

Open Research Online

The Open University's repository of research publications and other research outputs

Tips for research recruitment: The views of sexual minority youth

Journal Item

How to cite:

Lucassen, Mathijs; Fleming, Theresa M. and Merry, Sally N. (2017). Tips for research recruitment: The views of sexual minority youth. *Journal of LGBT Youth*, 14(1) pp. 16–30.

For guidance on citations see [FAQs](#).

© 2017 Taylor Francis



<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Version: Accepted Manuscript

Link(s) to article on publisher's website:

<http://dx.doi.org/doi:10.1080/19361653.2016.1256246>

Copyright and Moral Rights for the articles on this site are retained by the individual authors and/or other copyright owners. For more information on Open Research Online's data [policy](#) on reuse of materials please consult the policies page.

oro.open.ac.uk

Tips for research recruitment: The views of sexual minority youth

Dr Mathijs F.G. Lucassen, Lecturer & Honorary Research Fellow ^{1,2}

Dr Theresa M. Fleming, Senior Lecturer ^{2,3}

Professor Sally N. Merry ²

¹. Department of Health and Social Care, Walton Hall, The Open University
Milton Keynes, Buckinghamshire, United Kingdom, MK7 6AA
Telephone: 0044 1908 652987
Email: Mathijs.Lucassen@open.ac.uk

². The Werry Centre for Child and Adolescent Mental Health, Department of Psychological
Medicine,
Faculty of Medical and Health Sciences, The University of Auckland, Private Bag 92019
Auckland, New Zealand 1142

³. Department of Paediatrics: Child and Youth Health, Faculty of Medical and Health Sciences,
The University of Auckland, Private Bag 92019
Auckland, New Zealand 1142

Acknowledgements

We would like to thank the participants for their involvement in this study. We would like to acknowledge the advisors, youth workers, teachers, health professionals, and school guidance counselors who promoted this research. For financial assistance, MFGL is grateful for the School of Medicine Foundation Lloyd William Herring Estate Ph.D. scholarship and the University of Auckland Senior Health Research Ph.D. scholarship. Finally, we would like to thank Dr. Rebecca Jones and Dr. Philippa Waterhouse, for their feedback on earlier drafts of this paper.

Abstract

Researchers often experience difficulties recruiting ‘hard to reach’ populations. This is especially so for studies involving those historically stigmatized, such as individuals who challenge heteronormative expectations, or people who experience mental ill-health. We sought to obtain the views of sexual minority adolescents (n=25) about what encouraged their participation in a research project. The general inductive approach was used to analyze interview data. Feedback consisted of two main overarching themes: ‘tips and suggestions for future research’; and, ‘appreciate participants’ motivation to get involved in research’. Strategies for how recruitment can be optimized for studies involving sexual minority young people are discussed.

Keywords: bisexual, gay, lesbian, homosexuality, adolescent, gender diversity, mental health, recruitment.

Tips for research recruitment: The views of sexual minority youth

Young people who are not heterosexual still report feeling less valued than their straight counterparts. This is because anything other than being exclusively heterosexual is stigmatized (Ludlam, Saxton, Dickson, & Hughes, 2015; Nunn & Bolt, 2015). However, this is hardly surprising because “to be ‘gay’ means belonging to a class of individuals who are subject to hate crimes, prejudice and stereotypes” (Savin-Williams, 2001, p. 11). The elevated risk of victimization and harassment experienced by sexual minority youth (e.g. lesbian, gay and bisexual young people or those not exclusively attracted to a different gender), relative to their heterosexual peers, has been linked to the mental ill-health of these adolescents in Australasia, Europe, and North America (Denny et al., Epub ahead of print; Hillier et al., 2010; Lucassen, Clark, et al., 2015; Rivers, 2004; Saewyc et al., 2004).

Despite these difficulties many sexual minority young people face, and the associated mental distress, it is important to remember that in numerous ways sexual minority youth are comparable to all young people, since as outlined by Savin-Williams (2001), regardless of sexual orientation all adolescents: need the love and respect of their family; must negotiate relationships; are concerned with peer status, desire love; and wonder about their future. Sexual minority young people therefore experience the same developmental challenges that their heterosexual peers do, as well as some additional concerns (e.g. whether or not they should come out, and/or for many how to manage being bullied about their sexuality). But sexual minority young people are diverse with differences according to factors such as gender identity, ethnicity, degrees of socio-economic deprivation, and geographical location (Cooper & Blumenfeld, 2012; Lucassen, Clark, Moselen, Robinson, & The Adolescent Health Research Group, 2014), and thus will have differing perspectives and life experiences. Moreover, many sexual minority youth

have ‘overlapping experiences’ or are ‘double-minorities’, in that, as well as being a sexual minority, they also have an experience of mental ill-health, are from a non-majority ethnic group, are differently abled, transgender or intersex.

