“A trans man is just a lesbian with bells on”: the intersection of gender identity and sexuality from the perspective of people who have explored both

L.R. Richardson

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Department/School of Health and Social Care

University of Essex

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Abstract

Aims: To explore the subjective experience of developing a gender identity, a sexual identity and the intersection of the two, from the perspective of people who identify as LGBT+ and have questioned/explored both.

Methodology: A qualitative methodology with a constructivist-interpretivist paradigm was employed. A community sample of 12 participants who self-identified as LGBT+ and having explored both gender identity and sexuality in childhood/adolescence were recruited. In-depth semi-structured interviews were conducted and analysed using Thematic Analysis.

Results: Three themes and 11 subthemes were drawn out. The development of sexual identity was as an evolving process, which continued into adulthood and at times involved separating aspects of sexuality and overcoming internalised homophobia. Developing a gender identity was individualised and revolved around finding the aspects of gender that were acceptable to participants and rejecting those that were not. There were a number of intersections between gender identity and sexuality. It could be difficult to clearly pinpoint where one began and the other ended, meaning they can be confused and/or conflated. There also appeared to be a mutualism between these two parts of identity; as one developed for participants, so did the other.

Conclusions: Gender identity and sexuality are two fundamental parts of identity which at times intersect and overlap. Consideration should be given to those who have the challenge of attempting to develop both, outside of perceived societal 'norms', with a move away from out-dated assumptions and labels. Implications are discussed in terms of therapeutic work for individuals seeking support in their identity development and the leadership role psychologists can take.

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Statement of Terms

While I have tried to keep acronyms to a minimum to avoid confusion for the reader, there are currently few accepted options that can encompass all sexual and/or gender identities. Therefore, throughout this report, I have used the term LGBT+ to encompass all those people who identify as lesbian, gay, bisexual, transgender and all other sexual and gender minorities.

The term LGBQ has been used to encompass all those people who identify as lesbian, gay, bisexual, queer/questioning and all other sexual minorities only (and *not* transgender or other gender minorities).

Chapter 1: Introduction and Background

Introduction to Gender, Sexuality and Normativity

Despite the two concepts often being used inter-changeably, definitions of 'sex' and 'gender' are not the same. The former is rooted in biology and physiology (chromosomes, hormones, genitals), while the latter refers to social and cultural aspects of identity (Walker & Cook, 1998). Gender defines the cultural or societal expectation of the way people look, behave and will be treated by others (Diamond, 2002). Gender categories leave much room for variation; causing debate around definition and meaning, which can vary over time and between cultures.

Historically, in mainstream Western society gender was considered to have two categories; male (masculine) and female (feminine). As a result, there are constant reminders of the binary in daily life, along with the associated roles and responsibilities. Examples include 'husband' and 'wife' or 'mother' and 'father'. Most public bathrooms are designated as 'male' or 'female', requiring visitors to identify with one of those categories before entering.

Sexuality has previously been divided into three broad categories; heterosexual (attraction to the opposite sex), homosexual (attraction to the same sex) and bisexual (attraction to both sexes). Heterosexuality currently remains dominant and therefore is often assumed (Thorne, Hegarty & Hepper, 2019). However, sexual identity and sexual practice are not the same thing; so while a man may identify as heterosexual, he could still enjoy sex with other men in practice.

Traditional ideas around citizenship are based on heterosexuality (Monro & Warren, 2004), with families having a mother, who will provide 'feminine', nurturing caregiving and a father who will provide 'masculine' discipline. This highlights how caregiving and

personality attributes are also subject to gender stereotypes. Therefore, same-sex parent families can experience prejudice (Hicks, 2006) and have been discriminated against legally and socially (Lauster & Easterbrook, 2011; Patterson & Goldberg, 2016).

Although there are options available to enable lesbian, gay, bisexual, transgender and other sexual and gender minorities (LGBT+) to have families, there is evidence that some gay parents have internalised the idea that children require at least one parent who is the same gender as them. In Goldberg's (2009) study, gay and lesbian couples were hoping to adopt a child of a specific gender at a higher rate than heterosexual couples. When the adoptive parents were both men the preference was a male child and when both adoptive parents were women, the preference was a female child. The same-sex parents reported a desire for their child to have a gender role-model within the home and beliefs that they may not fare as well if this was absent.

Everyday instruments, such as traditional forms and surveys, reinforce ideas around binaries and easy classifications of gender and sexuality. Completing a form is a routine, 'simple' task most take for granted. However, often the respondent is required to select one of two or three boxes to define their entire gender and sexual identity. Where these identities are established and fit neatly into any of the given boxes, little thought is required. However, for some, this seemingly small task is challenging and has the potential to leave respondents feeling invisible or 'other'.

Focussing specifically on measurement via survey, Westbrook and Saperstein highlighted that "large social surveys generally conflate sex and gender and treat the resulting conceptual muddle as a starkly dichotomous, biologically fixed, and empirically obvious characteristic" (2015; p 535). Going on to reflect on the influence this has within society, the authors note; "If… surveys continue to both essentialize and dichotomize sex and gender, survey research will continue to produce findings and reproduce beliefs that are disconnected

not only from current social science theory, but also from the diversity of gendered experiences" (2015; p 536).

Critical Approaches to Sexual and Gender Minorities

Feminist Theory

In 1949, Simone de Beauvior wrote that "man defines woman not in herself, but as relative to him" (cited in de Beauvior, 2010, p. 35). Feminist theory is a theoretical and/or philosophical movement focussing on social, political and economic equality for women. Topics of interest include social roles, discrimination, objectification, reproduction, patriarchy and the limited rights afforded to minority groups due to historically floored perceptions of them. Within feminist theory, there is a broad range of tenets including liberal (people are created equal and should not be denied equality of opportunity), radical (all social relations are subject to male power and privilege), Marxist (dismantling power differences by urging women to enter social industry) and post-modern (all human experience, including gender, is constructed through language).

While, broadly speaking, the different positions within feminist theory have the same aims, there is much that is not in agreement. "One notable trait of feminist theory has been its tactical capacity to appropriate and deploy various, often irreconcilable, methods and theories in the course of engaging with its own subject matter" (Dietz, 2003, p. 400)

Within feminist theory, there have also been different 'waves' of development. The first began with suffrage and the fight for women's voices to be heard. Once the vote for women was secured, the second wave of feminists, including strong voices such as Betty Freidan and Simone de Beauvoir, had a broader emphasis on the negative impact of patriarchy and gender stereotypes (Munro, 2013). In this second wave, a firm focus became the separation of gender and biological sex. According to de Beauvoir "one is not born, but rather, becomes a woman"

(1973, p. 301); that is, while sex is present before birth, gender develops within individuals over time. Rubin (1975) argued that gender is merely a functional hierarchy that maintains the subordination of women.

The 1980's saw yet another shift in feminist theory, following growing criticisms that previous writers had taken women as a homogenous group, failing to consider and include other important aspects of difference, such as race, class and sexuality. In her seminal text, bell hooks (1981) addressed how women of colour had been excluded from the mainstream and put forward the argument for 'multiple' feminisms. The term 'intersectionality' was first coined by Crenshaw (1989), to highlight how oppressions of both race and gender need consideration when addressing the struggles of women of colour.

Much of the subsequent literature on intersectionality has focused on women, resulting in it being adopted by feminist theory (Davis, 2008). Gradually, feminist theory was broadened to include the working class, women of colour and lesbian/queer/trans women. Munro notes that "increased understanding of bisexual and trans identities characterise the third wave" (2013, pp. 23).

Judith Butler, a post-modern feminist with a dominant voice within theoretical writing, posits that feminist theory separates gender from sex in order to "debunk the claim that anatomy is destiny" (1986, p. 35); 'female' is the sex and determined by biology, 'woman' is the gender, which is shaped by culture and therefore is 'unnatural', by definition. Yet, despite arguing that gender is not pre-determined by biology, Butler also questions the extent to which one can actually choose a gender, due to living in "cultural reality laden with sanctions, taboos, and prescription" (1986, p. 40). West & Zimmerman echoed this when they posited that gender as not fixed, but an "ongoing situated process" (2009, pp. 114). For Sedgwick (1993), the concern was the extent of the assumptions made about a person, based

solely on their chromosomal sex; including postulations about gender identity, sexual attraction, the labels a person may identify with or the people they align themselves with.

More recently, the same arguments about the role of gender have continued. Wren (2014) emphasised the ideas of postmodernism feminists, who, echoing earlier writers, reject the ongoing gender discourse; the distinction of males and females using anatomical differences, to separate and rank them so that the power of one group can be upheld over the other. Such distinctions serve to reinforce the marginalisation of minorities and women. In reference to binaries, Wren notes "femininity is not opposed to masculinity, nor black to white; they are pairs in a hierarchical relation and the valued member of the pair characterises itself primarily by denying unwanted characteristics of the other" (p. 273).

Bartosch (2018) argues that the ongoing view that gender is innate, and identity is determined by what you are born with, assists in maintaining the suppression of women. Since in traditional gender roles women are submissive and dutiful, this limits their space to move to positions of equal power:

> "The list of social changes that are apparently liberating for women is endless and yet mysteriously none have ended male violence or heralded the dawn of a brave new matriarchy. To my mind, the current popular understanding of gender identity as innate should be added to this litany of so-called 'progress' that has historically impeded the liberation of women." (pp 89-90)

Although feminist theory claims 'gender' more broadly within its jurisdiction, there is no agreement between theorists as to whether this should include all genders, or just specifically the inequalities related to the binary of men and women. Some of the most dominant voices in feminist perspectives refute the acceptance of the transgender community, perceiving it as patriarchy attempting to invade (Raymond, 1999) or colonize (Greer, 2000) women's spaces.

This is despite the parallels that can be drawn between the struggles of women and those who identify as trans:

> "Despite the fact that many transgendered people are daily the victim of the most intense and public attempts to discipline gender in ways feminists have long criticised, 'trans liberation' and 'feminism' have often been cast as opposing movements" (Hayes, 2003, p. 1094)

Monro and Warren (2004) note that much feminist theory rests on the gender binary and therefore, the genders that fall outside of this binary rock the feminist structure. Consequently, some feminist writers will not address androgyny, gender fluidity or third sexes within their construction of gender. It is interesting that the writers referred to above call into question the link between gender and biology - to avoid the negative assumptions that are made about women - yet many feminists also make similar assumptions about trans women. At this juncture, the chromosomes, genitals and labels that were previously discarded as unimportant in the fight for women's liberation, become important once again.

More recently, feminist writers have also given consideration to the treatment of gender dysphoria and the debate around what and when to offer medical intervention, in order to prevent further negative consequences for mental health. Bartosch (2018) contends that such intervention could result in pathologizing a normal part of development, as the vast majority of adolescents, in particular females, will at times experience a hatred of their own bodies: "the growing pains of adolescence are being pathologized by the pharmaceutical industry, with ill-informed liberal adults cheer-leading to demonstrate their open-minds" (p. 89).

Bartosch goes on to present this issue as a systemic problem, since the societal expectation is that women will alter their bodies from a young age; shaving, push-up bras, make-up and later, cosmetic surgery. The message to girls and women is reinforcing one of discomfort about their physicality and a desire to be something different. In the era of social

media and reality television, the pressure to look and behave a certain way continues to be magnified (Domoff et al., 2012; Holland & Tiggemann, 2016; Perloff, 2014). While this argument can be used to account for assigned females presenting to gender identity services seeking support, studies have shown that historically there were far more referrals for people assigned male at birth (de Graaf, Carmichael, Steensma & Zucker, 2018).

Although gender (and the lack of equality surrounding it) is primary within feminist theory (at least in the binary sense), issues around sexuality, heteronormative discourse and the suppression of those who do not move within heterosexual terms have also been on the feminist agenda for some time. Wittig (1978) highlighted how pornography suppresses both women and sexual minorities alike (specifically lesbians and homosexual men); providing opportunity for a patriarchal society to put their stamp on the world and give 'warning' to minorities to 'toe the line'. Butler (1994) argued that the feminist fight for sexual freedom exemplifies the way in which, in addition to gender, there is a place for sexuality under the umbrella of feminist theory.

When addressing sexual identity, Oakley (1996) pointed to the ways that men and women are sexualised differently right from puberty. While sexuality is necessary in both men and women for procreation, historically this has been celebrated only in men; teaching them to be aggressive 'go-getters'. For women, the expectation was that they should be demure; the passive and submissive 'receivers' of sex. Further, historically if a woman identified as lesbian, this was considered bitterness towards, or hatred of, men since it was believed that women were innately oriented towards them (Rich, 1996).

Although a broad range of topics have been covered in feminist literature, gender has always been given precedence. While both can be explored under the umbrella of feminist theory, from this perspective, 'gender' supersedes 'sexuality'. McLaughlin, Casey and Richardson (2006) note that from the feminist perspective "to separate the two and to refute

the primacy of gender is to fail to capture the structural presence of gender as a social division that shapes women and men's lives and ultimately shapes sexuality" (p. 2).

Queer Theory

Early versions of theories on sexuality, preceding the birth of queer theory, tended to conflate aspects of gender and sexuality when attempting to illuminate on 'queerness'. In one such example, Magnus Hirschfeld (1910; cited in Sullivan, 2003) described four types of 'gender ambiguity' to highlight differences between the sexes (man and woman) and address how homosexuality may occur. Features were grouped by sex organs, secondary sexual characteristics (for example body hair, voice pitch, womanly pelvis), the sex drive/inclination and finally, 'emotional' characteristics.

In this model, the 'absolute' woman would be someone with a vagina and ovaries, little body hair, a soft, high voice, who is sexually passive, desires only men and shows feminine emotion. Hirschfeld himself acknowledged this 'absolute' woman may only exist in the imagination and in reality, people display at least some qualities of the 'other' sex. The extent to which these qualities are present lies along a continuum, where a homosexual male may well present with many of the characteristics that would be expected in a female. This early model is reflective of the time and appears to feed in to what would now be considered stereotypes of 'women', 'men' and 'homosexuals'.

A later but still dated theory, the 'four degrees of inversion', was coined by Kraft-Ebing (1965). The first degree, bisexuality, was described as a simple reversal of sexual feeling, while also maintaining an attraction to the opposite sex. The second, homosexuality, was an attraction to the same sex as a result of feminisation and masculinisation of both desire and the psyche. The third and fourth degrees, transgenderism and intersexuality relate to gender and were described as a form of 'sex delusion'; transgenderism being the stage of transition

to sex delusion and, intersexuality - the most extreme form of inversion - being the transformation of sex. The suggestion here was that bisexuality and transgenderism are opposite ends of the same spectrum. This model lacks the complexity to encompass all of gender and sexuality as it is currently understood and does not account for those who identify with no gender, more than one gender, sexual fluidity and non-binary sexualities.

Queer theory as it is known today is a liberatory movement that seeks to challenge the "invisible heteronormativity of modern societies" (Warner, 1991, p. 3). It takes a key role in breaking down the heterosexual-homosexual binary, highlighting that sexuality is more complicated, fluid and unstable than those two categories can afford (Cohen, 1997; Jackson, 2006).

Employing a social constructionist perspective, many queer theorists also attempt to dismantle binary discourses of 'man' and 'woman' and argue for a more fluid perspective (Jagose, 1996) that does not just take biology and anatomy into account. Consideration must be given to the internal world; who a person may *feel* they are, thus, allowing individuals to construct their own identity outside of the binaries. Writers such as Judith Butler (who is notably also considered a feminist writer and so featured in the section above), Eve Sedgwick and Diana Fuss built on this idea and pioneered queer theory to challenge what they saw as the dominant discourses focused around white, heterosexual, cis gendered males (cis gender being the term for people whose gender identity corresponds with the gender they were assigned at birth). Queer theory challenges the supposition that gender and sexuality are fixed entities.

Drawing on the ideas of Michel Foucault (1978), it was argued by Butler (2013) that normative gender is regularly being reinforced by the messages that are conveyed at both an institutional and an individual level. Institutional in the form of gender nonconformity often being referred to psychiatry for diagnosis to explain what is 'wrong'. Individual through

bullying for being ‘sissy’ or ‘butch’. This results in those who sit outside of gender norms being policed throughout their existence for not performing their expected roles. Yet there is no true or correct performance of gender, as it is based on the current culture and context that one exists.

Much of the writing about gender in queer theory has focused on the persecution, victimisation and discrimination of those who identify as trans. An example is the proverbial hoops that those with gender dysphoria have, in the past, had to jump through in order to receive the surgeries they covet. Historically, it was considered that ‘true’ gender dysphoria meant an inability to obtain sexual gratification while in the wrong body (Sullivan, 2003). Consequently, someone who identified as trans and was seeking treatment, had to vehemently deny ever having experienced sexual pleasure in the hope that their surgeries and medical interventions (e.g. hormones) were approved.

According to Sullivan (2003), it was such examples of targeting and exclusion that influenced the change in trans people moving from often simply wanting to ‘pass’ (be viewed as the gender they have transitioned to without any recognition that they were previously another gender), to being more visible, more vocal and becoming a ‘movement’.

Identity politics has also been debated within queer theory; the functions of labels and categories such as ‘gay’, ‘lesbian’, ‘woman’ and ‘man’ and what happens to those who do not identify with such categorisations. Simply focusing on one aspect of identity in a bid to create unity, ignoring the range of multifaceted, intersecting identities, moves away from acceptance of difference and towards an essentialist approach (Walters, 2010).

The ‘queer’ movement took a stand against the belief that one ‘stable’ identity is required to be a collective (Cohen, 1997). If categories of gender and sexual identity can be broken down, so too can the policing of such boundaries, thereby removing the power from those that benefit from upholding them (Alsop, Fitzsimons & Lennon, 2002).

According to Wren (2014), the post-modernist view is that masculinity or femininity are not born into and developing a gender and/or sexual identity is a very individual process, which is complicated by a range of influences. Further, queer theorists have argued that the conventional binaries of feminine and masculine are being broken down by transgender and transsexual people; essentially by ignoring or violating boundaries.

Overlap of Feminist and Queer Theory

It was during the third wave of the feminist movement that writers started to draw on ideas from queer theory; focusing on gender and sexuality as fluid characteristics (Munro, 2013). The result of this overlap and the perceived oppression of the collectives on which they were focused, meant that many writers of feminist theory have also written on queer theory; Judith Butler, Suzanna Danuta Walters, Cathy Cohen, Adrienne Rich. Largely, both feminist theory and queer theory view gender as a social construction (Dietz, 2003; Jagose, 1996; Oakley, 1996), which is used as signifiers for power. Similarly, the term ‘queer’ was initially adopted by de Lauretis (1991), to move away from terms such as ‘gay’ and ‘lesbian’, arguing that these terms used the male as representative, thus keeping the female invisible. According to de Lauretis, ‘queer’ keeps the question of sexuality open.

It has been suggested that a ‘queer theory’ was really only imaginable once feminism had pushed gender to the forefront of social categories (Warner, 1991). Yet “queer writers explore the deconstruction and fluidity of transient identities whilst feminists explore the materiality of the body and things done to women’s bodies such as rape and violence” (McLaughlin, Casey & Richardson, 2006, p. 3). There have been writers who wish to separate sexuality from gender and claim it by queer theory (Sedgwick, 1990), along with those who wish to remove gender from sex and claim it by feminist theory (Rubin, 1975).

In her seminal book outlining gender as a cultural fiction, Butler (1990) argued that identity is constructed through what is already culturally available, hence both gender and sexuality are 'performative'. Further, Butler suggested that even using the category of 'woman' as primary in feminist theory actually works *against* feminism, as 'woman' is a regulatory fiction:

> "Although Gender Trouble is framed most prominently in terms of feminism, one of its most influential achievements is to specify how gender operates as a regulatory construct that privileges heterosexuality and, furthermore, how the deconstruction of normative models of gender legitimates lesbian and gay subject positions" (Jagose, 1996, p.83).

The term 'performative gender', which was first coined by Butler (1988), posits that gender is not inherent but is constantly produced and reproduced within society; it is not what one is, but what one does (Jagose, 1996). This term is present in both queer and feminist writing. Therefore, strong voices, such as Butler (1994), view biological sex, gender and sexuality as intertwined and argue that it should not be the case that gender is the 'proper object' of feminist theory, while sexual practice and/or sexuality is the 'proper object' of lesbian and gay studies. Butler pushes for 'productive tension' among the two, to create a theoretical symbiosis for feminist, and queer analysis.

Monro (2005) postulated that both queer and feminist theory had failed to account for those who are non-binary or fluid in gender (i.e. neither masculine only or feminine only). In the postmodern approach - which criticises some of the earlier feminist theory for being too monolithic - gender is seen as "a creative compromise in endless negotiation with the self, other and culture" (Wren, 2014, p. 275).

Although there have been tensions between writers on gay/lesbian, feminist and transgender politics historically, Monro and Warren (2004) acknowledge several areas of

overlap around issues of citizenship (political, social and civil rights) for these minority groups. Firstly, the liberation of women paved the way for the LGBQ community, which was crucial for the liberation of the transgender community. Secondly, the fluidity of sexuality that is represented in bisexuality, reflects the fluidity of gender represented by those who are trans. Finally, despite the resistance from some more radical feminists to disassociate from the trans population, there is also overlap between these two groups in their fight for gender equality.

Language Surrounding Gender Identity

No clear pathway determines how gender identity is formed, nor is it known how much of this development is based on biological, psycho-social and environmental factors. People can identify with gender categories that are not associated with the sex they were assigned at birth or they may not identify with any gender. Others may identify as both male (masculine) and female (feminine) at the same time or identify with different genders at different times. Language is constantly evolving and as perspectives on gender and sexuality adapt and change, along with recognition of the complexity of these issues, the language surrounding these parts of identity also continues to develop and change (Eliason, 2014).

'Transgender' currently refers to people who experience an incongruence between the sex assigned biologically (through genetics and physical make-up) and the identity they assign themselves, based on psychological experience. It "is an umbrella term covering cross-dressers, transsexuals, androgynes, intersexes (people born with a mixture of male and female physiological characteristics), drag queens and kings, third gender people and other 'gender-complex' people" (Monro and Warren, 2004, p. 345).

Categories of 'androgynous', 'mixed gender' and 'pangender' are often identifiers used by people who have a fixed gender identity that incorporates aspects of both masculine and

feminine (Richards et al., 2016). However, ‘pangender’, along with ‘genderfluid”, can also apply to those who view gender as more a more fluid, evolving aspect of identity. Those who identify as having no gender may use the identifiers ‘agender’ or ‘gender neutral’. ‘Genderqueer’ is another term for people who do not align with the current gender binary and may identify as both (or neither) male and female, or a combination of both (American Psychological Association [APA], 2015).

The categories listed above are generally the broader terms that are used to define gender but are certainly not an exhaustive list of all identifiers. Many others are used simultaneously, but it is beyond the scope of this paper to attempt to list them all. In line with the expanding categories of gender, it has become more common for people to abandon the typical pronouns of ‘her’, ‘hers’, ‘him’ or ‘his’ and instead prefer ‘they’ or ‘theirs’.

In a survey of over 7000 young people (aged 16-25) in England, 50% categorised their gender as female, 45% categorised their gender as male and 5% categorised their gender as something else (METRO Youth Chances, 2016). Further, when asked if they identify as transgender or non-transgender, responses were 14% and 86%, respectively.

In recent years there have been many developments, changes and debates relating to gender identity. The ongoing debate, in part driven by the poststructuralist theorists, includes the push towards abandoning the dominant, binary discourse in society, to include those who do not fit in to the traditional categories of ‘female’ or ‘male’, thus reducing the distress and isolation of such individuals (Wiseman & Davidson, 2011). However, for those who oppose these changes, ‘non-binary’ serves to perpetuate the problems with the current language; “ironically, insisting on a separate category for those who want to opt out of gender all together reifies a binary that demands the rest of us must be content to accept our sexed labels” (Bartosch, 2018; p. 93). From this side of the argument, rather than adding another category, the ones that already exist should be developed and improved.

As research and understanding into gender identity exploration has increased, the term "gender identity disorder' was coined by the APA 'Diagnostic and Statistical Manual of Mental Disorders, 3rd Edition (DSM-III)' (APA, 1980), to describe the distress some people feel when their assigned gender is incongruent with their gender identity. However, this has been replaced in the most current version with 'gender dysphoria' (DSM-5; APA, 2013).

The change reflects the debate around the pathologising of those who explore, question or wish to change their gender, while maintaining the requirement for dedicated gender identity services to support the experience of psychological distress in conjunction with gender. The DSM-5 wording was also amended to include non-binary categories who wish to be "the other gender (or some alternative gender different from one's assigned gender)" (APA, 2013; p. 452).

Referrals to Gender Identity Services

The prevalence of those seeking support with their gender identity has been on a rapid, global increase. In the United Kingdom, a report put forward by the Home Office and generated by the Gender Identity Research and Education Society (GIRES) estimated that between 2007 and 2009, the number of people who identify as transgender increased from 3 per 100,000 to 20 per 100,000 (GIRES, 2011).

The Gender Identity Development Service (GIDS; part of the Tavistock and Portman NHS Foundation Trust) is the UK national specialist for children and adolescents and currently the largest gender identity clinic in the world. Referrals increased from around 140 for the year in 2012, to over 2000 referrals in 2017, including children as young as four. In 2013, the rate of children aged 4-15 presenting to services was 1.6 per 100,000 (NHS England, 2015a). Assigned males tend to be referred in earlier (younger) than assigned

females (de Graaf, Carmichael et al., 2018), who more commonly present in adolescence (de Graaf, Giovanardi, Zitz & Carmichael, 2018).

In the UK, a review of data on referrals into the GIDS between the years 2000 and 2017 was conducted (de Graaf, Carmichael et al., 2018). Overall, a higher number of assigned males were referred, however, there was a significant decrease in assigned male referrals between 2007 and 2017, meaning that referrals for assigned females was higher.

The data around the increase in referrals from assigned females has been replicated in other studies, both in the UK (de Graaf, Giovanardi et al., 2018; Giovanardi, 2017) and internationally, in Canada and Amsterdam (Aitken et al., 2015). The authors of the international study suggest that the general increase in referrals to services is likely a result of the increased awareness about gender dysphoria, the increased visibility of transgender in the media, the accessibility of treatment and the reduction in stigma around transgender issues.

The inversion of referrals from predominantly assigned males to predominantly assigned females at birth is difficult to explain. Aitken et al, (2015) suggest the earlier onset of puberty in females perhaps causes greater incongruence between assigned gender at birth and gender identity. Alternatively, the increased stigma of boys being feminine, (over the stigma of girls being masculine) may make it easier for girls to ‘come out’. While these arguments may account for the higher rate of assigned females in service, they do not account for why this is only a recent change.

