



**EVALUATING THE PROJECT EMPOWERING YOUNG LGBT
ADULTS: METHODOLOGY AND KEY FINDINGS OF A
EUROPEAN ACTION RESEARCH**

SHULA RAMON[§], JULIA WARRENER^{**}

School of Health and Social Work, University of Hertfordshire

Abstract

The article focuses on the evaluation of a training programme aimed to empower young LGBT adults in Ireland and the UK, constituting one component of a larger EU funded project on this issue which took place in six sites. The programme offered an interactive exploration in small groups of the impact of social stigma due to minority gender and sexual identity on the participants. It further enables looking at and developing new modes of resilience, as well as relevant knowledge. A pre, immediate post, and follow up post programme evaluation took place, including changes in demographic data, perception of stigma, and strategies to handle it more constructively. Methods included responses to questionnaires and focus groups. Nvivo analysis was applied to the qualitative data, while SPSS analysis was applied to the quantitative data. Key findings highlight the value of the groups to increasing self and other understanding among the participants and the ease of trusting each other. Participants began to put themselves in the place of others in the group and outside it in order to improve understanding, empathy, reflecting back, and consider the range of possible and effective responses. Political activism emerged as a response in Ireland, but not in the UK. Thus the effectiveness of the training programme has been demonstrated cross-culturally. The main limitation of the study is the lack of measurement of external outcomes.

Cuvinte cheie: *stigmat social, tineri, adulți, identitate, reziliență*

Keywords: *stigma, young adults, LGBT, resilience, identity*

*Author correspondent:

§ Prof. Shula Ramon

Email: s.ramon@herts.ac.uk

** Dr. Julia Warrener

Email: j.warrener@herts.ac.uk

1. INTRODUCTION

The project Empowering Young LGBT Adults has been based on the belief that this group is experiencing stigmatisation in different European countries by other groups in each society, and as a result individual members of the group may internalise the stigma, finding themselves socially excluded. At the same time it was equally believed that members of the group have the potential to overcome to a considerable extent the negative impact of the stigma, with the support of empowering training that will enable them to develop resilience and other constructive strategies of handling stigma and its impact (Scourfield, Roen and McDermott, 2008, Weinberg and Newmahr, 2015).

This EU-Daphne III funded project has focused on three complementary training programmes aimed at empowering LGBT people and service providers. The project ran from March 2013 to February 2015, in five EU member states and six sites (Italy, Ireland, Slovenia, Spain and the UK), co-ordinated by the Department of Psychology of Turin University. Partners came from a range of socio-cultural, economic and political contexts, as well as from different disciplines (such as education, psychology, sociology and social work). All were experienced partners in EU projects in related fields, and have been engaged in empowering projects before.

2. OBJECTIVE

The key research question of this action research project has been whether empowerment oriented training programs aimed at young LGBT adults and service providers in each European participating site will succeed in reducing the stigma attached to having a minority sexual orientation.

- Objective 1, to empower young LGBT people (18-30 years) by promoting more constructive responses to violence, homophobia and transphobia (internalized and externalized) (training programme 1).
- Objective 2, to enhance service providers' awareness of the effects of violence, homophobia and transphobia for young LGBT people and develop providers' confidence and skills in working with young LGBT people through organisational change (training programme 2).

- Objective 3, to train young LGBT people to become training facilitators themselves, so that they might develop and run future programmes to empower other young LGBT people against violence and stigma (training programme 3).
- Objective 4, to apply pre and post programmes evaluation to test the usefulness of these programmes for the purpose of further dissemination across Europe.

This paper focuses on the evaluation results of programme 1 in Ireland (led by University College Dublin) and the UK (led by the University of Hertfordshire)

3. METHOD

3.1. THE TRAINING PROGRAMMES

The three separate training programmes were designed, developed and facilitated.

Each programme was facilitated by one of the research team and a co-facilitator with experience of the issues facing young LGBT people.

Training programme (TP) 1 comprised of 6 full days (in total) and was based on the themes of identity, stigma and minority stress, heterosexism and sexism, the socio-political context, resilience and empowerment. Teaching methods was based on knowledge, sharing experiences and action planning. Sites selected sub-groups they wished to recruit. While the UK and IRE recruited LGBTQ students and employed people, Naples recruited only transgender sex workers; Turin LGT, but not B TQ

The levels of participation varied across all programmes in all contexts. Take up of Programme 1 in the UK for example was relatively low, in comparison with Ireland, Spain and Italy. This could reflect an assumption that empowering young adults against homophobia and transphobia has less urgency in the UK, given recent positive legislative and policy change to promote greater equality (UK Department of Works & Pensions, 2010; UK Ministry of Justice, 2013). However, recent data revealing incidents of homophobic hate crime in the UK indicate how there is an ever pressing need to empower LGBT people against homophobia and transphobia (Stonewall, 2013). Data revealing that 1 in 6 LGBT people continue to experience hate crime because of their sexuality underlines the continuing importance of such training programmes.