Under-recruiting of marginalized groups into research has the potential to add to disenfranchisement, by only including ‘majority voices’. Historically there has been a dearth of research on sexual minority individuals (Boehmer, 2002; Dickinson & Adams, 2014), with few studies reporting on the health outcomes of sexual minority people unrelated to HIV/AIDS (Harcourt, 2006). More recently research has provided robust evidence on the mental health difficulties sexual minority individuals face, but studies on other aspects of health lag behind, for example research in the field of sexual minority people and their physical health (Lick, Durso, & Johnson, 2013). Because researchers are often motivated to have participants from a range of backgrounds involved in their studies, many academics will be interested in understanding how they can optimize receiving ‘minority voices’, by recruiting a suitable number and range of sexual minority young people.

Understandably researchers often struggle to recruit participants from ‘hard to reach’ populations (Connell, McKevitt, & Low, 2004; Sherriff, Hamilton, Wigmore, & Giambrone, 2011), and small sample sizes are frequently an issue when conducting research with sexual minority young people (e.g. Lee, 2002; Lucassen et al., 2013; Sherriff et al., 2011). Past research focused on overcoming the barriers associated with recruiting participants from minority populations focuses primarily on sexual minority adults or ethnic minority individuals (McCormack, 2014; Silvestre et al., 2006), with this body of literature indicating that minority communities have low

levels of trust in researchers (Fouad et al., 2004; Nápoles-Springer et al., 2000; Silvestre et al., 2006).

This paper reports on the views of a group of sexual minority youth who had previously taken part in a study (the Rainbow SPARX project) about what had enabled and encouraged their participation in research. The Rainbow SPARX project was an open trial of an intervention for sexual minority youth with depressive symptoms (Lucassen, Merry, Hatcher, & Frampton, 2015). Despite actively recruiting over a 14 month period (Lucassen, Merry, Hatcher, & Frampton, 2015) we were only able to recruit 25 sexual minority youth to the Rainbow SPARX project. As a result of our experiences, we were interested in understanding more about what would make a difference in terms of study recruitment, from the perspective of sexual minority youth involved in a research project. We therefore designed a further study, specifically one where we sought to determine participants' (from the Rainbow SPARX project) views on:

- What it was like being involved in a research project, and their motivation to participate in research; and,
- How to conduct future research with sexual minority youth.

This paper reports the findings from this further study. We have used the consolidated criteria for reporting qualitative research (COREQ) (Tong, Sainsbury, & Craig, 2007).

Methods

Participants

The participants were aged between 13 and 19 years old. All the young people from the Rainbow SPARX project were invited to complete an interview with, notably, everyone asked to participate electing to do so. Twenty-one of the 25 participants were assessed as having depressive symptoms (i.e. Child Depression Rating Scale-Revised raw score ≥ 30). Participants

all resided in Auckland (a city and region with over 1.5 million people), New Zealand. The mean age of participants was 16.4 years. Twelve participants identified as male and 13 participants identified as female. Two participants' gender identity and sex assigned at birth differed. In terms of ethnicity, the majority were New Zealand European (n=15), with the remainder being Māori (n=3), Asian (n=2), Pacific (n=1), or an 'other' ethnicity (i.e. Estonian, European, French/Filipino, Australian, n=4).

All the participants were sexual minority young people, such that: 11 participants identified as bisexual (4 of whom were male); 10 participants identified as gay or lesbian (6 males, 3 females, and Alex who was male, but assigned female at birth); 3 participants identified as "other" (one male, one female, and Kelly who was female, but assigned male at birth); and one male participant, Jamie, who was "mostly heterosexual". Two of the participants reported being "opposite-sex attracted", but selected labels consistent with being a sexual minority individual, for instance "gay or lesbian" (Alex), or "mostly heterosexual" (Jamie).

