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Researching and monitoring adolescence and sexual orientation: Asking the right questions, at the right time

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Abstract

Evidence suggests that young people can experience disadvantage due to their sexual orientation, such as homophobic bullying, mental health issues, rejection from family and friends and increased risk of homelessness. The extent and impact of this disadvantage has not been systematically captured to date and constitutes a major evidence gap. Equally, the Equality Act 2010 has established a new Single Public Sector Equality Duty to promote equality, and provide protection for people of all ages from discrimination because of their sexual orientation. A first step in understanding how to capture such inequality is to review the evidence and explore the issues involved in researching and monitoring sexual orientation in adolescence – the focus of this paper.

Evidence suggests that by the age of 12 young people are dealing with emerging sexual feelings and attraction to others. Through the teenage years, some young people do begin to identify their sexual orientation, and others do not, or are just unsure. Young people also begin to identify the actual/perceived sexual orientation of others and this underpins homophobic bullying. Existing studies suggest that it is practically and ethically possible to capture evidence on sexual orientation in adolescence through research and monitoring, in order to better understand disadvantage. The questions we ask must take into account that young people's sexual orientation is not fixed and is in a process of forming. Equally, the type of question asked, and method used, should be appropriate for the purpose of the study. If the focus is sexual health risks, then sexual behaviour may be the most useful measure. If, however, the intention is to gauge experiences of discrimination then sexual identity may be a more accurate dimension to measure. It is important to identify the role of sexual orientation as a predictor of health, social and economic outcomes. The failure to account for sexual orientation effects may lead to inaccurate scientific and policy conclusions, for example about targeting health or education interventions for young people. Most importantly, the principles at work here are about ensuring the safety and wellbeing of **all** young people, whatever their sexual orientation.

1. Introduction

The Equality Act 2010 strengthens British equality legislation by harmonising discrimination law to support progress on equality. Sexual orientation has been given a similar status to other protected characteristics (e.g. disability, gender, race) whereby people have legal protection from discrimination, harassment or victimisation. In addition, the Equality Act has established a new Single Public Sector Equality Duty to promote equality and tackle discrimination for a wider range of groups, including lesbian, gay and bisexual (LGB) people of all ages. In the past the Public Sector Equality Duty only applied to disability, race and gender. Public bodies will be required to consider how their policies, programmes and service delivery will affect people in relation to sexual orientation. They must eliminate prohibited conduct, advance equality of opportunity and foster good relations between people who share a protected characteristic and people who do not (GEO, 2010a).

Evidence suggests that young LGB people are more likely to have poorer mental health and wellbeing outcomes than their heterosexual counterparts (Rivers, 2001; Rivers and Noret, 2008; Hunt and Fish, 2008; McDermott et al., 2008); and be at a higher risk of suicide and self-harm (King et al., 2007). Homophobic bullying is a common experience for young people in secondary schools (regardless of their sexual orientation) (Hunt and Jensen, 2007; Rivers, 2001; Epstein et al., 2003). Young people are at a higher risk (than adults) of homophobic abuse more generally (Dick, 2008). The effects of homophobic bullying can result in poor health outcomes including low self-esteem, substance abuse, self-harm and suicidal behaviour (Rivers and Carragher, 2003; McDermott et al., 2008; Rivers and Cowie, 2006) and poor educational experience such as low attendance, absenteeism and academic attainment (Warwick et al., 2001; Ryan and Rivers, 2003; McDermott, 2010a). There is also evidence that young LGB people face rejection from family and friends (Carolan and Redmond, 2003; Rees and Siakeu, 2004) and are at increased risk of homelessness (Dunne et al., 2002; O'Connor and Malloy, 2001).

The homophobic abuse experienced by young people in schools is well documented and the current Government has made an overt commitment to tackling the problem (GEO, 2010b). Other than this, and some of the well established studies cited above, there is an overwhelming evidence gap in relation to how sexual orientation may disadvantage the 11-18 age group in all areas of life (Mitchell et al., 2009; Ellison and Gunstone, 2009). We do not know how the life chances and outcomes for young LGB people may differ to those of their peers. Neither do we fully understand what

the needs of young LGB people may be, or how to improve the services available to them. It is important to identify the role of sexual orientation as a predictor of health, social and economic outcomes. The failure to account for sexual orientation effects may lead to inaccurate scientific and policy conclusions, for example targeting health or education interventions. Most importantly, the principles at work here are concerned with ensuring the safety and wellbeing of all young people.

There has been some progress to protect young people's welfare and wellbeing by improving how we monitor, measure and tackle disadvantage and inequality. The Equality Measurement Framework (EMF) for Children and Young People is being developed by the Equality and Human Rights Commission, together with the Government Equalities Office (GEO) and in consultation with the Scottish Government, the Welsh Assembly Government and other stakeholders. In the consultation process to develop indicators to measure equality, there has been considerable discussion regarding how sexual orientation should be incorporated within the EMF for Children and Young People. Central to the discussion has been the lack of systematic evidence on inequality for young people linked to sexual orientation, the age appropriateness of asking children and young people questions about sexual orientation and parental consent (Burchardt *et al.,* 2009).

A first step in understanding how to create more systematic evidence is to interrogate how disadvantage linked to sexual orientation can be researched and monitored appropriately with young people – the focus of this paper.

1.1 Aims

The Equality and Human Rights Commission commissioned this paper to provide an overview of the evidence and issues involved in furthering our understanding about sexual orientation disadvantage by asking young people questions about sexual orientation for the purposes of research and monitoring. The aims of the report are to:

- Highlight what we know about young people's development, what can be understood and good practice when asking young people about other characteristics.

- Identify what is known about types of questions and approaches to asking young people about sexual orientation and how they think about their sexual identity.

- Identify what arguments are used for and against asking young people about their sexual orientation.

- Clarify any legal and ethical issues surrounding asking young people about their sexual orientation.

- Suggest ways forward in asking young people about their sexual orientation.

The measurement of sexual orientation for this population group is complex and under-developed (Parks *et al.,* 2009), so the report draws upon relevant research, policies, expert opinion and legislation from the UK and internationally. The evidence informing the report is the best and most reliable available.

1.2 Definitions

For the purposes of UK legislation, sexual orientation is not defined by any specific dimension (Haseldon and Joloza, 2009). It is generally agreed that for the purposes of research and monitoring, sexual orientation contains three dimensions (Aspinall, 2009):

i) Sexual attraction: referring to the sex or gender of individuals that a person is attracted to.

ii) Sexual behaviour: sex with sexual partners (i.e. individuals of the same sex, different sex, or both sexes).

iii) Self-identification: how an individual defines their sexual orientation. The categories that have been tested and used with adults aged 16+ in Britain are: lesbian, gay, bisexual, straight/ heterosexual, other.

