Roffee and Waling (2017) have provided researchers with clear suggestions on how to resolve ethical challenges when researching LGBTIQ (*sic*) populations. These include allowing participants to self-select and label their sexualities and gender identities, so as not to assign, misgender, or promote a heterosexist paradigm. Indeed, they found that a broad range of sexualities and gender identities were used by participants, such as agender, pansexual, androgynous, masc/femme, and curious as opposed to traditional lesbian, gay, bisexual, transgender categories. In cases of sensitive information being disclosed, such as homophobic harassment, Roffee and Waling (2017: 15) found that anonymously disclosing some of their data to participants was ‘an overriding benefit to the participant in knowing that there were others like them on campus.’ For example, letting participants know that other participants felt the same way as they did, indicating that they were not the only ones with these experiences, created a sense of shared identity. Although these are useful insights into sexuality research on LGBT+ people, there is a significant gap in the discourse on ethics around young LGBT+ people who face additional challenges. The BSA (2017: 6) for example highlights:

30. Research involving children requires particular care. The consent of the child should be sought in addition to that of the parent. Researchers should use their skills to provide information that could be understood by the child, and their judgement to decide on the child’s capacity to understand what is being proposed. Specialist advice and expertise should be sought where relevant.

However, Elze (2009) argues that requiring parental consent for LGBT+ youth who were not 'out' to their parents and come from abusive and homophobic households, would compromise the welfare and safety of younger participants. Thus, the informed consent of minors should take precedence. However, youth researchers are becoming increasingly critical towards the concept of informed consent for young people, preferring to use the terms informed assent/informed dissent. Assent indicates that a minor's approval of the project is sufficient. With this approach young people do not have to fulfil adult-centric frameworks of 'maturity', 'competence', and 'completeness' (Fargas-Malet, et al., 2010). For example, children with learning difficulties or very young children may not fully comprehend the concept of a research project or data collection, but may express an interest in the topic being researched. Informed dissent refers to participants being able to consciously reject or engage with questions and activities (Bourke and Loveridge, 2014). However, 'in English Law, "competent minors" under 16 can give valid consent, with "competence" being defined as having sufficient understanding and intelligence to understand what is being proposed' (Flewitt, 2005: 555). Thus, there are no simple, prescriptive techniques that can be employed to gain informed 'consent' from minors (Bourke and Loveridge, 2014). Methodologically, all minors are arguably able to affirm whether they agree or disagree (assent and dissent), providing that researchers remain reflexive towards how they inform young people sufficiently.

In line with Elze (2009) I did not ask for parental consent for young people, under the age of 18, to participate in the hate crime project. I will justify the reasons for this and outline how this ethical challenge was resolved, later. Scenarios such as these are very difficult to negotiate with such broad guidelines such as those provided by the BSA. Ultimately, research that is carried out within the capacity of a university researcher, such as myself, must go through a university ethics review panel.

University ethics review panels are designed to protect the researcher, the institution to which the researcher is affiliated, and the participants that will be recruited in the research, from direct and indirect harm. Ethics committees now have a duty to scrutinise the manner in which findings will be used and ensure that they are not used to promote negative and malevolent stereotypes of minority groups, such as LGBT+ people. Historically this has included Bieber and colleagues (1962) pro-conversion study and Cameron and colleagues (Cameron and Cameron, 1996; Cameron, et al., 1985) research on alleged harm caused to pupils by homosexual teachers. Indeed, Herek (1998) emphasises that these studies have been used to promote the stigma of LGBT+ people as diseased, perverted, and predatory towards other members of society. They have also been used to prevent anti-discrimination laws and to block gay men and lesbians from fostering or adopting. Against the backdrop of these historical ethical violations carried out by sexuality research, Tufford, et al. (2012: 222-3) argue that past 'ethical failures to protect research participants may propagate overly protective stances by some ethics boards that unwittingly manifest stigma against LGB populations and present undue obstacles to potentially important scientific research.' Indeed, it is acknowledged by Dingwall (2008) that ethics boards have blocked many research projects due to this risk adverse standpoint. The legitimacy of having an ethics review process is generally accepted however (see Calvey, 2017) as a negotiation process one undertakes prior to research commencing.

