

## **Healthwise: Young LGBT people**

Until recently, sexual health was generally understood to be an integral part of reproductive health, and was dealt with as such in health programmes. However, the emergence of the pandemic of human immunodeficiency virus (HIV) infection, increasing rates of sexually transmitted infections (STIs), and growing recognition of the public health importance of concerns such as gender-related violence and sexual dysfunction have highlighted the need to focus more explicitly on issues related to sexuality and their implications for health and well-being.

Sexual health is influenced by a complex web of factors ranging from sexual behaviour and attitudes and societal factors, to biological risk and genetic predisposition. It encompasses the problems of HIV and STIs/RTIs (sexually transmitted infections/road traffic accidents), unintended pregnancy and abortion, sexual dysfunction as well as infertility and cancer resulting from STIs. Sexual health can also be influenced by mental health, acute and chronic illnesses, and violence. Addressing sexual health at the individual, family, community or health system level requires integrated interventions by trained health providers and a functioning referral system. It also requires a legal, policy and regulatory environment where the sexual rights of all people are upheld.

Broadly defined sexual health is *“is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence”*. (WHO 2004)

It is important to distinguish between sexual health and sexuality. Although there are common threads running between the two, there are distinct differences. The World Health Organisation defines sexuality as *“a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviour, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are*

*always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors”.*

Regardless of sexual orientation each young person is entitled to have their sexual rights acknowledged and respected.

Sexual rights embrace human rights that are already recognised in national laws, international human rights documents and other consensus statements. They include the right of all persons, free of coercion, discrimination and violence, to:

- The highest attainable standard of sexual health, including access to sexual and reproductive health care services;
- Seek, receive and impart information related to sexuality;
- Sexuality education;
- Respect for bodily integrity;
- Choose their partner;
- Decide to be sexually active or not;
- Consensual sexual relations;
- Consensual marriage;
- Decide whether or not, and when, to have children; and
- Pursue a satisfying, safe and pleasurable sexual life.

*(WHO 2004)*

The responsible exercise of human rights requires that all persons respect the rights of others.

Sexuality and gender identity are integral aspects of everyone’s personal identity. Gender, sex (male or female) and sexual desires all influence our sense of identity, emotional needs, interpersonal relationships and awareness of our bodies. Realising same sex attraction or emerging gender identity issues is a process of self awareness and acceptance of personal identity rather than a choice to identify as lesbian, gay, bisexual or transgender (LGBT), cross gender norms or engage in same sex sexual behaviours.

Recent research, carried out by shOUT (2003) indicates that many LGBT people in Northern Ireland become aware of their sexuality or gender identity at an early age. The average age for women to realise they were LGBT was 13 years of age and 12 for men with the average age before they tell someone being for to five years later. This means for many LGBT people issues of sexuality and gender identity are not often addressed until later stages in their lives, when people are able to access supportive environments and have the ability to be more open and confident about their feelings.

Evidence has shown that LGBT young people engage in multiple risk taking behaviours, including risk taking in sexual activities, at higher rates and at an earlier age than their heterosexual counterparts. Such behaviours are considered to be influenced by and used to cope with the social pressures related to sexuality and gender identity such as denial, guilt, hiding or not disclosing LGBT issues, discrimination, social stigma and isolation.

The higher rates of STI infections may be influenced by the earlier age LGBT people are having sex, their sexual partners are in a higher risk group for STI's or that safe sex information for same sex attracted youth is more difficult to obtain. However, evidence also suggests that the rates of STI's may be influenced by the increased rates of drug and alcohol use by LGBT young people often linked to sexual risk taking behaviours.

Many LGBT young people have difficulty in accessing information on safe sex practices for same sex partners. A large proportion of young same sex attracted youth found sex education in schools useless or fairly useless due to the lack of information for same sex partners. This is compounded by the lack of information on safe sex practices for same sex partner's in general sexual health resources. LGBT young people are most commonly using the internet, LGBT friends, the LGBT community and LGBT media to access information on safe sexual practices.

In order to gain insight into sexual health and LGBT young people a focus group was conducted by Rainbow with a total of 15 young gay and bisexual males. The focus group covered a number of issues including:

- Connection to the gay community
- Knowledge of HIV & AID's
- Safer Sex Behaviour
- HIV Risk taking behaviour
- HIV Prevention Education

## **1. Connection to the gay community**

All of the participants stated they had some connection to the gay community and/or community organisations either through a social network, work or training connection. Many of the young people mentioned that their primary connection to the community was through social venues – namely bars and clubs within Belfast and L'Derry.

The main mediums in which LGBT people meet each other through was the internet and the use of gay websites, message boards with organisations such as GLYNI, attendance at groups such as GLYNI, Out and About and GEG (Girls Empowering Girls) as well as referrals through other organisations such as The Rainbow Project and Cara-Friend. Others included meeting people through their colleges or universities LGBT societies.

Many participants noted that it was often difficult to meet other young gay and bisexual people due to the lack of places (outside of bars) for youths to socialise.

In relation to coming out the majority of participants had negative experiences due to reactions from family members, friends and classmates. Many found they frequently became the target of homophobic pejoratives while in school. This was highlighted by Peter (18) who said;

“They always make anti-gay jokes and refer to things they find crap as gay. What makes things worse is that, not once was anything ever said by a teacher to stop them”.

“I had the same friends from P3 up until I told them I was gay in high school, then they didn’t want to know me all because I said I was gay. They didn’t understand and told me I was a liar cos I hadn’t told them in all that time. They didn’t understand. I didn’t know myself and when I was getting slabbered about by other people in my class, they (the teachers) just stood back and let it happen”. (James 19)

Other participants found coming out a more liberating and more positive experience.

“Telling them (my friends) actually boosted my confidence and gave me the balls to tell people in my class to shut up when they said anything. After a while people stopped saying things cos they knew my friends would be there to help me stand up them”. (Christopher 20)

“I have my straight friends who I grew up with, friends from school and all that but once I came out it was nice to meet other gay lads who kinda knew where I was coming from and then they introduced me to their friends and my social circle grew. I think it’s important to have a mix of friends both gay and straight although I think my life would seem almost empty if my gay friends didn’t exist. Having gay friends also helped my family be more accepting of my sexuality because they met other young gay people who were normal but just happened to have sex with other lads or girls”. (Darren 21)

Having a social network that included other lesbian, gay, bisexual or transgender individual’s helped increase the confidence of participants who felt it empowered them and helped them the young people be proud of their sexuality. It was agreed by most participants that having a sense of connection to the “gay community” was important although they did recognise that this wasn’t important for every young LGBT person. This is supported by Terry (21) who says “ For me, the gay scene and the gay community was a wonderful thing, it helped me meet new people, gave me opportunities to be involved but I understand that for some people, that isn’t appealing. It doesn’t mean that they have problems with their sexuality, it just means they don’t want to be involved in the gay scene. Whether

or not you choose to be part of your community, regardless of what community it is, is your own choice and it should be respected. Some people think that because your gay your life should be that, totally gay and you should be out in the gay bars every weekend, only have gay friends etc. For some people I'm sure that's the case.... I would say to any young person who is coming out and wants to be part of our community – be yourself, enjoy it and if you and want interests outside of the gay community that's great too. Go with whatever is comfortable for you”.

