Stories of people who have attended a Lesbian, Gay, Bisexual, & Trans (LGBT)

support group in a secure intellectual disability service

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Abstract

Background: This research explored experiences of attending an LGBT support group in a secure service for adults with intellectual disabilities who have offended.

Materials and Methods: It used a participatory approach. Co-researchers contributed to the design, analysis, and dissemination strategy. Qualitative data was collected via semi-structured interviews and written information. A narrative data analysis method was used.

Results: The data formed a group story, which linked co-researchers' attendance at the group to the dominant coming out narrative, and reflected that the group had multiple functions for its members. Initial attendance at the group generated distress. For most, this distress was resolved and continued attendance at the group was important for sexual identity development, leading to better psychological wellbeing and rehabilitation.

Conclusions: The research indicated that the group was helpful to members' rehabilitation. Recommendations are made for service provision and areas for further research.

<center>**1 Introduction**</center>

1.1 Distress in LGBT people

Research has identified that LGBT people are more likely to experience psychological distress than the general population, including being less happy, having symptoms of depression, anxiety, obsessive-compulsive disorder, psychosis, and phobic disorders; and being more likely in their life time to have had suicidal thoughts, attempted suicide and self-harmed (Chakraborty *et al.* 2011, King 2008). Research has suggested that one reason for this may be experiences of discrimination, which are known to affect mental health, increasing levels of psychological distress (Meyer 1995, Toomey *et al.* 2013) . LGBT people have continued to experience widespread discrimination in the community and within professional settings (FRA – European Union Agency for Fundamental Rights 2013, METRO Youth Chances 2014, Stonewall 2011, McNeil *et al.* 2012).

These experiences of discrimination have been referred to as causing 'minority stress', which can lead to mental health difficulties through a combination of the distress caused by experiencing traumatic events, expectation of rejection, and internalization of discriminatory attitudes leading to negative views of the self (Meyer 2013). Research has also indicated links between difficulties with identity development and psychological distress (Hardy *et al.* 2013, Wiley and Berman 2013), and the literature presents sexual identity as a key part of overall identity (Dillon *et al.* 2011).

The term *coming out* is widely used to refer to the process of becoming open about having a non-heterosexual identity, and most theories of development see this as integral to the process of developing a sexual identity (Mosher 2001, Kitzinger and Wilkinson 1995, Cass 1984). Given the importance of coming out in identity

development and the links between difficulties with identity development and

psychological distress, it is concerning that research has suggested many LGBT people

are not open with others about their sexuality (FRA – European Union Agency for

Fundamental Rights 2013).

According to Sullivan (1994, cited inDietz and Dettlaff 1997), in order to develop

a positive view of one's own identity, it is necessary to interact and identify with similar

people and support groups for LGBT people provide an opportunity for this to happen

that may not otherwise be readily available to them.

1.2   Intellectual disability, mental health, discrimination and sexuality

People with intellectual disabilities are at greater risk of experiencing mental

health problems than others in the general population (Einfeld *et al.* 2011). This may be

related to difficulties with identity associated with the intellectual disability label (Beart

2005). It has been suggested that sex education for people with intellectual disabilities

sometimes neglects or negatively depicts same-sex relationships (Burns and Davies

2011) and that sexuality of disabled people including those with intellectual disabilities

is dismissed by many people who see themselves as not disabled (Shildrick 2004). This

may explain why people with intellectual disabilities in the UK appear to be less likely to

be aware of same-sex relationships and more likely to have homophobic attitudes

(Murphy and O'Callaghan 2004, Burns and Davies 2011, Fitzgerald and Withers 2013).

Research has identified specific concerns for LGBT people who have an

intellectual disability related to engaging in risky sexual activity and in having difficulty

asserting their wishes regarding safety during such activity (McClelland *et al.* 2012,

Withers *et al.* 2001). It may also be difficult for people with intellectual disabilities to

talk to caregivers about keeping safe (Stoffelen *et al.* 2013). Not being able to form

secure intimate relationships is a problem for many LGBT people with an intellectual

disability, despite their desire for a loving relationship (Abbott and Burns 2007).