Certainly, when applying for ethical approval for the hate crime project I was met with resistance from colleagues who asked me warily how young people 'know' that they are gay or trans. Senior researchers advised me that they thought I would cause young people harm by talking to them about their sexuality and gender. These biased attitudes towards youth (queer) sexuality silenced any logical justification I gave of recruiting self-declared LGBT+ young people from youth groups that were specifically LGBT+ exclusive. This strong advice

from colleagues, to exclude under 18's from my sample, was an act that marginalise youth narratives further and promotes unfounded, yet unintentional, prejudices towards youth sexuality. Similarly, Tufford et al. (2012) posit that biases such as these can be held by members of ethics committees which can shape the overall ethics process that sexuality research is concerned with. It is therefore important to scrutinise whether these biases of assumed risk to participants are grounded in tangible or real world harms or whether they are rooted in latent prejudices towards non-heterosexuals, specifically queer young people. After several two-way responses between myself and ethics panel members – who were very helpful throughout this process – I was cleared to conduct my research for the project.

Catch 22: Outing

Ethics panels usually require researchers to obtain parental consent to include participants who are under the legal age; in the United Kingdom this is 18. Contrary to this standard practice, under 18's were included in the project, without parental consent or knowledge. Disclosing the identities of LGBT+ young people to their parents could have placed them at an increased risk of harm. Indeed, young LGBT+ people are at an increased risk of experiencing hostility and violence from homophobic/transphobic parents (Morrow, 2004), including being made homeless by unaccepting parents (The Albert Kennedy Trust, 2015). There is also evidence to suggest that young people experience internal/emotional distress caused by the uncertainty of acceptance or rejection from parents, stemming from the coming out process (Meyer, 2003; Saltzberg, 2004). Taylor (2008) affirms that holding parental consent as a holy grail to youth participation naively assumes that all parents are to be trusted to make the best or even good decisions for their children. Ethics panels therefore risk violating their own ethical principles when requiring parental consent, in all cases, by forcing young people to put themselves in *greater* dangerous or high risk scenarios in order to participate.

The ethics committee who approved this research understood that the standard of parental consent for participants would potentially put them in greater harm. The committee recognised that 'it is not always possible to conduct research with youngsters where they may not wish their parents to know they are taking part (for example, projects involving underage smokers)' (Northumbria University, 2016/17: 35). However, they suggested that an adult, associated with the young person, could act as a guardian in loco parentis for the purpose of signing consent agreements. The adult could be present to support the young person should they become distressed. Critics may argue that having a second adult present does not automatically make the research ethically sound, as it may reinforce that young people are not independent from adults. There are times however when a second adult is required to protect young people. For example, it is suggested that male general practitioners have a second female adult present - a chaperone - when they are intimately examining young female patients (General Medical Council, 2013).

Although one can consider that young people may talk more openly with an outsider, there are also safeguards that need to be maintained, particularly when unknown outsiders seek to research young people. Further, Balen and colleagues' (2006) found that research ethics committees only permit research with minors when informed consent and parental consent is obtained. It therefore seemed a sensible compromise - and methodologically advantageous, which I shed light on later - to comply with the committee's suggestions that a second adult, who worked closely with the young person, be used in loco parentis as a safeguard.

Providing exclusion of participation as the only alternative marginalises the marginalised and unjustifiably disables the autonomy of young people. Additionally, a stipulation of ethical research is being granted the option to withdraw from the study. If 'outed' it would be impossible for the young participants involved in the project to withdraw from the potential negative consequences of parental hostility and 'take back' the consequences of being

involved. By choosing not to seek parental consent for the project, additional safeguarding assessments were carried out, in order to enable youth participation. I will now move to outline those safeguards and relay the justifications provided to my ethics panel, to include under 18's in the project.

Young People and Autonomy

Lesbian, gay, bisexual, and transgender people do not emerge fully formed at age 18 like the Roman goddess Venus from the sea and it is not scientifically sound to begin all studies of LGBT+ populations at age 18 (Mustanski, 2011: 675).