## **2. Knowledge of HIV/AIDS**

Sigma's research (2006) showed that gay and bisexual men are less likely to have a wider knowledge of HIV/AIDS compared to men living in the Republic of Ireland and this was further compounded by identifying that men less than twenty years of age were most in need, particularly in relation to knowledge and access to condoms and lubricant.

Most participants within the focus group felt they were aware of what put them at higher risk of contracting HIV, namely having unprotected sex. Most stated that they had received very little to none sex education in school and that what limited information that was given was heterosexist in its nature.

“Any time we mentioned sex in class it was always about reproductive health and what happens when a man has sex with a woman. No other type of sex was mentioned so I learned about gay sex through gay magazines and the Internet”.

(John 20)

Most participants shared this method of learning although it was mentioned more than once how this left them unprepared for “coming out on the gay scene and being sexually active with other guys”.

Most participants felt their knowledge of HIV/AIDS increased with their connection to the gay community because of a variety of factors including having literature and information available in bars, venues, youth groups etc, through

talks with their peers and other people from the gay community such as outreach workers in clubs, bars and sauna's.

However, this identifies a gap within the education system for young people who do identify as non-heterosexual in terms of being able to access information specific to their needs. Providing forums in which young LGBT people can talk in mainstream education would greatly benefit younger people when it comes to their being able to make informed positive sexual health choices before they being to engage in sexual activity. It would also serve to clear up any misinformation and dispel any myths young people may have around sex and sexual health. For example, one of the younger participants in the focus group was unaware that it is possible for the passive partner who is HIV negative to contract HIV from an active partner even if he pulls out before ejaculation or that even if a HIV positive person who has no viral detectable viral load can still pass on HIV to his partner if they have unprotected anal intercourse.

The group indicated the paucity of gay relevant images in their everyday lives and would like to see themselves reflected more in the media. The participants see homophobia and safer sex practices as inextricably linked because of the nature and content of materials used to promote safer sex. One young person stated

“It would be good to see images of normal everyday gay people in normal everyday situations such as holding hands, kissing etc. Its even more important to have images of gay men talking about sex in a healthy way, talking about sex, being together, what its like to be in a relationship so young people can gain some understanding of what its like to be a man who has sex with another man. I didn't have it and my only intro into sex as a man was through the Internet and regardless of whether you are gay, straight, bi, trans, that isn't the place to be learning anything. If I'd positive sexual role models I wouldn't have gotten into some of the situations I was in or made the same mistakes I don't think”

(Mark 23)

It was noted that the participants would have liked to have seen teachers in schools even acknowledge that students in their class may have different sexual preferences.

### **3. Safer Sex Behaviour**

The most recent Sigma All-Ireland Gay Men's Sex Survey 2003/2004 showed that young gay and bisexual men are the group most in need of knowledge surrounding HIV/AIDS and other sexually transmitted infections.

The group were asked what things influence safe sex behaviour. A large proportion of participants noted the need for targeted accurate information designed for young gay and bisexual men. Most of the participants felt they had a reasonable awareness of HIV/AIDS but were not prepared for the complexities of negotiating safer sex.

This difficulty to negotiate safer sex was compounded by Sigma's research which showed that 8.4% of respondents from Northern Ireland didn't find it easy to say no to sex they didn't want and 9.6% saying "the sex I have is not always as safe as I want it to be".

In terms of HIV testing, the Sigma research showed significant differences in terms of age with younger people being least likely to have been tested compared to older men.

"For me, it was easier just not to have anal sex, that way I didn't have to worry as much about catching HIV although I know a couple of my friends who were happy as long as they didn't cum in them but I waited until I was confident enough to say to my partner, here's a condom". (Karl 22)

"My boyfriend was older than me and said since I was a virgin and he was clean it was ok for us to have unprotected sex. I didn't think that was true but I thought if I didn't have sex with him, he'd dump me. I got gonorrhoea off of him cos he was cheating on me and I had to go to the GUM clinic. It was my first time, I didn't

think the GUM clinic was for young people because then I didn't think young people could catch STI's". (Alan 18)

The group concurred that age differences between sexual partners (and implicit power differences) can be a factor in practising safer sex. One participant stated "anyone I've ever had sex with has always been a lot older than me and didn't want to use condoms.... It's harder to tell someone older than you they have to use a condom". As well as this, many younger gay and bisexual men feel that the responsibility to negotiate safer sex rests with the other person, particularly if their partner is older than they are. For example, one participant stated "I think its up to the other person to make sure they bring condoms, since they are older, they should know better, they have had more sexual experiences".

One of the interesting things to note about this focus group was that the younger members of the focus group (17 – 22 years of age) is that unsafe sexual practices was influenced more by a feeling of invincibility whereas those from 22-25 years old seemed to engage in unsafe sex because of condom fatigue or sex "feeling more natural" unprotected.

Many of the participants thought that you could tell if someone had HIV just by looking at them because they looked "clean" i.e. HIV negative. They felt that because they were young they had some protection against sexually transmitted infections. One participant stated;

"If you meet an older man they are more likely to have HIV because they have had more sex than you". (Gavyn 17)

Some members, although realising this method isn't a great risk reduction strategy, did state it would enter their mind as a screening mechanism when meeting a new sexual partner. This was contested by other members of the group with one participant saying:

“Yeah they may look clean but you could meet a lad who is 19 and who has been having unprotected sex for years. He could have HIV or anything and you wouldn’t know just by looking at him. Not all STI’s show symptoms”. (Terry 21)

Being in a relationship was also believed to influence safer sex practices – that is to say most young gay and bisexual men were likely to stop using condoms once they became involved with someone exclusively. Many participants mentioned being put under pressure by their partners to discontinue with condoms, often trying to guilt them into unprotected sex by saying things like “if you loved/trusted me, you wouldn’t want to use a condom”.

Some participants felt better able to cope with this kind of pressure and it was generally felt it is important that organisations such as The Rainbow Project continue to make HIV prevention materials accessible to young people as well as provide information, distribute condoms and information where young people socialise and ensure HIV prevention messages are visible within the broader gay community.