To date, no questions or categories of sexual identity, attraction or behaviour have been empirically tested with young people under the age of 16 years old in Britain. This report primarily focuses upon the categories of sexual orientation, identity and attraction.

The age group referred to as 'young people' or 'adolescents' can span 11-25 year-olds in legislation, policy, research and service provision. In this report, the generic term 'young people' can include those aged 11-24 years old. Particular attention is paid to those aged 11-16 years old.

2. Evidence on young people and sexual orientation

The welfare of all young people can be improved, if we have a better understanding of the disadvantage and discrimination some young people may encounter due to their sexual orientation. This chapter provides an overview of the evidence on sexual identity development and sexual orientation in adolescence.

2.1 Sexual identity development

When young people are in transition to adulthood, they think about and explore sexual and emotional intimacy. Puberty increases sexual feelings in early adolescence, and this process is estimated to begin at about 10 years old but, of course, this varies across individuals (Savin-Williams, 2005). Sexual identity formation can be thought of as the process of 'mastering emerging sexual feelings and forming a sense of oneself as a sexual being' (Graber and Archibald, 2001: 4).

Unlike some other minority groups, LGB young people are rarely raised in communities where their identity may be shared and positively reinforced, instead, they are more likely to face negative reactions and hostility to their emerging minority identity, though not exclusively (Rosario *et al.,* 2006). It is critically important to consider the context for sexual identity formation, in order to develop measures to capture disadvantage.

The most commonly used model of sexual identity development for young LGB people conceptualises this as a process of stages by which individuals recognise, define and accept their status as lesbian, gay or bisexual, commonly known as the 'coming out' process (Savin-Williams and Diamond, 2000). The first stage is an awareness of sexual attraction, which may lead to sexual identity confusion and engagement in sexual behaviour. This then leads to the disclosure of sexual identity to others, and finally the integration of sexual identity into the self as a whole (Cass, 1979; Troiden, 1998) (see figure 1 below). The evidence suggests that some young people begin to question their sexual orientation as early as age eight and may begin to identify as LGB from early adolescence (for an overview see Savin-Williams, 2005). This stage model may be useful in practice (for example, social work, mental health, youth work) for some young LGB people because it identifies common challenges associated with sexual identity development.

Figure 1 Stage model of sexual identity development (Cass, 1996)

Identity confusion ▷ Identity comparison ▷ Identity tolerance ▷ Identity acceptance ▷ Identity pride

However, recent evidence suggests there is much more variation in the processes by which young people develop their sexual identity than a simplistic set of linear stages (Clarke *et al.,* 2010; Savin-Williams and Diamond, 2000; Russell and Consolacion, 2003). In other words, there is not a simple developmental pathway to sexual identity.

2.2 How young people identify their sexual orientation

Russell *et al.*'s (2009) research specifically set out to investigate youth sexual identity labels in the US. The survey was administered online and through schools and community LGB youth groups. The non-representative sample of young people aged 14-18 years old (n=2,558) included female (62.7 per cent), male (34.6 per cent), transgender (2.7 per cent) young people, and a diverse ethnic composition (White 50.5 per cent; Asian/Pacific Islander 24.2 per cent; Latino/a 21.3 per cent; Black 7.5 per cent; American Indian 4.8 per cent). Social class was not included in the analysis.

In this study, Russell and colleagues (2009) asked students from LGB youth groups to comment on the planned sexual orientation survey question. This question was a measure of sexual identity with response categories 'heterosexual/straight', 'gay/

lesbian', 'bisexual' and 'other'. The LGB young people suggested a neutral category of 'write in' as an alternative to the 'other' option. They also argued that alongside the conventional categories of gay, lesbian, bisexual and straight/heterosexual that 'queer'[i] and 'questioning'[ii] should be distinct sexual orientation categories.

Figure 2 shows that the majority of students (61 per cent), identified as straight, or as gay/lesbian/bisexual (25 per cent). Nearly 10 per cent identified as queer, questioning or self-described in the write-in category. Those participants who ascribed to a write-in category were younger (average age 15.5) than respondents who identified as lesbian/gay (average age 16.5) or bisexual (average age 16.2).

Some young people define their sexual identity in adolescence using conventional categories and others do not, or do not ascribe to sexual identities at all. Any categorisation of sexual identity with adolescents will need to allow for the fact that some young people are 'unsure' or are 'questioning' their identity.

Young people also identify the actual/perceived sexual orientation of others and this underpins homophobic bullying (DCSF, 2007).

2.3 Fluidity and uncertainty in sexual identity, attraction and behaviour

Adolescence is characterised by fluidity and uncertainty in sexual attractions, identities and behaviour (Diamond, 2003; Savin-Williams, 2005; Clarke *et al.,* 2010). This means that they are subject to change and movement. However, it is also clear that some young people do identify their sexual orientation in adolescence and this remains relatively fixed into adulthood (see Rosario *et al.,* 2006; Ellison and Gunstone, 2009). Care should be taken to avoid assuming adolescent LGB attraction and identity is just a passing phase and to trivialise what may be a vitally important point in young people's lives and development (Appleby and Anastas, 1998; Hillier and Harrison, 2004).

Remafedi *et al.*'s (1992) analysis of the Minnesota Adolescent Health Survey shows the complexity and fluidity of the relationship between young people's sexual attraction, behaviour and identity. In the large random, representative sample of 34,706 young people aged 12-18 years old (49.8 per cent male, 50.2 per cent female; 94.2 per cent White, 5.8 per cent Black, Hispanic, Native American, Asian/Pacific Islander), sexual orientation was measured through sexual attraction, fantasy, behaviour and affiliation. The results for affiliation (identity) were that 88.2 per cent of students reported as 'predominantly heterosexual', 1.1 per cent 'bisexual or predominantly homosexual' and 10.7 per cent 'unsure'. Further analysis of the 'unsure' category found these students were most likely to report bisexual attractions and homosexual/bisexual fantasies.

