

**Telling different stories: contemporary narratives available to young people making sense of their gendered and sexual lives in England and Sweden**

WOODIWISS, Jo and FORMBY, Eleanor <<http://orcid.org/0000-0003-4137-6592>>

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# Telling different stories: Contemporary narratives available to young people making sense of their gendered and sexual lives in England and Sweden

Jo Woodiwiss and Eleanor Formby

## Abstract

This chapter draws on British Academy/Leverhulme funded research in England and Sweden to examine narratives used by and about lesbian, gay, bisexual and trans (LGBT+) young people. Our research, using interviews, discussion groups and vignettes with practitioners and young people, indicates that in England young LGBT+ identities were often framed within a dominant narrative as vulnerable and/or conflated with mental ill-health. However, this was resisted by many LGBT+ young people themselves, who called instead for more inclusive approaches to schooling and/or youth work, that do not necessarily see them as having mental health issues, but which recognise that they might sometimes require additional support within their everyday lives. In Sweden, the level of support available to young people was impressive, but LGBT+ young people did still face challenges. Although the dominant narrative in Sweden suggests that they were less likely to be seen as having a mental health problem, a more generally inclusive approach to education meant that young LGBT+ people's specific needs were not always recognised. Although dominant narratives currently circulating in England and Sweden are quite different, we argue that these narratives limit the possibilities of young people in both countries to construct their own unique stories.

## Key words

LGBT, narrative, school, sexuality, youth work, vulnerability

## Introduction

Young people often find themselves the subject of stories. In the UK, they are often constructed as potentially dangerous, a group that we (society) need protecting from, such as in the context of knife crime. In other stories, they are constructed as vulnerable, innocent, and helpless – a group that need protecting from society. Increasingly in the UK, young people are also constructed as a group who are likely to experience mental health difficulties, and this is particularly so for LGBT+ young people. However, what is largely missing from these stories, are the voices of young people themselves. In this chapter, we explore how LGBT+ young people, and those who work with them in England and Sweden, engage with stories about, for, and sometimes by, LGBT+ young people. In doing so, we discuss what we identify as dominant 'narrative frameworks' (Woodiwiss 2017) that are currently in circulation, and used to understand and explain LGBT+ young people and their experiences. We identify one of these, which constructs LGBT+ young people as vulnerable by definition of growing up as LGBT+, as more dominant in England. Another, which often minimises differences between young people who identify as LGBT+ and those who do not, was more dominant in Sweden. We also identify the significance of particular narratives of childhood and youth, such as narratives of childhood sexual innocence, on the telling of these dominant stories.

This chapter draws on a research project (funded by a BA/Leverhulme grant) which sought to explore support for LGBT+ young people in England and Sweden. Sweden has a reputation for more liberal attitudes towards teenage sexual activity and same-sex relationships (Hanssen 2012; Lundin 2016; Thomee et al. 2016), and we were interested to explore how these manifest in provision related to LGBT+ identities. Publicly available resources demonstrate more inclusive content in Sweden compared to the UK (Formby 2016; Olsson 2016), but to our knowledge, whilst there have been comparisons in sex education provision, there is no research (up to now) comparing methods of support and inclusion for LGBT+ young people in these differing

environments. In this chapter we bring a sociological perspective to what is often a psychologised subject area, and drawing on the data from this research, we explore the stories told about, for, and by LGBT+ young people.

## Setting the context

As Ken Plummer (1995:20) argued in his influential work, “everywhere we go, we are charged with telling stories and making meaning – giving sense to ourselves and the world around us”. We must constantly interpret and reinterpret our lives and the world around us, and we do this with the help of stories and narrative frameworks. These help us construct, or narrate, our sense of self, and help us and others make sense of who we are and how we fit in the world. They also help us plan for the future – and can be used by others to predict what kind of lives we might live. This is especially true of the stories told about young people. However, it is important to recognise that any story is just one version or telling, and there are many versions that can be told. Any particular telling is informed by a range of factors, including who is telling the story, and to whom and for what purpose. Therefore, in telling our (and others’) life stories we are not free to tell any story (Gergen 1994; Plummer 1995; 2001; Woodiwiss 2009), but must confine ourselves “to toing and froing among the options on offer” (Bauman 2001:7), which vary across time and place. The stories we can tell in the 21st century are not the same as the stories we could tell in the past (Woodiwiss 2009), but like all stories they are informed and limited by the circumstances or contexts of their telling (Bauman 2001; Jackson 1998; Lawler 2002; Plummer 1995; 2001; Woodiwiss 2014).

