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Being, Doing, Deciding: Cisheteronormativity, Bodily Autonomy, and Mental Health Support for LGBTQ+ Young People

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Abstract: Cisheteronormativities inform and distort what LGBTQ+ young people's bodies can be and do, and what choices about the body are possible, profoundly impacting mental health. This article presents findings from a UK study examining 'what works' in early intervention mental health support for LGBTQ+ youth to examine how these impacts can be addressed. Data were collected across 12 mental health support services via the following: interviews with LGBTQ+ youth aged 12–25, service staff/volunteers, and parents/carers (n = 93); document review; and non-participant observation. In analysis, 'Body' was identified as a key principle underpinning effective early intervention mental health support. This article presents three key areas: the ability to name and define the body; the body's ability to 'do'; and the ability to make informed decisions about one's body, life, and future. This article highlights the urgent importance of upholding bodily autonomy for LGBTQ+ youth if efforts to address mental health inequalities are to have any chance at success.

Keywords: LGBTQ; young people; mental health; case study; early intervention; embodiment; sexual minority; gender minority

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1. Introduction

Contemporary research into the mental health inequalities faced by Lesbian, Gay, Bisexual, Trans, and Queer/Questioning (LGBTQ+) young people (Amos et al., 2020; Patalay & Fitzsimmons, 2020) has led to an emerging theoretical account of the interplay between cisheteronormativity, embodiment, and mental health, drawing attention to the ways in which 'discriminatory ideologies shape how people experience their bodies' (Riggs & Treharne, 2017, p. 600). Central to this account is an understanding of mental health and distress as always embodied, and therefore as inextricable from 'a way of living or inhabiting the world through one's acculturated body' (Weiss & Haber, 1999, p. xiii). The minority stress framework (Meyer & Frost, 2013) foregrounds the impacts of oppressive and marginalising social environments and stigma as chronic stressors, and these stressors have been connected in statistical analysis with LGBTQ+ youth distress (Green et al., 2022).

In their analysis of LGBTQ+ youth self-harm and suicidality, McDermott and Roen (2016) emphasise the construction of LGBTQ+ youth as a site of failure to progress 'correctly' towards cisheteronormative adulthood. 'Embodied distress' is conceptualised by the authors as capturing the interconnectedness of 'emotional distress with corporeal ways of being and doing' (20) and the effects of such corporeal modes of being and doing across different areas of young people's lives.

A developing field of knowledge around support for LGBTQ+ youth in distress is emerging, building on evidence indicating unmet need and service inaccessibility (McDermott et al., 2016), as well as experiences of invalidation, stigma, and marginalisation in mainstream support (McCann et al., 2019). A meta-narrative review examining effective early intervention mental health support for LGBTQ+ youth, which was conducted at an earlier stage of the study on which this article reports, emphasised the need for depathologisation of LGBTQ+ young people's distress and the prioritisation of 'addressing normative environments that marginalise youth, LGBTQ+ identities and mental health problems' through supporting LGBTQ+ youth to 'exist within/resist against these difficult normative environments' (McDermott et al., 2021a, p. 17). The integration of embodiment into research exploring mental health support for LGBTQ+ young people is sparse, however; while 'cisheteronormative environments' was identified as a theme in the review, embodiment and bodily autonomy were absent. A 2022 systematic review of psychotherapeutic interventions conducted with LGBTQ+ youth (Bochiccio et al., 2022) identified youth autonomy in broad terms as part of one intervention study and noted the impacts of cisheteronormativity in another, but these factors were not considered in connection with one another or in relation to the body specifically.

The dearth of the literature highlighting the importance of the body to LGBTQ+ youth mental health support reflects the nascent nature of knowledge regarding why and how different interventions support LGBTQ+ youth mental health; existing systematic reviews more directly address questions of what appears to work in intervention (e.g., Bochiccio et al., 2022; Marraccini et al., 2022). Where the body does feature in research, it is reduced to 'physical health' and tends to focus on conditions such as cancers and sexually transmitted diseases, or behaviours such as smoking or substance use. This reflects the broader dominance of what Fullagar (2017) articulates as 'corporeal therapeutics', whereby physical and mental health are understood as sets of discrete, malleable variables that interact with but are ultimately separate from one another and that are independent of power structures such as cisheteronormativity. The findings we present in this article contribute to and deepen the emergent understanding of the embodied nature of LGBTQ+ youth mental health by highlighting the interconnectedness of distress and wellbeing with bodily autonomy in prevailing cisheteronormative contexts.

Cisheteronormativity, Bodily Autonomy, and LGBTQ+ Youth Mental Health

Our use of the term cisheteronormativity follows theoretical trajectories that seek to make visible the sex/gender orders in which bodies are made to make sense. Environments, structures, and systems (and the individual people who constitute them) exert normalising disciplinary pressures on the body; performing gender 'correctly' signals one's position within a matrix of (cisgender and hetero)sexual power relations, and failure to be legible within such matrices has material consequences for safety and survival (Butler, 1990, 1993). A full accounting of the nature and history of cisheteronormativies specific to the UK goes beyond the scope of what will be possible here, but key threads informing a contemporary landscape around notions of 'correct', acceptable, 'normal', and 'natural' sex, gender, and sexuality reflect interwoven legacies of colonialism (Lewis, 2019; Turner, 2025), Christianity and the historical interconnections of church and state (Knight & Wilson, 2016),

criminalisation (Raj & Dunne, 2021), and pathologisation (Flowers & Langdridge, 2007; Hubbard & Griffiths, 2019).