These concerns relating to discrimination, keeping safe, psychological wellbeing

and establishing secure relationships reinforce the importance of access to support for

LGBT people with an intellectual disability. 'Support groups' can facilitate this access,

giving people an opportunity to make friends, meet potential partners, and discuss

issues relating to sexuality (Elderton and Jones 2011, Withers et al. 2001).

This research concerns a support group in a secure service for adults. The aim of

the service is to provide treatment and support to individuals with intellectual

disabilities, the majority of whom have committed offences, such that they can

ultimately be rehabilitated into the community with a reduced risk of re-offending.

Their offences include sexual offences, violence, and arson. Many people in this

environment have been given other diagnoses in addition to that of intellectual

disability, including mental health problems, personality disorders, and autistic

spectrum conditions.

The LGBT support group was open to all residents of the secure service and

aimed to provide an opportunity to talk about issues relating to LGBT sexuality and

gender with others who may be experiencing similar issues, to socialise in a safe

environment, and to access education on related topics. The group met once per month

on an ongoing basis, attendance was been between 6 and 24 people per session, and the

usual format involved group discussion followed by unstructured time for socialising.

Two clinical psychologists facilitated the group; nursing staff attended in order to meet

the requirements of individual supervision plans, and to contribute to discussions.

Service user participants decided upon the topics and activities covered within the

group. These have included tackling homophobia, planning and delivering an LGBT

awareness event, watching relevant films and exploring ideas about gender identity.

Our research explored the experiences of those attending the group in order to

understand the difference it makes in their lives, addressing a gap in the literature in

relation to LGBT support groups for people with intellectual disabilities in secure

settings. The research used a narrative approach in order to position attending the

group within the context of members' lives, through their stories.

The research question was "what are people's experiences of attending an LGBT

support group in a secure intellectual disability service?"

2   Material and Methods

2.1   Design

The researchers conducted a qualitative study using a participatory approach.

Data collection was through semi-structured interviews and written information. At the

design stage, lead researchers consulted the group members about what they wanted to

achieve through the research and how they wanted to be described. They incorporated

group member's preferences into the design of the research by using interviews to

collect data, including relevant prompts on the interview schedule and designing a

narrative analysis procedure that included individual stories and themes. Narrative

analysis was chosen because it has been described as a flexible approach that reduces

the power imbalance between researcher and participant (Josselson 2011). The lead

researcher carried out interviews and analysis of raw data. There was further

participation from co-researchers in the secondary analysis and dissemination. A

similar pattern of participation has been used in other research with minority groups in

order to empower them (Dill 2015). Table 1 illustrates the roles of co-researchers and

group members in the research.

INSERT TABLE 1

2.2   Co-researchers

In total, there were 18 co-researchers. Nine co-researchers took part in interviews. Eight further co-researchers, who did not have interviews, sent written information. One co-researcher did not contribute data but was part of the analysis group. Twelve co-researchers indicated they still go to the group, five indicated they had stopped attending, and one co-researcher did not respond to this question. Table 2 gives further details.

INSERT TABLE 2

Four co-researchers took part in a group analysis session. Two of these people also took part in the interviews and two did not. All co-researcher names have been changed to preserve anonymity, and details of ages and gender have not been included where this could make co-researchers identifiable. There were 17 male and 1 female co-researchers, their ages ranged from 24 to 58 years, the majority had mild intellectual disabilities. The wider service within which this group took place had a service user population that was predominantly male (approximately a ratio of 4:1 men to women) but women were under-represented in meetings of the LGBT support group at all but a few of the meetings, and this was reflected in the participants in this study.

