

City Research Online

City, University of London Institutional Repository

Citation: Garcia, C., Grant, E., Treharne, G. J., Arahanga-Doyle, H., Lucassen, M. F. G., Scarf, D., Taumoepeau, M., Veale, J. & Rapsey, C. (2024). 'We'll be okay together': navigating challenges as queer university students in Aotearoa New Zealand. Kōtuitui: New Zealand Journal of Social Sciences Online, 19(2), pp. 190-206. doi: 10.1080/1177083x.2023.2235388

This is the published version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: https://city-test.eprints-hosting.org/id/eprint/32166/

Link to published version: https://doi.org/10.1080/1177083x.2023.2235388

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online: http://openaccess.city.ac.uk/ publications@city.ac.uk/



Kōtuitui: New Zealand Journal of Social Sciences Online



ISSN: (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/tnzk20

'We'll be okay together': navigating challenges as queer university students in Aotearoa New Zealand

Claudia Garcia, Eddy Grant, Gareth J. Treharne, Hitaua Arahanga-Doyle, Mathijs F. G. Lucassen, Damian Scarf, Mele Taumoepeau, Jaimie Veale & Charlene Rapsey

To cite this article: Claudia Garcia, Eddy Grant, Gareth J. Treharne, Hitaua Arahanga-Doyle, Mathijs F. G. Lucassen, Damian Scarf, Mele Taumoepeau, Jaimie Veale & Charlene Rapsey (2023): 'We'll be okay together': navigating challenges as queer university students in Aotearoa New Zealand, Kōtuitui: New Zealand Journal of Social Sciences Online, DOI: 10.1080/1177083X.2023.2235388

To link to this article: https://doi.org/10.1080/1177083X.2023.2235388





RESEARCH ARTICLE

OPEN ACCESS Check for updates



'We'll be okay together': navigating challenges as gueer university students in Aotearoa New Zealand

Claudia Garcia (10 a., Eddy Granta, Gareth J. Treharnea, Hitaua Arahanga-Doyle (10 a., Mathijs F. G. Lucassen^{b,c}, Damian Scarf^a, Mele Taumoepeau^d, Jaimie Veale^e and Charlene Rapsev^f

^aDepartment of Psychology, University of Otago, Dunedin, New Zealand; ^bSchool of Health, Wellbeing, and Social Care, The Open University, Milton Keynes, UK; Cpepartment of Psychological Medicine, University of Auckland, Auckland, New Zealand; ^dSchool of Psychology, Victoria University of Wellington, Wellington, New Zealand; ^eSchool of Psychology, University of Waikato, Hamilton, New Zealand; ^fDepartment of Psychological Medicine, University of Otago, Dunedin, New Zealand

ABSTRACT

Queer university students face multiple stressors which can contribute to mental health difficulties, including minority stressors unique to their queer identities. However, there is little literature exploring stressors faced by gueer individuals in university settings. The aim of this study was to qualitatively explore the current challenges and strengths faced by queer university students in Aotearoa New Zealand, in order to contextualise their mental health experiences. Twenty-eight queer students participated across 12 focus groups or interviews. Two queer researchers thematically analysed the data. Three themes were interpreted from the data: 'That's not feminine enough': the impact of societal ideologies on gueer students; 'There's one rainbow person in the room': Tokenism, social isolation, and then finding community; and 'You know what it's like to not be heard': The transformation of challenges into strengths. The findings illustrate how queer university students make meaning of their challenges, and the strengths they develop to mitigate these. Educational institutions are highlighted as important sites of systemic change, to reduce minority stressors in students' lives.

ARTICLE HISTORY

Received 3 March 2023 Accepted 3 July 2023

KEYWORDS

Qualitative; LGBT; heteronormativity; cisnormativity; social attitudes; student; higher education

Introduction

Queer (a reclaimed umbrella term referring to non-cisgender and/or non-heterosexual identities, including but not limited to lesbian, gay, bisexual, pansexual, asexual, transgender, and non-binary) adults in a range of Western countries have gained many social freedoms which were denied to previous generations (Yarns et al. 2016; Poushter and Kent 2020). However, questions remain about the challenges that this population continues to face within institutional settings (New Zealand Human Rights Commission 2020; Surace and Riordan 2020; Wilson and Cariola 2020). Systems of marginalisation, such as high rates of discrimination, violence, and rejection (Flores et al. 2020; Levine and Button 2022; Ministry of Justice 2022) and other adverse experiences at the societal and interpersonal levels are theorised to result in ongoing mental health disparities for queer populations relative to their cisgender heterosexual peers (Meyer and Frost 2013; Riggs and Treharne 2017; Pachankis and Bränström 2018; Travers et al. 2020). The aim of this study was to explore queer young adults' challenges and strengths in order to contextualise their mental health experiences, inform which needs should be addressed, and identify which strengths can be leveraged. Data presented in this paper were collected as part of a larger study seeking to adapt an online mental health intervention in order to address the needs of queer university students.

According to Meyer and Frost's (2013) minority stress theory and more recent expansions (e.g. Tan et al. 2020), stress occurs because of one's minority status of having a socially marginalised sexuality and/or gender. Meyer and Frost argue that by being a minority, individuals are exposed to increased stressors and have decreased coping resources. From a cognitive-behavioural perspective, many queer people are exposed to negative attitudes originating from societal ideologies about heteronormativity and cisnormativity that can lead to the development of negative core beliefs, which are linked to the development of mental health difficulties (Lucassen et al. 2013; Meyer 2013; Meyer and Frost 2013; Riggs and Treharne 2017; Testa et al. 2017; Craig et al. 2019; Wilson and Cariola 2020). Cisnormativity is the cultural assumption that a person's gender always aligns with the sex they were assigned at birth (Parker et al. 2022). Similarly, heteronormativity is the cultural assumption that individuals are exclusively attracted to those of the opposite gender (Barker 2011; van der Toorn et al. 2020). Therefore, being cisgender and heterosexual are seen as the default, whereas other forms of gender and sexuality are framed as abnormal (Barker 2011; van der Toorn et al. 2020).

Young adulthood is a particularly critical developmental period in which many anxiety and mood disorders first appear (Kessler et al. 2007; McGorry et al. 2011). Queer adolescents and young adults are a particularly vulnerable group, being at greater risk for substance use disorders (Schauer et al. 2013; Kerr et al. 2014; Roxburgh et al. 2016), self-harm, suicidal ideation, suicidal behaviours (van Heeringen and Vincke 2000; Clark et al. 2014; Tsypes et al. 2016), anxiety, and depression (Clark et al. 2014; Lucassen et al. 2017; Borgogna et al. 2019), compared to their cisgender heterosexual peers.

