

Health Intelligence briefing

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Lesbian, Gay, Bisexual and Transgender (LGB&T) health related issues – 2014 update

The acronym LGB&T is used as an umbrella term and the health needs of this community are often grouped together. However, each of these letters represents a distinct population with its own health concerns. Until now, most health research on gay and bisexual men has been around HIV, AIDS and sexually transmitted infections and for transgender individuals has been on the transitioning process only. However, there are a wide variety of other physical and mental health issues that are important for LGB&T individuals and some of these are highlighted in this brief.

Key points

- There is variation in estimates of the size of the LGB&T population in Northern Ireland with some suggesting rates as high as 5-7%. More recently the Office of National Statistics has estimated that this could be lower at around 1.5-2%. (p1)
- Results from the Equality Awareness Survey 2011 reported a decline in negative attitudes towards lesbian, gay or bisexual persons, from 21% in 2008 to 15% in 2011. Around a fifth (22%) of respondents held negative attitudes towards transgender people. (p2)
- The most recent PSNI statistics on hate crime report a 23% increase in the number of homophobic incidents from 200 in 2011/12 to 246 in 2012/13, the highest level recorded since 2004/05; while homophobic crimes rose by 24.2% from 120 in 2011/12 to 149 in 2012/13. Fifteen transphobic incidents and six transphobic crimes were recorded in 2012/13. (p4)
- LGB&T people may experience barriers to accessing healthcare services. For example, a survey to explore the emotional health and wellbeing of LGB&T people in Northern Ireland (2013) found that around two fifths (42.6%) of LGB&T people reported being 'out' to their doctor, 35.8% reported that their doctor is not aware and 21.6% said they were unsure. A smaller study of LGB&T people over the age of 40 years of age reported that nearly eight out of ten (79.4%) agreed with the statement 'In my opinion, healthcare professionals need more awareness of the needs and issues faced by LGB&T people'. (p6)
- Studies suggest that the prevalence of smoking, alcohol and drug use is higher among LGB&T people. For example, a 2012 study of substance use among LGB&T people in Northern Ireland

reported that 44% of respondents smoked, 91% of respondents reported that they drink alcohol and that 37% reported using an illegal drug in the last year. (p7-8)

- Evidence suggests that LGB&T people are at high risk of mental health problems including anxiety, depression, self-harm and suicidal behaviour. In 2013 a Northern Ireland report found:
 - Nearly two thirds (64.7%) of respondents had personal, emotional, behavioural or mental health problems for which they needed professional help; only 39% had asked for professional help;
 - One in five (40.5%) respondents reported an episode of self-harm within the last year;
 - Over a quarter (25.7%) of respondents had at least one suicide attempt (males 26.6%, females 23.6%); with the highest reported incidence among of transgender respondents (43.5%); and that
 - Over a third (34.4%) of respondents 'did not know' or were 'unsure' about how to access advice or support in relation to emotional health and wellbeing. (p9)
- Gay, bisexual, and other men who have sex with men (MSM) are disproportionately impacted by syphilis, HIV, and other sexually transmitted infections (STIs). Surveillance data from Genitourinary Medicine (GUM) clinics in Northern Ireland shows that, in 2012, MSM accounted for 65% of new episodes of male diagnoses for uncomplicated gonorrhoea; 90% of new Syphilis infections and 58% of new HIV diagnoses. (p11)
- Within the UK, respondents from Northern Ireland were least likely to have ever been tested for HIV (49.5%) compared to England (30.3%), Scotland (39.6%) and Wales (44.3%). (p12)
- Evidence suggests that young LGB&T people may be at higher risk of mental health problems and risk taking behaviours including substance misuse, self-harm and suicide. Negative attitudes and stigma towards those who are, or are perceived to be, LGB&T place these young people at increased risk for bullying. The Young Life and Times survey (2008) found that seven out of ten same-sex attracted young men and over six out of ten (62%) same-sex attracted young women reported school bullying; this compared to 37% of all respondents. (p14)
- LGB&T people face many of the same issues as other members of the general public when ageing. However, they are more likely than their heterosexual counterparts to be single and live alone, making it likely that they will expect/need to rely on formal support services. Fear of discrimination and prejudice may impact on older LGB&T people's willingness to access care and services. (p17)

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LGB&T population estimates

The difficulties in estimating the proportion of LGB&T individuals in a population are recognised.^{1,2} In addition to the sensitivity around such research, there are methodological challenges, including whether LGB&T respondents are classified according to identity or behaviour or whether individuals are asked about current status versus any experience.