2.3   Procedure

Following consultation with group members on the design of the research a protocol and information sheet for co-researchers was prepared incorporating our

combined ideas. Careful consideration of ethical issues was undertaken. This included establishing ways of communicating with co-researchers, whilst respecting that they may not wish other service users to know of their membership of the group. The National Research Ethics Committee granted ethical approval following a full review. The organisation's research and development committee also reviewed and approved the project. After this, everyone meeting the inclusion criteria was asked if they would like to be part of the research process, with those consenting being designated co-researchers.

2.3.1   Inclusion and exclusion criteria

In order to be included in the research as a co-researcher, a person needed to have attended the LGBT support group at least once. If any of the following applied to a person, they were excluded from acting as co-researcher at that time:

- they were unable or did not want to give informed consent, or
- their care team considered it would be detrimental to their care to participate in the research.

2.3.2   Consent and sample identification

Eighteen people agreed to become co-researchers. A convenience sample of nine of these was selected for interview based on coincidence of co-researcher and interviewer availability. Eight further co-researchers, who were not interviewed, sent written information. All 18 co-researchers were invited to take part in the group analysis session.

2.3.3   Data collection

Interviews were semi-structured, the same introductory paragraph was used for all co-researchers, with additional prompts being used flexibly, including asking about key points in their experience for those requiring more structure (appendix). Co-

researchers who wished to provide written information had the option of receiving

support from a member of staff.

2.3.4 Reflexivity

As narrative research requires the interpretation of the data within the context

of one's own narratives, it was important for us to reflect on our narratives and any

possible influence on the research. The lead researcher did this using a reflective

journal and through discussions between researchers. The lead researcher was

external to the organisation and the group, and had not had contact with either prior to

the research; she completed this research as part of a programme of doctoral study in

clinical psychology. One of the researchers was a member of staff involved in the

running of the group. This male member of staff openly identified as gay. His role was

primarily in facilitating practical aspects of the research and did not involve data

gathering. The other researcher was a clinical psychologist with many years'

experience in working with adults with learning disabilities in a range of settings. In

relation to the research, he was working in an academic role and was not affiliated with

the group or service. The support group also had other facilitators who did not act as

researchers.

2.4 Analysis

A combination of narrative analysis methods was used, to consider what was

being said, how it was being said, and why, similar to those described by Riessman

(2008) as d*ialogic/performance analysis*. The reason for this was to incorporate the group

members' wishes of including individual stories and themes, whilst considering the impact

of wider shared factors in relation to homosexuality, such as, legal changes, discrimination,

and public opinion. The analysis consisted of a three-stage process. In the first stage,

interview transcripts and written content were analysed using similar methods. In the

second stage, there was a focus on the person telling the story, their motivations, and the way that the story was described. In the third stage, the analyses from stages one and two were integrated and some further interpretations made. In the analysis part one, the lead researcher transcribed all interviews and following each transcription, she wrote a summary of that person's story. She then considered the story summaries together and drafted a common plot, before looking back at transcripts to thicken the plot and look for exceptions to it. Co-researchers and the researcher/facilitator were not allowed access to raw or transcribed interview data for ethical reasons. The group session with co-researchers was integral to part two of the analysis and was based around discussion of the common plot. The lead researcher reflected on the information from parts one and two. She considered comments relevant to each element of the plot made in the group analysis session alongside those from interviews and she adapted the plot by combining some elements.

3   Results

Results were arranged around a common story which co-researchers at the group analysis session called the group 'rap'. This represents co-researchers' journey from first attending the group to wanting to carry on the group's work outside the service and is summarised in Figure 1. It was found that co-researchers joined the story at different points and reached different places, but all data was consistent with the group story.

Consistent with the participatory approach, the voices of co-researchers from the group analysis session are presented alongside our own analysis. Minor alterations to quotes have been made to protect anonymity.

3.1   Deciding to go to the group: identity and coming out

The co-researchers linked the first part of the story, deciding to attend the group for the first time, with coming out about having a different sexual identity; therefore, attending was a big decision for them. Their perceptions of others' attitudes in the service and wider community, and reports in the media, affected this decision.

