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The Coming Out Experience in Ireland

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The Coming Out Experience in Ireland

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In partial fulfilment of the requirements for the Bachelor of Arts (Honours) in
Applied Social Studies in Social Care

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Blanchardstown
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Supervisor: Emmett Tuite

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<u>Abstract</u>

The following thesis will tackle research into the coming out experience in Ireland and the affects of such experience. Such a topic is of importance to social care workers as the LGBT community are more likely to experience stress, depression, suicide ideation and drug use.

The research reviewed was divided up into the following themes, in order to answer the research question; 'age of realisation versus age of coming out, the 'LGBT stereotype', 'experience of homophobia, the 'acceptance of LGBT people' and finally the 'supports available'

A qualitative research method was implemented and used on the sample group of seven participants who met the criteria for participation and the information was gathered through the use of semi-structured interviews. It was found that while a person will experience homophobia before and after they come out, however the nature of such homophobia changes.

In addition to the main finding, it was also found that there is a lack of awareness of supports for LGBT people, a lack of visibility of LGBT issues in school and sexual education and a lack of understanding from parents. Furthermore, given the wide range of risk factors for LGBT people, social care workers should have an understanding of such risk factors and the issues faced by LGBT community in order to promote better practice amongst the social care workforce.

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Introduction

The main focus of this dissertation will be to address 'the coming out experience in Ireland' and the affects such an experience has on people. From the following question, there are also a number of guiding topics of the study that will assist in answering the research question, which are;

- Participants age of realization and their age of coming out.
- Experience of homophobia – what forms of homophobia have people experienced and how these experiences have affected them.
- Acceptance -The level of acceptance the participants feel within their family, society, school and other settings and in turn, how their level of acceptance has impacted upon their sense of self.
- Supports available - What supports have the participants used, their awareness of supports available and their recommendations for these supports to be improved

This research was conducted as a response to the lack of LGBT literature available in Ireland and its failure to specifically research what the coming out experience is like for gay people in Ireland.

Chapter 1 will provide a discussion of the available literature from both Ireland and abroad, in order to established themes that identify the main challenge of answering what coming out in Ireland is like and the effects of coming out.

Chapter 2 is the methodology, which will delve into the research methods that have been used in order to discuss how the data was gathered and then processed. Qualitative research was used as it provides a platform for people to give an account of their lived experiences. Seven participants were selected who met the criteria for participation in the research that could help answer the research question; semi-structured interviews were used in order to gather information from participants. Chapter 3 will provide the findings of the semi-structured interviews and will be discussed under the research objectives. Chapter 4 is the discussion part of the research in which the findings and literature will be compared and contrasted in order to see if any similarities or differences exist between the results of the research and current existing research. Lastly, Chapter 5 will provide the conclusion of the research and any recommendations the research has found.

Chapter 1 – Literature Review

The following section is an overview of the themes that have been identified as being significant in the coming out experience of gay people and the affects such an experience has on them. In order to tackle the research question, these themes have been identified as being core elements in the experiences gay people go through and how these experiences affect them.

Research in Ireland on coming out is relatively scarce. While there are some studies that have been conducted on island of Ireland, such as Maycock et al., (2009) study of the mental health and well-being of LGBT people, or McManus' (2004) study which looks at the experiences of LGBT people during their schooling years, none have yet looked specifically at the coming out experience in Ireland.

Given the literature that has been sourced for this research, a number of topics became highlighted. The theme of 'age of realization versus age of coming out' will look to see the differences in the age that a person will realize their sexuality, the age they come out at and the large gap in years it takes for a person to tell another person their sexuality. The 'LGBT stereotype' is a theme which will also be explored; this will look to see what the "gay stereotype" is, the effect of such stereotype and how this stereotype is changing. The experiences of homophobic abuse will document what forms of homophobia there are and how this abuse can affect a person. Acceptance and belonging is something that most people strive for in society (Leary and Baumeister, 1995, p. 499), and to belong is to be accepted. This is no different for gay people, and therefore the theme of the 'acceptance of LGBT people' feel within themselves, the family and society will also be explored in order to answer the research question. 'Supports available' to the LGBT community will also be addressed; along with participant's individual experiences of these supports and how effective they were for the participants.

1.1 Age of Realization versus Age of Coming Out

Troiden (1988, p. 105) provides a model of homosexual identity development, being characterized by 4 stages;

- Sensitization
- Identity confusion
- Identity assumption
- Commitment

In accordance with Troiden's model of the coming out process, research in Ireland has also found that it is a process too, one that is very much characterised by self-acceptance, in which is noted as being a very daunting and difficult period in a person's life (Maycock et al., 2009, p. 14-15).

From the research sourced, it can be said that a person will usually experience changes to how they see their sexual orientation in their early teens. From an Irish perspective, the average age in which a person will realize their sexuality is said to be around 14 years of age (Maycock et al., 2009, p. 13). This is in comparison with an American counterpart study, where at the age of 10 young people began to question whether they were heterosexual (Pew Research Centre, 2013, p. 48). Although given this, there is little difference in the age it takes for a person to reach the commitment stage of coming out, where the person will begin to tell people their sexual orientation, or in other words to 'come out of the closet'. Maycock et al (2009, p. 17) shows that a person will usually express their sexual orientation to others around the age of 21, and from an American perspective, those of who took part in the Pew Research Centre's study usually came out before the age of 20 (Pew Research Centre, 2013, p. 50).

These studies leave the question of, why is there such a gap in the year it takes someone to realize their sexuality and to identify as being homosexual to others. Heatherington and Lavner (2008, p. 329) believe that in general, young people have a fear of coming out, it is a major psychological decision for them. This psychological decision is believed to be that the young person will think that their sexuality will disrupt the goal of maintaining relationships with their family, believing that their sexuality is *"unconventional"* (Savin-Williams, 2001, p. 17). Given this, a young person's fear of coming out is somewhat justified as being gay is associated with being made a target of homophobia and prejudice (Connell, 2000, p. 203). In

particular, research in Ireland shows that there are high levels of emotional, physical and verbal abuse for the gay community (Maycock et al., 2009, p. 29). With Maycock's study there were a reported 80% of people who experienced homophobia on a day to day basis. However with this in mind, research by Stonewall shows that people are now coming out at a younger age than ever before, with an average person coming out at 15 years of age (Stonewall, 2015).