As such, there is variation in estimates of the size of the LGB&T population in Northern Ireland.

Estimates of the adult LGB population in Northern Ireland are as high as 5-7% (65-90,000) (based on the UK government estimate of between 5-7% LGB people in the population for the purposes of costing the Civil Partnerships Act).¹ More recently the Office of National Statistics estimate 1.5-2% which would be closer to 20-30,000 adults.² In 2012, the UK Integrated Household Survey reported that 1.5% of adults in the UK identified themselves as gay, lesbian or bisexual, while 0.3% identified themselves as 'other', 3.6% stated 'Don't know' or refused to answer the question and 0.6% provided 'No response' to the question.³ A breakdown of the data by region found that in 2011/12, 0.9% of respondents in Northern Ireland identified themselves as gay, lesbian or bisexual while 0.3% identified themselves as 'other', 2.9% stated 'Don't know' or refused to answer the question.

The National Surveys of Sexual Attitudes and Lifestyles (Natsal) conducted in 2010 reported that 97.1% of male respondents identified themselves as heterosexual/straight, 1.5% identified as gay, 1.0 as bisexual and 0.3% as 'other' while among females 97.3% identified themselves as heterosexual/straight, 1.0% identified as gay 1.4 as bisexual and 0.3% as 'other'.⁴ While in 2011/12 the Health Survey Northern Ireland included a module related to sexual health. The largest proportion of respondents (90%) reported having heterosexual relationships while 3% had gay/lesbian relationships, 2% had bi-sexual relationships and 6% of respondents reported never having had sex.⁵

The Office of National Statistics summarised the characteristics of those identifying as lesbian, gay or bisexual in the UK overall as having a younger age distribution than heterosexuals. Those who identified as bisexual were more likely to be women. Those who identify as gay or lesbian were more likely to be in managerial or professional classifications, employed and qualified to a higher degree. Similar proportions of those who identify as LGB and heterosexuals were in perceived good health although the former were more likely to smoke, or have smoked in the past.⁴

Estimating the size of the transgender population in Northern Ireland also presents difficulties. A report in 2010 by the Institute for Conflict Research estimated that 140-160 individuals were associated with transgender support groups in Northern Ireland.⁶ However, it is necessary to consider that there may be individuals not in contact with support groups or who have not as yet 'come out' due to personal circumstances.

Historically there has been a lack of data available on LGB&T people both from large scale surveys and organisational monitoring data. This lack of knowledge has contributed to the invisibility of LGB&T people and a lack of understanding in relation to their health and social wellbeing issues and needs.

In 2013 the Equality Commission for Northern Ireland published priorities and recommendations for promoting sexual orientation equality.⁷ It highlighted the lack of reliable and comprehensive data on sexual orientation as a major obstacle to measuring progress on equality for LGB individuals. It acknowledged that while the situation is improving in some areas, more work is needed to improve the situation.

A number of findings from research studies on LGB&T health issues are included in this brief. However, in interpreting these findings, it is important to consider the range of methodological challenges in conducting research with LGB&T people. For example, it is important to note that studies with smaller sample size or those where participants have self-selected may not provide a representative sample and as such there is a risk in making direct comparisons with population survey findings.^{8,9,10}

Social context

Attitudes towards LGB&T individuals

Discrimination and prejudicial attitudes can impact directly on the mental and physical health of LGB&T people. Such attitudes can result in restricted access to services, exclusion from jobs, harassment, hate crime, bullying or violence and social isolation.