Rowan described the first time he went to the group as "just coming out of my closet, and sitting there holding hands with another guy" Co-researchers linked first attending and coming out to identity, "it's coming out who you really are…that's what it's done with me, I've come out who I am" (Ashley).

Co-researchers associated the time before they came out, when they were not being true to their identity, with negative emotions. For example, one co-researcher said this linked to self-harm: "The only way you get through hiding who you are, and the pain of living a lie, is by cutting up".

These links with identity meant attending the group for the first time was a big decision for most co-researchers. However, for one or two co-researchers who were already open about their sexuality this was not the case. Co-researchers who were not already open about their sexuality reported that the decision to attend the group was difficult, as they were fearful of the responses of others, which they expected to be negative. In the group analysis meeting, most of the co-researchers explained this was because they had a perception of the community as being homophobic due to people's upbringing and they thought these attitudes were present in the secure service. At the group analysis session, the co-researchers suggested that wider changes in society and celebrities coming out affected going to the group for the first time. For example, Finn suggested changes to laws in relation to same-sex marriage make it easier to come out, as it "makes relationships equal". They also said that support from the service may

make it easier for people to attend the group for the first time and come out, but some staff attitudes may make it more difficult.

As first attending is a big decision and a time when people may have many worries it is important that support is available prior to coming to the group. Casey talked about this "we need it on the flat [units in the secure service people live in] for people who are scared".

3.2 Starting to attend the group: fear and name-calling

Co-researchers had clear memories of when they first came to the group. For most of them, this was a scary experience as it was linked to coming out and their fears of others' reactions. For example, Rowan said the first time he went it was "scary, cos I always went out with women, so I were just scared".

Nearly every co-researcher had experienced name-calling by others outside the group around the time they first attended. For most co-researchers this was a distressing experience. Co-researchers dealt with this in different ways and this affected their future attendance. For example, Robin was able to get support from ward staff after people he lived with called him names. One person attributed their reason for stopping attending to name-calling, saying "I stopped going because people ridiculed me and were name-calling, saying things like 'Faggot', 'Nonce' and 'you're in there with all the other Nonces' ... because it's in...[place] they can all see who goes in which makes it worse".

At the group analysis session, researchers and co-researchers talked about name-calling, which was a common experience among co-researchers. Co-researchers linked this to homophobic attitudes throughout the population. In addition they talked about the specific location of the group being in a place where members could be seen

going in and out. There were different opinions about whether the group should move or not because of this. Some co-researchers thought this would be beneficial, as they thought that it would result in more people being prepared to come to the group. However, Casey said,

> you're not dealing with the problem, you're running away from it, you need to deal with the problem head on…I reckon they've got the problem with other people being how they are and who they are with their sexuality, they're nasty…the name-callers.

This represents a dilemma for group members between wanting to enable more people to attend but also wanting to change people's attitudes.

3.3   Becoming able to be yourself when at the group

Co-researchers told the interviewer how they felt able to be themselves at the group because they felt welcomed, did not feel judged, and felt safe. For example, Charlie said,

> they welcomed us, like, when we first went, they said hello to us and asked me my name, and they introduced themselves, and I just really, really liked it…I felt safer at the group, cos the people there are like, like I said, like me

Ashley was able to dress as a woman at the group: "you can dress up, be whoever you want to be, where like you know in here [where he lives] you can't, you just have to dress normal...cos of how other people react".

One way the group helped people to feel safe was that they were confident they would receive support from the staff who facilitated the group in addressing name-calling. Ashley said, "we don't tolerate it [name calling] at the group… if there's any problems you go to the staff … who does the …[group] talk to them, and that will sort the problem out".