Boe and Coykendall (2016) chart the impacts of civil rights advances in the UK through the second half of the 20th century, from decriminalisation to marriage equality and gender recognition, but dispute that such advances signal an 'end' to legacies of cisheteronormativity extending centuries. Turner (2025), for instance, asserts the ongoing (and arguably intensifying) influence of the idealised heteronormative white nuclear family on racialised border violence in the UK, while Raj and Dunne (2021) contend that the privileges afforded by legislative changes in the UK have never been equally distributed, excluding those who 'transgress heteronormative and cisnormative social conventions' (2). At the time of writing, even such legal advances as have been achieved to date are under threat; Dunne (2023) notes the rapid decline of the UK in international LGBTQ+ rights rankings, reflecting global patterns of backlash and efforts to erode rights for LGBTQ+ populations (Holzleithner, 2022). Most recently, the UK Supreme Court ruling excluding trans women from sex-based protections under the Equality Act 2010 has thrown into question the status and rights of trans people in accessing a wide range of gendered spaces and services, with the long-term implications as yet unclear (Maine, 2025).

For LGBTQ+ young people in a contemporary UK context, Marzetti et al. (2022) assert that cisheteronormative environments produce and shape embodied distress, constituting a 'backdrop of expected non-acceptance' (4) that (re)produces the kinds of expectations, pressures, and hostilities regarding sexuality and gender that must be faced on a day-to-day basis. These norms, and their impact on mental health for LGBTQ+ young people in the UK, have been highlighted in studies exploring school and education (Bower-Brown et al., 2023; Marzetti et al., 2022), family and home life (Marzetti et al., 2022; McDermott et al., 2021b), and navigations of healthcare (Carlile, 2020; Horton, 2022; Todd, 2022). Departure from recognisably (hetero)gendered visual and bodily 'cues' is positioned as 'disruptive' and appearance, comportment, and dress are actively policed and both directly and indirectly 'straightened' (Ahmed, 2006) along cisheteronormative lines. Trans and gender-diverse young people in the UK are subject to particularly intense normative scrutiny, hostility, and pathologisation (Horton, 2023), within a broader context of what Berlin and Brice (2022) describe as increasingly virulent 'cisnormative territorializations' (9) whereby norms about what bodies are, can be, and mean are violently imposed with destructive consequences for individual lives.

In our invocation of cisheteronormativity, we also understand this to be a system of power that interlocks with and is co-constitutive of racism, ableism, colonialism, and other structures of oppression (as emphasised by, for example, Collins & Bilge, 2020). This mutual co-constitution is reflected in evidence concerning those specific groups of young people positioned to experience the harms of such systems most acutely. This manifests in, for instance, greater obstruction and difficulty in navigations of gender-affirming care for young trans people of colour (Shook et al., 2022) and racialised profiling, exclusion, and surveillance within as well as outside of LGBTQ+ spaces (Rosenberg, 2017). Ableist framings of 'health', personhood, and agency reinforce constructions of disabled and neurodiverse LGBTQ+ young people's self-knowledge and embodiments as inherently unreliable, risky, or even impossible (Toft et al., 2020). These disparate vulnerabilities are reflected in the kinds of 'successful' LGBTQ+ adult lives that young people may be encouraged to look or labour towards. Duggan (2002) articulates homonormativity as upholding dominant heteronormativities while demobilising, privatising, and depoliticising LGBQ+ communities and cultures (179). McDermott and Roen (2016) highlight how such discourses of homonormative neoliberal subjecthood reinforce the idea that 'the struggles of youth will be superseded by a mature, proud, confident, autonomous state of 'out' adulthood' (94),

where achievement of this 'successful' LGBTQ+ adulthood is highly contingent on class, race, ability, and gender expression.

Age and life stage, alongside gender and sexuality, are significant here, as dominant biological and psychological frameworks construct childhood and adolescence as constituting 'natural' and universal developmental stages along a linear timeline of progression towards rational and self-regulating adulthood (Lesko, 2012). That these stages are fundamentally cisheteronormative in nature is reflected in the historical and ongoing problematisation of Lesbian, Gay, Bisexual, and Queer/Questioning (LGBQ) sexualities as 'arrested' development towards heterosexual adulthood (Lesko, 2012) and the related pathologisation of trans and gender-diverse youth embodiments as departures from constructions of sex development as a 'natural' and linear universal process (Garland & Travis, 2023). As a result, LGBTQ+ youth in distress 'fail' multiply in progress towards recognisable adulthood by 'desiring the wrong sex, being the wrong gender, being 'over-'emotional and needing help' (McDermott & Roen, 2016, p. 28). Positioned as subordinate to adult authority and oversight, they are constructed as 'confused' or as going through a 'phase' (Hall, 2021; Munro et al., 2019).