The Equality Awareness Survey measures attitudes amongst the general public in Northern Ireland towards specific equality groups including lesbian, gay or bisexual persons and transgender people.¹¹

- Compared with the 2008 survey, results from 2011 reported a decline in negative attitudes towards lesbian, gay or bisexual people, from 21% in 2008 to 15% in 2011. However, this was mainly due to an increase in those holding 'neutral' views 22% to 28% rather than an increase in positive views (57% in 2008 and 2011).
- Respondents were also asked a series of 'social distance' questions to examine the extent to which people feel comfortable with varying degrees of closeness to a member of a 'different' group. The survey found that more than two-fifths (42%) of respondents would mind if an LGB person was in a close relationship with a relative, while 27% minded having an LGB person as a neighbour and 22% minded having an LGB person as a work colleague (Figure 1). The Equality Commission conclusions included the following statement:

'The findings suggest a firming of negative attitudes since 2008 in relation to social distance situations, particularly in the scenarios of as a 'neighbour' and as an 'in-law'. Three categories - Travellers, lesbian, gay or bisexual people and people of a different religion are comparable with the 2005 survey. Since 2005, negative attitudes have hardened at each level of proximity towards all three groups suggesting people are holding more prejudice views towards these groups.' (p114)

Figure 1: Social distance scale: 2005, 2008 and 2011, Equality Awareness Survey 2011

	MIND (a little or a lot)		
	2005	2008	2011
Lesbian, gay or bisexual person as a work colleague	14	23	22
as a neighbour	14	23	27
were to form a relationship with a close relative	29	35	42

For the first time in 2011 the survey also included Transgender people as a specific group and found that:

- Around a fifth (22%) of respondents held negative attitudes towards transgender people, with 30% indicating neutral and 48% positive views.
- Over a third (35%) of respondents would mind having a transgender person as a work colleague, while 40% would mind having a transgender person as a neighbour and 53% would mind having a transgender person as an in-law (53%).

The Northern Ireland Life and Times Survey explores the attitudes, values and beliefs of people in Northern Ireland on a wide range of social policy issues including LGB&T issues:¹²

- In 2012, over half of respondents (52%) thought that LGB people are treated better than 5 years ago, while 29% thought that they are treated the same and 9% felt they are treated worse. The same question was also asked in 2001 and 2003 when 34% and 42% of respondents felt LGB

people were treated better than 5 years ago respectively with 7% and 9% stating that they were treated worse.

- Respondents were also asked about how comfortable they would be about specific people being gay. Overall, people indicated they were very or fairly comfortable for a work colleague to be gay (78%), their MP (74%), boss in a new job (76%), a close friend (76%), brother or sister (71%), another relative (72%), someone that you manage in a new job (76%), but less so for their child (65%), child's teacher (67%), a GP (69%) or local religious representative (59%).
- When asked about how equal they felt gay or lesbian people in society are treated, over half (54%) of respondents felt that more should be done (definitely 20%, probably 34%) while around a third (32%) felt that efforts had gone too far (definitely 10%, probably 22%) and 13% didn't know.
- Over a half (53%) of respondents thought that schools should have to teach about equality for gay men and lesbians, however 36% said 'no' and 11% don't know.
- A specific question on people's views relating to sexual relations between two adults of the same sex, asked in 1998, 2004, 2008 and 2012 shows a shift in attitudes with 15% of respondents stating that sexual relations between two adults of the same sex was not wrong at all compared to 21% in 2004, 24% in 2008 and 13% in 2012.

It should be noted that responses vary in terms of different gender, age group and religion.

Recent years have seen changes in legislation to protect and promote equality for LGB&T people. However, there is evidence to suggest that LGB&T people still experience unfair treatment and discrimination.