TP 2 comprised 6 days, focused on bringing change in the organisations in which participants worked. Four days were taught. Participants were to have 2 days independent study to work on a project of choice, relevant to the aims and objectives of the study. The final day took the form of a showcase event- when participants presented the results of their project. Different layers of the workforce were invited to join this programme in the different sites. For example, the Irish partner invited administrative staff within UCD, whereas the UK partner aimed at having health and social care professionals as participants. The levels of participation in Programme 2 again varied from context to context and were particularly disappointing in the UK. 10 people initially expressed an interest in attending, although on the first day this fell to 6. Personal and organisational factors played their part in this drop, as some peoples' roles and commitments had changed since their initial expression of interest. However, attrition occurred during the course of the programme also, as two participants changed jobs and another left her role. This can again be explained by personal and organisational factors, although given low levels of interest initially, it is possible that there is an assumption that such training is not significant enough to commit personal and organisational resources to it.

TP 3 was run for a total of 3 days for participants of programme 1 who wished to develop their co-facilitation skills of training programmes for LGBT people. The skills focused upon in this programme were communication, leadership of a support group, and reflection in sensitive situations.

The first and third training programmes had several experiential components, aimed to enable participants to share and reflect on their previous and present experiences as people with a minority sexual orientation, as well as to enable the further development of resilience in stigmatised adversity contexts, ability to support others either informally (e.g. friends) or formally (as co-facilitators of support groups). Programme 2 participants, who have been service providers to LGBT people, had a more limited scope of experiential brief, but instead focused on bringing positive change towards LGBT people in their workplace.

Enhancing empowerment experiences, abilities and strategies of members of a stigmatised group is a challenging objective from the outset for a number of reasons:

1. The programmes and the trainers may at best provide strategies and tools for empowerment, but it is up to the participants themselves to adopt the tools and apply them in their own life context.
2. The success of applying empowerment strategies depends not only on those exercising them, but also on the degree of externally imposed and internalised stigma. Hence both the socio-cultural and the psychological contexts are bound not only to interact and have a feedback relationship, but also to play a role in the likelihood of successful application of these strategies (or otherwise).
3. The political dimension - as reflected in formal policies and legislation on the civil status of accepting sexual minority orientations - is not only an outcome of the socio-cultural context, but has an interdependent role to play in enabling or disabling the use of empowerment opportunities.

3.2. SAMPLING STRATEGY AND SAMPLING INFORMATION

Purposeful sampling was adopted, given the sensitivity required to reach this population. Both formal and informal networks were utilised to inform potential participants on the project and its programmes. Targeted flyers were produced, and information about the project was disseminated to people in contact with young adults. Each site had an advisory group which helped in disseminating information and offering links to relevant networks.

Both UCD and UH are large scale institutions, and hence it was necessary to consider which component of the structure to focus on. UCD recruited mainly outsiders to programme 1, while UH recruited both undergraduate students and some outsiders. UCD managed to have a much larger group than UH, perhaps due to greater availability of support systems for LGBT in the UK. The geographical context should also be considered. UCD were recruiting from Dublin city, UH is located in a suburban/rural county, with smaller towns which does not have an established LGBT network. Consequently, it is possible that while the project was advertised as widely as possible across Hertfordshire, this information did not reach all potential participants Hertfordshire. It is also possible that given the extent of progressive legislative change in the UK (UK Ministry of Justice, 2013) the project did not speak as much to young adults in the UK, as it did in the other participating countries.

3.3. EVALUATION STRATEGY

The evaluation of the effectiveness of the training programmes was required by the funders. It was also a taken for granted objective for the trainers and researchers who wished to find out if their efforts were good enough to overcome the barriers to empowerment faced by LGBT people, as well as by providers, keen to ensure the social inclusion of this group.

We at the University of Hertfordshire led the evaluation aspect of the project, though each partner had a say in deciding on the ‘what and how’ of the evaluation, as well as having researchers whose task was to undertake the local evaluation in each site.