Researchers

Three individuals comprised the research team: one male Dutch/New Zealand European lecturer (MFGL, who was also a doctoral candidate at the time the interviews took place); one female New Zealand European senior lecturer (TMF, who was a doctoral candidate at the time the interviews were conducted); and one white female Zimbabwean/New Zealand European professor (SNM). MFGL was the principle investigator. Participants knew that all three researchers were co-developers of Rainbow SPARX, but MFGL was the only researcher to meet participants in person, and he conducted all of the interviews. SNM supervised the doctoral

projects of both MFGL and TMF. The research team (and most of the study's participants) knew that MFGL was a gay male, and that he had worked clinically in the child and adolescent mental health field. When promoting the Rainbow SPARX project (i.e. MFGL's doctoral project), MFGL spoke openly about his reasons for wanting to develop an intervention for sexual minority young people with depressive symptoms. Specifically, how he was motivated to assist in improving the support sexual minority youth with depression receive, as he had experienced difficulties getting gay-affirming help for depression as a queer young person in New Zealand.

Procedure

The participants in the current study were all young people who had previously taken part in the larger Rainbow SPARX project. Participants for the Rainbow SPARX project had been recruited via a youth-led non-government organization for sexual minority youth and four high schools. Posters and fliers about the Rainbow SPARX project were distributed to the youth organization and schools. MFGL provided brief demonstrations of Rainbow SPARX to groups of young people. The Rainbow SPARX project was advertised and endorsed by the sexual minority media. Eligible participants were given written information about the Rainbow SPARX project and were invited to take part. Written parental and participant informed consent was obtained from those under 16, and young people were able to provide written consent for themselves if they were 16 or over. After written consent was obtained young people completed a series of questionnaires focused on their mood and feelings with MFGL (i.e. the pre-Rainbow SPARX assessments), after which they were given Rainbow SPARX.

In summary, Rainbow SPARX is the 'rainbow version' of SPARX (Merry et al., 2012). It is a seven module computerized cognitive behavioral therapy program, which uses the medium of a

fantasy world, in which the user's avatar is faced with a series of challenges to rid a virtual world of gloom and negativity. Rainbow SPARX was specially adapted for sexual minority youth with depressive symptoms, for instance it included content related to overcoming issues like heterosexism and homophobia (issues which are not explored in the regular version of SPARX). Each of the seven modules takes about 30 minutes to complete and young people were encouraged to finish Rainbow SPARX, at a location that suited them within two months.

Once a participant completed Rainbow SPARX they were invited to take part in a post-Rainbow SPARX assessment (again, focused on their mood and feelings) and an interview with MFGL. The interviews were on two main topics: young peoples' views on Rainbow SPARX [the results of this aspect of the interviews are published elsewhere (Lucassen, Hatcher, et al., 2015)]; and, participants' experiences of being recruited into the Rainbow SPARX project, plus their thoughts about what would work when recruiting sexual minority youth into future studies. The latter topic is the focus of the current paper.

The interviews were conducted in a private room, with just the participant and MFGL, in one of three locations selected by the participant (i.e. at the University of Auckland, at the youth-led organization, or at the participant's school). The interviews lasted from eight to 36 minutes (mean=18 minutes, SD= 7 minutes). The interviews were audio recorded, no field notes were taken. Each participant received a NZ\$20 (equivalent to approximately US\$13) voucher after their interview. The Rainbow SPARX project and the current study was approved by the New Zealand Ministry of Health Multi Region Ethics Committee (Ref: MEC/09/01/002).

Interviewer

It is important to ‘own one’s perspective’ when conducting qualitative research (Elliott, Fischer, & Rennie, 1999), and from the outset the interviewer/MFGL was open about certain professional and personal details. MFGL was known to all of the participants, as they had met prior to the interview (i.e. whilst they completed pre- and post-Rainbow SPARX assessments). The participants knew that MFGL was a PhD student at the time of their interview. As mentioned earlier, MFGL made a decision to highlight being gay when promoting the Rainbow SPARX project, and this seemed to support participants’ legitimization of their own experience of being a sexual minority person during the interviews.

Instruments

A semi-structured interview format was created over several weeks with a group of researchers and practitioners skilled in working with sexual minority young people and/or those with an experience of mental ill-health. Feedback on the initial draft of the interview format was obtained from the research team, and selected researchers and practitioners associated with the Rainbow SPARX project. The refined draft of the questions were then tested with a researcher unaffiliated with the study, and a sexual minority adult. Minor adjustments were made to the wording of the questions as a result of this testing process.

We used interviews rather than focus groups for both practical and theoretical reasons. It was more practical to offer individual interviews, rather than waiting for a certain number of participants to be ready before facilitating a focus group. Individual interviews were carried out for theoretical reasons also, as individual interviews are thought to glean more socially sensitive

data in comparison to focus groups (Kaplowitz, 2000), and they allowed for the collection of more detailed information from each individual participant (Heary & Hennessy, 2006).