- Around a quarter (24%) of people in Northern Ireland still perceive that LGB people are treated unfairly with this most likely to take the form of harassment (41%).¹³
- Over half (53%) of LGB people considered that they had been subject to some form of unfair treatment. LGB people were more likely to report unfair treatment when trying to access public services (21%), or when trying to use shops, bars or restaurants (26%), when trying to buy or rent a house, business premises or land (21%), or being harassed because they belonged to a particular group (38%) than heterosexual respondents (7%, 7%, 10% and 13%, respectively).¹⁴
- Over one third (34.7%) of LGB&T respondents in a 2013 survey reported that they had experienced discrimination in accessing goods, facilities or services on at least one occasion.¹⁵
- Between 1 April 2012 and 31 March 2013 the Equality Commission for Northern Ireland received 72 enquiries/applications for assistance from individuals who believed they had been discriminated against on the grounds of their sexual orientation.¹⁶

A specific study by The Rainbow Project to explore the experiences of LGB people in the workplace found that:¹⁷

- Around 1 in 4 respondents from the private sector (26.9%) and the public sector (24.5%) conceal their sexual orientation in the workplace.
- LGB people working in the private (31.7%), public (26.3%) and community (21.4%) sectors believe that their sexual orientation will have a negative impact on their chances of progressing in work.
- One in five (19.9%) of respondents from the private sector, 17.9% from the community, voluntary and nongovernmental sector and 15.1% from the public sector have been subjected to negative comments about their sexual orientation from a colleague or colleagues in the workplace.
- Almost one third (32.7%) of respondents across all workplace sectors would not, or do not know if they would, feel comfortable approaching management for support if they were the victim of homophobic bullying at work.

A UK study of transgender and transsexual people's experiences of inequality and discrimination reported that:¹⁸

- 42% of people were not living permanently in their preferred gender role as they feared it might threaten their employment status.

- Over 10% of trans people experienced verbally abuse at work and 6% were physically assaulted.
- A quarter of trans people would feel obliged to change their jobs as a consequence of harassment and bullying.

Hate incidents and crime

An individual may be the target of homophobic or transphobic hate crime due to their perceived or actual sexual orientation or gender identity. Hate crime takes many forms including assault, intimidation/harassment or criminal damage. It can occur at home, in school, at work, on the street or in social settings. As well as any physical effects, there can be detrimental impact on the victim's mental health which may reduce their self-confidence, leaving them feeling unsafe or anxious, or increase the risk of depression, self-harm or suicide.^{19,20}

Recorded incidents and crimes with a homophobic motivation have been collated by PSNI in their current format since 2004/05 (recording began on 1 July 2000) and those with a transphobic motivation have been collated since 2006/07.

The PSNI define homophobic and transphobic incidents as follows:²¹

"A transphobic incident is defined as any incident which is perceived to be transphobic by the victim or any other person. Gender should not be confused with sexual orientation. A transsexual is a person who has 'gender dysphoria' or dissatisfaction with his or her own birth gender. Transsexuals may be lesbian, gay, bisexual or heterosexual and may or may not consider an incident perpetrated against them to be homophobic." (p22)

"A homophobic incident is defined as any incident which is perceived to be homophobic by the victim or any other person. Homophobia can be defined as a fear or dislike directed towards lesbian, gay or bisexual people, or a fear or dislike directed towards their perceived lifestyle, culture or characteristics. Sexual orientation can be defined as an individual's preference for a particular sex (be it the opposite or the same), or an individual's view of their own sexuality." (p22)