Cisheteronormativities are inseparable from LGBTQ+ youth agency and autonomy in the structuring of conditions for existence and emerging subjecthood; cisheteronorms 'do not just exist, they regulate, they coerce and they enforce' (McDermott & Roen, 2016, p. 29). In this article, we follow what Campbell et al. (2009) articulate as a feminist account, whereby agency is inextricable from embodiment, and therefore cannot be understood as separate from the wider socio-political forces through which bodies must move and which bodies transform and are transformed by. Following this conceptualisation, we understand bodily autonomy to encompass the many ways (insidious as well as overt) that young people's experiences of and decisions regarding their own bodies are invalidated and undermined.

Across many areas of life, LGBTQ+ young people are subject to profound mechanisms of cisheteronormative discipline and control concerning what a body can be and do and are diminished as subjects capable of making decisions about the body. While conversion practices may be understood to represent an explicit manifestation of this disciplining, cisheteronormativities exert themselves upon young people's bodies via 'the torquing, friction, discomfort, and disfiguration involved in resisting norms of gender binary straight whiteness, among other things, just by living' (Shotwell, 2021, p. 64). The demands and expectations imposed upon LGBTQ+ young people's embodiment may take the form of 'subtle' stigmatisation, such as 'weird looks', comments, and peer isolation (Marzetti et al., 2022), or may be more direct; LGBTQ+-phobic violence has been connected with perceived gender non-conformity, including visual, bodily, and behavioural cues (Toomey et al., 2012).

According to McDermott and Roen (2016), experiences of marginalisation in the form of erasure, discrimination, (micro)aggression, and victimisation reflect and (re)produce normative trajectories for subjectivity and personhood in which LGBTQ+ youth subjectivities are constructed as sites of failure and shame. Being rendered unintelligible in relation to cisheteronormative ideals (Riggs & Treharne, 2017) produces feelings of entrapment, containment, and hopelessness that have been linked to self-harm and suicidality (Marzetti et al., 2022; McDermott & Roen, 2016), as well as 'out-of-placeness', or 'embodied and emotional dislocatedness, unease, discomfort, and disturbance' (Todd, 2022, p. 772).

Considering cisheteronormativities in relation to bodily autonomy also highlights the question of what a body can do and where. Schools and homes are spaces where disciplinary power may be exercised by adults over a young person's dress, hairstyle, and other modes of bodily expression (Marzetti et al., 2022; McDermott et al., 2021b), while assertions of self-identity may be refuted or undermined (Hall, 2021). School facilities and

sports lessons are often inflexible in their responses to the needs of gender-diverse students (Bower-Brown et al., 2023), while the heterosexist norms and stereotypes embedded within physical education curricula (such as what are considered 'appropriately' feminine or masculine sports) contribute to the perpetuation of unsafe environments for LGBTQ+ young people (Drury et al., 2017). Analysis of a US-based survey including more than 12,000 gender-diverse young people found that almost half reported avoiding the use of public toilets, with many 'holding it' or avoiding food and drink while in public settings (DeChants et al., 2024).

As has been thrown into stark relief in widespread shifts curtailing trans and gender-diverse young people's access to gender-affirming care (Horton, 2024), bodily autonomy (in relation to institutional and state power and regulation) also concerns what decisions can be made about the body and the differential designation of people as subjects capable of making such decisions. Campaigns to equalise the age of consent to 16 (the same age as for heterosexual sex) for sexual minority young men in the UK were fought, in part, over whether such young men were to be considered 'citizens or children? [. . .] rational agents or confused victims?', underpinned by the notion that 'homosexual' acts inherently destabilise 'natural' heterosexual identities, implying that such acts cannot be understood as being freely chosen (Epstein et al., 2004, p. 102). For trans and gender-diverse young people, the body must be presented and narrativised in ways that are intelligible in order to secure safety or access to care across different settings (Shook et al., 2022). These pressures have been intensified by discourses of anxiety and panic regarding the bodies of trans and gender-diverse young people that are prominent in UK media (Jones & Slater, 2020), further eroding the weight given to young trans and gender-diverse people's own understandings of and decisions about their lives and bodies (Horton, 2022).

The data that form the basis of this article were collected as part of a large UK study that examined 'what works' in early intervention mental health support for LGBTQ+ young people. We examine here in detail the substance and significance of service efforts to resist and provide redress for the distress engendered by cisheteronormative environments that encroach upon and violate LGBTQ+ youth bodily autonomy.

2. Materials and Methods

The larger study on which this article reports used a theory-driven evaluation methodology (Yin, 2014) to understand how a service may work and explicate the underlying logic or theory of why it may work (Coryn et al., 2011). Twelve case studies were purposively selected (Patton, 1990) for inclusion (for further detail, see Pattinson et al., 2021). The LGBTQ+ voluntary sector accounted for seven of the case study sites. Three sites had an LGBTQ+-specific service provided within a mainstream voluntary sector or local authority service. One National Health Service (NHS) and one educational service were also included as case study sites. The majority of case study sites (n = 10) were based in England, with Scotland and Northern Ireland each accounting for one site.