Contrary to the instinctive attitudes of colleagues that it would be unethical to include young people in hate crime research, due to the perceived risk of causing them psychosocial harm, I felt, to which the ethics committee concurred, that it would be unethical to exclude the voices of young people from an adult centric discipline. Utilising a risk framework to be averse to the inclusion of participants – of any participants – is unsound for several reasons. Such an approach disables rather than enables potentially marginalised voices; marginalising them further. Instinctively situating young people, under the age of 18, as unable to participate in sexuality research infantilises them and limits rather than empowers their autonomy. Disallowing young people from discussing their sexuality asexualises them. Researchers risk viewing them as not having a sexuality, as unable to realise their sexuality, and as passive innocents who should be prevented from discussing 'corruptible' subjects like their sexuality. There is no evidence to base this framing of young people other than the biases that adults have towards young people. Undeniably, western societies have an age-segregated structure that legitimises adult power over young people through discursive, structural, and legislative practices (Allen, 2008). Fisher and Mustanski (2014) argue that it is through these value-laden judgements on young people that well intentioned ethical evaluations often prevent research being conducted with LGBT+ young people rather than empowering researchers and indeed LGBT+ young people to participate.

Informed consent/assent is a key component to this empowerment process. Lambert and Glacken (2011) argue that minors should be afforded the decision on whether they would like to participate in research rather than instinctively dismissed. The visibility of how one informs minors to engage with the assent process is often lacking however. They recommend that researchers ask young people to 'repeat back' to them what they think the project is about, what their involvement entails, and what they need to say and do to withdraw from the research in order to be certain that consent/assent is informed. Informed assent should be gained even when parental or in loco parentis consent is obtained, as parents may consent to their child partaking in research without the agreement of the child (Balen, et al., 2006). Thus, informed assent is critical in taking seriously the need for minors to be involved in the decision making and risk management process.

According to the Health and Safety Executive (2018: np) sensible risk management is not

reducing protection of people from risks that cause real harm; scaring people by exaggerating or publicising trivial risks; stopping important recreational and learning activities for individuals where the risks are managed; creating a totally risk-free society; generating useless paperwork mountains.

Thus, identifying the specific risks of including young LGBT+ people within sensitive research should not be used to exclude them. It should be used to enable them to participate in the safest way possible. This article acknowledges that people-oriented research can never be risk free but advocates that researchers can be empowered to include young LGBT+ people, within social research, by a) minimising risk b) providing appropriate safeguards and c) gaining informed assent. The project emphasised a youth centred methodology whereby young people were not perceived as being passive objects. Rather, in line with Allen (2008), the young LGBT+ people were situated throughout as active social agents, who are able to convey meaning, construct narratives, and exercise power within the parameters of the research project. Sampling LGBT+ young people who had already made the decision to

attend LGBT+ youth and community groups demonstrates how young people articulate their agency through membership to these groups. This reinforced my philosophy that young LGBT+ people are active, autonomous decision makers. Nevertheless, safeguarding precautions had to be taken in order to ensure the safety and protection of these participants.

16-18-year-old participants

In order to first work with vulnerable people, including people under 18 years of age, the law in England and Wales requires clearance from the Disclosure and Barring Service (DBS). A DBS check is a public body sponsored by the Home Office which conduct criminal background checks on all prospective employees. Researchers are required to undergo this process to safeguard young people from adults who may have a history of harming them. DBS clearance was obtained as the initial step to research young LGBT+ people.

The voluntary sectors targeted in the project offered services to young LGBT+ people who were 13 years old and above. Thus, in practice, practitioner services offer support to LGBT+ people under the age of 18. These services identify that LGBT+ young people require support for identity-based victimisation and run youth groups, counselling services, and sexual health screenings for all service users. Participants from the ages of 16-18 were therefore included. Yep (2002) argues that LGBT+ youth grow up in a heterosexist society and feel shame over their sexuality, believing that they are flawed. Including young people who attend these groups and services in sensitive research is and was desirable for several reasons. Firstly, it allows researchers to adopt a time-space sampling method (Muhib, et al., 2001), where researchers can specifically target venues that are attended, at specific times, by LGBT+ people. From this one is able to build a rapport with service and youth workers who act as gatekeepers. Recruiting from this setting allows for an additional layer of protections maintained by professional youth, community, and social workers. Secondly, young LGBT+

people are able to access youth services such as LGBT+ youth groups, external to parental consent or control. Further, these young people affirm their identities as LGBT+ and recognise the issues they face by seeking support for identity based victimisation. These decisions demonstrate the individual autonomy of young LGBT+ people.