Initial questions for each section of the interview were broad and open, for example:

- *“Can you describe how you were invited/recruited into the study?”*

A series of more precise questions were asked next:

- *“If someone encouraged you to enroll in the study/contact me [i.e. MFGL], who was that person and what did they do/say that encouraged you to contact me?”*
- *“If you enrolled in the study because you saw the study’s poster, flier or website, what was it about the poster/flier/website that encouraged you to contact me?”*

Data analysis

We used the general inductive approach (GIA) (Thomas, 2006) for this study, like grounded theory and phenomenological approaches, GIA is a method of qualitative content analysis which strives to build understandings from observations, as opposed to testing hypotheses. However, unlike some qualitative methods, GIA focuses on obtaining views and the perspectives of participants based on pre-existing questions (or topics), rather than building an in-depth description of an individual’s experience or on generating new theory (Hsieh & Shannon, 2005). Our aim was to investigate common themes. As suggested by Braun and Clarke (2006) we were not overly rigid in making decisions about what constituted a theme, but considered a theme to be something that occurred repeatedly and was important in relation to our aims (i.e. what was it like being involved in a research project, what were the participants’ motivations to participate in the project, and how should researchers conduct future research with sexual minority youth).

The transcripts were professionally transcribed and checked for accuracy by MFGL, transcripts were then read with the research objectives in mind, but no *a priori* models were imposed. MFGL read and re-read the transcripts several times, and identified lower order units of meaning which were then clustered with similar units. Within each area subtopics were searched for and then clusters were reviewed for redundancy and identification of the essence of each category. TMF reviewed a random sample of the data (more than 10% of each interview) and independently coded these excerpts. Excerpts coded by TMF were then compared with those coded by MFGL. This accuracy check identified only minor discrepancies in interpretation and these were resolved through discussion.

Data were coded using the themes identified and quotes capturing the themes are provided. NVivo8 software was used to manage the data and support analyses. An initial summary of results was sent to participants, but interviewees did not provide any feedback, or suggest any changes be made to the preliminary summary. For the purposes of reporting results participants created a pseudonym so that they could not be identified. These pseudonyms are used alongside quotes, so that the range of participation is obvious and transparent.

Results

There were two main categories or overarching themes in regards to participants' feedback about conducting research with sexual minority youth. The first 'tips and suggestions for future research', reflected ideas that participants had about encouraging sexual minority youth to take part in research, this main category contained three related ideas 'create a comfortable environment'; 'actively promote the study'; and, 'be mindful of barriers and

benefits'. The second main category 'appreciate participants' motivation to get involved in research', reflected views that researchers needed to understand why sexual minority youth would want to partake in a study, and how to harness this motivation.

Tips and suggestions for future research

Create a comfortable environment: Four main elements were identified by participants as something they believe might be useful in order to create a comfortable research environment for sexual minority youth, these were: the ability to bring a friend or support person to assessments; the significance of confidentiality; the importance of avoiding using sexual identity labels with participants; and, the value of researchers meeting with potential participants prior to a young person's enrolment in a study.

Most of the participants came to their face-to-face assessment appointments with a friend or support person, and this was something that six participants reported made them more at ease. Sapphire (16 years old, female, bisexual) had this to say about the merit of bringing a support person:

"...being able to bring in a support person is also a great thing to be able to do. You don't have to go in by yourself and it doesn't feel as pressured when you can bring someone in."

Helen (16 years old, female, bisexual) indicated that without a support person she would not have participated in the research:

"...I felt like I wouldn't have wanted to come into town. I wouldn't have been motivated to come to town by myself to do nothing."

Privacy and confidentiality was cited by seven participants as being especially important, with Max, Jack, Troy, Sapphire, and Ruby all indicating that sexual minority young people would not want to be 'outed'.

"...if it wasn't confidential then I think people would say no, I don't want to share my details with everyone." Max (18 years old, male, gay).

Three participants recommended avoiding certain sexual identity labels:

"Keeping the terms for what sexuality is aimed at very broad because I know a lot of people who don't even consider themselves bisexual – just sort of 'there'. And 'there' is not really on a scale – they don't really have words for it. So just keep the sexuality term broad. Questioning is a good one to have in there." Ruby (16 years old, female, bisexual).

Most of the participants had met MFGL prior to their pre-intervention assessment. Goldie and Dan both described the value of being able to do this:

"I think like that you do come out to see people does encourage them [potential participants] because it is not just like 'okay, so I am going out somewhere to meet someone I haven't met before'..." Goldie (16 years old, female, other).

"I think within the context of the meeting [a presentation about the project], getting to know you as a person made a difference. It made me slightly interested in the project as a whole, not just my participation in it." Dan (18 years old, male, bisexual).