The onset of mental health difficulties often coincides with major life transitions such as moving away from home and beginning university education. Queer students are more likely to experience mental health difficulties compared to their cisgender heterosexual peers (Leppink et al. 2016; Gharibi 2018; Mortier et al. 2018; Rentería et al. 2020). Universities like to promote themselves as inclusive and diverse (Hastie 2007; Smith et al. 2021), yet the experiences of queer university students within these settings remain underexplored, despite these systems potentially contributing to the mental health concerns of this population by contributing to minority stress experiences.

Despite higher rates of mental distress, queer young adults have many strengths. Queer university students, compared to their heterosexual peers, may be more likely to seek mental health support when prompted (Ebert et al. 2019). Additionally, when

queer youth receive positive messaging about their identities, many experience post-traumatic growth and increased resilience (Craig et al. 2015). Queer youth may be more likely to volunteer (Lucassen et al. 2015), while adults who are more engaged in their local queer communities tend to be highly educated, have relatively high incomes, and be politically active (Henrickson 2007).

Through approximating queer student challenges with minority stressors, increasing the understanding of challenges that queer university students experience contributes to addressing the mental health need (Amanvermez et al. 2022). Data reported in this paper were collected as part of a larger study investigating potential modifications to a guided online mental health intervention for queer university students.

Method

We collected and analysed the data using Braun and Clarke's (2006, 2021) guidelines to reflexive thematic analysis. We assumed an inductive critical realist-contextualist approach in order to be primarily driven by the data while acknowledging that analysis is not devoid of researcher influence (Braun and Clarke 2021). We analysed the data with relevant research questions in mind, however no a priori themes were imposed on the data. We coded data from a mostly semantic and experiential approach, which focuses on more surface level meaning and experience, and frames language as a communication tool which offers a window into the participants' psychological worlds (Braun and Clarke 2021). Our approach aligns with the field of clinical psychology (the first and last author's field of practice) and our desire for readers to easily relate findings to their institutional practices while still exploring meanings and giving voice to participants.

This study was granted ethical approval by the Ethics Committee of the institution where the research was conducted [reference H21/100].

Researchers' positionality

The researchers who analysed the data were simultaneously insiders and outsiders. As insiders, the data analysts were familiar with many topics, particularly those relating to young adults, lesbian, bisexual, and assigned female at birth experiences. Familiarity with topics facilitates shared understanding between researchers and participants (Dwyer and Buckle 2009; Berger 2015; Nelson 2020). Shared understanding can increase participant willingness to share sensitive experiences, increase comfort and trust, and assist in rapport building (Merriam et al. 2001; Dwyer and Buckle 2009; Berger 2015). However, there are aspects differentiating researchers from participants, and there is no homogenous queer community (Nelson 2020), thus also making the researchers outsiders. Neither of the researchers who led the analysis were able to fully relate to or comprehend the intersectionality of disability or ethnicity. Acknowledging limits of knowledge meant that it was helpful to have a second coder with lived experience of being non-cisgender to help widen interpretive possibilities rather than themes being reflective of one researcher's opinions (Berends and Johnston 2005; Berger 2015). At the time of analysis, EG was a recent graduate with prior experience in cross-cultural qualitative research, who identifies as Pākehā (New Zealand European), non-binary, and lesbian.

Recruitment

We sought participants who were university students aged between 16 and 25 years old as this captured the target audience of the wider research question, however one recent university-withdrawer and one recent graduate were allowed to participate. Participants had to identify as queer, LGBTQIA+, or rainbow, and be able to attend an in-person session at a pre-determined time at a private university office space. Individual interviews and dyadic interviews, in addition to focus groups, were offered in response to participant requests and comfort with being 'out' to others.

Participants were recruited using posters around campus, online via social media, and through social groups for queer university students. Participants were asked to snowball sample by passing on the study information to others who may be interested. This recruitment strategy may have amplified similarities in participants' demographic characteristics as it was likely that participants referred similar others. Additionally, this strategy may have inadvertently favoured participants who were connected to the queer community or who had queer friends. Sixty-eight individuals made contact to participate; the main reason for being unable to attend was scheduling constraints or residing outside of the study location. The final sample size was 28 participants when data collection was stopped, as we felt the transcripts contained sufficient depth to answer our overarching research question.

Notably, some important ethnic groups were missing from the sample. There were no Pacific, Middle Eastern, Latin American, or African participants. Pākehā participants dominated the sample, followed by Asian and Māori participants. Those who dominated the participant sample described themselves as women/female and bisexual/lesbian/queer/gay. This is not surprising given that some research indicates queer women are more likely to self-select for sexuality-related research than men (e.g. Bouchard et al. 2019). These characteristics are also similar to those of CG who conducted the sessions, and thus a particular participant demographic may have felt more comfortable participating in sensitive research due to increased assurances of shared understanding.

Procedure and data collection

Focus groups and interviews were primarily designed to answer the overarching research question: what changes should be made to an existing online mental health intervention in order to address the needs of queer university students? Questions asked of the participants were separated into three sections addressing mental health experiences, queer challenges and strengths, and intervention changes. Queer challenges and strengths are the focus of this paper.

Focus groups and interviews were facilitated by CG who began sessions by introducing herself and the research. CG explained the rationale for the research, and highlighted that she is a doctoral candidate, clinical psychology trainee, and identifies as Pākehā/Mexican, cisgender, bisexual, and queer. CG was known to some participants, and this pre-existing relationship was made clear before participants agreed to attend. Participants had time to read the information sheet and consent form, complete a demographics form, and received a NZ\$30 (approximately US\$19) supermarket voucher to cover any expenses. Questions were semi-structed, open-ended, and reflective to elicit information

from participants. The questions relevant to the data reported in this paper were 'what are the issues that you see young queer people facing in New Zealand?' and 'what are the strengths of young queer people in New Zealand?'

Twelve sessions were conducted between July and August 2021, with sessions lasting between 57 and 100 min (M = 80.25 min). There were four focus groups of three or four participants, as well as five dyadic interviews where two participants attended, and three individual interviews. All sessions were audio recorded and then transcribed, checked for accuracy, and anonymised by CG. The transcripts were analysed by two researchers.