Article 11 of the European Convention on Human Rights (1950: 11-12) allows youth and community services to offer a space to meet and support LGBT+ people outside of parental control/consent, circumnavigating any potential disapproval, homophobia, or transphobia from parents with hostile attitudes towards LGBT+ people. This maintains the protection of LGBT+ young people by not outing them to parents. In line with these services and to avoid any confidentiality policies they had in place, I also chose not to out potential participants to parents. Respecting and prioritising the private identities of young LGBT+ people is the first step in maintaining their safety from potentially hostile outcomes. This does not mean that guardianship was not sought however. Youth workers, who acted as gatekeepers by providing the space for youth groups and the support for LGBT+ young people, were requested to act as guardians in lieu of parents. This mechanism allowed for youth professionals to safeguard young LGBT+ participants whilst avoiding exposing youth identities to parents. Information sheets were provided to young people, which youth workers also had to view, followed up by a consent form which both parties were required to sign.

Working alongside youth workers was a merit to the project due to the familiarity youth workers had with their young people. Placing them as guardians in lieu of parents allowed me to work in partnership with workers to assess the ability of each young person to assent and for workers to disclose any concerns pertinent to the individual young person such as mental health assistance. It also gave time to consider the appropriateness of each individual young person who wished to participate. Moreover, developing an interview schedule with youth workers enables all questions on hate experiences to be scrutinised and reviewed.

This at first seemed daunting in the early stages of the research design and may seem daunting to other researchers. However, it is advantageous for several reasons to undergo this scrutiny. It enables the building of relationships between youth services and the researcher, a vital methodological step in a) gaining access to young participants and b) maintaining contact with these services for future research, collaboration, and impact. It also allows a space for youth workers to recommend questions or lines of inquiry that the researcher, as an outsider to the young people, may not have initially thought of. This dynamic therefore aids in the richness of data gathering whilst providing an ethical framework in which questions can be edited or modified if they are deemed unhelpful, not applicable, or potentially harmful to young LGBT+ participants. I also advised, which other researchers may wish to consider, that youth workers discuss participation with young LGBT+ people separately, so that the young people did not feel they were being coerced into participating. This step also proves to ethics boards that guardianship is present throughout the process of recruitment of young people.

Following these steps enable young LGBT+ people to express their autonomy by participating in highly sensitive research, with people they are already familiar with in venues and environments that they claim as spaces of safety. These enhanced steps were put in place to actively empower and include young people in the research, and to involve professionals who support young people to engage with this process. This is central to gain the voices of frequently marginalised members of society within an ethically rigorous, yet empowering, strategy. Further enhanced safeguards were developed for participants under 16 years of age.

Under 16's

Voluntary sector services offer support to young LGBT+ people 13-16, in England and Wales, for issues relating to sexuality and gender. As was revealed by the project, parental

consent was not required for young people to attend groups and seek out support due to Article 11, as outlined previously. They are therefore considered competent to make specific decisions about their lives, using their individual agency and autonomy, external to parental knowledge and wishes. The Gillick Competency (GC) model is used within medical sectors and youth worker practice to situate young people, under the age of 16, as active decision makers with individual agency. Underpinning the GC model are the Fraiser Guidelines which determine whether a child (under 16) is mature enough to make independent decisions. GC refers to the legal case *Gillick v West Norfolk and Wisbech Area Health Authority*, initiated by Victoria Gillick in 1982. Gillick objected to children receiving contraception under the age of 16 without parental consent. The case went through several appeal processes, directly to the House of Lords in 1985. The final ruling of the case determined that girls under 16 were legally emancipated from parental consent should they wish to seek contraceptive, providing they fulfilled the guidelines set out by Lord Fraiser in the final ruling. Fraiser acknowledged

there will be some cases, where the girl refuses either to tell the parents herself or to permit the doctor to do so and in such cases, the doctor will, in my opinion, be justified in proceeding without the parents' consent or even knowledge provided he is satisfied on the following matters: (1) that the girl (although under 16 years of age) will understand his advice; (2) that he cannot persuade her to inform her parents or to allow him to inform the parents that she is seeking contraceptive advice; (3) that she is very likely to begin or to continue having sexual intercourse with or without contraceptive treatment; (4) that unless she receives contraceptive advice or treatment her physical or mental health or both are likely to suffer; (5) that her best interests require him to give her contraceptive advice, treatment or both without the parental consent

(*Gillick v West Norfolk and Wisbech Area Health Authority*, 1985: np).