Figure 2 Students' reports of sexual orientation aged 14-18
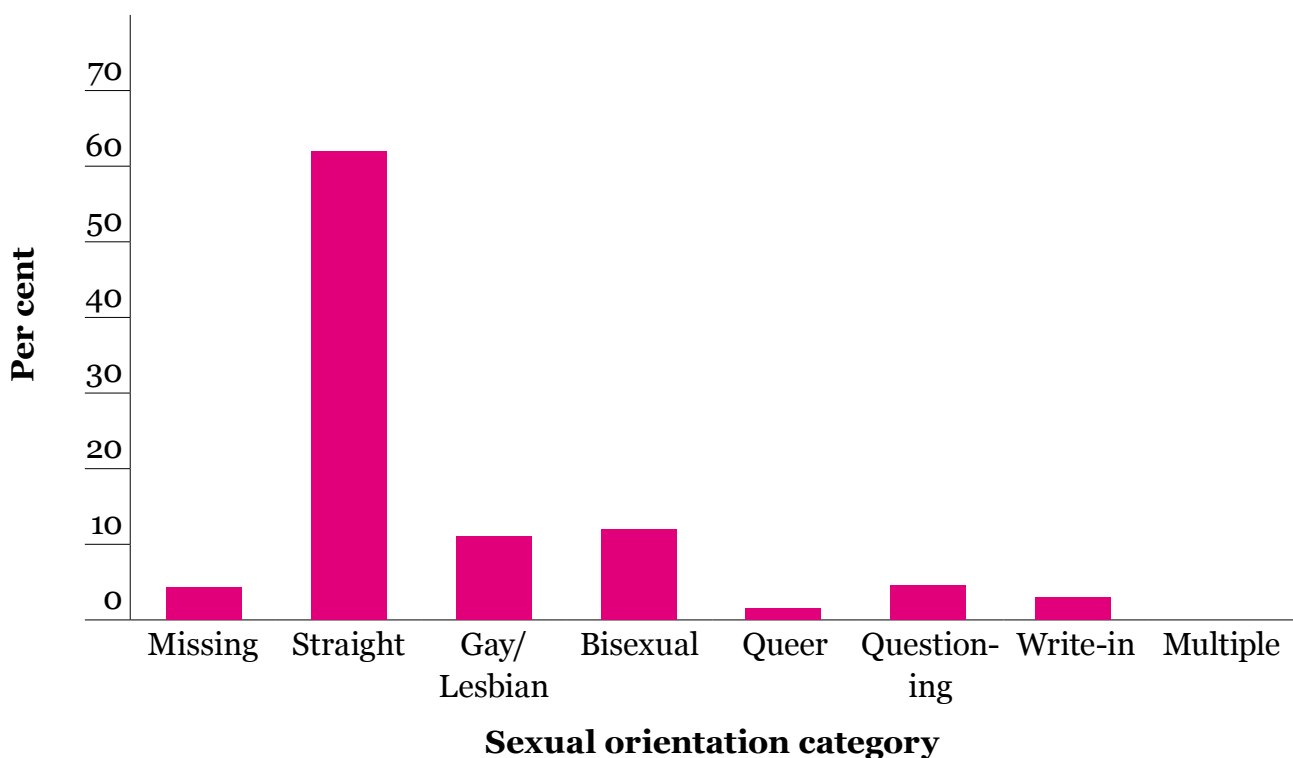
Source: Russell *et al.* (2009)

There is no automatic link between young people's reported sexual attractions and behaviours, and their identification as heterosexual, lesbian, gay or bisexual. In other words, if young people report same-sex activity they do not automatically identify as LGB and may still identify as heterosexual. Russell and Consolacion's (2003) US study analysed data from the National Longitudinal Study of Adolescent Health, a random, representative sample of 5,872 students (average age 16.5 years old). This survey did not ask a question on sexual identity or orientation but a question on romantic attraction. It asked: 'Have you ever had a romantic attraction to a female?' and 'Have you ever had a romantic attraction to a male?' Adolescents who reported being attracted to the opposite sex were categorised as having heterosexual attractions; and those reporting attractions to the same sex were categorised as having sexual-minority [iii] attractions. The result was that in the sample 93.1 per cent were heterosexually attracted and 6.9 per cent were sexual-minority attracted.

Figure 3 represents reported romantic attractions compared to reported romantic relationships. For young people in all categories ('heterosexual boys', 'heterosexual girls', 'sexual minority boys', 'sexual minority girls') there were a proportion who were not having a relationship. The 'heterosexual' girls and boys reported they were in mainly heterosexual relationships. However, a small proportion of heterosexual boys and girls reported they were having a same-sex relationship. Similarly, the 'sexual minority' girls and boys reported both same-sex and heterosexual relationships. Heterosexual girls reported higher numbers of same-sex relationships than those in the sexual-minority girl category.

2.4 The influence of gender, ethnicity and social class

Research on sexual orientation (for young people and adults) has, in the past, over-represented gay White men and under-represented women, bisexuals and people from ethnic minority backgrounds (Diamond, 2000). There is now international evidence that young people's same-sex attraction, behaviour and identity varies by gender. Young men are more likely to pursue sex before identifying themselves as gay compared to young women who are more likely to categorise themselves as lesbian/gay before acting on their desire (Savin-Williams and Diamond, 2000).

Some research suggests young women display greater fluidity between sexual feelings, behaviours and identities (Dempsey *et al.,* 2001, Diamond, 2000). Young men, however, are more likely to describe themselves as 100 per cent homosexual compared to young females. For example, in one study, 14 per cent of young gay men's first sexual experience was heterosexual compared to 45 per cent of young lesbians and 46 per cent of young bisexuals (Maguen *et al.,* 2002).

In the US, young people from Hispanic, Black and Asian backgrounds tend to report similar levels of sexual attractions and behaviours as their White counterparts but may be more reluctant to identify with the categories lesbian, gay or bisexual (Remafedi *et al.,* 1992; Dubé and Savin-Williams, 1999; Rosario *et al.,* 2004). One survey found that those in the 'unsure' sexual identity category (while reporting bisexual attractions and homosexual/bisexual fantasies) were more likely to be non-White and from of a lower socio-economic status (Remafedi *et al.,* 1992).