Gender Affirmative vs Gender Critical

As with any form of psychological distress, there is no disagreement that early intervention for people experiencing gender dysphoria and the associated mental health conditions, is necessary. However, how and what this intervention should look like and when

it should be administered, is subject of significant debate (à Campo, Nijman, Merckelbach & Evers, 2003).

In the current culture, views around the treatment of gender dysphoria are often placed in either the 'gender affirmative' or 'gender critical' category, leaving little room for any overlapping area in between. The gender affirmative model originated in America and quickly became the 'Standard of Care' for treating gender dysphoria. The model proposed by Hidalgo et al., (2013) posits that children should be provided opportunity to live as they are comfortable and failure to support their freedom to express their gender as they choose has severe negative consequences for mental health. The authors report that messages to 'conform' can be damaging and that therapeutic attempts to 'tweak' gender identity are futile.

In the UK, the Memorandum of Understanding on Conversion Therapy (UK Council for Psychotherapy; UKCP, 2017) was drawn up and signed by a range of therapy and counselling providers, including NHS England, NHS Scotland, the British Psychological Society and the National Counselling Society. The Memorandum states that "the practice of conversion therapy, whether in relation to sexual orientation or gender identity, is unethical and potentially harmful" (p. 2). The document also states that people who are experiencing distress around those two parts of their identity should have access to appropriate and ethical support from qualified professionals. Here 'appropriate and ethical' means "free from any agenda that favours one gender identity or sexual orientation" (p. 2).

At the extreme end of the opposing (gender critical) argument, lies the belief that gender dysphoria is an abnormal symptom of psychological distress and that ultimately the underlying issues are not about the gender identity of the person experiencing it. In one gender critical book for example, arguments to move away from performing surgeries on 'healthy bodies' and open up the debate around the trans 'dogma' are presented (Brunskell-Evans & Moore, 2018). Contributors were academics, professionals, parents of children who

questioned gender identity and adults who previously transitioned. The aim was to keep debate around the treatment of children with gender dysphoria alive.

In 2017 a 16-year-old transgender boy commenced legal proceedings against his private school at the UK Royal Courts of Justice, due to their response to his gender dysphoria (McCormick, 2017). His mother alleged that the school discriminated against him under the Equality Act 2010, causing emotional damage when they suggested his dysphoria was a phase. The outcome of this case has not been published, but the example sends a strong message to those who meet people experiencing gender dysphoria, about the potential dangers of not recognising and validating decisions to transition.

It is important to note that not everyone who is referred into gender identity services in the UK goes on to transition. In fact, the majority of people referred, once they have affirmed or explored their gender identity, choose not to transition medically. In particular, those who present to services pre-puberty only continue to experience gender dysphoria in 10-30% of cases; with a trend for gender dysphoria in older adolescence to be less likely to 'desist' (Drescher & Pula, 2014). Of those who do 'desist', there is a greater chance of them going on to identify as gay than heterosexual (Drescher & Pula, 2014).

The gender-affirmative argument voiced largely by trans activists, is that it is unethical to undermine the experiences of young people who identify as 'transgender' by refusing them treatment and expecting them to 'wait it out'. However, the gender critical argument is largely based on the evidence for medical interventions still being in its primacy, despite the invasive and potentially long-lasting biological and psychological effects. Such treatments, for example puberty suppression or hormone treatments, can be offered to young people who have not yet reached adulthood (Costa & Colizzi, 2016; Sadjadi, 2013).

Procedures Towards Gender Transition

Regardless of whether any medical intervention is offered; psychological therapy is recommended (Cohen-Kettenis, Schagen, Steensma, de Vries & Delemarre-van de Waal, 2011; Cohen-Kettinis, Steensma & de Vries, 2011; Costa et al., 2015; Giovanardi, 2017;). This will usually be initiated before the start of medical interventions and for adolescents, will likely continue through to adulthood. Therapy can focus on the individual and/or the family system. Psychological support is also required prior to undergoing reassignment surgeries.

Wren (2014) maintains that "the therapist needs to be prepared and accept ambiguities and indeterminateness in the individual's gendered experience, to be open to the idea of a gender identity serving many diverse psychological needs and functions" (pp 277). Moreover, Wren posited that therapeutic work may support those who find their current understanding of gender to be limiting and confusing to find new meaning.

Puberty Suppressants in Childhood

Developments of treatments for young people experiencing gender-related distress is still in the relatively early stages, meaning that quality evidence of the effects is limited. Often decisions on this subject are based on expert opinions (Drescher & Pula, 2014). Puberty suppressants are deemed a physically reversable intervention (Giovanardi, 2017). A gonadotropin-releasing hormone (GnRH) is administered, which suspends the onset of puberty and delays the development of any unwanted, secondary sex characteristics, such as menstruation or facial hair. Usually, this intervention can be administered during the early stages of puberty (World Professional Association for Transgender Health; WPATH, 2012).

The aim of this delay is to allow the child to then initiate an exploration of gender, without the pressure of feeling that they are further developing an identity with which they

have not yet aligned. This can often cause a significant reduction in dysphoria and so can increase the quality of life of the young person (Cohen-Kettinis, Steensma, et al., 2011). This method of intervention can also allow comorbid mental ill-health to be treated, again without the assigned gender and associated psychological distress developing further.

Cross-Sex Hormone Treatment

Cross sex hormones are usually not offered to young people in the UK before they have turned 16 and are dosed to mimic the rate that changes would happen naturally in puberty. An access requirement for this treatment is that the young person will have already started to transition socially, before the treatment has begun (NHS England, 2016).

When testosterone is given to transgender males, they develop a lower voice pitch, facial and body hair, increased muscle development (the upper body in particular) and clitoral growth. When estradiol is administered to transgender females, they develop breasts and a female fat distribution and see a reduction in secondary masculine characteristics (Cohen-Kettinis, Steensma, et al., 2011). Once hormones have started, they will be required for life (unless the person decides to transition back to their assigned gender at birth or express their gender in different ways).

At this stage, consideration also needs to be given to future fertility, as it can be compromised by estradiol in transgender females and the effect of testosterone on fertility in trans males remains unclear. Discussions about parenthood are an important part of the assessment process and young people may choose preservation methods prior to starting the hormones (Cohen-Kettinis, Steensma, et al., 2011).

Gender Affirming Surgeries

Arguably, the most extreme treatment for gender dysphoria is sex reassignment surgeries. These interventions are not offered to young people below the age of 18 in the UK and include a range of procedures aimed at altering the natal sexual organs so that function and appearance is more in line with those of the opposite gender.

For those assigned female at birth, surgeries may include mastectomy and chest reconstruction, hysterectomy or phalloplasty. For those assigned male at birth, the surgeries can include penectomy, vaginoplasty and breast augmentation. These surgeries are invasive and often linked with a range of complications, including infection, rejection by the surrounding area of the body and difficulties with sexual function (Schleifer, 2006).

Challenges of Treatment

Early intervention with puberty suppressants can mean that medical transition, if required later, can be more successful due to fewer visible characteristics of the gender assigned at birth, so less surgery is required. For example, if puberty suppressants are offered to assigned females prior to breast development, there will be no need for mastectomy in adulthood. There is also the potential for early intervention to reduce further development of psychological distress relating to gender development.

However, a range of arguments have been raised against treating young people during adolescence, including the belief that gender identity is naturally fluctuating during this period and that by suppressing puberty, the opportunity to develop a gender identity spontaneously is also being supressed (Cohen-Kettinis, Steensma, et al., 2011).

While the psychological benefits of puberty suppression on gender dysphoria have been highlighted (Costa et al., 2015), there are physical health risks. These include reduced bone mass and effect on later fertility (Giovanardi, 2017); although evidence has shown that

problems with development of bone mass can be corrected once cross-sex hormones are begun (Cohen-Kettenis, Schagen, et al., 2011). It has also been found that a younger onset of gender dysphoria is where there is most likely to be different trajectories, which means blocking puberty for this group may be too premature (Drescher & Pula, 2014; Giovanardi, 2017). Some young people have a reduction in symptoms of gender dysphoria and experience body satisfaction without treatment (Smith, van Goozen & Cohen-Kettenis, 2001). As research is in the early stages, the social, emotional or sexual impacts remain unclear (Giovanardi, 2017).

When it comes to young children with gender dysphoria, parents can feel the complexity is overwhelming and beyond the difficulties associated with a minority sexual identity. They are also concerned that seeking treatment will reinforce the idea that something is "wrong" with the child (Zucker, Wood, Singh & Bradley, 2012).

Ehrensaft (2012) suggests that social transition of young children is a good way to test whether a child is genuinely still seeking their 'true gender self', compared to those who are gender diverse. She states that if the transition is truly right for the child, the psychological signs of their distress will begin to dissipate or disperse completely. This seems like a big risk to take with young children, particularly given the potential for this to further confuse or socially isolate them.

The outcomes for gender reassignment surgeries have also been mixed. A study in Sweden reported that although there is often an initial reduction in suicidal ideation (where it was already present) once transition has begun (Bailey, Ellis & McNeil, 2014) those who have completed gender reassignment still show higher rates of mortality and suicide than the general population (Dhejne, Lichtenstein, Boman, Johansson, Langstrom & Landen, 2011). It is unclear what support structures are in place for transgender people in Sweden and whether that could have been a factor in the higher rates.

Medical interventions do not work for everyone; particularly phalloplasty, some of which do not take. One study found that in the 12 months post-surgery, participants were still experiencing a reduction in energy, mobility and activities of daily living (da Silva et al., 2016).

A systematic review into the quality of life of people who have had cross-sex hormones and/or gender reassignment surgery showed that while most studies identified areas of life quality that had improved, there were also aspects that were considered to have reduced (Murad et al., 2010). Many of the studies provided low quality evidence due to limitations in method of data collection, which further highlights the challenge of making informed decisions about this type of surgery. The individuals seen by gender identity clinics will not be a homogeneous group and therefore the appropriate treatment for each person will vary.

Professional Perspectives

Due to the lack of perceived grey area in between positions of gender affirmative and gender critical, professionals working in gender identity clinics are often placed in challenging positions. Di Ceglie (2008) describes young people in gender services as on a cliff edge; a combination of pressure to identify and adjust to a gender identity (which may be different to the body they currently have), the sense of impending doom if treatment is not right or received quickly, and the feeling of life or death which some who are highly distressed may feel.

Teams working with these clients can often feel a similar way; like they are on the edge. The teams can experience immense pressure from young people and families (who may have expectations that need to be managed in relation to what is possible and when) (Cohen-Kettis, Steensma, et al., 2011), trans activists and the possibility of facing severe consequences when satisfaction is not reached (McCormick, 2017). Working within a multi-agency system of

health and social care professionals (Eracleous & Davidson 2009) could further add pressure. Wren (2014) suggests that professionals in gender identity services should not try to diagnose, normalise or treat medically, but instead should aim to develop deeper meaning and understanding of gender and transgender issues.

Language Surrounding Sexual Identity

Sexuality, like gender, for a long time was considered binary (Callis, 2014). People were either heterosexual or homosexual. The inclusion of bisexual people with the LGBT+ acronym highlighted an understanding that there were people who fell outside of that binary. Moreover, the development of categories such as ‘queer’ and ‘pansexual’ emphasises that sexuality is much broader than three distinct categories. Callis addresses this further; “these identities have sprung up from the cracks within [the sexual binary], creating an in-between space that has become wider and more pronounced in recent years” (2014, pp 64).

In the same paper, Callis presents findings from interviews of people with non-binary identities. These participants defined ‘queer’ as being attracted to any gender; moving away from the gender binary and the dated (and now controversial) terminology of ‘bisexual’. Respondents indicated a trend for those who previously identified as bisexual to now identify as the more accepted (within the LGBT+ population) term of ‘queer’. Another pull towards ‘queer’, was that it has no fixed meaning and could simply suggest some ‘other’ sexuality. A respondent who identified as ‘pansexual’ described this as someone who does not define their attraction based on genitals, skin colour or status. More widely pansexual also includes all gender identities.

Although the sexual binary is still often assumed within our culture, Callis’s study emphases the broad range of sexualities and how the categories vary in meaning, dependent on the person it applies to. In conclusion, Callis notes:

> "Though the sexual borderlands can be viewed as containing only non-binary sexualities such as bisexual and queer, in reality they touch on every sexual identity. Individuals of all sexualities react to the sexual borderlands, by crossing them, inhabiting them, fortifying against them or denying them." (pp. 77).

Research on LGBQ Populations

There is a tendency for literature on LGBQ populations to focus on comparing the experiences of those who are attracted to members of the same sex, to the experience of those who are heterosexual, as if this is the only place where the difference could lie. Little has been done to highlight how lesbian women, gay men, or those who identify as queer or bisexual may differ from each other.

Dempsey, Hillier and Harrison (2001) found that young women who were same sex attracted differed from young men who were same sex attracted, in the rate at which they were exclusively attracted to those of the same sex (30% and 60% respectively). They also differed at the rate at which they identified as bisexual (61% and 39% respectively). Young men were more likely to report being exclusively gay and therefore only be sexually active with men. There was more fluidity within the female sample, who, although reporting being exclusively attracted to women, were still sexually active with both men and women.

The same study found that there was more opportunity for men to seek out anonymous, same-sex encounters, where they could experiment (e.g. public toilets or bars that were known as places for men to meet other men). The young women reported a tendency to open up to friends and develop relationships there.

Other studies have also explored the stability of sexual identity in men or women who identify as sexual minorities (Diamond 2008; Mock & Eibach, 2012; Rosario et al., 2006).

The findings from these studies suggest that sexuality may be more fluid within these populations.

Some authors, such as Bartosch (2018), have expressed concern that the magnitude of deciding whether or not to transition is too much for a brain (and body) that is not yet fully developed. For adolescent females in particular, there is a societal pressure to look a certain way. The result of this pressure is that many teenage girls go through time periods where they hate their bodies, or aspects of them. Bartosch argues that this does not mean that young women should be offered surgery to amend those aspects. She presents several examples of women who experienced discomfort around their gender, but never identified as trans and went on to identify as LGBQ.

This article highlights that perhaps some of these feelings about body and/or looks, are more about identity in general rather than gender identity, specifically. The cases presented are women who were not aware of transgenderism at the time of their own questioning, but who may have been considered transgender had more been known on the topic. These women resolved their identity difficulties without transitioning or having surgery.

One woman reported that knowing more about transgenderism in adolescence could have been harmful due to her vulnerability; another noted that the transgender movement can almost distract people away from learning to understand their sexuality. There was also a woman who highlighted that her discomfort around gender was more in relation to unfairness in how she was treated in comparison to men. Although parts of this chapter present a rather damning attitude towards aspects of the transgender movement and it is not claimed that this group of women are necessarily representative of the LGBQ community, it is noted that this does bring another voice to the debate around offering young people permanent, life changing surgery.

Mental Health of Sexual and Gender Minorities

Those who are gender-diverse or fall outside heteronormative expectation, have a range of pressures to manage; the internal pressures of feeling different and isolated, along with the external pressures of rejection and victimisation. Thus, there is a well-documented range of lifetime psychological difficulties that present alongside gender dysphoria and/or questioning, including disorders of mood, anxiety, eating, psychosis, substance misuse and personality (Hepp, Kraemer, Schnyder, Miller & Delsignore, 2005; Heylens et al., 2014).

Results from the largest survey (at time of publication) of the UK-based transgender population, revealed that more than 80% of the sample considered suicide at some point in their lives (Bailey et al., 2014). Of those who had considered suicide, just under half reported an attempt. Participants cited both 'trans-related' (dysphoria, fears around transitioning, social stigma) and 'non-trans-related' (relationship breakdown, family issues, adverse experiences) factors in roughly equal quantities.

The challenge for those working with people who identify as trans, is establishing whether comorbid psychiatric difficulties are a result of questioning gender, or whether they are separate needs which co-occur (à Campo et al., 2003). Zucker et al. (2012) suggest three possible ways to make sense of the comorbid difficulties: i) part of generic biological/familial risk factors; ii) as a cause of gender dysphoria: or iii) as a result of social exclusion often reported by people exploring their gender. However, this seems to ignore other social and relationship factors, which were noted in Bailey et al., (2014).

A wealth of studies have shown a link between deliberate self-harm and the LGBT+ community (Bagley & Tremblay, 2000; Chakraborty, McManus, Brugha, Bebbington, & King, 2011; Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003). However, Savin-Willams (2001) argued that the majority of data on the self-harm and suicide-attempts of sexual minority youth is skewed, as often the data are collected from high-risk populations (e.g.

those actively seeking support from services). Further, many studies report increased rates of self-harming behaviour within sexual minority groups, without exploration to the causes of this increased risk and whether they are unique to sexual minorities or youth in general.

Statistics that merely highlight the increased numbers of the LGBT+ population experiencing mental health difficulties do very little in the way of bringing about change. What would be more helpful is understanding which aspects of identifying as a sexual and/or gender minority increases the risk of someone causing harm to themselves (Savin-Williams, 2001).

Challenges Experienced by Sexual and Gender Minorities

Heterosexuality is dominant and therefore often assumed in Western culture (Thorne et al., 2019). As a result, LGBQ people are often left with feeling different, or isolated, from the general 'norm' (METRO Youth Chances, 2016). In addition, historically homosexuality was been viewed as unnatural, pathological and criminal. Due to this stigma, it took a global AIDS epidemic for interest and funding into LGBT+ research (particularly around youth experience) to increase. Prior to that, the community was 'invisible' and research institutions disinterested (Hillier & Rosenthal, 2001).

Childhood Adversity

A large study of data from the Minnesota School Survey revealed that young people who identified as LGBT+ had higher scores of childhood adversity than those who did not. The results also indicated a link between gender nonconformity and a higher rate of adverse childhood experiences (Baams, 2018). LGBT+ youth were more likely to experience most forms of abuse in comparison to their non-LGBT+ counterparts, including 'polyvictimisation'; which had the greatest risk for poor outcomes, such as mental ill-health.

Importantly, it is unclear how progressive the state of Minnesota is in comparison to other states within the United States, or the UK. Also, it is unclear what information Baams (2018) gave the young participants in terms of confidentiality; some of the questions on the survey were invasive and potentially those experiencing abuse or maltreatment were concerned about this being picked up by their school.

Furthermore, given the study had a focus on gender variance, it was interesting to see that many responses were still split into categories of 'male' and 'female' and it is ambiguous as to who was considered in each category. This study is an example of gender and sexuality binaries being perpetuated in LGBT+ research and leaves the door open to consider where all the other genders (non-binary, agender, gender fluid) fit in to the current literature.

Education and Bullying

A UK government funded survey of 108,000 people who identify as LGBT+ found that 29% of respondents had experienced at least one negative event relating to their LGBT+ status in the previous 12 months (Government Equalities Office, 2018). Of the respondents who were in education, 21% had experienced someone disclosing their LGBT+ status without their consent. For both adults and young people, more than 80% of the most serious incidents experienced by LGBT+ people had not been reported.

Education on safe sex and healthy relationships for these populations tends to be absent (Hillier & Rosenthal, 2001), meaning that many LGBT+ youth look to the internet for support, advice and like-minded individuals (McDermott & Roen, 2012). The internet provides a space for LGBT+ people, or those exploring gender or sexuality, to be unrestricted, inquisitive and included. However, the risks to young people accessing the internet are well-known. It is not only cyber-relationships that are important to LGBT+ young people; they also look to people in in their physical surroundings for support

(McDermott & Roen, 2012). Cross-sexual orientation relationships (that is, friendships that include both people who do, and do not, identify as sexual minorities) can encourage the breaking down of stereotypes and increase acceptance (Galupo & St John, 2001).

Familial Reactions

Unfortunately, negative reactions towards people exploring their gender identity does not only occur in the wider social arena. Often, parents are left confused about what is happening internally for their child, which can lead to familial difficulties. Grossman, D'Augelli, Howell and Hubbard (2005) found that when young people from America first came out as transgender, negative or very negative reactions were reported for 54% of mothers and 63% of fathers. Furthermore, those who received higher scores on measures of gender 'nonconformity' were the ones who reported the poorer responses from parents, at times including verbal or physical abuse.

Given the suggestion that the increase in poor mental health for the LGBT+ population has been put down to social isolation (Zucker et al., 2012), the reactions from those closest to them when they first come out as transgender, could potentially have a lasting impact on them. Further, family acceptance of gender and/or sexual identity has been shown as a protective factor against difficulties of depression, suicide and substance misuse (Ryan, Russell, Huebner, Diaz & Sanchez, 2010).

Homophobia

Research has shown that young people are exposed to homophobic language and insinuations at a young age; often during primary school. Even though the sexual connotation does not come until later, homophobic insults such as "poof" or "faggot" can be considered

by these young males as the worst of all possible names to be called by peers (Plummer, 2001).

For females, it is suggested that homophobia can be more subtle than the examples of direct name calling above, with it described in a study by Evans and Broido (2002) as 'emotional violence'. The outcome for the college students involved in that study was "feeling afraid, distancing themselves from others and hiding their true identities" (pp. 38).

Like any form of bullying, homophobia, stigma and discrimination have a negative impact on the mental health of those experiencing it (Meyer, 1995; 2003). While the psychological footprint of being discriminated against or oppressed continues to be a concern, in some parts of the western world in the 1980's and 1990's, the seriousness of homophobia was such that it was linked to around a quarter of murders committed by strangers (Tomsen, 1994).

Internalised Homophobia

The experience of being victimised and constantly given the message that homosexuality is wrong or bad, can be taken on by LGBQ people and lead to a belief that healthy and lasting relationships cannot, or should not, be attained (Hertzmann, 2011). The term 'internalised homophobia', originally coined by Malyon (1982), describes the process of shame, guilt, anger and disgust at one's own self or sexual identity, being internalised as a result of the struggle LGBQ people have in being accepted by others.

One of the difficulties that may come in later life for people who are gender variant, is a lack of confidence around their ability to parent or be a good role-model to their children. Berkowitz and Ryan (2011) described a man who was concerned that he was not masculine (or heterosexual) enough to successfully raise a son. This suggests that even those who do not align with the societal expectation of binaries themselves, feel pressure around the gender

identity of their children. In this study, the lesbian and gay parents reported thinking deeply about how best to socially gender their child. ‘Strong’ names and overtly gendered clothes were given. These decisions were not taken lightly for parents in this study but are decisions which may be unnoticed by heterosexual or cis gendered parents.

Within Group Victimisation

Within the LGBT+ community there is no lack of victimisation towards other members of the group. Perhaps most notably in the current political climate comes the radical feminist group that are often referred to in the media as ‘trans-exclusionary radical feminists’ (TERFs). This group of biology-based feminists fight for trans-women to be removed from women’s discourse, events and even toilets, due to their male-assigned gender at birth (Williams, 2016). Anonymous posters with slogans such as ‘women were not denied the vote based on their identity: biological sex matters’ have been distributed in communities.

Other radical feminists have distanced themselves from the movement and do not wish to be associated with it. However, this is not a new movement; Raymond (1999) viewed patriarchy as trying to appropriate or annihilate women, by identifying themselves as transgender feminists.

Within the trans community there has been some debate about whether it is acceptable for those who have transitioned to wish to ‘pass’ as the other sex, or whether they should be open about their transition (Roen, 2002). Some seek acceptance as a transgender person, while others seek acceptance as a person of the gender to which they have transitioned (whether it be ‘male’ or ‘female’ or another gender), without wishing to be seen as someone who was assigned differently at birth. A similar attitude was previously held within parts of the queer movement, including by a group called ‘Queers United Against Straight-acting

Homosexuals' (QUASH) formed to fight back against people who were not straight trying to pass as if they were (Cohen, 1997).

Roen (2002) addressed the ways that transgender people can be unaccepting of each other. For example, one participant reported feeling frustrated when transgender people do not make enough effort with their physical appearance and fail to maintain an expected standard. Similarly, those who want to pass and be seen as the gender they have transitioned to, can view someone who does not as "just a cross-dresser" (pp. 505), who may bring embarrassment to the group. These people can be excluded from parts of the trans community for jeopardising the chances of others passing.

In the same study it was also highlighted that some people who identify as transgender view it as an obligation of all trans people to be openly trans. They believe that remaining hidden serves to perpetuate the stigma and oppression of their community. Being transgender can seemingly be a political statement; which some do not wish to participate in. The result of this debate is that people who have transitioned in gender feel ostracized and excluded from elements of their own community, which should be a place where they feel welcome and supported.

Policy Around Gender Identity and Sexuality

There is limited legislation in place to protect those who do not consider themselves to be of binary gender. In England and Wales, gender reassignment and sexuality are protected characteristics of the Equality Act 2010. However, people who are of non-binary gender are not yet covered. In an attempt to rectify this and in recognition of the changes in how people view gender, the European Union recently made a recommendation for identity documents to have a 'third gender' for those to which it is applicable (Council of Europe, 2015).

In the discrimination legislation laid out by the United Nations, the need for fair treatment of LGBT+ people is detailed, along with rules against the discrimination of people based on the sexuality or gender identity (United Nations, 2012).

The National Institute for Health and Care Excellence (NICE) is a UK government funded body who produce guidelines and standards for health and care professionals to adhere to. A search on the NICE website for terms such as ‘gender reassignment’, ‘non-binary’, ‘transgender’ and ‘LGBT+’ highlights the lack of consideration given to these populations generally, within guidance relating to physical and mental health conditions.

A report released by NHS England (2015b) acknowledged that there have been concerns around the treatment of people who identify as transgender and non-binary within the health service. The report detailed a symposium held by NHS England, in which a range of health-related stake holders, including representatives from the Royal Colleges, met with transgender and non-binary people to make improvements for these populations moving forward. Discussion topics included how to advance training for professionals, service provision, informed consent and person-centred care.

In 2018 the government for England and Wales issued a policy paper for improving the lives of LGBT+ people, based on a survey of over 100,000 respondents (Government Equalities Office, 2018). In this paper, proposals were made around appointing a dedicated LGBT+ health advisor, taking tough action on hate crime, protection of children and young people who identify as LGBT+ within schools and improving work place conditions. An allocation of funds to support plans was agreed.

The Intersection Between Gender Identity and Sexuality

Intersectionality has been defined as “a system of interactions between inequality creating social structures (of power relations for example), symbolic representations and

identity constructions that are context-specific, topic-oriented inextricably linked to social praxis" (Winker & Degele, 2011; pp 54). The focus is on categories of difference (race, gender, sexuality etc) in relation to "individual lives, social practices, institutional arrangements, and cultural ideologies" (Davis, 2008), set against a backdrop of oppression, where there are roles of either 'dominated' or 'dominating'.

Intersectionality acknowledges that identity is made of differing levels of oppression and privilege:

> "Intersectionality is one contemporary naming of the understanding that our lives are not shaped by gender alone. Rather, individuals are multiply constituted by gender, race, class, sexuality, nationality, age, ability and other social experiences, identities and phenomena that we live by simultaneously rather than separately" (Kolmar & Bartkowski, 2005; pp. 49).