In a study of lesbian, gay and bisexual people it was shown that those of who were open about their sexuality had less signs of mental health problems, such as depression and anxiety, and gay men that were open about their sexuality were actually physically fitter and had lower levels of depression compared to heterosexual men (Juster et al., 2013, p. 109-110). In conclusion the study found that there is a correlation between being open about one's sexual orientation and experience of stress, i.e being open about your sexuality can result in lower levels of stress (Juster et al., 2013, p. 113).

1.2 LGBT Stereotype

"In contemporary Western society, the most symbolically important distinction between masculinities is in terms of sexuality" (Connell, 2000, p. 102). Society holds a set of beliefs and opinions about groups of people, in this case homosexuals. This is called a belief system, or gender belief system, which can be defined as being *"a set of beliefs and opinions about males and females and about the purported qualities of masculinity and femininity"* (Kite, 1987, p. 97). There is evidence that suggests that heterosexual's perceptions of the gay community comes from these belief systems, or in other words the stereotype heterosexuals have about homosexuals is largely influenced by their beliefs and or opinions about gay people, with such beliefs being that men and women should behave in a particular way and anything other can be seen as negative (Whitely and Ægisdóttir, 2000 p. 948-949). Within Western society it can be said that the most common form of masculinity is heterosexuality, with homosexuality being associated with being what Connell (2000, p. 102) calls the *"subordinate"* form of masculine. Young people are usually developing their own identity, and this notion of what it means to be masculine and feminine is constantly playing in their heads. We could adopt the Carl Jung notion that people have both masculine and feminine qualities; however it does not work in reality (Seidler, 2006, p. 87). This notion of people having both masculine and feminine qualities does not work as to be associated with being feminine is to be associated with being gay, which in turn is to be oppressed and to

experience abuse for the way in which one looks or behaves (Morrow and Messinger 2006, p. 53). This is what the gay stereotype is, it is associated with being feminine, having no interest in what are typically male things. It seems that gay men are constantly caught in the struggle to balance what is believed to be *"hard masculinity"* and what is believed to be *"an impoverished and highly ideological trope of femininity"* which in turn limits what exactly the gay identity is (Baron and Bradford 2007, p. 26). Baron and Bradford (2007, p. 26) go on to state that such a struggle can damage men who fall outside the 'typical' scope of being masculine.

The gay stereotype was tackled in the interview stage of the research, and from this it can be said there is an ever changing stereotype of what being gay is; having been broken down by role models. Role models are beneficial as they help place an importance on being who you are as a good thing (Bostock 2012, p. 6). However we live in a world in which being heterosexual is the standard to which every person is measured against, this is what is called heterosexism (Thompson 2001, p. 143). Furthermore, Thompson (2001, p. 142) believes that an underlying facet of heterosexism is that the acceptance of homosexuality will undermine family values to the extent that the social and moral orders of our world will be weakened. People who do not meet such a 'standard' are said to be *"abnormal, sick, morally corrupt and inferior"* (Thompson 2001, p. 143).

Heterosexuals believe that stereotype of gay people is that they are promiscuous and have a bar scene life, however many homosexuals reject such a belief instead moving towards a life of partnership and community (Goodman 2008, p. 47). This stereotype may come from media, as research shows that LGBT people are portrayed negatively for 2 hours of the 5 hours that they are represented on the screen for in the United Kingdom (Stonewall 2010, p. 3). In addition to this, the idea of being gay or possibility of being gay was used as a way of insulting or a person teasing another in a fifth of passing references on television, and further to this only 7 minutes of television programme feature scenes of homophobia and of which were challenged (Stonewall 2010, p. 3).

1.3 Experience of Homophobia

School is said to be an extremely important in a young person's formation and expression of their sexual identity, as noted by Epstein and Johnson, cited in McCormack and Gleeson (2010, p. 4). Within schools in Ireland it has been noted that the idea of heteronormativity, the idea that being straight is the only way in which people can exist (Norman and Galvin 2006, p. 8), however those children in schools who appear to be 'feminine' are often subjected to homophobic bullying (McCormack and Gleeson 2010, p. 4). Of a 624 person survey conducted by ShoutOut (2012), 49% of participants responded by saying that they had experienced some form of homophobic bullying in schools, with forms of bullying being text-based, verbal, cyber and physical bullying. Within these categories the highest form of bullying was verbal bullying, with 47% of LGBT students experiencing verbal homophobia (ShoutOut 2012).). The National Aids Trust (2015) has shown that one in five children in the U.K are bullied by a teacher due to their sexuality, with 15% of these children experiencing bullying from a teacher often or very often (National Aids Trust 2015, p. 11) Lodge and Lynch (2004, p. 54) found that rejection by peers as well as teachers, harassment and being mocked are usually at the centre of homophobic bullying in the school setting.

The LGBT community are often subjected to stigmatisation, discrimination and even harassment; as result of this it can cause what is known as minority stress (Smith et al 2011, p. 12). The idea of minority stress is that those of who are said to be from disadvantaged social groups are more likely to experience stress when compared to more advantaged social groups (Meyer 2012). With this in mind, the idea of minority stress seems to hold true as in Ireland it has been shown that 58% of people in Maycock's study have experienced some form of homophobia (2009, p. 5) and in a work setting over 30% of gay women left their job due to discrimination, with nearly a quarter of gay men also leaving their jobs (McIntyre and Nixon 2014, p. 9); and this is despite the fact the Irish law states that a person cannot be discriminated against on the basis of their sexuality (Employment Equality Act 1998). However there are certain aspects of Irish legislation that can discriminate against an LGBT person indirectly, for example section 37 of the Employment Equality Act 1998 permits certain organisations (medical, educational and religious) to discriminate against people in order to protect their religious ethos. Simply put, a religious organisation can refuse to hire someone or even fire someone if they are openly gay.