Safer sex negotiation seemed to mean different things for different participants but a general consensus indicated the use of non-verbal cues or gestures such as bringing out a condom during sex. Terry (21) says:

“I always found it difficult to ask the other person to put a condom on so I used to just grab one out of my drawer and hand it to him.... Not having to actually say anything meant it took the pressure off me but still got my point across”.

This was supported by Sean (23) who said “Yeah, I’ve had experiences with younger lads where I’ve taken out the condom and you could almost see them breathe a sigh of relief.... I don’t think they had it in them to ask me to use one but I could tell by their faces... In a way that’s bad though cos if I pushed them, they probably would have had unprotected sex with me. I suppose though, most people don’t bring up condom use, it just happens”.

There seemed to be a fear of rejection with participants if they pushed the issue of condom use with the other person, particularly if they thought that the other person was “boyfriend material” or at the very least, more than a casual encounter. As one participant stated “you’re more likely to use a condom if it’s just a shag”. The general feeling of this group of participants highlighted two issues – either safe sex was negotiated (either verbally or non-verbally) or unsafe sex happened. Also, Sigma’s research highlighted that men in Northern Ireland were significantly less likely to go for a HIV test than men living in the Republic of Ireland.

#### **4. HIV Risk Taking Behaviour**

Most of participants in this focus group were able to recall a time that they, or their friends, had engaged in unprotected sex. Recent figures from the GU clinic and SIGMA show an increase in unprotected anal intercourse amongst gay and bisexual men across Northern Ireland which is continuing to rise. Over 1/3 of respondents in the SIGMA research aged less than 20 years were most likely to have had insertive and receptive unprotected anal sex compared to older men.

Research has shown that some young people, including young gay and bisexual men, can see taking risks as valuable. For some it feels like an important part of learning to make decisions for themselves (Wight et al. 1998). It is also the case that being too worried about risks associated with sex can also make them feel fatalistic about the outcomes of their behaviour (Van Der Velde and Van der Pilgt, 1991).

When asked what caused them to have unsafe sex there was a variety of answers such as:

“ It just gets harder if you’re drunk I think, you know what they say, when the drinks in, the wits out” (Andrew 20)

“Yeah I agree, it’s happened when I’m drunk as well, I just think to myself it’ll be alright and just do it” (Graham 17)

As mentioned earlier the establishment of a relationship can be a contributing factor to HIV risk taking behaviour, that is to say, that for some gay men not using condoms is bound up with trust and love. This is supported by Alan (18) who says “I didn’t use condoms with my last boyfriend because he said he didn’t have HIV and I trusted him. I wanted to see what it would be like not to use them and if I’m honest I preferred not using them but I know why I have to so I do”.

Other participants agree with this statement saying not using condoms when having sex “felt more natural” and “wasn’t as complicated”. This was supported by older members of the group who felt a sense of “condom fatigue” and who viewed sexual risk taking as, to some extent, a part of life. Mark (23) says “I’ve been having sex since I was nearly 17 and for the most part, have always used condoms. I can understand why people have unprotected sex though, sometimes you just get sick of using them and I think it’s unrealistic to expect a bloke to use a condom every time he has sex so its bound to happen”.

The group contributed sexual risk taking behaviour to being young in the gay scene and regarded the gay scene as youth focused or young-centric. One participant said “If your young on the gay scene, you can pretty much have whoever you want because everyone wants you. The down side to that is, I don’t think a lot of the young people on the gay scene are ready for that kind of attention or able to push their own opinions so younger people end up shagging bareback (referring to unprotected anal intercourse)”. This was supported by Graham (17) who said “Yeah, the gay scene is so sexually charged and sometimes it hard not to get caught up in it all”.

The group was asked what would help them make safer sex choices and some of the response included:

“Safer sex materials that are written for young people and by young people would be good showing how we interact with each other” (Alan 18)

“It would help if teachers acknowledged that there are other types of relationships than boy-girl relationships. I’m not say discuss gay sex to a class who is

predominantly straight but even if schools had information they could pass onto gay students it would be helpful” (James 19)

“Young people like to talk to young people so equipping young people with knowledge and information they can give to their peers in settings like youth clubs and schools is the way forward in helping young people make positive sex choices” (Terry 21)

There is a clear correlation here between young people not being able to access information targeted at them and unsafe practices. The young men in this focus group highlight the need for information to be provided in safe spaces in a variety of settings such as schools, youth clubs and other organisations as well as the need to engage with them as individuals and as a group. Due to the “sexualised” nature of the gay scene in general the participants agree that there is a need for groups to be developed, giving young people other areas to socialise in other than bars and clubs.

## **5. HIV Prevention Education**

Gay and bisexual men in Northern Ireland gain most of their information on sexual health from the internet, booklets, leaflets and postcards and articles in gay and HIV press.

Most participants agreed that safer sex promotional materials aimed at young people need to use young people as models in order to draw interest. They also felt that using popular mediums such as Bebo, My-space and message boards was a good way to share information with other young people. Peter (18) suggests “using fun and interactive methods to get points across” especially during large scale events such as PRIDE or World AIDS Day when there is a focus on the gay community as a whole.

HIV prevention programmes and activities for young gay and bisexual men should broadly include the following topics:

- Information about HIV is transmitted and why the risk for transmission increases with unprotected anal sex.
- Information on organisations such as Rainbow who provide free condoms and lubricant.
- A strong personal development focus in order to help them build self confidence, thereby allowing them to develop skills to negotiate safer sex, talk about relationships, talking about HIV and using condoms.
- Information on where to get tested and counselling services. This could be done by promoting existing services which offer testing or helping to develop new services for young gay and bisexual men.
- Specific targeted information for young gay and bisexual men in a variety of settings such as schools, youth clubs, community centres etc.

(The above are not exclusively for gay and bisexual men and could be applied to any HIV prevention programme aimed at young people who identify as non-heterosexual.)

All the participants agreed that a prime opportunity to learn is through workshops in existing groups such as the LADZ Group (The Rainbow Project), GLYNI or in the case of girls, GEG (Girls Empowering Girls) or Out and About.

Again the group expressed disappointment in having to seek support and information outside of traditional educational settings, the exception being some of the universities. Educational establishments can play a part in prevention of sexually transmitted infections and HIV. Schools and other educational establishments are generally not ideal places to carry out work specifically for LGBT people because it is likely that this is an area young people would like to be singled out and identified. There should be some acknowledgement that within nearly every group it is likely you will have at least one person who identifies as non-heterosexual and HIV prevention messages should acknowledge their needs and experiences. Teaching everyone, regardless of their sexual orientation, the experiences and particular risks LGBT people have could go some way to helping breaking down stigma and prejudice that some young people may hold. It will also

help heterosexual young people realise that HIV is a disease that affects everyone and not just LGBT people.