Many writers and researchers have highlighted the overlap, inter-connectedness or entanglement of gender and sexuality. A contributor to the research of Monro and Warren (2004) narrated that "most transsexuals identify at some time as gay or lesbian, which puts transsexuals into the queer arena whether they like it or not. And, conversely, many gay, lesbian and bisexual people can be seen as having gender issues" (p. 353). Those with a transgender identity can commonly have their gender expression confused with an expression of a minority sexuality (Mizock & Fleming, 2011).

Saketopoulou (2015) writes about a transwoman who identifies as lesbian, but who is excluded from this community as she is considered male, highlighting that 'lesbian' is both sexual attraction *and* gender. The author poses the questions "in a world where the body no longer spells the gender's verdict, what happens to sexual orientation? Does sexual orientation then follow natal body or gender identity?" (p. 3).

Links have been observed between gender variant behaviour in childhood and same-sex attraction in later life. Li, Kung and Hines, (2017) reported that children who engage with toys and activities that are considered gender 'non-confirming' are more likely to go on to more same sex attraction and/or less heterosexual attraction.

Cohen-Kettenis, Steensma, et al. (2011) suggest that young people can mistake their homosexuality for gender dysphoria, particularly where they have developed interests in what would be considered 'typical' of the opposite gender. Additionally, they may not wish to accept their same-sex attraction and consider that a solution to this problem would be gender reassignment. Sullivan (2003) also noted that in the past many believed that "transsexuals are homosexual in denial" (pp 108). Later on in life, sexuality can change with the process of transitioning or gender affirmation, while sexual experimentation can be a part of the transition process (Reisner, Perkovich & Mimiaga, 2010).

> "Not all lesbians and gay men are "cross"-gendered. Not all transgendered women and men are lesbian or gay. Transgendered people are mistakenly viewed as the cusp of the lesbian and gay community. In reality the two huge communities are like circles that only partially overlap." (Feinberg, 2010, p. 134).

Systematic Review of the Literature on Intersection Gender and Sexuality

A systematic review was necessary to identify whether the intersection of gender and sexuality has been explored from the perspective of LGBT+ individuals before. The first step was to identify whether this had been done before, so a search for previously published systematic reviews on the topic of the intersection of gender identity and sexuality was carried out.

Inclusion Criteria for Systematic Reviews

Reviews were to be included if they focussed on the intersection, overlap, inter-connectedness or entanglement between gender and sexual identities, with LGBT+ populations. As no previous reviews had been identified in the initial combing of the literature, no date restriction was entered for the search. Default dates within EBSCO – 1954 to the present - were used.

Due to time constraints and the obstacle of translation, the search was restricted to reviews in English. The search was also restricted to academic journals to ensure the best quality evidence. The full search terms can be found in *Appendix A.* No relevant systematic reviews were identified from this search (see *Appendix B*). A further systematic review, this time of academic research, was then carried out to identify any individual papers and/or studies relevant to the present project.

Inclusion and Exclusion Criteria for Academic Papers

Studies were included in the search if they focused on both gender and sexuality, with participants who were LGBT+ adults, or where LGBT+ adults made up more than half the sample. As above, the search was limited to papers published in English and no date restriction was entered, with default dates within EBSCO – 1954 to the present - searched. Only research that had been published in academic journals was included, to ensure a review of the best available evidence. Shields (2008) noted that in order to fully explore intersectionality, a qualitative approach which can allow for the 'multidimensions' of identity, is necessary. Accordingly, the search was restricted to qualitative evidence. A challenge to this review was the lack of standardised language surrounding gender and sexuality (Eliason, 2014), which means that the terms used in the study may well not be exhaustive (full search terms can be found in *Appendix C*).

As part of the full-text review of papers identified in the search, studies were excluded if there was no focus on the intersection, overlap, inter-connectedness or entanglement between gender and sexual identity. A further reason for exclusion was where no clear method of analysis was reported, making it difficult to determine how these studies' results and conclusions were drawn out.

Guidelines for ensuring standards of qualitative research state that qualitative studies should have specification of methods, provide credibility checks and should demonstrate coherence (Elliott, Fisher & Rennie, 1999). Therefore, if the method of analysis is not reported, it is impossible to know how reliable or valid any results are or what weight should be given to findings.

Once the relevant studies from the search had been identified, reference lists of those papers were also checked for further studies to be included in the review. The Prisma diagram for the studies identified in this review can be found in *Appendix D.*

Data Extraction

Data were extracted into an Excel spreadsheet. The study characteristics of interest were: country where the study was conducted, population of interest, number of participants, method of analysis and themes drawn out.

Quality Assessment

The quality of the included studies was assessed using guidelines for ensuring standards of published research proposed by Elliott et al., (1999). Particular focus was given to the following areas: use of appropriate methods; specification of methods; owning one's perspective; grounding in examples and providing credibility checks.

Characteristics of Included Studies

Eight studies identified in the search met inclusion criteria for this review. Each study was allocated a study ID for this write-up: COLEMAN (Coleman & Bockting, 1988); DICKEY2012 (Dickey, Burnes & Singh, 2012); DOORDUIN2014 (Doorduin & van Berlo, 2014); GALUPO2016 (Galupo, Henise & Mercer, 2016); KUPER2014 (Kuper, Wright & Mustanski, 2014); MIZOCK2016 (Mizock & Hopwood, 2016); NAGOSHI2012 (Nagoshi, Brzuzy & Terrell, 2012); ROWNIAK2013 (Rowniak & Chesla, 2013). Seven of the studies were conducted in the USA and one was in The Netherlands. Seven studies focused on people who identify as transgender (two specifically male-to-female transgender, one specifically female-to-male) and one study focused on stud identity ('masculine' non-heterosexual women of colour).

The studies ranged in the number of participants they included, from 1 to 172 (COLEMAN1988 and GALUPO2016, respectively). The total number of participants covered by the seven studies in this review is 273. For analysis of the data, three studies used Grounded Theory. The others used one of narrative analysis, interpretive phenomenology, deductive qualitative analysis and Thematic Analysis. There was one individual case study.

Themes Identified from Included Studies

Each of the included studies presented findings on the intersection of gender and sexuality (see *Table 1)*. However, it should be noted that several studies also found themes that were related to their other research aims, which are outside the scope of this review and will not be presented. For further details on the aims and findings of the individual studies, they should be accessed in full, separately.

Across the eight papers, three broad themes were highlighted in relation to the intersection of gender and sexuality; 'alignment of identities', 'affirmation of one identity as

the other develops' and 'conflation of identities'. These themes are presented in further detail in a narrative synthesis below.

Alignment of Identities

It was found in four of the studies that a process of the feelings towards sexual identity reflected feelings towards gender identity (DICKEY2012; DOORDUIN2014; KUPER2014; ROWNIAK2013). For some, this meant that becoming comfortable or confident in gender identity was reflected by increased comfort in sexual identity. For others it meant becoming less comfortable in one identity as they did in the other.

In ROWNIAK2013, participants had missed out on opportunities to form congruent sexual identities in adolescence, due to the extent of their gender dysphoria (also reported in DOORDUIN2014). Despite feeling attractions, the extent of their gender dysphoria meant "that a comfortable and natural sexual activity was impossible" for participants (pp. 453). However, following transition this changed. Moreover, "transition finally allowed for a more comfortable alignment of gender and sexuality" (pp. 453). Although the object of the attraction (males) remained consistent, transitioning in gender "allowed it to finally be realized in the way that felt right, as gay men" (pp. 454). Some participants in DOORDUIN2014, were able to form loving relationships despite intense feelings of gender incongruence.

Alignment in DICKEY2012 could move in both directions. Either recognition of gender identity allowed development of sexual identity, or, understanding of sexual identity helped to inform gender identity. The authors note "some participants recognized how feeling comfortable in their own physical body was a catalyst to explore their physical relationship with other possible partners" (pp. 130). For other participants in this study the self-analysis that came from exploring gender, opened up their door to exploration around sexuality also.

Table 1: *Study Characteristics and Relevant Themes of Included Studies*

Study ID	Authors & publication date	Country of study	Population of focus	Participants (N)	Analytic method	Findings/themes relating to intersection of GI and SI
COLEMAN1988	Coleman & Bocking., 1988	USA	Female-to-male 'transsexual'	1	Individual case study	1. Trans identity supported acceptance of gay community 2. Access to gender identity services can be restricted based on sexual identity
DICKEY2012	Dickey et al., 2012	USA	Female-to-male transgender	11	Grounded Theory	1. Antecedents 2. Interactions between SI and GI 3. Consequences
DOORDUIN2014	Doorduin & van Berlo, 2014	The Netherlands	People who identify as transgender	12	Grounded Theory	1. Sexual development (SI a challenge due to GI) 2. Sexual identity (SI linked to own GI and GI of object choice)
GALUPO2016	Galupo et al., 2016	USA	Self-identify as transgender, transsexual, gender variant or as having a trans history	172	Thematic Analysis	1. Shifts in trans sexuality
KUPER2014	Kuper et al., 2014	USA	Stud identity among female-born	4	Narrative analysis	1. Stud identity fuses GI and SI 2. Sexuality can be assumed based on cross-gender behaviour 3. When one identity changes, the other also changes

MIZOCK2016	Mizock & Hopwood, 2016	USA	Transgender and gender nonconforming individuals (TGNC)	45	Grounded Theory	1. Conflation a. Homophobic transphobia 2. Interdependence a. Sexuality shift stress (as GI affirmed)
NAGOSHI2012	Nagoshi et al., 2012	USA	People who identify as trans	11	Deductive qualitative analysis	1. Intersectionality; relationship between GI and SI is complex and dynamic
ROWNIAK2013	Rowniak & Chesla, 2013	USA	Female-to-male transgender	17	Interpretive phenomenology	1. Shift in sexual orientation 2. Steadfast (no change following transition) 3. Aligned (transition allowed for alignment of GI and SI) 4. Shifted (from one gender to another) 5. Fluid (remain fluid as were previously)

Key
GI: Gender Identity
SI: Sexual Identity

Affirmation of One Identity as the Other Develops

Another key theme raised in several of the studies, took the alignment discussed above one step further. Where finding comfort or acceptance in one identity then allowed the other identity to be established, which in turn affirmed that their established identities were the right ones (COLEMAN1989; DICKY2012; DOORDUIN2014; GALUPO2016; MIZOCK2016; NAGOSHI2012). Most often, this process was in relation to transitioning in gender, which afforded participants the confidence to open themselves up to relationships and establish a sexual identity too. This, in turn, affirmed the gender transition.

As NAGOSHI2012 highlighted, participants "reported changing their sexual orientation after transitioning to a more physically male identity… and that changing their sexual orientation, in turn, reinforced their transformed gender identity" (pp. 417). Similarly, MIZOCK2016 found that for many participants' sexual identity developing during and after transition, affirmed the process. The authors noted the "interdependence of gender and sexuality" (pp 98). Participants in GALUPO2016 spoke about shifts in sexuality and reflected how this was linked to developing gender identity. However, the researchers also noted that "in addition to gender-identity-specific attributions for shifts in trans sexuality, some participants described their sexuality as changing across context and time" (pp. 99).

The affirmation process in COLEMAN1989 was slightly different. This case study participant found that as a gay trans man, they had many friends in the gay community following transition. The participant viewed this as a result of the fight that they had been through in order to become a gay man, which is in opposition to people fighting not to be gay. The acceptance in the gay community affirmed the participants identity as both gay, and a man.

Conflation of Identities

The findings of two of these studies focused on people making assumptions about participants sexual identity, based on their gender identity (KUPER2014, MIZOCK2016). Of the four cases presented in KUPER2014, two had experience of this. In one case "being a tomboy 'progressed' into being lesbian, suggesting that her emerging sense of sexuality followed from a pre-existing sense of cross-gender self-identification" (pp. 719). For the other participant, people suspected that she was attracted to other females due to her "cross-gender behaviours" (pp 724). Interestingly, in the same paper, one of the participants themselves also conflated gender and sexual identities. The authors put this type of conflation down to people attempting to "make meaning of their own perceptions" (pp. 720).

In MIZOCK2016, participants spoke of experiences of homophobia, as their gender presentations led to assumptions that they were LGBQ. In this instance, the authors suggested a lack of awareness around trans issues meant homophobia was the only language available to perpetrate stigma.

The conflation in COLEMAN1989 was distinct from the above. Here, the authors describe the case study participant being turned away from gender identity clinics on two occasions, due to their attraction to males. The combination of seeking transition from female-to-male and having a sexual attraction to men, meant that at the time, they did not meet criteria for support from those services. This suggests that even professionals within the gender clinics at the time were unable to separate gender identity and sexuality and took the later to have some baring on the outcome for the former.

Quality of Evidence

Appropriate Methods Used

All studies used appropriate methods throughout their research. In DICKEY2012, all data was collected within the same conference, removing the possibility for researchers to

reflect on and amend the data collection process as they progressed. However, the authors themselves address this and justify why the data needed to be collected in this way, in attempting to secure an often 'invisible' population. Details of methods used were limited in COLEMAN1989 but suggest the case study was managed appropriately.

Specification of Methods

All studies specified the methods that they used for recruitment and data collection. All studies also named the analytic methods they used, except for the case study COLEMAN1989, which did no formal analysis. However, DOORDUIN2014 and KUPER2014 provided little detail on how the analysis was done, outside of naming the method they were using; for these studies it is unclear exactly what process was followed to draw themes out.

Owning One's Perspective

Only two studies explicitly acknowledged the perspective, assumptions and/or potential biases of the researchers, namely DICKEY2012and MIZOCK2016. The former outlined the steps taken to monitor any impact of such assumptions. Potentially the perspective of researchers was considered in other studies, but it is impossible to know without reference to this in the paper.

Grounding in Examples

All studies used quotations to ground in examples of their data coding.

Credibility Checks

Four of the seven studies included detailed credibility checks that were used in their analysis. DICKEY2012 used an 'open coding process', involving the research team revisiting

of assumptions and consensus making. Two studies used an external data auditor (GALUPO2016; MIZOCK2016). These studies also discussed coding as a team and the use of double coding, respectively, and both used processes of consensus making. ROWANIAK2013 double checked all transcripts against the data recordings to remove errors and then drew out themes using discussion between the two investigators. No credibility checks were undertaken in COLEMAN1988, as no analysis was done.

Ethical Considerations

In the study by DOORDUIN2014, participants were asked a range of invasive questions about sexual activity, fantasies and use of pornography. While it is noted that the study is focused on experiences of sexuality, due to the broad nature of the study aims, it is not clear whether this line of questioning was necessary. For a population that have already potentially been through highly invasive surgeries and are subject to continuing stigma, it seems important for researchers to ensure that any further invasion is essential for the aims of the research and even then, kept to a minimum.

Overall Quality of Included Studies

Overall the studies included were of moderate to high quality. Two studies in particular, met all the standards of consideration based on published guidelines (DICKEY2012; MIZOCK2016). The remaining studies were missing explicit statements from the researchers about their own perspectives. Given that the included studies may or may not have been driven by the ideologies of the researchers, it is significant that their own perspectives have not clearly been set out.

Missing from the Current Literature

While there is literature available which begins to shine a light on the entanglement of issues surrounding gender and sexuality, there has been little focus on the intersection of gender and sexual identity. This is despite acknowledgement that the two are closely related (Cohen-Kettenis, Steensma, et al., 2011; Li et la., 2017; Mizock & Fleming, 2011; Reisner et al., 2010; Saketopoulou, 2015) This is particularly evident in respect of people who have engaged in exploration of both categories of identity.

Also missing from the dataset, is qualitative exploration of the overlap or entanglement of gender and sexuality, from the perspective of people who identify as LGBQ and have previously considered their gender. Given the evidence that those who explore gender but do not transition often go on to identify as LGBQ, this seems an important area to explore. Additionally, while all the included data is from Western cultures, the search drew no evidence from UK-based populations. It cannot be assumed that due to the progressive nature of Western cultures, the experiences of forming a gender and sexual identity in the UK will reflect the experiences of those in the USA or the Netherlands.

Finally, previous research with sexual minority youth was criticised for giving focus only to the difficulties experienced by these populations, including self-harm and suicide attempts, rather than their general development (Savin-Williams, 2001). This negative skew in earlier data potentially served to further set apart an already minority group, portraying them as a population that seemed to be fragile and in constant turmoil. Therefore, more studies are required that also give focus to the resilience and strength of these populations, to give a more balanced perspective.

Aims of current study

The current study aims to explore how gender identity and sexuality intersect from the perspective of people who have explored both. In this study, the terms sexual identity and sexuality will be used interchangeably. The definitions of sexual and gender identities will be those outlined by Eliason (2014): gender identity will mean "the set of attitudes, emotions, knowledge, skills, and identities related to one's perceptions of the male/female and feminine/masculine continua" (pp. 163) and sexuality/sexual identity will mean "the set of attitudes, emotions, knowledge, skills and identities related to reproduction, physical intimacy, desire, relationships, and arousal of the genitals" (pp. 163).

It is not an aim of this study to uncover the 'truth' about how gender and sexuality intersect, moreover, it is to develop an understanding of what gender and sexuality mean to people who have actively engaged in both categories and to document accounts of how these identities were formed and developed.

The study will explore:

- the subjective experience of developing a gender identity in adolescence for people who go on to identify as LGBT+ in adulthood
- the subjective experience of developing a sexual identity in adolescence for people who go on to identify as LGBT+ in adulthood
- the meaning of gender identity to individuals who identify as LGBT+, both as adults and during their adolescence and the intersections with sexuality

It has been acknowledged that a lot of the available research on transgender required that the participants live full-time as their desired gender or have utilised medical interventions for transition (Kuper et al., 2014). This has the potential to overlook the full spectrum of

people who identify as trans, including those who are non-binary. With that in mind, the terms used for the present study are deliberately loose, including only people who self-identify as exploring gender/sexuality, without need to have made changes to their lifestyle.

Chapter 2: Methodological and Philosophical Framework

Overview

This chapter will outline the methodology for this research project, along with my ontological and epistemological position. The methods used, including the analysis are justified and ethical considerations are set out.

Philosophical Framework and Research Design

Ontology

Ontology is the philosophical study of being, including the nature of the world and our understanding of reality; what is reality and what can be known about it? As Willig (2001) states, "while epistemology enquires 'how can we know?' the question driving ontology is 'what is there to know?" (p. 13). Taking bi-polar continuum, at one end is a 'reality' completely independent of human practices and understanding - known as realism - at the other end is relativism, where 'reality' is dependent humans' interpretation and understanding (Braun & Clarke, 2013). Ontological positions in between include materialist, idealist and critical theorist.

Rationale for Qualitative Approach

A quantitative approach is most suitable for studies of cause and effect or efficacy. When the primary focus of research is process, meaning and experience, a qualitative method is required. Concerned with quality of experiences by definition; how they are interpreted and the implications for the subject. Qualitative research, in its 'bottom up' approach, allows participants to tell stories using their own language. The researcher can take the participant's context and their own assumptions and prejudices into account (Willig, 2012). Qualitative methodology is complementary to intersectionality; "Intersectionality theory, by virtue of its

description of multidimensional nature of identity makes investigation through qualitative methods seem both natural and necessary" (Shields, 2008; pp 306).

A qualitative approach is frequently used when the focus is marginalised groups and/or when little is known about the subject matter; both of which apply here. People who are LGBT+, are often referred to as 'sexual and/or gender minority' groups as they differ in their orientation from the 'social norm' (Math & Seshadri, 2013). Participants in this study are somewhat more on the periphery as they are a sexual minority who have explored both their sexuality and gender identity before reaching adulthood.

Epistemology

Epistemology is the theory of knowledge; the relationship between the knower (the research participant) and the person who wants to know (the researcher) (Ponterotto, 2005). Willig (2012) states that "epistemological positions are characterised by a set of assumptions about knowledge and knowing, which provide answers to the question, what and how can we know?" (p. 5). Prior to analysing a given set of data (e.g. interview transcripts), the researcher must determine what those transcripts represent in order to make their interpretation. In a broad sense, there are three types of knowledge; phenomenologist, socially constructed and realist (Willig, 2013).

Phenomenology

Phenomenological research focuses on understanding the subjective experience of participants without linking it to outside influences. External validity of accounts given is not important; rather the participants own sense making of their feelings and perceptions (Willig, 2012). In phenomenological research the aim is to obtain some 'insider knowledge' of how the topic of focus is experienced, or how 'phenomena' may present to a particular individual.

Phenomenology has two strands; descriptive phenomenology presents knowledge without adding or taking away anything. Interpretive phenomenology allows the researcher reflexivity to consider elements of cultural and psychological meanings that the participant has not considered. This second-order account aims to provide a critical and conceptual commentary upon the participants personal 'sense-making' activities" (Larkin, Watts & Clifton, 2006, p.104).

Social Constructionism

In social constructionist research, the focus is on how participants 'construct' reality, particularly through language. Therefore, the aim is to *de*construct these discourses. The social constructionist perspective is all phenomena (whether social or psychological) are constructed, because experience is mediated by language. Constructionists argue "it is discourse that constructs reality rather than reality that determines how we describe or talk about it" (Willig, 2012, p. 11).

Social constructionists do not take the stance that participants are describing any psychological or social processes as a realist might, or an 'inner reality' as found in phenomenological research. The focus here is how the participants describe the topic of interest using 'socially acceptable' discourses and who may be affected by these constructions.

Realism

From a realist perspective the aim is to uncover, as truthfully as possible, a real-world reality. This is a reality that is rule-bound and exists separate from the understanding or views of participants and researchers. This knowledge is often applied to both psychological and

social processes, seen as informing thinking, feeling and behaviour (Willig, 2012). From this stance, the researcher embarks on a journey of discovery, attempting to uncover the 'truth':

> "A realist approach presupposes that the world and what happens in it, how and why, can be understood provided that the researcher is skilled enough to uncover the patterns, regularities and structures of experience and behaviour which characterize human existence." (Willig, 2013, pp 68)

Like phenomenology, realism has two strands; the first, 'naive realism', is where the relationship between the data and what is happening in the real world is direct and uncomplicated. There is a belief that this research is akin to a mirror image of reality. The second strand is "critical realism", which suggests that it is possible to gain an understanding of something in the real world, while also acknowledging that the data need some level of interpretation:

> "The data we collect [...] would provide us with information about what members of the community do, how they relate to one another, and how they structure and manage their social life. However, the data would not tell us, directly and explicitly, what it might be (e.g. historically or politically) that drives, shapes and maintains these structures and practices." (Willig, 2012, pp 9)

The researcher therefore needs to draw on additional knowledge and understanding to recognise why people and society respond as they do, while the participant need not have any awareness of these underlying processes.

Research Paradigm

Ponterotto (2005) describes a research paradigm as setting "the context for an investigators study" (pp 128); the paradigm therefore includes ontology, epistemology, methodology and methods (Scotland, 2012). Widely used paradigms include positivism, critical theory and constructive-interpretivist.

Positivism is rooted in the belief that there is one reality and that it is accessible and measurable; positivist research is therefore often quantitative. Critical-ideological research aims to 'disrupt and challenge the status quo' (Poterotto, 2005, pp. 129). This type of research is linked to social change and egalitarian order. Constructivist-interpretivist paradigm poses that multiple, equally valid realities exist as individuals construct their own reality, rather than viewing realities as completely external. In constructivist-interpretivist research the main goal is understanding the 'lived experience'.

This project is based within a relativist ontological position; where reality is a product of human interpretation. To fully understand how participants made sense of their gender, sexuality and possibly the intersection between them, some interpretation may be necessary, to identify factors beyond the individual's knowledge which drove their sense-making. Considering social and political processes may also be a part of gaining understanding. Therefore, the epistemological position is critical-realist.

The ontological and epistemological framework of this research, coupled with the chosen methodology and an aim to understand the experience of participants, means that the over-arching research paradigm is constructivist-interpretivist. This acknowledges an existence of multiple realities, which are all valid and that cannot be separated from the person.

Methodology

The research methodology explains the process that the researcher goes through to find the answers to the questions they ask. These questions can include “why, what, from where, when and how” (Scotland, 2012, pp 9).

Method of Analysis

There are a number of possible ways that qualitative research can be analysed. Here, Grounded Theory, Interpretive Phenomenological Analysis and Thematic Analysis are presented, together with a justification for choosing the latter for this project.

Grounded Theory (GT)

While the majority of methods are considered ‘theory lead’, GT is a process of theory generation (Willig, 2001). This approach was created by sociologists Glaser and Strauss (1967), giving a strength to consideration of social processes, rather than only focusing on individual experience. The challenges of using a method such as GT in the present research are first the emphasis on sociological, rather than psychological structures (in line with the aims of this study, it was be important to investigate the psychological processes primarily, then consider how social factors play a role). Second the lacking focus on reflexivity and the role of the researcher (Willig, 2013). Finally, the suggestion that achieving saturation can take around 25-30 in-depth interviews (Dworkin, 2012), which is outside the possible scope of this project.

Interpretive Phenomenological Analysis (IPA)

Traditionally, interpretive methods of qualitative research take the stance that the researcher, with their psychological training, will know or understand more about what is happening for the participants than the participants will themselves. Therefore the researcher

holds an ‘expert’ position (Willig, 2012). One of the limitations of IPA is the reliance on the narratives that the participants recount; which means that there is a requirement for successful communication of the rich textures of individual stories. Willig (2013) raised the question, “how many people are able to use language in such a way as to capture the subtleties and nuances of their physical and emotional experiences?” (pp. 283). As the title suggests, IPA is also linked to a particular epistemological stance; that of interpretive phenomenology, which does not fit with the position adopted for this project.

Thematic Analysis (TA)

TA is one of the most commonly used approaches because of its ‘theoretical freedom’; having flexibility with theoretical frameworks allowing personal meaning making and social context to be explored (Braun & Clarke, 2006; Vaismoradi, Turunen & Bondas, 2013). This “means that the researcher who uses TA needs to decide what exactly the themes identified in the analysis represent. Here, the research question and the study’s epistemological point of departure come into play.” (Willig, 2013, p. 179). TA is “not another qualitative method, but a process that can be used with most, if not all, qualitative methods” (Boyatzis, 1998, p. 4).

TA facilitates the process of identifying patterns, or themes, in rich and complex personal accounts (Braun & Clarke, 2006; Vaismoradi et al., 2013). Yet, drawing out the themes from qualitative accounts is part of several analysis methods, including GT and IPA. This has raised debate over whether TA is actually a research method in itself (Willig, 2013).

Although a critique of TA is that it lacks the ‘substance’ of other theory-driven approaches, this can be counterbalanced if the project itself lies within a strong theoretical framework (Braun & Clarke, 2013). Accordingly, if prior to collecting the data the researcher is clear as to what can be known (ontology) and what this represents

(epistemology), a robust framework will exist providing what is sometimes perceived to be lacking in TA. Therefore, TA is the method of analysis that was used for this study.