There is also the term of 'internalised homophobia' or it is also known as 'internalised sexual stigma', which can be defined as *"personal acceptance of sexual stigma as part of one's value system and self concept"* (Herek, Gillis and Cogan 2009, p. 32). It is the notion that LGBT people internalised aspects of the prejudice they face in a heterosexualist society (Maycock et al 2009, p. 31). Internalised homophobia can present a challenge for LGBT people, and can impact on their mental health in a negative way (Herek et al 1997, p. 17). This idea of internalised homophobia is characterised by conflict between a person's experiences of having same-sex desires and feeling the need to conform to society's belief that being heterosexual is the only way to exist (Frost and Meyer 2009, p. 97). There is the measure of internalised sexual stigma for lesbians and gay men, MISS-LG scale, developed by Lingiardi, Baiocco and Nardelli in 2012. The MISS-LG aims to measure the negative attitudes that gay men and women have towards homosexuality and their own sexual orientation, consisting of a 17 item scale tackling identity, social discomfort and sexuality (Lingiardi et al 2012, p. 1198). Results from the implementation of the MISS-LG scale showed that people in age group of 36-45 years had a lower level of internalised sexual stigma in regards to their social discomfort when compared with the younger age cohort of 18-24 years of age, the negative attitudes homosexuals have towards relationships also shows a significant decrease after the age of 25 and there is a correlation between that of higher levels of internalised sexual stigma and a lack of self disclosure of one's sexual orientation (Lingiardi et al 2012, p. 1204). Such links between these two scales, as well as the self-disclosure scale and sexuality scale, can be influenced by the social context in which the person lives in (Lingiardi et al 2012, p. 1205). There are also similarities between the MISS-LG scale and that of Herek, Cogan and Gillis (2009, p. 35) which shows that younger people were more likely than those aged 36 and over to have high levels of internalised sexual stigma (Lingiardi et al 2012, p. 1205).

1.4 Acceptance of LGBT People

The family plays a major role in the lives of sexual minority youth, as well as for all youth (Savin-Williams 2001 p. 17). With this in mind, young men may feel the need to hide their sexual desires from their family members, which in heterosexist terms means that they are failing as a man if they have such feelings; however a person is no lesser an individual if they engage in sexual acts with another person of the same sex (Seidler 2006 p. 88). LGBT youth may feel the need to hide their sexual orientation in order to avoid family rejection, however this has negative effects on the young person and can lead to undermining one's own self

esteem and sense of self (Ryan 2009 p. 4). This need to hide such feelings has been documented by the Glen/Nexus study (1995, p. 56), in which it was reported that amongst gay men and women there was a fear of rejection from family members if they disclosed their sexuality. It was also reported that over 80% of people in the study were not fully 'out' to their family members, as they felt that there would be a number of problems if they were to disclose their sexual orientation in the family setting (Glen/Nexus 1995, p. 34). In addition to this, the sample study being 130, 39% of women and 26% of men reported having a few problems within the family after revealing their sexuality (Glen/Nexus 1995, p. 33).

Such results in this study can lead to a number of issues, such as gay people having to leave the family home or being asked to leave the home, with no other source of living arrangements made (Glen/Nexus 1995, p. 33). On an international perspective, it has been recorded that 40% of homeless youth are LGBT (Williams Institute 2012). Research shows that an accepting family can promote well-being and helps LGBT youth to be protected from risk, being either health and/or mental problems (Ryan 2009, p. 4). Family rejection has many negative consequences on youth; family rejection can result in LGBT youth being;

- 8 times more likely to attempt suicide compared to youth that were not rejected by their family.
- 6 times as likely to report high levels of depression as a result of being rejected by the family when compared to non-rejected youth.
- Illegal drug use amongst LGBT people is 3 times more likely than youth who were not rejected by their family.
- LGBT youth from highly rejecting families were 3 times more likely than non-rejected youth to be at a high risk contracting sexually transmitted disease and HIV (Ryan 2009, p. 5-7).

The acceptance of homosexuality as been documented by the Pew Research Centre, covering societal attitudes towards being gay in a number of different countries. Amongst the results of the research it was found that Spain, Canada, Germany and the Czech Republic have above 80% acceptance rate of homosexuality, with France, Britain and Italy being in the 70 percentile rate (Pew Research Centre 2013, p. 2). The lowest score was that of Nigeria with only 1% of the respondents in the study believing that homosexuality should be accepted (Pew Research Centre 2013, p. 2). The Pew Research Centre also documented the changes in attitudes from 2007-2013, with South Korea increasing its percentage from 18% to 39%, this

was the highest rate in attitudal changes with the United States coming in second with a 11% increase, rising to 60% (Pew Research Centre 2013, p, 2). The participants in this research were also interviewed about how accepted they feel in society, as well as how much they feel Ireland has changed in its attitude towards the LGBT community.

1.5 Supports Available

Resources for LGBT youth only started to emerge around the 1990's (Ryan 2009, p. 1). In truth, it was only until 1993 when it became legal for a person to be gay in Ireland, before this Irish law could lead to the potential for people to be convicted of 'buggery' (Norris vs. Ireland) [1988]). Homosexuality was decriminalised in the Criminal Law/Sexual Offences Act 1993 (Norris vs. Ireland) [1988]).

From 2000 onwards services began to be developed, catering for the LGBT community. 15 years ago a service was developed for young LGBT people, a place where they could be themselves and not be subjected to homophobia. This service was first called OutYouth, but is now known as BeLonG To; this organisation now has 24 youth groups in Ireland, supporting over 1,000 young people (BeLonG To n.d).

The LGBT community places an importance on that of the family as support structure for them (Maycock et al 2009, p. 25). However, willingness of the family discussing another's sexuality as been noted as being an *"awkward"* experience for all those involved, but most families would welcome any additional support offered by schools (McCormack and Gleeson 2010, p. 9). The Glen/Nexus study (1995, p. 54) shows that there is an absence of sexual education in schools and colleges dealing with same-sex issues, as well as a lack of counselling services. The study believes that the issue of a young person's sexuality should be addressed, taking on a positive or even a non-judgemental manner; as a result this closes off what can be a potentially important alternative for young people if there is a lack of support in the home. PFLAG (n.d, p. 12) believes that in order for parents to successfully support their LGBT child, they must express their unconditional love, talk with their child and listen to them. Much of parent's negative reactions are due to the disturbance it what they envisioned their child's future to be, and when a child comes out as LGBT this future is partially distorted from the parent's perspective.

A parent usually has a future mapped out for their child, whilst it may consist of the parent's ideals, their history and based around on culture; however when a child comes out, from a

parent's perspective this future is 'distorted'; however a child coming out is not the end of such dreams of them getting married or having children, it is a matter of changing what these dreams look like (PFLAG n.d, p. 8) i.e; instead of a parent envisioning their son marrying a wife, the vision is changed to two men being married.