Although this case is medically contextualised, it has been used much more widely by professionals working with young people to determine whether young people under 16 are competent enough to make their own decisions and understand the implications of those decisions (NSPCC, 2018). Guidelines 2 and 3 were especially pertinent to the project as I was targeting venues where young people were likely to continue disclosing their experiences of

hate victimisation, amongst other sensitive topics relating to their sexuality and gender, regardless of my presence. Under these guidelines, young people seeking out these services can not be forced or persuaded to inform parents if they are deemed competent and mature enough to demonstrate autonomous decisions. Persuading youth to inform their parents, in this project, would have placed significant pressure on the young person to out themselves before they were ready. Ultimately, this puts them at significant risk if they have not disclosed their identity to parents and breaks the confidentiality of voluntary services. In cases such as these it is ethically justified to recruit participants under 16 without parental consent due to the potential harms that this could cause. Indeed, Morris, Hegarty, and Humphreys (2012) advocate for the inclusion of under 16's in sensitive research such as studies of victimisation and violence as it helps to raise these often unacknowledged voices to the forefront of research. Research can then inform adult-centric policies and initiatives; to positively impact young people, you must listen and research young people.

Excluding under 16's from sensitive research when practitioner services identify that there is a specific social need for this widens the fissures between academic research and practitioner based operations. This creates an inconsistent ethical framework that excludes young people from partaking in research, due to the adult-centric perceptions that curtail agency rather than provide the safest means to empower. Methodologically young LGBT+ people were empowered to make sense of their experiences of victimisation, within a familiarised and supporting environment (Solberg, 2012), that they received care in.

In order to fulfil traditional safeguarding mechanisms of informing young people of the aims and implications of the project, an easy read information sheet, utilising youth work posters as a template, was designed. Again, both participant and a youth or community worker, in the place of parents, were to sign a consent form. Two extra layers of protection and support was provided for the young LGBT+ person during the interview. Firstly, interviews with under

16's were much shorter than interviews with adults, lasting up to half an hour in total. The aim of this was to prevent the experience from being an exhaustive one and to maximise the security of the young person. Secondly, a person over the age of 18 whom the young person trusted, such as a youth worker sat in on the interview acting similarly to an appropriate adult. It was made clear to this adult that they were there to support the participants, safeguard them, and pay close attention to the interview relationship. It was not their role to partake in the interview but to observe and intervene if they perceived the young person feeling distressed by the interview process. In criminal and legal contexts, such as police interviews, appropriate adults are independent people who are there to assist, protect, and safeguard vulnerable people whilst in police custody. They are championed as a vital safeguard to protect the welfare of young people and to strengthening the overall validity and reliability of police interviews (Medford, Gudjonsson and Pearse, 2003). They are there to observe and advise whether the interview being conducted is fair to the needs of the vulnerable individual. This dynamic was replicated in order to strengthen the safeguards to protect the young participants and facilitate a supportive space where they could participate fully and describe their experiences of hate.

Just before starting the interview, as an additional protection method, an interview schedule was provided to the young LGBT+ person so that they were aware of the types of questions and themes that we would discuss. They were then asked if there were any questions that they did not wish to be asked or any content that they did not wish to discuss. This gave them an additional opportunity to withdraw their consent or declare any topics that I should avoid. This step actively engages young LGBT+ people to steer the direction of the interview away from sensitive topics that they may not wish to describe.

Interviews were then ended with a brief discussion between the young people and appropriate adult/gatekeeper without my presence. This provides an opportunity for the adult to highlight

any issues that they identified or that the young person wished to raise without the researchers presence. Additionally, it enabled a space where the worker could signpost and support the young person, immediately, should an issue arise. To refer back to my comments on *risk*, the intention here is not to eliminate any and all risks, including the emotional harms to participants. Rather, it is to assess any foreseen and potential risks and implement the means to reduce and manage those risks, whilst enabling participation. Enabling, including, and involving young people rather than disabling and excluding them is the ultimate aim of ethically grounded research with young people.