Method

Research design

An interpretive, naturalistic, qualitative design was used to explore the experience of adults who identify as LGBT+ who had questioned and/or explored both their sexuality and their gender identity.

Rationale for Method of Data Collection

There are a range of qualitative data collection methods. Most frequently used are focus groups, textual data and interviews (Braun & Clarke, 2013). While focus groups can be a valuable tool in bringing about empowerment of participants or social change, they would not be suitable for this project as it is not possible to follow-up on the views of individual participants. Likewise, the interaction between the researcher and participant is missing in textual data. The limitations of these methods would result in the depth that can be achieved through other methods being lost.

Qualitative interviews are an effective way to explore a person's subjective experience (Braun & Clarke, 2013; Ponterotto, 2005). Using interviews can achieve depth, while allowing interaction between the researcher and participants, so participants' voices can be heard and the interviewer can validate experiences. Interviews were therefore chosen as the method of data collection.

Participants were given the option of doing their interview in person or online (via Skype). This was so that the project was not restricted to participants who were geographically accessible, however, other advantages include allowing the participants to

conduct the interview within their own homes and accessibility for those with health difficulties. Furthermore, participants may feel more comfortable disclosing sensitive information when they perceive more distance between themselves and the interviewer (Braun & Clarke, 2013). It was important to have two potential interview methods, as using only Skype can also limit the participant pool; relying on respondents who have access to the necessary technology and competence using it.

Participants

How many participants to include in qualitative research is often in debate. Due to the in-depth nature of qualitative designs, the sample sizes tend to be much smaller than quantitative studies. Baker and Edwards (2012) suggest three occasions when a large sample (approximately 50-100) is required; where subjects are easy to find, when there is a large sample pool with discernible groups within, or when research is funded. The limited literature on this population would suggest none of these criteria apply here.

Experts suggest that the number of participants needed can depend on "the quality of the data, the scope of the study, the nature of the topic, the amount of useful information obtained from each participant, the use of shadowed data and the qualitative method and study design used" (Morse, 2000, p. 1). Therefore, the resounding response to the 'how many' question in qualitative research, is "it depends" (Baker & Edwards, 2012). Braun and Clarke (2013) suggest 10-20 interviews for a medium-sized project.

Inclusion Criteria

Potential participants were eligible for the study if they:

- Were UK-based
- Were aged 18 and over

- Self-identified as a sexual minority and having questioned/explored their gender identity prior to adulthood, or self-identified as transgender and having questioned/explored their sexuality prior to adulthood.

The age was restricted to adults only so that participants were old enough to have established an understanding of what gender identity and sexuality mean to them and would consequently be able to speak about this during interview.

Research Preparation

Prior to collecting data, the recruitment poster and topic guide for the interviews were presented to the staff team at the GIDS for their consideration. The team gave feedback and suggestions on further topics to explore, with a view to building on the current knowledge base. Feedback was discussed with the research supervisors and where appropriate, incorporated into the final topic guide.

Research Procedure

Recruitment

A convenience sampling method was used to recruit participants. The principle researcher discussed the project with relevant people at LGBT+ support groups to present the project and request support in recruiting participants. The key aspects of the project were explained and questions were invited. Posters were then left at the bases, inviting people to either contact the research team if they were interested in participating in the research project, or speak to a member of staff at the support group. Advertisements were also placed on the social media pages of the support groups, the University of Essex and a film making charity that aims to uphold the voices of people who are trans. This meant the project could reach

potential participants who perhaps cannot access the support group bases or only interact with them digitally. The project was also advertised on the Critical Sexology mailing list.

Once the potential participants confirmed their interest in the study, the researcher made contact with them over the phone to describe the study in full and invite questions. If the potential participant was still willing to take part and chose to do the interview face-to-face, an appointment was made to obtain informed consent and carry out the interview. In such circumstances copies of the participant information sheet (*Appendix E)* and consent form (*Appendix F)* were sent to the potential participant for their consideration, ensuring that they had at least 24 hours to reflect on the information, prior to the interview. In all cases, participants had over a week in between receiving the information and taking part in the interview.

Where a Skype interview was preferred, an appointment was made for the interview to take place. However, more time was given between the initial phone conversation and interview to allow time for the consent form and information sheet to be sent to the participant. At least 24 hours were given for the participant to consider the information and then return the form to the principle investigator prior to the interview taking place.

Data Collection

Data were collected through semi-structured interviews. The principle researcher carried out all interviews personally, using the pre-agreed topic guide (*Appendix G*). The aim was for each interview to last around an hour, maximising the potential for rich, quality data to be obtained. The interviews were semi-structured so key topics could be covered, while also allowing freedom to go with the content that each participant brought.

Interviews were audio recorded using a hand-held recorder and transcribed by the principle researcher. While Braun and Clarke (2006) do not suggest a particular method for

transcribing, at the very least they recommend "a rigorous and thorough 'orthographic' transcript – a 'verbatim' account of all verbal (and sometimes nonverbal [e.g. coughs]) utterances" (pp. 17).

Data Analysis

Study Aims

The study aimed to bridge the gap between how we understand gender and sexuality to develop and how these aspects of identity may intersect. The project was developed to support any professionals who provide services to young people presenting with distress relating to their own identity development. This was done through developing a deeper understanding of:

- the subjective experience of developing a gender identity in adolescence, for people who go on to identify LGBT+ in adulthood
- the subjective experience of developing a sexual identity in adolescence, for people who go on to identify as LGBT+ in adulthood
- the meaning of gender identity to individuals who identify as LGBT+, both as adults and during their adolescence and the intersections with sexuality

Procedure for Thematic Analysis

Once the data was collected and prepared, the process of TA could begin. Using this approach, the aim is to find identifiable patterns - or themes - of behaviour, across the collected accounts (Aronson, 1994). Braun and Clarke (2006) proposed six phases of TA which provided the key steps that were followed during the analysis: i) familiarisation of the data; ii) generating initial codes; iii) searching for themes; iv) reviewing themes; v) defining

and naming themes; vi) producing the report (see *Appendix H* for full details of the process). A two-page transcript excerpt can be found in *Appendix I*, which shows how themes emerged.

Quality Assurance

While in quantitative research, reliability and validity are essential in evaluating the quality of a study, for qualitative studies the focus is methodological rigor and trustworthiness. Set out below is an evaluation of how this research will be measured for methodological rigor and the importance of researcher reflexivity.

Evolving Guidelines for Qualitative Research

In a set of guidelines developed to maximise rigor in published, qualitative research, Elliott et al., (1999) proposed seven credibility principles to measure against: (i) owning one's perspective (ii) situating the sample (iii) grounding in examples (iv) providing credibility checks (v) coherence (vi) accomplishing general vs. specific research tasks and (vii) resonating with readers.

These are the criteria that this study will be measured against in Chapter 4, to determine the quality of the overall findings. Full details of the guidelines including what the authors considered to be good and poor practice, can be found in *Appendix J.*

Reflexivity

Qualitative researchers are aware that "there is no one-way street between the researcher and the object of study; rather, the two affect each other mutually and continually in the course of the research process" (Alvesson & Sköldberg, 2018, p. 100). It is therefore necessary for the researcher to take on a reflexive stance. Berger (2015) defined reflexivity as

"the process of a continual internal dialogue and critical self-evaluation of researcher's positionality as well as active acknowledgement and explicit recognition that this position may affect the research process and outcome" (p. 220).

In addition to enhancing the credibility given to the research, a reflexive approach can also be an important tool in enhancing the researcher's own learning; both during and after the project (Watt, 2007).

Owning One's Perspective and Self-Reflexive Statement

The recommendation from Elliott et al., (1999) for qualitative researchers to be forthcoming with the theoretical and personal values underpinning their research, have been echoed by other authors who have addressed the necessity for transparency. It has been noted that there is a need to pay close attention to experiences, beliefs and biases, and consider how they may enhance and restrict the way the data are read, understood and analysed (Primeau, 2003; Willig, 2012).

I am a 34-year-old, white, British female. I went to university as a 'mature' student aged 22 and completed a four-year BSc in Psychology, followed by an MSc in Forensic Psychology. I worked for five years in the charitable sector and the NHS as both a research assistant and an assistant psychologist before I started my clinical psychology training in 2016. Prior to clinical training, my experience was primarily in learning disability and child and adolescent mental health services (CAMHS).

I have always lived in (Greater) London. Growing up, I lived in a house with both my parents and my older sister. I am currently married and have no children. I have never questioned or explored my gender identity and do not identify with a minority sexuality.

Throughout my adolescents and adulthood to date, I have been confident in these aspects of identity and they have remained relatively stable.

Living in and around London my whole life, I have always been surrounded by a vibrant and diverse population. I come from a somewhat liberal family who I believe would have supported me, regardless of how I identify. Similarly, my support network outside of my immediate family, the people I choose to spend time with, are liberal thinkers who often fight for the rights of others.

Other than being female, I am not part of any marginalised group and so I am aware that I hold a lot of privilege; white, heterosexual, cis gender, able-bodied. I have experienced being objectified, sexually harassed and somewhat marginalised through being a woman, but I have never personally experienced any serious prejudice, discrimination or feeling of difference from others.

I came to this project with no previous experiences of working with those who question and/or explore gender. In my clinical work, I have some experience of working with people who identify as LGBQ. It was my recognition of my own privilege in relation to my gender identity and sexuality that drew me to this exploration as I am placed within what are considered the 'social norms' and I can take this for granted. Having worked in a range of services I am aware of the benefits of having a strong support network, particularly for mental health and resilience. Therefore, I am left questioning what it is like for people who feel they must hide aspects of themselves in order to be accepted, be it within their own support network, or within wider society.

In recent years, social media has influenced my thinking, specifically in relation to marginalised groups. I choose to follow a range of activists, who are regularly posting about racism, homophobia, sexism and transphobia (and at times the intersections of these experiences). I believe that this has enhanced my thinking about people who do not hold the

same privileges as I do. However, I am also aware that although these activists' voices may be loud, they cannot represent the thinking and experiences of everyone within their communities. I therefore have to remind myself to be objective and take a critical stance, so that I can continue to consider the voices that are being heard less.

For this project, I was aware that taking an 'expert position' with participants would have been futile, as I have limited personal and professional experience of the topics that I was exploring with them. I also became aware of my own ability to speak in terms of cis gender and heterosexual 'norms'; meaning it was necessary to pay careful consideration to the language and phrasing I used to avoid ostracising the participants or damaging the trust they may have had in me. This was done with the help of my field supervisor from the GIDS.

It was important and necessary for me to hold my assumptions and biases in mind during the interviews, analysis and writing; in order that I could consider how they may have impacted my findings and how the data were presented.

Ethical considerations

Sampling

In the early stages, the plan for the project was to only include people who identified as LGBQ and had questioned their gender identity, not those who currently identified as transgender. However, it was recognised that it would be more inclusive to broaden this out and recruit anyone who identifies as LGBT+. Broadening the population would give a clearer picture of the potential intersection between gender and sexuality, from the perspective of a comprehensive sample who had explored both.

Anonymity

Prior to giving informed consent, participants were reassured that their data would be anonymised and nothing identifiable would be included in any reports or dissemination. All participants were therefore given a pseudonym and it was those that were used in the entirety of this report. Only the principle researcher and the research supervisors had access to the participants' identifiable information. Any direct quotes used in the results section were selected carefully so as not to reveal identifiable information provided by participants during interview.

Informed Consent

Potential participants were encouraged to confirm their interest in participating either by contacting the principle researcher directly or via the staff teams within the support groups. Once interest was confirmed, the principle researcher contacted participants over the phone to describe the study in full and give them the opportunity to ask any questions. If they were still willing to participate, an appointment was made to obtain informed consent and carry out the interview.

Prior to the interviews, an information sheet detailing the aims, procedure, details of anonymity and confidentiality, was sent to all potential participants - either by email or by post - to read before they met with the principle researcher. The participants were given an email address to contact the principle researcher on if they changed their mind or had any questions. Information sheets explained what taking part would entail, how much time would be taken up through participation and what reimbursement they would receive. The information sheets were sent in advance so that participants had at least 24 hours to consider the information prior to giving informed consent. All participants were made aware that

informed consent was a prerequisite for participation and that such consent would be given via a signed consent form.

For those who had chosen face-to-face interviews, prior to the interview taking place, all participants were given a detailed consent form to sign and another copy to keep. Where the participants had chosen to do their interview via Skype, the participants were given a stamped, addressed envelope to return the consent form in. The interviews were not conducted until the signed consent forms were received back by the principle researcher.

Confidentiality

Participants were reassured that their involvement in the study and what they said during interview would remain confidential. Interviews were recorded using an audio recorder and the data were stored on an encrypted, secure USB drive and were only accessible to the principle researcher and the research supervisors.

Participants were informed that if at any point during the process of their participation they said something that raised concerns about their own or another person's safety, the researchers must take steps to safeguard against this by working with relevant professionals such as safeguarding and emergency services. The participants signed agreement to this as part of their giving informed consent.

The face-to-face interviews were carried out in a comfortable room within the bases of the support groups. Using rooms within these bases meant that participants were able to talk freely about their experiences of gender identity and sexuality, without the concerns of being heard or interrupted that they may have had if they were being interviewed at home or in a more public setting. The researcher ensured that the interviews were carried out in a quiet room and that people outside the room were not be able to hear.

Interviews that were conducted via Skype were arranged at a convenient time for the participant, when they were not concerned about family members returning home or over hearing. Similarly, the researcher ensured that the interviews were at a time when they were able to fully attend to the interview sensitively and without interruption.

Right to Withdraw

Participants had a right to withdraw from the study at any time, regardless of whether their interview had been completed or not. Participants were reassured that withdrawing from the study or declining to participate after being given all the information, would not impact on their access to services, such as the LGBT+ support groups.

Data Storage

The data were stored on an encrypted, secure USB drive and were only be accessible to the principle researcher and supervisors. Hard copies of any documents, such as consent forms, were scanned and saved on the USB drive and then destroyed. Participants were informed that following completion of the study, the data would be stored for 5 years on both the encrypted USB device and a secure electronic drive at the university that only the supervisor can access.

Protection from Harm and Debriefing

Participants were a community-based sample and were not recruited via any mental health services. However, people who experience gender dysphoria or identify as LGBT+ have been shown to have higher rates of mental ill-health compared to the general population (Hepp, Kraemer, Schnyder, Miller & Delsignore, 2003; Liu & Mustanski, 2012). Therefore,

there was potential for some of the participants in this study to be in mental health services and be considered vulnerable.

Thought was given to excluding those with experience of mental illness, however, due to the high rates within these populations it was felt that not including these participants would not only restrict the potential eligibility pool considerably, but more importantly, it would impede the aim of the study to give a true reflection of the experiences of this population.

If any participants appeared distressed following the interview, a plan was in place to sign-post them to their GP, their local A&E department, or The Samaritans. Additionally, if participants appeared distressed before or during the interview, they were signposted to the same services as above or to support at the centre where the study was being carried out.

Financial Remuneration

Participants were offered a £10 gift voucher in appreciation of their participation in the study.

Risk

Although there were no perceived risks for taking part in this research, there were risk management strategies in place. As this was an adult community sample the participants of this study are not considered vulnerable in terms of their age, mental capacity, or mental health. However, they are a marginalised group who experience stigma and discrimination within society (Mustanski & Liu, 2013; Stutter & Perrin, 2016). Therefore, participants may have found it hard to talk about their experiences, particularly as the subject matter is of a sensitive nature and may include discussing challenging and emotive aspects of their life. In addition, people who identify as LGBT+ tend to show higher rates of psychiatric need compared to the general population (Liu & Mustanski, 2012; Renaud, Berlim, Begolli,

McGirr & Turecki, 2010) and so it was the responsibility of the researchers to ensure that the interviews were non-judgmental and validating.

The principle researcher ensured that all participants had the email address to contact the researchers and also gave all participants a phone number that they could call if they experienced any distress following the interview. Additionally, if participants appeared distressed on the day of the interview they were signposted to the previously mentioned services or to support at the centre where the study was carried out.

The face-to-face interviews were carried out in a comfortable room within the bases of the support groups. The interviews took place during business hours, to ensure the researcher could contact people within the charity bases if there was a need for support.

Ethical Review

The project proposal was subject to ethical review by the University of Essex Faculty Ethics Committee prior to the research being advertised anywhere. Approval was obtained in November 2017 (*Appendix K*).

Generalisability

The focus of this study is weaving together interview material, analysis and theory to gain insight into the experiences of this group of participants, to enhance the understanding of how gender and sexual identity may develop. It is not an aim of this study to apply the lived experiences of these participants to all people who have actively engaged with the categories of gender identity and sexuality.

Chapter 3: Findings

Participants

12 participants took part in the study. All but one of the potential participants who made contact to participate were recruited. The final person showed an initial interest but did not respond to subsequent communication attempts. With 12 participants, the study was already in the range of a medium research project (Braun & Clarke, 2013) and overall, did not meet the suggested criteria to aim for a large study (Baker & Edwards, 2012). Demographic characteristics of those who took part can be found in *Table 2* and are presented in the order in which the interviews were carried out.

Study Sample

The participants in the study ranged in age from 18 to 42 years old. All had spent their formative years in the UK, except one who grew up in the Republic of Ireland. Participants used a broad range of terms to define their gender and sexual identities and for some it was not easy to place themselves within a fixed category. Three participants had received support from services in relation to either their gender or sexual identity formation in childhood or adolescence. Half of the participants chose to do their interview in person and half chose to do it via Skype.

Table 2: *Participant Demographics*

	Age	Residing for formative years	Current gender (own words)	Gender assigned at birth	Pronouns	Current sexuality (own words)	Support from services	Interview medium
Joe	33	UK	Trans-masculine non-binary	Female	He/him/his	Bisexual or pansexual	No	Skype
Gina	28	UK	Female	Female	She/her/hers	Queer	Yes – therapist	Skype
Caroline	32	UK	Female / genderqueer	Female	She/her/hers	Bisexual	No	Skype
Megan	26	UK	Non-binary	Female	They/them/theirs	Bisexual	No	Face-to-face
Lizzie	37	UK	Female	Female	She/her/hers	Lesbian	No	Face-to-face
Dylan	42	UK	It would have to be male	Male	He/him/his	Not Straight	No	Face-to-face
Darrell	36	UK	Male or genderfluid	Male	He/him/his	Homosexual	Yes - counsellor	Face-to-face
Eddie	19	UK	Non-binary trans-masculine	Female	They/them/theirs	Gay	No	Skype
Pete	29	UK	Repressed transgender	Male	They/them/theirs	Attracted to men	Yes - psychologist	Skype
Jill	32	UK	Gender queer or gender non-binary	Female	She/her/hers	Pansexual/ Polyamory	No	Face-to-face
Ailis	31	Ireland	Up until a few weeks ago, Agender, now I am not sure	Female	She/her/hers	Pansexual	No	Face-to-face
Evan	18	UK	Man and transman simultaneously	Female	He/him/his	Queer or bisexual	No	Skype

Sexual Identity

None of the participants identified as heterosexual/straight. Some of the participants used binary language for their sexuality, such as Darrell who identified as homosexual. Others used broader terms such as queer or pansexual. Jill included polyamory in her description of her sexuality, as she said that some consider it an 'orientation', but also because she views it as an important part of her sexual identity. Joe, Dylan, Jill and Ailis were all married (Joe and Dylan were also parents) and Gina was planning her wedding at the time of interview. Megan was also in a long-term relationship.

Gender Identity

The study participants identified with a wide range of gender identities. Four participants, Joe, Megan, Eddie and Evan, had undergone some form of medical transition towards being either transgender, non-binary or both. One participant, Pete, was assigned male at birth and was just at the very start of their trans journey. At the time of interview Pete was beginning to explore options for people who wish to transition and was attending groups for people who identify as transgender. Joe had only recently re-started testosterone, having previously been taking it since his early 20's, as he took a break from the treatment in order to carry and give birth to his first child. The baby was 13 weeks old when Joe participated in the study.

Lizzie and Gina were the only two participants who fully identified with the gender that they had been assigned at birth. Although Dylan was assigned male at birth and identified as male at the start of the study, he was clear that this was due to a forced choice and a current lack of a better option. Dylan reported that if he could "flick a switch" to become female, he

would, but that he felt that at this stage in his life and taking his family into consideration, transition was not an option for him.

For Caroline, Darrell, Jill and Ailis, their gender identities and their relationship to these identities were not fixed. Caroline and to a lesser extent Darrell's, gender identity depended on how they felt on a given day. While both of them could at times feel comfortable with the gender assigned at birth, there were fluctuations and therefore they also identified as gender queer (Caroline) and gender fluid (Darrell). Jill and Ailis both described their gender identity as varying, based on the value that was being placed on it by the person asking. If that person viewed gender as important (and was likely to make assumptions about them based on this), they then identified as non-binary (Jill) and agender (Ailis).

Pronouns

Sometime after the interviews had taken place, participants were contacted and asked the pronouns that they wished to be used in the report. Eleven of the twelve participants responded to this question with their preference. Joe did not respond, but as part of his interview he did speak on this topic and state that he preferred 'he' and 'him'. Therefore, the preferred pronouns have been used in this report. Overall, three participants preferred 'they/them' pronouns, four preferred 'she/her' pronouns and four participants preferred 'he/him' pronouns.

Analysis

Thematic Analysis was used to draw themes and subthemes from the data, utilising the method described by Braun and Clarke (2006). The list of themes and associated subthemes can be found in *Table 3*.

Table 3: *Themes and Subthemes Drawn out from Data*

Themes	Subthemes
The Evolving Nature of a Sexual Being	"But like, loads of people have those experiences"
	"I related to the romantic side, but not the physical"
	"The word lesbian to describe myself, made me feel physically sick"
My Gender, My Way	"I wanted to hide the shape of my body"
	"I cannot tolerate having to justify my decision"
	"Maybe I'm just this kind of woman"
Where Sexuality Ends and Gender Begins	"For me it's all very blurry"
	"How could you possibly like men? You're so clearly a lesbian"
	"I wanted to be, as well as have"
	"I can't form a sincere connection with a person… that sees me even vaguely as being female"
	"Sex feels so vital in my acceptance of my gender"

The Evolving Nature of a Sexual Being

Participants spent time reflecting on their experiences of developing a sexual identity, right back to when they first became aware of themselves as sexual beings. As none of the participants identified as heterosexual, all of them were developing a minority sexual identity. It seems that the passage of time had afforded many participants opportunity to reflect on their sexual development and consider whether their experiences were typical or atypical. The first sub-theme "But like, loads of people have experiences like that" highlights how participants reflected on their development and tried to decipher whether experiences were related to sexual development in general, or to the development of their LGBQ identity.

Sexual development was not only (or in some cases, not at all) about sex or physical acts; it was about having intimate connections and romantic relationships with people. The section "I related to the romantic side, but not the physical" presents how some participants separated romantic and sexual connections.

Finally, a key part of forming a sexual identity for some participants, was the associated feelings of internalised homophobia. "The word lesbian to describe myself, made me feel physically sick" illustrates how this was experienced in this group and where the feelings were rooted.

"But like, loads of people have those experiences"

Participants were open about becoming aware of themselves as sexual beings. For most of them, this happened in early adolescence. Lizzie talked about her awakening to sexual feelings though exploration with a friend, in a safe and playful context. Lizzie remembered "me and this other girl used to like, give each other massages and then they'd get a little bit like, handsy basically". Lizzie was not the only one who had this type of experience:

> "I remember me and my friends going away for someone's birthday, so we must have been, I think it must have been turning 12, so I was probably still 11 at this point and we went away and then all ended up like, kissing" (Gina, 28, identifies as female)

For both Gina and Lizzie, the experiences occurred before they were aware of different types of attraction and sexuality, and at the time, they considered it to be simply girls exploring sexuality together. However, taking a retrospective look at these encounters left them both questioning whether this really was just exploration that is typical of many adolescent girls (such as the girls they were doing the exploring with), or whether these were early signs of their later sexual preference.

Similarly, Evan, who was assigned female at birth, remembers his first crush being his male best friend at school, prior to him identifying as trans. When reflecting on these feelings, Evan queried whether it really was a crush or something that came from a subconscious awareness of the expectation that as a boy-girl friendship dyad, romance should be on the horizon:

> "Because I at that point, you know, was identified as a girl and he was a boy, whether I kind of instinctively found that that needed to be something […] or whether there actually was something romantic or whether it was just platonic" (Evan, 18, identifies as man and transman)

Evan's experience demonstrates the powerful nature of heteronormativity; that in childhood Evan may have already been aware of a pressure to be attracted to someone of the 'opposite' gender, which he internalised and then began to act out. During their respective interviews Lizzie, Gina and Evan all engaged in a process of second-guessing their early experiences, with the benefit of hindsight, attempting to pinpoint what their younger selves were portraying in these encounters.

Although Dylan did not question his experiences in the same way, he did highlight a difference between his sexual identity and preferred sexual practice. Dylan identified his sexuality as "not straight" and contemplated whether he was aligned with a pansexual identity; viewing attraction as being about the "whole package" and not about "organs". However, he had experimented sexually with men prior to getting married and reported that these were experiences that he had not particularly enjoyed. Dylan expressed that being with men "doesn't really do anything" for him and that it is not something he would "go and pursue".

The examples presented highlight the ways that, for this group of people, complex aspects of sexual identity are not static and fixed. Throughout adulthood the process of constructing what sexuality means, reassessing where preferences lie and looking for early signs of those preferences in their younger selves has continued. Further, it seems that the understanding of sexuality formed in adolescence and/or young adulthood, was not necessarily the same understanding that remained for life.

"I related to the romantic side, but not the physical"

In discussing sexual identity and development, it was clear that for some this was not about sex necessarily; it was about attraction, companionship and closeness. Eddie, who prefers 'they/them' pronouns, spoke about this in relation to their gender transition. At time of interview, they were at an early stage in the medical transition, having only been on testosterone for 5 months. However, prior to transition, Eddie believed that they were asexual, as although they had experienced having crushes on people, it was never to the extent that they would want the relationship to become sexual. Eddie said, "I didn't necessarily want to, act on them or you know, it was very much just, I liked the person".

Although Eddie found it difficult to articulate the difference in feeling between a sexual attraction, a romantic crush and an intense friendship, for them there was a clear difference; “and it was definitely romantic. It like, it wasn’t, it was definitely not just a sort of friendship thing, it was definitely romantic, just nothing physical”. It seemed that there was something about the intimacy experienced in romantic relationships, that was over and above that experienced in a friendship, which was being sought; but without the physical intimacy that comes with a sexual relationship. At this point, Eddie was reflecting on a stage in their life where they were not physically presenting in a way that they identified with, which appears to have translated into a discomfort with being sexual with others.