Actively promote the study: Most of the participants suggested that future projects like the one they had been in involved in would be best promoted via secondary schools, either by school

guidance counsellors/therapists or through posters/leaflets at schools. Andy, Bob and Ruby recommended a combination of these two approaches, for example Bob (13 years old, male, bisexual) suggested:

“...have posters up round the school where people notice them but don’t take notice of them, if you know what I mean...I reckon you would get more people if you went through Kaye [a School Guidance Counsellor] and then got Kaye to get people. Because Kaye would have a pretty good idea of people’s sexuality in the school.”

Four participants stated that youth groups for sexual minority individuals could be used to promote research projects, and four participants also suggested that the Internet would be a valuable means to promote research with sexual minority youth:

“...I don’t know if it is or not [helpful in promoting the Rainbow SPARX project], but [put it] on the [a youth-led organization for sexual minority youth] website or something because I check on that all the time for updates” Ruby (16 years old, female, bisexual).

Two participants cautioned against promoting research with sexual minority youth too extensively at schools, with Tina (19 years old, female, lesbian) saying:

“...Maybe putting it out there too much could be a risk. I’m not really too sure. I am not too good at that kind of area of things. But I think maybe if you tried too hard to get someone to come and do it or if you, sort of, were too ‘out there’. I think that would be it...”

Sasha (15 years old, female, bisexual) mentioned that a subtle or more discrete approach would be best when promoting research of this type in schools:

“...personally at my school being gay or whatever is looked down upon. And then you get mocked. So I don’t know how it is with kids at other schools, but kids that I know I guess you could put out posters like these [referring to Rainbow SPARX study posters] because this one really did help.”

Be mindful of barriers and benefits: Practical issues were repeatedly described as being barriers to involvement in the research process. Examples of the specific barriers identified included: having to come into the central city (or the participant’s school, if they were in school) for assessments; being required to fill out ‘all the forms’/assessments; and the time required to complete Rainbow SPARX.

The stigma often associated with homosexuality was identified as another barrier to conducting research with sexual minority adolescents. Three participants stated that those questioning their sexuality or those not ‘out’ to their peers or family would be especially reluctant to get involved, as they would not want to be linked to a study focused on sexual minority youth. Troy (16 years old, male, bisexual) alluded to this particular issue:

“I think there is always the possibility that someone that you don’t want to know. Like someone that you don’t want to find out that you are bi or gay or whatever and they find out because you are in a proper research thing.”

Five participants said that the gift vouchers offered as a thank you for taking part in the Rainbow SPARX project were appreciated and seen as a benefit of taking part:

“...even if there were no vouchers offered I still would have done it. But I can definitely see the attraction and it is a nice little reward for putting a bit of time in.” Andy (19 years old, male, gay)

Having viewed the Rainbow SPARX trailer and having had the project promoted as something that was interesting or intriguing was also identified as something that was beneficial.

“I think your [MFGL’s] presentation was quite good and having that little bit on your laptop with the trailer, the brief, I think that intrigued me a little bit more.” Georgie (17 years old, male, gay).

Appreciate participants’ motivation to get involved in research

Several participants noted that sexual minority youth would be motivated to get involved in studies that would either help the individual participant or would help others (i.e. they participated for altruistic reasons). Troy, Sapphire, Jamie and Julia all mentioned this:

“Just like, especially promote that fact that it [Rainbow SPARX] can help you become happier and help you get through your issues.” Troy (16 years old, male, bisexual)

“I wanted to try this program out [Rainbow SPARX]. It looked really interesting and I like to help. And I was interested in seeing what skills it could teach me...” Sapphire (16 years old, female, bisexual)

“...you could help other people with it [by participating in the research].” Jamie (14 years old, male, mostly heterosexual)

“...wanting to find out ways to deal with things is what made me want to do it. Combating people at school and stuff like that. That is what made me want to do it.” Julia (17 years old, female, bisexual)

The stigma still associated with a sexual minority orientation (also highlighted previously under the sub-theme ‘be mindful of barriers and benefits’) was identified as something that could negatively impact upon potential participants’ motivation to get involved in research. For instance, two participants stated that young people questioning their sexuality would not participate in research focused on sexual minority youth, even though their involvement would be beneficial to the study, with Andy (19 years old, male, gay) having this to say:

“People that aren’t already open about their sexuality. It’s hard to engage with those people regardless of the situation...it might be a little bit difficult to get them involved. I am not sure how that one could be tackled. I don’t know...And in a way some of the people that are not quite so open about their sexuality are probably some of the people you want in the study.”