## **LESBIAN HEALTH**

The term “women who have sex with women” (WSW) describes the sexual behaviour while lesbian is a term that describes sexual identity. However, sexual identity does not necessarily predict sexual behaviour – most lesbians have a history of sexual intercourse with men. Women who have sex with women form a small but important group and have specific health needs. A lack of awareness may lead to ill informed advice and missed opportunities for prevention of illness.

Also in terms of physical and sexual health young lesbian and bisexual women are less likely to seek health care because of the discomfort of coming out to health care providers. Also lesbians are less likely to visit a doctor for routine gynecological services such as birth control and pre-natal care. Use of oral contraceptive pill, pregnancy, miscarriage and having children have been linked to protecting against ovarian cancer but these protective factors may be commonly absent in WSW. Therefore, lesbians are less likely to have cancers detected at earlier, more tangible, stages. In addition to this, lesbians are at higher risk of breast, cervical and ovarian cancers because they are less likely to have children by age 30, if at all.

Other specific risks for bisexual and lesbian women which they should be aware of include PID (Pelvic Inflammatory Disease), Trichomoniasis, Vaginitis and Candidiasis (Yeast infections). Lifestyle factors that put WSW at risk include obesity, low intake of fruit and vegetables. Most studies surrounding risk taking behaviour/lifestyle choices in WSW (across the age spectrum – not just young women specifically) show that lesbian and bisexual women drink above the national average of 6 – 8 units a week for women and also have higher levels of drug use, particularly marijuana.

The focus group in The Rainbow Project supported the above facts. When asked what specific health risks they knew of due to their sexual orientation, all agreed that gay and bisexual women smoked excessively, drank a large amount of alcohol and seemed to take drugs more. Megan (20) said “getting drunk on a weekend is so part of the culture and sometimes its hard not to get swept up in it, particularly if everyone in your group is doing it. I would have more restraint now but a couple of years ago I was lethal, getting blocked whenever I got the chance”.

Claire (21) say’s “I think in the female part of the gay community it is such a culture to smoke, drink and do whatever. That’s not to say that every single woman who gets involved in the gay community after they come out is going to do those things, I would argue the point that because the lesbian population is smaller than the gay male population that this is sometimes bigged up or more obvious. We are a minority within a minority after all”.

Deirdre (20) spoke about her lack of knowledge surrounding issues that affected her due to her sexual orientation; “ It isn’t something I talk about with my friends and I’m not sure they would even be able to answer any of my questions, I’m sure they are as clueless as I am. I don’t go to any of the girls groups and I’m sure that would be somewhere I could get information. The thing is, information for straight people is everywhere you look, my GP surgery doesn’t have any information on any of the stuff you mentioned, neither does my tech or anything. You don’t really see information for lesbians or anything in any bars or venues, our health is neglected. I know it’s up to me and other women in my community to do something about it but where do you start? It should be a collective interest and anyone involved in women’s health, regardless of capacity, should be pushing to have these issues known”.

None of the female participants in the group were aware of how HIV was transmitted. When told that HIV has been isolated from vaginal secretions, cervical biopsies and menstrual blood and although uncommon, reports of HIV infection amongst WSM exist. This highlighted the importance of safe sexual practices amongst young lesbian and bisexual women, particularly if they are unaware of their partner’s sexual history or if they or their partner has engaged in unprotected sex with men or are sharing toys etc. Some of the responses to this information are below;

“I just assumed when it was two women having sex that there was no risk of HIV but I suppose that makes sense”. (Anna 18)

“I thought I’d be at risk if I was bisexual and I never thought to question my partner but it’s good to be made aware of stuff like this”. (Megan 18)

“It just goes to show that my health is my responsibility and I need to make health conscious decisions and take care of my own health. It would be good to access a women’s group and get more information” (Claire 21)

There is much more work that needs to be done in terms of promoting the overall health for this particular group of women. This promotion can start in a variety of settings, youth clubs, schools, training centres, courses etc and starts with the recognition that not all women are in male-female relationships, followed by an awareness of the health needs of this group.

Raising the issue of homosexuality is a difficult one due to the political sensitivity and religious influence here in Northern Ireland. One of the main reasons for covering the topic of other sexual orientations in schools is that they may be LGBT or know someone in the future who is so having a knowledge and accurate information and an accepting attitude can help them reduce the risk of HIV.

Other reasons include:

- All young people have a right to accurate information about sex and sexuality. - Providing young people with information around sex, sexuality and relationships is important to allow young people to gain control over and get satisfaction from their sexual lives and relationships. Discussing different sexual orientations in an educational setting gives heterosexual young people and opportunity to prepare to live with, accept and understand other young people who are sexually different from themselves. It is unrealistic to expect to cover issues such as gender, sexual identity, HIV/AIDS, sexual feelings and relationships properly without dealing with sexual differences and orientation.

- Recognise that young people, regardless of their sexual orientation, are talking about homosexuality. - In order to help eliminate discrimination and misinformation young people have regarding sexuality it is important to bring in to the fore and recognise that young people talk about sex and relationships. However, these discussions may not be well informed and can lead to perpetuating negative attitudes and feelings towards young people who identify as non-heterosexual.
  
- Reducing sexual risks – Giving accurate information on sexually risky activities rather than focusing on groups which are at risk of HIV is a way of addressing issues, particularly in light of the common misconception with young people that (a) it won't happen to me and (b) HIV is a gay disease.

## Mental and Emotional Health of Young LGBT Young People

By analogy with the health of the body, one can speak metaphorically of a state of health of the mind, or mental health. According to WHO (World Health Organisation), there is no one official definition of mental health. Broadly speaking, however, mental health is defined as "*A state of emotional and psychological well-being in which an individual is able to use his or her cognitive and emotional capabilities, function in society, and meet the ordinary demands of everyday life.*"

Mental health is seen to be more than just the absence of mental illness. It is a positive sense of wellbeing whereby individuals recognise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing the competencies of individuals and communities and enabling them to achieve their self-determined goal.

One way to think about mental health is by looking at how effectively and successfully a person functions. Feeling capable and competent; being able to handle normal levels of stress, maintaining satisfying relationships, and leading an independent life; and being able to "bounce back," or recover from difficult situations, are all signs of mental health.

For all individuals, mental health and physical health are closely linked. As our understanding of this interdependent relationship between mental and physical health increases, it becomes more apparent that mental health is crucial to the overall wellbeing of individuals, societies and countries.

The link between mental health and physical health can be seen clearly in the increased health risk behaviours that are undertaken by young LGBT people including a higher prevalence of unprotected sex, smoking, alcohol consumption and drug use.

A loose definition of emotional health is "*the ability to express all emotions appropriately*". Emotional well-being is inextricably linked to mental health, each having a substantial impact on the other.