Alongside documentary review and non-participant observation, interview data were produced with 93 participants: 45 LGBTQ+ young people; 42 service staff; and 6 parent/carers. The young people who took part ranged in age from 12 to 25, with the highest number (n = 23) aged 17–20. The highest number of participants identified as young men or boys (n = 18), followed by non-binary young people (n = 13), and young women or girls (n = 8). Six participants identified in other ways. A high proportion of the young people who took part self-identified as trans (n = 32). The sample was majority white (n = 34), with around a quarter of the sample (n = 11) self-defining as Black or as people of colour. A range of sexual orientations was represented in the sample, including asexual (n = 7), bisexual (n = 6), gay (n = 8), heterosexual (n = 2), lesbian (n = 2), pansexual (n = 4),

queer (n = 9), and questioning (n = 2). Twenty-one young people self-defined as disabled. Eighteen young participants reported having received free school meals.

Semi-structured qualitative interviews with service staff/volunteers and parents/carers were conducted via Zoom or Microsoft Teams, while text-only interviews were conducted via WhatsApp with LGBTQ+ young people. The rationale for employing different modes of interviewing included the difficulties of researching with a marginalised group, collecting data during the COVID-19 pandemic, and the sensitivity of the topic. Non-professional participants (young people and parents/carers) were offered £20 in gift vouchers as thanks for participation. Interviews aimed to generate in-depth, exploratory data from the perspectives of the participants (Braun & Clarke, 2013). For LGBTQ+ young people and parents/carers, the key areas covered in interviews were the following: barriers and facilitators to service access; how LGBTQ+ identities and experiences were integrated into service delivery and the values underpinning support; and what services did best to support mental health (McDermott et al., 2024). Staff interviews explored the additional domains of the values and principles upon which support for LGBTQ+ young people is based; and the challenges involved in providing such support. For text-only interviews with young people, individual-slide image files displaying each question were used for structure and clarity.

2.1. Ethics

Ethical approval for the study was granted by an NHS Research Ethics Committee. Participants gave informed consent by adding an electronic signature to a secure online form prior to interview, and consent was understood as an ongoing process after this, with researchers reminding participants about their right to withdraw throughout their involvement. Approval was granted for LGBTQ+ young people aged 12–15 to consent to take part without parent/carer consent being required, in recognition of the need to enable young people who may not be 'out' to parents/carers to take part safely (Riley, 2018). This approval recognised the potential for the requirement of parent/carer consent to expose young people to harm such as rejection, homelessness, or abuse (McDermott et al., 2016) and the fact that LGBTQ+ young people may be less likely to participate in research if parental consent is required (Macapagal et al., 2017). Participant information was designed to be accessible and 'young person friendly', with visual and audio-described information produced alongside written text. Prior to interview via WhatsApp, young participants were provided with a link to a recorded participant information video explaining the study and how their identity and privacy would be protected. Following interviews, data were exported to the university's secure data storage and, following pseudonymisation, any original recordings were destroyed. Where direct quotes from the data are included in this article, participant pseudonyms are used. For WhatsApp interviews with LGBTQ+ young people, the research team worked closely with case study services to ensure robust safeguarding and care practices, including arrangement of post-interview check-ins from service staff.

2.2. Analysis

Extensive case study data, comprising transcripts, non-participant observation, and evidence from document review, were imported to Atlas.ti for analysis. Case study evaluation is a theory-driven evaluation methodology and therefore we drew on Yin's (2014, 2018) explanation-building (EB) data analysis strategy. EB is designed for multi-site case studies, and aims, through iterative stages, to build an overarching explanatory framework that fits each individual case. Four stages of analysis were conducted collaboratively by the research team, beginning with a deductive within-case phase informed by a theoretical non-pathologising model developed at an earlier stage of the study (McDermott et al., 2021a).

Alongside deductive coding for each case, a within-case thematic reading focused on the extent to which the components of the preliminary model applied to the case study site in question and what (if anything) was missing.

In the second stage of analysis, recorded revisions for each site were used in cross-case analysis with the aim of revising and refining the preliminary model. During this stage, an inductive coding frame was developed. Inductive within-case coding was then conducted for the third stage of analysis, with thematic analysis undertaken of coded data. Drawing on model revision notes made as part of this stage, the fourth and final stage of analysis comprised cross-case analysis to produce a final 'what works' model of thirteen theoretical principles (for the full model, see McDermott et al., 2024), ensuring that this model fit each individual case study site. The principle 'Body' was developed through inductive analysis of the data in stages 2 and 3, and the related inductive code was defined as follows: 'Data related to the importance and implications of the body in relation to mental health, including service support for LGBTQ+ young people around embodiment e.g., space to explore/express; resources, including transition support; access to physical activity, sport, movement'.

The analysis presented in this paper draws on and extends the thematic analysis conducted in stage 3 of 'Body' coded data in order to highlight three interconnected domains pertinent to bodily autonomy: the ability to 'be', and to name and define the body; embodied possibility and the body's ability to 'do'; and 'decide', i.e., the ability to make informed decisions about one's body, life, and future. We outline these in detail in the subsequent three sections. As is reflected in the findings detailed below, the 'Body' data comprised the perspectives primarily of LGBTQ+ young people and service staff; this reflects both the smaller sample of parents and carers interviewed and the marginality of the body in those interviews.

