

## ***Cradle to the Grave***

# **Recognising the Needs of People who are Lesbian, Gay or Bisexual**

## **Research into the Health Needs of Lesbian, Gay and Bisexual People in Northern Ireland – A Summary**

(Disclaimer: This document is intended to be a guide to recent and relevant research into health needs of LGB people in NI. It is not intended to be published or used as a reference. Please refer to all organisations and acknowledged sources for further information.)

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### So what is Sexual Orientation?

A person's attraction (emotional, physical, and psychological) to another person includes: Feelings, Behaviour and Identity.

- Heterosexual - A person who is attracted to someone of the opposite sex
- Gay Man - A man who is attracted to other men
- Lesbian Woman - A woman who is attracted to other women
- Bisexual - A person who is attracted to both sexes  
not necessarily in equal proportions  
not necessarily at the same time

### But I'm not homophobic; some of my best friends are gay!

Heterosexism = the assumption by society that everyone is 'straight' or heterosexual (to be non-heterosexual is seen to be different).

### How does this affect the Mental Health of Lesbian, Gay and Bisexual people?

- Difficulties in accepting their sexual orientation
- Loneliness and Isolation (especially in rural areas)
- Fear of being 'outed' – rejection by family and friends
- Lack of access to support and information about sexual orientation and the diverse identities in society
- Discrimination – most LGBT people are discriminated against in the provision of services and support
- Homophobia – verbal, physical and emotional
- Internalised Homophobia – absorption of negative messages surrounding homosexuality, living life according to heterosexist ideals and rejecting own sexual orientation and in some cases, projecting this resentment onto others who identify as lesbian, gay or bi.

### Some examples of coping mechanisms that may be used

The use of drugs and alcohol:

- to deal with stresses of homophobia
- to cope with problems when 'coming out'
- to boost confidence and self-esteem when looking for sexual partners
- pressure from peers, being accepted by others
- escapism from life stresses, dealing with ridicule
- reclamation of power when feeling devalued by others
- sense of identity and wholeness, acceptance

'Sexual risk-taking' behaviour (not using condoms):

- through lack of knowledge
- personal choice
- feelings of intimacy with casual or monogamous partners

Self-harm and Suicide ideation

## What affects their Risk-taking behaviour?

### Poor sex education:

- LGB issues less likely to be included in sexual health education, particularly in schools
- lack of knowledge of STI's and preventative measures available
- heterosexist messages given in mainstream health promotion campaigns e.g. Use of 'straight couples' images
- Lack of personal skills to negotiate safer sex
- Lack of access to and instructions on how to use condoms AND lubes

### Alcohol and Drugs:

- LGB youth are more likely to use alcohol and recreational drugs (King & McKeown 2003)
- Dutch-courage mentality – ritual to meet sexual/romantic partners

### Internalised homophobia:

- rejection of any association with 'gay safe sex messages'  
e.g. "I'm not gay so that doesn't apply to me"

## Other factors?

- Families unable to deliver safer sex education, lack of knowledge and skills
- Peer group pressure
- Prejudice can lead to fear, embarrassment and covert sexual behaviour
- Religions commonly set only one standard of behaviour
- Cultural influences can lead to differing patterns of sexual behaviour
- Sexualised media/advertising campaigns
- Role models – positive, negative, none?

## What Steps can WE take?

- Promote responsibility for personal health
- Reduce prejudice, fear and embarrassment associated with sexual health issues
- Reduce discrimination in health campaigns by including positive LGB images and role-models
- Strict enforcement of alcohol misuse policies especially underage drinking
- Monitor use of alcohol and drugs in relationships with unsafe sexual behaviour
- Engage with influential / marginalised sections of society – special interest groups etc to set common, realistic goals with achievable targets
- Support local groups already doing this – *offer help*, we may not always have resources to ask for it

## WHEN A COLLEAGUE / CLIENT COMES OUT TO YOU

Healthcare professionals should be aware that 'coming out' can be a very difficult experience for a any person. It may be the result of a long process of self-questioning. The person may approach you anticipating a favourable reaction, and you should take great care not to say or do anything which would cause further distress or self-doubt.

