Lesbian, gay, bisexual and transgender young people's experiences of distress: resilience, ambivalence and self-destructive behaviour

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Abstract

The research presented in this paper set out to explore the cultural context of youth suicide and more specifically any connections between sexual identity and self-destructive behaviour, in the light of international evidence about the disproportionate risk of suicidal thoughts and suicide attempts in lesbian, gay, bisexual and transgender (LGBT) young people. The empirical basis for the paper is qualitative research that was carried out in the North West of England and South Wales. Focus groups and interviews were conducted with a total of 69 young people, with a purposive sample to reflect diversity of sexual identity, social class and regional and rural-urban location. The paper presents a thematic analysis of the data specifically relating to the experiences of LGBT young people. A range of strategies that LGBT young people employ in the face of distress are described. These are categorised as resilience, ambivalence and self-destructive behaviour (including self-harm and suicide). The potential implications for health and social care of these strategies include the need for ecological approaches and for sexual cultural competence in practitioners, as well as prioritisation of LGBT risk within suicide prevention policies.

Introduction

The social arena of sexuality and relationships is developing rapidly. Sex has become decoupled from reproduction, leading to a widening of sexual options (Giddens 1992). The British Social Attitudes Survey (Park 2005) shows increasing popular acceptance of same-sex partnerships, especially among younger people. Lesbian and gay relationships have a clear social niche, at least in large urban areas, with people constructing 'families of choice' (Weeks *et al*. 2001). Despite this context of increasingly mainstream sexual diversity, there is ongoing marginalisation of and stigma associated with sexual minorities. This is illustrated in the disproportionately high rate of suicidal thoughts and suicide attempts among young people who are lesbian, gay, bisexual or transgender (LGBT). It is this phenomenon that forms the background to the study presented in this

paper. The study is a qualitative exploration of how young people think about distress, self-harm and suicide, with particular reference to issues of gender and sexuality. The data set comes from focus groups and interviews with a diverse sample of young people in South Wales and the North West England.

LGBT young people and mental health

King *et al*. (2003), found, in their survey of LGB and heterosexual people of all ages (over 16), that gay men and lesbians had higher levels of psychological distress than heterosexual men and women, respectively. They were also more likely than heterosexuals to have consulted a mental health professional, used recreational drugs and self-harmed. This is also a group which is historically under-served by healthcare services. It has been well-documented that young LGB people experience

elevated levels of bullying and victimisation relative to their heterosexual peers (Pilkington & D'Augelli 1995, Rivers 1999, Rivers 2000). The mental health effects of such bullying and victimisation have been investigated in some detail in the UK by Rivers (2000) who found that, among 190 LGB survey respondents, 19% had attempted self-destructive behaviour once and 8% had attempted self-destructive behaviour more than once because of sexual orientation difficulties. For those who were bullied at school, however, this figure rose dramatically, with 30% having engaged in multiple self-destructive attempts. In another of his studies, Rivers found that 53% of the LGB people surveyed had considered self-harming or suicide as a result of school bullying. Forty per cent had attempted suicide or self-harm and 30% had made more than one such attempt (Rivers 2001).

Outside of the school environment, there are various services and supports that young people should be able to call on in times of need. Youth, health and housing services should each ideally provide a port of call for young LGBT people in need. Unfortunately, research on the vulnerability and marginalisation of lesbian and gay youth suggests that the 'isolation and lack of support available in most educational institutions and youth services can ... contribute to [young people's] self-destructive behaviours' (Valentine *et al.* 2002, p. 15).

Although relatively few researchers working in the area of LGB youth and emotional distress explicitly include consideration of transgenderism in their studies, some do acknowledge this blurring of boundaries. Rivers, for instance, writes that 'for many, bullying is a result of peers identifying traits or mannerisms which they perceive to be gender atypical' (Rivers 2000, p. 148). Valentine *et al.* (2002) and colleagues highlight the point that terms of abuse such as 'poof' and 'queer' are not reserved for young people who are LGB but are used against a variety of people 'who do not fit with hegemonic understandings of masculinity or femininity for other reasons' (p. 6). Although issues of sexuality (such as same-sex attraction) and issues of gender identity (and gender non-conformity) may be conceptually separable, it does not make good sense to treat these as being entirely independent of one another.