Many LGBT people face discrimination and experience a range of difficulties in their lives because of their sexual orientation and/or gender identity, which can contribute to mental health problems. Marginalisation and discrimination on ground of sexual orientation and/or gender identity often flows from a view that heterosexuality is the most, or even only, acceptable sexual orientation, or from ideas about proper gender roles and identities.

LGBT people encounter discrimination and marginalisation in many different forms, ranging from subtle discrimination, discrimination in law, to overt violence.

Discrimination can manifest itself, for example, as: hostility and/or rejection after 'coming out' to family members and friends; bullying and name calling at school; discrimination or harassment in the workplace; rejection by most mainstream religions; feeling socially invisible in a predominantly 'straight' world or being made invisible and silenced; danger of harassment and violence in public places (including hate speech and hate crime); harassment from neighbours; casual homophobic comments on an every day basis; prejudice and inappropriate response from health professionals; negative stereotyping (seeing homosexuality and gender variance as an illness or abnormality and negative image in the media.

Research on mental health of LGBT people demonstrates that these forms of prejudice and mistreatment, as well as the internalising of negative messages on homosexuality, can have a very adverse effect on mental health. The effects of discrimination can include: low self-esteem, drug and alcohol abuse to cope with negative experiences, self-harm, depression, anxiety, difficulty with intimacy, suicide (rates of suicide attempts continue to be very high among young lesbians and gay men), post-traumatic stress disorder from long term effects of bullying.

In addition, some people find it difficult to come to terms with their sexuality or are confused about their sexual identity. Some may be forced or may choose not to disclose their sexuality or true gender identity either at all or only under certain circumstances, and may thus suffer the stresses and psychological damage of such a "split" existence. A number of research have demonstrated that the constant pressure of dealing with various forms of discrimination and homophobia (as well as biphobia

and transphobia) makes a number of health problems, including depression, relatively common in the gay and lesbian community.)

The concept of “minority stress” has been developed to highlight the role of internalized homophobia, self-concealment and emotional inhibition in developing mental health problems, including suicidal thoughts and attempts. Minority stress for “gay”, “lesbian” or “bisexual” (LGB) individuals refers to a chronic psychological strain that results from stigma and expectations of rejection and discrimination, decisions about disclosure of sexual identity, and the internalization of homophobia that LGB people face in a heterosexist society (Meyer 2003).

Chronic stress in the form of minority stress has been identified as a contributing factor to mental and physical health challenges and problems. Chronic stress takes the form of elevated rates of anxiety, depression, substance abuse and eating disorders. LGB people are at risk for these and other risk behaviors and negative health outcomes (Meyer 2003). Other research has showed that experiences with discrimination, especially experiences with hate speech and hate crime, also contribute to long-term stress and negative health.

As noted in the Green Paper mental health is strongly determined during the early years of life. For young LGBT people, the exclusion and marginalisation they experience – at a time of their life when they are defining their identity and building their self-esteem – can have a serious impact of their well-being.

Furthermore, as detailed in a report by ILGA-Europe on social exclusion of LGBT youth mental health problems that flow from discrimination have a negative influence on the ability of young LGBT people to successfully complete their studies and thus to manage the transition from school to work.

Studies focusing on the mental health of LGBT youth showed that, like adults, young LGBT people are subject to chronic and acute stress because of their stigmatised social position, and consequently are at risk of substance abuse, eating disorders, homelessness, depression, and suicide.

Transgender individuals have also been found to have high rates of suicidal ideation.

Research found that transgender men and women were more likely to have suicidal thoughts and make suicide attempts than non-transgender heterosexual women and both non-transgender heterosexual and gay men. These findings held true for all transgender participants regardless of their sexual orientation.

The most recent and comprehensive piece of research surrounding same sex attracted males is that of The Rainbow Project/McNamee (2006) who found that:

- Almost one third of the respondents sampled had a potential psychiatric disorder and over one third had been diagnosed with a mental illness at some time in their lives.
- Of those who received professional help, almost two thirds said it was due to their sexual attraction.
- The most significant factor in the mental illness was not having someone to talk to.
- Over one quarter of respondents had tried to take their own life and two thirds had contemplated ending their life due to their same sex attraction.
- Nearly thirty per cent of the respondents had self harmed with two thirds relating it to their same sex attraction.
- Homonegative experiences in school had a crucial impact on suicide and self harm with bullying in school being a key factor in predicting whether the respondent had attempted suicide. Also, homophobia in school was a key factor in respondents considering suicide.
- Other key factors in contemplating and attempting suicide included homophobia from neighbours, other tenants and work colleagues.
- There is a strong link between those who showed signs of a mental health difficulty having low self esteem, considered suicide and have high levels of internalised homophobia.
- Another common topic which came up with respondents were negative attitudes from family members due to their non-heterosexual orientations.
- A large proportion of those sampled became aware of their sexual orientation whilst still at school with nearly two thirds experiencing difficulty in school due to their sexual orientation.

- Two thirds of respondents felt they would like to see more training in schools and more support services available for young people who do not identify as heterosexual.

Also, research by shOUT (2003) into the needs of young people who identify as lesbian, gay, bisexual and or transgender found that in a sample of 362 young people;

- 63% felt they could not tell their parents when they first came out
- 86% were aware of their sexual orientation when at school
- 29% of those involved in the research had attempted suicide
- 44% of respondents were bullied at school because of their sexuality
- 50% of people who identified as transgender had self harmed
- Young LGBT people are five times more likely to be medicated for depression

In order to gain insight into young LGB people and mental/emotional health a small focus group was conducted in The Rainbow Project with six young people aged from between 16 –20 years. The focus group identified a number of issues that support previous findings within other research and also give an indication of areas for possible development to address the needs of this particular target group.

When asked what does emotional and mental health mean to them as young LGB people most participants thought negatively and associated mental health with *mental ill-health*, particularly in relation to sexual orientation. For example, Chris (18) stated that “emotional health means your depressed, well I always think of people being emotional in a bad way cos when people are emotional their crying”.

This was supported by Cassandra (19) who said “when I think of mental health I think of suicide, depression, mostly because that’s when its brought to the fore, its very rare that you here of people being mentally healthy but you always here of people being mentally unwell... particularly if your gay. The link between being gay or bisexual and your mental health is strong I think and can definitely be positive or negative... if your happy with your sexuality and have support your mental health is probably gona be fine but lots of people don’t have that so I think that’s why a lot of people in the gay community have such low self esteem... of course then, they get everything that goes with that”.

When asked to elaborate on what that meant, the participant referred to excessive alcohol consumption, drug use and for some people, unprotected sex. This was supported by Sean (19) who said, “For me, when I’m happy I want more sex and want to enjoy myself more. If I’m unhappy I’ve a lower sex drive and I take more risks i.e. drink more”.