Resources for LGBT youth in school settings seem to be very limited, and schools that do provide information for LGBT youth seems to be unhelpful for the individuals' concerned (National AIDS Trust 2015, p. 8). The study conducted by the National AIDS trust in 2015 shows that the general sexual education children received is mainly about heterosexual relationships, the reproduction system, forms of female contraception and such education rarely made reference to any same sex relationship or LGBT issues (National AIDS Trust 2015, p. 8). With this study in mind, participants felt that they would have benefitted from resources or education on being attracted to someone of the same sex, education on HIV and mental health, however the concluding result of this study is that although there is information available in places, this information needs to be made visible for young people and details should be provided of where they can avail of it (National AIDS Trust 2015, p. 13).

There are a number of barriers of LGBT people in accessing services of support. Such barriers include a person's willingness to engage with a service, which is dampened due to the lack of affirmative LGBT services, the lack of confidentiality and fear of being labelled (Maycock et al 2009, p. 117).

There is also that of other services, such as domestic violence services, stalking, harassment and sexual violence services, that present barriers for the LGBT community to access; such services are usually developed for heterosexual women (Harvey et al 2014, p. 11). This is even though research shows that LGBT people are victims of such acts, for instance research by the CDC's 2010 National Intimate Partner and Sexual Violence Survey shows that lifetime prevalence of rape, physical violence or stalking by same sex intimate partners was at 43.8% for lesbians and 26% for gay men, and 78.6% of gay men experiencing sexual violence, other than rape, was reported as having only male perpetrators (CDC 2013, p. 1).

However some of the barriers faced by heterosexual women are also shared amongst the LGBT community, such as being confused about what is happening, the fear of the perpetrator, feeling guilty, feeling shameful and being responsible for such as abuse and having little or no knowledge about the supports that are available (National Resource Center

on Domestic Violence 2007, p. 3), while the community experience such barriers there are also additional barriers such as not knowing LGBT friendly services, lack of understanding such services may have and the minimisation of LGBT people's experiences by these services in addition to one's inability to being open about their sexual orientation to these services (Harvey et al 2014, p. 3-4).

Chapter 2 - Methodology

The aim of this chapter is to explain how this piece of research was carried out, the planning of the research and how it was designed. In addition to this, the methodology chapter will also look to give an explanation of the method that has been used in the data collection, the sample group, and the limitations of the research, the ethical considerations for such research and any of the difficulties that were experienced during the research.

2.1 Research Method

Both qualitative and quantitative methods were considered for this piece of research. That of qualitative research can be defined as being concerned with meanings that people ascribe to their experiences in their social world and how they make sense of these experiences (Pope and Mays 2006, p. 4). However quantitative research is very much concerned with numerical data – finding a numerical value or quantity of something (D'Cruz and Jones 2004, p. 61).

For this piece of research, a qualitative approach has been chosen. Qualitative research allows the participants to provide, using words, a description of their experiences, as they are the experts of their own experiences (Auerbach and Silverstein 2003, p. 7). The sample group in this research will be small, so qualitative research would suit. However this is also a disadvantage, as in Griffin (2004, p. 10) believes that small sample size studies tend to be taken less seriously than that of larger scale studies that are usually associated with quantitative research methods. Qualitative research is the most appropriate as it provides the participants with a platform to describe their experiences and many social scientists believe that human behaviour cannot be measured quantitatively; it also allows the researcher to be in the same room as the participants, and with this, the researcher can then probe to get more in-depth answers from participants (Bowling 2009, p. 20).

In order to collect the data, in-depth semi-structured interviews have been used. As this research looks to seek out people's experiences and how they make sense of the world in which they live, interviews seem the most appropriate qualitative method here. The aim of in-

depth interviews is not to simply get an answer to a question, but rather to understand a person's lived experiences and the meaning they make of these experiences (Seidman 2006, p. 9).

Interviews can be either in-depth, structured or semi structured (Pope and Mays 2006, p. 12). For this research in particular, a semi-structure has been used. The face-to-face, semi-structured interviews usually involves a set of fixed questions, but are also flexible as to allow the researcher to raise any other relevant issues that are not covered by the fixed questions (Bowling 2009, p. 283). This will also allow the researcher or the researched *"to pursue an idea or response in more detail"* (Pope and Mays 2006, p. 13).

Face to face interviews allow the researcher to probe for a more detailed response from participants; the researcher can ask more questions for more information and greater depth (Bowling 2009, p. 286). With semi-structured interviews, the researcher can explore the participant's experiences and opinions, and the researcher can then explore how the participant has been affected by these experiences and how they have come to an opinion. Given these advantages, the use of interviews however does hold some disadvantages for the researcher. Interviewing can be fairly time consuming, they also hold the potential to be interviewer bias (Bowling 2009, p. 283). In order to eliminate this, the interviewer avoided bringing their personal perspectives into the interview, and focused more on probing the interviewee further in order to get clarification on what they were saying. The participants are required to reflect on their experiences, therefore, the validity on their reflections can be questioned as reflecting on past experiences can be hard to remember for some participants.

The questions involved in the interviews range from being open ended to closed questions. The open ended question allows the participant to take the interview in any direction they want, while establishing the territory that is to be explored (Seidman 2006, p. 84). Even though the participants are asked some 'yes' or 'no' questions, they were also asked to explore their experiences that they answered yes to. For example, a participant would be asked if they have experienced homophobia in a setting (school, college, in the home or society). If the participant were to say 'yes' to one of these settings, then the researcher would try and probe for an account of this particular experience.

2.2 Sample Group

The participants of this research consisted of seven people, and were chosen as they met the requirements for participation in this research in order to tackle the research question;

- Self identifies as being gay.
- Male or female.
- Have identified as being gay and have told another person about their sexual orientation.
- Live in Dublin, Ireland.

2.3 Identification of the Participants

In order to get participants for the research, a snowballing technique has been used. This term of 'snowballing' is when the researcher uses a small piece of information in order to nominate other participants who meet the criteria for participation in the study, in this case a social media platform was used in order to spread the message around from participant to participant about the research (Given 2008, p. 815). This technique of snowballing in order to source more participants by electing participants to nominate someone who would be suitable for the research is effective in building up a reasonable sample group size; this method allows for a quick build up of the number of participants (Denscombe 2007, p. 17 & 18).

However, snowball sampling does have disadvantages for this piece of research. The population in this research can be called into question as to whether the participants are an accurate reading of the gay community; hence, by only having a few select participants it does not indicate that is a representative sample (Black 1999, p. 118).