Although there is growing evidence from several countries that young people struggling with issues of sexuality and gender identity face increased likelihood of self-harming and attempting suicide (e.g. Hershberger & D'Augelli 1995, Cochran & Mays 2000, Wichstrøm & Hegna 2003), the issue has rarely been explored from a qualitative perspective (though see Fenaughty & Harre 2003, Alexander & Clare 2004, Johnson *et al.* 2007). It was this gap that led us to undertake this qualitative study. Our main research question was 'how do young people think about suicide and self-harm?', and we were particularly interested in the ways in which struggles around sexuality and gender identity may play a role in suicidal thoughts and behaviour.

Research methods

The research project involved interviews and focus groups with young people aged 16–25 years. The fieldwork took place in the North West of England and South Wales, with 69 young people taking part. We ran 11 focus groups and conducted 13 interviews. For three of the 11 focus groups, we specifically recruited young people who identified as LGB or T. Most of these were recruited via LGBT support groups and they had in some way made contact with a service because of their sexuality. They may have been referred through professional networks (social services, education, health) or found the group themselves via the internet, leaflets or word of mouth. They had recognised they would benefit from support in some way. They are therefore not a representative sample of all LGBT young people in the regions where we conducted the research. Our sample might be slightly skewed towards those who are more likely to ask for help. This is, in our view, justifiable, insofar as we are interested in the discursive context of suicidal behaviour and there are likely to be useful insights generated from young people who have experienced enough difficulties for them to require social welfare support.

For eight out of the 11 focus groups, we did not specify sexual identity. These groups were largely recruited via educational institutions (schools, Further Education (FE) colleges and a university) and youth work organisations. By involving a range of young people, we were able to consider a range of relevant issues across the spectrum of sexual and gendered identities, from overt homophobia/transphobia through to LGBT identification. We aimed for diversity in terms of the ethnicity and socio-economic circumstances of participants, as well as collecting data in both rural and urban locations. We asked participants to describe their own ethnicity and almost all of them did this: 54 described themselves as white British, English or Welsh; five as Asian; three as Irish or mixed heritage including Irish; two as Yemeni or British Yemeni; one as white/Black Caribbean and one as Arabic. Of the young people who noted a sexual identity in a short questionnaire (all but 4), 36 identified as heterosexual, 15 as gay or lesbian, 12 as bisexual and 2 as transgender. Despite the diversity of sexual identity and ethnicity across the sample as a whole, almost all our minority ethnic participants identified as heterosexual and we do not therefore, in this paper, discuss variation in LGBT experience according to ethnic identity.

Conducting research on young people and suicide, self-harm and risk-taking behaviour raises important ethical issues, and ensuring that no harm should come to anyone participating in the process is paramount. The research project was formally approved by the Lancaster University Institute of Health Research ethics committee. Our ethical strategy focused upon informed consent, confidentiality and 'responsible' research practice, which in this case involved taking some responsibility for participants' emotional well-being after interviews and focus groups, and also feeding back research findings to young people and relevant practitioners. When recruiting participants, we produced a variety of information materials about the research project which were aimed at both young people and the 'gatekeepers' to youth organisations. We paid particular attention to negotiating access with 'ready-made' groups and ensuring that the young people were carefully informed and understood the nature of the research. Confidentiality was maintained by anonymising the data immediately on transcription and using pseudonyms for the names of participants, youth organisations and their location. At the end of each interview or focus group, we provided a list of relevant local resources for support, including LGB organisations and mental health agencies, and we arranged for a support worker, who the young people trusted, to be available if necessary. Although we were clear that we were not ourselves offering professional counselling, we offered to continue talking informally after the focus group or interview as part of a debriefing process. There were instances where participants disclosed having had suicidal thoughts and we made sure to ask what had prevented them from harming themselves in an attempt to emphasise more positive aspects of the young people's experience from their own perspective. At the end of the project, we arranged two events to present the research to practitioners and presented an accessible version of the research report on a project website for young people who had participated in the project to read.

The paper presents a thematic analysis of key issues about LGBT experience that were raised across the whole sample of young people in the focus groups and interviews. Effectively, this is a descriptive overview of one aspect of the data set. The analysis was conducted via a thematic and inductive code-and-retrieve process. After the development of a thematic coding frame by all three authors, the whole data set was subject to initial coding by McDermott and Roen. This coding process was facilitated by ATLAS-TI version 5. The data coded under the theme of 'experiences of being LGBT' were then retrieved. These data emerged from all the interviews and focus groups, not only those with LGB participants. Scourfield then read and re-read this subset of data to identify further themes, with particular attention paid to the young people's talk about distress and self-destructive behaviour, given the overall concerns of the research project. We have attempted in this paper to describe the range of views that were expressed by the young people on these key themes within a subset of our data. The empirical material that follows is focused on how young people negotiate distressing environments, with subsections on resilience, ambivalence and self-destructive behaviour (including self-harm and suicide).