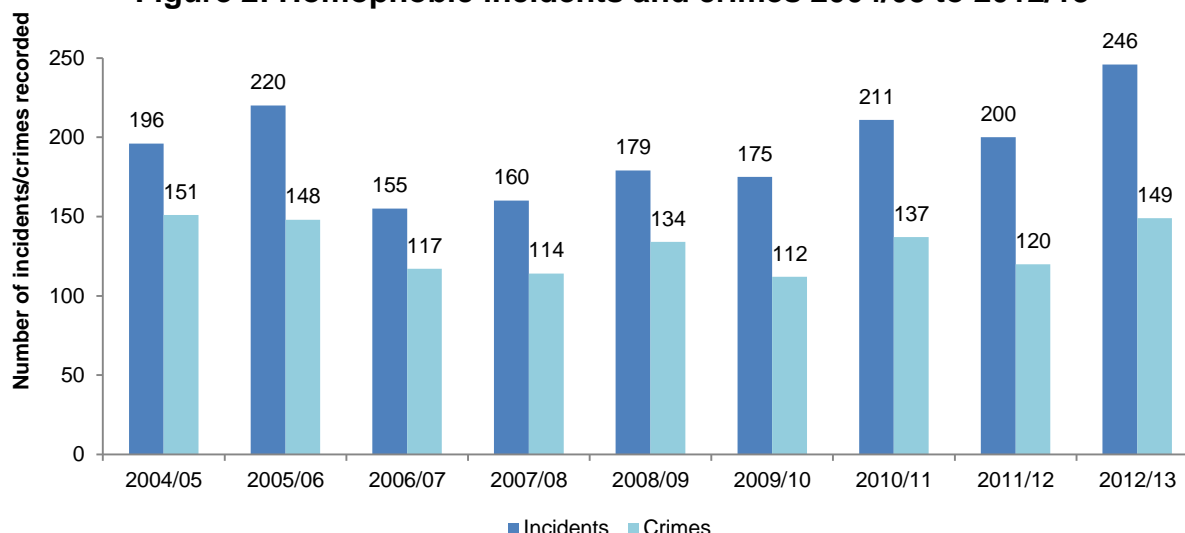
"A crime will be recorded as having a hate motivation where it meets the definition provided above. Not all hate motivated incidents will result in the recording of a crime as what has occurred in the incident may not be of the level of severity that would result in a notifiable offence being recorded. Where crimes with a hate motivation are recorded they are classified according to the Home Office Counting Rules and form a subset of the overall police recorded crime statistics." (p23)

The most recent statistics report increases in the number of:²²

- **homophobic incidents** from 200 in 2011/12 to 246 in 2012/13 (23%), the highest level recorded since 2004/05;
- **homophobic crimes** from 120 in 2011/12 to 149 in 2012/13 (24.2%); crimes classified as violence against the person* accounted for 69% of crimes with a homophobic motivation; 23% criminal damage, 5% theft (including burglary) and 3% other (Figure 2).
- Gay men are particularly vulnerable to homophobic hate crime; in relation to the gender of victims of homophobic crimes, between 14% and 26% are female, and between 73% and 86% are male.

* Violence against the person includes a wide range of offences from minor assaults such as pushing and shoving that result in no physical harm to murder.

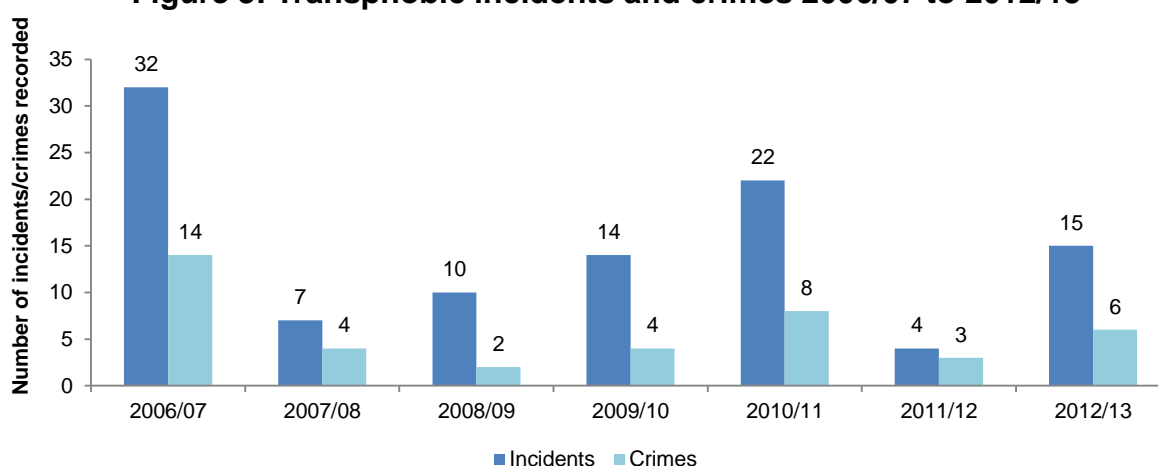
Figure 2: Homophobic incidents and crimes 2004/05 to 2012/13