There is also a power dynamic operating in terms of whose stories can, or are, told or heard, and what or whose stories are not told or heard, which can leave some without a story to tell, or a story that is not listened to or heard. Whilst this is important for the telling of all stories, we argue it raises unique questions around (safe) space, and in particular LGBT+ only spaces, where LGBT+ young people can go to hear and tell new or different stories, which we discuss below. Having only a limited number of stories in circulation, particularly when they are seen to represent the ‘whole truth’ of (certain) people’s lives, in turn limits the possibilities for (their) telling or constructing other stories. They allow the powerful to speak for the less powerful and those who are older to speak for those who are young(er), leaving those yet to reach adulthood unheard or without a voice (Woodiwiss 2018). Such dominant narratives direct us to make sense of our lives and construct ourselves in certain ways or risk being seen as ‘inauthentic’ or not ‘real’ – or even as not deserving, and in some cases as failing to recognise the difficulties we are/might be experiencing (Woodiwiss 2018). Stories also operate as guides for living, though, and therefore the telling, or availability, of any story has implications not only for understanding the past and the present but also for (planning for) the future. As Tavis (1992) argues, whilst we might be liberated by our stories, we might also be constrained, and this is particularly significant for those just starting out in life. They have less experience of, or resources for, making sense of the past and the present, and have only just started planning their futures and writing their own stories.

The last twenty years or so have seen a sharp increase in academic and policy-orientated research on the experiences of LGBT+ youth (though often, in reality, with a focus on young gay men). Much of this UK and international research has identified higher incidences of poor mental health, self-harm, depression and/or attempted suicide among young LGB people compared with their heterosexual counterparts (Almeida et al. 2008; Demissie et al. 2018; McDermott and Roen 2016; McNamee, Lloyd, and Schubotz 2008; Rivers et al. 2018; Robinson and Espelage 2011). This is a story, or narrative framework, that currently dominates within the UK. However, this body of work has also been critiqued for over-simplifying and/or over-stating these ‘risks’ (Bryan and Mayock 2017; Cover 2012; Waidzunus 2012), which Savin-Williams (2005:50) has dubbed the ‘suffering suicidal script’. An alternative LGBT+ related narrative framework, which minimises difference, is one that encourages those who work with or support young people, as well as LGBT+ young people

themselves, to minimise the unique experiences and challenges of growing up LGBT+ in a cisnormative and heteronormative world.

Both these dominant narratives about LGBT+ young people have significance beyond LGBT+ young people's immediate lives. Whilst they might open up possibilities for, and acknowledge the experiences of, some young people, they might also silence others or constrain their possibilities. It is therefore, we argue, particularly important to challenge the dominance of any particular story told about young people, because these narratives provide a backdrop against which LGBT+ young people make sense of their lives and plan for the future. In the remainder of this chapter, we discuss the stories told about LGBT+ young people, and explore how LGBT+ young people themselves, in England and Sweden, negotiate these stories and open up the possibility for new and multiple stories.

## **Research methods and participants**

The *Beyond the individual* research was a British Academy/Leverhulme funded project carried out by the authors in partnership with Riksförbundet För Sexuell Upplysning (RFSU, the Swedish Association for Sexuality Education). It consisted of two case study sites: a small city in England, and a larger city in Sweden. In each location, we carried out fieldwork in secondary schools (one in England, and two in Sweden), and in youth settings. Data collection involved five individual in-depth interviews, and seven group or paired interviews (lasting between 35 minutes and two hours), in a total of three schools and two youth settings. In England, the youth setting was a voluntary sector youth service that provides one-to-one support and group-based activities for LGBT+ youth. In Sweden, the youth setting was a publicly funded youth clinic, part of a network of over 250 'one-stop shops' designed to offer young people access to a comprehensive range of health services from a single site (Thomee et al. 2016). Table 1, below, sets out the make-up of our 47 participants<sup>1</sup>.