Eddie described these romantic interests as ‘crushes’, which is also the word that Caroline used to describe her experiences. Caroline had identified herself as bisexual as her attraction to people was not “restricted to one gender”. However, like Eddie, she also considered herself to possibly be asexual, due to not wanting a physical relationship with partners. In adolescence it was almost like an additional layer of distance was necessary to make Caroline feel safe, so she tended to have these crushes on people she read about or saw in TV programmes. She explained “I definitely had crushes. I had crushes on fictional men, and I had crushes on fictional women as well”.

Caroline had a complex relationship with her body, but in a different way to Eddie. Caroline experienced physical abuse in adolescence, and she described every part of her life, except her sexuality, having been violated. With her body being the only “safe place” that she could retreat in to (as her home was unsafe), it was important to protect it from others. This meant that any sexual advances towards her were uncomfortable for her.

However, Caroline also experienced endometriosis, which caused her significant pain and heavy bleeding as part of menstruation. She felt let down by the body she had been given and described a “really quite resentful relationship” with her vagina. This meant that as an

adult, Caroline was seeking intimacy and comfort from relationships, outside of sex. Caroline stated that she was "not fully comfortable with the idea" of sex and would "much rather have a romantic partner"

While Caroline had struggled to find a romantic, but non-sexual relationship, Pete (who prefers 'they/them' pronouns) talked about having two past relationships like this. However, Pete, who was assigned male at birth but believes that they are in the wrong body, has only been able to establish this type of connection with men much older than them. Pete had not felt ready for sexual relationships and found that older men were "old-fashioned" and less focussed on "jumping into bed". Following a difficult and abusive childhood, these relationships were Pete's first experiences of feeling valued and respected:

> "And he used to sit there, he used to listen to everything I used to say. It was, it was, it was like, sort of like an old-fashioned type of romance really. It wasn't sort, and it was, there was no pressure, for any, you know any sexual" (Pete, 29, identifies as repressed transgender)

The experiences and reflections of Eddie, Caroline and Pete suggest that there was a link between the limitations they experienced in their bodies, either through the gender they had been assigned at birth or through medical complications, and their wish to avoid physical relationships. As Eddie began to transition, they found that their feelings towards sex started to change. However, both Caroline and Pete's difficulties with their bodies were ongoing and so too was their desire to avoid sexual relationships.

The reflections of these three participants also highlighted how they felt odd or 'other' for wanting to seek relationships with people where the focus is not on physical interactions. Prior to transitioning, Eddie had initiated relationships, but found that they had then fallen apart when the expectation for physical contact had surfaced. Caroline had not yet found such a relationship and had internalised it to mean that people were put off by her.

Pete had managed to find two relationships that worked in this way, both with men who were 40 years older than them. However, while talking about how special these relationships were, Pete also put themselves outside of the norm by saying "I wasn't really prepared to, you know, go with someone and jump into bed with them or anything like that, because I […] had so much heavy um, baggage to carry really. I know it's strange".

"The word lesbian to describe myself, made me feel physically sick"

Three participants, Gina, Lizzie and Darrell all discussed their experience of internalised homophobia, in relation to external influences that they had in their lives at the time. Lizzie's parents (in particular her mother) had always been open about their distaste for lesbians. In the family home when Lizzie was growing up, the word 'lesbian' had been used in place of things that were considered unattractive or lacking in humour. For Lizzie, this meant that as she came to realise she was attracted to other women, she was not only fearful of telling her family, but also disgusted with herself for feeling this way. She therefore entered into a period of trying to convince herself otherwise:

> "I just didn't want to be a lesbian. Like, that idea of like, that being me was so horrific. Like the idea of telling my parents that I was with a woman was just un, like, unthinkable. Like made me wanna, you know, throw up." (Lizzie, 37, identifies as female)

Darrell had also been exposed to cues from both his parents that homosexuality was not something that he should associate with. However, the somewhat minor negative comments from his parents did not seem to equate with the extent to which he "violently hated" homosexuals by the time he was a teenager. The realisation around this time that he was in fact, in his own words "homosexual" himself, led him on a long path of inner conflict. He was unable to get away from the thing that he hated so much, as he could not get away from

himself; which had serious implications for his mental health. Darrell explained “that made me feel, violently antagonistic to myself, that led to severe suicidal depression. Um, it was very difficult to resolve that”.

Although Darrell described feeling more comfortable with himself now, he had experienced few romantic relationships with others and none which he considered ‘successful’. He spoke in a way that suggested he had almost given up on the idea that he would find a relationship, or that he was deserving of one, stating that “it’s been difficult finding anyone interested in me so I’m, I think really I’ve probably given up on it”.

Religion was not was not a strong feature of Darrell’s life, but he described holding some beliefs that he felt contributed to the internal conflict, guilt and shame around his sexuality, further fuelling the internalised homophobia. This was also present in Gina’s story, as her family were closely linked to the church around the time that she was exploring her sexuality. However, for Gina, the impact of the church was more direct, as just when she was beginning to explore this aspect of her identity, she was told by a youth leader that being gay was akin to being a paedophile:

> “It took over me a little bit. And, and then I think, as I got older, merged with the complications of being brought up being told that being gay is linking to paedophilia and all of that stuff, I think the anger then became slightly more inward.” (Gina, 28, identifies as female)

Describing herself as an “angry teenager”, Gina began to direct that anger in on herself, (part of which was internalised homophobia), which led to ongoing difficulties with her mental health, including intrusive thoughts and anxiety.

Lizzie, Darrell and Gina all experienced periods of strain in their relationships with their parents after they told them about their sexuality. For Darrell this was a protracted period

over a number of years, which left him isolated at a time when he was already feeling different to his peers.

All three participants described long periods of conversations and arguments with their families before the difficulties were resolved. This was another process which potentially compounded the internalised homophobia, through the necessity of constantly seeking acceptance and understanding from those they were closest to. Both Darrell and Gina sought therapy in relation to their mental health difficulties, which enabled them to identify the links between those early comments, their views of themselves and their sexuality.

Joe's experience of internalised homophobia was different to other participants, as his did not reveal itself as he was developing his sexual identity, but when he became a parent to his daughter. After a number of years living as trans masculine, Joe had taken a break from testosterone to conceive and carry his daughter, meaning that he and his husband were her biological parents. However, since they both presented as male, Joe struggled with the understanding that people would not automatically know the circumstances and may well assume that one of them was not her biological parent:

> "I don't know whether it's an internalised homophobia, of worrying people will think I've damaged her because I've stolen her from her birthing parents. I realise that I am coming from that, from a, I guess it's a privilege because both me and my husband are related to my daughter, but it's almost like I want people to know that we are both related" (Joe, 33, identifies as trans masculine non-binary)

These concerns of Joe's were linked to a broader concern that as a transman, his role of giving birth to his daughter was invisible to the outside world. Many factors contributed to this, not least that in the current binary discourse, there is no word to identify a transman, who post-transition has carried and given birth to their child. For Joe, something was missing

in the way that the world would view him as a 'father' and not as a child-barer. While he acknowledged the hugely important role a father has, the qualitative difference to the person who has carried and given birth to the baby was vital for him, and yet in his case he felt he was invisible. This was a challenge that he was still in the process of working through at the time of interview.

My Gender, My Way

The 12 participants all differed in relation to where they were on their journey to forming a gender identity and there was a sense throughout that perhaps there was no 'final' destination for them to reach. Gender identity was associated with a degree of flux and transition by each participant. Some had been through periods of questioning, before becoming more comfortable with the gender they were assigned at birth and some had recently started the process of transitioning to a gender that they identified with. The subtheme "I wanted to hide the shape of my body" presents the ways in which participants' relationship to their gender was closely linked to their relationship with their bodies and physical appearance.

Another key theme was the experience of being subjected to invasive questions and discussions around various aspects of their gender identity and expression. This is presented in "I cannot tolerate having to justify my decision" in which participants reveal how they have hidden aspects of their identities in order to avoid such discussions. Finally, the section "Maybe I'm just this kind of woman" addresses the ways that the participants who identity, at least in part as female, have of making their gender identity work for them, which perhaps does not match with the societal expectation of 'women'.

"I wanted to hide the shape of my body"

All the participants, except for Lizzie, spoke about their gender in relation to their body and/or appearance. For some, it has been about coming to terms with unwanted feminine features, while for others the opposite was true and they were dealing with masculine features that felt incongruent to their identity. Relationships with the body and appearance were not only a product of their own internal identity formation, but also the societal expectations and 'norms' of how 'women' and 'men' should present.

Joe's relationship with his body was obviously very prevalent in his mind, as he was only 13 weeks post giving birth to his daughter. Joe, who was assigned female at birth, recognised that his journey of identifying as trans was not "stereotypical" from the outset, as he was never someone who went through childhood believing that they were born in the wrong body and first identified at trans in late adolescence/early adulthood. Becoming a parent has further consolidated Joe's view that his body is not 'wrong'; he is appreciative of what he has, as it enabled him to carry and give birth to his child.

When describing masculinity, Joe saw it as more of an internal feeling than an external presentation, therefore carrying his child did not make him feel any less masculine. He addressed this when he said "because I am […] masculine, you know, my cervix is masculine". That is, Joe views himself as a whole as masculine, therefore, so too are the individual parts of him. Like many birth parents, he is very proud of what his body has achieved.

However, Joe's relationship to his physical presentation was not all positive. As he was beginning to transition, he worked hard to conceal his breasts and so underwent top surgery when this was available to him. Now that Joe is a parent his relationship to his former chest has changed and he has found it difficult that he cannot provide milk for his baby, saying "I've mourned that I can't feed my child". It seems from hearing Joe talk, that with each new

stage he arrives at in his life post-transition, he finds great beauty, along with a set of new challenges.

Megan, who prefers ‘they/them’ pronouns, has also had top surgery as a way of moving closer to the non-binary gender they identify with. Megan was already someone who had short hair and chose not to wear make-up, meaning that their physical appearance was not going to change a great deal as a result of being non-binary. However, while the surgery on their chest was a necessity for them, it also forced them into a position of having to ‘come out’ to others about their gender, which potentially they would not have chosen to do. They said “I think otherwise, I told my boyfriend, um, and I think I would’ve probably told some close friends and stuff, but, I definitely wouldn’t have told my parents, if I wasn’t going to get top surgery”.

Gina identified as female, but had questioned her gender identity in adolescence, at least in part due to the relationship she had with her chest. Gina considered herself to be “tomboy” in childhood and adolescence, mostly spending time with males. However, she became aware of her feminine body when she was told by her parents that it was time for her to stop running around with no top on, as her (male identifying) friends did. For Gina, not only did this separate her from the friends spent time with, but it also gave a message that her body was something to be ashamed of and needed to be covered up. In her words “by them trying to, you know, make me fit into society, I think put a lot of shame on my body”.

This experience served as a doubled-edged sword with a lasting impact for Gina. The message that her body is something that she needed to cover or hide away, meant that even in contexts where it may be considered socially appropriate, Gina lacked the confidence to be topless in front of others. Additionally, setting her apart from her male friends in this embodied way, left her with the task of trying to establish what it is to be a ‘woman’ and

what this meant for her place in the world. Gina's relationship with her body continues to evolve:

> "Um, and I think for me that's […] I, I don't believe that I'm in a position, cause I don't hate my body, I'd love to be able to walk around topless, but not to the extent that I want to have top surgery" (Gina, 28, identifies as female)

Difficulty with the feminine parts of their bodies were also experienced by Caroline and Jill. Both of them had medical conditions which made menstruation difficult to manage and in turn became resentful of the bodies they had been given. For both Caroline and Jill, who were already experiencing discomfort around aspects of their identities, this made developing a gender identity in line with what they saw as the prescribed 'female' role, more of a challenge.

Caroline specifically struggled with having a vagina. A struggle which became more embedded as she grew older and learnt that women are often put at risk – for example through sexual assault – as a result of their genitals. Therefore, not only was she carrying a body part that she did not like or appreciate, this body part also put her at increased risk within society. Caroline explained "I basically like being a woman, I hate having a vagina".

This is something that Caroline continues to struggle with and impacts on her ability to have relationships with others, potentially leading to a vicious cycle. The negative impact increases her resentment of this part of her body, thereby making it more difficult to resolve, which in turn continues to affect how she forms relationships, which causes further resentment.

Jill's conflicted relationship with her body started at a young age, when, as a four-year-old ballet dancer she received critiques about her weight and body shape. The ripple effect of this throughout Jill's life not only impacted on her relationship with her body and appearance, but also her ability to form friendships with other women. Jill described often feeling like she

was being judged by women and that she was not "performing feminine" well enough by their standards.

Jill was angered by her experience of menstruation and felt that her struggle was a reflection of the patriarchal society that we live in:

> "When I was already not feeling hugely socially comfortable as female, to have something that was a bodily experience that was definitely female that I felt so betrayed by. And I always thought that if men had periods, there would be a cure for that now" (Jill, 32, identifies as genderqueer or non-binary)

Her discomfort with what is socially considered a natural part of female life played a role in Jill believing that she may be trans, as menstruation did not feel tolerable. It also set her further apart from her female peers, as it was difficult for her to understand why they could accept this as a regular feature of life, leading her to believe that the 'issue' was in her.

Dylan had similar experiences regarding his body but for him, his struggle was with his masculine features. Dylan, who was part of an alternative music scene, had previously worn his wife's dresses and make-up when they went out, which afforded him a sense of freedom and comfort that he did not otherwise experience:

> "I hate what I look like. I hate everything about myself. Like I, like I got hairy, really hairy arms and I shave them all the time. I just don't like the body I've got. I hate it. But then like, when I do the transformations like all the make-up, have a shave and all the make-up goes on and foundations on like, put a bit of eye-liner on, you can see the change." (Dylan, 42, identifies as male)

Despite being on the receiving end of homophobic comments when he was in dresses, Dylan still felt good when he was presenting this way. However, he stopped his

transformations when his young daughter had shown signs of confusion by them. Yet the desire to dress and be seen in a feminine way remained, pushing Dylan to have an almost secret life. When his daughter (who is now in early adolescence) and his wife go away, Dylan transforms and lives as a woman for as long as he can without them knowing. Dylan constantly balances the strong desire he has to present in this way, with the concern that he has about hiding this from his family who he loves and who at some point, may find out.

Ailis has also found it difficult to accept some masculine features of her appearance; specifically, the facial hair she developed when she was in early adolescence. For most of her life, Ailis felt huge shame around her facial hair and thought it necessary to pluck and trim it, to fit in with the accepted 'norm' of women not having facial hair. Throughout her adolescence, in what she described as a "heavily-gendered" household, her mother and sister would keep checks on the hair, letting her know when it needed cutting.

While Ailis is aware that her family were trying to look out for her, the message about this not being acceptable was clear, propelling the shame and a wish for it to be different. Ailis was very self-conscious about the facial hair for most of her adult life (to date), and would never allow people to touch her chin, even when she was in a trusting relationship:

> "Um, so yeah, tweezed everything and I didn't like anyone to touch my chin. No one was allowed to touch my chin. [Wife] who I'm now married to, I think we were together for over a year, before she could kiss me on the chin" (Ailis, 31, currently unsure about gender identity)

Ailis described never really feeling like a 'woman' and being uncomfortable with the label for a long time, so it is interesting that her facial hair was almost, too masculine for her. Several of these examples from the data give an insight into the conflict that the participants experienced, of both managing the internal feelings they had about their bodies and gender identity, along with the external expectations that society held for how they should look. For

many, it seems that the two influences are equally strong and therefore they are constantly having to make compromises in how they present.

"I cannot tolerate having to justify my decision"

A number of the participants had often experienced people, both those they know and complete strangers, asking them insensitive, invasive and disrespectful questions, or making uncomfortable comments about their gender presentation. For some, this resulted in feeling like they had to hide certain aspects of themselves in order to avoid awkward conversations.

A particular challenge to those participants who identified as non-binary, was around the use of pronouns. Both Megan and Eddie spoke about their preference for 'they'/'their' pronouns, as 'he'/'she' pronouns did not fit for them and made them uncomfortable. However, because 'they' pronouns are outside of the societal norm, using them means that these participants risk drawing unwanted attention and intrusive questions. This led to the potential of having to have personal conversations about their gender with people that they barely know:

> "And I don't really want to have to talk about my gender all the time, so, say for example with some friends, in front, like in a restaurant or something, they'd be like "oh they'd like", automatically refer to me as 'they' and I was like, actually, I don't like that." (Megan, 26, identifies as non-binary)

Prior to exploring their gender identity, Eddie experienced intense social anxiety. As a result of this, they were very focussed on not drawing any kind of attention to themselves, to the extent that they would avoid changing their appearance or hair throughout adolescence. While the realisation that they were trans was challenging, being seen as female (the gender they were assigned at birth) was even more uncomfortable. Which meant drawing attention to

themselves in the course of the significant change in their presentation, along with the unsolicited conversations that came with it. Now that the transition has begun, Eddie has settled on being viewed as a 'he' rather than 'they', as it means that they can avoid further uncomfortable discussions they may otherwise face:

> "Kind of, having to have that conversation with every stranger that you meet and potentially them being like "that's not a real thing" […] That's very, I just don't want to have to deal with that […] I'm comfortable enough with being seen as male" (Eddie, 19, identifies as non-binary trans masculine)

Both Megan and Joe had also experienced people asking them personal questions about their bodies. Megan reported that once they have told people about their top surgery, it becomes "fair game" to ask about other parts of their body and what changes they have made or plan to make, particularly in relation to genitals. Megan's experience of this was somewhat limited, but this was a very familiar part of Joe's life; people he barely knew asking him about his genitals. Joe described this as not just an uncomfortable experience, but a total violation.

As Megan noted, people who identify as LGBQ often have to say things that straight people "don't have to say" and the same applies to those outside of gender 'norms'. A recurrent sentiment from the experiences of the participants who had "come out" in respect of both sexuality and gender was that in our current society, heterosexuality and binary genders are still assumed. This led to those who are outside of these 'norms' having to reveal themselves in a way that the general population do not.

For Joe, this expectation from others to access to such personal information was linked to power dynamics. However, privilege also plays a role; those who hold the power of heteronormative or cis gender privilege, often do not consider the impact of asking such

questions to those without those privileges. If the situation were to be reversed and a cis gender person was asked about their genitals by a stranger, it is hard to conceive that this would be construed as anything other than the violation that Joe described.

"Maybe I'm just this kind of woman"

A lot of the discussions naturally focussed on the meaning of gender and in particular, what it means to be a woman; both personally and in today's society. There were many elements to this discussion, including the lack of female role-models and under-representation of women throughout. As presented above, this was something that Gina had had to start to make sense of as she entered puberty and became different from her male-presenting friends, with the need to cover up certain parts of her body.

Caroline, Jill and Ailis all discussed the impact of men viewing them as something to be pursued or seduced. All three recalled experiences of interactions which - from their perspective - were friendly and platonic, but quickly switched into attempts to have sex with them. These situations had been damaging and left the participants feeling let-down and/or hurt, with a view that the men involved had a sense of entitlement over their bodies. Caroline interpreted it as "I was female and therefore I was something to be fucked". For Ailis, this experience in adulthood was also coupled with traumatic experiences of unwanted sexual contact in childhood.

For Lizzie, the male sense of entitlement was either born out of, or associated with, the available representations of women in the media. From a young age Lizzie was overwhelmed with beliefs that women were there to look good, to be appreciated only for their appearance and to be a prize for successful men. Moreover, that the only people who ever did anything worthy of recognition were men and generally, women were simply not as good. These

thoughts were damaging for Lizzie and she was left understanding that her options in life were severely limited, as she could see “that anyone who did anything, was a man”.

Further, Lizzie, Caroline, Ailis and Jill all described a sense of disappointment with the lack of females they saw as people to look up to. Jill was disheartened when she said it was “messed up” that all the people she had looked up to were men. Caroline was also unable to “think of any inspirational women that were talked about in the media”.

Interestingly, this resulted in Caroline, Lizzie and Jill all looking to effeminate men, such as David Bowie and Frank-N-Furter from the Rocky Horror Picture Show, as role-models. Jill explained “I can’t think of a female role-model that I had growing up. But I had all these queer men in my head”. Although it was not articulated this way by participants, there was something about these men, who were stepping outside of gender norms, that was appealing – and identifiable - to this group. As Lizzie started to learn about feminism, she recognised that perhaps the lack of women which had so impacted her views on what women could achieve, was a result of them being “blocked out” rather than simply not existing.

Over time, these participants began asking questions and challenging the dominant ideas of femininity. Whether it was through working in a primarily male environment, like Jill, enjoying promiscuity (without assuming the role of “the whore”), like Lizzie or embracing facial hair, like Ailis, this group of participants have fought against the feminine role that they believed was being prescribed to them. Ailis addressed this when she said “it could be that I’ve rejected femininity because I didn’t like the versions of it offered to me”.

Gina, Caroline, Lizzie, Ailis and Jill have all come to accept aspects of their feminine identity, using the pronouns of ‘she’ and ‘her’. However, for all of them it has not been about accepting the role of ‘female’ that their families, the media or society had laid out for them through gender roles and representation (or lack thereof), but by establishing the aspects that work for them and the aspects that can be discarded:

> "Yes I am female, but that doesn't mean I have to be feminine all the time […] And if I'm not feminine all the time, I can still be feminine sometimes, and that doesn't negate all that time that I wasn't feminine" (Joy, 32, identifies as gender queer or gender non-binary)

Where Gender Ends and Sexuality Begins

Throughout the data, participants identified many ways that their gender and sexual identities may intersect, overlap or be connected. At times, participants were deliberately attempting to find links between these two parts of their identity, but there were also occasions where participants made connections between gender and sexuality insentiently. The subtheme "For me it's all very blurry" highlights the difficulty that participants had in separating what is gender, what is sexual identity and how at times the lines can become blurred. This is followed with the subtheme "How could you possibly like men? You're so clearly a lesbian"; which presents the experiences some participants shared of their sexual identity being assumed by others, based on gender presentation.

As none of the participants identified as heterosexual, they all experienced some form of same-sex attraction. Therefore, in the subtheme "I wanted to be, as well as have", several participants reflected on feeling both an attraction to, and envy of, the same person and the feelings of confusion or distress that can come with this experience.

Finally, the intersection of gender and sexual identity is explored via the ways in which the participants viewed that one can influence the other; "I can't form a sincere connection with a person… that sees me even vaguely as being female" and "sex feels so vital in my acceptance of my gender".

"For me it's all very blurry"

The majority of the participants spoke about there being a link between their sexuality and their gender, while also finding it difficult to articulate what the link may be; almost as if there was an enigmatic thread that binds them together, causing the boundaries to be blurred or overlap. This was highlighted by Megan, who was assigned female at birth and now identifies as non-binary. They noted that if someone chooses to medically change aspects of their body – in line with a gender identity that was not assigned at birth - the parts of the body that change, are predominantly those which are used in sex. While there are other, non-sexual aspects of the body that change with hormones (such as losing or gaining facial hair or widening hips), surgical procedures are primarily on sexual organs. Therefore, although for Megan gender and sexuality are not "defined by genitals", there is a clear anatomical link between those two parts of identity.

Megan went on to address another way in which gender and sexuality can be entwined; through the impact that their own evolving gender identity and expression has on their current and possible future relationships. Megan believes that since having top surgery and cutting their hair short, they are now less "conventionally attractive" than they were previously, which has impacted on the relationship they have been in since before they identified as non-binary. This is something that Megan has thought of in relation to their future and if they were ever to split up with their partner:

> "And I very much think like, if me and [boyfriend] split up, I'd probably just look for women, cause I kind of feel like […] say if I went on Tinder or something, and I wanted to match with men, I feel like very few cis, straight men would want to match with me" (Megan, 26, identifies as non-binary)

It is apparent that Megan believes that their aesthetic is now more suited to lesbian/bisexual/queer women than it is to heterosexual men; in line with the stereotypes that heterosexual men are attracted to femininity and queer women would perhaps be physically attracted to a more masculine presentation. This is another example of the power of hetero- and cis gender normativity, as Megan is speaking as an object of the gaze, rather than considering what they find attractive and who they would like to date. This also highlights that although their sexuality has not changed as a result of their gender identity, it has changed who they believe they may be able to form sexual relationships with, in the future.

Lizzie also identified the way that gender and sexual identities can be blurred, when thinking about a couple that she is friends with who had both always identified as lesbian until one transitioned to a transgender male. For Lizzie, the challenge was figuring out how the person who is not transitioning should now identify. From Lizzie's perspective, their partner's transition did not make this person heterosexual, but being in a relationship with a trans man also meant that they were no longer a lesbian. Lizzie considered; "so, it's kind of like that woman has been a lesbian her whole life and then, is now going out with a man […] But she's not really straight".

In some interviews, the blurred lines were inadvertently highlighted when participants were asked about one aspect of their identity (either sexuality or gender) but answered the question as if it was relating to the other aspect. For example, Pete was asked about their sexual identity and responded, "I'm sort of still repressed in my sexuality really […] transgender, repressed transgender". Similarly, Darrell was asked about his sexuality and his response was "my sexuality, at the moment [...] I'd probably default to saying male". These examples highlight how challenging it was at times for participants to separate the two identities in their own minds, particularly when trying to define them.

Darrell was actually one of the few participants who reported that he did not view his sexual and gender identities as being linked or influential of each other. He did, however, describe a way in which the two may be linked for other people. Darrell theorised about why lots of gay men present as 'camp':

> "That makes it much more difficult when you're […] you're not heterosexual. You immediately don't fit in to those categories, immediately the way you're expected to behave, expected to feel about your sexual orientation, how you see yourself gets thrown into question. You have no easy category to jump into. I think that's why so many gay men are camp. They don't start off camp, they learn. They learn, it's an act, it becomes an affectation for so many of them." (Darrell, 36, identifies as male or gender fluid)

Darrell felt that gay men quickly learn that they do not fit with heterosexual men; they are automatically different and 'other'. Therefore, many gay men move towards women as a group within which they will be accepted and in turn, become more effeminate as a way to fit with women and distance themselves from the group that they have been excluded from. This is a further example of how gender identity and sexual identity can influence one another, as it is the sexuality of these men that indirectly stimulates a change in their gender expression.

Evan felt that many trans people - before they identify as trans - are aware of themselves as being different and therefore may look to their sexuality to explain this. He noted "there's clearly something up, as so you jump to thinking am I gay, am I bi?" Evan suggests that due to the proximity of gender and sexuality (in how they are considered and felt internally), most trans people naturally question their sexuality at some point. However, they are also situated in close proximity externally, through being clustered into one group (LGBT+), which provides opportunity for trans people to spend time with those who are exploring their sexuality and be influenced to do the same.