In 2012/13, 15 transphobic incidents and 6 transphobic crimes were recorded. Of the 6 crimes recorded 4 were classified as violence against the person.

Overall, between 2006/07 and 2012/13, 104 transphobic incident and 41 transphobic crimes have been recorded with the highest numbers of incidents and crimes recorded in 2006/07 (Figure 3).

Figure 3: Transphobic incidents and crimes 2006/07 to 2012/13



In addition to PSNI statistics, evidence on the issue of homophobic and transphobic harassment/violence is available from a number of studies in Northern Ireland:

- In 2013, two thirds (65.8%) of LGB&T respondents reported having been verbally assaulted at least once and 43.3% had been threatened with physical violence at least once.²³
- In 2010, Northern Ireland respondents to the European MSM Internet Sex (EMIS) survey of gay and bisexual men were asked about their experience of homophobic abuse.²⁴ Just under one half (47.1%) had been stared at or intimidated, 38.6% had verbal insults directed at them and 5.4% had been punched, hit, kicked, or beaten in the last year because someone knew or presumed they were attracted to men.
- A 2010 study on the experiences of transgender people in Northern Ireland reported:²⁵
 - a high level of concern about personal safety with two thirds (12 out of 18) reporting that they 'always' or 'frequently' worry. None reported 'never' worrying
 - thirteen respondents revealed that they had suffered from a transphobic incident
- In 2009, research by The Rainbow Project highlighted that 39% of lesbian, gay and bisexual people had been the victim of some sort of crime in the last three years and 56% of all incidents

against LGB people in the last three years, regardless of motivation, were never reported to the police. These figures provide evidence for the underreporting of crime.¹⁰

- In 2003 a survey of LGB people in Northern Ireland reported that 82% of LGB people had experienced harassment and 55% had experienced homophobic violence.²⁶

It is recognised that the number of reports of hate crime and incidents received by the PSNI does not represent the true scale of the problem in Northern Ireland.²⁷ In 2012/13 the sanction detection rate for all crimes where there was a homophobic motivation was 9.6 percentage points lower than the sanction detection rate for all crimes recorded by the police (16.8% compared to 26.4%).²⁸

There is evidence to that LGB&T people may face barriers experiences when reporting homophobic and transphobic incidents.^{29,30,31} Some of the reasons for not reporting crime include feeling that police can't help, wouldn't be interested, previous negative experiences of the police or that they may face discrimination due to their sexual orientation. A thematic review of policing for LGB&T individuals, conducted in 2012 made 18 recommendations for improving policing.³²

Accessing health and social care

A review of research on LGB experience of healthcare suggests that LGB people may experience barriers to accessing healthcare services.³³ These include homophobia, heterosexism, misunderstandings and lack of knowledge, poor confidentiality and the absence of LGB&T-friendly resources.^{34,35} A number of studies highlight that LGB&T people may not be out to their GP. GPs are the first point of contact for the majority of people accessing health care. As such, to help promote equality of access to health care services, it is important that LGB&T people feel able to disclose information relating to their sexual orientation and gender identity to their GP.

A number of studies have highlighted the experiences of LGB&T in accessing health and social care.