Figure 3 Reports of adolescent romantic attractions and relationships
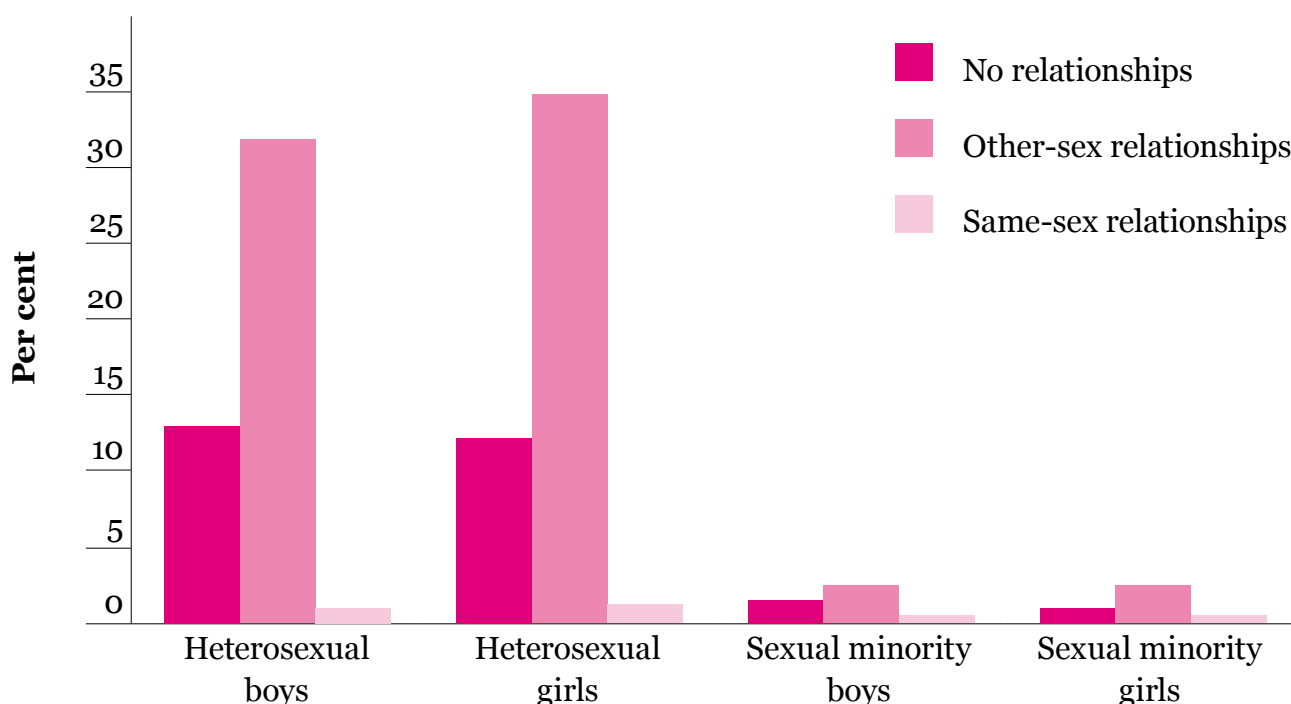
Source: US National Longitudinal Study of Adolescent Health (1994-95)
(Russell and Consolacion, 2003).**iv**

Research from the UK indicates that social class may influence sexual identity formation for young LGB people. Where working class young people with fewer economic and social resources may be more likely to ascribe to an LGB label, middle class young people with greater resources, choice and an 'individualised' perspective may be resistant to labelling themselves using conventional categories (McDermott, 2010b). Remafedi *et al.* (1992) found reporting of homosexual attractions rose with socioeconomic status (measured by parental income and employment) (see figure 4 below). 6.8 per cent of young people from the 'very high' socioeconomic status

backgrounds reported homosexual attractions compared to 2.3 per cent of young people from 'very low' socioeconomic status backgrounds. In addition, there is an incremental increase, that is, the lower the socioeconomic status of your parents, the less likely a young person is to report homosexual attractions.

It is critical to recognise that the development of young people's sexual orientation is mediated by other categories of inequality such as class, ethnicity and gender.

Figure 4 Proportion of students reporting homosexual attractions by socioeconomic status
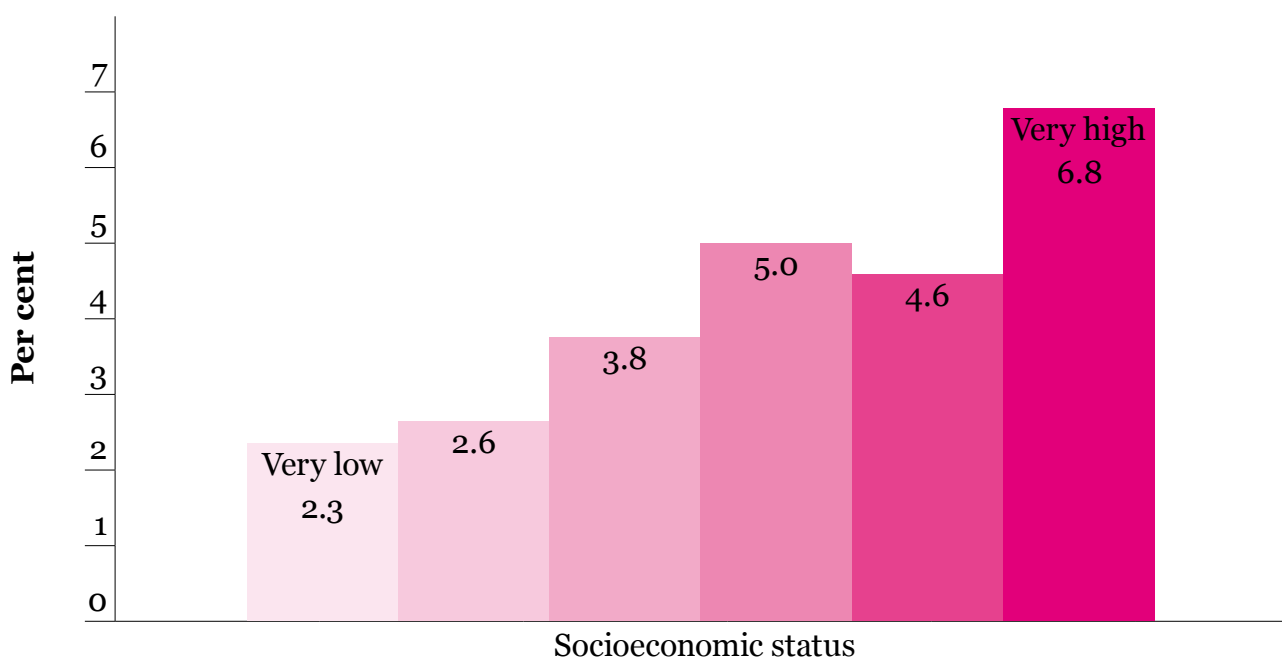
Source: US Minnesota Adolescent Health Survey (Remafedi *et al.,* 1992).

2.5 Age

Young people come to decisions about their sexual orientation at different points in their age and development. There are significant age differences in reporting of affiliation, same-sex sexual activity and attractions in surveys. In the Remafedi *et al.* (1992) analysis of the Minnesota Adolescent Health Survey, a large random, representative sample of 34,706 young people aged 12-18 years old, around a quarter of 12 year-olds were unsure about their affiliation (sexual identity) as compared to 5 per cent of 18 year-olds. Only 1 per cent of 12 year-olds reported same-sex sexual activity compared to 3 per cent of 18 year-olds. 18 year-olds were three times as likely to report same-sex attractions (6 per cent) compared to 12 year-olds. Overall research suggests that as age increases reports of same-sex attractions and same-sex activity increases.

The numbers of young people who are willing to identify as LGB also rises and reports of 'unsure' decreases.

In a 2003 study of young lesbian, gay, bisexual and transgender (LGBT) people aged under 25 in Northern Ireland, 77 per cent of the 362 sample said they realised they were lesbian, gay or bisexual between the ages of 10 and 17. Fifty-three per cent 'came out' to someone else between the ages of 14 and 17, and the first person they told tended to be a friend (Carolan and Redmond, 2003).