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<sup>1</sup> In addition to our two research sites, we also carried out two stakeholder interviews with representatives from national youth organisations in Sweden, to help us understand the policy context.

Table 1: Participant details

Research site	Young people	Staff	Total
Case study 1 (England)	17 (12 in school A, 5 in youth setting A)	5 (3 in school A, 2 in youth setting A)	22
Case study 2 (Sweden)	13 (2 in school B, 11 in school C)	12 (7 in school B, 2 in school C, 3 in youth setting B)	25
<b>Total</b>	<b>30</b>	<b>17</b>	<b>47</b>

Each research site was recruited via a direct request either from the second author (in England) or from a staff member at RFSU (in Sweden). Research locations were pragmatically chosen as they were known to those who contacted them, however they were relatively 'typical' schools and services for their respective locations. The contacts were asked if they would be willing/able to facilitate access to both staff and young people. Each venue said that they were, with the exception of the Swedish youth clinic who felt it was inappropriate for us to meet young people at their facility. We asked to meet with a group of willing young people and either a group or individual staff at each site; consequently, numbers varied for each site, but were broadly even between England and Sweden. We had about twice as many young participants as professionals. It was not necessary to identify as LGBT+ to take part in the project, and in both case studies we had a mixture of LGBT+ and non-LGBT+ participants (see further detail below). We asked similar questions of everyone, covering:

- what sorts of support they thought young LGBT+ people might need and why;
- how they thought schools in general and (if applicable) their school in particular currently support or include LGBT+ young people (and how they do not);
- how youth groups or clinics that they knew of currently offer support to LGBT+ young people (and how they do not);
- what support they thought LGBT+ young people might need in the future.

We also used vignettes as a way of exploring how young people and those who work with them understand the needs of LGBT+ young people (see Table 2). Research tools were designed by the authors, with the vignettes in particular informed by the second author's previous research in the field (Formby 2013; forthcoming; Formby and Donovan 2020). All participants in Sweden were offered the use of a translator so that they could be interviewed in their first language, but all chose to converse in English (of a very high standard).

Young participants were aged between 11 and 19, and identified their sexuality in a range of ways, including bisexual, gay, heteroflexible, heterosexual, lesbian, and pansexual/homoflexible. In terms of gender, everyone identified as female or male. Staff members were not asked for personal details but their roles included head teacher, midwife, school counsellor, school nurse, teacher, teaching assistant, and youth worker.

Table 2: Vignette details

Vignettes	Follow-up questions
<p><i>Vignette 1:</i> Sam is 14 and is starting to question their sexual identity, thinking they might be bisexual. Not feeling able to talk to their parents or school friends, Sam talks to a teacher at school who they think they can trust. The teacher seems understanding and supportive, and offers to arrange for Sam to see a counsellor at school.</p>	<ol style="list-style-type: none"> <li>1. What do you think of the teacher’s response?</li> <li>2. What do you think they could or should have done differently?</li> <li>3. What would you have said to Sam if they had talked to you first?</li> </ol>
<p><i>Vignette 2:</i> Jan is 15 and has identified as trans for a few years, but has only just ‘come out’ to two friends at school. One friend tells Jan to tell their other friends and classmates. The other friend, who identifies as gay, goes to an LGBT youth group, and suggests Jan might want to go along too, explaining that the group is a safe space that offers the chance to meet other LGBT young people locally.</p>	<ol style="list-style-type: none"> <li>1. What do you think of the two friends’ responses?</li> <li>2. What do you think they could or should have said instead, or as well?</li> <li>3. What would you have said to Jan if they had talked to you?</li> <li>4. What else do you think LGBT youth groups can, or should, offer?</li> </ol>
<p><i>Vignette 3:</i> Following an incident at the school where a pupil who is not very good at sport was bullied for being ‘gay’ during a sports lesson, two teachers are discussing if or how the school should respond. Teacher A argues that the school should take a tough approach to bullying and those involved should be punished immediately, whilst the victim should be offered counselling and the option of not taking PE. Teacher B also believes the actions of the bully should be addressed, but argues that this should be done by addressing the problem of homophobia and bullying more generally, aiming to promote a more inclusive attitude to those who identify as LGBT throughout the school.</p>	<ol style="list-style-type: none"> <li>1. What do you think of the two teachers’ suggestions?</li> <li>2. What do you think they could or should do differently?</li> <li>3. What would you have said if they asked you for advice?</li> <li>4. What else do you think schools can or should do to become more LGBT inclusive?</li> </ol>