3. Results

3.1. The Ability to 'Be': LGBTQ+-Focused Spaces of Self-Determination

At the most basic level, upholding young people's rights to autonomy over the naming and meaning of their own bodies was paramount to effective mental health support across case study services. This was reflected in the frequency with which young people referenced the importance of feeling able to 'be' (as in 'being myself'). Entering into and spending time in such spaces was described as 'welcoming', 'accepting', non-judgemental, and 'respectful'. In terms of a felt sense of such environments, young people described feeling 'comfortable', 'relaxed', 'safe', 'less lonely', 'free', and 'normal'. Feeling comfortable and safe was identified as a particularly strong theme, indicating the centrality of these feelings to what LGBTQ+ young people understood to constitute positive experiences of mental health support.

> *It's comforting to know you won't be judged. You can express your sexuality and not have fear of being ridiculed [. . .] It also is massively positive mental health wise just to be in a respectful environment and with people who don't judge you (Art, 17 years old)*

Access to these spaces validated autonomous selfhood and offered a form of respite and relief from experiences of the body or self-expression being responded to with scrutiny or hostility (being 'flinched at', for example, or ridiculed), pressures to present in normative ways, or having to 'hide' or 'cut out' aspects of self or identity. While respite from hostility was a key theme across the data, young people also experienced forms of othering whereby their identities were treated as a novelty or spectacle, such as that described by Mo (19 years old): 'if I tell straight people I have a boyfriend, it's like 'omggg!! Cute!! Gay couple!' Whereas it felt quite normal here'.

Across the case study services, the provision of space and resources enabling LGBTQ+ young people to 'test out' or explore ways of expressing themselves was invaluable. Crucially, young people highlighted the significance of being 'believed', respected, and supported in their understanding of their own identities and bodies (including where these understandings were evolving and unfixed) as a *prerequisite* to being able to benefit from mental health support. The ability to express the self through embodiment, and to access spaces in which it was possible to explore expression and presentation, was crucial to LGBTQ+ young people being able to safely access and benefit from mental health support, as articulated by Rae (21 years old):

> *Just being able to talk freely [. . .] To talk without being judged and it being a safe place, has provided me a comfort in which I can share things I don't bother sharing with anyone else. It gives me a sense of normality, where I am perfectly 'normal' (whatever normal means) and that I can talk knowing full well I will not be mistreated or portrayed.*

For some young people, being able to access a physical space was important, both in terms of a tangible connection to being able to see LGBTQ+ people like them 'living their lives' but also in providing a tangible boundary and sense of respite from wider cisheteronormative environments. Provision for the body's ability to comfortably be in such physical spaces covered important structural aspects such as accessible and gender-neutral toilets. While in-person space offered specific benefits for some, for others, a felt sense of safety, relaxation, and connectedness was possible in online as well as in-person contexts, and for some, online access had distinct embodied advantages in terms of their sensory surroundings; volume could be turned down on a call, for example, or lights dimmed, in ways that may not be possible in person.

The ability to experience services as spaces in which it was possible to 'be' was not evenly distributed across the young people interviewed. Young LGBTQ+ people of colour sought out and benefited from the provision of groups and spaces specifically provided by and for LGBTQ+ people of colour; one young person described having seen 'other young people of colour come and go' (Jamie, 21 years old) due to organisational whiteness. Nor was entry into such spaces uncomplicated; while young people described being drawn to LGBTQ+-centred spaces, entering them (particularly in person) could also be overwhelming at first. For some young trans and gender-diverse people, meeting others 'like them' was affirming and vital while also involving painful elements in terms of seeing people 'further along' in their self-understanding, in coming out, or in transition. Leaving spaces in which it had felt possible to be could also be painful, as has been found in other studies (Todd, 2022).

> *Leaving was difficult though, going from a safe and supportive space right back into an unchanged world (Blue, 22 years old)*

3.2. What a Body Can 'Do': Supporting Bodily Autonomy Through Possiblity

Our findings indicate the salience of what *becomes possible* when services are grounded in a meaningful understanding of the impacts of cisheteronormative environments on embodied mental health and wellbeing, and approach support accordingly. Placing protective, if temporary, distance between young people and the pressures arising from cisheteronormative perceptions and expectations was described by practitioners as fostering conditions in which a range of possibilities could be explored. As illustrated in our findings around self-presentation and expression, creating closed affirming spaces allowed young people to engage with new and different ways of seeing and experiencing as embodied selves. In a future-oriented sense, being in an environment in which gender and sexual identities were not scrutinised or undermined, and in which young people could see and interact with others, was connected with the ability to imagine futures for the embodied self and to feel hopeful about such futures.