Conclusion

Utilising a Gillick competency model within the project's methodological approach, service workers within LGBT+ youth and community groups helped to consider the competency of young LGBT+ people, in attendance, to make independent decisions external to their parental wishes and knowledge. Sampling participants with these methods enabled rather than excluded LGBT+ youth, a significant alternative to traditional methods that maintain exclusion of youth. Service workers acted as guardians in lieu of parents in order to protect the anonymity and safety of the young person from potential homophobic/transphobic parents. This overriding concern prioritised the safety of young participants whilst providing the methodological means to participate in sensitive research. Participants assented to the project by being afforded the right to decide whether they would like to partake. Consent was formalised using a guardian in loco parentis in order to safeguard the young person and satisfy the guidance suggested by the ethics committee.

Although the suggestions and reflections provided throughout this article may seem daunting to future scholars and researchers, they are methodologically advantageous. The steps taken provide an ethical framework aimed at empowering young people to participate in sensitive

research. These steps enable researchers to provide a platform where young people can express individual autonomy, whilst proving to ethics boards that guardianship and protection of young people is present throughout; a requirement that I predict will continue. The protocols suggested throughout address the need to hear more directly from young LGBT+ people about their experiences of hate. Involving young people in hate research captures perspectives that may differ from adult-centric positions. These perspectives can be used to reorient adult-centric social policies and initiatives by raising their voices to the forefront of research. However, there are limitations to the protocols suggested. Appropriate guardians may not always be present, such as in the case of homeless young people. Although the guardians in this research were methodologically advantageous, it would be erroneous to assume that all guardians will contribute positively to research. For example, guardians may have reacted negatively if the young person revealed deleterious aspects of the youth services targeted. Researchers will need to evaluate the advantages and disadvantages on a case by case basis. The reflections offered in this article present future researchers with ethical justifications geared towards including young LGBT+ people, and possibly non-LGBT+ young people also, in research.

References

- Allen, L (2008) Young people's 'agency' in sexuality research using visual methods. *Journal of Youth Studies* 11(6): 565-577.
- Bachmann CL and Gooch B (2017) *LGBT in Britain. Hate Crime and Discrimination*. United Kingdom: Stonewall.
- Balen R, Blyth E, Calabretto H, Fraser C, H C and Manby M (2006) 'Involving Children in Health and Social Research: 'Human becomings' or 'active beings'?'. *Childhood* 13(1): 29-48.

Bieber I, Dain HJ, Dince PR, Drellich MG, Grand HG, Gundlach RH and Bieber TB (1962)

Homosexuality: A psychoanalytic study. New York: Basic Books.

Birkett M, Espelage DL 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* Volume 38: 989-1000.

Bourke R and Loveridge J (2014) Exploring informed consent and dissent through children's participation in educational research. *International Journal of Research & Method in Education* 37(2): 151-165

Bradlow J, Bartram F, Guasp A and Jadv V (2017) *School Report. The Experiences of lesbian, gay, bi and trans young people in Britain's schools in 2017*. Cambridge: Stonewall.

Bremer J (1959) *Asexualization: A follow-up study of 244 cases*. New York: Macmillan.

British Sociological Association (2017) *BSA Statement of Ethical Practice*. Durham: BSA Publications.

Browne K, Bakshi L and Lim J (2011) 'It's Something You Just Have to Ignore': Understanding and Addressing Contemporary Lesbian, Gay, Bisexual and Trans Safety Beyond Hate Crime Paradigms. *Journal of Social Policy* 40(4): 739-756.

Callahan P and Cameron K (1973) Aversion therapy for sexual deviation: Contingent shock and covert sensitization. *Journal of Abnormal Psychology* Volume 81: 60-73.

Calvey D (2017) *Covert Research: The Art, Politics and Ethics of Undercover Fieldwork*. Sage: London

Cameron P and Cameron K (1996) Do homosexual teachers pose a risk to pupils?. *Journal of Psychology* Volume 130: 603-613.

Cameron P, Proctor K, Coburn W and Forde N (1985) Sexual orientation and sexually transmitted diseases. *Nebraska Medical Journal* Volume 70: 292-299.