All data was digitally recorded and then transcribed, before being subjected to thematic analysis, a process which involved identifying and categorising recurring themes as they arose (see Ritchie and Lewis 2003). The research was approved by Sheffield Hallam University Research Ethics Committee, and adhered to guidelines of the British Sociological Association and the National Children’s Bureau. Protocols about participant anonymity, confidentiality, informed consent, right to withdraw, and secure data storage were followed at all times.

In this chapter we use a narrative lens to explore a number of themes relating to: Vulnerability and mental ill-health; Childhood (sexual) innocence; Resisting the dominant narrative; Safer (LGBT+) spaces. We draw on extracts from participants to illustrate these themes and associated narratives. Our intention throughout is to draw some comparisons between the two geographical contexts. Though the research was not large-scale, we believe it offers original insights that could usefully guide future practice development, and importantly inform further research in this area.

## Engaging with narratives

The lived experiences of LGBT+ young people in England and Sweden are as varied as there are LGBT+ young people, but these experiences are not always reflected in the stories that are told about them, and the narrative frameworks available to those who seek to understand and support these groups. Perhaps the most dominant narrative in the UK is a narrative premised on the idea that LGBT+ young people are a vulnerable group in need of adult support, and whose experiences are most likely to include bullying and mental ill-health. Whilst this story did feature in Sweden, the more prominent story told about LGBT+ young people in Sweden was a story that constructed LGB young people as not really very different, or not really having different needs, although trans and non-binary youth were identified as having a more difficult time/more needs in Sweden as well as in England. However, this is not to suggest that all those working with LGBT+ young people in England drew on a narrative of vulnerability, or that all those in Sweden drew on a narrative of sameness. Indeed, those working in specialist youth organisations (LGBT+ groups in England, and youth clinics in Sweden) were more likely to resist these narratives. Responses to LGBT+ young people in the two countries also drew on different narratives of childhood, with the dominant narrative of childhood in the UK often constructing childhood as a time of sexual innocence, and the ideal child (and to some extent young person) as sexually innocent. This is in contrast to Sweden, which has a reputation for more liberal attitudes to sexual knowledge among children and young people, and sexual activity in young people (Lundin 2016; Thomee et al. 2016). What is interesting, and discussed within this chapter, is the degree to which young people in both countries reject or resist these dominant narratives, and (are able to) tell different, more nuanced, stories.

## Vulnerability and mental ill-health

We are not suggesting that growing up as an LGBT+ young person in either England or Sweden is always easy and without difficulties. Nor are we suggesting that LGBT+ identities and mental health issues might not sometimes coalesce or be linked. However, we found that a narrative suggesting that young LGBT+ people will necessarily have mental health issues, or automatically require individual support, was one that was often told about LGBT+ young people in England, particularly in school settings. As one specialist LGBT+ youth worker commented:

“My impression often is that [within schools] it’s ‘oh those poor gays’, you know, ‘the poor LGBT people, they are victims, we need to handle them with kid gloves, we know it’s not okay to say anything bad, and we just want them to be okay and to be normal’” (Youth worker in England).

Staff working in LGBT+ specialist youth groups in England often identified as LGBT+ themselves, and whilst this did not necessarily mean they resisted this narrative, they did appear to have a greater understating of the lives and experiences of LGBT+ young people, and therefore had a wider range of stories on which to draw.

Woven through a vulnerability narrative was an assumption that young people, and particularly LGBT+ young people, require (specifically) adult advice and support. This was applied to LGBT+ young people in England, but was often also extended to include all young people, with LGBT+ young people just seen as more vulnerable. As a teacher suggested:

"At 15 I don't think they should be giving [each other] advice... they are very immature and sexually judgemental... [they] need to be talking to an adult" (Teacher in England).