A 2013 survey to explore the emotional health and wellbeing of LGB&T people in Northern Ireland found that around two fifths (42.6%) of LGB&T people reported being 'out' to their doctor, 35.8% reported that their doctor is not aware and 21.6% said they were unsure.³⁶

Another study conducted by The Rainbow Project in 2013 to explore the health of aging LGB&T people in Northern Ireland received one hundred responses from LGB&T people over 40 years in Northern Ireland. It found that that:³⁷

- 57.6% of respondents stated that their doctor was aware of their sexual orientation/gender identity; 19.2% reported that their GP was not aware, while 23.2% were unsure.
- 83.6% felt that it was either very or somewhat important that their GP knew their sexual orientation/gender identity.
- Nearly six out of 10 (59.3%) respondents agreed that they were 'generally quite open' about being LGB&T when visiting a healthcare professional.
- One in five (19.9%) felt they had been treated differently by health professionals because they were LGB&T.
- Nearly eight out of ten (79.4%) agreed with the statement 'In my opinion, healthcare professionals need more awareness of the needs and issues faced by LGB&T people'.

A 2011 report examined healthcare issues for transgender people living in Northern Ireland. One of the issues raised by both trans people and healthcare professionals was the need for training to raise awareness of gender identity issues to raise awareness and dispel myths among health staff.³⁸

The Young Life and Times Survey (2009) found that same sex attracted 16 year olds were less likely than their heterosexual counterparts to agree that health professionals understood and respected their rights of confidentiality and more likely to agree that the voice of young people is not heard by health professionals.³⁹

Further evidence is available from UK studies:

- A third (34%) of gay and bisexual men who have accessed healthcare services in the last year have had a negative experience related to their sexual orientation; 34% were not out to their GP or healthcare professionals; 16% reported that in the last year healthcare professionals had assumed that they were straight.⁴⁰
- Nearly half (47%) of older LGB people reported that they would be uncomfortable disclosing their sexual orientation to care home staff, housing provider (36%), hospital staff (33%) or a paid carer (36%) or their GP (18%).⁴¹
- 62% of people that had used Gender Identity Clinic (GIC) services experienced one or more negative interactions (63% in general mental health services, and 65% in general health); 18% of those attending a GIC felt confused about their gender, and 33% were concerned about their mental wellbeing, but felt unable to discuss their concerns at the GIC.⁴²
- An online survey of trans people in the UK (2011) found that around half (47%) thought that there was a need to raise the awareness of transgender issues including the gender reassignment process among GPs.⁴³
- A survey of LGB&T young people in Scotland (2013) reported that young LGB&T women felt less supported by the NHS than young LGB&T men (43.1% vs 67.7%).⁴⁴ Only 38.4% of young LGB&T people were out to their doctor (most likely for young trans people, 66.7%). LGB&T young people suggested ways in which they could feel more supported by the health service;
 - Using gender neutral language within services.
 - Providing opportunities to discuss sexual orientation and gender identity.
 - Training for professionals working in health services.
 - Inclusion of LGBT identities in images and literature.

Specific health issues

Smoking

A number of studies have suggested that the prevalence of smoking is high among LGB&T individuals compared to the general population.

- In 2012 a Northern Ireland survey of substance use among LGB&T people found that 44% of respondents smoked (28% regularly and 16% occasionally) and that transgendered respondents were the most likely to be regular smokers (32%).⁴⁵ These levels are higher than those for the NI population in general where 25% of respondents smoke – 27% of males and 23% of females.⁴⁶
- A UK survey in 2012 found that LGB people over 16 years of age are more likely to be current smokers, less likely to have never smoked, and less likely to have given up smoking than the general population:⁴⁷
 - 26% of gay and bisexual men are current smokers (22% men generally), 22% of lesbian and bisexual women are current smokers (20% of women generally).
 - 46% of gay and bisexual men and lesbian and bisexual women have never smoked compared to 49% of men generally and 57% of women generally who have never or occasionally smoked.
- Two thirds of lesbian and bisexual women have smoked at some time in their life compared to half of women in general; and more than one quarter of report being current smokers.⁴⁸
- Two thirds of gay and bisexual men have smoked at some time in their life compared to half of men in general; 26% of gay and bisexual men currently smoke compared to 22% of men in general.⁴⁹
- Typically, smoking starts during adolescence and the influence of peers is an important factor in adolescent smoking.⁵⁰ Research to explore the association between lesbian, gay or bisexual sexual orientation identity and smoking and alcohol use in young people in England aged 18/19 years found higher rates of smoking history in LGB youth compared to those identifying as heterosexual.⁵¹