Research findings: negotiating distressing environments

To first of all briefly summarise the sources of distress that the young people identified, they spoke of both overt homophobia and also more subtle normative pressures with regard to appropriate gendered behaviour, especially from their peers. They tended to see particular places as more or less safe for LGBT youth – they had a sense of 'sexual geography' (Valentine 1995). Families were the sources of conflicts for many, with some experiencing quite complex family problems in addition to homophobia from their peers. The gay scene itself was seen by some as fraught with difficulties, such as, for example, pressures to do with body image. The focus in the discussion that follows is, however, not on the sources of distress, but on how young people seemed to respond to the distress they reported. The discussion is divided into three main themes: resilience, ambivalence and self-destructive behaviour.

Resilience

Young LGBT people provide clear examples of their own resilience in the face of homophobia. We have not investigated resilience in a systematic way and in the light of the psychological literature (for research which does this, see Anderson 1998 and Russell & Richards 2003). We simply note some strategies employed and some of the practical supports for resilient responses.

The first thing to note is that there was recourse to an ideology of natural sexual diversity for many of the LGBT young people. This is in essence a biologically based argument that non-heterosexual orientations are 'natural' and this argument is employed as a strategy of resilience. Paul, for example, thinks both that some kind of uncertainty about sexual orientation is natural: 'every kid at some point goes through the stage, am I gay or am I straight?' and also that his own gayness is something he is born with and cannot change:

They say that being gay is not natural but it is, because it's what's going through your head, you are made naturally

aren't you, you know you come from nature at the end of it all. (...) Well I mean, you get guys, don't have the choice to fancy girls straight guys don't, you don't have that choice do you? I mean, I can't make my mind up: 'Oh no, I'm going to fancy girls tomorrow, I've decided'. I can't make that choice, I just automatically fancy guys. (interview with Paul, aged 16)

Another interesting aspect of resilience was young people taking strength from resisting discrimination. Several spoke of 'fighting back' when bullied and bolstering their sexual identity as a result. There was also an understanding of gaining strength through adversity. Stuart, in the following excerpt, tells us that the experience of discrimination and hardship linked to his sexual identity actually strengthened him.

Stuart: But most people don't realise that eventually it does make you stronger as well, it's like you can get through the hard times (...) But honest I was down and that. I had to drop out of college and that due to me going homeless. Um like I said I got attacked, it just made me stronger to get through. (from LGBT focus group, small town, North of England)

In some respects, this kind of narrative is familiar in the context of people surviving poverty; the idea that you are somehow a stronger (or even a better) person because you have experienced financial hardship. It is certainly an available strategy of resilience and indeed resistance for some of the young people we spoke to.

Perhaps the commonest strategy of resilience spoken of by our research participants was finding safe places and safe people. This meant a physical 'escape' for some in the form of a move to a city that was perceived to be gay-friendly, or a deliberate strategy of seeking out LGBT organisations. Some of the LGBT students spoke of their 'escape' to university. There was enthusiasm for the specific LGBT support groups the young people were in contact with; the organisations via which we had gained access to the young people for the research.

Living with ambivalence

It is important to note that LGBT young people's reactions to distressing environments are not straight-forwardly either resilient or self-destructive. There is evidence in the data set of young people articulating understandings about being 'out and proud' but also simultaneously feeling uncomfortable with their sexual identity or despising aspects of gay culture.

Jane, who took part in the South Wales City LGBT focus group, was the most outspoken on what she disliked about the 'scene'. Although she referred to herself as 'quite gobby' in publicly asserting her gayness (she rejected the identity 'lesbian') and 'quite outwardly gay', she also described how horrified she had been when attending a Pride march and encountered 'so

many ugly lesbians'. In the same focus group, John revealed ambivalence about gay sexuality. He told us it made him 'feel really horrible' that he had 'shagged so many people', and when referring to the many sexual partners of another gay man, he said that this 'made him feel dirty'. Paul, whom we interviewed, was in many respects confident about his gay identity. As noted above, he defended himself against adverse reactions by asserting that it was natural to be 'gay'. He saw it as a matter of fact: 'you just fancy guys in plain English'. He also, however, wavered in this confidence, suddenly pretending to have a girlfriend when his father asked him if he was attending a gay group.