For some, this adult support should be specifically school-based (by definition, not LGBT+ specialist), as a teaching assistant commented:

"...speaking with someone in school instead of just going straight to the LGBT youth group" (Teaching assistant in England).

Drawing on a narrative that suggested LGBT+ young people needed support could be interpreted, including by young people themselves, as suggesting there was something wrong with them, because they were LGBT+. It then becomes very easy for this, rather than the cause of any difficulties (such as cisnormativity, heteronormativity, transphobia, or homophobia), to become the focus of concern, which in turn reinforces the idea of vulnerability within adult responses to LGBT+ young people. Identifying something 'wrong' with a young person due to their sexual or gender identity could also lead to their actual needs or wishes being ignored or not recognised. As one young person said of their experience with a school counsellor:

"I had my own problems that had nothing to do with my sexuality and she [the counsellor] was like 'do you think you're feeling this way because you're gay?' and I was like, 'no I'm fine with that, this is about [something else]'" (Youth group member in England).

As this shows, rather than listening to the young person, the counsellor, drawing on a narrative of vulnerability about LGBT+ young people, immediately focussed on what they assumed was 'the problem' – even though this young person 'was fine with that', but was experiencing difficulties unrelated to 'being gay'. One suspects that if a cisgender heterosexual pupil went to see them the counsellor would not have assumed it was about being cisgender and/or heterosexual, and would therefore have tried, or at least be in a position, to address their actual needs, which they failed to do for this LGBT+ young person. One could argue that they failed this young person, not because they had no desire to help, but because they drew on a story or understanding that prevented them doing so. This story is thus not only told *about* LGBT+ young people, but very often told *to* them when they seek support, including for issues unrelated to being LGBT+. When LGBT+ young people hear others, such as teachers or counsellors, drawing on a narrative that suggests they are vulnerable and in need of support, it can make it harder for them to feel comfortable or positive about their LGBT+ identities and experiences.

It is not only adults who draw on this dominant narrative of vulnerability and mental ill-health, but it forms the background against which LGBT+ young people themselves make sense of their lives and experiences. This narrative has become so dominant that some believed that LGBT+ young people would need support from a trained counsellor. Whilst many LGBT+ young people rejected this understanding (as discussed below) others, possibly those who were younger and/or had less experiences and resources to draw on, might see themselves as vulnerable and in need of specialist support. As one young pupil said of seeing a counsellor:

"I think it's a good idea... because a counsellor would be more qualified to talk about it than a teacher would be" (School pupil in England).

This view was not necessarily shared by those with experience of school-based counselling, however, and there was a clear lack of trust or confidence for some young people:

"Half the time they don't know what they're talking about" (Youth group member in England).

## **Childhood (sexual) innocence**

Linked to the concept of vulnerability, some staff working in school settings in England also drew on an (overlapping) narrative or sub plot of childhood sexual innocence, within which not only is childhood seen as a time of sexual innocence, but that innocence is seen as something that needs to be protected. Any discussion of sex (including sexual identity) is therefore identified as potentially dangerous and something that needs to



be carefully managed. We argue this narrative has particular significance/consequences within the context of supporting LGBT+ young people. Most notably within an English school setting, there was an (incorrect) belief among some staff that where there was “an element of disclosure”, such as a young person identifying themselves as LGBT+, school staff:

“...legally have to refer to [the] child protection officer” (Teacher in England).

There was also a belief that staff should never tell an LGBT+ young person who has come to them in confidence about their gender or sexual identity that they “will keep this to myself”. Indeed, as one staff member suggested:

“It’s not right for me to keep something [secret] like that, because something might happen to you or something might happen to me and no one will know (School staff member in England).

As this suggests, the mere fact that a pupil identifies as something other than cisgender and/or heterosexual is seen as not only potentially problematic but also as something that staff in an English school need to know. As the sexually knowing child is often constructed or perceived to be dangerous to other (sexually innocent) children and young people (Woodiwiss 2014; 2018), the pupil who identifies themselves (to school staff) as LGBT+ (an identification that is itself often equated with sexual knowledge) is thereby, by virtue of that identification, positioned within the school as (potentially) problematic. This problematising of sexual knowledge and identities among young people also links in with recent debates and concerns about relationships and sex education (RSE) in English schools, where introducing LGBT+ identities has been seen by some as ‘corrupting’ (non-LGBT+) young people.