In the early stages of the research, organisations were contacted such as OutHouse and GLEN in order to source participants. However, this approach did not produce any participants, therefore the method of 'snowballing' was used; as members of the organisations did not want to take part in the study, the information about the research was passed on to person to person until a participant was found. In addition to this, posts were made on various social networking sites in order to gain participants. From this method, each new participant recommended another two more participants. The end result of sourcing the participants produced a number of males, to an extent that it was enough to start the research and no females were sourced as a product of this.

2.4 Data Analysis

The interviews were recorded on a Dictaphone, a small device that allows for the recording of the interviews and for transcription later. The use of a recorder, or Dictaphone, allows the researcher to keep hold of the original data. For instance if something is not clear in the transcript, the researcher can refer to the original data. This allows for a sense of accountability if the researcher is accused of mishandling the interviews (Seidman 2006, p. 114).

When each interview was then completed, they were then transcribed onto a Word document, on a password locked laptop. The transcribing process of the research involved playing back the interview as to transcribe the interview word for word. This process also allows the researcher to identify recurring themes that the participants are mentioning in the interview, while allowing the research to study the findings. Disadvantages of this method are that transcribing interviews can be quite frustrating and time consuming (Schostak 2006, p. 53).

When all the interviews were transcribed, the coding process then followed. Coding allows the researcher to manually divide their findings into relevant themes. Coding also allows for the identification of the key themes in the research (Green and Thorogood 2004, p. 177). This is an inductive approach to research, one that seeks to find categories from the data collected (Saldana 2009, p. 111).

This piece of research in particular started off using open coding, as to allow the researcher to identify and label the findings, in turn this open coding sets up the process for axial coding so that the researcher can then identify relationships without any delay (Given 2008, p. 51). In order to do this, the researcher must pursue the themes in the transcribed interviews so as to gather a greater depth of the phenomena being explored (Given 2008, p. 81). A benefit of using coding is that it allows the researcher to see links in the transcribed interviews (Saldana 2009, p. 8), it also allows the researcher to refine categories into subcategories, as some themes may hold a cluster of coded data (Saldana 2009, p. 11).

2.5 Limitations

The sample group used in this study is fairly small, and ended up being all male. Therefore, the findings of male experiences cannot be compared to that of female experiences in order to examine if gay men and women will have different experiences of coming out.

The research also required criteria for the identification of participants; therefore, this limited the researcher to only participants who met the criteria. For instance, the research calls for participants who are male or female, living in Dublin and self identify as being homosexual. This limits the research to only gay people, leaving out the rest of the LGBT community. This in turn, lacks the comparative nature of comparing the experiences of transgender and bisexual people to gay people's experiences of coming out, age of realization and the acceptance and impact of such acceptance has on them.

Given more time to conduct the research, the research could have done a more comparative piece, so as to get the different experiences of whole LGBT spectrum and in turn produce a more insightful piece of research as it would be exploring a fairly un-researched topic.

In addition to the fact that homosexual experiences are also fairly under researched, this also hindered the researcher's ability to be able to compare the findings of this particular research to more than a few studies done on the topic of homosexual coming out experiences.

The research did have some disadvantages during the interviewing stage. As for one, doing face-to-face interviewing can be time-consuming, and it can be hard to tie a participant down to a set time to do the interview. During the interviewing process, a number of participants did cancel, and this meant that the researcher needed to go and find replacements for the cancelled interviews. In addition to this, given the fact that some participants are not particularly open to discussing their sexuality in a crowed or unfamiliar place, finding a suitable place to interview the participants also consumed some amount of time for both the researcher and the participants in the research. In order to address this, participants were asked where would be most comfortable for them, from this the majority of the locations were city centre coffee shops.

Getting participants for the study was also troublesome, as mentioned before in the 'identification of the participants' section of this chapter. Another disadvantage of this research was that some participants could not remember some of their particular experiences of homophobia or what exactly they were thinking when they realized their sexuality, as this could have been roughly 10 or 20 years ago.

2.6 The Ethical Considerations of the Research

Ethics can be defined as being *"norms for conduct that distinguish between acceptable and unacceptable behaviour"* (Resnik 2011). The use of ethics in research allows the researcher

to promote the aims of their research, ethics hold the researcher accountable for their work and ethics in research also allow for public support if people see that they can trust the quality and integrity of the researcher (Resnik 2011).

A researcher is expected to have a level of respect for the participant's rights and their dignity, avoid any harm of the participant that may come from them participating in the research and to operate in the utmost honest way, with integrity (Denscombe 2007, p. 141). Research can hold the potential to some ethical problems, as associated with asking people about their own experiences.

Consent and confidentially have been placed at the forefront of this piece of research, of which are core principles in order to inform the researcher of their responsibility to the participants of the research (Green and Thorogood 2004, p. 61). In order to protect the identity of the participants, no names were used in the interviews, instead each participant was given a generic name, such as "Gay Male #1", and a coded name, during the research stage, that consisted of letters and numbers that would only be recognised by the researcher. This coded name would not be included in the research.

Ascribing generic names such as the one previously mentioned does not correspond to the first participant, i.e just because a participant is assigned the name "Gay Male #1", does not mean that they were the first to be interviewed, it is just a generic name. All of the participants were given an information sheet which provided detail information on the research and the rights of the participants, as well as a consent form.

Chapter 3 – Results

The following chapter will provide a discussion of the results from the interviews of the research, of which will attempt to answer the research objective of what coming out as gay in Ireland is like and how this experience affected them, in addition to other guiding topics which are;

- Participants age of realization and their age of coming out.
- Experience of homophobia – what forms of homophobia have people experienced and how these experiences have affected them.
- The acceptance the participants feel within their family, society, school and other settings and in turn, how their acceptance has impacted upon their sense of self.
- What supports have the participants used, their awareness of supports available and their recommendations for these supports to be improved.

The sample group in this research consisted of seven openly gay men, living in Dublin Ireland. In order to maintain confidentiality, the participants in the research will be addressed as Gay Male #1-7.

There is also an additional objective, 'LGBT Stereotype', which contains resulting data that was unexpected in the research.

3.1 Participants age of realization and their age of coming out

Majority of the respondents were confident in giving their current age and the age they came out at. Generally participants knew they were gay in their mid to late teens, however one participant knew well before this. *"I always knew. Even when I was like 4 or 5"* (Gay Male #2). This participant in particular was one of the youngest in the research to come out, having first been open about his sexuality at 15. *"I came out when I was 15"* (Gay Male #2). There is an age gap amongst participants in the time they realized their sexuality and the age they came out at, with the majority of respondents taking roughly 6-8 years to be open about their sexuality.