In devising a shared evaluation strategy, the following had to be taken into account:

1. The subjective perspective of participants in terms of the impact training programmes had on them.
2. The intersubjective perspective of being in a group and its differentiated impact on different participants.
3. The key outcomes of the training programmes
4. The key processes of the programmes
5. The implications of the application of an action research overarching methodology (Winter and Munn-Giddings, 2000), and one that had emancipatory aspirations in terms of wishing to change a stigmatising system (Zuber-Sherritt, 2003, p. 3)
6. Although not taken formally into account, the variable experience of evaluation methods preferences, and the use of electronic software for the purpose of data analysis within the partnership, played a not insignificant part too.

Given the short life span of the project (two years) and its tangible aims (empower for change), a realistic evaluation approach was taken by the sites (Pawson and Tilley, 2004). It focuses on what works, for whom, and in what circumstances. The evaluation aims to answer the question what are the aspects of an intervention that make it effective or ineffective, and what contextual factors are needed to replicate the intervention in another area. It has a good track record in evaluating new health and social care interventions.

More specifically, this project followed an action research framework in attempting to introduce strategies and skills for handling constructively stigmatisation and social exclusion towards people who have a minority sexual orientation. An action research implies an interactive cycle of defining the issue and behaviours in which change is wanted, collecting data on the state of affairs and views of key stakeholders concerning the desired change, putting in place the strategies that will enable the change to take place, evaluating if it had indeed taken place and to what extent, and reflecting on the outcomes of this cycle, in preparation for the next cycle of research and action (Winter and Munn-Giddings, 2000). Action research has been criticised for taking a political stance to research, because it is aiming to change aspects of reality and not only to study them, and hence to change also the status quo of power (Seal, 2000, p. 9-12). However, as Seal recognises, provided the rigour of research methodology is kept within an action research framework, it is both possible and desirable to apply this framework, because it is a good tool to tackle oppression: “action research attempts an interactive cycle between practical struggles, the formulation of research questions and the reporting of research findings in a way that informs further practical struggle” (ibid, p. 10). Action research also interacts with another dimension, namely that of participation. Participation in research, including in action research, can be located on a range from little to a lot, as well as participation of the few who are the decision makers, vs. the participation of the many more who are ordinary participants in a project. Participation can be empowering, and is recognised as a key strategy towards achieving empowerment and preventing marginalisation, as it denotes the belief that participants have valued knowledge and abilities of a specific issue (Matthies and Uggirthaoj, 2014).

Empowering the young adults - the main participants in the project - and service providers, was the primary strategy for change, selected for this project by its initiators. This choice reflects the belief that these two stakeholders groups hold the key to bring about significant positive change in the direction of reducing external and internalised stigma, as well as enhancing social inclusion in this case. However, empowerment is a complex concept as is its implementation in everyday practice, given that it has to take account of and introduce change at the multilevel of individual, group, community, and organisational change (see its application to another complex arena in Ryan, Ramon and Greacen, 2012).

3.4. METHODS OF EVALUATION

A mixed methods approach, to include quantitative and qualitative measures, which is suitable for a complex project such as this, was adopted.

Given that this project was an action research focused on empowerment of its participants (Zuber-Sherritt, 2003) , the usual before and after an intervention evaluation design did not seem to be best suited, as it could not provide information concerning processes of innovative change and of empowerment during the lifetime of the project. Capturing these processes and their impact is a key component of both understanding how innovative change and empowerment are working, and of ensuring that indeed they would be implemented properly in the project.

Instead, we opted for a more frequent evaluation of the stages each of the three training programmes contained, namely the pre-programme, immediate end of a training programme, and at the follow up point, from the perspectives of the participants and the co-facilitators. Furthermore, to prevent as much as possible a potential social desirability bias, the evaluation at each stage was conducted by a researcher who knows the project but is not directly involved in the training. Methods of evaluation included questionnaires, focus groups, and responding to questions based on hypothetical vignettes, thus providing a measure of triangulation (see appendices). Information pertaining to each stage by each participant could be thus compared to identify if change has occurred in terms of the aims of each training programmes, as well as in meeting the participants' expectations regarding the content and learning methods of the programmes

Each participant was asked to fill in short questionnaires, using a pseudonym to ensure anonymity, with at least one focus group discussion taking place per each training programme. Questions focused on expectations, concerns, content and format of new learning and tasks, whether expectations were met, future expectations from the project, necessary support, application of content to everyday living and to one's job where relevant, achievements.