Data analysis

Thematic analysis was conducted according to guidelines by Braun and Clarke (2006, 2021). CG and EG familiarised themselves with all transcripts, noting down important or interesting features of the data in the margins of the transcripts. CG and EG discussed one third of the transcripts, considering whether there were patterns in the data and how their positions were influencing initial thoughts. Then, a quarter of the transcripts were randomly selected and independently assigned codes before differences in codes were discussed. CG then coded the nine remaining transcripts. All codes were collated into one document before repetitions of the same idea were discarded. Surviving codes were then transferred to sticky notes. Through discussion and visual representation with sticky notes and thematic maps, CG and EG refined codes and then identified themes and sub-themes by clustering notes into categories of shared meaning. A summary of early themes was sent to participants for feedback, of which two responded positively, endorsing the preliminary analyses but with no further suggestions. These themes and sub-themes were further refined by researchers through discussion and writing of results. A final revision of Braun and Clarke (2021) assisted further in interpretation by ensuring we were contextualising the dataset in contemporary and historical discourses and making connections to wider research and literature. Additionally, upon revision of Braun and Clarke (2021), we increased the number of quotes folded into our analysis and integrated our results and discussion sections to allow for a richer interpretation.

Results and discussion

Participants

To ensure participants could not be identified, their aggregated demographics are presented in Table 1. However, in describing their sexuality and/or gender some participants provided unique responses and these are also reported verbatim to uphold the autonomy of participants (see Table 1, note) and capture the range of responses. Many participants reported more than one gender and/or sexuality (see Table 1, note, for how this was reported).

Themes

A total of three themes were interpreted from the data: 'That's not feminine enough': the impact of societal ideologies on queer students; 'There's one rainbow person in the

Table 1. Descriptive statistics for focus group and interview participants (n = 28).

	Mean (SD)	Minimum	Maximum
Age	21.11 (2.25)	17	25
Years of University Education	3.12 (1.76)	1	8
Variables	Categories	n (% of sample) ^a	
Gender	Woman/Female	18 (64.3)	
	Man/Male	6 (21.4)	
	Non-binary	4 (14.3)	
	Transgender	2 (7.14)	
	Another gender	1 (3.57)	
Sexuality	Bisexual	10 (35.7)	
	Lesbian	8 (28.6)	
	Queer	7 (25.0)	
	Gay	6 (21.4)	
	Pańsexual	3 (10.7)	
	Demisexual	3 (10.7)	
	Another sexuality	6 (21.4)	
Ethnicity	NZ European/Pākehā	20 (71.4)	
	Māori	2 (10.7)	
	Asian	4 (14.3)	
	White other	4 (14.3)	

Note. Non-binary included non-binary, non-binary femme presenting, and non-binary/female. Transgender included trans masc/male and transgender guy. Another gender included 'female (?)'. Another sexuality included asexual, polyamorous, takatāpui (an Aotearoa New Zealand term for Māori identifying with diverse sexes, sexualities, and genders), fluid, 'just attracted to people', and 'just gay I think'. Participants were included in a descriptive category only if they wrote the relevant term on the demographics form, for instance, 'transmasc/male' was counted once in Transgender and once in Man/Male.

room': Tokenism, social isolation, and then finding community; and 'You know what it's like to not be heard': The transformation of challenges into strengths. The following are our interpretations of these themes, illustrated by quotations from the participants using pseudonyms.

'That's not feminine enough': The impact of societal ideologies on queer students.

Within the theme of 'That's not feminine enough': the impact of societal ideologies on queer students, systems such as student culture and educational curriculums which govern participants everyday lives are seen as reinforcing cisnormativity and heteronormativity. For participants, the cisnormativity and heteronormativity inherent in student party culture led one student to feel that being queer within those spaces was unsafe:

Then like going out like there's, like, all the girls dress up and like it's, there's not even though there is space for it on the low key to be divergent of that, there's, it's not spoken about, and it's not, doesn't feel, it doesn't feel safe or normalised. (Jordan)

Within these cisnormative and heteronormative systems, participants did not see themselves represented. As a result of this underrepresentation, participants felt a sense of abnormality and struggled to form a concept of their future selves:

I didn't know any queer women who were adults, until I was in high school. And so I think that's what I struggled with the most, is I didn't see where, what my future looked like. Or if like, like marriage wasn't even an issue, it was more of like, would I ever be able to have that sort of thing, does it exist?. (Grace)

Often, it was not until participants gained knowledge of compulsory heterosexuality (the idea that heterosexuality is enforced upon people under a heteronormative society; Rich

^aThe cumulative percentage may exceed 100% as participants were able to identify within multiple groups.

2003) and compulsory cisnormativity (similarly, the idea that being cisgender is enforced upon people under a cisnormative society), did they realise that they did not have to adhere to the dominant way of being. 'A lot of people don't know about or talk about compulsory heterosexuality and how that is, makes it so much harder to get the language to describe yourself (Stevie). Once this realisation occurred, participants could undertake a process of questioning their own identities: 'discovering the concept of transgender people, and then debating with myself, whether I was trans and what I should do about it was a big process for me.' (May).

Cisnormativity and heteronormativity were also linked to the production of transphobia, homophobia, and biphobia (collectively referred to as queerphobia; van der Toorn et al. 2020). Non-binary participants described ways they avoided actual or feared queerphobia by altering their appearances to appear more cisnormative. Participants organised themselves around cisnormative ideologies around clothing (van der Toorn et al. 2020), with Ellis 'dress[ing] differently when I'm at home than when I'm down here [at university]' and Stevie 'like flat viewings and stuff, um sort of dress[ing] more feminine, to not, to avoid the possibility of encountering any like queerphobia or discrimination or anything.' As discussed in previous research, queer people have insight and awareness into the impacts of cisnormativity, such as a risk of harassment when dressing in non-cisnormative ways (Lucassen et al. 2013), and so take action to mitigate this.