Attitudes of facilitators were important in helping co-researchers feel able to 'be themselves'. It is likely that staff having an accepting and positive attitude to clients, regardless of their sexuality, set an example for group members who were then able to internalise this into being accepting and respectful of themselves and others. Alex said, "they listen, they're positive, they're respectful, dignity...they're cheerful toward us all, they been right supportive...they been joyful to clients, well companied like supporting us and caring about us, they help us". One way that this process of internalising values of respect seemed to be apparent was in the real sense of trust among group members, which helped them to feel safe to talk openly. Jamie said,

> If I said to somebody else [in the group], this is what I am, I'm bisexual...then they'll say 'that's what you are, we'll support you, anything what we say doesn't go out of this room...doesn't go out into the ward...it's worked very well for people for the last two years since I've been going.

Co-researchers talked about attending the group and being able to be themselves as closely linked to positive emotional changes. Jamie said,

> When I first came in [to the service] I didn't expect anything like this, then I got used to it and it's changed my life, I feel more open with people when I talk to them. I never used to be like that when I first went to the group, but now since I've been going, people gave me the support through it, and everything and I feel better for it now

3.4   Developing pride in who you are: this changes your life

As the co-researchers continued to attend the group, feeling able to be themselves at the group gradually extended into other areas of their lives. This in turn led to pride in their identity and positive emotional change. Not all co-researchers had

reached this stage, perhaps due to having attended only a small number of times or because the process was particularly difficult for them.

Co-researchers told us how going to the group has helped them feel proud of their sexuality. For example Morgan said, "well I'm who I am, and I'm happy now, and like all thanks to you lot [the group], ... cos they made me feel a lot better in myself, like I was saying I was scared." Some people, such as Morgan, referred to this as 'being who we are', implying that they are true to themselves and saying they are happy about this. Others showed this pride in the way they spoke about their sexuality, such as through confidently making direct and clear statements about their sexuality. For example, Ashley said "I enjoy going to the group because I'm gay, I like going, I'm going to the group to bring it up, it's coming out who you really are".

Several co-researchers identified meeting people with different sexualities, talking about their own sexuality, and hearing about others' sexuality as being important in helping them be more open and take pride in their sexualities. Taylor said, "...just meeting, talking to people, helped me change". This was seen as part of the process that helped them to develop pride in their identity. People described learning about different sexualities, becoming more open with others, and feeling more confident. For example, Jamie said,

> Some people talk about what they are and open up and it's more better when
> you open up in a way, then people understand what you are then they give you
> the support what you need

Bullying was dealt with differently by co-researchers who were at this point or beyond in the group story. Several co-researchers played down the issue of bullying for themselves. For example, as Robin said "if clients are very bi-phobic or trans-phobic toward me em, I just take it and don't let it bother me". Even though they clearly

thought it was an important issue for others, Robin also said, "one client, who was coming to the group, stopped going cos people were talking about him…I just turned round and said that is disgusting". One reason for this may be that at early stages in the group story, members had not yet developed a sense of pride in their own identity. Perhaps it was this sense of pride that allows them to discount the name-callers as unimportant or childish. This was apparent in the way Morgan impersonated the bullies using a childish voice. Several co-researchers talked about how they were more able to deal with the bullying as they started to feel differently about their sexuality. For example, Rowan said,

> you get it a lot in here…people calling you, like mostly calling you queer, or gay or stuff like that…I don't know, it bothered me at first, but then they just kept saying it and now it doesn't bother me… cos I said I'm proud to be one of, one of them.

3.5   Wanting to help others with their sexuality: pride in achievements

Some co-researchers were already at the point of being open and proud of their sexuality when they joined the group, and for these people the stage of wanting to help others was the starting point of their story and also given as a reason for joining the group. For example Ali said,

I'm not scared of my sexuality, and I went to groups a couple of years ago on the outside, so I try to organise stuff for the group and sort things out…it's to help and support people and try to get more members, and go and talk to people if they're scared, to see if there's any way the group can help them.