Discussion

Participants in this small-scale predominantly descriptive study from a ‘hard to reach’ population provided useful tips or suggestions about how recruitment could be optimized when involving sexual minority young people in research comprising face-to-face contact (see Figure 1 for a summary of these suggestions). With any research, at its core, there is a need for participants to trust the individuals involved in the project. This trust is of fundamental importance when working with groups of people that have been marginalized, such as sexual minority youth. This study compliments other work focused on engaging sexual minority adults (e.g. Castillo-Mancilla et al., 2014; DeBlaere, Brewster, Sarkees, & Moradi, 2010; Hartman, 2011), and other research which has also reinforced the need for respectful study personnel and processes (e.g. Sherriff et al., 2011; Silvestre et al., 2006). In addition to the need for trust,

participants in the current study and other researchers have highlighted the need to address certain factors to encourage minority group participation, specifically: address the practical issues pertaining to transportation and the difficulties many participants face getting to certain locations (Fouad et al., 2004; Nápoles-Springer et al., 2000; Woods et al., 2002); attend to the need for adequate incentives/vouchers as an acknowledgement of the participant's input, and make sure that participants do not need to cover 'out of pocket costs' (Nápoles-Springer et al., 2000; Silvestre et al., 2006); ensure that the research is seen as a priority by others (Silvestre et al., 2006), or it is seen as an important area to study by the participants (Nápoles-Springer et al., 2000); make sure that the research procedures are not burdensome and do not 'clash' with participants' other commitments (Woods et al., 2002); be mindful of the stigma associated with being 'non-heterosexual' (Silvestre et al., 2006; Wheeler, 2003), especially for sexual minority youth; and, always treat participants with maximal respect (Silvestre et al., 2006).

Strengths and limitations: This is a small but unique study which adds to what is known about recruiting participants from 'hidden populations' or 'hard to reach' groups. We are unaware of any studies published by researchers that have sought to obtain the views of sexual minority youth in relation to what would encourage their participation in research. More sexual minority research participation is required, as it is rare for there to be any sexual minority consumer consultation in the development of health interventions, policies, or guidelines (McNair & Hegarty, 2010), possibly because many health care providers frequently dismiss sexuality (and gender identity), as they view this as being irrelevant to clinical care (Baker & Beagan, 2014). An additional strength of this study was that an established method of qualitative data analysis was utilized.

The study is based on a sample of 25 participants from one region in New Zealand. All the participants in this study decided to take part in the Rainbow SPARX project, indicating that participants valued the project, and that there was a degree of trust with the researchers. Most participants had depressive symptoms, and all of the participants were sufficiently comfortable with their sexuality to contribute to this project. Therefore the study cannot be assumed to be representative of sexual minority young people with significant depressive symptomatology, and those questioning their sexuality are under-represented (Lucassen et al., 2014). Nonetheless, the participants in the study were fairly diverse in that ten were not New Zealand European and two participants' sex assigned at birth differed to their gender identity. Furthermore, four participants described themselves as bisexual males, a sub-population which can be hard to access in research, possibly because bisexual males may not feel as comfortable or accepted in LGBT (lesbian, gay, bisexual and transgender) environments or organizations (Nadal et al., 2011). It is useful to provide details about the participants and their life circumstances in studies as we have in this research, so that others are able to make inferences about the range of persons and situations to which the findings might be relevant (Elliott et al., 1999).

Participants may have experienced difficulties expressing criticisms of the ways in which the Rainbow SPARX project was conducted, as the interviewer was also the person who led this work. As a result of this the findings may be skewed towards a more positive view on the project and how it was conducted. A separate interviewer, unaffiliated to the project, could have assisted in correcting for this bias. However this was not possible for fiscal as well as other reasons, specifically, participants had highlighted the value of MFGL being known to them, and they may have been reluctant to speak to someone they did not know at their interview.

Conclusion

Sexual minority participants in the current study have offered suggestions or tips that may assist others in encouraging sexual minority youth to take part in future research projects.

Understandably the stigma still associated with being anything other than exclusively different-gender attracted is an issue to carefully negotiate when advertising a study, and seeking study participants. Future work in the area of understanding how recruitment can be optimized should strive to better understand how sub-groups of sexual minority young people, traditionally under-represented in lesbian, gay, and bisexual research (e.g. sexual minority youth who are also sex or gender diverse), can be best supported to take part in studies.