Evidence suggests that more young people report same-sex attractions than will self-identify as lesbian, gay or bisexual (Russell *et al.,* 2009; Savin-Williams, 2001b). For example in the Remafedi *et al.* (1992) study only 27 per cent of those who reported same-sex activity, identified as LGB.

3. Capturing sexual orientation: What to ask

There is some debate about what is being measured or 'captured' when young people are asked questions about sexual orientation. Surveys on sexual orientation and youth, especially in the US, have used a range of measures such as sexual behaviour, romantic attractions, romantic relationships and sexual identity (Russell *et al.,* 2009).

The variety of measures used is related to the conceptual definition of sexual orientation. Self-labelling (identity), sexual attraction and sexual behaviour are all dimensions of sexual orientation (Saewyc *et al.,* 2004). We cannot avoid classification if we want to understand which young people are experiencing disadvantage and discrimination on the basis of sexual orientation. The key question is what are we aiming to measure/capture and why?

3.1 Sexual identity

No sexual orientation questions have been developed and tested in the UK to date, for surveys or monitoring of adolescents under the age of 16. The UK Office for National Statistics (ONS) developed a question on sexual identity for people aged over 16 years of age, and included it in the core section of the Integrated Household Survey. The ONS standard question is shown below.

ONS standard sexual identity question (Haseldon and Joloza, 2009)

Which of the following options best describes how you think of yourself?

1. Heterosexual or Straight
2. Gay or Lesbian
3. Bisexual
4. Other
5. Prefer not to say
(for self-completion surveys only)

The ONS have acknowledged that sexual orientation is more complex than identity, though believe that this is the best measure available for social surveys (Hasledon and Joloza, 2009). Sexual identity questions will capture those who are willing, or able, to identify their sexual orientation in the context of a survey. The ONS Sexual Identity Project found in all trials, younger people were least likely to refuse to answer a sexual identity question, compared to the older age groups (Joloza *et al.,* 2009). In the in-depth interviews, younger people had a positive reaction to the question and believed it was acceptable to ask in context of government surveys (Betts, 2009).

However, some young people do not identity with conventional 'adult' sexual identity labels, or may reject labelling, which suggests a wider range of categories, or a self-completion category may be necessary.

In the ONS interviews to test a sexual identity question, young LGB participants (aged 16-19 years old) suggested other categories should be included such as 'unsure', 'questioning', 'confused', 'experimental' and 'queer' (Betts, 2009: 36; see also Austin *et al.,* 2006). Other research confirms that alongside lesbian, gay and bisexual, young people use a wide range of sexual identity labels such as 'Questioning', 'Queer', 'Pansexual', 'Genderqueer', 'Asexual', 'Panromantic', 'Trisexual' (Russell *et al.,* 2009; Marech, 2004 cited: Savin-William, 2005; McDermott and Roen, 2011).

On balance, the evidence suggests that a sexual identity question can be used as a measure to capture disadvantage related to sexual orientation. The conventional sexual identity categories of straight, lesbian, gay and bisexual continue to be relevant to young people, but there are also some newer sexual orientation (and gender) categories which we need to be mindful of in developing approaches to research and monitoring. It is clear that adolescents under 16 may not want to, or feel unable to label their sexual identity and may be unsure. Any approaches to developing research and monitoring should leave young people the option to be unsure. Sexual identity is a more relevant category to older adolescents than younger adolescents.

3.2 Questions and measures for surveys

Capturing young people's sexual orientation needs special consideration and sexual identity may not always be the best measurement if we are seeking to understand how sexual orientation may disadvantage adolescents more broadly, especially those aged between 11 and 16

years old. If a measure of sexual identity in young people is defined as those young people who identify as LGB, or heterosexual/ straight, then it is likely to exclude those young people who are unsure about their sexual orientation and who do not want to/ or feel able to define themselves as LGB despite same-sex attractions and behaviour.

The different measures of sexual orientation mean that they may be capturing distinct groups (which may overlap). In other words, any single measure may exclude some young people. The consensus of opinion from US survey research guidance is that where possible all three dimensions of sexual orientation should be included (behaviour, attraction, identity). This guidance also suggests where space is limited on questionnaires that a single question on sexual attraction may be the most appropriate and accurate measure of sexual orientation disadvantage for young people more broadly (SMART 2009; Austin *et al.,* 2006; Saeyce *et al.,* 2004). A question on attraction may be more relevant to a greater number of young people, especially those who may not identify their sexual orientation yet, or are unsure and may not be engaging in sexual behaviour.

This guidance also emphasises that the choice of sexual orientation survey question needs to be determined by the purpose of the research or monitoring. The key question here is what needs to be measured in terms of young people's sexual orientation and inequality? What is the purpose of the research or monitoring? If the focus is sexual health risks, then sexual behaviour may be the most useful measure. If, however, the intention is to gauge experiences of discrimination then sexual identity may be a more accurate dimension to measure.

Table 1 below shows the US survey questions recommended for each measure of sexual identity, behaviour and attraction with young people. It also includes their applicability, limitations and positive attributes.

Table 1 Recommended sexual orientation survey questions from the US

Measure	Recommended question	Positive attributes	Limitations	Application
Sexual identity	Do you consider yourself to be: a) Heterosexual or straight b) Gay or lesbian c) Bisexual d) Not sure	Tested and is understood, clear measure of sexual self-identification	Some young people with same-sex attractions and/ or behaviours do not identify as LGB Does not include young people who self-identify with different labels e.g. queer, questioning	Discrimination Social, political and economic studies
Behaviour	In the past (time period e.g. year) who have you had sex with? a) Men only b) Women only c) Both men and women d) I have not had sex	'Sex' needs to be defined e.g. oral, kissing etc.	Specifying sexual practices may be problematic in school-based surveys or with teachers/parents May limit the sample because many young people will not be sexually active	Sexual and health topics

Table 1 Recommended sexual orientation survey questions from the US continued

Measure	Recommended question	Positive attributes	Limitations	Application
Sexual attraction	People are different in their sexual attractions to other people. Which best describes your feelings? Are you: a) Only attracted to females? b) Mostly attracted to females? c) Equally attracted to females and males? d) Only attracted to males? e) Mostly attracted to males? f) Not sure?	Captures a wider range of young people. This is an important dimension for young people who may not be sexually active	May need a second question to assess the absence of sexual attraction: Are you sexually attracted to men? Yes No Are you sexually attracted to women? Yes No	General all purpose question especially when a single measure of sexual orientation is required
Sexual identity/ attraction	Which one of the following best describes your feelings? a) Completely heterosexual (attracted to person's of the opposite sex	Allows some fluidity between sexual identity categories which allows for young people who are considering their sexual orientation	Cannot disentangle sexual identity and attraction	All purpose question can measure sexual identity

Table 1 Recommended sexual orientation survey questions from the US continued

Measure	Recommended question	Positive attributes	Limitations	Application
Sexual identity/ attraction	b) Mostly heterosexual c) Bisexual (equally attracted to men and women) d) Completely homosexual (gay/lesbian, attracted to person's of the same sex) e) Mostly homosexual f) Not sure	Can identify LGB young people independent of whether they are sexually active	Cannot disentangle sexual identity and attraction	All purpose question can measure sexual identity

Source: (SMART, 2009; Austin *et al.,* 2006; Saewyc *et al.,* 2004).