For other co-researchers this stage came after attending the group for some time and them passing through the previous stages of the story of becoming able to 'be themselves' and developing pride in their identity, as illustrated in this excerpt:

Alex: It's made my life because I've gone to the group, helped myself be out in open about my sexuality of being gay and being bisexual as well. I've helped other clients come out in the open and listen to their sexuality. I've helped them open the group up and run it with another client off a different ward. I've helped them communicate, I've helped them ….and it's helped me to achieve a new goal to do the same again … my life goal.

This excerpt illustrates the enthusiasm of some co-researchers for helping others, expressed not only in words, but also in the tone of voice and facial expressions, which are lost in this written excerpt, but were infectious during the interviews. The researcher felt the sense of pride, self-confidence, and happiness in what they had done to help others with their sexualities. This seemed to be something they could feel good about, an achievement to be proud of which raised their self-esteem.

This pride was apparent not only in co-researchers' own achievements, but also in those of the group. This related to how well they thought the group was supporting its members and reducing distress associated with having a different sexuality. Many co-researchers emphasised this point repeatedly by adding examples. It became apparent that individual co-researchers had different ideas about the purpose of the group, and what it should be achieving, which was reflective of the different stages they had reached in the group story, and indicated that the group served different functions for different people. For example, group members had different opinions on the importance and amount of time that should be spent socialising at the group. For some, this was an important part of the group and enabled them to form relationships. Taylor said, "I met them there [at the group]…yeah, feel happy now I've got somebody, n feel close to them n look after them and he'll look after me". Others thought there was too much socialising and organising of social events, and that this was detracting from the

'real' purpose of the group, which they saw as helping people with their sexuality, through talking about sexuality, education on issues relating to sexuality, and planning events that may have a wider impact on attitudes towards sexuality in the service.

3.6   Wanting to carry on the work elsewhere: direction in life

After experiencing the sense of achievement from helping others, several co-researchers wanted to continue supporting others when they left the secure service. They considered this important in their rehabilitation as it gave them new goals and helped them develop their identity as an LGBT person which they could connect with in the community. For example, Alex said, "When I leave here, the tutors are hoping to help me and support me ...to run the same group...that means taking responsibility, ownership...and it'll show me how well I've moved on". Alex was in the service as a result of committing a crime, and here he was referring to moving away from this and the secure environment, showing psychological adjustment that was likely to be important to his rehabilitation. He saw a link between his attendance at the group and his rehabilitation. He also said, "it'll show **me** [emphasis added]" he was talking not about demonstrating this to others, such as authorities but to himself. This seemed to indicate he was taking pride in his own identity and actions.

Other co-researchers linked attending the group to their rehabilitation, including the goals they had in their lives, Jamie said:

> My future's going to go further. I'm going to move out of... [the service] to go and live in the community with somebody who's same as me, go and live with that person and have a relationship with that person, and say, look this is where I've come from, this is where I'm staying, do you fancy setting up a programme, a goal to go and work with them [LGBT] people, or set one up [support group] for us to get people involved to talk about their sexuality.

4   Discussion

Attending the group appears to have helped co-researchers develop and take pride in their sexual identity, which improved their perceived psychological wellbeing. This is important as people with an intellectual disability and those having an LGBT identity are at increased risk of having mental health difficulties (Chakraborty et al. 2011, King 2008, Einfeld et al. 2011). Some co-researchers linked attending the group with their rehabilitation as they took pride in helping others and wanted to continue this when they leave the secure service.

The findings indicated that name-calling occurred frequently, which is consistent with literature in this area (Murphy and O'Callaghan 2004, Burns and Davies 2011). However, most of the co-researchers perceived this name-calling as being at a similar level or less than they would experience in the community. This is in contrast to the literature cited above, which suggests discrimination is likely to be worse in a secure intellectual disability environment than in the community (Murphy and O'Callaghan 2004, Burns and Davies 2011, Fitzgerald and Withers 2013). However, few of the co-researchers had had the experience of being open about sexuality in the community, which would be necessary for them to test their perceptions. It is also possible that being in the secure environment has negatively skewed their expectations of discrimination. It seems that developing pride in their sexual identity through attending the group has helped co-researchers to cope with discrimination such as name-calling.