We also asked participants to respond to hypothetical vignettes in evaluating what they learned in the training programme for providers and for their response to an imagined scenario in the training programme for co-facilitators. Several sites opted also to apply a participant observation of group meetings, believing that this method will provide in-depth information about group processes and the development of content themes. Other sites did not follow this method, believing

that it would be too intrusive to be applied in a project focusing on highly sensitive and emotive issues for them, contradicting the empowerment overarching strategy.

A multiple embedded case study design (Yin, 2002) was applied, consisting of data from each participant and creating a group profile per each training programme on each site, followed by comparing findings from the six sites. Data analysis was focused on thematic analysis (Braun and Clarke, 2006), enhanced by the application of SPSS analysis to quantitative data and NVivo 10 to the qualitative data.

3.5. LIMITATIONS OF THE EVALUATION STRATEGY

Each research project methodological framework is bound to have limitations, as well as advantages. The limitations of this project include:

1. The strategy relies mostly on participants' self-reporting, and lacks external corroboration of outcomes. While this account is central to the project given its aims to impact on these individuals self-evaluation, verification of the acquisition of skills in particular necessitates observation and/or the view of others.
2. The facilitators' report focused on the group processes and whether the tasks per meeting were met. While the group dynamics constitute an important component of the impact of the programme, they do not come instead of outcomes in the everyday private and public arenas where the participants interact with other people.
3. The programmes follow up took place after a relatively short period (six months for programmes 1 and 2, and three months for programme 3), in which significant changes may not have had the time to develop. However, given the limited life span of the project – two years- this could not have been helped.
4. The variability among the sites has been considerable and has remained so in approaches to research, to empowerment, and to specific methodological measures. Disagreements tended to be resolved by allowing different sites to do what they prefer, even though this increased the variability and made it more difficult to compare feedback and outcomes.
5. Likewise, the differences in the social context are significant in terms of cultural attitudes towards people opting for a minority sexual orientation, polices, legislation, and the availability of support groups. Thus the appeal

of the training programmes was bound to differ between the partners, and what was perceived as very innovative in one site was in fact less innovative in another.

4. RESULTS

4.1. KEY FINDINGS

Table 1. Table of Qualitative Post-Programme

Site	Stigma	Skills	Contributors to resilience	Overall outcomes
UH (UK)& UCD (IRE)	Experienced as overt, 'like a smack in the face'. And more subtle, 'like watching a you tube video that's out of sync'	Greater awareness of how to 'read' people More able to attach less meaning to interactions, past or present	Safe social spaces, where people are accepted and feel accepted Receiving knowledge and information	Greater self-confidence Greater readiness and ability to 'call people out'
UH (UK)& UCD (IRE)	Fear of stigma can disempower & encourage risk behaviours Stigma can impact negatively on a positive sense of identity		Actively participating in knowledge sharing	More able to deal with stigma and discrimination More awareness of social spaces, including diversity within LGBTQI communities
UH (UK)& UCD (IRE)				Greater clarity around gender identity, although not necessarily a more significant part of gender identity More recognition of the need to take care of self in all situations
UCD (IRE)		Greater awareness of the self as a whole person, not just a 'political activist'		Use of social media to support empowerment and resilience

5. ANALYSIS

The quantitative and qualitative data from programme 1, aimed to empower young LGT people through promoting more constructive responses to violence, homophobia and transphobia (internalized and externalized), is in general indicative of the programme's success. The analysis reveals a decrease in participants' sense of minority stress, some positive changes to identity and possibly a sense of greater empowerment. In relation to minority stress and participants' worry about how they might be judged because of their sexual

orientation, the SPSS analysis, of the P2P LGT questionnaire, revealed a 20% increase in participants who disagreed with the statement “I can’t feel comfortable knowing that others judge me negatively for my sexual orientation” immediately after the programme. Similarly, there was a small increase in participants’ sense of their own “normalcy” immediately post-programme with 7% more disagreeing with the statement “I often ask myself, why, can’t I, just be normal? Some positive change to participants’ sense of identity might therefore be anticipated.