References

- Baker, K., & Beagan, B. (2014). Making assumptions, making space: An anthropological critique of cultural competency and its relevance to queer patients. *Medical Anthropology Quarterly*, 28(4), 578-598.
- Boehmer, U. (2002). Twenty years of public health research: Inclusion of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health*, 92(7), 1125-1130.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Castillo-Mancilla, J. R., Cohn, S. E., Krishnan, S., Cespedes, M., Floris-Moore, M., Schulte, G., . . . ACTG Underrepresented Populations Survey Group. (2014). Minorities remain underrepresented in HIV/AIDS research despite access to clinical trials. *HIV Clinical Trials*, 15(1), 14-26.
- Connell, P., McKeivitt, C., & Low, N. (2004). Investigating ethnic differences in sexual health: Focus groups with young people. *Sexually Transmitted Infections*, 80, 300-305.
- Cooper, R. M., & Blumenfeld, W. J. (2012). Responses to cyberbullying: A descriptive analysis of the frequency of and impact on LGBT and allied youth. *Journal of LGBT Youth*, 9(2), 153-177.
- DeBlaere, C., Brewster, M. E., Sarkees, A., & Moradi, B. (2010). Conducting research with LGB people of color: Methodological challenges and strategies. *The Counseling Psychologist*, 38(3), 331-362.
- Denny, S., Lucassen, M. F. G., Stuart, J., Fleming, T., Bullen, P., Peiris-John, R., . . . Utter, J. (Epub ahead of print). The association between supportive high school environments and depressive symptoms and suicidality among sexual minority students. *Journal of Clinical Child and Adolescent Psychology*.
- Dickinson, P., & Adams, J. (2014). Resiliency and mental health and well-being among lesbian, gay and bisexual people. *International Journal of Mental Health Promotion*, 16(2), 117-125.

- Elliott, R., Fischer, C. T., & Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.
- Fouad, M. N., Corbie-Smith, G., Curb, D., Howard, B. V., Mouton, C., Simon, M., . . . Young, R. (2004). Special populations recruitment for the Women's Health Initiative: successes and limitations. *Controlled Clinical Trials, 25*(4), 335-352.
- Harcourt, J. (2006). Current issues in lesbian, gay, bisexual, and transgender (LGBT) health. *Journal of Homosexuality, 51*(1), 1-11.
- Hartman, J. E. (2011). Finding a needle in a haystack: Methods for sampling in the bisexual community. *Journal of Bisexuality, 11*(1), 64-74.
- Heary, C., & Hennessy, E. (2006). Focus groups versus individual interview with children: A comparison of data. *The Irish Journal of Psychology, 27*(1-2), 58-68.
- Hillier, L., Jones, T., Monagle, M., Overton, N., Gahan, L., Blackman, J., & Mitchell, A. (2010). *Writing Themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research, 15*(9), 1277-1288.
- Kaplowitz, M. D. (2000). Statistical analysis of sensitive topics in group and individual interviews. *Quality & Quantity, 34*, 419-431.
- Lee, C. (2002). The impact of belonging to a high school gay/straight alliance. *The High School Journal, Feb/Mar*, 13-26.
- Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science, 8*(5), 521-548.

- Lucassen, M. F. G., Clark, T. C., Denny, S. J., Fleming, T. M., Rossen, F. V., Sheridan, J., . . . Robinson, E. M. (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.
- Lucassen, M. F. G., Clark, T. C., Moselen, E., Robinson, E. M., & The Adolescent Health Research Group. (2014). *Youth'12 the health and wellbeing of secondary school students in New Zealand: Results for young people attracted to the same sex or both sexes*. Auckland: The University of Auckland.
- Lucassen, M. F. G., Hatcher, S., Fleming, T. M., Stasiak, K., Shepherd, M. J., & Merry, S. N. (2015). A qualitative study of sexual minority young people's experiences of computerised therapy for depression. *Australasian Psychiatry*, *23*(3), 268-273.
- Lucassen, M. F. G., Hatcher, S., Stasiak, K., Fleming, T., Shepherd, M., & Merry, S. N. (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.
- Lucassen, M. F. G., Merry, S. N., Hatcher, S., & Frampton, C. (2015). Rainbow SPARX: A novel approach to addressing depression in sexual minority youth. *Cognitive and Behavioral Practice*, *22*(2), 203-216.
- Ludlam, A. H., Saxton, P. J., Dickson, N. P., & Hughes, A. (2015). General practitioner awareness of sexual orientation among a community and internet sample of gay and bisexual men in New Zealand. *Journal of Primary Health Care*, *7*(3), 204-212.
- McCormack, M. (2014). Innovative sampling and participant recruitment in sexuality research. *Journal of Social and Personal Relationships*, *31*(4), 475-481.
- McNair, R. P., & Hegarty, K. (2010). Guidelines for the primary care of lesbian, gay, and bisexual people: a systematic review. *The Annals of Family Medicine*, *8*(6), 533-541.
- Merry, S. N., Stasiak, K., Shepherd, M., Frampton, C., Fleming, T., & Lucassen, M. F.G. (2012). The effectiveness of SPARX, a computerised self help intervention for adolescents seeking help for depression: randomised controlled non-inferiority trial. *British Medical Journal*, *344*, e2598.