In the UK, Rivers and Noret's (2008) school-based survey investigating adolescent wellbeing (n=2,002) asked three questions spaced across the survey: i) sex (male or female); ii) who are you attracted to?; iii) do you have a boyfriend or girlfriend? These three questions were combined in the data analysis and enabled a sensitive examination of the impact of sexual orientation on young people's mental health.

3.3 Questions in qualitative research

In-depth studies of young people which have used qualitative research methods are more likely to go beyond a sexual identity question and ask open questions such as 'how would you describe your sexuality/sexual orientation?' This is in recognition of the changing nature of sexual identity categories, the reluctance of some young people to identify with a specific category, and the influence of social and cultural factors such as ethnicity and social class (see for example McDermott *et al.,* 2008).

4. Methodology: How and where to ask

Asking questions about adolescence and sexual orientation is an under-developed area of research methodology compared to other indicators of equality such as social class. Studies have investigated adolescence and sexual orientation using a variety of methods in a range of settings. A misconception exists that researching and monitoring adolescent sexual orientation is too difficult, sensitive or unfeasible. Existing evidence demonstrates that it is practically and ethically possible to ask adolescents about their sexual orientation and we can draw guidance from this body of work. The balance of evidence so far indicates that adolescents are willing to answer questions about their sexual orientation. It is necessary, however, to develop and test appropriate approaches to how and where we ask adolescent sexual orientation questions in the UK.

The following section outlines some of the key methodological issues surrounding asking sexual orientation questions. There are a number of excellent general methodological and ethical discussions of how to involve children and young people in research (see for example Fraser *et al.,* 2004; Lewis *et al.,* 2004; Reeves *et al.,* 2007) but these do not discuss the implications of researching sexual orientation. The aim in the following discussion is to point to the areas which are most important to consider in terms of asking adolescents about sexual orientation, rather than an extensive general methodological discussion.

4.1 Ethics

Ethical research principles form the basis of a variety of code of conducts, though they rarely discuss the application of such standards to the ethical dilemmas which may arise when researching sexual orientation with adolescents (Martin and Meezan, 2009; Renold, 2002a). There are three aspects of ethical research practice which need to be applied: firstly, that no harm should come to young people participating in research; secondly, that research and monitoring should, given current equality legislation, provide reasonable opportunity to adolescent LGB people to participate, so they are not marginalised from the processes by which we generate knowledge of society (Elze, 2009); and finally, that the results of researching or monitoring adolescent sexual orientation are used in a socially responsible manner.

The key ethical dilemma is that by asking adolescents about their sexual orientation, some may identify themselves as LGB or report non-heterosexual relationships, desires and practices, which remain, despite protective legislation, categories which may place young people at risk from

discrimination (for example, homophobic bullying, unequal treatment etc.). In addition, this may, for some, be a sensitive question because they are undecided, confused and/or apprehensive about their sexual orientation. The ethical duty of ensuring participants come to no harm requires consideration of the following issues when asking about sexual orientation:

i) the purpose of the question
ii) the context in which the question is asked
iii) how the question is asked
iv) who asks the question
v) what happens to the answers.

All proposals to research, evaluate or monitor sexual orientation in adolescence should seek expert advice and be submitted to an internal or external ethics review committee.

4.1.1 Informed consent

Informed consent involves explaining to prospective participants the purpose and procedures of a study, the identity and affiliation of the researchers, potential risks and benefits of participation, the voluntary nature of participation and the promise of confidentiality and anonymity.

It is commonly considered good practice to obtain parental consent for research with children and young people, but there is no clear legal requirement in relation to social research (Masson, 2004). For example, ethics guidance produced by the British Psychological Society and NatCen's guidelines on research with children and young people all recommend that where research participants are under 16 years old, consent should be sought from the parent or guardian as well as from the child (Reeves *et al.,* 2007).

In school-based surveys, passive consent procedures are frequently used regardless of whether they include sexual orientation questions. Passive consent procedures typically involve an information sheet and consent form sent to parents, which they are asked to return only if they do not wish their child to participate in the study. This type of informed consent has been criticised because it has many layers of fallibility. It assumes the parent has received the information and they are able to appreciate the aim of the study. It is also argued that passive parental consent undermines the rights of children/young people to be heard and to make their own informed choices about participation (Masson, 2004).

Parental/carers' consent may be particularly problematic where adolescent LGB people have not disclosed their sexual orientation to their immediate family. US researchers have argued that in order to increase our understanding of the disadvantages that young LGB people encounter, where parental permission cannot safely be obtained, adolescents under the age of 16 should be included in studies, provided their rights as research participants are fully protected. There are numerous examples in the US where parental consent is waived by federal, state and national research ethics boards (Elze, 2009; Martin and Meezan, 2009). These waivers of parental permission are based on the notion that the research was potentially important to new knowledge of young people, could not be feasibly conducted without the waiver and includes safeguards to protect the rights and welfare of adolescent participants.

4.1.2 Confidentiality, trust and disclosure

The setting in which young people are asked questions about their sexual orientation will impact on their responses. In the ONS Sexual Identity Project trials they found privacy was an issue for the younger participants, especially the presence of an adult (Haseldon and Joloza, 2009). First and foremost, adolescent participants must trust the confidentiality of the process whichever sexual orientation question or research method is utilised. For example, who administers a survey, how close students sit next to each other in a classroom, who is also present in the home, who else is participating in a focus group can affect confidentiality, and hence disclosure and the type of responses generated. For example Saewyc *et al.* (2004) state that the administration of the British Columbia Adolescent Health Survey (1998) by public health nurses enhanced confidentiality because of the general trust of medical practitioners. In contrast, another study found that even where young people had already disclosed their sexual orientation to their immediate parents/carers they still faced problems being open about their sexual orientation in the home setting when interviewed (Elze, 2009).