This was supported by Chris (18) who said “I couldn’t handle the fact I was gay so I tried to block it out by drinking, I think that happens a lot, particularly with people who aren’t coping well”.

Research has shown that young LGBT people often use self-medication as a method of coping with difficulties surrounding their sexuality and within this group, this was evident. Megan (19) says “ I know friends of mine who had no-one to talk to about what was going on for them so they smoked loads of blow or just got blocked every night they could. They couldn’t talk about it but then no-one else would talk about it, so what else could they do”.

The group felt that as a community we need to address the stigma associated with mental health problems and also promote emotional and mental wellbeing of LGBT youth. Sean highlights the need for “people to talk about it” and to recognise that this (referring to mental health) is a strong issue that affects many other facets of a person’s life. He goes on to say “I know people who have no other way of coping with a difficult time, be that sexuality related or just because something like homophobic insults or attacks, other than going and acting a complete slut and having sex with the first person who shows them interest, all because they want positive attention... this obviously puts them at risk for things like sexually transmitted infections and stuff”.

The group made reference to physical illness as a result of their own negative feelings surrounding their sexuality such as stress related illnesses brought on by their own internalised homophobia and stress brought on by how they were being treated by people in other areas of their lives such as school, work and in some cases, home.

In terms of homophobic experiences in school, the severity of the experiences differed within the group ranging from “accepting it but still constantly taking the piss” to “being physically and mentally attacked” because of their sexual orientation. One member experienced overt homophobia from a relation in his family due to her having two gay children of her own but for the most part, those involved in this focus group experienced homophobia in an educational setting. Megan stated, “When I came out in school, it got spread around the school and because of that I started to get bullied... After a while I just couldn’t take it anymore and hit and kicked out... Then I got suspended... All they (the principal and teachers) saw was me being violent, not me hitting back at the people who were making my life hell”.

Megan went on to say how she felt that “teachers in schools completely ignore the gay kids sexuality cos they don’t seem to know how to deal with it”. The group was in agreement and queried how “teachers make us feel invisible, invisibility means your not acknowledged and if your existence is being acknowledged, how are you supposed to feel good about yourself”. The group thought simple ways to help young people who identify as other than heterosexual would to acknowledge their existence, not to single them out in class and make an issue of their sexuality but to “have posters with young gay people in schools or talk about it in RSE etc”.

## Transgender (Trans) Health

Trans is an abbreviation for transgender. Trans people have a way of expressing themselves, a way of describing their gender, or an identity (knowing who you are) that doesn't fit into societies rules about men and women. Trans can cover a range of identities including:

- People who identify as having more than one gender
- People who identify as gender neutral
- People who don't identify with any gender labels
- People whose gender identity doesn't match their body (e.g. someone with a male body who identifies as a girl).
- People who have changed their bodies to better match their gender identity (e.g. someone born female who uses hormones/surgery to make their body look more masculine).
- Men who like to wear clothes women's clothes, and women who like to wear men's clothes.
- Anyone else who feels the word trans fits for them.

Being trans is a normal part of human diversity and trans people have always existed. There are trans people and in myths, legends and oral and written histories. In some cultures and times, trans people were seen as sacred and special while in others, trans people have been hated or feared. Being trans is so considered normal and in other's, it is no big deal.

No matter how you express, identify, or describe your gender, whether you are trans is entirely up to you. If you feel a sense of kinship with the trans community or feel that you are trans, you have the right to identify this way. If you don't feel the word "trans" fits for you, that is fine too.

Some trans people say they always knew. For other people it's more of a gradual process, having feelings that come and go over time or that get increasingly strong as they get older. Some people suddenly realise they are trans when they meet another trans person, see a trans person on TV,

or read about trans issues. Lots of trans people describe it as just being themselves and not knowing there was a word for it.

Trans people describe starting to question their gender or thinking they might be trans because they:

- had an internal sense of being a gender that was different than the one they were raised as, a mix of genders, gender-neutral, or genderless
- felt a sense of sameness, closeness, or belonging when meeting a trans person, seeing a trans person on TV, or reading about a trans person
- felt affinity for a trans role from their cultural community
- felt uncomfortable living as a girl/woman or boy/man, being referred to as male/female, or doing gender-specific things (e.g., using the women's washroom)
- liked wearing clothes of the "other" gender
- disliked body parts that are often associated with gender (e.g., breasts, vagina, facial hair, penis), or dreamed/fantasised about their body being that of the "other" sex

Some people are confused about whether or not they are trans because they have been told by others that they look either extremely masculine or feminine. Being trans isn't about whether other people think you look or act masculine or feminine – being trans is about how you feel about yourself. Some masculine women and feminine men identify as trans, and some don't.

Being trans is about your gender (how you feel about and express yourself as a man, woman, bi-gender person, androgynous person, etc.). Being lesbian/gay/bisexual is about who you are sexually attracted to. Some trans people identify as heterosexual, while others identify as lesbian, gay, or bisexual. People who feel that the categories of straight, lesbian/gay, and bisexual are too limiting may describe their sexuality in other ways.

Some people get sexually turned on by wearing clothing of the "opposite" sex. For some people the sexual charge is about how the clothes feel; other people get off on the taboo of wearing "opposite" clothes; for others dressing up is part of a sexual fantasy.

Crossdressing for sex is a normal, healthy part of human sexuality, and is quite common. In a survey of 2500 randomly chosen people in Sweden, nearly 3% of men and 1% of women surveyed said they had crossdressed for sexual pleasure at least once in their lives. Some people just do it once as part of experimenting about sex; others do it some of the time or every time they have sex.

Sexual pleasure is not the only reason people crossdress. Some people don't get turned on by crossdressing, they do it because they like how the clothes fit or feel, want to express their feminine/masculine side, to make a political statement, are taking part in a cultural or religious festival, or for other reasons. Crossdressers can be any sexual orientation. Some identify as heterosexual, gay, lesbian, or bisexual; some feel those terms are too limited and describe their sexuality in other ways.

It can be difficult to tell someone who you're interested in that you crossdress. There's a risk of being laughed at or made fun of, rejected, having your secret told to other people, or even a violent attack. There is no one right way to handle this situation. Some crossdressers decide not to tell their partners at all, and only crossdress when they are alone (e.g., when masturbating). Others ask early on because they are not interested in being with a partner who is not OK with crossdressing. Some people wait until the relationship gets serious and there is a sense of trust.

Some non-trans people feel confused, upset, or threatened by the existence of trans people because transgenderism challenges societal rules and beliefs about gender, or because they assume trans people are gay/lesbian (i.e., they are homophobic). Trans people can internalise these. For other people there is physical dysphoria – feeling that you are in the wrong body because your body doesn't match how you feel inside (e.g., being uncomfortable with having breasts and getting your period because you feel like a boy and want to have a boy's body).