The quantitative data analysis finds sexuality to be an important feature of identity post-programme, with an 8% increase on pre-programme data. The programmes support for participants’ coming out narratives appears to be a significant aspect of this change as 33% of participants reported feeling more self-confident, as a result of telling their coming out story at the post programme stage. However, interestingly coming out did not necessarily lead participants to question the wider social and more traditional values on sexual orientation, perhaps indicating participants’ greater sense of self-acceptance and positive reaction to perceived stigma. 3% more participants reported feeling more comfortable, post programme, around people who are open about their sexual orientation and 8% more participants were less worried about what others think of their sexual orientation post-programme. Indeed post-programme 7% of participants appeared more confident to name a fixed sexual identity for themselves.

Reflecting the importance of each partner’s socio-political context, qualitative data from Ireland reveals an additional component of identity- that of being a political activist. Activism was a distinct theme to emerge from this context. Participants indicate some key features of activism, such as being part of a collective, and showing unity while advocating for the importance of respecting the views of others. More data indicates how radical views can be catalysts for change, although some participants highlighted the personal consequences of this, in that activism can overwhelm the self,

“...when you do as much as you can for gay rights and you find yourself really active and involved and stuff like that it becomes overwhelming because you think that you have to have the solution for everything” (IRE, ref 1, P1, T2)

However, some describe how there is ‘no choice’ but to be an activist. Nevertheless It seems that participation in the Programme helped some to realise that their activist self is just one part of their identity while they need to take care of their whole self, in order to be an effective activist,

“I suppose a lot of the time we see ourselves only as activists and like agents for a cause and I think that’s common for a lot of us and you mentioned that it’s kind of a weight over your head. But something I’ve taken away is that I have to like make sure I am happy and safe first. Like what you were mentioning about walking down the street holding hands if it’s not safe then don’t so it, even if it would be a political statement and eh kind of making that distinction is something that I’ll take away, like the distinction between am I happy and comfortable and safe and is this an environment where I can be political and make a political statement” (IRE, ref 2, P1 T2)

The picture in relation to gender identity is slightly more ambiguous. While there was a slight increase at the post-programme stage in participants’ clarity about their gender identity, the question of how important gender is to participants’ sense of identity is less clear cut. Fewer people agreed post-programme with items concerning the importance of gender identity as both an aspect of their lives and of who they are. For example, 10% fewer participants agreed with the statement ‘My gender identity is a significant part of who I am’ post programme. As the measure asked all questions to all participants, it is possible that this change reflects the positive changes for some participants to their identity as it related to sexual orientation, rather than gender. Interestingly, the data reveals only a small positive correlation between coming out about gender identity and growth in self-confidence; with only 2% more participants post-programme reporting feeling more self-confident as a result of telling their coming out story. This may reflect more negative social attitudes towards changing gender in both contexts.

Interestingly more positive conceptualisations of self in relation to both sexual and gender identity may not necessarily translate into more constructive skills and coping strategies, as analysis of data from the RS14 reveals no positive change at the post-programme stage in participants perception of their ability to manage, with 81% of the participants agreeing with the statement ‘I usually manage one way or the other’ both pre and post programme. In contrast to sexual orientation, coming out about gender identity was associated with 5% more participants questioning the wider and more traditional values on gender. Post-programme data reveals a reduction in perceived stigma and greater sense of self-acceptance, with 12% of participants disagreeing at the post-programme evaluation with the statement, “I feel uneasy around other people who are very open about their gender identity in public”.

The qualitative data reveals how stigma and discrimination can be experienced both as a 'smack in the face' but also more subtly, so much so that it functions at an unconscious level unless pointed out, so its

"... like when you're watching a video on YouTube and you're watching it and you're fine and then someone points out that the sound is out of sync and then you're like that's all I can see"

Moreover, data reveals the power of overt and more subtle forms of stigma and discrimination, particularly in relation to internalised stigma and how a fear of being discriminated against can disempower the person and encourage risk behaviours, such as self-harm. Stigma and discrimination can also prevent people from being who they really are, with consequences for a positive sense of identity, self-confidence and empowerment. Interestingly, the qualitative data appears to suggest that participants have developed new skills, particularly around gaining greater awareness and understanding of others, how to read individuals and situations better, thus contradicting data from the RS14 revealing no change in participants perceptions of their abilities to 'manage one way or the other'. Greater self-confidence and self-acceptance meant that participants also felt able to attach less meaning to negative interactions, past and present, and crucially felt more able to 'call people out' on their negative judgements, attitudes and behaviours, while still attending to their own safety

"One of my housemates has picked up the habit of 'that's so gay'. And every time he says it I am like- 'I am sorry, what?'" "How? Can you explain that to me?"