By contrast, in Sweden, ‘coming out’ or identifying as LGBT+ was not seen as problematic, or of concern, either to the young person themselves, or to the staff working with them. This corresponds with Sweden’s reputation for more ‘open’ attitudes to young people’s emerging sexual identities (Lundin 2016; Thomee et al. 2016).

## **Resisting the dominant narrative**

Young people in England did not reject the idea of counselling or mental health support, but they were very clear that it should only be offered/provided if and when they wanted it, and that no one should assume that if or when a young person identifies as LGBT+ they would (automatically) need counselling. As a number of young people attending a specialist youth group argued:

“I don't think an LGBT identity should be linked with mental health, because it's not... that's such an outdated idea. It needs to be seen as two different things” (Youth group member in England)

“Sending someone to a counsellor because you're confused about your sexuality is kind of a bit, well, weird... like go here, go to someone that's made for mental health because you're questioning your sexuality” (Youth group member in England).

Not only did young people see identity and mental ill-health as ‘two different things’, but they also identified potentially negative consequences when others, such as school staff, conflate the two:

“[If] you tell a teacher who you trust and they send you to a counsellor, it can make the person think that there’s something’s wrong with them that they need help with” (School pupil in England).

Referring an LGBT+ young person to counselling was also perceived by some young people as teachers “passing the buck”, “washing their hands”, or “pushing it to one side”.

Although faced with a dominant narrative of vulnerability, young people themselves often told a more nuanced story. They were very clear that identifying as LGBT+ was not itself a mental health issue, although they did recognise that the experience of growing up identifying as LGBT+ might, but also importantly might not, lead to personal difficulties or mental ill-health. As this suggests, not only was it factors outside of their LGBT+ identities that were seen as potentially leading to poor mental health, but young people were also clear that this was not inevitable.

## **Safer (LGBT+) spaces**

One clear difference between England and Sweden was the support on offer to young people. The UK has a tradition of youth work that provides young people with access to, for example, informal education, social activities and/or specialist support (Formby 2013). This has provided a context for the development of specifically LGBT+ youth groups, which offer professional and peer support, advice, and a ‘safe’ (non-judgemental and welcoming) space for LGBT+ young people to explore their identities outside of school settings (Formby and Donovan 2020). Sweden does not have this tradition, though it does have a tradition of sports-related youth groups open to all young people. Sweden also has a system of youth clinics where young people, including LGBT+ young people, can go for advice, support and information about anything related very broadly to health and wellbeing. This is very different to UK provision where young people often go to the same General Practitioner (i.e. family doctor) or other health service as adults, including their own family members.

Staff working in specialist LGBT+ youth settings in England (and in Swedish youth clinics) largely resisted the vulnerability narrative and clearly identified the importance of support and advice that was not tied to mental health issues. In resisting this dominant narrative, they offered young people the possibility of reading and telling different, more positive and nuanced stories about young LGBT+ people’s (life) stories. This was most clearly seen where staff (in England) suggested that youth work was a forum or space where they could suggest books to read, websites to look at, and television shows to watch which all provide positive affirmations about LGBT+ identities, that may be lacking elsewhere, particularly in schools. Youth work itself was seen as an opportunity to address gaps in knowledge that schools do not provide, such as on LGBT+ history or sex and relationships education. As one specialist LGBT+ youth worker said:

“They are not learning about it [sex and relationships] anywhere else, except for the internet, and god only knows what’s coming up with that!” (Youth worker in England).

Staff working in LGBT+ youth work settings believed it was important to give young people the opportunity to talk about their fears, and how and why other people come out, within a safe space among people (peers and staff) that they trusted – such an environment that they might not find at school. Youth workers are therefore able to support young people without that support necessarily being viewed as related to mental ill-health. Staff working in specialist LGBT+ groups made it clear that they were:

“...not a counsellor, nobody in our office is a counsellor, but we can offer support, and we can offer a safe space to talk” (Youth worker in England).