All of the participants came out first to close friends, however there was only one participant who actually came out to their parents first, who also came out at the latest stage compared to other respondents. *"I came out at 20" "I told my Mum first and like six months later I told my Dad, but it was my Mum first and then friends"* (Gay Male #5). The participant when further

asked about their reasoning behind telling their parents first had a fear that their parents would eventually find out. *"I think I was afraid if I told my friends, then my parents may have found out somehow"* (Gay Male #5). The general consensus from participants who told their friends first was that they were closer to their friends than their family. *"I felt kinda closer to the friends that I have"* (Gay Male #7). *"I guess it was just easier, like friends you can make again at any point in your life…but family…like…it's difficult."* (Gay Male #3).

3.2 Experience of Homophobia

There are various forms of homophobia of which the participants have experienced mainly verbal homophobia. However two of the participants experienced extreme physical homophobia while in school, including physical assault. "*When I was like 12 or 13 the other boys really picked on me. They really went for me. It was like social ostracisation*" (Gay Male #2). At first just merely being picked on, this participant had actually experienced extreme physical homophobia resulting in being burned. *"My skin was burning, my hair was burning. I was in so much pain, why? It turns out they had put lighter fluid on tissue paper and they had thrown it at me."* (Gay Male #2). The next participant notes how they experienced homophobia on a daily basis. *"It was a daily thing, getting bullied every single day. I was chased; I was pushed, like literally physically bullied as well as being called every name under the sun"* (Gay Male #7)

In addition to this, some of the participants noted that they had heard the term 'gay' as being a phrase that people would use as an insult. *"You know when you're younger it's just a figure of speech"* (Gay Male #1). *"..there were always kids going around saying everything was gay or that you were a faggot because you weren't going out to play after school."* (Gay Male #3).

The impact of such experiences has led to two of the participants internalising such feelings, or in others having internalised sexual stigma. "*They made me internalise where I did feel very alone*" (Gay Male #2). *"It's like there's this internal conflict going. One side saying yeah you're gay, and there's the other side who's like no shh don't say anything*" (Gay Male #3). In addition to internalised sexual stigma, one participant notes that this led him to a low point in their life, contemplating suicide at one point. *"I tried to end my life one night"* (Gay Male #3).

3.3 Acceptance of LGBT People

Participants who came out to friends were met with open arms, however some have stated that their families reactions were somewhat different, not negative but rather indifferent due parents having a different set of belief systems. *"I wouldn't say it was a bad reaction they were more worried you know that eh in their heads being gay was a somewhat harder life than being straight or whatever"* (Gay Male #4). *"My Mam thought it meant having a harder life than everyone else"* (Gay Male #3).

Within society there is mostly a degree of acceptance felt by the participants, with some participants adding that although Ireland has come some way from being homophobic, there is still somewhat more work to be done. "*Very much so. We've got a lot more role models. The stereotype has now gone,*" (Gay Male #1). "*Yes. Yes, big time. It's much more accepting now than it would've been when I was younger"* (Gay Male #5).

3.4 Support available

None of the participants had accessed any form of service after experiencing homophobia or accessing help in coming out, although one participant was involved in an LGBT youth group. There was a lack of knowledge amongst the participants however, with some participants expressing that the services for LGBT people were lacking in awareness, a failure of being marketed properly and that most of the participants felt that they had to go searching for such resources rather than it being readily available, in addition to LGBT figures being somewhat invisible *"There's never any mention about gay people, lesbians about….basically anyone who wasn't straight and planning on getting married and going the usual things"* (Gay Male #4).

3.5 LGBT Stereotype

From the data collected a number of the participants mentioned the 'LGBT Stereotype' or in other words the misconceptions that people have about gay people i.e their behaviour, actions and interests. Some of the participants noted that their families felt that upon opening up about their sexuality that the LGBT person would begin to change. *"Like I remember when I came out my sister said 'oh great we can go shopping' and I was like 'yeah that's not going to happen'. You know, that's not me"* (Gay Male #1). As mentioned in 3.3, there is also that of the belief systems of parents that differentiate their opinions of what being gay is, for

instance a difference in their belief generally results in them believing that their child will have a harder life compared to other heterosexual people.

Chapter 4 – Discussion

The previous chapter addressed and answered the research question along with other findings, this chapter will discuss such findings under the headings of;

- Age of realization versus age of coming out

- Experience of Homophobia

- Acceptance of LGBT People

- Supports Available

- Other – LGBT Stereotype

The aim of this chapter is to provide a discussion summarizing the findings of the research, of which will link with different literature in order to draw comparisons and contrasts in order to address the research question – "the coming out experience in Ireland." This will be done in order to establish what a person will experience when they are out as gay,

4.1 Age of realization versus age of coming out

As mentioned in the previous chapter, generally participants began to realize their sexual orientation between the ages of 10-13, the most common of the six being 10 years of age (one participant did not mention an age of realization). This figure is slightly lower than the average in Irish literature, which is 14 years of age (Maycock et al 2009, p. 13). In addition to this, the age of coming out was roughly around a person's late teens, where the most common age was 17 years of age. This figure in particular does not sync up to Irish literature, as Maycock et al (2009, p. 17) shows an average person coming out at the age of 21.

Troiden's (1988) model of sexual orientation can be implemented from analysing the data, and the interviews shows that each of the participants, although each having unique experiences of coming out, have a general link between the model. Each of the participants noted that there were stages when they begin to feel different from other people (sensitisation). Participants then noted how they became confused about such feelings, with some having a negative experience of self hate and hiding their feelings from family and friends. One participant described such an experience as an internal conflict, a battling of two voices, one saying that they are in fact homosexual and the other believing that it was best to

be kept hidden. Following this, Troiden's model shows a stage where the person will assume their identity, or in other words they will accept that they are gay to themselves, of the respondents in the research all showed a moment of 'clarity' in which they realized that they were indeed gay. *"….I was like I have zero interest in any of this and yeah I suppose I was just kinda knew I was different."*(Gay Male #4). However there is also the notion of internalised homophobia, which can lead to very destructive behaviours for LGBT people. As noted by one of the participants, he could not accept the fact that he was gay and this resulted in him contemplating suicide. The final stage of the model, commitment, is where the person will be open about their sexuality and have a feeling of being proud of whom they are. Some of the respondents noted that they could own the word gay, as before it was a word used to hurt them but rather once they began to accept who they were no homophobic words could knock their confidence or sense of self.