Previous studies have indicated that supporting LGBT people with identity, is likely to impact on mental health and that support groups are one way to do this (Hardy et al. 2013, Cass 1984, Dietz and Dettlaff 1997). Vignoles et al. (2011) described identity as being powerful, a source of strength and guiding life decisions. There was

certainly evidence that for some co-researchers attending the group and developing

identity had helped them make changes in their lives, guided decisions about the future,

reduced distress, and made them feel proud of themselves. This is consistent with

research relating to support groups for other LGBT people (Dietz and Dettlaff 1997,

Frank 1999, Withers et al. 2001).

4.1   How the story links with other literature

Plummer (1995) wrote about the dominant narrative of coming out as

something that usually starts in childhood with feelings of not fitting in, followed by a

crucial moment (often in early adolescence) when gay identity is discovered in the self.

Plummer associated this with secrecy, shame, and fear; problems are resolved, usually

through meeting others who are part of the LGBT community; and this leads to

development of self- identity within an LGBT community. The later parts of the

dominant coming out narrative that Plumber outlines can clearly be seen in the results,

i.e. secrecy and fear, resolving problems through contact with other group members,

and development of sexual identity as an individual and group member. This clearly

links attending the group with the dominant coming out narrative and identity

development.

Co-researchers' stories also fit with Cass's (1984) model of sexual identity

development as there is evidence for a change in self-image from heterosexual. Cass

(1984) proposed that the degree to which the groups homosexual and heterosexual are

seen as dichotomous is relevant to the process of coming out. Although the co-

researchers do not present the categories of homosexual and heterosexual as a simple

dichotomy, neither do they seem to think of them as fluid. Rather, additional static

categories have been added of 'bisexual' or 'liking dressing as the opposite sex', as

illustrated by Alex's comment "you know what sexuality you are, whether you are gay

whether you are bisexual and then people know for future time". It may be that the dominant narrative about coming out influences how co-researchers tell their stories as they try to fit in with what they think is expected of a LGBT person.

The group was seen as helping people to be more open and talk to others about their sexuality, and co-researchers said that hearing others talk openly had helped them to do this. This could be understood in terms of Bandura's (1978) social learning theory, which sees behaviour (in this case talking openly) as being part of a reciprocal interaction with the environment and internal events including cognitions. Bandura proposed that behaviour and internal states are influenced, not only by a person's own interaction with the environment, but also by observation of the effects of others' actions on the environment. In this case, the environment, responses of group members and staff to the observed action (talking openly), is positive, which could be changing the co-researchers' cognitions about talking openly, making them more likely to do this themselves, a behaviour which is then further positively reinforced by reactions of the group. This same process could be the reason clients think it is important that more LGBT staff are able to be open about their identity, as this allows this modelling of being open to take place throughout the organisation rather than being isolated to the group.

4.2   Strengths and limitations of this research

The approach aimed to be participatory, but there were limitations on the extent to which this was possible. The views of the co-researchers were incorporated at the design stage, but due to limited time with the co-researchers, it was not possible to consult them on all aspects of the design. It was difficult to maintain regular, direct communication with the co-researchers outside the formal interviews or analysis session, as the co-researchers access to communication methods such as email and telephone was limited. They did contribute to the analysis, and the results section

reflects this input, particularly in relation to *why* parts of the story were important. This

involvement in the analysis is a strength of this research. However, whilst the design

went some way to addressing the power imbalance, this could not be removed entirely.

Another issue in some interviews was the tendency for the co-researcher to answer

with very short responses or frequently say, "I don't know". This meant that for some

co-researchers the data was less rich. Sigstad (2014) suggested the reasons for this

happening when interviewing people with intellectual disability include the interviewer

using questions that are too complex, or the interviewee worrying about 'saying

something wrong'. In some cases the former seemed to be happening, as, when

questions were reworded, co-researchers were sometimes able to answer. Other co-

researchers needed time to think and initially said, "I don't know" but after a pause,

responded with rich data. For the majority of co-researchers this was not an issue with

them taking long narrative turns in their interviews.