Advice such as that relating to how and when (or when not) to ‘come out’ was identified as particularly important where young LGBT+ people did not have supportive families. Of course, this could be offered within education contexts, but it was seen to be reliant on the willingness and ability of individual staff members,

and could collapse if that staff member left. As some young people said of a local LGBT+ college group they attended, it was good in part because it was supported by a member of staff seen to be “clued up” on LGBT+ identities. Whether staff were LGBT+ or not, the idea of being ‘clued up’ was an important one for young people, and such groups were particularly valued as a space within which young people could share stories or experiences, not just with staff (who were more likely to be LGBT+ themselves), but also with other LGBT+ young people:

“It's a room full of your peers...” (Youth group member in England).

Not only might they hear stories that challenged the dominant vulnerability narrative they were often surrounded by, but as ‘guides to living’ (Woodiwiss 2009), these stories could also provide them with ways of dealing with their own (sometimes difficult) experiences:

“It helps because some of the people who run the group too are LGBT – so they have personal experience with it and therefore they can give... their own advice” (Youth group member in England).

Therefore, what some LGBT+ young people valued about specific spaces for them was in part the different stories they heard and were able to tell.

Alternative stories are not only limited to LGBT+ youth groups in England, but their value and relevance to young people’s lives was often related to the degree to which staff were able to empathise with LGBT+ young people. This was seen by young people as more likely to be the case in specialist youth settings, whether for LGBT+ young people specifically, as was more likely the case in England, or in youth clinics, as was the case in Sweden. Staff working in youth clinics in Sweden also offered different stories to LGBT+ young people, albeit stories that were more focussed on health and wellbeing. As one worker in a youth clinic argued in relation to a young person questioning their sexual identity and thinking they might be bisexual (Vignette 1), it is important to “normalise this” and tell them:

“There is nothing wrong with you” (Youth clinic worker in Sweden).

Whilst these clinics were not aimed exclusively at LGBT+ young people, and the staff were not necessarily LGBT+ themselves, their experience and expertise in the fields of sexuality and gender identity was, like their English counterparts, recognised and valued by Swedish young people:

“The youth clinics are more experienced. I think that’s their everyday job and they do it well” (School pupil in Sweden)

“When I first went there, I was a little bit scared and I didn't want to tell anyone. I haven't told my parents I have been to the youth clinic, but I mean when I'm advising other kids, like LGBT youth that have problems, I have advised them to go to the youth clinics because I've had very good experiences there, and I'm very open about what happened when I [was] there, like [I] talked and [got] tested and things” (School pupil in Sweden).

Whilst LGBT+ only youth groups were viewed positively by LGBT+ youth workers and those LGBT+ young people who had accessed them, they were also viewed with some concern or suspicion from staff and young people who had not been involved in such a group, both in England and Sweden. Whilst staff in England were often responding to an idea that already existed, in Sweden where there is less of a tradition of specialist

LGBT+ youth groups, the response was to something more abstract. Perhaps for this reason, young people in Sweden expressed caution about LGBT+ youth groups:

“I don’t necessarily think that it’s the greatest idea for only LGBT+ people to hang out together, because how are we supposed to co-exist if we don’t talk to one another?” (Schools pupil in Sweden).

Whilst those involved in such groups, including LGBT+ young people who accessed them, often identified and valued them as a safe space, it was a perceived *lack* of safety that some young people and school staff not directly involved in such provision identified as a potential problem:

“I think it would be quite risky to just gather everyone together who’s not straight in one place, since the hate would be so big on them, so I think instead of having one single group, and if you go there everyone will be like, ‘oh OK, so you’re one of them’, it will be better to offer support in other ways” (School pupil in Sweden).

However, this was also related to when and where the group might meet. Whilst young people in an English school largely thought it would be a good idea to encourage LGBT+ young people to attend an LGBT+ youth group *outside* school, they did raise concerns about an LGBT+ group *within* school:

“The thing is with creating a group for people to come, there’s going to be a lot of idiots who come in just to mock them, just mock the group in general” (School pupil in England)

“...Yeah, because people would lie about it and just tag along to listen and then spread it around the school” (School pupil in England).