"...we were talking about like not having to be-- to be able to be ok with yourself not being, not wearing your activist hat all the time, if you know what I mean, so like if I'm like walking home one night like with my girlfriend and there's a group of really scary guys on the corner to not feel like I'm proving something by like responding to them if they start yelling stuff, just like walk away don't have educate everybody at every moment. That's pretty good permission to get"

Data reveals the importance of a programme which encouraged belonging, a safe social space, knowledge and participation, as contributors to resilience and empowerment. The programme clearly contributed to resilience through knowledge sharing, both in discussion with each other and with facilitators, receiving new information and acceptance from the group,

'...for me it was when we all sat around the table and spoke about coming out and how we felt at that time ourselves empowered to get that information out

there... to lay it all out on the table. We built up a space of enough trust to do that with people we'd never really met before, for me it was a very powerful experience'

Consequently, participants reported that they felt more able to deal with stigma and discrimination, had more awareness of social spaces, including the diversity of the LGBTQI community, especially in relation to the issues and strengths within the Trans* community. It is possible that the project's peer to peer methodology was a factor in participants' greater understanding of self, others and their resilience to minority stress, stigmatizing attitudes and behaviours. Talking, sharing experiences and learning, supporting, respecting and empathizing with each other can help to create a safe and a sense of reciprocity. Support from peers can aid learning about self, how to express oneself, how to strategize and how to take care of self. Interestingly, data from IRE reveals how participants used social media to organise and support one another outside of the sessions,

"It would take a lot more effort I suppose to continue if we didn't have these meeting and we didn't have a Facebook group that that's going to stay there and it's sort of representative and it's like communication between this group" (IRE, ref 1, P1 T2)

It is evident that qualitative data from programme 1 indicates some key positive changes to participants' comfortableness with their own sexual identity. It also indicates the development of new and constructive coping skills; even if participants did not necessarily directly connect these new found skills with their ability to 'manage' life. Political activism and use of social media to support empowerment and resilience were particular themes to emerge from the UCD data. The picture in relation to gender identity is slightly more complex. While participants had perhaps gained greater clarity about their gender identity post-programme, it did not necessarily mean that gender had taken on a more significant role in their identity. Findings support LGB & T stigma and discrimination as both overt and subtle; and moreover suggest the importance of establishing safe and supportive environments as the first steps in challenging and empowering more constructive responses to homophobia and transphobia.

6. DISCUSSION

Empowering Young LGT Adult's contribution to the existing literature is evident in the data. The data suggests that participants experienced a decrease in minority stress, positive changes to identity and a greater sense of empowerment and resilience as a result of participating in the programme. The skills and experiences of the programme's co-facilitators were essential to this, given evidence that safe, collective spaces can enhance empowerment and resilience—particularly around issues of gender and sexuality (Lepp & Zorn, 2002). Opportunities to share coming out stories, particularly about sexuality, were crucial to participants' increasing self-confidence and personal-growth (Vaughan & Waehler, 2010). It has to be acknowledged however, that coming out about gender appears less significant for *trans participants' self-confidence. This perhaps underlines how coming out for trans* young people is a complex and very different experience than it is for gay and lesbian people (Sherriff, Hamilton, Wigmore & Giambrone, 2011), perhaps due to a lower level of social acceptance of transgender in Ireland and the UK in comparison to having a minority sexual identity. Alternatively it could be that the change on one's birth gender is a more drastic change than that of one's sexual identity, one the two societies have come less to terms with.

In general, the data underlines the importance of the project's peer to peer methodology especially as peer support is known to be a powerful protective factor against in person and online victimisation related to sexuality and gender (Ybarra, Mitchell, Palmer & Reisner, 2015). Interestingly UCD participants chose to extend the organisation of their programme through social media, specifically Facebook. This reflects evidence suggesting that LGBTQI young adults are more likely than their heterosexual or cis-gendered peers, to use social media to develop emotionally supportive social relationships (Ibid, 2015). The use of Facebook was an important source of support for UCD participants, outside of the Programme itself, reflecting the importance of online spaces for generating support and belonging (Soriano, 2014). However, in-person social support still appears a stronger protective factor against violence, stigma and discrimination related to sexuality and gender. Consequently, while online peer to peer activity can support interaction, connection and belonging it does not necessarily replace in-person peer to peer support (Ybarra, et al. 2015).