Liamputtong (2007) suggests that online methods help to preserve the anonymity of vulnerable participants such as LGB adolescents and this enables them to be included in social research. Some researchers claim that using virtual methods for researching marginalised groups provides an opportunity for participants to talk about their lives in a safe and secure environment. Hillier *et al.*'s (2007: 126) online research with Australian young LGB people, found

that 'the telling of the stories was therapeutic for many of the participants and we were often thanked for "listening"'.

4.2 Methods

Surveys have been most frequently used to investigate adolescent sexual orientation and hence there is more methodological development. But increasingly a wider range of methods such as virtual methods, ethnography, longitudinal methods and participatory action research are being employed by researchers who seek to overcome some of the difficulties of researching sexual orientation.

4.2.1 Surveys

Surveys which measure sexual orientation and adolescence in the general population in the US and Canada usually have a health focus, for example, the National American Indian Adolescent Health Survey and British Columbia Adolescent Health Survey. The type of sexual orientation question used in these surveys varies. What is consistent across the surveys is that samples are usually recruited through high schools (grade 7-12) which means participants are between the ages of 12 and 18 years old. Saewyc *et al.*'s (2004) investigation of the performance of various items measuring sexual orientation within school-based adolescent health surveys in the US and Canada highlights some of the issues involved for this population group. Most importantly, they found that non-response rates for sexual orientation questions were similar to other sexual questions, but not higher. Boys had a higher non-response rate than girls except for questions on sexual fantasy same-sex behaviour. Those more likely to skip the question or select 'unsure'

were younger adolescents, students with disabilities and those students who spoke a language other than English at home.

The wording and question placement in the survey can have a profound influence on response rates. Saewyc *et al.* (2004) found the shortest sexual orientation questions with the fewest response options, and the fewest words in the answers, had the lowest non-response rates. Also, sexual orientation questions increase the chance of being skipped if they are on the first page of a survey or if they are positioned at the end because participants run out of time or become impatient. It is recommended that sexual orientation questions should not be placed next to abuse questions (for further guidance and best practice see SMART 2009).

4.2.2 Virtual methods

Virtual methods may have the potential to address some of the problems associated with researching adolescence and sexual orientation. Virtual methods refer to a range of methods such as surveys, interviews, ethnography and focus groups which use the internet rather than more conventional methods of human communication (i.e. face-to-face, post, telephone). These online methods are increasingly being used to successfully research marginalised groups and sensitive subjects (Hash and Spencer, 2009).

Crucially, there is evidence that the internet plays an important role in young LGB lives. Research from Australia suggests that young LGB people use the internet as a way of exploring their sexual orientation which is not possible in their regular lives (Hillier and Harrison, 2007; Hillier *et al.,* 2004).

A variety of web-based methods have been employed to tackle subjects which are difficult to broach in face-to-face settings such as sexual orientation and schooling (Atkinson and DePalma, 2008), and young people's sexuality (Subrahmanyam *et al.*, 2004). Virtual methods have also proved successful in reaching marginalised, hidden and disadvantaged groups who may not otherwise participate in research including, for example, LGB youth (Hillier and Harrison, 2007; McDermott and Roen, 2011) and young LGB people isolated from networks (Dempsey *et al.*, 2001).

Online qualitative methods provide an opportunity to create a different type of interaction between adult researchers and adolescents compared to face-to-face methods, especially if the subject matter is sensitive or stigmatised (Hessler *et al.*, 2003). There is an argument that participants are more open about sensitive subjects in virtual settings because increased anonymity encourages more 'honest' discussion (Suzuki and Calzo, 2004; Atkinson and DePalma, 2008). For example, Suzuki and Calzo's (2004) research on young people's use of the internet for peer advice on health and sexuality suggests that, while they might be reluctant to seek face-to-face advice, they were more willing to use online advice (for an overview of online methods see Hash and Spencer, 2009).

4.2.3 Methods for in-depth understanding

The lack of evidence on adolescent LGB lives, poor methodological development and the difficulties of researching marginalised population groups has led more recently to a wider selection of methods being employed to investigate sexual orientation and adolescence.

Ethnography, unstructured group interviews, participant observation (Renold, 2002b; Epstein *et al.*, 2003) and participatory action research (DePalma and Atkinson, 2009) have all been used to successfully research sexual orientation with adolescents from 11 years old. These methods are able to explore perspectives without imposing an 'adult' frame work. As Renold (2006: 491) describes, 'These conversations often took off in some quite unexpected directions, including discussions and disclosures on recognisably sensitive areas such as bullying, homophobia, sexual harassment, boyfriends and girlfriends'.

Longitudinal studies have sought to investigate the fluidity and/or change among youth who report same-sex sexual identities (Diamond, 2000). Longitudinal studies using survey data have investigated young people's sexual orientation and emotional distress in the US (Rosario *et al.,* 2005), Norway (Wichstrom and Hegna, 2003), Belgium (Vincke and van, 2002), New Zealand (Fergusson *et al.,* 1999) and Australia (McNair *et al.,* 2005). These studies trace changing sexual identities and lives of young LGB people over time and assert, for example, the importance of positive social relationships and support to reducing the risk of suicide (Rosario *et al.,* 2005; Vinke and Van, 2002) (see Martin and D'Augelli, 2009 for overview of longitudinal methods).

4.3 Sampling

There are a range of sampling problems related to researching adolescence and sexual orientation. Population and convenience sampling both face the challenges of representation and diversity.

The difficulty of recruiting 'hidden' population groups such as LGB youth for research has led to an over-reliance on White, educated, urban convenience samples generated from young people who are connected to LGB groups and networks (Savin-Williams 2001a; Elze 2009). These 'easy to reach' samples usually self-identify as lesbian or gay, are linked to LGB communities and networks, and can be recruited through events such as Gay Pride (Meezan and Martin, 2003). Consequently, such studies may be more likely to provide data about urban lesbian and gay youth who are out and connected to visible groups and networks. Less likely to participate are young people living in rural areas, who are not 'out', may avoid sexual identity labels, groups and venues, and/or those who may be 'hard to reach' for reasons such as homelessness or mental health conditions.

Unrepresentative sampling practices has led to an assertion that to understand the role of sexual orientation in disadvantaging young people more broadly, research should try to include those who may not identify with categories such as bisexual, gay or lesbian (Savin-Williams, 2001a). Given that young people experience their first same-sex attractions and relationships at various ages, it may be important to some studies to include adolescents who are younger, and/or have or have not self-labelled as LGB.

At the heart of the issue of improving samples is the question of defining the population that is being sampled. Often studies have relied on simple measures of sexual orientation, and attention must be paid to all the dimensions of sexual orientation, not just sexual identity.