## RESPONDING TO SEXUAL ORIENTATION DISCLOSURES (COMING OUT)

- Reassure the person that **there is nothing wrong** with being lesbian, gay or bisexual.
- **Remain positive.** By being positive and offering support, you are helping to overcome the negative, internalised feelings some people may have about their sexuality.
- If a person discloses feelings of confusion, reassure them that **it is normal to question their sexuality**. In time they will come to know and be sure about their sexual orientation.
- **Outline the confidentiality policy** – you may need to disclose information if a young person discloses allegations of abuse, or behaviour which puts themselves or others at risk.

## **A YOUNG PERSON'S DISCLOSURE THAT THEY ARE GAY, LESBIAN OR BISEXUAL**

## **IS NOT IN ITSELF A CHILD PROTECTION ISSUE.**

Conservatively up to **1 in 10** may self-identify as Lesbian, Gay or Bisexual. In Northern Ireland this equates to approximately **168,500 people**, according to National Statistics Office (NI Population 2006).

If you consider the immediate family circle of each of these, for example, an average **2 parents** and **2 siblings**, then this equates to approximately **674,000 people**.

For those who were or are still in marriages, if you add **2 children** and **1 spouse**, then the figure jumps to approximately **1,179,500 people** affected by homophobia, leaving only **505,500 people unaffected** by it in the entire population of Northern Ireland.

### **Challenge Homophobic Language**

Language is important. The terms **gay**, **queer** and **faggot** are the most commonly used and yet least challenged forms of abuse in places where young people are. **Gay** is used to mean anything that is bad, rubbish, worthless, without value. If young people are hearing this message repeatedly and unchallenged by others, how are they going to feel about their own sexuality or that of their parents if they so happen to be lesbian, gay or bisexual?

The messages that we receive about **gay**, **lesbian** and **bisexual** people are overwhelmingly negative, including the message that it is an acceptable – or at the very least, unchallenged – form of discrimination.

Challenging homophobic hate begins by challenging people's negative attitudes and the language they use.

#### *From Colleagues:*

"I feel uncomfortable with jokes like that / that kind of labelling."

"As far as I'm concerned we are all entitled to more respect than that."

"We have procedures to protect us all from that kind of behaviour."

"Everyone is entitled to their opinion, but I'm shocked to hear views like that expressed here where we are all expected to support equal opportunities. I disagree with your view."

#### *From Heads of Department, Senior Management or Other Management Professionals:*

"I expected you would be a leader in the promotion of equal opportunities in this work place. Please don't assume I feel comfortable with what you have said or seem to believe. I feel very disappointed when I hear you smear an oppressed group like that."

"If someone said something like that about me I would have expected you to stand up for me. I feel it is part of your job as a manager/supervisor."

#### *From Staff you manage:*

"We have a policy against the use of those views – it is called equal opportunities and we are all accountable for upholding it. You are in danger of being disciplined if you don't stop using expressions of that kind."

"Have you ever attended a course or seminar on LGBT issues at work? Maybe we should look into it. You don't seem to know much about the effects of homophobia on people with whom you work, or anyone else for that matter."

### **Legal Protections**

- Section 75 of Northern Ireland Act (1998) – creates visibility and promotes LGBT awareness training
- Employment Equality (Sexual Orientation) Regulations (NI) 2003 – unlawful for employers and others to discriminate on basis of sexual orientation
- Hate Crime Legislation – Criminal Justice (No2) (NI) Order 2006 – homophobia included therefore increased reporting leads to increased policing priority
- The Equality Act (Sexual Orientation) Regulations 2007 – covers discrimination in goods, facilities and services