> *You might not have been able to view yourself in the working world or had any aspirations but when you see that people similar to you are helping people you feel like you could maybe do that too? Then that encourages you to actually care for yourself first! (Ben, 19 years old)*

Where support staff were able to build a trusted connection with young people grounded in respect for their autonomy and self-knowledge, this provided a foundation for specific intervention and support around sleep, nutrition, and/or the bodily impacts of poverty. As articulated by Ben in the excerpt above, the desire and belief in the need to 'actually care for yourself first' is crucial, and this was a sense that, for Ben, became possible through engagement with a specifically LGBTQ+-focused service. Service staff member Joey reflected on the significance of trust in connecting LGBTQ+ young people with primary care services (GP) that they might find inaccessible:

> *[. . .] we realised we were like, well actually a lot of our trans young people barriers, you know, is this, it's GP. And we know this GP and she's sound and she's got a lot of experience working with young people. So that broke down those barriers and the young people trust us, you know, when we say that to them.*

Case study services also sought to expand possibilities for young people around ways of moving and attending to the body that were not a response to cisheteronormative scrutiny or oriented towards trying to meet cisheteronormative bodily expectations to be safe or accepted. These efforts included arranging and overseeing closed sports or activity sessions for LGBTQ+ young people, with service staff emphasising young people's comfort, enjoyment, and choice. Residentials such as camping trips were identified as particularly significant spaces for young trans and gender-diverse people to be able to inhabit their bodies more freely and with space away from normative or hostile stereotypes about trans people. Staff member Maya described this as the ability to 'breathe'.

> *The way that when young people are in those spaces. . . You know, we're there for a few days and by the end we can almost forget those pressures that we feel [. . .] I really do connect with the idea of being able to breathe in and breathe out in those spaces.*

While leaving these spaces could be distressing, as noted in the previous section, our findings also indicate that improved self-esteem and confidence produced within a service could be 'carried' into other areas of a young person's life. The conditions fostered through residential trips were associated by LGBTQ+ young people with building self-esteem and confidence to try activities and move differently through public space and the 'outside world', in ways that were underpinned by the (albeit temporary) alleviation of cisheteronormative pressures around the management, presentation, and explanation of the body.

> *Wore some dresses I don't think I had yet worn all over, in the middle of nowhere which was really freeing. [. . .] Increased my confidence even more to wear them and buy more stuff in the outside world. Think I probably did archery in one of them. Felt empowering. (Mel, 24 years old)*

3.3. My Body, My Choices: Supporting Young People in Making Informed Decisions About Their Bodies and Lives

Our findings indicate that the undermining of autonomous and informed decisions in relation to the body not only detracts from the potential benefits of mental health support for LGBTQ+ young people, but actively contributes to distress. This was particularly prominent in the data for trans and gender-diverse young people. Knowledge, understanding, and affirmation were identified by service staff and volunteers as crucial foundations for addressing bodily autonomy and mental health. In relation to aspects of presentation and

appearance such as chest binding or 'packing', for instance, staff emphasised the importance of young people knowing that those providing support were knowledgeable about these topics, and that they would not be responded to with panic, judgement, or pressure to explain themselves.

For trans and gender-diverse young people, bodily autonomy is particularly fraught in a contemporary UK context, and the impact of accessing and navigating gender-affirming care and transition loomed especially large in the data. Supporting access to knowledgeable and non-judgemental advice and advocacy in the navigation of services (which were often experienced as profoundly disempowering) helped to address feelings of desperation and hopelessness for young people.

> *I hadn't any way of getting support that could result in me being able to get or at least talk about getting hormones and other transition related help. [. . .] [going to the service] allowed me to talk about the issues I was facing with someone who was very educated on the topic and allowed me to feel like I had some kind of power over my life, which was something I hadn't felt for quite a while. (Jess, 18 years old)*

The provision of resources and education regarding transition was identified by service staff as vital in addressing the ways in which explorations of gender diversity or transition (specifically the many conditions and pressures placed on these explorations) may be impacting upon mental health or distress for young people. Feelings of not being 'enough' represented one aspect of the pressures experienced by trans and gender-diverse young people, particularly in relation to their bodies. Access to trustworthy, non-judgemental, and affirming information, resources, and support was associated by young people with the alleviation of anxiety and fear about themselves and their bodies, the alleviation of normative gendered pressures, a greater sense of possibility in terms of what transness could be and mean for them, and empowerment and a sense of control in their lives.

> *They're very accepting of all identities so you don't have to be a stereotypically masculine trans man or a stereotypically feminine trans woman, you can be whoever you are without any judgement. (Val, 19 years old)*

The stressors associated with young people's efforts to navigate gender-affirming care pathways included coping with delayed or deferred embodied selves, with young people facing lengthy waiting lists to access treatment. Staff also described the challenges they faced with regard to addressing misconceptions and fears around transition among parents and carers that had been exacerbated by a hostile media landscape. In the context of wider landscapes in which young people's decisions about their bodies tend to be framed reductively in binaristic terms of either 'persistence' or 'desistance' of a trans identity, service staff described focusing on upholding young people's own understandings and choices by affirming all decisions made in regard to transition, including decisions to access or try to access gender-affirming care as well as decisions not to do so. Fostering environments in which young people did not feel as though their words or feelings would be used against them was crucial in this regard. Services sought to validate young people's distress and advocate with and on behalf of them where possible.