- Nadal, K. L., Issa, M. A., Leon, J., Meterko, V., Wideman, M., & Wong, Y. (2011). Sexual orientation microaggressions: "Death by a thousand cuts" for lesbian, gay, and bisexual youth. *Journal of LGBT Youth, 8*(3), 234-259.
- Nápoles-Springer, A. M., Grumbach, K., Alexander, M., Moreno-John, G., Forté, D., Rangel-Lugo, M., & Pérez-Stable, E. J. (2000). Clinical research with older African Americans and Latinos perspectives from the community. *Research on Aging, 22*(6), 668-691.
- Nunn, L. M., & Bolt, S. C. (2015). Wearing a rainbow bumper sticker: Experiential learning on homophobia, heteronormativity, and heterosexual privilege. *Journal of LGBT Youth, 12*(3), 276-301.
- Rivers, I. (2004). Recollections of bullying at school and their long-term implications for lesbians, gay men, and bisexuals. *The Journal of Crisis Intervention and Suicide Prevention, 25*(4), 169-175.
- Saewyc, E. M., Bauer, G. R., Skay, C. L., Bearinger, L. H., Resnick, M. D., Reis, E., & Murphy, A. (2004). Measuring sexual orientation in adolescent health surveys: Evaluation of eight school-based surveys. *Journal of Adolescent Health, 35*(4), 345-360.
- Savin-Williams, R. C. (2001). A critique of research on sexual-minority youths. *Journal of Adolescence, 24*, 5-13.
- Sherriff, N. S., Hamilton, W. E., Wigmore, S., & Giambrone, B. L. (2011). "What do you say to them?" investigating and supporting the needs of lesbian, gay, bisexual, trans, and questioning (LGBTQ) young people. *Journal of Community Psychology, 39*(8), 939-955.
- Silvestre, A. J., Hylton, J. B., Johnson, L. M., Houston, C., Witt, M., Jacobson, L., & Ostrow, D. (2006). Recruiting minority men who have sex with men for HIV research: results from a 4-city campaign. *American Journal of Public Health, 96*(6), 1020-1026.
- Thomas, D. R. (2006). A general inductive approach for analyzing qualitative evaluation data. *American Journal of Evaluation, 27*(2), 237-246.

- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*(6), 349-357.
- Wheeler, D. P. (2003). Methodological issues in conducting community-based health and social services research among urban Black and African American LGBT populations. *Journal of Gay & Lesbian Social Services, 15*(1-2), 65-78.
- Woods, M. N., Harris, K. J., Mayo, M. S., Catley, D., Scheibmeir, M., & Ahluwalia, J. S. (2002). Participation of African Americans in a smoking cessation trial: A quantitative and qualitative study. *Journal of the National Medical Association, 94*(7), 609-618.

Figure 1. Tips for encouraging sexual minority youth to participate in research

- For projects involving face-to-face contact with a researcher it is valuable to highlight that participants can bring a friend or support person with them. Meeting the researcher prior to a more formal research procedure (e.g. an interview or focus group) is also helpful.
- Participant confidentiality needs to be explicitly reinforced and pointed out from the start.
- Be mindful of the terminology used in relation to sexuality in promoting and carrying out the research (e.g. sexual identity labels may be unintentionally off putting for potential participants).
- Investigate the possibility of promoting the study via multiple means, such as via individuals known to sexual minority young people (e.g. a supportive school guidance counsellor/therapist), organizations (e.g. groups for sexual minority young people), and the Internet (e.g. social media). However, when advertising a study in a heteronormative environment (e.g. in a school) the message (e.g. a poster) should not be too 'out there' in relation to sexuality.
- Attempt to eliminate as many practical barriers to participation as possible (e.g. the need to travel to certain locations, and reduce assessment burden so that assessment/questionnaire/interview involvement is not too onerous).
- Make sure the benefits to participation are known (e.g. what gift vouchers are available, pointing out how the project is intriguing, interesting or useful for potential participants, and how other sexual minority young people in the future may benefit from their participation).