In addition, critics have argued that we must build intersectionality and diversity into our sampling strategies for sexual orientation youth research (Hillier and Rosenthal, 2001; Savin-Williams, 2001a). In the past research has focused upon sexual orientation at the exclusion of gender, ethnicity and social class (Hillier and Rosenthal, 2001). Alert to the dangers of repeating biased samples of young LGB people, researchers have sought new and creative ways of devising strategies to generate more diverse convenience samples, such as web-based sampling (see Hash and Spencer, 2009) and targeted outreach (see Meezan and Martin, 2009: 418).

Generating random representative samples from national surveys is now a realistic goal given that a sexual identity question is included in the ONS Integrated Household Survey for those over 16. Caution should be applied to population estimates generated from this data because it is likely that using the sexual identity measure, there will be an underestimation of the size of the LGB population (Mitchell *et al.,* 2009; Aspinall 2009). Nevertheless, this is extremely important data for capturing the effects of sexual orientation. No sexual orientation questions have been systematically developed and tested to date in the UK to use with adolescents.

5. Conclusions

The Equality Act 2010 has come to fruition at a time when there are an increasing number of policies which aim to address the welfare of children and young people. These policies rarely acknowledge that adolescent sexual orientation may need to be considered in ensuring and protecting their social and emotional wellbeing. Research suggests that some adolescents are being disadvantaged by their sexual orientation, especially in the areas of education, health, crime and housing. Furthermore, the cumulative effects of such inequality are likely to have a serious impact on the future life trajectories of adolescent LGB people in terms of educational qualifications, wellbeing and employment prospects. It is important to recognise that we live in a changing social context. Recent legislation and policies attempting to reduce sexual orientation inequalities provide concrete evidence of the widening acceptance of sexual diversity within the UK. This liberalisation means adolescents have, potentially, more opportunities to define their own sexual orientation, may be more willing to disclose their sexual orientation and do so at an earlier age (Savin-Williams, 2001a). Evidence in this report demonstrates that adolescents understand sexual orientation and are willing to discuss and/or disclose their sexual orientation for the purposes of research.

There is a dearth of evidence on the ways in which sexual orientation may disadvantage young people. It is critical to identify the important role of sexual orientation as a predictor of health, social and economic outcomes. The failure to account for sexual orientation effects may lead to inaccurate scientific and policy conclusions, for example about targeting health or education interventions for young people. Researchers need to develop ways of researching and monitoring adolescent sexual orientation so that we can understand inequality better. Most importantly, the principles at work here are about ensuring the safety and wellbeing of **all** young people, whatever their sexual orientation.

At present, asking adolescents questions about their sexual orientation is an under-developed area of research methodology. A misconception exists that researching and monitoring adolescent sexual orientation is too difficult, sensitive or unfeasible. Existing evidence shows that it is practically and ethically possible to ask adolescents about their sexual orientation.

Key to asking the right question, at the right time, is an appreciation of the variation in the processes by which adolescents develop their sexual orientation. Evidence suggests that by age 12 young people are dealing with emerging sexual feelings and attractions.

Most young people are identifying their sexual orientation in later adolescence.

This report illustrates the diversity and fluidity in the ways with which adolescents may ascribe to different sexual categories, behaviours and attractions. There is no automatic link between young people's reported attractions, behaviours and sexual identification as heterosexual, lesbian, gay or bisexual. In other words, if young people report same-sex activity they do not automatically identify as LGB and may still identify as heterosexual. Furthermore, ethnicity, gender and social class are significant to the ways in which adolescents develop their sexual orientation.

This paper suggests several ways forward for researchers and research institutions planning to study the experiences of adolescents. The questions researchers ask should take into account that adolescent sexual orientation is not fixed and is in a process of forming. It is necessary to be aware that a sexual identity question with 'adult' prescribed categories of heterosexual/ straight, lesbian, gay and bisexual will exclude some young people, simplify adolescent sexual orientation, and we will miss important information and experiences of how sexual orientation may disadvantage young people. Some adolescents identify their sexual orientation using these categories and others do not, or are unsure.

There is much more methodological work to be done in developing ways of researching and monitoring adolescent sexual orientation. This is especially the case for adolescents who will not be included in the ONS household surveys; and intersectional investigations of how gender, ethnicity, social class and disabilities may influence sexual orientation disadvantage.

The evidence points to a sexual identity question as the best way to capture discrimination with adolescents. It would be useful to test a sexual identity question which gives a larger number of response options than the ONS sexual identity question (for example, 'queer', 'questioning, or 'unsure'). This would enable a more sensitive measure of potential sexual identity for young people whilst still enabling comparative analysis with sexual identity data for 16-24 year-olds from the ONS household surveys.

The consensus of opinion from survey research guidance is that the most accurate measure of sexual orientation is to assess all three dimensions – sexual behaviour, sexual attraction and sexual identity. This is especially the case when researchers require data which can improve our understanding of how adolescents are being disadvantaged in different ways, for example, in relation to poorer sexual and mental health, or educational outcomes. In cases where space or time is limited, a single question on sexual attraction may be the most sensitive and appropriate measure of sexual orientation for adolescents. In order to progress, researchers need to test and develop appropriate sexual orientation questions for adolescents in a range of settings and for different purposes.

Evidence clearly indicates that the context (who asks and where?) in which adolescents are asked sexual orientation questions influences the data generated. To progress, researchers should pilot the monitoring of adolescent sexual orientation across different sectors e.g. health, education, youth service. Testing questions designed to monitor different services such as, for example, Children and Adult Mental Health Services, will enable the development of appropriate and robust means of data collection.

There is a need to generate research which recognises that adolescent sexual orientation may intersect with other dimensions of disadvantage such as disabilities, ethnicity, social class and gender. This is especially important given the provision in the Equality Act 2010 to protect people on the basis of combined protected characteristics. We need to develop questions and research which captures this intersectionality.

Virtual methods, for example, online surveys, email interviews, and online focus groups, are increasingly favoured because they can generate large samples and include marginalised young people. With strict ethical protocols which assure safety, confidentiality and anonymity, online environments can encourage participation. In order to progress, we need to pilot virtual methods to research and monitor adolescence because they have the potential to generate important data on disadvantage, including discrimination, related to sexual orientation.

It is increasingly recognised that in order to understand the ways in which inequalities are produced and experienced over the life course we need longitudinal data (Rosario *et al.,* 2004, 2006, 2008). Developing longitudinal studies which can track sexual orientation from age 11 onwards would shed light on the complexities of young people's developing sexual orientation and how this may disadvantage them. This may mean including sexual orientation questions in current national longitudinal studies or developing new research.

Endnotes

i Queer is a term that means non-heterosexual and a rejection of the categories, lesbian, gay or bisexual.

ii Questioning means exploring sexual identity.

iii Sexual minority is used in this research to mean people with non-heterosexual identities and sexual orientations.

iv The data here is 15 years old. The evidence presented is the most reliable which is inter-nationally available. The findings concur with more recent smaller studies.

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