## Men

- **STATS from the Gay Men's Sex Survey 2006:**
  - **AGE & HIV TESTING (NEVER TESTED):**
    - Under 20 – 74.8%
    - 20's: 42.2%
    - 30's: 26.8%
    - 40's: 30.4%
    - 50's: 43.1%
    - Overall: 49.3% of NI respondents have never been tested.
  - **HEP C TESTING (Northern Ireland)**
    - 52.3% Never been tested.
  - **CONDOM USE:**
    - 56.2% of men had unprotected insertive anal intercourse.
    - 57.4% of men had unprotected receptive anal intercourse.
    - Specific NI Figure: Any unprotected anal intercourse: 49.0%
  - **NUMBER OF MALE PARTNERS IN THE LAST YEAR (NORTHERN IRELAND FIGURES)**
    - One partner: 26.4%
    - 2-4: 29.8%
    - 5-12: 24.2%
    - 13-29: 14.6%
    - 30+: 5.1%
  - **STI STATS:**
    - In 2007, there were 397,990 new sexually transmitted infection diagnoses at GUM clinics in the UK – an increase of 63% from 1998.
    - Between 2006-2007, the number of new diagnoses increased by 6%
    - Between 1998-2007, the largest increase were seen in a diagnoses of genital Chlamydia which rose to 150% (now the most common STI in the UK), genital herpes by 51% & Syphilis by 1,828%
    - New cases of Gonorrhoea in 2007 decreased for the fifth year running.

## Women

- **Lesbian and Bisexual Women's Health Survey (2007) - NI**
  - 14.1% consumed alcohol 3 days out of past 7 days
  - 3.5% consumed alcohol each day for past 7 days
  - 40.9% used illegal drugs within past year
  - 60.7% never tested for STI's/vaginal conditions
  - 68.3% had a cervical smear test in past three years
  - 15.7% never had a smear test
  - 25.0% have regular mammograms
  - 25.0% have never had a mammogram
  - 5.7% have attempted to take their own life in past year
  - 18.0% deliberately self-harmed (no intention of killing themselves)
  - 18.2% have been told they have an eating disorder
  - 13.5% have experienced domestic violence from a female
  - 10.1% have experienced domestic violence from a male
  - 44.9% rate as normal on BMI index (18.5-24.99)
  - 28.1% rate as overweight in BMI index (25-29.99)
  - 25.8% have disclosed their sexuality to all or almost all healthcare professionals
  - 55.1% have disclosed their sexuality to few or none
  - 61.6% had negative experiences in past year in health care settings
  - 44.2% were assumed to be heterosexual by their healthcare professionals
  - 93.2% were not given an opportunity to disclose their sexuality by healthcare worker
  - 69.3% were subjected to inappropriate comments after disclosure
  - 75.0% did not have their sexuality acknowledged after disclosure
  - 8.0% were able to involve partner during consultations
  - 11.4% were given relevant advice accounting for sexuality
  - 9.1% respondents' GP surgeries displayed non-discriminatory policy including sexuality
  - 1.1% attended lesbian / bi – specialist health service
- **Invisible Women – LASI (2008)**
  - 2/3 times more likely to attempt suicide, have higher levels of self-harm than heterosexual counterparts
  - 1 in 2 chance of mental illness
  - Hold false belief they have 'immunity' against particular STI's and cancers because of their sexuality
  - Less need for long term use of oral contraception
  - Delay treatment and follow-up
  - Risk of psychological distress, damaged self-esteem and reluctance to access preventive care if they do not have access to a LGB community atmosphere
  - Lack awareness and knowledge of health risks
  - Have high uptake of counselling services
  - Access health services less often than other women