By taking action to mitigate queerphobia, participants conveyed that they felt a sense of responsibility to reduce discrimination against their identities, however it was acknowledged as not a burden they should bear: 'you can learn how to like kind of manage it [transphobic comments], which is, which kind of sucks, because, because then it kind of makes you feel like you're the problem when it's actually the other people.' (Ellis)

Participants communicated how queerphobia is not understood nor questioned within society, which can perpetuate a cycle of misunderstanding and stigma against queer people:

A lot of non queer people don't understand some, like a lot of queer issues they don't even understand that they're happening. Because, like, of course they wouldn't be, you've got marriage equality, what more do you want ... he's [participant's father] also not gonna experience queerphobia because he's not queer, he's not gonna understand queer issues because doesn't experience those. (Robin)

As a result of this misunderstanding, individuals in participants' lives covertly and casually continued to communicate queerphobia, which continued to enforce the dominant ideologies of cisnormativity and heteronormativity. This casual queerphobia took the form of actions such as microaggressions, homophobic jokes, and endorsing homophobic and biphobic stereotypes. Earlier Aotearoa New Zealand research frames homophobia as more explicit, including verbal and physical harassment (e.g. Lucassen et al. 2013), however casual homophobia such as 'gay jokes' continues to persist. For Jessie, covert queerphobia was communicated by her parents:

They were really really against me like telling anyone or talking about it [being gay] ever ... I'd get, like, um, not told off but I would have to change my clothes if they thought they were like, too gay and I wouldn't be able to get stuff if I was going shopping with them that were like they were like, oh, that's too, that's not like feminine enough. (Jessie)

Anecdotes of participants being encouraged to keep quiet about their queer identities reflected a wider societal attitude that being queer is a topic that should remain unspoken about: 'there is a sense of, but it's [being gay] a little bit weird, it's a little bit wrong' (Cate). Although participants did not talk about concealing their identities on campus, prior research reports that at university, many queer students are not fully out to family and friends, or conceal their identities on campus to avoid intimidation (Treharne et al. 2016; Allen et al. 2020). For some participants, attitudes around keeping queer identities hidden became internalised, with them becoming fearful of expressing and telling people about their identities despite knowing some contexts to be safe:

I know my family does not care at all. But I personally found it really quite difficult to tell them ... even though they're the most wonderful people in the world, I know that, like me, others just find it difficult. (Eden)

When talking about transphobia specifically, participants conveyed how it is a more explicit and overt form of discrimination: 'it's definitely become very visible the last couple weeks with Laurel Hubbard [a transgender Olympic weightlifter] ... And just like seeing all the Facebook comments, all the Twitter, tweets, everything ... '(Robin). Participants described several instances of themselves or friends encountering transphobia, such as being misgendered, deadnamed, verbally harassed, and physically threatened:

I went to the trans rally on the weekend ... they were waiting for the people to come out because there was a meeting there about something but it was about how the main like leader of that group wanted to, like, shoot trans people. (Ellis)

This discussion echoed previous reports of queer university students fearing for their physical safety and reporting experiences of harassment due to their identities (Treharne et al. 2016; Allen et al. 2020):

By conveying their experiences of structural transphobia, participants also highlighted a world designed for cisgender people, through the unavailability of gender-neutral bathrooms, information privacy concerns, and the difficulty accessing personal identification that accurately reflected their identities: 'like May was saying earlier about lack of gender inclusivity, and neutrality, bathrooms on university campuses is very hard, even in public as well. And that obviously causes a lot of mental strain on a lot of people.' (Alex). These results illustrate that the participants in the present study face several of the gender minority stress constructs as conceptualised by Testa et al. (2015), including gender-related discrimination, rejection, victimisation, and concealment of identity. Experiencing these stressors may contribute to the development of social anxiety and depressive symptoms (Testa et al. 2015), pointing to necessary systemic level changes in order to improve the mental health outcomes of this population.

'There is one rainbow person in the room': Tokenism, social isolation, and then finding community.

Within the theme of 'There is one rainbow person in the room': Tokenism, social isolation, and then finding community, participants described the ways in which they moved from feeling tokenised to finding community among their peers. Multiple participants felt their identities were tokenised within institutional settings, with one participant explaining how he feels tokenism is conveyed at university:

Tokenistic like even the new sort of queer space that just opened, like they don't have like transgender bathrooms for instance, it just feels like the university's putting on this big sort of show, you know, we do this and we're inclusive and everything and when it comes to the actual sort of like functionality of it, it really found wanting I think. (Thomas)

As Thomas alludes to, universities profit socially and financially from positioning themselves as being committed to equity and having diverse student bodies, without delivering meaningful change (Smith et al. 2021). When universities do not enact change at the individual level, their diversity campaigns were framed as tokenistic, performative gestures:

I feel like the university likes to be like, we're so progressive look at us go and like especially in the [subject] department too, there's kind of like we're scientists, we're liberal, we're progressive, let's go. But then ... they have surveys, who they have two versions they use he/him and she/her, when it would be easy just to have one version, that's they/them. (Robin)

Similarly, Allen et al.'s (2020) participants at a separate Aotearoa New Zealand university highlighted their institution's approach to diversity and inclusion, with the jarring juxta-position of promoting zero tolerance for discrimination while having no provision for gender neutral bathrooms. Institutional promotion of their diversity and inclusivity accreditations without benefits for queer people within those institutions draw parallels with rainbow capitalism marketing strategies which prioritise profit and fails to address the daily challenges of queer individuals. As a result, these institutional diversity campaigns left some participants feeling abnormal for their queer identities:

I was talking to someone the other day about the uni's [slogan] campaign and like how I fucking hate it, but it's like, it's like you're doing this daring courageous thing to be proud of who you are, which is just furthering that concept of like you are different but like good for you, good for you being different. (Jasmine)

As Jasmine implies, by positioning queer individuals as 'courageous', the institution calls attention to those who are inherently seen as different, and so communicates who is included and who is excluded from mainstream society. The identities of those who do not call attention to themselves (cisgender heterosexual people) are normalised (Smith et al. 2021), and so cisnormativity and heteronormativity is perpetuated by the institution.

Participants additionally conveyed how they felt tokenised as individuals, describing how they were often the 'one rainbow person in the room' (Brooklyn). Often, being the only rainbow person in the room caused participants to feel responsible for speaking on behalf of their queer peers. For some participants, this was a difficult responsibility to navigate, as they felt pressured to 'somehow have a political take on everything or like be advocating for ourselves and our friends constantly' (Gilbert).

Although being tokenised was challenging, the experience motivated participants to contribute to better experiences for younger queer people, with Gilbert wanting to work 'on the legislation level to say you know you don't have to go through this really horrible process of just trying to be a person'. Similarly, Robin was 'very conscious of making that [sex education workshops] an open space for queer individuals, so like making sure that we're not using heteronormative terms'.

In wanting to improve the futures of queer people, participants also acknowledged the realities of those feeling socially isolated, such as those living in smaller cities, towns, or in

rural locations. Community connectedness is an important aspect of wellbeing (Riggle and Rostosky 2011), and is positively correlated with better mental health outcomes in queer populations (Testa et al. 2015). In contrast, larger cities, namely Auckland and Wellington, and university settings were seen as sites with more diversity and larger queer communities, with multiple opportunities to form social connections:

If you're not close to Auckland or Wellington, you're not going to be going to any, like, events, or anything like that, the only people you're going to meet are at work and school. And like, mo - all the time, those aren't necessarily super like, comfortable places, a lot of people aren't out. (Cate)

Compared to past research in Aotearoa New Zealand (e.g. Lucassen et al. 2013), this perception of regional differences in diversity seems to remain unchanged in the past decade, despite substantial legal and social progress in the interim.