There are a range of ways people deal with having gender dysphoria. For some people it's mild and not a big deal. For other people the discomfort is so intense that changing gender role/appearance or the body is the only option. Talking to someone about this feeling can help work through any problems a young trans person might be feeling.

Having doubts and questions is a normal part of figuring out who you are and how you want to express yourself, particularly if you are a younger trans person.. It's important that trans people feel okay with taking as much time as they need to explore options, without any pressure to identify or live in any particular way. The only "right answer" for what you need and who you are comes from what feels right within yourself and encouraging if you are working with young trans people, encourage them to express and verbalise what feels right for them.. Everyone's path is different in coming to that "right answer."

Options include:

- finding out more about transgenderism: internet, books, movies, trans community
- being part of a trans peer support group
- talking with a trans-friendly professional counsellor
- writing about trans feelings and questions (e.g., in a journal)

For many people, trying out changes to see what they feel like is a big part of the process. Even if you have a very clear idea of what you want to do, trying it out in real life might be very different than what you expected it to feel like – it might feel absolutely right, or you might feel it's not the right choice at this point in your life. Some changes can be tried on your own, without telling other people.

For example:

- thinking of yourself as trans, a boy/man, a girl/woman, androgynous, bi-gender, etc. negative messages and feel embarrassed, ashamed, guilty, or disgusted about being trans. Many trans people find it very stressful to live in a society that has rigid rules about gender. It hurts to be treated like a freak, feel you have to hide who you are, or be alone with nobody who knows who you are inside. If this is overwhelming, counselling and peer support can be helpful.

A small number of trans people have gender dysphoria. "Dysphoria" means "hard to bear." Some trans people feel this is a negative term, implying that there is something wrong with trans people. Others believe that the term accurately describes the

intensity of how uncomfortable they feel. For some trans people there is social dysphoria – a mismatch between how you feel about yourself and how other people perceive you (e.g. people thinking you're a boy even though you feel like a girl).

### *Coming Out*

“Coming out” refers to a process of getting comfortable with your own identity and telling other people in your life about it. Regardless of who else you come out to, coming out to yourself – acknowledging and accepting who you are – is a milestone worth celebrating.

In some situations there is no choice about coming out: there is something about you that doesn't fit how women or men are expected to look, act, or dress, or someone in your life finds out by reading your diary or finding you crossdressed. Many trans people talk about learning to hide any evidence of being trans because they received messages early in life that being trans was weird, freakish, deviant, or otherwise not OK. Having to hide creates a lot of internal pressure, both from keeping the secret and not being able to fully express yourself to the people around you.

Coming out is one way to deal with this pressure. Other people deal with it by coming out in some parts of their life and not others, or by talking with friends, other trans people, or professional counsellors.

Some people consider being trans a private matter and don't tell others. Others find it important to come out to people who they are close to, or to be out as trans in day-to-day life. When making decisions about coming out, it's important to remember that you are under no obligation to tell anyone that you are trans. Coming out is something you do for yourself. It's OK not to be out to other people. What matters is that you are OK with the decision you have made.

If you have kept trans issues secret, coming out is a big step. Friends and family members typically go through stages of adjustment, involving shock, disbelief, fear, anger and betrayal, sadness, and eventual acceptance (although some people are never

accepting). Some people move through the initial discomfort quickly and feel pride at the courage of the trans person, but it can take a long time to reach that point.

Deciding who to come out to, what to tell them, and when to tell them is a personal decision that only you can make. You may want to ask yourself:

- How important is it to me that this person knows about my being trans?
- What do I want them to know, and how will I tell them?
- How would it be for me if they are not supportive when I come out? Do I feel strong enough in my own identity and the rest of my support system that I would be okay?
- Would I be safe if this person knew this about me being trans? What are the possible consequences if they are angry or upset? (e.g., Is there a risk of getting kicked out of the house, or of violence?)
- If this person had a negative reaction to my coming out, could it affect my ability to go to school or to keep my job?
- Where could I go for emergency help if I needed it? Where could I go for support?

Many people start by telling people they think will respond reasonably well and be understanding – a trusted friend, family member (e.g., sister, brother, cousin, grandparent), youth group facilitator, counsellor, health clinic worker, or teacher. Starting with the people who you think will be accepting helps you build up support before you tell the people who might have a harder time with it.

Coming out as trans is similar in some ways to coming out as lesbian/gay/bisexual (LGB), but the processes aren't exactly the same. Even though heterosexuals aren't always supportive of LGB people, they generally recognise and understand what it means to be LGB. In contrast, many non-trans people don't know what trans means, don't understand it, and find it confusing. As part of planning, it's helpful to think about information and resources you can use to help people understand your specific circumstances. At first, shock and surprise makes it difficult to take in information, so it's helpful to just let the person know that the information is there if they want it.

Counselling can be helpful for people who are having a hard time accepting that you are trans. Advocates can help educate teachers or other professionals in your life who are not understanding about trans issues.

*Gender transition* is an option for trans people who are dysphoric or are uncomfortable with the difference between internal feeling and outward expression. Gender transition is a change in the way you live in your day-to-day life – from female-to-male (FTM), male-to-female (MTF), single gender to bi-gender, gendered-to-androgynous, etc. Transition involves changes in some or all of the aspects of life that are gendered:

- physical appearance: hair, clothes, jewelry, makeup, body (via hormones and/or surgery)
- behaviour: posture, gestures, language, voice
- identification: name, gender pronoun

Not all trans people transition. Some are happy with having trans issues be a part of their private life and don't feel the need to change their day-to-day life. Other people may want to transition you. Coming out is one way to deal with this pressure. Other people deal with it by coming out in some parts of their life and not others, or by talking with friends, other trans people, or professional counsellors. Some people consider being trans a private matter and don't tell others. Others find it important to come out to people who they are close to, or to be out as trans in day-to-day life. When making decisions about coming out, it's important to remember that you are under no obligation to tell anyone that you are trans. Coming out is something you do for yourself. It's OK not to be out to other people. What matters is that you are OK with the decision you have made.

Planning on how to come out can be difficult and takes some thinking about. For others, it's a natural process that doesn't cause any concern. If you have kept trans issues secret, coming out is a big step. Friends and family members typically go through stages of adjustment, involving shock, disbelief, fear, anger and betrayal, sadness, and eventual acceptance (although some people are never accepting). Some people move through the initial discomfort quickly and feel pride at the courage of the

trans person, but it can take a long time to reach that point. Deciding who to come out to, what to tell them, and when to tell them is a personal decision that only you can make. You may want to ask yourself:

- How important is it to me that this person knows about my being Trans?
- What do I want them to know, and how will I tell them?
- How would it be for me if they are not supportive when I come out?