Other limitations are the use of convenience sampling and that the sample

consisted mostly of young to middle aged males. It was never our intention to make any

claims about generalisability of the research; however, this may affect how relevant it is

to some readers. The limited participation by women in the group generally and in the

research in particular, means that their voices are under-represented in the findings.

4.3   Recommendations for service provision

The service's investment in this group appears effective in the co-researchers'

lives suggesting it is valuable and should continue. The results emphasise the need for

the service to consider how it can explore and change the attitudes of staff and patients

throughout the service in order to develop a culture that respects diverse sexualities,

which enables staff and clients to be open about their sexuality. The importance of staff

addressing bullying in relation to sexuality should be emphasised as the findings

suggest this can make the difference between a person continuing to attend and

stopping attending, which may affect their rehabilitation.

Whilst the nature of this research means it cannot be generalised to other groups

or settings, those working in similar settings may find the results useful and could

consider setting up similar groups. Those working in other services could also use the

key elements that were seen as useful for these co-researchers as a starting point for a

group, which could then be evaluated and develop according to the individual service

needs. The researchers suggest that the key elements in such groups should include:

- supporting multiple functions for different members, for example, by incorporating time for discussion and education regarding sexuality, as well as social time;
- carefully identifying staff to facilitate the group who are open and enthusiastic about supporting people in relation to their sexuality, providing a role model for group members which enables them to internalise this attitude and thus develop respect and trust between group members, enabling them to talk openly about sexuality;
- providing support outside the group to support people with the decision to attend and addressing name-calling; and
- enabling links with external groups, such as LGBT support groups, so that members can link with the community and develop goals for their future.

4.4   Recommendations for further research

As this research suggests that attending the group has a positive impact in

preparing attendees for rehabilitation, research to measure the impact on outcomes and

comparison with those who do not attend would be useful. It would also be useful to

follow up this research once participants are re-established in the community. Given

that most participants are likely to remain in need of support services in the community, it may be possible to maintain contact. However, there are clearly cost implications of longer-term research.

It may be useful to explore staff attitudes towards relationships and sexuality in the secure service. It would be interesting to explore how contact with LGBT staff affects clients' identity development and rehabilitation through modelling.

It would also be valuable to explore whether other groups that can give people with intellectual disabilities in secure settings alternative identities could have the same effect for those who do not identify as LGBT. Future researchers may like to consider using the kind of participatory approach used in our research, and also means of better representing the views and needs of women.

5   Conclusion

This research supports the view that in common with other groups of LGBT people, a support group in a secure service for people with intellectual disabilities is seen as helpful by its members. The functions the support group serves in its members' lives are varied. These include supporting members with identity development, reducing psychological distress, improving self-esteem and, helping them to develop a sense of purpose in their lives. Such changes are likely to have a positive relationship with rehabilitation and are therefore, relevant to the aims of the service, suggesting continued investment in such a group will be beneficial. Further research would be useful to consider whether measurable effects on rehabilitation can be demonstrated and to explore attitudes towards LGBT people in the service.

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7   Tables

Table 1. Explanation of research roles

Title	Who they are	Other information
Group Member	Person who attends the LGBT support group	Most group members became co-researchers. Data was not collected from group members unless they became co-researchers. Group members were consulted regarding the design
Co-researcher	Person who gave consent to participate in the research	They provided data, were asked how they wanted the data to be used, some contributed to the analysis, and played an active role in dissemination. They did not have access to primary data other than their own.

Table 2. Number of co-researchers within each range of attendances

Times attended	1-2	3-6	6-12	12+
Number of co-researchers	4	1	1	12

9   Figures

Figure 1. Diagram illustrating the group story