- Chabot C, Shoveller JA, Spencer G and Johnson JL (2012) Ethical and Epistemological Insights: A Case Study of Participatory Action Research with Young People. *Journal of Empirical Research on Human Research Ethics* 7(2): 22-33.
- Chakraborti N and Garland J (2015) *Hate Crime: Impact, Causes & Responses*. 2nd ed. London: Sage Publications Ltd.
- DePalma R and Atkinson E (2010) The nature of institutional heteronormativity in primary schools and practice-based responses. *Teaching and Teacher Education* 26(8): 1669-1676.
- DePalma R and Jennett M (2010) Homophobia, transphobia and culture: deconstructing heteronormativity in English primary schools. *Intercultural Education* 21(1): 15-26.
- Dingwall R (2008) The ethical case against ethical regulation in humanities and social science research. *Twenty-First Century Society* 3(1): 1-12
- Dragowski EA, Halkitis PN, Grossman AH and D'Augelli AR (2011) Sexual orientation victimization and posttraumatic stress symptoms among lesbian, gay, and bisexual youth. *Journal of Gay & Lesbian Social Services* 23(2): 226–249.
- Dunbar E (2006) Race, Gender, and Sexual Orientation in Hate Crime Victimization: Identity Politics or Identity Risk?. *Violence and Victims* 21(3): 323-337.
- Elze DE (2009) Strategies for Recruiting and Protecting Gay, Lesbian, Bisexual, and Transgender Youths in the Research Process. In: Meezan W and Martin JI (eds) *Handbook of Research with Lesbian, Gay, Bisexual, and Transgender Populations*. New York: Routledge, pp. 40-68.
- Espelage DL and Swearer SM (2008) Addressing Research Gaps in the Intersection Between Homophobia and Bullying. *School Psychology Review* 37(2): 155-159.
- European Convention on Human Rights (1950) *Convention for the Protection of Human Rights and Fundamental Freedoms*, Rome: Council of Europe.

- Fargas-Malet M, McSherry D, Larkin E and Robinson C (2010) 'Research with children: Methodological issues and innovative techniques. *Journal of Early Childhood Research* 8(2): 175-192.
- Fisher CB and Mustanski B (2014) Reducing health disparities and enhancing the responsible conduct of research involving LGBT youth. *LGBT Bioethics: Visibility, Disparities, and Dialogue, special report, Hastings Center Report* 44(5): 28-31.
- Flewitt R (2005) 'Conducting research with young children: Some ethical considerations'. *Early Child Development and Care* 175(6): 553-565.
- Flowers P and Buston K (2001) "I was terrified of being different": exploring gay men's accounts of growing-up in a heterosexist society. *Journal of Adolescence* 24(1): 51-65.
- Gay British Crime Survey (2013) *Homophobic Hate Crime*, London: Stonewall.
- General Medical Council (2013) *Intimate examinations and chaperones*, GMC: Online.
- Gillick v West Norfolk and Wisbech Area Health Authority (1985) *UKHL 7*, s.l.: British and Irish Legal Information Institute (BALI).
- Health and Safety Executive (2018) Sensible risk managements. Available at: <http://www.hse.gov.uk/risk/principles.html> (Accessed 16 January 2018).
- Herba CM, Ferdinand RF, Stijnen T, Veenstra R, Oldehinkel A, Ormel J and Verhulst FC (2008) Victimization and suicide ideation in the TRAILS study: specific vulnerabilities of victims. *Journal of Child Psychology and Psychiatry* 49(8): 867-876.
- Herek GM (1998) Bad Science in the Service of Stigma: A Critique of the Cameron Group's Survey Studies. In: Herek GM (ed) *Stigma and Sexual Orientation: Understanding Prejudice against Lesbians, Gay Men, and Bisexuals*. Thousand Oaks: Sage Publications, pp. 223-225.
- Humphreys L (1970) *Tearoom Trade: Impersonal sex in public places*. Chicago: Aldine.

Lambert V and Glacken M (2011) 'Engaging with children in research: Theoretical and practical implications of negotiating informed consent/assent' *Nursing Ethics* 18(6): 781-801.

Little JN (2001) Embracing Gay, Lesbian, Bisexual, and Transgendered Youth in School-Based Settings. *Child and Youth Care Forum* 30(2): 99-110.

Martin JI and Meezan W (2009) Applying Ethical Standards to Research and Evaluations Involving Lesbian, Gay, Bisexual, and Transgender Populations. In: Meezan W and Martin JI (eds) *Handbook of Research with Lesbian, Gay, Bisexual, and Transgender Populations*. New York: Routledge, pp. 19-39.