It seemed as though some of the young people we spoke to believed that same-sex desire was natural and/or morally acceptable, but constructing a positive LGB or T identity was another, more difficult, matter, as it requires them to construct themselves in relation to stigmatised LGBT identities and marginalised LGBT communities that may not be immediately welcoming or attractive to young LGBT people. Furthermore, developing a positive LGB or T identity requires them to construct themselves against the overwhelming pressure of the heterosexual norm. Despite evidence of some increasing acceptance towards sexual diversity, heterosexual norms are constituted materially and culturally through discourse, structure and individual embodiment and it is a major task for LGBT young people to find the spaces for constructing genuinely unashamed sexual identities.

Self-destructive behaviour: sex, cutting and suicide

This next subsection of the paper relates to one of our key research questions, namely what kinds of distresses or struggles around sexuality and gender identity might play a role in suicidal thoughts and behaviour? We deal with self-destructive sexual behaviour, self-harm (cutting) and suicide separately, starting with self-destructive sexual behaviour.

Self-destructive sexual behaviour
In the South Wales City LGBT focus group, as well as being critical of the gay scene, the participants spoke of self-destructive sexual behaviour among LGBT people. One of the group members, Jane, whom we also interviewed, interpreted gay men's risky sexual behaviour as 'self-harm' and went on to tell us that she saw sexual encounters with men as a category of self-harm for her. Jane is in some respects different from other LGBT research participants. She is highly educated and presents as middle class, and also told us she was sexually abused as a child, so her sexual 'self-harm' theories need perhaps to be understood in relation to her particular personal

history. However, her connection between sex, mental health and self-harm must reveal an available discourse for young people, perhaps about sex and risk or more specifically sex, risk, harm and minority sexualities.

Jane: I think also if you're (...) depressed, you take risks which you wouldn't normally take, you don't respect yourself so that, and then that makes you feel worse so the cycle continues (...) I can think of certain people who are aware that what they're doing is risky and it's like an act of self-harm (...) personally, actually I, if I'm, if I was going to self-harm I would shag guys. I have no (...) attraction to guys, I do not enjoy shagging guys um, but it is a very effective self-harm mechanism, you're putting yourself at a hell of a lot of risk, you're making a statement that you don't give a flying fuck. (from LGBT focus group, South Wales City)

Andrew drew on a rather similar understanding of self-destructive sexual behaviour, linked to unhappiness, when he spoke of a friend who moved from a lesbian relationship ('a fad' as she 'never was lesbian or anything') to an overlapping relationship with a man and then 'throwing herself into all these different relationships' because she was 'deeply unhappy in general'. There seems to be a connection being made between frequent change of partner and unhappiness – that you must be unconsciously and deliberately damaging yourself. This can be understood in the context of traditional taboos against having multiple partners: that 'promiscuity' suggests disturbance and vulnerability. To an extent this is gendered – both Andrew and Jane talked about women having self-destructive sex. However, as noted above, Jane also spoke about male friends' multiple partners in similar terms, so perhaps this construction can be applied by young people to either men or women in certain circumstances.

At this point, we move on to the more mainstream definition of self-harm, that of deliberate self-injury that is not intended to be life threatening. 'Cutting' is the method that the research participants referred to in the section of the data examined here.

LGBT self-harm (cutting)
The first thing to note is that across the data set, whatever the sexual identity of the young people, a tension is set up between authentic self-harm which is rooted in distress and warrants a sympathetic response, and self-indulgent attempts to seek attention. Also, it should be noted that across the data set as a whole, cutting is more typically associated with young women or feminised young men. There is more to be said about self-harm and suicide from this research than can be presented in one paper, but other insights will be presented elsewhere. In this and the next subsection, we focus on the connections made by the young people between LGBT identities and self-harm or suicide.

To further contextualise any connection between sexual identity and self-harm, where such a connection was made by research participants, it was often in the context of multiple problems a young person was experiencing. So Bethan spoke of a friend who was upset about her sexuality ('she was quite messed up by it') and cut herself several times a day. Confusion and conflict about sexuality were not the only sources of distress, however. This young woman also 'took everyone else's problems on as well as her own' and had family difficulties: 'her home life wasn't brilliant and she started to fear about her family dying' as her father had a serious health problem.