Do I feel strong enough in my own identity and the rest of my support system that I would be okay?

- Would I be safe if this person knew this about me being trans? What are the possible consequences if they are angry or upset? (e.g., Is there a risk of getting kicked out of the house, or of violence?)
- If this person had a negative reaction to my coming out, could it affect my ability to go to school or to keep my job?
- Where could I go for emergency help if I needed it? Where could I go for support? Many people start by telling people they think will respond reasonably well and be understanding – a trusted friend, family member (e.g., sister, brother, cousin, grandparent), youth group facilitator, counsellor).

Coming out is one way to deal with this pressure. Other people deal with it by coming out in some parts of their life and not others, or by talking with friends, other trans people, or professional counsellors. Some people consider being trans a private matter and don't tell others. Others find it important to come out to people who they are close to, or to be out as trans in day-to-day life. When making decisions about coming out, it's important to remember that you are under no obligation to tell anyone that you are trans. Coming out is something you do for yourself.

It's OK not to be out to other people. What matters is that you are OK with the decision you have made. If you have kept trans issues secret, coming out is a big step. Friends and family members typically go through stages of adjustment, involving shock, disbelief, fear, anger and betrayal, sadness, and eventual acceptance (although some people are never accepting).

Some people move through the initial discomfort quickly and feel pride at the courage of the trans person, but it can take a long time to reach that point. Deciding who to come out to, what to tell them, and when to tell them is a personal decision that only you can make.

Many people start by telling people they think will respond reasonably well and be understanding – a trusted friend, family member (e.g., sister, brother, cousin, grandparent), youth group facilitator, counsellor, youth health clinic worker, or teacher. Starting with the people who you think will be accepting helps you build up support before you tell the people who might have a harder time with it. resources you can use to help people understand your specific circumstances. Issues, culture, or spirituality. Some people transition slowly and gradually, while others do it as quickly as possible.

Many the trans youth described experiencing repeated discrimination, name-calling and other verbal harassment, threats, or in some cases even violence. Even when there isn't blatant mistreatment, growing up trans in a world that denies the existence of trans people or suggests that it's freakish to be trans can be traumatising. Dealing with everyone else's baggage while you're dealing with decisions about being trans is a lot to face. The good news is that despite all the difficulties, many trans people are happy and healthy.

The focus group conducted by Rainbow was an opportunity for young trans people to give insight into issues that affect them which ranged from being part of the community to specific health issues. Some of the responses are below:

“I think it's harder for trans people to have a sense of community spirit, particularly when your younger. I'm twenty two now but it took me ages to feel comfortable in the gay scene, I felt completely on my own so I kept away from it and made friends through the internet and stuff like that. Now that I'm happy in my own skin I feel a lot better, I've made gay friends. For me, I didn't think that I would meet other trans people in the bars or clubs” (Andrea 22)

“Initially it was difficult for me because I studied in a small enough college and I was the only trans person in the entire college to my knowledge. It was a relatively small town anyway and I didn’t know any other trans people but I stayed through to myself and went out with friends in my other clothes etc. It got me strange looks but everyone got used to it. Moving to Derry made a difference because I got involved in Rainbow and it gave me an opportunity to meet other trans people. I’m aware of the group in Belfast but that’s not good to me living here. I’m glad that I moved, it’s much easier to feel part of a community when you know there are others like you and your accepted”. (Kerry 23)

“I grew up in a rural area and when I moved to Belfast I threw myself into the community with the attitude that people will either accept me as I am or they won’t. I wanted to be part of the community and I assumed most people would be fine, I’d make friends and all that which I did. I have experienced some trans-phobia but that is more to do with them than me or who I am. I think irrespective of your orientation, it’s important to have a sense of security but I think it’s particularly important for trans people to have that sense of community identity”. (Joe 24)

When asked about health issues specific to their group, a common pressing issue with young people seemed to be around mental and emotional health. The participants of the group spoke openly about difficulties they had in relation to coming to terms with their orientation. Research has shown that trans people are at a higher risk for suicide ideation, are more likely to use substances to self medicate and more likely to self harm.

“When I told my mam and dad they reacted like they lost me and I suppose in some ways they did. I grew up as a boy and that part of me that they raised is gone and so it must be like a loss. It was difficult for them and so that made it even more difficult for me. I spent half my day crying because they were obviously hurting. I removed all of the things in my house that showed me as a boy and they were so upset, almost like a period of mourning. It was difficult but I went to counselling to help me cope with everything went on”. (Ali 20)

“For me, it was difficult at the start because I’d never know anyone who was trans so I felt really alone. My friends supported me in my decision and it was difficult for all involved because I didn’t know where I was in terms of my own mental wellbeing. I got support through Rainbows counselling service and went onto the net, found online support through trans groups in the UK”. (Petra 19)

“I was very badly depressed for years and contemplated suicide loads of times because I wasn’t coping. I’d have negative reactions from my family and I internalised all of their negativity which made my outlook quite bleak and had a serious impact on my mental health. Luckily for me I found supportive friends who helped me through difficult times and I’m here now to tell the tale. It can be a difficult journey but like anything, you always come through the other side grateful for having experienced it”. (Karl 20)

“I had real issues with my weight and body image, I hated how I looked and so got blocked as much as possible. It was my coping mechanism and I was using it to keep myself ticking over because my head was wrecked. Every time I looked in the mirror I’d bits I didn’t want and which disgusted me. It took a long time for me to get my head together and recognise my coping mechanism was actually only making me feel worse”. (Lee 19)

The young people highlighted the need for support and information to be made readily available for people who identify as trans. It was expressed by the group that support needs to be provided for family members, particularly in relation to parents (either the parents of trans people) or parents who are trans and have children who are going through the experience with them. When asked for advice which would help a young person who identifies as trans, they suggested the following:

- Having a sense of humour, keeping perspective that being trans isn’t the end of the world
- Making time to focus on other parts of who you are, not just being trans
- Activism – using personal experience to try to change things for the better. Physically blowing off steam – weights, running, etc.
- Having a creative outlet: art, writing, music, magazine-making, etc.

- Knowing other trans youth (e.g., through the internet, peer support groups etc)
- Having supportive friends.
- Spending time in nature; looking after animals/having pets
- Peer counselling or professional counselling

Growing up is a challenging experience and can be even more so if you perceive yourself as different. Being aware of the potential risks that come with being LGBT will hopefully help you to face these challenges head on and overcome them.

Knowing that other young people have been in a similar situation and come through the other side will hopefully help you put things in perspective if your having difficulties. It is important to be comfortable, happy and confident in who you are whilst being knowledgeable about things that could possible affect you. Hopefully the information provided here will go some way to answering any possible questions you may have and give some insight into the health of young lesbian, gay, bisexual or transgender people.