Medford S, Gudjonsson GH and Pearse J (2003) The efficacy of the appropriate adult safeguard during police interviewing. *Legal and Criminological Psychology* Volume 8: 253-266.

Meyer D (2010) Evaluating the Severity of Hate-motivated Violence: Intersectional Differences among LGBT Hate Crime Victims. *Sociology* 44(5): 980-995.

Meyer IH (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin* 129(5): 674-697.

Moran L (2008) Homophobic Violence as Hate Crime. *Criminal Justice Matters* 48(1): 8-41.

Moran LJ (2004) The Emotional Dimensions of Lesbian and Gay Demands for Hate Crime Reform. *McGill Law Journal* Volume 49: 925-949.

Moran LJ (2018) Sexuality and Victimization. In: Walklate S (ed) *Handbook of Victims and Victimology*. Oxon: Routledge, pp. 156-173.

Morris A, Hegarty K and Humphreys C (2012) Ethical and safe: Research with children about domestic violence. *Research Ethics* 8(2): 125-139.

Morrow D (2004) Social work practice with gay, lesbian, bisexual, and transgender adolescents. *Families in Society* 85(1): 91-99.

Muhib FB, Lin LS, Stueve A, Miller RL, Ford WL, Johnson WD and Smith PJ (2001) A Venue-Based Method for Sampling Hard-to-Reach Populations. *Public Health Reports* 116(1): 216-222.

Mustanski B (2011) Ethical and regulatory issues with conducting sexuality research with LGBT adolescents: A call to action for a scientifically informed approach. *Archives of Sexual Behavior* 40(4): 673-686.

NSPCC (2018) A child's legal rights: Gillick competency and Fraser guidelines. Available at: <https://www.nspcc.org.uk/preventing-abuse/child-protection-system/legal-definition-child-rights-law/gillick-competency-fraser-guidelines/#pageref11215> (Accessed 19 January 2018).

Northumbria University (2016/17) *Research Ethics and Governance Handbook*. Newcastle upon Tyne: Northumbria University

Owensby N (1941) The correction of homosexuality. *Urologic and Cutaneous Review* Volume 45: 494-496.

Pierce D (2001) Language, Violence, and Queer People. *Journal of Gay and Lesbian Social Services* 13(1-2): 158-169.

Roffee J and Waling A (2017) Resolving ethical challenges when researching with minority and vulnerable populations: LGBTIQ victims of violence, harassment and bullying. *Research Ethics* 13(1): 4-22.

Saltzberg S (2004) *Learning that an adolescent child is gay or lesbian: The parent experience* 49(1): 109-119.

Solberg A (2012) Reflections on interviewing children living in difficult circumstances: courage, caution and co-production. *International Journal of Social Research Methodology* 17(3): 233-248.

Stanko EA and Curry P (1997) Homophobic Violence and the Self 'At Risk': Interrogating the Boundaries. *Social & Legal Studies* 6(4): 513-532.

Taylor C (2008) Counterproductive effects of parental consent in research involving LGBTTIQ youth: International research ethics and a study of a transgender and two-spirit community in Canada. *Journal of LGBT Youth* 5(3): 34-56.

The Albert Kennedy Trust (2015) *LGBT Youth Homelessness: A UK National Scoping of Cause, Prevalence, Response & Outcome*, London: The Albert Kennedy Trust.

Tufford L, Newman PA, Brennan DJ, Craig SL, Woodford MR (2012) Conducting Research with Lesbian, Gay, and Bisexual Populations: Navigating Research Ethics Board Reviews. *Journal of Gay and Lesbian Social Services* 24(3): 221-240.

Warwick I and Aggleton P (2014) Bullying, 'cussing' and 'mucking about': complexities in tackling homophobia in three secondary schools in south London, UK. *Sex Education* 14(2): 159-173.

Willis DG (2004) Hate crimes against gay males: an overview. *Issues in Mental Health Nursing* 25(2): 115-132.

Yep GA (2002) From Homophobia and Heterosexism to Heteronormativity: Toward the Development of a Model of Queer Interventions in the University Classroom. *Journal of Lesbian Studies* 6(3-4): 163-176.