There are two important understandings of causation we can identify from the data where an explicit connection is made between LGBT identity and self-harm. These are, first, the idea that someone would self-harm (cut themselves) as a self-punishment because they are not happy with their sexual orientation and, second, the idea that the homophobia of others can push someone to cut themselves. Cherie and Paul revealed these different understandings in their interviews as we see in the excerpts below. Cherie clearly thought her friend Matt self-harmed because he did not want to be gay: 'I know Matt has self-harmed because he gets so upset about the way he is'. She referred to the notion of natural born gayness that we mentioned above:

Some people can turn it on and off. Some can't. And with Matt I think that's what it is, he is gay and he can't get rid of it, no matter how hard he tries. So he cuts himself because, to punish himself because he thinks 'why am I like this and why can't I change it?' and sexuality often is a reason. (Interview with Cherie, aged 17)

Paul, however, directed the responsibility for his own self-harm outwards. He placed responsibility for his self-harm squarely with his homophobic peers. Below are some data extracts where he makes this clear:

Then I started cutting myself on my arm and I was just a mess. I was upset because of the way people were with me because I was gay and it just aggravates me so much.

I mean sometimes I get phone calls off people, which gets me down and just days when you've got to do it [*cut yourself*] or you are just going to end up killing yourself or somebody else.

I was walking to science and this one lad, and he just used to make me feel so small in front of the entire class and it was pretty much him and a couple of others who drew me to that, pushed me to that. (from interview with Paul)

These two causal explanations could both be understood as reactions to homophobia. The first could be understood in terms of a homophobic climate leading to self-hatred. The second suggests the idea that people upset me so much that I harm myself. The end result

appears the same – the young person who is LGB or T cutting him or herself. The two explanations involve very different blaming strategies, however. The self-punishment explanation involves self-blame whereas the homophobic abuse explanation blames others. Whatever we think about self-harm as a strategy with a certain logic (Harris 2000), both these discourses of causation could be regarded as unhealthy for LGBT young people, insofar as the former involves regarding a non-heterosexual orientation as worthy of punishment and the latter involves abdicating all sense of agency (see also Redley 2003).

The other theme worth noting here suggests an explicit connection between LGBT identity and self-harming subculture. There was much talk in the interviews and focus groups of self-harming subcultures among young people (more often young women). Only in one forum, however, was this explicitly connected to LGBT young people, an all-heterosexual male focus group in a South Wales valleys comprehensive school.

N (researcher): There is a statistic that connects young men and women who kind of are confused about their sexuality or, or think they're lesbian, gay or whatever, and attempted suicide. Why do you think it could be so distressing to push, to push someone at ...

Gareth: lt's like they feel they're not accepted isn't it? By the other people.

Rhys: You know, I think a lot of lesbian, a lot of lesbian girls into the Goth and stuff as well, aren't they. You know...

Gareth: Yes.

Rhys: ... I think it's just they, they're just different in every single way you could think of, aren't they? (from focus group in South Wales valleys comprehensive school)

These young men see the self-presentation of these girls as all about marking themselves as different. So their lesbianism, Goth fashion and self-harm are all seen as connected. This subculture discourse has the effect not only of calling into question the authenticity of the self-harm but also questioning the authenticity of the lesbian identity.

LGBT suicide

As above when discussing self-harm, we restrict ourselves here to the data where our research participants explicitly made connections between LGBT identity and suicide. Again, the aim is simply to summarise the main thematic content. The first observation is that the idea of LGBT suicidal behaviour did resonate with the participants. There was no surprise shown if we mentioned the connection in research evidence, as demonstrated in the previous excerpt from the all-male focus group. In one focus group, the participants struggled to remember the EastEnders actor who tried to kill himself 'because people said he was gay'. Regardless of the accuracy of this reference, the fact that they saw a celebrity connection with gay suicide affirms the idea that it somehow makes cultural sense to the young people: it is a recognised part of popular culture with which they are familiar.

As with self-harm, a distinction was made between understandable, 'genuine' suicide and suicide which was not taken seriously because it was not seen as motivated by legitimate distress. So Cherie, for example, told us:

I know a lot of girls who have attempted suicide because they thought their life was over because their girlfriend cheated on them a million times and bitched about them behind their backs and blah, blah, blah. (Interview with Cherie)

Legitimate LGBT suicides that were understandable and 'genuine' had three causal explanations which stand out: isolation; homophobic reactions; and the impact of coming out on the family. The first of these explanations suggests that without 'positive support', someone might be driven to suicide. This explanation places responsibility with an isolating community. In the excerpt below, the researcher had just asked what might cause a young person who was LGBT or questioning their sexuality to feel suicidal.