However, as this exchange shows, some of the concern was related to what they thought would be non-LGBT+ (and unsupportive) young people attending the group – a situation that could more easily be prevented with a group running outside of school.

It is worth noting that young people’s concerns around specialist LGBT+ youth groups did vary between Sweden and England. In the latter, where many of the young people we spoke to did attend such a group, concerns were largely limited to groups within school settings. In Sweden, perhaps unsurprisingly as there is less tradition of LGBT+ youth work, young people expressed more concern about such groups. Although even here, students recognised the value of such spaces, at least for those who might have lacked the resources and/or experiences to deal with difficulties, such as those who were quite young or just in the process of ‘coming out’:

“I mean, I think it’s very good that these groups exist, but I think these groups should be for people that have newly come out as gay” (School pupil in Sweden).

Indeed, support with ‘coming out’ was also seen as valuable by LGBT+ young people in England, particularly where they did not have supportive friends and/or family.

## Conclusion

In this chapter we have looked at the significance of particular or dominant narratives for understanding and making sense of the lives and everyday experiences of LGBT+ young people, in both England and Sweden. Our research has shown that in England LGBT+ young people were often seen as ‘different’ to non-LGBT+ young people. They were also more likely to be viewed within a narrative framework that constructed them as

inherently vulnerable, particularly within non-LGBT+ youth settings. As we have discussed, those working in English school settings not only drew on this narrative, but also on the narrative of childhood sexual innocence, which in turn helped to construct LGBT+ identities as problematic and potentially dangerous (to themselves). This led some school-based staff within England to wrongly believe that disclosing an LGBT+ identity was in itself a child protection issue, resulting in instances where school staff disclosed LGBT+ young people's sexual and/or gender identity, and thus breached confidentiality. Whilst we found school settings were often problematic for (some) LGBT+ young people in England, the country does have specialist LGBT+ youth work available (to some). Within these settings, staff generally drew on a wider range of narratives about LGBT+ young people that went beyond that of vulnerability and 'protection', and offered LGBT+ young people a range of narrative frameworks within which to make sense of their lives and plan for their futures. These specialist youth groups were viewed very positively by LGBT+ young people who attended them, but some school staff, who perhaps saw themselves as the guardians of young people's wellbeing, viewed specialist LGBT+ youth work that was provided outside school as potentially problematic.

In Sweden, where there was an abundance of provision to support all young people's wellbeing, LGBT+ young people were less likely to be seen as different, and less likely to be located or understood within a narrative of vulnerability. However, there was also less recognition of the specificities that young people might experience growing up as LGBT+, which could be read as a failure to acknowledge, and respond to, the differing needs they may sometimes have. That said, many in both school and youth settings did identify trans and non-binary young people as having particular difficulties, which opened up the possibility of responding to their specific needs. Therefore, whilst children and young people in Sweden were not necessarily viewed within a narrative framework that constructed them as inherently vulnerable and sexually innocent, the 'open' or liberal attitude the country is famed for may not always result in better life experiences for LGBT+ youth. Whilst England cannot compete with the range and depth of service provision available to all young people in Sweden, it does offer specialist youth work that is highly appreciated by LGBT+ young people. In the context of ever-increasing concern about young people's mental health, given the impact of the covid-19 pandemic, we argue that these groups are now more vital than ever. As previous research has attested, specialist youth provision for LGBT+ youth can offer safe, non-judgemental and welcoming spaces in which young LGBT+ people can explore their identities and meet peers with a shared understanding about these identities, which can be life-enhancing, and for some even life-saving (Formby 2013; 2015; Formby and Donovan 2020; Juetten and O'Loan 2007).

In looking at LGBT+ young people's experiences through a narrative lens we have not only demonstrated the importance of moving beyond singular stories, but also demonstrated the importance of context for how we understand young LGBT+ people's lives. Although young people can resist dominant stories, they do clearly inform how LGBT+ young people are seen and interacted with, as well as how they view themselves and the world around them. Whilst our contemporary stories should acknowledge that life can be difficult for some LGBT+ young people, we should not label all LGBT+ young people as inherently vulnerable; instead, we should empower and enable them to tell their own (life) story.

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