"How could you possibly like men? You're so clearly a lesbian"

The participants provided a real sense of the assumptions that are made by others about their sexual identity as a result of their gender identity and expression. In particular, this was noted for 'butch' or masculine women, who are often assumed to be lesbian or for effeminate men, who similarly, are assumed to be gay.

Pete, who was assigned male at birth and was just starting on their exploration of a trans identity by attending trans support groups, could relate to this experience of being effeminate in childhood and people automatically assuming that they were gay. Although Pete is attracted to males, their femininity had a much deeper meaning than merely reflecting their sexuality.

Pete was clear from a young age that they had been born into the "wrong body" and was the only participant who had received support from mental health services in childhood for what at the time was called 'gender identity disorder'. However, their family was not accepting or validating of this experience:

> "Well, my sister thinks it's all nonsense, you know. That I'm homosexual. They're saying, you know, there's no such thing as someone having been born in a you know […] erm you know, having a different sex than what you're born with" (Pete, 29, identifies as repressed transgender)

Megan, who identified as non-binary and was in a long-term relationship with a male, noted "you've got kind of stereotypes of when people, people assume that […] gender non-conformity equals sexual non-conformity". Megan discussed this in relation to the impact of people assuming that they are a lesbian. Megan has experienced people openly conveying confusion over their gender expression, informing them that they have the appearance of a

lesbian. This is something that both Megan and their partner has found difficult to tolerate. Assumptions being made about Megan's sexual identity based on their presentation, suggests that incorrect or unfair postulations and judgements are being made about their partner and relationship too.

Prior to identifying as trans, Evan, who was assigned female at birth, had been perceived by others to be a very masculine female and as a result of this, people had assumed Evan to be a lesbian. As an adolescent, Evan began to internalise this and put pressure on herself (this pronoun used because at the time, Evan was identified as female) to like other girls, despite being primarily attracted to males. Evan described having thoughts such as "why do I dress like this and look like this? And why am I so masculine? Like, obviously I should like girls".

However, assumptions about sexuality also had a positive outcome for Evan; when he came out as trans and continued to be attracted to men (therefore identifying his sexuality as queer), he did not feel concerned about 'coming out'. When he presented as female, everyone had assumed that he was gay (or lesbian, at the time) anyway. Evan said "because people assumed I was lesbian, they, it, it was not like a, you know, a shock horror moment for me" and that from society's view point "a trans man is just a lesbian with bells on" anyway.

Jill found that the assumptions made about her based on her gender expression were incredibly frustrating. Working in a male-dominated environment, her ability to perform in the physically demanding role was already subject to conjecture, but having hairy legs encouraged a different type of speculation from colleagues:

> "And it doesn't stop them treating me differently. People make an assumption about you, if you are a woman, on a truck in this industry, with your hairy legs […] Mainly that I am going to be vehemently vocal on my feminism and lesbian tendencies" (Jill, 32, identifies as gender queer or gender non-binary)

Therefore, Jill's experience was not only of battling against being seen as too feminine for her chosen career (by virtue of being a woman), but she was also coming up against the judgements made about her for not being feminine enough, compared to the societal expectation (or the expectation of the men she worked with) of how women should present. Jill's interpretation of her experiences at work suggest that the men she was working with wanted her to both have the strength and stamina of a male, along with all the socially expected 'prettiness' of a female.

Gina highlighted that assumptions about a person's gender identity can be just as unhelpful as the assumptions made about their sexual identity. The conflation of these two parts of identity being a contributor to the wider issue of what she called "TERFs" (trans-exclusionary radical feminists; a commonly used name for the subset of feminism that refutes the inclusion of transwomen within feminist interests). Gina referenced women who have always been known as "the dyke on the block" later coming out as trans. As this has become more common, radical feminists argue that this is causing a "dyke erasure". Gina explained "now you're not a dyke, you're now […] a trans man and actually some people don't feel like that". It appears that whether or not the person identifies as a different gender, they are being given this label, almost as though simply being a "dyke" is no longer valid. Such assumptions are causing conflict between the two social groups, where each perceives the other as not validating their experience (or existence).

"I wanted to be, as well as have"

An important link between gender identity and sexuality identified by the participants, was the experience of being both attracted to, and envious of, the appearance of the same person. Caroline experienced this from a young age, with her love of Disney princesses. While lots of children adore and envy the princesses, Caroline said she was unsure *how* she

loved them and at times was aware of not necessarily wanting to be a princess herself but wanting to have one of her own.

Dylan shared a similar experience, describing how he loved women "for everything that they are". He described the envy he had for the appearance and expression of women (clothes, hair, make-up), while also being very attracted to them. Notably, Dylan identified his internal gender identity as female, but in contrast said that "sexually, I am kind of male". Here it seems Dylan is talking about the heteronormative stereotype that men find women (and femininity) very desirable.

Dylan spoke about developing an interest in clothes and aesthetics that are typically 'female' in childhood, when he would put on his mum's clothes and make-up when she was not home. Back then, Dylan made sense of this as being more about his attraction to women than his gender identity:

> "When I was dressing up and wearing like, all that stuff, I, when I was younger, I thought I was doing that because I wanted to be more like what I was attracted to […] and then I figured out that wasn't the case, I just liked it." (Dylan, 42, identifies as male)

Eddie spoke in-depth about the experience of their attraction to someone who is male-presenting, almost always being coupled with wanting to look like them. However, Eddie experienced more than just envy; they described this experience as really heightening their gender dysphoria at times:

> "Very, very commonly, if I find someone attractive, I will also then start, like to feel kind of dysphoric, cause if I, if they are attractive, I will think that is an attractive man […] I can never be that, sort of thing" (Eddie, 19, identifies as non-binary trans-masculine).

Eddie confirmed that they can often wish that they looked like someone presenting as male, without being attracted to them, but when the attraction is there, so too is the dysphoria. Consequently, while an attraction is often seen as a positive thing, for Eddie there is a negative element to it and they find it hard to separate the two responses, saying "the two, sort of, sides of my identity are very linked there".

Both Lizzie and Ailis shared accounts of being attracted to people and envious of them at the same time. For Ailis, this came before she was aware of herself as a sexual being; she recalled being an adolescent and looking at a woman, admiring her body and wishing her own was like it. A few years passed before Ailis was able to recognise that actually, her response had also been rooted in desire and attraction to this person.

Lizzie described a similar experience with the first woman she fell in love with. The woman had a partner and Lizzie saw them both as "beautiful, really cool, […] kind of artists". This was the first time Lizzie saw an example of a lesbian that she could identify with or aspire to be like, while also finding those particular women very sexually attractive.

These experiences of the participants demonstrate how gender and sexual identity can be perhaps even more closely linked, when the gender a person is attracted to is also the gender that they identify with. The emotions that are brought up can be challenging, as they can include both lust and envy towards the same person.

"I can't form a sincere connection with a person… that sees me even vaguely as being female"

The participants commonly linked gender identity and sexuality in the view that the former is often necessary for the latter. Eddie and Evan were both assigned female at birth and had both recently started on testosterone to move closer to the gender they identify with. Both had experiences of their sexuality not fitting or making sense to them, until they were

able to view the world through the lens of their identified gender. Prior to transitioning, Eddie had only ever experienced romantic attraction to people, with no sexual desire. However, this began to change as Eddie started to transition and become more aligned with their identified gender:

> "My theory for it is, that it's just kind of like, you know, I wasn't really relating to my own attraction. That I was seeing it as me, a girl, attracted to other people. But once I started to see it as me, a guy, attracted to other guys, then, I related to my own attraction and started to work in my own head" (Eddie, 19, identifies as non-binary trans-masculine)

Eddie went on to say that it was like their sexuality did not function properly in their brain, until they were looking at it from "the right perspective". The more they were able to see themselves as a masculine person, the more they were able to identify sexual feelings in themselves that they had not felt before. Although Eddie is still at a stage where they are not ready to act on sexual feelings, there was a sense of relief over this development.

Evan described a situation before his transition, when he was identified as female, involving a male that he (she, at the time) was attracted to and had been developing a relationship with. When the male asked if the then female-presenting Evan wanted to be his girlfriend, all the feelings for that person immediately dropped away. In Evan's words, "the magic was lost". At the time, Evan had not been able to connect this to his gender, as he was not yet in a position where he understood this side of his identity.

On reflection, Evan recognised that being perceived as female by someone that he was close to, immediately blocked any further development of the relationship. At the time of interview, Evan was in a place where he was becoming more comfortable in his identity and was ready to start exploring relationships with others after "a very long time" of not doing so, which he felt good about.

Joe discussed identifying as a lesbian in adolescence, before he had transitioned to his trans-masculine identity. In Joe's experience, being a lesbian was more than just sexuality; it was a community that shared experiences and an understanding of each other. When his gender identity changed and he could no longer identify as a lesbian (as this word specifically relates to women who are sexually attracted to other women), Joe found himself losing the community that he had valued being a part of. While Joe no longer wanted to be viewed as female, the impact of no longer being part of that group was a loss he continued to feel.

Caroline also addressed how important gender identity is for sexuality, using the example of a transgender porn star. The person in question was assigned female at birth and then transitioned to a masculine presentation. They (this pronoun is used as it is not known how they describe their gender identity) have many tattoos, facial hair, a muscly body and according to Caroline, are "the burliest dude you'll ever lay eyes on". However, this person has not had genital surgery.

Caroline discussed the ongoing debate about what watching the work of this particular person means about the sexuality of the viewer. Some heterosexual men would say that due to the female genitalia, enjoying watching does not impinge upon their own sexuality in any way. Some gay men would say that as the star presents as male, enjoying watching does not have a bearing on their own sexuality, despite the female genitalia. Caroline raised this point to show that overall, it does not really matter as long as the attraction is there. However, this example also highlights that when the gender of a person is ambiguous, potentially so too is the sexual identity of those who are attracted to them, because many categories of sexuality rely heavily on the gender identity of the object of attraction.

"Sex feels so vital in my acceptance of my gender"

Participants also spoke about how their sexuality has and/or continues to influence their gender. Jill found that all of her "breakthroughs" in relation to her gender identity were "a result of sex". She explained "my perception of myself as a sexual creature, does impact my perception of myself as a gendered creature". Elaborating on this further, Jill described how exploring and learning to enjoy her sexuality, changed her relationship with the parts of her body she had previously felt let down by and resented. Pleasurable sex revealed the "nice things" these body parts could do for her, showing Jill that her genitals were not just a burden that made her life difficult every month:

> "She seems to really enjoy my female parts and I enjoy her female parts, so it, it didn't feel like anything was missing, it didn't feel like anything was kind of, disgusting. It made such a difference, to my mental health" (Jill, 32, identifies as gender queer or gender non-binary)

While Jill's views of her body and gender had already began to change, her gender identity further developed when she met her now wife. Until then Jill had been questioning whether she was trans; but her wife revealed ways that she could be a 'woman' without conforming to societal expectations (working in a male dominated environment, not shaving parts of her body).

Lizzie also recognised that her sexual identity development helped her with her turbulent relationship with her gender identity. Having been so overwhelmed by negative feelings about being female since childhood, identifying as a lesbian helped Lizzie see what women are, which was quite different to how she had perceived them before. When discussing how she was more comfortable as a woman now and why that is, Lizzie remarked:

> "I don't know, just kind of, becoming happier about myself and believing that I can do the things that I wanna do with my life as a woman. And, I think, also kind of, maybe realising I was gay and loving other women, showed me another way of being a woman that I value." (Lizzie, 37, identifies as female)

Ailis addressed this link between sexuality and gender, stating that gender can be dependent on the kind of sex that's being had. In her current relationships (Ailis is poly amorous), her partners are attracted to the features of hers that would be considered more 'masculine' and therefore, she expresses these parts of herself more. This has helped Ailis to be able to accept her facial hair and stop plucking her beard; her facial hair is no longer just tolerated, but really appreciated.

Jill, Lizzie and Ailis all found that being attractive, and attracted to others, influenced how they saw themselves. Ailis was almost embarrassed admitting this and called herself "superficial". However, these participants had struggled to find their place in the world and Jill and Ailis in particular perceived themselves as odd and not fitting in. Perhaps unsurprisingly, as relational beings, it was acceptance from others that removed some of the negative thoughts they had of themselves and brought to their attention the value that they held.

Chapter 4: Discussion

Overview

This chapter provides a summary and review of the findings and relates them to previous literature, as presented in Chapter 1. The study is then critically appraised, with strengths and limitations presented, along with the clinical implications of the findings. The chapter concludes with personal reflections of the research journey.

Summary of Findings

The broad aim of the study was to examine how gender and sexual identities develop and intersect, from the perspective of people who have engaged with exploration of both. The method of TA presented by Braun & Clarke (2006) was utilised to draw out three themes and eleven subthemes.

When participants spoke of exploring and developing both identities, it became apparent that there were key experiences they shared. The development of their sexuality was presented as an evolving process, which for many was ongoing and continued to raise questions. For some, there was an element of 'coming to terms' with their sexuality, preceded by internalised homophobia rooted in both internal and external influences. For others, development of gender identity was an individualised process concentrated on finding the aspects of their gender that were acceptable to them and rejecting those that were not. This meant that some participants had transitioned away from the gender assigned at birth while others had developed a gender identity that was not socially 'prescribed', but rather was fitting within their own values and comfort zone.

There were also a number of intersections between gender and sexual identity for participants; almost as if it was difficult for them to clearly pinpoint where gender began, and

sexuality ended. Just the proximity of these parts of identity, which was discussed by participants from different perspectives, can influence how they become conflated and/or confused. One clear proximal link was anatomical; the body parts associated with gender identity are the same body parts that are used in sexuality. Additionally, gender and sexuality are linked by being placed within the same social category; those who do not hold cis gender and/or hetero normative privilege are placed together within one group, forming the 'LGBT+' community.

For some participants, establishing a gender identity that really felt congruent meant that they were able to find comfort in their sexuality, where such comfort had previously been missing. For other participants this relationship was inverted, and they were able to use their sexual exploration as way of better understanding their gender identity.

The Evolving Nature of a Sexual Being

The participants in the study were varying in age and were at different life stages; some were just starting university, others were just starting families. Some were in long-term relationships and some were yet to have relationships. The thread that ran through all their stories was that their sexuality was evolving and developing, even as they were moving through their adult life. This finding is fitting with the arguments of queer theory that sexual identity is more fluid and unstable than just the heterosexual-homosexual binary that has dominated previous sexual discourses (Cohen, 1997; Jackson, 2006).

The evolution of sexuality as it is understood today has been replicated in the language that surrounds it and this was reflected in the present study; only three of the twelve participants stuck to more traditional and binary language, using terms such as 'lesbian', 'bisexual' and 'homosexual'. All other participants identified with some other identity, mirroring what has previously been observed in the LGBQ community of moving towards

broader terms such as ‘queer’ and ‘pansexual’ (Callis, 2014). In particular, the term ‘homosexual’, due to its associations with the historical pathologizing of those to which it was applied, is seldom used within more progressive LGBT+ communities (Jagose, 1996).

This study required participants to view their identities both retrospectively and in their most current version, which naturally led to comparisons between who they were and who they are. Reflecting on experiences in adolescence included a process of sense making and trying to determine if these had been signs of, or prototypes for, the experiences and/or preferences they would go on to have in their adult life. It appears even now, the participants are attempting to get to know themselves and trying to establish how and when the sexuality they currently identify with, began to reveal itself.

It was interesting that some participants separated romantic relationships from sexual ones and viewed these almost as two parts of sexual identity, that do not necessarily occur at the same time. In some cases, there was a sense that the physical part may never occur. However, the participants in the study who related to such a separation of their sexuality, also expressed a degree of feeling that they were strange or ‘other’ as a result.

Representations of sex, at least in Western culture, have become part of daily life, through advertising, music, television, easy-access pornography, magazines, newspapers and social media. In the UK, easy access to pornography has been linked with certain (less progressive) beliefs in young people aged 16-18 (Horvath et al., 2013). These beliefs include feelings of entitlement to sex in young males and, in young females the need to submit to sexual advances. These findings highlight how from a young age, people may come to expect sex and perceive it as a ‘given’ in relationships. This could therefore explain why the participants in this study, who were seeking intimacy and romantic relationships, *without* the desire for sex, viewed themselves as strange.

Although some participants in this study had considered the possibility of being 'asexual', none of them actually described themselves in this way. The message of 'strangeness' around not wanting sexual relationships is further reinforced by studies exploring 'asexuality' often including a measure of psychopathology or psychiatric distress (Brotto, Kundson, Inskip, Rhodes & Erskine, 2010; Prause & Graham, 2007), despite evidence that those who identify in this way report good mental health (Bogaert, 2006).

Interestingly, elsewhere it has been shown that demarcations between friendships, romantic relationships and sexual relationships can be more fluid in the LGBT+ community than in the heterosexual community (Peplau & Fingerhut, 2007; Rose, Zand & Cini, 1993; Zitz, Burns & Tacconelli, 2014). The trans men in Zitz et al. (2014), discussed romantic (but not sexual) feelings towards their friends, which is outside of the 'normative' expectation for romantic feelings to be directed towards intimate partners. Lesbian-identifying women have also reported that friendships can develop to be romantic and only later become sexual (Rose et al., 1993)

Internalised homophobia has been defined as including feelings of shame, guilt and disgust (Maylon, 1982) and believing that meaningful relationships are either not possible, or not deserved (Hertzmann, 2011). These features were present within these participants accounts, at varying times of their self-discovery.

Internalised homophobia has been linked to a range of factors, including attachment (Brown & Trevethan, 2010), sexual stigma (Herek, Gillis and Cogan, 2009) and 'minority stress' (Williamson, 2000). Minority stress is important here, as it refers to the unique stresses that LGBT+ people experience, which is linked to stigma and/or prejudice arising from circumstances in their environment (Meyer, 2015). Therefore, even if attachments are secure, being in a context where sexual minorities are not tolerated, for example within

individual families or religious communities, can cause minority stress and internalised homophobia.

For some participants, internalised homophobia was not always an immediate reaction to realising that they were not ‘straight’ but was also linked to significant life events, such as having a baby, a finding replicated by Berkowitz and Ryan (2011). In that study, a primary concern identified by the participants was whether they, in their single sex relationships would be able to engender their children successfully. In the present study, the focus was more on the judgements that the hetero normative majority would make about where the baby had come from and whether it had been damaged in some way.

My Gender, My Way

In a similar vein to their sexuality, the participants identified with a broad range of gender identities, which were at varying stages of development. Not all had yet found it possible to identify in the way that was most congruent for them; either through the gender that was assigned at birth or through transitioning to another identity. For some it seemed that there was still quite a lot of pain and/or disappointment surrounding their gender.

A recurring point in the discussions with participants, was the embodied relationship they had with their gender identities. While several were clear that they did not perceive their gender only in terms of body parts, their connection to their bodies still had an important role; both in how they felt about themselves more broadly and how they felt about their gender. For some it was difficult feelings about specific body parts that initially kick-started the process of questioning and/or exploring gender. For others, the realisation that they did not feel comfortable with parts of their body only came later, when they had established what gender they identified with.

Much of feminist theory has been focused on whether gender is merely biological make-up. Feminists have fought to emphasise that gender is so much more than that (Butler, 1987), which is reflected in the (western) definition of the word. However, there is also the argument from some radical feminists that biology and body parts do in fact, matter. The two sides of this argument were reflected in the views of the participants. Although some were quick to distance themselves from the idea that gender is the sum of our (body) parts, the physicality of gender was clearly present in how they viewed themselves and their comfort with their identity.

The systematic literature review in Chapter 1 included the study by Doorduin and van Berlo (2014), where participants answered invasive questions about personal aspects of their sexuality (e.g. masturbation and taste in pornography). Although the aims of the study were broad and had a large focus on identity and what being trans meant for sexuality, this line of questioning could still be justified by the theoretical underpinnings detailed in the paper.

The concern around this study, however, is that the authors made no mention of ethical considerations and/or ethical approval, or whether the effects of such sensitive questions were considered prior to recruiting for the study. The Critical Appraisal Skills Programme (CASP) cohort study checklist for qualitative research (CASP, 2018), a free to access online tool designed to assess methodological standards in research, highlights the consideration of ethical issues as a key element. The fact that there is no mention of ethics within the paper undermines any confidence the reader may have, that the researchers had reflected on the impact of their questions upon their participants.

The questions asked by Doorduin and van Berlo (2014) are relevant to this study, as the participants here described the feelings associated with being subjected to invasive questions and conversations that arose from their LGBT+ identities. For some, it seemed necessary to strike a balance between wanting to be seen for who they are (in terms of their gender), while

also wanting to avoid deeply personal conversations with strangers, or even friends and family. Participants felt that these conversations would require having to justify who they are and how they express themselves. While explaining this in interview, the participants seemed worn down and described the experiences as violating. Nevertheless, they seemed almost resigned to this as being part of their life. This resignation meant that some participants had made the decision to compromise about the pronouns that they used, to avoid drawing attention to themselves.

This finding highlighted the power of privilege. For those who hold cis gender and hetero normative privilege, it is reasonable to expect that intimate and invasive questions about sex and genitals will not be forthcoming, unless appropriate and/or necessary. However, for these participants, such questions were a regular occurrence that needed sensitive navigation, so as not to offend the person asking them. Almost as though it is the person with the privilege who needs protecting. This reflects similar discussions around race and white privilege, where people of colour must navigate around the feelings of white people who are oppressing them, as being called racist often causes more offence than racist acts themselves (DiAngelo, 2011).

Butler (1986) doubted how possible it really is to ‘choose’ a gender identity, in a culture where there are so many prescriptions and taboos about how people express themselves; both physically and behaviourally. Whilst it was some time ago that this was raised by Butler, it seems that the issue is still relevant for the participants of this study. Many described knowing broadly who they want to be and how they want the world to view and address them, yet still feeling left with no option but to sacrifice elements of this in order to fit with what they perceive as being expected of them. This concurs with the supposition of West and Zimmerman, that gender is something that is ‘done’ in an ongoing process which is influenced by context (1987; 2009).

For the participants who were assigned female at birth and did not go on to transition medically in any way, there was a real sense of working through the rejection they felt towards their female identity. The reasons for the initial rejection ranged but could all be linked to how they were perceived by the outside world, trauma, their relationship to the female parts of their bodies and the role of 'female' that they felt was being offered to them. There were also participants who were assigned female at birth but had transitioned, who spoke about the expectations of women and girls; not necessarily as a reason for wanting to transition, but as an observation of the challenging world that females are brought in to.

It is not a novel idea that those who are assigned female at birth experience a range of dissatisfactions in relation to their gender; this being a fundamental precursor to the advent of feminist theory. However, the participants from this study described psychological distress and damage to their emotional wellbeing, which they viewed as a direct result of their gender. They were united in their feeling of not having a place in the world. They did not view themselves as 'women', but they were not accepted as 'men'.

I have formulated that this particular group almost found themselves locked in to a challenging cycle of feeling lost in the world. Aspects of their gender (whether that be body parts or what was expected of them as females) did not feel comfortable to them and led to questions about who they were, damaging their sense of self. It was difficult to connect to other females, as they felt different. It was difficult to connect to males, as they *were* different. This struggle to identify with others was extended to the lack of perceived role-models; no one appeared to be challenging the status quo in a way that they could relate to.

Several of the participants in this group of 'women' (assigned female at birth and did not go on to transition medically in any way) had adverse experiences in childhood and adolescence. This included abuse, unwanted sexual contact and messages that being queer was the same as paedophilia in the eyes of the church. Therefore, they were not attempting to

tackle one particular issue, but a myriad of difficulties that were intersecting as they were forming their identities. While not all females experience their womanhood as challenging, studies in respect of intersectionality support the proposition that when gender is experienced as oppressive and is combined with minority stress, a lack of privilege and adverse experiences, it can be more difficult (Kolmar & Bartkowski, 2005).

It was not until these participants found healthy and supportive relationships with women (either romantically or as friends), or sought support from mental health services, that they were emancipated from their perceived role of 'woman' and could start to take on and reject aspects of their gender as they saw fit.

Where Gender Ends and Sexuality Begins

The participants revealed several ways in which their gender and sexuality were linked or connected, some of which they were conscious of and others that they may have been unaware. In the systematic review in Chapter 1, three themes were drawn out to highlight the intersection between gender and sexual identities arising from pre-existing literature. These themes were 'alignment of identities'; 'affirmation of one identity as the other develops' and 'conflation of identities'.

The participants did not openly recognise or address the way that their identities might be aligned. However, there was a trend for one category of identity to dominate the discussions more than the other, which seemed to reflect the particular participant's own experiences (e.g. for those who identified as trans, gender was more present in their mind and was given more focus when they were talking).

For the majority, the secondary category seemed to 'settle' naturally, as difficulties with the first one became more manageable. For those where gender had been more complex, as they formed an identity that was more congruent to how they felt internally, it seemed that

difficulties they had with their sexuality dissipated. Similarly, for those who had experienced a more challenging relationship with their sexuality, once they felt more settled in who they were attracted to and/or formed meaningful relationships, they became more comfortable in their gender identity.

The interaction of queer and feminist theories suggested by Butler (1994) seems to reflect the symbiosis of gender identity and sexuality. Taking that one step further, it appears that for these participants there is a mutualism of these two aspects of identity; as one benefits, so does the other and to a certain extent the two cannot exist independently of each other.

The participants in this study also reflected on how their gender and sexuality can become conflated by others. In particular, this was demonstrated in relation to assumptions being made about sexuality, based on their gender identity. This primarily occurred in relation to sexuality, where masculine women and effeminate men was attributed to sexual orientation rather than gender identity.

There were two studies from the existing literature that highlighted the same issue of sexuality being assumed from their gender identity. The first KUPER2014 found that participants, who were assigned females with ‘stud’ identities, experienced this at school when classmates assumed that they were LGBQ based on their ‘cross-gender’ presentation. In MIZOCK2016, participants reflected on their experiences of homophobia, again, due to their gender identity and expression. This was also the experience of a participant in the present study, who in the past had been called a “faggot”, due to the way he dressed when attending ‘alternative’ music nights.

In the present study, there were times that the participants themselves conflated their gender identity and sexuality, becoming confused and answering questions about one when the question had been about the other. This was also the case for a participant in

KUPER2014; which emphasises how challenging it is to separate two concepts that are so closely linked.

The difficult experiences that participants of this study had in relation to being both attracted to and envious of others seems unique to this study. At times this was painful and led to distress. It is interesting that this was not present in the previous literature, which focussed on transgender populations who may or may not have previously experienced gender dysphoria. This finding further highlights the unique experiences resulting from this particular intersection. Where gender identity is established and not a concern, seeing an attractive person of the same gender will not cause distress. Similarly, those who explore gender but do not identify as a sexual minority, need never consider how it would be to be both attracted to someone *and* envious of their presentation.