Larger urban settings were framed as safer for queer people, however not all queer spaces were inclusive and welcoming. Participants acknowledged difficulties with the queer community itself, recognising it as a structure which had 'very narrow definitions of what it means to be queer, or even just very like white definitions of like, yeah' (Jordan). For participants with unlabelled, bisexual, or pansexual identities, these 'narrow definitions' created a feeling of exclusion and turned participants away from joining or identifying with the queer community: 'I've kind of refrained from a lot of queer spaces because I felt uncomfortable about some of the things they might say or feel' (Saffron).

Participants also described how queer communities have historically centred white and cisgender individuals, and perpetuated racism:

A lot of the earlier sort of gay rights movements for instance happened in places like, I don't know, Stonewall, England, or America, and there were sort of like, gays, lesbians, but white gays and lesbians and so of the rest of the [queer] spectrum and the rest of the whole rest of the world essentially was kind of excluded and so they've been playing catch up for, for several decades, and you still sometimes see sort of underlying problems within the community. (Thomas).

Notably, there was little discussion around challenges related to Māori, Pacific, and other ethnic and cultural identities intersecting with queer identities, which further perpetuates the suppression of non-white identities in queer research. There could be multiple factors contributing to this lack of discussion, including that academic spaces often perpetuate structural racism by ignoring or denying such attitudes exist, and so contribute to the exclusion of indigenous and ethnic minority voices from research (Smith et al. 2021). Structural racism may have contributed to participants lacking knowledge about these histories or an implicit belief that these challenges were not worth talking about. Participants may have withheld information if they thought CG would not understand, and neither of the researchers who led the analysis were able to fully relate to or comprehend the intersectionality of participants' ethnicity.

'You know what it's like to not be heard': The transformation of challenges into strengths.

Within the theme of 'you know what it's like to not be heard': the transformation of challenges into strengths, participants conveyed the strengths they drew on and developed within themselves as a result of experiencing queer-related challenges. It is



evident that challenges related to being queer are present in participants' daily lives, however, they drew on their experiences of 'know[ing] what it's like to not be heard' (Riley) to motivate them to advocate for themselves and peers who have marginalised identities:

I know that people can be different, so, I would say that, for me, I'm more accepting of whoever they are, even though they are not the same with me ... I guess the reason why this happened is because we ourselves felt the same way and we don't want people to feel the same way as well. (Lee)

Participants acted as advocates in multiple settings, such as amongst their friends: 'if somebody who's my friend doesn't understand like a particular term from the community you can just explain it to them and you know they'll just take it on board' (Hope) and within the university. Having the empathy to be advocates for those with marginalised identities is a particular strength identified within queer populations (Vaughan et al. 2014). However, this advocacy was limited, particularly when participants were faced with large power differentials between themselves and the systems they were attempting to change:

The power differential there of telling somebody that they're wrong ... maybe in the future, I won't do this [advocate for queer individuals] because like I'm more worried about my [career] than I am about making this a better place for other people, because like at the end of the day, girl gotta eat, girl gotta get a job. (Jasmine)

Similar to prior research on trans and non-binary healthcare experiences, some participants felt forced to compromise their immediate needs with the longer-term needs of their communities. Both Parker et al.'s (2022) and our participants carefully weighted up the risks of self-advocacy, speaking about the energy required to self-advocate and the additional stress it added to their lives. When participants decided not to act as advocates, this was seen as a form of self-protection, however it allowed cisnormativity and heteronormativity to remain unchallenged within institutional settings.

Negotiation of one's ability to advocate for themselves and others raises questions around which factors are necessary for individuals to feel equipped to speak up for queer needs. Some participants spoke about moments when they felt empowered, which included seeing queer people 'be[ing] out in public with someone they love, and like hold[ing] hands' (Charlie) and being with their friends:

Sometimes it's like I'm going into this part of town, and I don't want to dress like this, or something bad will happen to me, sort of thing, they're like, you know what, I'm with my friends, I can do what I want, we'll be okay together, strength in numbers. (Ellis)

In discussing these moments of empowerment, participants conveyed how representation and community support is vital in fostering their own resilience and ability to resist cisnormative and heteronormative ideologies. Similarly, previous research reports that queer young adults value knowing queer peers, and that forming friendships with each other provides them with a source of strength and sense of safety to be themselves (Lucassen et al. 2013). For some participants, it was comforting to know that others had gone through similar challenges: 'shared experience really brings people together, and yeah fosters understanding in a way that other communities might not have.' (Stevie). Given that we recruited primarily through community channels, participants'

emphasis on the importance of community connections may have been an artefact of this strategy and could have been absent as a notable source of resilience had we not recruited this way.

Participants also found support for their queer identities in unexpected places, in contrast to the queerphobic ideologies other participants spoke about. Gilbert conveyed surprise in the university chaplains being a source of support for him, after his initial dismissal of them being an option:

As someone who wasn't raised religious, I just thought 'okay chaplains are religious people I'm not going to talk to them when I have problems' ... they have two chaplains at [university] who are open about that they are kind of Christian but they don't push it on other people ... they genuinely do make time for me ... They offer emotional support and they've been understanding about like queer identity. (Gilbert)

Some Asian participants found support within their families, with one participant describing how 'queer weddings in my country is [sic] strictly a big no, but we still attend anyway and we hold it [the wedding]' (River). These acts of acceptance demonstrate that for those living under systems associated with queerphobic ideologies, queer people will continue to persist and resist, evoking the spirit of protest chants such as 'we're here, we're queer, get used to it' in queer rights movements.

Through their challenges, participants developed a sense of agency, which they conveyed as a belief in their ability to act and have control over their lives. Participants framed this agency as an advantage they had over cisgender heterosexual individuals, as through realising their queer identities they had to 'confront the, the fact that ... the things that we're taught as kids, like, comphet [compulsory heterosexuality], are not necessarily true' (Stevie). By moving through challenges, participants gradually built trust and confidence in themselves that they could manage future obstacles by applying those same skills:

Learning from a youngish age ... like you've had to fight your way through the world. Sort of makes /you like quite good at when say there's other issues in your life, maybe you're slightly better at advocating for yourself ... I think a lot of the time, it can give you tools rather than take them away. (Lucy)

For participants, this building of agency helped them to build a sense of self-esteem and mental resilience to queerphobia, or as Jessie described it, 'this is who I am and like it's none of your business'. This 'sense of self-assuredness' (Lucy) allowed participants to live authentically, resisting systems enforcing cisnormativity and heteronormativity on their own terms.