## Youth

- **ShOut Report: Needs of young people living in Northern Ireland who identify as LGBT (2003)**
  - **44 % experienced homophobic bullying at school**
  - 65 % had experienced verbal abuse
  - 63 % experienced negative attitudes
- Awareness of Sexuality (shout)
  - Average age for males - 12 years
  - Average age for females – 14 years
- Age they told someone (shout)
  - Average age for males – 17 years
  - Average age for females – 18 years
- **Young people who reported being the target of homophobic bullying were also:**
  - 69% of those who **dropped out of school**
  - 65% of those who believed that they had **achieved lower results**
  - 53% of those who had been **medicated for depression**
  - 54% of those who had **self harmed**
  - 57% of those who had **attempted suicide**
  - 63% of those who had experienced **homelessness**
  - 70% of those who had experienced **physical abuse**
  - A recent study in NI showed that 82% of LGB people had experienced harassment, and 55% homophobic violence (?)
  - In NI 29% of young LGBT people surveyed had attempted suicide (shout)
- **Out on Your Own: An examination of the mental health of young same-sex attracted men (McNamee 2006)**
  - 51.9 % experienced homophobia
  - **44 % experienced homophobic bullying at school**
  - 24.6 % experienced homophobia from teaching and other school staff
  - **2.6 % experienced homophobia being provided health services**
  - 2.6 % experienced homophobia accessing Voluntary / Community Organisations
- **Drug Use Amongst LGBT Young Adults in Ireland (Sarma 2007)**
  - **65 % of LGBT youth have had some experience of drug taking**
  - 21 % have systematically used drugs (i.e. have done so on more than 60 occasions)
  - 60 % had taken drugs over the 12 months preceding the survey
  - 40 % had used drugs in the preceding month and 29 per cent in the seven days leading up to the survey
  - 56 % of LGBT youth have some history of taking cannabis, 44 per cent poppers, 33 per cent ecstasy and 32 per cent cocaine
  - 89 % reported that they had been offered drugs at some point in the past
  - 65 % said that they had wanted to try drugs at some stage in their lives
  - 21 % of drug users either always or frequently mix their drugs on a night out (i.e. are poly-drug users)
  - **80 % of drug takers attributed their motivations for first trying drugs to curiosity. 8% linked it to issues relating to their sexuality**
  - 49 % of drug takers experienced blackouts resulting from drug taking
  - **46 % of drug takers had engaged in unprotected sexual intercourse attributed to drug taking**
  - **11 % of drug users had been sexually assaulted while ‘incapacitated due to drugs’.**
- **Stonewall Education For All (2008)**
  - 60% of LGB students reported instances of homophobic harassment.
  - 75% of young gay people attending faith schools report homophobic harassment
  - 23% of all UK schools explicitly condemn homophobic bullying.
  - 92% of gay, lesbian and bisexual pupils have experienced verbal abuse, 41% physical bullying and 17% have been subject to death threats.

- 30% of pupils reported that adults have been responsible for incidents of homophobic bullying in their schools.

### **Further Information:**

Consequences of Homophobia. Working Towards Health And Wellbeing. A Good Practice Guide  
Cara-Friend Lesbian Line – Cullen, 2009 (to be published)

The Shout Report  
Youthnet – Redmond and Carolan, 2003

Out On Your Own  
The Rainbow Project – McNamee, 2006

Drug Use amongst Lesbian, Gay, Bisexual and Transgender Young Adults in Ireland  
BeLonG To – Sarma, 2007

Our Journey: Needs of LGBT Youth interfacing with child protection policy and practice, LGBT Youth Scotland  
LGBT Youth Scotland – 2008

Working with Young Women who identify as Non-heterosexual (Out and About)  
Youthaction – 2008

Education for All  
Stonewall - 2008

Policing, Accountability and the Lesbian, Gay and Bisexual Community in Northern Ireland  
ICR - Radford, Betts, Ostermeyer , 2006

Invisible Women  
LASI – Query, 2008

What's In Your Closet?  
GLYNI - 2007

### **Acknowledgements (materials used): Organisations and Individuals:**

BeLonG To Youth Project ([www.belongto.org](http://www.belongto.org))  
Coalition on Sexual Orientation ([www.coso.org.uk](http://www.coso.org.uk))  
Cara-Friend Gay/Bi Men's Helpline ([www.gayhelplinebelfast.org.uk](http://www.gayhelplinebelfast.org.uk))  
Cara-Friend GLYNI ([www.cara-friend.org.uk](http://www.cara-friend.org.uk) / [www.glyni.org.uk](http://www.glyni.org.uk) )  
Cara-Friend Lesbian Line ([www.lesbialinebelfast.org.uk](http://www.lesbialinebelfast.org.uk))  
Marie Query (on behalf of Lesbian Advocacy Services Initiative [www.lasionline.org](http://www.lasionline.org))  
The Rainbow Project ([www.rainbow-project.org](http://www.rainbow-project.org))  
The ShOut Project (Youthnet [www.youthnetni.org.uk](http://www.youthnetni.org.uk))  
Stonewall ([www.stonewall.org.uk](http://www.stonewall.org.uk))

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Institute of Conflict Research ([www.conflictresearch.org.uk](http://www.conflictresearch.org.uk))  
Youth Action NI ([www.youthaction.org](http://www.youthaction.org))