Although engaging with exploration of any aspect of identity could potentially open up new and exciting experiences, in many ways the participants found that it has also opened up new complications where there is no 'blueprint' or social 'norm' to fall back on and guide them through.

A further finding that set this study apart, was acknowledgment of the 'proximity' of gender and sexuality, while all being held under the umbrella of LGBT+. Monro and Warren (2004) argued that the fluidity of gender through trans-identification can be mirrored with the fluidity of 'bisexuality'. This seemed apposite for the participants, who in many cases were fluid both in gender and sexuality. This perhaps linked in with the idea that due to the proximity of gender and sexual identities and those who fall within the LGBT+ population, exploration of gender is likely to prompt exploration of sexuality (and vice versa).

Critique

In addition to the methodological limitations and strengths of the study, outlined below is the appraisal in relation to the evolving guidelines proposed by Elliott et al., (1999). The process of reflexivity is also presented.

Limitations

Labels and Categories

During interview, some of the participants spoke about labels and the challenge of not fitting in boxes of clearly defined gender or sexuality. In both aspects of identity, there has been a move away from binary language, towards broader terms representing where people may be in relation to their gender and/or sexuality (Callis, 2014; METRO Youth Chances, 2016). Therefore, participants of this study were asked to state their gender and sexuality in their own words, to afford them the freedom to describe these identities as they saw fit. However, with hindsight, these questions still put participants in a position of having to attach labels to their identity and re-enforced the expectation to place themselves within pre-defined categories. Many of the terms for sexual identities are gender specific (for example, the word lesbian typically refers to a female attracted to other females, homosexual refers to a person who is attracted to someone with the same gender identity as their own), meaning that participants needed to identify with a gender, in order to confirm their sexual identity.

Additionally, at the end of the study, once the interviews had been conducted, it was realised that not all participants had discussed pronouns and therefore it was not known how they wanted to be represented in the report. As a result, participants were contacted about their preferred pronouns for the write-up. While this was meant to ensure that the final write-up was respectful, this question also required a decision about gender that was fixed – at least for the time being. Some participants confirmed anecdotally that the reality of answering this

question about pronouns was challenging. It may be the case that asking these questions of the participants reinforced their uncertainty and led them back into a process of questioning.

These enquiries of 'how would you describe your current gender/sexuality?' and 'which pronouns do you use?' reflect an assumption on my part as a researcher, that participants recruited to the study would have reached a stage where they had a category to fit into. Moreover, that they would want to assign such labels to themselves. Again, with hindsight, it is clear that some simply do not wish for these complex aspects of their identity to be considered in defined categories at all and for others although the wish is there, the categories and labels available do not account for all that they are.

The issue around language and categories highlights another assumption made by me prior to the start of the study, but not recognised until the analysis of the data was underway. This assumption was that although the participants had questioned and explored both aspects of their identity, they would have now reached a final 'destination' and therefore would be able to clearly define who they were. It was not anticipated that for some, these identities would still be changing and/or developing, or that the incongruence between their gender identity and the gender they were assigned at birth would still be present. The confusion over what, at the start were seemingly 'easy' demographic questions (to be asked prior to getting into the more challenging elements of the interview) was not anticipated and therefore it may be that these questions were not dealt with as sensitively as they should have been.

Discarding of Data

In the 2006 paper, Braun and Clark highlight that in TA, not all data arising from interviews will be used. Some themes will be too diverse or lack sufficient data to be included. Further, the authors argue that each theme does not only need to encapsulate all the

data coded to that particular theme, but also accurately reflect the "meanings evident in the dataset as a whole" (pp 21).

Prior to the start of the study, the three research questions had been determined and the topic guide, which had been organised into those three areas, was used in the interviews. Therefore, in the analysis there were also themes and subthemes which naturally related to one of those three areas; developing a sexual identity, developing a gender identity and the intersection of the two. However, there was also a range of themes that were linked to identity development and adolescence more broadly but did not specifically fall into any of the three areas of exploration.

Following the guidance from Braun and Clarke (2006), there were a number of themes that were not included in the write up. Only those themes that i) had sufficient data; ii) were distinct from, but related to, the other themes arising from the dataset in a coherent way and iii) contributed to addressing one of the three research questions, have been presented in this report. This is also in accordance with the coherence element of the 'Evolving Guidelines' (Elliott et al., 1999).

While the majority of the themes that were discarded had an insufficient amount of data to include, there is potential that discarding some of the more miscellaneous themes inhibited the ability to identify novel findings that were not relevant or related to the pre-identified research questions.

Representation Within the Data

There were key pieces of information that had not been collected as part of the interview process and so were missing. For example, in addition to the missing pronouns (which was subsequently recognised and addressed), participants were not asked to confirm their ethnicity, where they had seen the project advertised or why they chose to do the interview in

person or via Skype. On reflection, this information may have provided important data as to the accessibility of the study and the methods that maximise recruitment of LGBT+ populations.

McDermott and Roen (2012) discussed the challenge of recruiting LGBT+ samples into research (the tendency for participants to be white and male) and the benefit of using online recruitment methods for hard-to-reach samples. Although this project was accessible to a range of gender identities, as all participants were white-presenting it could be assumed that it was not accessible to a broader ethnic demographic.

The study was advertised in LGBT+ support groups in London, which is the most ethnically diverse region of England and Wales, with around 40% of residents identifying their ethnicity as Asian, black, mixed or other (Office for National Statistics, 2018). It was also advertised online via social media pages of LGBT+ groups, the University of Essex Twitter page and the Critical Sexology mailing list. Therefore, it seems reasonable to assume that the project was advertised in spaces that people from a wide range of ethnic backgrounds could see it, so another reason may account for why no people of colour chose to participate.

Due to the intersections of race and LGBT+ identity, people of colour who identify as LGBT+ are somewhat more marginalised than their white counterparts (Balsam, Molina, Beadnell, Simoni & Walters, 2011). It may be the case that this population have created separate spaces to feel safe and heard, where these specific intersections can be considered. For this study to have obtained more diversity in the ethnic and cultural background of the sample, the project should have included organisations that represent those sub-sections of LGBT+ people.

One final note is that because participants were not asked about their ethnicity, it is possible that the pseudonyms they were given do not reflect their ethnic or cultural background.

Adverse Experiences

As part of their narratives, a number of the participants spoke of difficult life experiences they had encountered. These included childhood abuse, sexual assault, violent relationships, bullying, bereavement and homo- or transphobia. In all cases they were traumatic and had a lasting impact. On reflection, these experiences, particularly those that occurred in childhood, may have had important implications in the development of those participants, particularly in relation to their ability to form secure attachments. This is important as it may have had consequences for their later identity development. The failure to explore these experiences in more depth may mean that the potential understanding around the development of gender identity and sexuality is not complete.

Strengths

Inclusive Sampling

Initially, it was planned that adults aged 18-35 would be recruited to participate. This was considered important for several reasons. First, if participants were drawing on relatively recent experiences and not relying on recalling memories from many years ago, it would potentially enhance the richness of the data. Additionally, being over 18, the participants would be in (or entering into) adulthood, in theory making it easier to reflect on their development during adolescence, compared to those who were still moving through it.

Finally, recruiting young adults would mean that their experiences were more recent and therefore had occurred when societal recognition of gender dysphoria and LGBT+ rights were as similar as possible to how they are currently. Using older participants may have meant that their development occurred when homosexuality was illegal or gender dysphoria

was not acknowledged as it is today, making it difficult to obtain and address the relevant subject matter that professionals may need to be aware of in the current political climate.

Once the interview process started, it quickly became clear that regardless of age, the participants had clear memories of events, people and representations that influenced how their identities were formed. Further, it was evident that the processes were ongoing; the idea that people reach adulthood with a fully formed identity that then remains fixed throughout their adult lives was unfounded. Therefore, it did not make sense to exclude those who were over 35. Accordingly, the upper age restriction was removed, so that anyone over the age of 18 could be included in the study.

It was also the original plan for the study to solely focus on gender development for people who identify as LGBQ, without the trans population. However, it was recognised that there was a gap in the available literature on studies of gender identity and sexuality, as few had taken the perspective of people who had engaged with both aspects of identity exploration. Further, in the current political climate, the transgender population are speaking out about their voices not being heard or included and are pushing for this to change. The study was therefore amended to be more inclusive so that transgender persons could also be recruited.

Engagement of Marginalised Participants

The participants recruited to the study identified with a range of gender and sexual identities. None of the participants identified as heterosexual; identities included homosexual, bisexual, queer, pansexual and polyamorous. Similarly, gender identities included gender queer, non-binary, gender fluid, transmasculine and female.

In particular, people who identify as transgender are recognised as difficult to recruit to research studies (McDermott & Roen, 2012). Once recruitment started, interest primarily

came from participants with other gender identities and the trans population seemed under represented. This was rectified through contacting a charity that specifically aims to uphold the voices of the trans population, to request that they advertised the project also. This resulted in three further people making contact regarding participation.

People who are transgender are reported to be difficult to recruit into face-to-face studies (McDermott & Roen, 2012) and all of the participants in this study who identified as transgender elected to do their interviews via Skype. Although this meant that they could still be seen (in all but one case, who chose to keep their face hidden during the Skype call), it potentially still afforded them the distance to make the interview feel safe enough to participate.

Previous studies of gender development have primarily focused on those who identify as trans, with a failure to include those who have explored or questioned their gender identity without transitioning. This study is unique in that it included anyone who self-identified as having engaged with their own gender identity, through exploration or questioning, regardless of the outcome.

Quality Checking - Evolving Guidelines

In order to ensure methodological rigour, research validity and to test quality control, the Evolving Guidelines (Elliott et al., 1999) for qualitative research were followed. Here the seven guidelines specifically for qualitative research were given focus.

The first element is ‘owning one’s perspective’. Although this was primarily addressed in Chapter 2, some further assumptions, which were revealed while moving through the process, have been reported in this chapter also. The second guideline is ‘situating the sample’. Good practice is to specify those aspects of the sample that are relevant to the focus of the study. Therefore, demographic information including age, aspects of identity and where they grew

up, were presented in *Table 2*. Due to the complexities of sexual and gender identities, more detailed information about these aspects of participants lives was provided before the themes were presented.

The guidelines also emphasised the importance of 'grounding in examples' of the data within the text. Poor practice would be where "the reader looks in vain […] for concrete examples of any of the themes, or even the kind of information that the researchers used to generate the categories" (pp. 222). In the present study, at least two examples from the data have been used for each sub-theme. Using multiple quotations minimised the risk of bias and drew attention to the links between participant accounts.

The fourth recommendation is the only one that has not been fully met; 'providing credibility checks'. Examples of recommended credibility checks include using multiple qualitative analysts, an additional auditor or "comparing two or more varied qualitative perspectives" (pp. 222). Both time and funding constraints meant that it was not possible to have an additional auditor or provide more perspectives.

However, the analysis was done in conjunction with the research supervisors, who have extensive experience in research and understand the ethical and procedural requirements for a study such as this. Feedback from the supervisors was incorporated into the writing of the findings. Consequently, in relation to this specific guideline, this project would be situated somewhere in between the good and poor practice examples provided.

The fifth guideline of 'coherence' can be achieved when data is integrated, while still maintaining the nuances. The idea being that the data fits together and builds a narrative. The findings of this research were organised into three themes and 11 related sub-themes, organised in line with the aim of the study and the original research questions.

The sixth element of the guidelines is 'accomplishing general vs specific research tasks'. This guideline focuses on whether the research is based on the appropriate number of

participants, with a range of identities and that the data presented relates to the overall objectives of the research. Further, results should not be generalised where this is not applicable.

Participants in this study identified with a range of both sexual and gender identities. The aims of this project were stated in Chapter 1, highlighting that the focus was the subjective experience of the participants. No attempts at generalisations of the findings were made, as made clear in Chapter 2. The narratives presented were consistent to the objectives of the study. Perhaps to fully meet this criterion, it would have been necessary to recruit at least one participant who identified as heterosexual.

The final guideline is 'resonating with readers', which involves reflecting on the audience's opinions of the data presented. While it has not been possible to fully test this, as the research is yet to be disseminated, the report has been through a process of review by three supervisors, who all provided feedback on how it may be improved for the benefit of future readers.

Overall, the present study achieves five of the seven guidelines for producing strong qualitative research, and partially achieves one of them. The final guideline remains to be tested.

Reflexivity

My own values make it difficult for me to accept that those who identify outside of cis gender and hetero normativity may not be tolerated by others. I hold the belief that in a modern society, people should be able to openly express their gender and/or sexual identity. From working closely with my supervisors in the reviewing process, I have learnt that these values had the potential to impact on my ability to remain objective and critical. This initially revealed itself through my presentation of the literature in Chapter 1. Feedback exposed how

I had used judgemental or emotionally-loaded language towards literature or authors that held views that were in opposition to my own. I had also been highly critical of those papers and much more accepting of the papers that were closer to my stance. Once this was brought to my attention, I began to recognise this in myself as I continued the study and was able to present a more balanced view of the available literature.

Additionally, when it came to the analysis of the results, holding strong values had the potential to draw me out of my critical-realist position. Initially, I was accepting of the accounts as uncovering a real-world 'truth', negating my role of interpreting the narratives as a key part of the process. Again, it was feedback from supervisors that allowed me to distance myself from the accounts and adopt a more critical stance.

Implications and recommendations

Clinical practice

The present findings have important implications for services providing support to people who identify as LGBT+, as they suggest a need to expand our understanding of the close links between gender identity and sexuality.

Assessment and Formulation

The systematic review in Chapter 1 indicates that this study is the first to look at the intersection of gender and sexuality from the perspective of people who have explored both; thereby including those who identify as LGBQ and have explored gender without any social or medical transition, and those who identify as trans and have explored sexuality. This suggests that although gender identity and sexuality are considered important in relation to attached oppression and/or stigma, little thought has been given to the unique experience of those who have the challenge of navigating their way through both:

> "Intersections between different social locations and in particular, different sites of socio-political oppression (i.e., gender, race, class), created different types of lived experiences which were altogether transformed by their mutual interactions and hence irreducible to the individual strands braided together into the overall matrix" (Diamond & Butterworth, 2008, pp. 2)

'Minority stress' is a term often used specifically in relation to people who identify as LGBT+ (Meyer, 2015), due to their perceived 'difference' from cis and hetero normative expectations. It follows that attention should therefore be paid to those who are both a gender *and* sexual minority, as there is the potential for this group to experience the stress differently to those who experience it in relation to one area only.

An exploration of the formation of gender identity and sexuality, the related stresses and where the client is now in relation to their self-discovery, will be an important part of the psychological assessment and formulation of LGBT+ clients seeking support from services. This line of enquiry will provide a deeper understanding of their experiences and needs, along with insight as to the associated psychological impact.

The findings revealed that sexuality and gender intersect in a range of ways and not all the participants related to them all. Establishing how individual clients perceive these identities as interlinked (or not) and how this has impacted their identity formation in general, would be important. The participants in this study revealed how readily confusion in one area can be conflated or mis-identified as confusion in the other. It would be helpful for clinicians to be aware of this, as it may be that what seems to be a difficulty with one part of identity, is actually an unrecognised or yet to be identified difficulty with the other.

Finally, where a client identifies as both a gender and a sexual minority, it is possible that every day experiences such as physical attractions, can cause distress and make forming intimate relationships more difficult.

Therapeutic Work

The findings of this study have demonstrated that the participants have been on a journey with their identity development; one which may have no specified 'final' destination, but where they have arrived in a different place from where they first started. From a narrative perspective, life often "involves plotting courses to destinations that we might not have predicted and navigating transitions that might not always be comfortable" (Denborough, 2014, pp. 121). Therefore, a narrative approach seems fitting for people who are seeking support in relation to forming either their sexuality, gender identity, or both.

The non-judgemental and non-pathologizing nature of narrative therapy, views difficulties as arising from oppressive stories in a person's life (Carr, 1998). Narratives are a part of identity, which makes this approach well suited to those who wish to re-author the narratives around difficulties they have experienced and/or their identities.

Leadership

Psychologists have a key leadership role within clinical teams (British Psychological Society, 2019). This study has shown that the language surrounding the concepts of gender identity and sexuality, much like language in general, continues to evolve as our understanding of these aspects of identity develop. However, the labels and categories that are currently applied, still do not necessarily encapsulate all that a person may be. Therefore, clinical psychologists can take the lead within teams to place more emphasis on developing the wider, 'normative' understanding of gender and/or sexuality. This would enable a move

away from cis and hetero normative assumptions, towards positions of both as cultural concepts, which hold different meanings for different people. What one person recognises or perceives as male or trans or queer, may not be the same as another person. It is the tolerance of this difference, rather than an attempt to make 'one size fit all', that would potentially reduce the stigma experienced by people who are LGBT+.

It is important for clinicians in mental health to be aware of issues of power and privilege in relation to people who identify as LGBT+. Professionals have the potential to be viewed as 'experts', which could prove overwhelming to those they are providing services to, through 'professional privilege' (Raheim et al., 2004).

Conducting this study has highlighted how easy it is to fall in to traps of assumptions based on hetero normativity and cisgender privilege. Language is an important factor here, as such privilege can reveal itself in subtle ways, ostracising the other person(s) in the room. Asking someone to define their gender identity is part of a cis normative assumption that the person i) categorises their gender in that way; and ii) will be able to readily define what their gender identity is. Even a term such as 'homophobia' could be considered a part of hetero normative privilege, as it places an emphasis on the affective response, or 'fear', of the person who holds the negative view, rather than focusing on the discrimination experienced by those to whom it is aimed. Breaking down such barriers to care is important in providing services to those who identity as LGBT+.

Further, from reflecting on my own assumptions during this project, it is possible that other clinicians working with people who identity as LGBT+ will assume that at some point either gender or sexuality may become fixed or a 'final destination' will be reached. However, for many of the participants in this study this did not appear to the case. This is important as it could be the difference between supporting someone to engage with their own

questioning and/or exploration in a healthy, self-attuned way, and shutting down exploration in an attempt to place themselves into socially defined, possibly ill-fitting, categories.

Further research

People of Colour

As a study on intersectionality, there is a marked absence of voices from people of colour. There is currently no clear answer to why that may be. Further UK-based research into the intersections of gender identity and sexuality, specifically aimed at upholding the voices of people of colour within the LGBT+ community, could give enhanced insight into how these aspects of identity relate to each other. Additionally, it could provide valuable information on how research studies such as this one can work to be more accessible and therefore more representative, of the LGBT+ community as a whole.

Elements of Sexual Identity

The participants in this study were able to distinguish between the romantic and the physical parts of their sexuality. For some, they could feel a romantic attraction to people, which had more meaning to them than a friendship, without wanting this to be physical or include sex. While it is not an uncommon phenomenon in Western culture for people to have sex outside of seeking a romantic relationship, it is unclear how often it may happen the other way.

Further research on the different elements of sexuality, both within the general population and within the LGBT+ population, may serve to: i) enhance understanding around sexual identity; ii) explore different elements within sexual identity (e.g. romantic and sexual); and iii) normalise the experiences of those who seek personal connections, coupled

with feelings of attraction and romance, *without* wanting it to develop into a physical relationship.

Personal reflections

As explained above, the study was initially planned with a focus on those who identified as LGBQ only, without the transgender sample. However, research on gender identity is currently a 'hot topic' that causes considerable debate, particularly when it is judged to exclude or silence the transgender community. For example, in September 2017, The Guardian newspaper published an online article about a university student who had their research proposal rejected by the in-house ethics committee, after they had previously given approval, due to concerns that the subject (gender reassignment reversal) was 'politically incorrect' and would attract criticism (Weale, 2017).

It was important to me that this study did not gain attention for the wrong reasons and become a part of political debate. Therefore after discussion with my supervisors, it was agreed that a more inclusive approach would be better and the sample was extended to include people who identify as transgender also. Overall, I believe that this decision was beneficial to the study, as the participants who identified as trans provided valuable accounts of their experiences that really enhanced the findings about the development of gender identity and sexuality in the LGBT+ population.

However, I remain mindful that this topic has been explored with the transgender population previously (albeit, only in a small number of studies) and that evidence was non-existent in respect of the LGBQ population. By including what could be perceived as the more dominant voice in this arena (currently), the voices that have been completely missing on this topic to date may have not been upheld to the extent that they should have. My hope is that this study will spark interest in other researchers and encourage them to explore further

the intersection of gender identity and sexuality from the perspective of people who have questioned both.

As a woman myself, the challenge met by some of the participants who currently identify (to some extent) as women was of interest to me. Feminist theory has shown that while attention has been given to oppression of women by men, less attention seems to fall on the exclusion of women, by other women. Although intersectionality was born out of the ignorance around differences within feminism (Crenshaw, 1989), the findings here suggest there is still a way to go before women who sit outside of 'normative' expectations can feel a part of womanhood, too. I therefore agree with Samuels and Ross-Sheriff (2008), who argue for a pluralistic unity, where we "see beyond an oversimplistic and monolithic" (pp. 8) idea of 'woman', to create a space that is welcoming for all those identities that include some part of 'woman'.

Ethics

Adverse Experiences

As noted above, several of the participants spoke of deeply personal, painful life experiences. When the participants told these stories, it felt like they were taking a big step and putting their trust in me as a researcher, to ensure that their accounts would be reflected accurately and sensitively in the write-up. For this reason, it initially felt necessary to include all of them within the findings section; so that these important experiences that had been shared were documented and not overlooked or ignored.

However, previous research has been criticised for only focusing on the negative experiences of those who identify as LGBT+, serving to further separate them as a group from the general population (Savin-Williams, 2001). Therefore, it was important that the

findings did not clumsily handle painful experiences in a tokenistic way. With that in mind, rather than putting a heavy focus on adverse experiences or attempting to create a theme around them (which would not have fit meaningfully with the other themes), aspects of these life events were incorporated in relation to the subthemes, based upon what the participant was discussing at the time. It is hoped that this does not detract away from what participants have overcome in their lives and the resilience they have shown in moving forward.

Balancing of Language

A further challenge came in the writing of this report and finding a balance between language that is respectful to the participants and their current identity, and language that is clear for the reader. For example, more than one participant who now identifies as male, had previously identified as lesbian or been assumed to be lesbian in adolescence. In these cases, using the 'he' pronoun' alongside the word 'lesbian' had the potential to confuse the reader. However, it is also highly insensitive and/or disrespectful to refer to someone who identifies as trans with the pronouns of the gender they were assigned at birth. Accordingly, to the greatest extent possible, I have attempted to use the language and pronouns that participants themselves used. Where this was not possible due to it making the text unclear, the wording has been changed with comments in parentheses addressing why this has been done.

A separate challenge came from trying to find terminology for those who do not identify their sexuality as LGBQ. The term 'heterosexual' traditionally refers to people who are attracted to the opposite gender, which therefore is a binary and somewhat dated term. However, there are few alternatives to adopt instead. On some occasions I have used the word 'straight', as this is also commonly used and was used by some of the participants of this study. Nonetheless, I always enclosed this word in quotation marks.

The word ‘straight’ to define people who are not ‘gay’, was born out of the latter group often being referred to as ‘bent’, which is highly offensive. My concern was that by using the word ‘straight’, anyone who did not fall into that category would take my implicit meaning to be that they were, in fact, ‘bent’. Interestingly, in all the ongoing debates around language and moving away from the binary and the ‘hetero normativity’, there is no suggestion, that I am aware of, as to how this could be achieved when referring to people who do not identify as LGBQ. As a result, I remain unclear how best to address this group in a way that is in keeping with the evolution of the language that surrounds sexual identity.

Final Word

The final part of each interview conducted was to ask the participant what advice they would give to their adolescent self, when they were in the midst of attempting to develop their gender and sexual identity. Although the data that came from this question did not fit into any of the final themes or subthemes, the question proved useful in a different way. When responding to this question, all of the participants took a kind and forgiving stance towards themselves and what they had been through in life; highlighting their strengths and achievements, while brushing off mistakes or errors in judgement. Although this outcome was not predicted, from my own perspective it transpired to be an uplifting way to end each interview; the participants were empowered, wise and compassionate towards their adolescent selves.

Overall, I found that the participants of this study were engaged, open and generous throughout the process. I was heartened by their stories of resilience, their sense of community and the diversity of their identities. Conducting this project has informed my clinical practice; encouraging me to reflect on intersectionality, while remaining mindful of

my own privilege, biases and assumptions; thereby enhancing my ability to engage with, and uphold, difference.