4.2 Experience of Homophobia

There are many different forms of homophobia, for the respondents in this research many had experiences of the covert, with two only experiencing overt homophobia. The homophobia experienced by these two participants, in a way, did stop, however it could not be said that the homophobia stopped fully; rather it was not directly said to them. Results from this theme shows that homophobia does not stop, rather it is a continuous life experience in which only the nature of it changes when a person comes out. However this is not say that a person will only experience covert homophobia after they come out, contrary to the matter it is having a sense of power of owning who you are that can stop extreme levels of homophobia from happening and such experiences of the overt are greatly reduced.

The notion of having internalised homophobia stands true for two of the participants, who note that they internalised such feelings, with one of the participants believing that they began to developed stress related anorexia from such internalisation and one participant wanting to commit suicide, which also proves the idea that people of a minority are at an increased risk of experiencing stress (Smith et al 2011, p. 12).

4.3 Acceptance of LGBT People

The acceptance LGBT people receive when they first come out can impact on their future sense of self. Research shows that while the family are important in young people's development (Ryan 2009, p. 4; Savin-Williams 2001, p. 17), failure to provide an accepting

atmosphere can impact on a person's sense of self. In other words, those of who were met with somewhat negative reaction when they came out to their families have a different sense of who they, with few noting that they have internalised their feelings; however there is also the sense that such adversity has made them more of a resilient person when they became fully able to disregard other people's opinion about their sexuality.

When compared to the Glen/Nexus study (1995), where some of their participants were not out to their family, there is a large contrast between the participants in this study as all of the seven interviewees were out to their family members. However the Glen/Nexus study is a somewhat dated look at acceptance.

In addition to this, there is also what has been recorded in the interviews as 'owning being gay', this is what participants describe as taking the power of the word 'gay' as a negative insult used against them as their own word; a word they use just to describe their sexuality, any other portrayal of the word can be said to be redundant, idiotic or irrelevant. "*I was like and what, and that really took away from people's power.*"(Gay Male #2).

4.4 Supports Available

There is indeed a lack of sexual education in schools, as mentioned by a number of participants. However, one of the respondents notes that there is a lack of any sort of acknowledgement of gay people in school. Furthermore to this, it seems the general viewpoint of the participants is that there is a lack of awareness of supports for gay people, or this could be interpreted as being a lack of knowledge of where to look for supports, a person's own ability to be open about their sexuality to these services, fear of being labelled and lack of confidentiality. This notion seems to support to some of the barriers noted by Harvey et al. (2014, p. 3-4) and Maycock et al (2009, p. 117). In regards to availing of supports, only one participant availed of these with the rest of the participants not believing that they needed any support coming out or in regards to experiencing homophobia.

4.5 LGBT Stereotype

There is a lack of understanding from parents in relation how they perceive gay people to act, behave and are received to society. Some participants note that their parents thought that being gay meant having a harder life when compared to their straight peers; this would be in line what the gender belief system, that men and more are ascribed to certain masculine and

feminine roles, and homosexuality is to be more associated with a form of subordination as noted by Connell (2012, p. 12), Morrow and Messinger (2006, p. 53) and Kite (1987, p. 97).

Contrary to the notion of homosexuality being a subordinate form masculinity, it has no association to masculinity, being gay has nothing to do with being masculine or feminine, rather it is just a preface in who people have a romantic and sexual desire to. However, such a belief system can provide challenges for gay people in how they think they should act, which in turn can have a negative effect on gay people as noted by Barron and Bradford (2007, p. 26). In regards to parent's reactions, this could be looked at as being protective of their child, as in most cases interviewee's note that their parent's believed they would have a harder life if their child was gay, and such a life is something that parent's do not want for their child.

Chapter 5 – Conclusion/Recommendations

The main aim of this research was to see what coming out in Ireland is like for gay people and how such an experience affects the person. The research objective was addressed and answered within the literature sourced and the interviewing gay men in Dublin, Ireland who were open about their sexuality.

The following chapter will address the key points made in the research and will include any recommendations that have been found in order to provide a better understanding of the coming out experience in Ireland.

5.1 Conclusion

The overall aim of this research was to find out what coming out in Ireland is like for gay people, and the effect of such an experience has on the person. It was found that homophobia occurs both before and after a person comes out, however the nature of homophobia usually changes after coming out and overt experiences are greatly reduced. Homophobia occurs no matter a person's openness of their sexuality, rather homophobia could be said to be continuous life experience, from being closeted can result in overt homophobia and being open can result in covert homophobia. However, this does not mean overt homophobia will occur after a person comes out or vice versa, simply put the nature of homophobia changes from closeted to open and most usually overt experiences of homophobia are greatly reduced. For instance, *"Yeah, after I came out. I was like and what, and that really took away from people's power"* (Gay Male #2). This participant explains how before they came out, having experienced some extreme physical homophobia such as being pushed and burned, stopped experiencing physical overt homophobia, after coming out and in which they were able to 'own' who they are.

In addition to this, supports are not readily available for people, there is a lack of awareness of them and it may be up to LGBT to be brave and find the services for themselves. There is also a lack of homosexuality awareness being included in school, which is that gay people are not included in school teachings and there is no information on homosexuality in sexual education.

The family plays an important role for young people, having an accepting family may influence a young person's sense of acceptance they feel within themselves. In addition to this, being gay and being masculine are two separate things. For one, to be masculine does

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not mean that they cannot be gay; masculinity and femininity are different to sexuality. They do not relate to each other.

5.2 Recommendations

Purposed recommendations for the social care sector would be to provide a work culture that is accepting of diversity. This could be done by advertising local or national LGBT organisations in the workplace or providing education on issues that affect LGBT people (such as supporting someone coming out). As well as school, it seems that there needs to be more inclusion of teaching children about what being gay is, addressing sexual education and the inclusion of LGBT people in school teachings in order to increase visibility. As well as this, families would benefit from being included in education on sexuality too. There should also be services developed that can help families come to terms with their child's sexuality if issues are arising, from services sourced there was only one services provided by BeLongTo that have a group where parents meet and are able to talk about any problems they are having about their child's sexuality. Furthermore, there is a lack of LGBT youth groups being promoted in schools, of which should be advertised more in primary and secondary schools in order for children to be aware of them.