Participants showed insight into many of their strengths, consistent with past research (Riggle and Rostosky 2011). Insight into one's strengths is necessary to help counteract the effects of minority stress (Riggle and Rostosky 2011). However, it would be inappropriate to assume that all queer young adult students have this awareness. The sample was self-selected and so may have reached a point in identity acceptance conferring wellbeing, compared to other queer individuals unsure of their gender or sexuality. In the present study, individuals by act of participating outed themselves to the primary researcher. Being closeted but aware of one's queer identity is related to negative self-perception, which in turn is negatively correlated with wellbeing (Whitman and Nadal 2015). Closeted participants may have produced different responses to those reported



here, while those questioning their identities may have felt ineligible to participate altogether (Meyer and Wilson 2009).

Conclusion

Despite advances for queer populations in countries like Aotearoa New Zealand, it is evident that cisnormativity and heteronormativity are ingrained into the social fabric of educational institutions. Participants in the present study described how these societal ideologies continue to contribute to challenges in their everyday lives. The challenges described by participants in this study may contribute to increased risk of mental distress in queer young people through creating minority stressors (Meyer and Frost 2013; Riggs and Treharne 2017; Pachankis and Bränström 2018; Travers et al. 2020). Despite their challenges, queer university students display resilience and resistance to societal norms, and participants employed multiple strategies for managing challenges and making meaning out of their experiences. These strategies included finding community and relying on social connections, advocating for themselves and others, and creating a sense of agency.

The results of the present study point to multiple sites of intervention which would improve the lives of queer university students. It is necessary that structural changes are at the forefront of dismantling heteronormative and cisnormative ideologies within university settings (Pachankis and Bränström 2019). However, cisnormativity and heteronormativity are rarely identified or questioned by those who benefit from the privilege of meeting these normative standards (Parker et al. 2022). Those in power often overlook the status quo, which means that challenging these ideologies requires substantial justification from minority populations (Smith et al. 2021). Inclusivity and diversity statements are not enough when they fail to challenge everyday cisnormativity and heteronormativity, and so fail to contribute to a necessary cultural shift which acknowledges sexuality and gender diversity.

Queer people exist within multiple intersections, and so to dismantle cisnormativity and heteronormativity we must also challenge racism ingrained within university institutions. We acknowledge that research continues to reproduce white narratives of queerness, as academic environments centre Eurocentric views (Smith et al. 2021). Research findings often impose Eurocentric worldviews on indigenous and other non-white populations, and so it is necessary for continued research on queer populations to challenge notions of queerness as whiteness.

Universities must have queer inclusivity built into them, such as the requirement to install gender neutral bathrooms in buildings, building queer affirmative content into university courses, and hiring of queer staff as well as queer Māori, Pacific, and other ethnic minority staff. Universities must also support the development of campaigns which challenge heteronormativity and cisnormativity within student culture. Furthermore, while it is important to discuss the negative impacts of discrimination on queer identities, stories of strengths must be told, too. As institutions claim commitment to equity and diversity, it is their responsibility to share queer narratives of resilience. Highlighting strengths will empower queer individuals, building qualities like agency, bravery, and advocacy skills. These strengths must be fostered and supported in order to mitigate potential negative effects of ongoing challenges.

Queer university students are a population with unique challenges who lack adequate support. Ongoing mental health disparities of queer students highlights the need to understand the experiences of this group in order to provide targeted mental health support. The challenges that participants reported identified an overarching issue with the societal norms of heteronormativity and cisnormativity, contributing to their experiences of discrimination and marginalisation in their everyday lives. However, participants identified uniquely queer strengths to mitigate these challenges, relying heavily on community support and building agency out of adversity.

Acknowledgements

The authors thank every person who participated in this research as it would not have been feasible without you sharing your deeply personal experiences.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Data availability statement

The participants of this study did not give written consent for their data transcripts to be shared publicly, so due to the sensitive nature of the research supporting data is not available.

ORCID

Claudia Garcia http://orcid.org/0000-0002-5640-0834 Hitaua Arahanga-Doyle http://orcid.org/0000-0002-5416-1008

References

Allen L, Cowie L, Fenaughty J. 2020. Safe but not safe: LGBTTIQA+ students' experiences of a university campus. Higher Education Research & Development. 39(6):1075-1090. doi:10. 1080/07294360.2019.1706453.

Amanvermez Y, Zhao R, Cuijpers P, de Wit LM, Ebert DD, Kessler RC, Bruffaerts R, Karyotaki E. 2022. Effects of self-guided stress management interventions in college students: a systematic review and meta-analysis. Internet Interventions. 28:100503. doi:10.1016/j.invent.2022.100503.

Barker M-J. 2011. Sexuality: heteronormativity and heterosexuality. Meg-John Barker.

Berends L, Johnston J. 2005. Using multiple coders to enhance qualitative analysis: the case of interviews with consumers of drug treatment. Addiction Research & Theory. 13(4):373-381. doi:10.1080/16066350500102237.

Berger R. 2015. Now I see it, now I don't: researcher's position and reflexivity in qualitative research. Qualitative Research. 15(2):219-234. doi:10.1177/1468794112468475.

Borgogna NC, McDermott RC, Aita SL, Kridel MM. 2019. Anxiety and depression across gender and sexual minorities: implications for transgender, gender nonconforming, pansexual, demisexual, asexual, queer, and questioning individuals. Psychology of Sexual Orientation and Gender Diversity. 6(1):54–63. doi:10.1037/sgd0000306.

Bouchard KN, Stewart JG, Boyer SC, Holden RR, Pukall CF. 2019. Sexuality and personality correlates of willingness to participate in sex research. The Canadian Journal of Human Sexuality. 28(1):26-37. doi:10.3138/cjhs.2018-0028.