Attitudes towards LGBTQI people are perhaps becoming increasingly complex, with both overt and more subtle expressions of gender and sexual prejudice (Martinez, 2013). Certainly the UK has seen significant policy change leading to greater equality (UK Department of Health, 2002; Department of Trade and Industry, 2003, 2004; Department of Constitutional Affairs, 2004; Department for Work & Pensions, 2010; Ministry of Justice, 2013). However, it is apparent that LGB individuals continue to live with violence, stigma and discrimination, with 1 in 6 experiencing some form of homophobic hate crime (Stonewall, 2013). Data from Empowering Young LGT Adults reflects participants' experience of overt and subtle forms of prejudice related to their sexuality or gender. Curiously, the programme enabled some participants to put a name to the minority stress that they clearly experience,

...but I really hadn't processed was the idea of minority stress and when whether the pressure is there or not you feel under that pressure and seeing that partly in myself but mainly in other people and being able to talk to other people about it and getting to re-evaluate their own position and to use evidence to see how they are feeling which was very useful actually (UK, P1, 12-05-14)

Minority stress or disharmony with one's political, social and physical context is clearly harmful to an individual's identity, physical and psychological health. Minority stress is associated with both concrete and intangible stressors, such as, traumatic violence and the more minor or non-events, such as being denied the opportunity to state one's transgendered identity clearly on an application form (Meyer, Ouelletter, Haile & McFarlane, 2011). Consequently, LGBT individuals can face a loss of opportunity, in a world which feels unsafe (ibid, 2011). It is evident that the programme enabled participants to name and protect against minority stress. Facilitated in a safe environment, peers were able to talk, share and learn from each other and gain more understanding of self, others and how to better negotiate the violence, stigma and discrimination in their social worlds. Consequently, the data supports that literature which underlines the importance of peer to peer networking and support in challenging harmful personal and social experiences (Allman, Myers, Schellenberg, et al., 2006).

Collective experiential learning enabled participants' self-confidence, growth and sense of solidarity. UCD participants describe how their experiences on the Programme informed their more political activities and identities. Intriguingly, while UH participants describe how the Programme enhanced their sense of self-

confidence and empowerment, they never describe themselves as ‘political’ or as ‘activists’. This may reflect certain trends in young adults’ participation in both electoral politics and issue based civil and political activities (Sloam, 2012). Electoral politics have witnessed a ‘crisis of political engagement amongst young people’ (Tonge, 2009, p.237) leading UK governments to institute mechanisms in an attempt to engage young adults more in policy and politics (UK Ministry of Justice, 2007). However, young adults’ interest and engagement with issue based politics is growing as data from UCD participants reveals (Sloam, 2012).

While qualitative data indicates participants’ greater self-confidence, empowerment and resilience quantitative results reveal that participants do not necessarily believe their abilities to ‘manage one way or the other’ have positively changed. It is possible that the stages of the evaluation did not allow participants sufficient time to absorb the new experiences encountered in the programme, to practice and reflect on the skills and strategies acquired (Jennings & Wargnier, 2010). Alternatively it may signify that the participants felt their strategies and skills of managing minority stress were good enough to start with.

The Gender and Sexual Identity Questionnaire (GSI) has been a methodological innovation of the project, as it was composed specifically for this project by the partners, because we could not find a tool to measure changes in both gender and sexual identities. Structured to cover several dimensions and two different types of identity, each sub-scale contains only three items, as we thought that having more items will make it into a too long a tool for the participants. No difficulties were encountered in eliciting responses to the items, and the differences in responding to the two identities by LGB vs. trans participants highlights its ability to enable diverse meanings and preferences to come to the fore.

The difference in responses to the issue of becoming more resilient between findings on the RS14 and the Gender and Sexual Identity questionnaire, highlighted above in the section on the key findings, were unexpected. They may indicate that a difference exists in the meaning of the generic RS14 items aimed at a number of stress inducing situations vs. the specificity of the GSI items that leads to a more nuanced response to the letter, and a rather more sweeping one to the RS14 item. A further analysis of the GSI is beyond the remit of this paper, but it is hoped that it will take place in the near future. Trying out the GSI on larger samples would be a desirable next step of the validation of this measure.

7. CONCLUSIONS

The key results of the post-programme evaluation indicate that according to the participants in both UCD and UH, the aims of programme 1 have been largely achieved. Their participation in the programme eased the stress they felt as a result of external stigma, and enabled them to acquire new understanding of others as well as skills towards the development of a higher degree of resilience.