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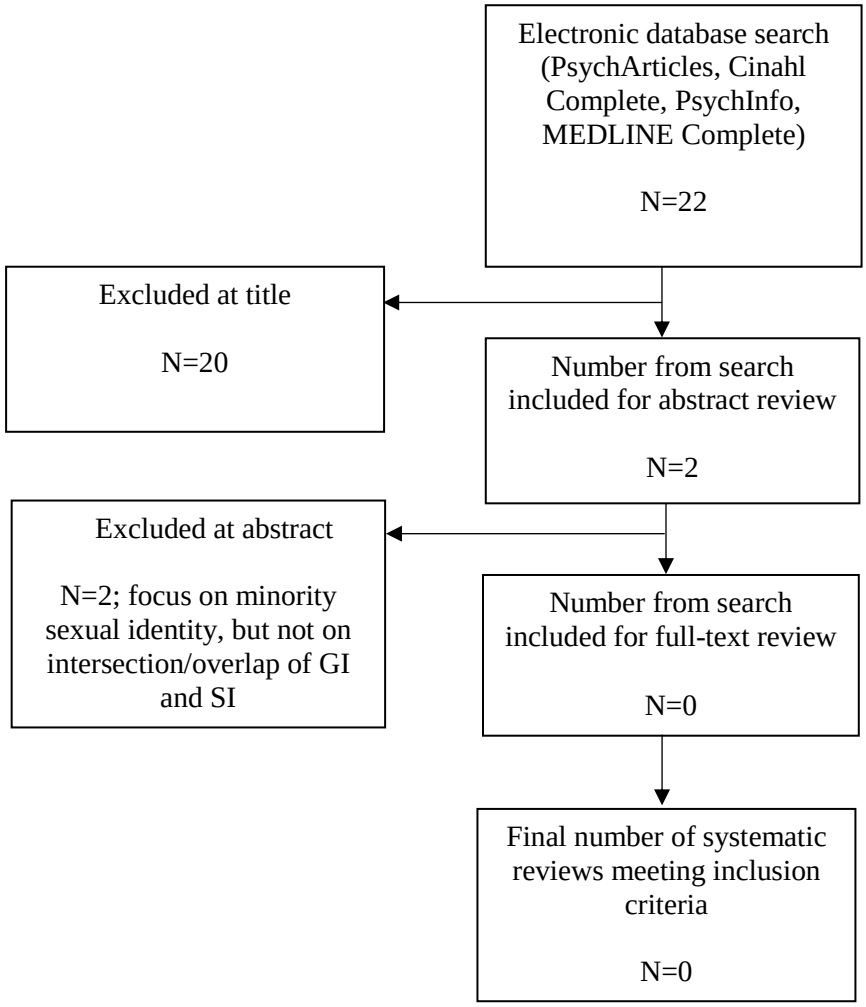
Appendix A: *Search Strategy for Systematic Search for Systematic Reviews*

Databases searched	CINAHL Complete, E-journals, MEDLINE with full text, PsycARTICLES, PsycINFO	
Date of search	28 July 2018	
Dates included	1954 onwards	
Search	**Search Terms**	**Results**
1	lesbian OR gay OR queer OR "queer questioning" OR LGB* OR bisexual OR "pan sexual" OR "sexual minority" OR "sexual orientation" OR "sexual identity" OR sexuality OR "sexually diverse"	236,481
2	"gender identity" OR "gender expression" OR "non-binary gender" OR "non-binary" OR "gender dysphoria" OR "gender exploration" OR cisgender OR Agender OR "gender-expansive" OR "gender reassignment" OR "gender non-conforming" OR "genderqueer" OR "gender neutral" OR transsexual OR transgender OR "sexual transition" OR "sexual reassignment" OR "cross-gender" OR "male-to-female" OR "female-to-male" OR ftm OR mtf	239,606
3	#1 AND #2	19,615
Limited to	Full text, academic journals, English language, systematic review	22

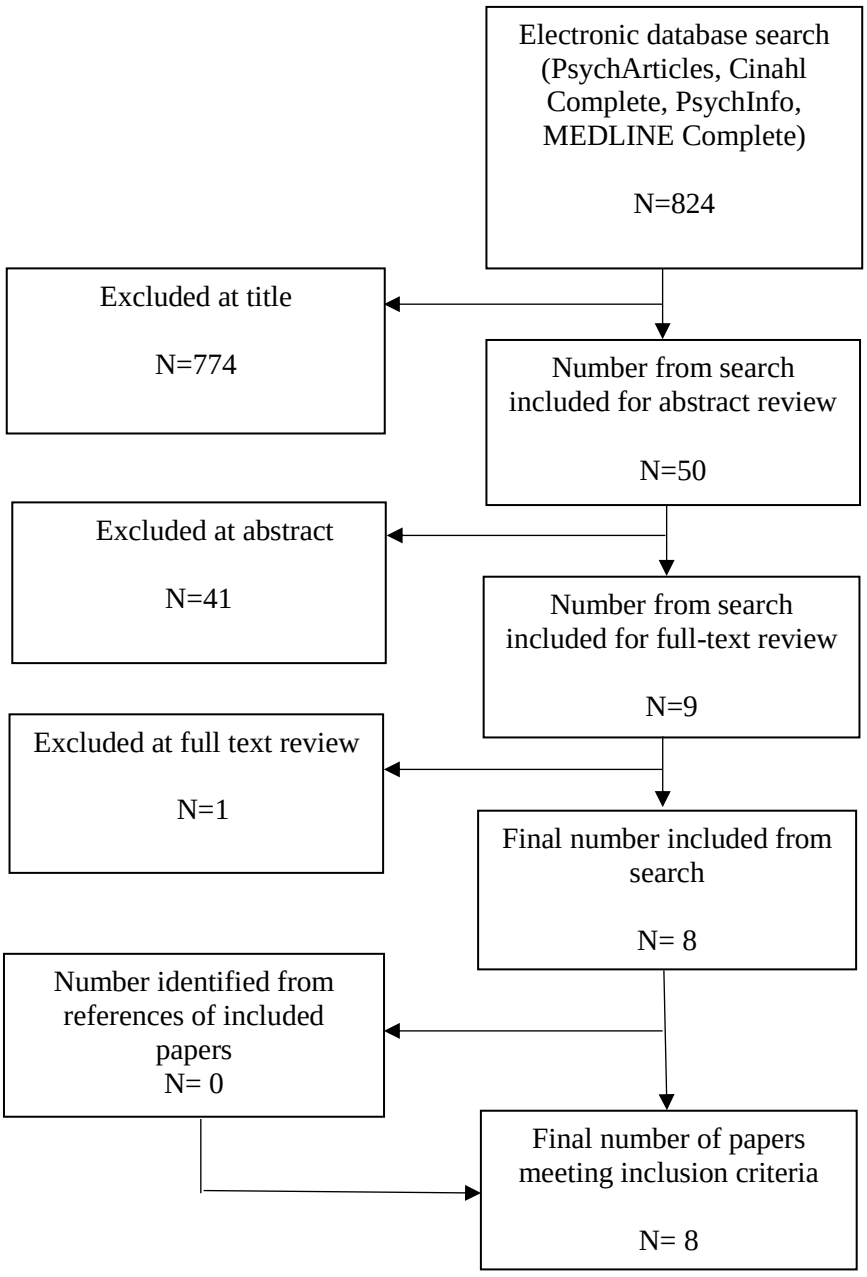
Appendix B: *Prisma Diagram of Search for Systematic Reviews*



Appendix C**:** *Search Strategy for Systematic Search for Academic Papers*

Databases searched	CINAHL Complete, E-journals, MEDLINE with full text, PsycARTICLES, PsycINFO	
Date of search	31 July 2018	
Dates included	1954 onwards	
Search	**Search Terms**	**Results**
1	lesbian OR gay OR queer OR "queer questioning" OR LGB* OR bisexual OR "pan sexual" OR "sexual minority" OR "sexual orientation" OR "sexual identity" OR sexuality OR "sexually diverse"	236,481
2	"gender identity" OR "gender expression" OR "non-binary gender" OR "non-binary" OR "gender dysphoria" OR "gender exploration" OR cisgender OR Agender OR "gender-expansive" OR "gender reassignment" OR "gender non-conforming" OR "genderqueer" OR "gender neutral" OR transsexual OR transgender OR "sexual transition" OR "sexual reassignment" OR "cross-gender" OR "male-to-female" OR "female-to-male" OR ftm OR mtf	239,606
3	#1 AND #2	19,615
Limited to	Full-text, academic journals, English language, qualitative	824

Appendix D**:** *Prisma Diagram of Search for Academic Papers*



Appendix E**:** *Participant Information Sheet*

Is There an Intersection Between Sexual and Gender Identity from the Perspective of People Who Have Explored Both?

We would like to invite you to take part in our research study. **The purpose of the study is to understand more about the intersection of gender and sexuality from the perspective of adults who either identity as LGBQ and also questioned/explored their gender identity in adolescence/childhood, or who identify as transgender and also questioned/explored a minority sexuality in adolescence/childhood.** The aim of this study is to help professionals to bridge the gap between the understanding of how gender and sexuality develop and how young people who are experiencing distress relating to their own gender or sexual identity might be supported. Please take time to read the following information carefully.

What are we trying to do?

We want to learn more about how to improve the support offered to young people who are currently exploring their gender and/or sexual identity. We want to learn more from people who have been through similar experiences and understand how they were able to work through these experiences.

What will happen if I take part?

- First, we will arrange a phone call with you so that we can talk through any questions you may have and then we will send you a consent form.
- If the interview is going to be face-to-face, we will arrange a convenient time to meet, at the offices of the support group, where we will ask you to sign a consent form and take part in an interview about your experiences.
- If you are unable to meet in person, we will attempt conduct the interview via Skype. The interview will not go ahead until a signed consent form has been received by the Principle Researcher.
- The interview will last around one hour and will be audio recorded so that it can be transcribed.
- Once the interview is finished, your involvement in the study is complete

What happens if I agree to take part and then change my mind?

Taking part is completely voluntary and you can withdraw at any time. If you change your mind after the interview has been completed, your data will be destroyed and will not be included in the final analysis. You can withdraw from the study at any point by contacting the lead researcher on [redacted]

If you do not consent to taking part, or you withdraw consent during the study, this will not affect your access to the support group or any other services.

Will I be paid to take part?

Participants will not be paid for taking part in the study, however, if you agree to participate you will be given a £10 voucher as a thank you for your time. Payment will be made at the end of the interview appointment.

Will my taking part be kept private?

All information which is collected about you during this research, including any relevant background information, will be kept securely on an encrypted USB device. In the final report, all participants will be given pseudonyms so that no one can be identified. However, if during the course of participation, you say anything that suggests you or someone else are at risk, the researcher will inform the relevant safeguarding professionals.

How will my data be stored?

All data will be stored in accordance with the Data Protection Act 1998. Upon completion of the study, the anonymised data will be stored on a secure electronic drive at the university, that only the primary researcher and the research supervisors can access. Data may also be stored on an encrypted, secure USB drive. All data will be destroyed 5 years after the completion of the study.

What if there is a problem?

If you have a concern about any aspect of this study, you should speak to the primary researcher on lb16300@essex.ac.uk so we can address these issues and offer the necessary support.

This study has been reviewed and authorised by the Faculty Ethics Committee at the University of Essex School of Health and Human Sciences. Please ask us if there is anything that is not clear or if you would like more information. Talk to others about the study if you wish to and take time to decide whether or not to take part. You will have a copy of the signed consent form to keep.

Further information and contact details

Chief Investigator:
Lucy Richardson
Trainee Clinical Psychologist
c/o School of Health and Social Care
University of Essex, Wivenhoe, Colchester, CO4 3SQ
lb16300@essex.ac.uk

Thank you for taking the time to read this information sheet and considering taking part in our study.

Appendix F**:** *Participant Consent Form*

Is There an Intersection Between Sexual and Gender Identity from the Perspective of People Who Have Explored Both?

Participant Identification Number (to be completed by researcher):	Please initial each box
I confirm that I have read & understood the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
I understand that my taking part will involve completing an interview about my experiences of sexuality and gender	
I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my access to services being affected.	
I understand that my taking part will be confidential and no identifiable data will be used in any of the reports. If I say anything that suggests that anyone is at risk, then safeguarding professionals will be informed.	
I understand that my interview will be audio recorded.	
I understand that the audio recording will be kept securely during the study and only the research team will have access to the recording during and after the research is completed. The recording will be destroyed for 5 years following the end of the study.	
I agree to take part in the above study.	

Name of Participant: _____

Signature of Participant: _____ Date: _____

Name of Principle Investigator: Lucy Richardson (Trainee Clinical Psychologist)

Signature of Investigator: _____ Date: _____

Appendix G**:** *Interview Topic Guide*

1. **Demographics**

    - Age
    - Country where they spent their formative years
    - Current gender (as they describe it)
    - Current sexuality (as they describe it)
    - Any input from services in childhood e.g. GIDS

2. **Childhood experiences of gender identity development and remember to ask for ages of various activities.**

- Experimentation with gendered clothes/make-up/fragrances
- Interest in gender-typical toys/activities
- Family responses/role of family
- Impact of school, friends, local community
- Impact of TV, media, social media, **internet,** people in public eye
- Challenging/difficult experiences/incidents
- Positive/affirmative experiences/incidents
- Development of identity – people/characters identified with, process, timescale
- Decision making process/factors around transitioning

3. **Understanding of gender**

- Current understanding of 'male' / 'female' / 'non-binary' / 'Agender' concepts
- Relationship between gender identity and identity as a whole
- Current ways of expressing gender
- Changes in understanding/expression over time
- The influence of others on current gender expression
    - Family
    - Peers
    - Romantic partners
    - Wider society

4. **Experiences of emerging sexuality**

- Understanding/expression of sexuality over time
- Age of first sexual memories
- Exploration of sexuality over time
- Role of the internet/media
- Challenges with development of sexuality at different ages
- Positive experiences during development of sexuality
- Negative experiences, experience of homophobia
- Relationship between gender identity and sexuality – impact of gender on sexuality, impact of sexuality on gender
- Advice for adolescent self

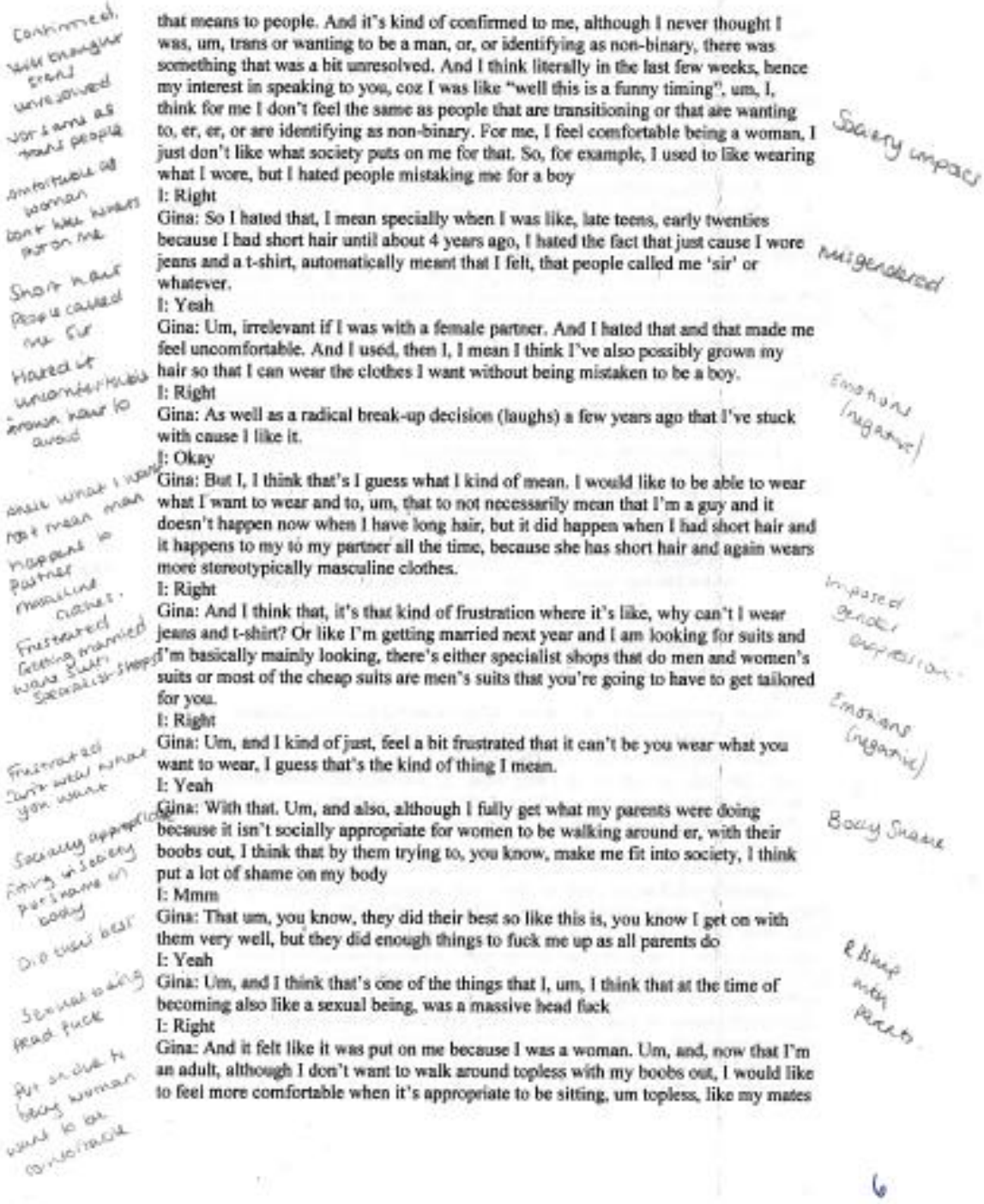
Appendix H**:** *Thematic Analysis Process*

Below are the six phases of Thematic Analysis proposed by Braun and Clarke (2006), which provided the key steps that were followed during the analysis

TA Phase	Process
1. Familiarisation of the data	This stage is an opportunity for the researcher to immerse themselves in the data, through reading and re-reading transcripts in "an active way" (pp. 16); making notes of initial impressions, meanings and patterns. In the present study, all transcribing was also done by the principle researcher, as this was key in beginning to understand the data set as a whole.
2. Generating initial codes	Once familiarisation has taken place, initial codes begin to be drawn out from the data based on what stands out as striking or interesting. This is the first step of organising the data into meaningful groups; however, the codes remain very close to the raw data with no interpretation at this point. Where the coding is theory-driven, it is possible to code only particular parts of the dataset. However, this study was data-driven so the entire dataset was coded systematically, giving "full and equal attention to each item" (pp. 18). Initial notes and observations were hand written in the left-hand margin of the transcripts and slightly broader codes were hand written on the right. At this point in the analysis it is helpful to have as many codes as possible, therefore extracts could be coded once or coded multiple times, depending on how many themes the extract could fit in to. The coding of the data was guided by the epistemological stance and the relevant codes included aspects that (i) the participants reported as important to them,(ii) stood out to the researcher as important or (iii) were repeated in a number of places.
3. Searching for themes	In this phase the analysis moves from focusing on codes, to looking at the data more broadly to identify themes and then "collating all the relevant coded extracts within the identified themes" (pp. 19). In the present study, themes were colour coded for ease of identification. The relationship between the codes and themes was also considered; some data were coded into sub-themes and some were coded into the overarching theme. Braun and Clarke also note that codes will begin to be discarded at this stage. Further; some may be identified which do not seem to fit anywhere; "it is perfectly acceptable to create a 'theme' called miscellaneous to house the codes […] that

	do not seem to fit into your main themes" (pp. 20).
4. Reviewing themes	This stage of the analysis is focused on refining the themes that have been identified. Therefore, some themes will be combined, some will be identified as subthemes of a larger, overarching theme and due to insufficient data (or data that is too broad), some previously identified themes will no longer be considered a 'theme'. In TA, a "theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set." (pp. 10). It is therefore important to keep reviewing, to observe whether any themes need to be combined, separated or dropped altogether. The key idea is the search for meaningful and coherent patterns. Therefore, all of the data coded into a theme needs to be relevant to that particular theme, while each theme needs to accurately reflect "the meanings evident in the dataset as a whole" (pp 21).
5. Defining and naming themes	Using a process of "refine and define" (pp. 22), themes are continually checked for clarity and coherence. The meaning within the theme should be clear and not complex. Themes should be written into a distinct narrative, that clearly demonstrates why the theme is of interest and combined with the related subthemes, should tell a story. The theme should then be given a name that clearly demonstrates what it is about.
6. Producing the report	The write-up should produce a "concise, coherent, logical, non-repetitive, and interesting account of the story the data tell – within and across themes" (pp. 23). Examples from the data (as quotations) are used to capture the essence of the theme or subtheme that is being written about.

Appendix I**:** *Transcript Excerpt with Emerging Themes*



that means to people. And it's kind of confirmed to me, although I never thought I was, um, trans or wanting to be a man, or, or identifying as non-binary, there was something that was a bit unresolved. And I think literally in the last few weeks, hence my interest in speaking to you, coz I was like "well this is a funny timing", um, I, think for me I don't feel the same as people that are transitioning or that are wanting to, er, er, or are identifying as non-binary. For me, I feel comfortable being a woman, I just don't like what society puts on me for that. So, for example, I used to like wearing what I wore, but I hated people mistaking me for a boy

I: Right

Gina: So I hated that, I mean specially when I was like, late teens, early twenties because I had short hair until about 4 years ago, I hated the fact that just cause I wore jeans and a t-shirt, automatically meant that I felt, that people called me 'sir' or whatever.

I: Yeah

Gina: Um, irrelevant if I was with a female partner. And I hated that and that made me feel uncomfortable. And I used, then I, I mean I think I've also possibly grown my hair so that I can wear the clothes I want without being mistaken to be a boy.

I: Right

Gina: As well as a radical break-up decision (laughs) a few years ago that I've stuck with cause I like it.

I: Okay

Gina: But I, I think that's I guess what I kind of mean. I would like to be able to wear what I want to wear and to, um, that to not necessarily mean that I'm a guy and it doesn't happen now when I have long hair, but it did happen when I had short hair and it happens to my to my partner all the time, because she has short hair and again wears more stereotypically masculine clothes.

I: Right

Gina: And I think that, it's that kind of frustration where it's like, why can't I wear jeans and t-shirt? Or like I'm getting married next year and I am looking for suits and I'm basically mainly looking, there's either specialist shops that do men and women's suits or most of the cheap suits are men's suits that you're going to have to get tailored for you.

I: Right

Gina: Um, and I kind of just, feel a bit frustrated that it can't be you wear what you want to wear, I guess that's the kind of thing I mean.

I: Yeah

Gina: With that. Um, and also, although I fully get what my parents were doing because it isn't socially appropriate for women to be walking around er, with their boobs out, I think that by them trying to, you know, make me fit into society, I think put a lot of shame on my body

I: Mmm

Gina: That um, you know, they did their best so like this is, you know I get on with them very well, but they did enough things to fuck me up as all parents do

I: Yeah

Gina: Um, and I think that's one of the things that I, um, I think that at the time of becoming also like a sexual being, was a massive head fuck

I: Right

Gina: And it felt like it was put on me because I was a woman. Um, and, now that I'm an adult, although I don't want to walk around topless with my boobs out, I would like to feel more comfortable when it's appropriate to be sitting, um topless, like my mates

Interview 2

somehow can without that complex that I think I've then, kind of had put on me because it felt wrong to be able to do that, even if you're sitting on a nudist beach. If that makes, I don't know if that makes any sense, um

I: Yeah it does, yeah.

Gina: But

I: Yeah, it does make sense. Um, and what's your relationship like with your body now, would you say?

Gina: Um, to be honest I've, I've, I mean like again literally in the last few weeks like, I, um, I, I've been thinking a lot about what it means for me to have my hair longer and how I don't, I do literally, I wear what I want to wear and I don't question it at all except for when I go to work. And I have to think about what I wear to work, obviously. But, um, on a day-to-day basis, I, because I have longer hair, I think I, I can now wear what I want to wear. But if I had shorter hair I don't know if that would be the case, so I think that's something that I'm really struck by when I've been thinking about it and talking with some of my mates. Who, oh also, some of my heterosexual friends feel exactly the same about short hair and they've never even been mistaken for a man before so I thinks it's a gender thing rather than a lesbian, queer kind of thing.

I: Yeah

Gina: But, um, but yeah I am really struck by what that means, cause although I do feel very comfortable in my body, um, and am enjoying feeling more comfortable with my nudity when it's appropriate, like, you know, my mates who all skinny dip, I'm now nearly skinny dipping myself (laughs) you know?

I: Okay

Gina: That kind of stuff I really am glad I'm feeling a bit more liberated on

I: Yeah

Gina: But on a day-to-day basis, I am yeah, kind of shocked by myself where I feel so comfortable and I think "hang on, is it, is my long hair my like, female, you know, thing" so that's why I can wear all of the clothes I want to wear too?

I: Mmm

Gina: Um, and not feel worried about being called a boy all the time. Um, I, I think as I got older, I think I probably wouldn't care as much now if I did cut my hair short, but um, yeah, it feels quite weird to think that my long hair's the thing that then allows me to dress how I want.

I: Yeah

Gina: Um, er, but, yeah

I: Um, you, you kind of mentioned that you know your friends at school, you said you were like a, I think you said a dramatic, dramatic group

Gina: Yes

I: And I was wondering like, what kind of, in, well, for a start, were they all females, or were they kind of, males and females? And, and did that influence kind of, did they, how did they influence your life, I guess?

Gina: Yeah, I um, so in primary school I had a mixture of male and female friends until we got to like, year 5ish and then it was mainly female friends

I: Right

Gina: And then, in secondary school it was a mixture of friends in year 7 and 8 and then in year 9, I moved to this tiny school, where yeah, 16 people in a year, so it's really tiny and we were all friends.

I: Right

Body Shame

Gender Expression

Relationship with body

Comfort in femininity?

Misgendering

Influence of friends

Appendix J: *Evolving Guidelines Criteria*

Below are the seven Evolving Guidelines for qualitative research, proposed by Elliott et al., (1999), which this study was measured against

Guideline	Requirements
1. Owning one's perspective	A qualitative researcher should detail their own values, interests and assumptions. Poor practice would be a qualitative write-up that does not acknowledge who the researchers are and what they may have brought to the research. Good practice would be outlining the researcher's personal and theoretical interests, experiences and training which may influence the research.
2. Situating the sample	The participants and their relevant life circumstances should be described. Poor practice would be failing to provide demographic characteristics or information that relates to the aims of the study (in this case, information about participants gender and/or sexual identity). Therefore, good practice would be providing the reader with descriptive data, along with clear information about these aspects of identity and if/what transitions have taken place.
3. Grounding in examples	Examples of the data should be provided to illustrate the themes and facilitate the understanding of the reader. Poor practice would be a lack of concrete examples for any themes. Good practice would be providing one or two specific examples (e.g. quotes) for each theme or subtheme.
4. Providing credibility checks	Checks for credibility can include: checking back meanings with participants, using multiple analysts, comparing more than one qualitative perspective and triangulation (e.g. collecting data via more than one method, to capture different dimensions). Poor practice would be no checks and no justification for the lack there of. Good practice is doing multiple checks as outlined above.
5. Coherence	The findings should form a narrative that is both coherent and preserves 'nuances' in the data. Poor practice would be presentation of a large number of themes that are distinct from each other, have no over-arching theme and/or do not come together to form a story. Good practice would be an 'integrated' review, that details "logical-hierarchical relationships among categories" (pp. 223).
6. Accomplishing	Where the aim is understanding phenomena at a

	general vs. specific research tasks	general level, information should come from an appropriate number of 'informants'. If more specific understanding is the aim, it should be "described systematically and comprehensively enough to provide the reader a basis for attaining that understanding" (pp. 223). Authors should be clear about the limitations of generalising findings. Poor practice would be failing to recruit a sample that covers the depth of their aims (in this study, failing to recruit people with a wide range of identities) and/or presenting only information in the narratives that does not relate to objectives of the research (in this study, development of the two parts of identity). Good practice would be a suitable number of interviews with participants who range in terms of demographics (and in this case, identities). The analysis is carried out at the right depth and the authors do not attempt to generalise findings to the whole population.
7.	**Resonating with the readers**	The final report should accurately reflect the subject in a way that resonates with readers. Poor practice would be the use of abstract jargon that moves away from the 'human experience'. Good practice would be the reader viewing the findings as bringing participants experiences to life and can relate the findings to their own experiences.

Appendix K: *University of Essex Ethical Approval Confirmation Letter*

14 August 2019

MRS LUCY RICHARDSON
[redacted]

Dear Lucy,

Re: Ethical Approval Application (Ref 17006)

Further to your application for ethical approval, please find enclosed a copy of your application which has now been approved by the School Ethics Representative on behalf of the Faculty Ethics Committee.

Yours sincerely,

Lisa McKee
Ethics Administrator
School of Health and Human Sciences

cc. Research Governance and Planning Manager, REO
Supervisor