- Braun V, Clarke V. 2006. Using thematic analysis in psychology. Qualitative Research in Psychology. 3(2):77-101. doi:10.1191/1478088706qp063oa.
- Braun V, Clarke V. 2021. Thematic analysis: a practical guide. London: SAGE.
- Clark TC, Lucassen MFG, Bullen P, Denny SJ, Fleming TM, Robinson EM, Rossen FV. 2014. The health and well-being of transgender high school students: results from the New Zealand adolescent health survey (Youth'12). Journal of Adolescent Health. 55(1):93-99. doi:10.1016/j. jadohealth.2013.11.008.
- Craig SL, Austin A, Alessi EJ. 2019. Cognitive-behavioral therapy for sexual and gender minority youth mental health. In: Pachankis IE, Safren SA, editors, Handbook of evidence-based mental health practice with sexual and gender minorities. New York: Oxford University Press; p. 25-50. doi:10.1093/med-psych/9780190669300.003.0002.
- Craig SL, McInroy L, McCready LT, Alaggia R. 2015. Media: a catalyst for resilience in lesbian, gay, bisexual, transgender, and queer youth. Journal of LGBT Youth. 12(3):254-275. doi:10.1080/ 19361653.2015.1040193.
- Dwyer SC, Buckle JL. 2009. The space between: on being an insider-outsider in qualitative research. International Journal of Qualitative Methods. 8(1):54-63. doi:10.1177/ 160940690900800105.
- Ebert DD, Franke M, Kählke F, Küchler A-M, Bruffaerts R, Mortier P, Karyotaki E, Alonso J, Cuijpers P, Berking M, et al. 2019. Increasing intentions to use mental health services among university students. Results of a pilot randomized controlled trial within the World Health Organization's World Mental Health International College Student Initiative. International Journal of Methods in Psychiatric Research. 28(2):e1754. doi:10.1002/mpr.1754.
- Flores AR, Langton L, Meyer IH, Romero AP. 2020. Victimization rates and traits of sexual and gender minorities in the United States: results from the national crime victimization survey, 2017. Science Advances. 6(40):eaba6910. doi:10.1126/sciadv.aba6910.
- Gharibi K. 2018. Kei te pai? Report on student mental health in Aotearoa. Wellington, NZ: Wellington New Zealand Union of Students' Associations. https://natlib.govt.nz/records/
- Hastie B. 2007. Higher education and sociopolitical orientation: the role of social influence in the liberalisation of students. European Journal of Psychology of Education. 22(3):259-274. doi:10. 1007/BF03173425.
- Henrickson M. 2007. "You have to be strong to be gay": bullying and educational attainment in LGB New Zealanders. Journal of Gay & Lesbian Social Services. 19(3-4):67-85. doi:10.1080/ 10538720802161565.
- Kerr DL, Ding K, Chaya J. 2014. Substance use of lesbian, gay, bisexual and heterosexual college students. American Journal of Health Behavior. 38(6):951-962. doi:10.5993/AJHB.38.6.17.
- Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustun TB. 2007. Age of onset of mental disorders: a review of recent literature. Current Opinion in Psychiatry. 20(4):359-364. doi:10.1097/YCO.0b013e32816ebc8c.
- Leppink EW, Odlaug BL, Lust K, Christenson G, Grant JE. 2016. The young and the stressed: stress, impulse control, and health in college students. The Journal of Nervous and Mental Disease. 204(12):931-938. doi:10.1097/NMD.000000000000586.
- Levine EC, Button DM. 2022. Interpersonal violence among heterosexual and sexual minority youth: descriptive findings from the 2017 Youth Risk Behavior Surveillance System. Journal of Interpersonal Violence. 37(13-14):12564-12583. doi:10.1177/08862605211001351.
- Lucassen MFG, Clark TC, Denny SJ, Fleming TM, Rossen FV, Sheridan J, Bullen P, Robinson EM. 2015. What has changed from 2001 to 2012 for sexual minority youth in New Zealand? Journal of Paediatrics and Child Health. 51(4):410-418. doi:10.1111/jpc.12727.
- Lucassen MFG, Hatcher S, Stasiak K, Fleming T, Shepherd M, Merry SN. 2013. The views of lesbian, gay and bisexual youth regarding computerised self-help for depression: an exploratory study. Advances in Mental Health. 12(1):22-33. doi:10.5172/jamh.2013.12.1.22.
- Lucassen MFG, Stasiak K, Samra R, Frampton CM, Merry SN. 2017. Sexual minority youth and depressive symptoms or depressive disorder: a systematic review and meta-analysis of



- population-based studies. Australian & New Zealand Journal of Psychiatry. 51(8):774-787. doi:10.1177/0004867417713664.
- McGorry PD, Purcell R, Goldstone S, Amminger GP. 2011. Age of onset and timing of treatment for mental and substance use disorders: implications for preventive intervention strategies and models of care. Current Opinion in Psychiatry. 24(4):301-306. doi:10.1097/YCO. 0b013e3283477a09.
- Merriam SB, Johnson-Bailey J, Lee M-Y, Kee Y, Ntseane G, Muhamad M. 2001. Power and positionality: negotiating insider/outsider status within and across cultures. International Journal of Lifelong Education. 20(5):405-416. doi:10.1080/02601370120490.
- Meyer IH. 2013. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychology of Sexual Orientation and Gender Diversity. 1(20130800):3-26. doi:10.1037/2329-0382.1.S.3.
- Meyer IH, Frost D. 2013. Minority stress and the health of sexual minorities. In: Patterson CJ, D'Augelli AR, editors. Handbook of psychology and sexual orientation. New York: Oxford University Press; p. 252–266. doi:10.1093/acprof:oso/9780199765218.003.0018.
- Meyer IH, Wilson PA. 2009. Sampling lesbian, gay, and bisexual populations. Journal of Counseling Psychology. 56(1):23–31. doi:10.1037/a0014587.
- Ministry of Justice. 2022. New Zealand crime and victims survey. Cycle 4 survey findings. Descriptive statistics. (Results Drawn from Cycle 4 (2020/21) of the New Zealand Crime and Victims Survey). Ministry of Justice.
- Mortier P, Auerbach RP, Alonso J, Bantjes J, Benjet C, Cuijpers P, Ebert DD, Green JG, Hasking P, Nock MK, et al. 2018. Suicidal thoughts and behaviors among first-year college students: results from the WMH-ICS project. Journal of the American Academy of Child & Adolescent Psychiatry. 57(4):263-273. doi:10.1016/j.jaac.2018.01.018.
- Nelson R. 2020. Questioning identities/shifting identities: the impact of researching sex and gender on a researcher's LGBT+ identity. Qualitative Research. 20(6):910-926. doi:10.1177/ 1468794120914522.
- New Zealand Human Rights Commission. 2020. Prism: human rights issues relating to sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in Aotearoa New Zealand—a report with recommendations. New Zealand Human Rights Commission. https://www.hrc.co.nz/files/9215/9253/7296/HRC PRISM SOGIESC Report June 2020 FINAL.pdf.
- Pachankis JE, Bränström R. 2018. Hidden from happiness: structural stigma, sexual orientation concealment, and life satisfaction across 28 countries. Journal of Consulting and Clinical Psychology. 86(5):403-415. doi:10.1037/ccp0000299.
- Pachankis JE, Bränström R. 2019. How many sexual minorities are hidden? Projecting the size of the global closet with implications for policy and public health. PloS One. 14(6):e0218084. doi:10.1371/journal.pone.0218084.
- Parker G, Ker A, Baddock S, Kerekere E, Veale J, Miller S. 2022. "It's total erasure": trans and nonbinary peoples' experiences of cisnormativity within perinatal care services in Aotearoa New Zealand. Women's Reproductive Health. doi:10.1080/23293691.2022.2155496.
- Poushter J, Kent N. 2020. The global divide on homosexuality persists. Pew Research Center. 25. Rentería R, Benjet C, Gutierrez-Garcia RA, Ábrego Ramírez A, Albor Y, Borges G, Covarrubias Díaz Couder MA, Durán MdS, González González R, Guzmán Saldaña R, et al. 2020. Suicide thought and behaviors, non-suicidal self-injury, and perceived life stress among sexual minority Mexican college students. Journal of Affective Disorders. 281:891–898. doi:10.1016/j.jad.2020. 11.038.
- Rich AC. 2003. Compulsory heterosexuality and lesbian existence (1980). Journal of Women's History. 15(3):11-48. doi:10.1353/jowh.2003.0079.
- Riggle EDB, Rostosky SS. 2011. A positive view of LGBTQ: embracing identity and cultivating well-being. Lanham: Rowman & Littlefield Publishers. http://ebookcentral.proquest.com/lib/ otago/detail.action?docID = 817146.