4. Discussion

The findings presented in this article provide an entry point into understanding 'what works' to address the embodied impacts of cisheteronormative environments and climates, particularly pertaining to agency and bodily autonomy, on LGBTQ+ young people's mental health. At their best, case study services were engaged in contingent and precarious efforts towards what LeMaster (2017) describes as 'queer worldmaking', through seeking to provide spaces of respite from cisheteronormative climates and engendering (even if

temporary and partial) 'open normativities' (Shotwell, 2012) within which young people could be affirmed in their understandings of their own identities and bodies in ways that did not come with an expectation of fixity. In these spaces, engagement with the body's needs, capacities, and enjoyments was made possible, and autonomous decision-making was actively supported and resourced (to the extent possible within wider landscapes of provision). While the 'sharpness' of the contrast between such spaces and young people's wider worlds in our findings echo those identified by Todd (2022), we found similarly that, at their best, services could act as 'sites of resilience, resistance, and restoration' (783).

Effective integration of the body into mental health support for LGBTQ+ young people is attentive, in the first instance, to cisheteronormativity and the embodied aspects of key mental health indicators such as hope, belonging, and affirmation. In contrast, environments that scrutinise and interrogate young people's namings and understandings of their own bodies and selves elicit defensive and self-protective modes of engagement that erode the possibility of meaningful mental health support, undermine autonomous decision-making capacities, and often exacerbate distress as a result (Ashley, 2023). Provision of diverse LGBTQ+-centred spaces to safely host and celebrate queer(ed) bodies and expression represents a vital foundation for meaningful mental health support and intervention by enabling young people to feel they are able to comfortably *be* in the space where they are to be supported.

Our findings also indicate the vital importance of such spaces in opening up possibilities for what young people feel they can 'do' within and through their bodies, creating space to address health inequalities more broadly, including in areas that tend to be separated out into a discrete domain of 'physical health'. Our orientation in this regard refuses a corporeal therapeutics framing (Fullagar, 2017) that separates individual health indicators from their contexts and the systems and structures in which they are situated. Beginning instead with an emphasis on addressing the impacts of cisheteronormativity at the level of the body orients mental health support services towards an ongoing process of supporting what embodied wellbeing and bodily autonomy look like for each young person in non-oppressive ways. Questions of what bodies can 'do' and where have become ever more fraught in recent years, driven by hostile media and political rhetoric around trans people's participation in sports in the UK and elsewhere (Barrera et al., 2022; Connolly et al., 2025). At the time of writing in the UK, bans on trans participation have been rapidly introduced and implemented in the wake of the 16 April Supreme Court ruling on the definition of 'sex' for the purposes of the Equality Act 2010 across sports bodies from football (Kearns & Roan, 2025) to pool (Bancroft, 2025). With access to spaces, clubs, and facilities of various kinds set to be restricted under proposed guidance from the Equalities and Human Rights Commission (EHRC) in the UK (Grammaticas, 2025), efforts to create spaces of embodied possibility are more urgent than ever.

Our findings also support existing evidence regarding the importance of upholding LGBTQ+ young people's bodily autonomy via informed decision-making. While this domain covers important areas such as access to inclusive sex and relationships education and resources in order to support informed decision-making around sexuality and intimacy, bodily autonomy for trans and gender-diverse young people is particularly fraught at the time of writing (Horton, 2022, 2024). Our findings highlight the importance of knowledgeable service provision to support young people's informed decision-making, and how crucial an affirming approach is in making this possible. Service staff in our study were profoundly cognisant of the normative and pathologising pressures young people face when navigating healthcare (Shook et al., 2022) and the intense distress and fatigue that such pressures produce (Todd, 2022), and explicitly acknowledged these realities in their work with young people. Some of the examples of support in the data are no longer

possible in the same form at the time of writing, due to the precise specifications and delivery of forthcoming gender-affirming care pathways for young people in the UK being as yet unknown, and provision of care having been halted via an indefinite governmental ban on puberty-blocking medication. The need for services to advocate with and for young people in relation to their human rights to make informed, supported decisions about their own bodies and lives will continue to be of vital importance in a landscape of policy and provision that reinforces adult and state control in the lives of trans and gender-diverse young people (Horton, 2024).

The mutually constitutive nature of cisheteronormativity with racism, ableism, and other structures of oppression underscores the importance of specific and reflexive provision for LGBTQ+ young people experiencing multiple forms of marginalisation. The centring and privileging of whiteness in particular played out in our findings in differential access to spaces in which youth felt they could meaningfully *be*, and consequently the extent to which meaningful support was possible. Where focused spaces by and for LGBTQ+ youth of colour were available, this was a crucial factor in accessing the service for some of the young people interviewed, reflecting Davis' (2023) work exploring the critical importance of spaces and networks by and for LGBTQ+ people of colour in addressing 'the intersections of racism, queerphobia, and transphobia and marginalisation; questions of belonging; and the multiplicity of subjectivity' (4).