Secondly, in regards to the supports available to LGBT people, they need to be made aware. Organisations can do this by advertising their services more frequently and increasing their marketing of their services.

Lastly, social care workers may work with services users that are lesbian, gay, bisexual or transgender and therefore need to have an understanding of the issues that can affect this vulnerable group. Research within this dissertation shows that there are many risks factors that the LGBT community are subject to, such as higher rates of depression and illegal drug use, and therefore LGBT issues should be included in social care topics within college as well as the working environment.

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Appendix A: Glossary

This section of will identify any key concepts within the research in order to clearly state what each term means and to dispel any disputes within the writing.

➤ Belongto – a gay youth organisation

➤ Bisexual – A person who is sexually attracted to both male and females.

➤ Coming out: When a person discloses to another that they identify as being lesbian, gay bisexual or transgender. For the purpose of this study, coming out will be referred to as a process, one which is characterised by;
  1. *Sensitisation* – feeling of being different from other people.
  2. *Confusion about identity* – Feelings about the person's identity become more concrete, there is also a shifting as they become more or less certain of their sexual identity.
  3. *Assuming sexual identity* – The person will comes to a stage where they accept their sexual identity.
  4. *Commitment* – A stage in which the person will openly identify as being gay (avert.org 2014).

➤ Gay – A person who identifies has being sexually and emotionally attracted to the same sex, most typically associated with men.

➤ Gender belief system - *"a set of beliefs and opinions about males and females and about the purported qualities of masculinity and femininity"* (Kite 1987, p. 97).

➤ Heteronormativity - the idea that being straight is the only way in which people can exist.

➤ Heterosexism - the standard to which every person is measured against.

➤ Heterosexual – a person is has sexual desires towards the opposite sex.

➢ Homophobia – A feeling of dislike, or hatred towards people who identify as being homosexual. In this research, homophobia will be termed a behaviour, one which is characterised by the use of physical violence and/or emotional abuse.

➢ Internalised homophobia - *"personal acceptance of sexual stigma as part of one's value system and self concept"* (Herek, Gillis and Cogan 2009, p. 32).

➢ LGBT – A person who identifies as lesbian, gay, bisexual or transgender.

➢ Lesbian – A woman who is sexually and emotionally attracted to only women.

➢ Minority Stress - The idea of minority stress is that those of who are said to be from disadvantaged social groups are more likely to experience stress when compared to more advantaged social groups (Meyer 2012).

➢ MISS-LG – Measure of internalised sexual stigma for lesbians and gay men, developed by Lingiardi, Baiocco and Nardelli in 2012.

➢ Transgender – A person who identifies to a different gender than the one they were assigned at birth.

Appendix B: Interview Questions

1. Age
2. Occupation
3. Gender
4. Sexual orientation
5. Age of realization of your sexuality? Can you tell me about this time?
6. Age you came out at?
7. Who did you tell first? Why them and not your family? Address stereotype here if mentioned. What do they think the gay stereotype is, what their family thought it was to be gay etc.
8. What were their reactions?
9. Before you identified as gay, did you ever experience in school/college/home/wider society/, any form of physical or emotional bulling because you were perceived to be gay? Can tell me what happened?
10. Have you ever missed out or dropped out of school because of fear of being bullied?
11. Did you school have an anti-bullying policy? Sexual education here
12. Did this policy address issues of homophobic bullying?
13. After you came out, did you experience homophobia in the following;
➢ School
➢ College
➢ Home
➢ wider society
➢ Goods/Services
14. Can you tell me about what happened?
15. If you have experienced homophobia, how accepted do you feel within the following:
➢ Society – friends etc
➢ school
➢ college
➢ wider society
➢ In the home?
16. Has your experiences of homophobia impacted upon your own sense of self?
17. Do you believe that your physical safety may be at risk if you were to show signs of affection towards your partner in public?

18. Do you think people's attitudes towards the LGBT community have changed in the last few decades?

19. Have you ever availed of any support after experiencing homophobia? Was this support enough

20. What do you think could be done to improve supports available to gay men and women?

<u>**Appendix C: Information sheet and consent form**</u>

<u>Informed Consent</u>

Before making your decision to participate in this study, please read below carefully.

Title: The coming out experience in Ireland.

Purpose of the research study: The purpose of this research is to document the coming out experience in Ireland for gay people and how such an experience can affect people. This research will be looking into a number of different areas that are as follows;

> ➢ *Age of realizing sexuality/coming out/experience of homophobia*
> ➢ *Experience of homophobia in school/college/society/the home and the affect of such homophobia*
> ➢ *Support available to the participants and recommendations to improve supports*
> ➢ *Acceptance the participants feels in the wider community, school/college, home and their own sense of self*

Who is conducting the research: 4th year social care student Andrew Rooney will be conducting the research as part of his dissertation.

What you will be asked to do in the study: Participants will be asked to engage in an interview with the researcher.

Time required: Timing will be arrange with the participant at whatever time best suits them and in which ever environment that they feel safest in.

Risks and Benefits: While it is not the intention of this piece of research to cause any risk to the participant, however reflecting on what may have been a difficult time for the participant could elicit some discomfort and distress. The participant should know that they can pull out of the research at any time they feel. By doing this piece of research participants will be providing valuable findings for an area that is rarely studied.

Confidentiality: Only the researcher will know the identities of the participants and this will be kept confidential.

Voluntary Participation: The participation in this research is completely voluntary, participants can withdraw from the research at any stage and there will be no penalty for doing so. You may refuse to answer any questions during the interview and you may stop or end the interview at any time.

Recording: The interviews will be recorded on an audio device. Agreeing to be recorded is required to participate in the research. The participant can request for the recording of the interview to be stopped at any time, either temporarily or permanently. Only the researcher, Andrew Rooney, and the relevant members of staff will have access to the recording and/or their transcripts. The use of these interviews will not be used for any purpose other than the research study. No names will be used in the recording of the interview. A transcript of the participants recording will be given to

them and they will be asked to sign this transcript to say that it is in accordance to what they have said during the interview.

For more information please contact: Andrew Rooney at b00046521@student.itb.ie

If you agree to participate in this study please sign the following page.

Thank you.

Agreement:

I have read the above information and I hereby voluntarily agree to participate in the research being conducted. I have received a copy of this description. I understand that this research will involve interviews that will be recorded.

Name _____

Signature _____

Date _____

Researcher's name: _____

Signature: _____

Date: _____

By completing and returning this document you indicate that you consent to taking part in this study.