- Riggs DW, Treharne GJ. 2017. Decompensation: a novel approach to accounting for stress arising from the effects of ideology and social norms. Journal of Homosexuality. 64(5):592-605. doi:10. 1080/00918369.2016.1194116.
- Roxburgh A, Lea T, de Wit J, Degenhardt L. 2016. Sexual identity and prevalence of alcohol and other drug use among Australians in the general population. International Journal of Drug Policy. 28:76–82. doi:10.1016/j.drugpo.2015.11.005.
- Schauer GL, Berg CJ, Bryant LO. 2013. Sex differences in psychosocial correlates of concurrent substance use among heterosexual, homosexual and bisexual college students. the American Journal of Drug and Alcohol Abuse. 39(4):252-258. doi:10.3109/00952990.2013.796962.
- Smith A, Funaki H, MacDonald L. 2021. Living, breathing settler-colonialism: The reification of settler norms in a common university space. Higher Education Research & Development. 40(1):132-145. doi:10.1080/07294360.2020.1852190.
- Surace A, Riordan BC. 2020. It could get better: a response to reports of sexual minorities' life satisfaction in New Zealand. Australian & New Zealand Journal of Psychiatry. 54(3):322-323. doi:10.1177/0004867419887801.
- Tan KKH, Treharne GJ, Ellis SJ, Schmidt JM, Veale JF. 2020. Gender minority stress: a critical review. Journal of Homosexuality. 67(10):1471-1489. doi:10.1080/00918369.2019.1591789.
- Testa RJ, Habarth J, Peta J, Balsam K, Bockting W. 2015. Development of the gender minority stress and resilience measure. Psychology of Sexual Orientation and Gender Diversity. 2(1):65-77. doi:10.1037/sgd0000081.
- Testa RJ, Michaels MS, Bliss W, Rogers ML, Balsam KF, Joiner T. 2017. Suicidal ideation in transgender people: gender minority stress and interpersonal theory factors. Journal of Abnormal Psychology. 126(1):125-136. doi:10.1037/abn0000234.
- Travers Á, Armour C, Hansen M, Cunningham T, Lagdon S, Hyland P, Vallières F, McCarthy A, Walshe C. 2020. Lesbian, gay or bisexual identity as a risk factor for trauma and mental health problems in northern Irish students and the protective role of social support. European Journal of Psychotraumatology. 11(1):1708144. doi:10.1080/20008198.2019.1708144.
- Treharne GJ, Beres M, Nicolson M, Richardson A, Ruzibiza C, Graham K, Briggs H, Ballantyne N, Otago University Students' Association. (2016). Campus climate for students with diverse sexual orientations and/or gender identities at the University of Otago, Aotearoa New Zealand. http:// natlib-primo.hosted.exlibrisgroup.com/NLNZ:NLNZ:NLNZ_ALMA11297437320002836.
- Tsypes A, Lane R, Paul E, Whitlock J. 2016. Non-suicidal self-injury and suicidal thoughts and behaviors in heterosexual and sexual minority young adults. Comprehensive Psychiatry. 65:32-43. doi:10.1016/j.comppsych.2015.09.012.
- van der Toorn J, Pliskin R, Morgenroth T. 2020. Not quite over the rainbow: the unrelenting and insidious nature of heteronormative ideology. Current Opinion in Behavioral Sciences. 34:160-165. doi:10.1016/j.cobeha.2020.03.001.
- van Heeringen C, Vincke J. 2000. Suicidal acts and ideation in homosexual and bisexual young people: a study of prevalence and risk factors. Social Psychiatry and Psychiatric Epidemiology. 35(11):494-499. doi:10.1007/s001270050270.
- Vaughan MD, Miles J, Parent MC, Lee HS, Tilghman JD, Prokhorets S. 2014. A content analysis of LGBT-themed positive psychology articles. Psychology of Sexual Orientation and Gender Diversity. 1(4):313. doi:10.1037/sgd0000060.
- Whitman CN, Nadal KL. 2015. Sexual minority identities: outness and well-being among lesbian, gay, and bisexual adults. Journal of Gay & Lesbian Mental Health. 19(4):370-396. doi:10.1080/ 19359705.2015.1038974.
- Wilson C, Cariola LA. 2020. LGBTQI+ youth and mental health: a systematic review of qualitative research. Adolescent Research Review. 5(2):187-211. doi:10.1007/s40894-019-00118-w.
- Yarns BC, Abrams JM, Meeks TW, Sewell DD. 2016. The mental health of older LGBT adults. Current Psychiatry Reports. 18(6):60. doi:10.1007/s11920-016-0697-y.