Leah – They just feel like they're on their own, stuck on their own in their own little room, their own little world all the time 24-seven.

Lucy – Yes

Samuel – and the way that eh when they search for a way to get out of it they're pushed back. (from LGBT focus group, small town, North of England)

Second, there is the explanation that homophobic reactions lead directly to suicide. This echoes the understanding we noted above of homophobic peers 'pushing' LGBT young people to self-harm. Jack, for example, tells the story in the following excerpt of a young man who has killed himself. Although Jack is unsure of the man's sexual orientation, he blames homophobic 'rumours'.

Jack: I know of a few people who've um, well, rumours were going round that they were supposed to be gay although they didn't, they hadn't come out if they were or, you know, they could just have been straight but their life was made such a misery that they actually did kill themselves. (from LGBT focus group, South Wales City)

The third explanation suggests that the distress from coming out to family members could provide the motivation for a suicidal act. In a focus group in a Northern English university, with heterosexual women participants, Rebecca spoke of a relative who had come out

soon after marriage, which was 'so distressing for everyone' that he had attempted suicide. In this focus group, participants thought that the pressure of being closeted would build up 'the longer you leave it' and this pressure could be 'even more distressing than just saying look, I'm gay'.

These interpretations of suicidal behaviour in LGBT people are very important. They tell us something about what young people in general might think to be a distressing enough situation to warrant a suicidal response. If these interpretations are being aired in focus groups, then we can speculate a link to the motivations of some actual suicidal individuals.

Conclusion

To conclude with some implications of these findings for health and social care, we have four main themes: the importance of recognising LGBT suicide risk within prevention policies, the need for ecological interventions, the need for sexual cultural competence in practitioners and the importance of appreciating the diversity of responses to adversity. We also note the need for further research on the topic.

First, we note that in the light of convincing quantitative evidence of elevated suicide risk, it would be an important step for LGBT suicide risk to be officially recognised by mention in government prevention policy. The National Suicide Prevention Strategy for England (Department of Health 2002), while noting elevated risk in various groups, including young men and high risk occupational groups, does not mention sexual identity at all. The Scottish strategy *Choose Life* (Scottish Executive 2002) does mention the significance of sexual orientation, but does not include LGBT people among its list of 'priority groups'.

Second, we draw attention to the need for ecological approaches from social workers and others (Barber 1995). There are indications from these data that there are pressure points from LGBT youth in several different kinds of environment: family, school and other educational settings, peer groups, etc. An important point to note is that issues of sexual identity may not be the most pressing problem. Since many of our LGBT participants had experienced family conflict over sexuality in the context of other ongoing family problems, for interventions to focus solely on sexual identity would not be helpful. A similar observation is often made about work with black and minority ethnic clients, namely that fixating on race and cultural sensitivity to the detriment of other needs is overly narrow and unhelpful.

Third, there is in fact an issue of cultural competence in work with LGBT young people. Cultural competence is usually discussed only in relation to working with

ethnic cultural difference, for example, white British social workers and South Asian Muslim service users. However, there is an important dimension for heterosexual health and social care staff in understanding LGBT youth cultures. This may mean being aware of discourses around sexual geographies, or self-harm as an appropriate response to homophobia. This cultural competence is relevant both to supporting LGBT youth in general and also to suicide prevention.

Fourth and finally, we note the importance for health and social care staff of understanding ambivalence, resilience and the potential for self-harm – the importance of appreciating that there are all kinds of different reactions to hostile environments. Social workers should not assume that LGBT young people will necessarily be psychologically harmed by hostile environments. It is important to avoid some kind of deficit model. Self-destructive behaviour is indeed a possibility and practitioners need to be alert to the heightened risk for this group of young people, but also most LGBT young people are very resilient in the face of adversity and some have complex reactions of ambivalence in which disgust and disdain can be found co-existing with 'gay pride' discourse.

In addition to policy and practice developments, we would argue that more research is needed on distress and self-destructive behaviour in LGBT people. There exists a body of largely quantitative research in North America and Australasia but there has been little to date in the UK. We would particularly draw attention to the relative dearth of qualitative research on this issue. More needs to be known about what can help LGBT young people to maintain resilient responses and what configuration of circumstances leads them to harm themselves.

Acknowledgements

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