5. Limitations

The key limiting factors informing this study were compounded by the need to conduct the majority of data collection during periods of COVID-19 lockdown in the UK from March 2020 onwards. Our findings speak primarily to the specific structure and delivery of early intervention mental health support in a UK context, though across the nations of the UK we were unable to recruit a suitable site in Wales. Scotland and Northern Ireland each account for one case study site; a second site in Scotland had to withdraw due to the increased need for support during periods of lockdown. Additional activities were undertaken to verify the findings via further consultation with LGBTQ+ young people and interviews conducted with key informants based in Wales and Scotland. Nevertheless, the transferability of our findings across the four UK nations is limited, particularly in a context of devolution that is asymmetrical and southern English-centric across multiple domains (Jeffery, 2007) and characterised by substantial divergence in terms of healthcare structure, delivery, and policy between nations (Greer, 2016; MacKinnon, 2015). Political divergence has also increased within and between UK nations since 2010 (Alcock, 2012), exacerbated by ongoing tensions and uncertainties in the wake of Brexit (Keating, 2022). These factors come to bear both upon the ways in which LGBTQ+ identities and experiences are shaped by place, history, and political context, and what is possible in the delivery and substance of early intervention mental health support. Care should be exercised in drawing upon and developing further the findings presented here to ensure sensitivity to context across Scotland, Wales, and Northern Ireland.

The need to move data collection online due to COVID-19 restrictions may also have limited our findings by making participation difficult or impossible for those without the technical means or without sufficiently private space from which to take part. Our findings are also limited by, and highlight, a lack of service provision specific to LGBTQ+ young people of colour. While there were examples of tailored work addressing the intersecting mental health impacts of cisheteronormativity, racism, and white supremacy, these efforts were limited (in terms of both resource and development) and nascent across the sites included in the study. Our findings in this regard reflect Jones' (2016, 2025) research highlighting prevailing constructions of LGBTQ+ subjectivities as white in LGBTQ+ youth

group contexts in the UK. This limitation in our work indicates the need for further research addressing mental health and effective support for LGBTQ+ young people of colour. As Jones (2025) argues, it also highlights the need for more thorough investigations of how whiteness shapes bodily autonomy and mental health for LGBTQ+ young people who are racialised as white.

An additional limitation relevant to consideration of the body is that the need to move data collection online meant that fieldwork could not include observations of embodiment such as the movement and comportment of the body in spaces such as service settings. The methods originally planned, using a board game data collection instrument co-designed with LGBTQ+ young people, more directly aligned with the kinds of creative and participatory embodied methodologies advocated for by Fox (2015). As a result of the need to change approach in response to COVID-19 shutdown, the analysis presented here draws primarily on the words young people used to describe their experiences. Understanding of the significance of bodily autonomy and cisheteronormativities in relation to mental health support for LGBTQ+ young people would be deepened by further exploration of the non-verbal and embodied means by which some of the findings presented here manifest. Todd's (2022, 2024) use of creative and participatory methods to elicit visual maps of trans young people's experiences of 'out-of-placeness' is a powerful example.

6. Conclusions

In this article, we have presented findings from a larger study examining 'what works' in early intervention mental health support for LGBTQ+ young people to contend that questions of bodily autonomy, as shaped within and through cisheteronormative climates and environments, are of central importance. While we draw on our findings here to highlight aspects of work in LGBTQ+ services that supported young people's mental health, the circumstances under which service providers deliver this work are increasingly precarious and vulnerable. Since this study was conducted, there has been a sustained increase in trans-hostile media and political discourse in the UK, especially in England. Publication of the Cass Report in April 2024 has legitimised and further entrenched the pathologisation of gender diversity and the withholding of gender-affirming care for young people (Horton, 2024). The full implications of the UK Supreme Court ruling on trans women's exclusion from the category of 'woman' for the purposes of the Equality Act 2010 are yet to become clear, but could potentially entail total exclusion from gendered spaces, services, and groups (Walker, 2025).

The normalisation of trans-hostile discourse functions in concert with widespread far-right resurgences internationally (Gamberton, 2023) and has also created space for explicit hostilities directed towards wider LGBQ+ communities to gain mainstream traction (Corredor, 2019). These trends are inextricable from wider movements to restrict, control, and contain bodily autonomy across multiple groups and populations, from sexual and reproductive rights and healthcare (Santos & Geva, 2022) to migration (Colella, 2021; Indelicato & Magalhães Lopes, 2024). In short, the stakes inherent in questions of what a body can be or do and in what kinds of decisions can be made about the body (and who has the authority to make those decisions) are, at the time of writing, incredibly high. Within this landscape, it is highly likely that the kinds of embodied distress that arise from and are interrelated with the cisheteronormative erosion of bodily autonomy and self-expression for LGBTQ+ young people will increase.

These developments underscore the urgent importance of well-resourced spaces that centre LGBTQ+ young people, and also raise serious questions about the ongoing burden of care around embodied distress that will be addressed primarily by under-resourced third-sector organisations rather than mainstream mental health services (Pattinson et al., 2021).

Amid the battles being fought over their bodies and lives, in which their own voices are silenced, LGBTQ+ youth urgently require access to spaces in which they feel, even if temporarily, safer to inhabit their bodies if efforts to address prevailing mental health inequalities are to have any chance at success.

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Abbreviations

The following abbreviations are used in this manuscript:

EB	Explanation building
LGBQ+	Lesbian, Gay, Bisexual, and Queer/Questioning
LGBTQ+	Lesbian, Gay, Bisexual, Trans, and Queer/Questioning
NHS	National Health Service

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