The evaluation methods have been responded to un-problematically by the participants, which is encouraging. However, they only allow us to measure the subjective perception of the participants, and do not allow the researchers to measure outcomes outside of the programme context. Furthermore, the relatively short follow up period between the end of the programme and the re-evaluation of change may be insufficient for major changes to take place in the context of responding to stigma.

Hence, while encouraging that in both sites positive outcomes have been achieved, there is a need for replication of the project to verify the long term sustainability of these findings.

ACKNOWLEDGEMENT

We wish to thank Maggie Freely (UCD) and Michele Lloyds (UH) for their contributions to the data analysis.

REFERENCES

- Allman, D. et al. (2006). Peer networking for the reduction of drug-related harm. *The International journal on drug policy*, 17(5), 402-410
- Braun, V. Clarke, V. (2006) using Thematic Analysis in Psychology. *Qualitative research in psychology*, 3(2), 77-101.
- Jennings, C.; Wargnier, J. (2010). Experiential learning - a way to develop agile minds in the knowledge economy? *Development and learning in organizations*, 24(3), 14-16
- Lepp, M.; Zorn, C. R. (2002). Life circle: creating safe space for educational empowerment. *The journal of nursing education*, 41(9), 383-385
- Martinez, P. (2013). A modern conceptualisation of sexual prejudice for social work educators. *Social work education*, 30(5), 558-570
- Matthies, A.L., & Uggerhoj, L. (ed) (2014). *Participation, marginalisation and welfare services*. Farnham: Ashgate Publishing

Pawson, R. & Tiley, N. (2004) Simple principles for the evaluation of complex programmes. In: Kelly, M. et al (ed) *An Evidence-Based Approach to Public Health and Tackling Health Inequalities: Practical*

Ryan, P. et al. (eds) (2012). *Empowerment, lifelong learning and recovery in mental health: towards a new paradigm*. Basingstoke: Palgrave Macmillan.

Scourfield, J. et al. (2008) Lesbian, gay, bisexual and transgender young people's experience of distress: resilience, ambivalences and self-destructive behaviour. *Journal of health and social care in the community*, 16(3), 329-336.

Seal, C. (2000) Postscientific Critiques. In: *The Quality of Qualitative Research*. London: Sage, p. 9-12.

Sherriff, N. et al. (2011). "What do you say to them?" Investigating and supporting the needs of lesbian, gay, bisexual, trans and questioning (LGBTQ) young people. *Journal of community psychology*, 39(8), 939-955

Sloam, J. (2012). Rejuvenating Democracy? Young People and the 'Big Society' Project. *Parliamentary affairs*, 65(1), 90-114

Soriano, C. (2014). Constructing collectivity in diversity: online political mobilization of a national LGBT political party. *Media, culture & society*, 36(1), 20-36

Stonewall. (2013). Homophobic Hate Crime: The Gay British Crime Survey. Retrieved, 3, June, 2014 from https://www.stonewall.org.uk/documents/hate_crime.pdf

Vaughan, M. & Waehler, C. (2010). Coming out growth: conceptualizing and measuring stress-related growth associated with coming out to others as a sexual minority. *Journal of adult development*, 17(2), 94-109

Weinberg, T. & Newmahr, S. (ed) (2015). *Selves, symbols, and sexualities: an interactionist anthology*. London: Sage.

Winter, R. & Munn-Giddings, C. (ed) (2000). *A handbook for Action Research in Health and Social Care*. London: Routledge

United Kingdom. (2002). *Adoption & Children Act*. Department of Health; London.

United Kingdom. (2003). *Employment Equality (Sexual Orientation) (Regulations)*. Department of Trade and Industry; London.

United Kingdom. (2004). *Gender Recognition Act*. Department of Constitutional Affairs; London

United Kingdom. (2004). *Civil Partnership Act*. Department of Trade and Industry; London

United Kingdom. (2007). *The Governance of Britain*. Ministry of Justice; London

United Kingdom. (2010). *Equality Act*. Department for Work and Pensions; London

United Kingdom. (2013). *Marriage (Same Sex Couples) Act*. Ministry of Justice; London

Ybarra, M. et al. (2015). Online social support as a buffer against online and offline peer and sexual victimization among U.S. LGBT and non-LGBT youth. *Child abuse & neglect*, 39, 123-136

Yin, R. (2002) *Case Study research: design and methods*. London: Sage.

Zuber-Sherritt, O. (ed) (2003). *New directions in Action Research*. Brighton: Falmer Press, p. 9.