A number of factors may contribute to increased levels of smoking in the LGB&T population, for example:⁵²

- Risk factors associated with increased smoking among the general population may be more common among LGB population, for example, stress, depression, alcohol use and victimisation.⁵³ However, internalised homophobia and reaction to disclosure of sexual orientation have also been identified as specific factors for sexual minorities.
- Historically, bars and club culture have provided an important setting for socialising in the LGB&T community and this may have contributed to higher smoking rates.⁵⁴
- There is also evidence that the tobacco industry has specifically targeted the LGB&T community through advertisements, sponsorships, and promotional events.^{55,56}

There is some evidence to suggest that smoking may be regarded as less important than other problems to LGB&T individuals.⁵⁷ However smoking is a particular issue for those living with HIV.⁵⁸ The incidence of cancers such as lung and cervical cancers, are higher among HIV-infected smokers than non-smokers and develop at a younger age in persons with HIV compared to the general population. In a recent study to examine mortality attributable to smoking among patients with HIV, the authors concluded that the number of years of life lost by smoking was greater than the number lost from HIV. Among patients aged 35-80 years, those with HIV who never smoked lost 5.1 years (95% CI, 4.4 - 5.8 years) compared with non-smokers without HIV; smokers with HIV in lost 12.3 years (95% CI, 11.5 - 13.0 years) compared with patients with HIV who never smoked.⁵⁹

Alcohol and drug use

Studies have suggested that the levels of alcohol and drug use among LBG&T communities may be higher than those for the general population.

A study of alcohol and drug use among LGB people in England from 2009-2011 found that:⁶⁰

- across all age groups LGB people are much more likely to use drugs compared to the general population;
- problematic patterns of drinking are much more common among LGB people;
- LGB people demonstrate a higher likelihood of being substance dependent and show high levels of substance-dependency;
- Significant barriers exist to seeking information, advice or help among LGB people.

In 2012 a Northern Ireland study found that:⁶¹

- 91% of LGB&T reported that they drink alcohol; 93% of women and 89% of men. In 2011/12, the Health Survey Northern Ireland reported that 75% of respondents aged 18 and over drink alcohol, 81% of males and 72% of females.⁶²
- 57% of LGB&T people who responded to the survey drink at hazardous levels.
- 37% of survey respondents reported using any illegal drug in the last year, with 28% reporting drug use in the last month; the level of last year drug use among those who identified as transgender was 53%.
- For those who reported drug use in the last year, the most commonly used drugs were opiates (30%), cannabis (27%), poppers (25%), sedatives (22%) and anti-depressants (22%).
- One quarter (25%) of survey respondents provided an indication of abusing drugs within the last year with 6% showing symptoms of severe drug abuse. Approximately one half (52%) of transgender people displayed a sign of drug abuse within the last year and 10% indicated severe drug abuse.

In 2010, around one fifth (21.4%) of Northern Ireland respondents to the EMIS survey of gay and bisexual men reported that they worried about how much they drank while 3.9% said that they worried about their recreational drug use.⁶³

Young people in England aged 18/19 years who identified as lesbian or gay (but not bisexual) were at increased risk of drinking alcohol more than twice per week and risky single occasion drinking (RSOD) compared with those who identified as heterosexual.⁶⁴

A study of trans mental health (2012) found that 62% of participants had an AUDIT-C score of above 3[†] (47% scoring between 4 and 12), indicating significantly harmful levels of alcohol use among trans people.⁶⁵

Mental health and wellbeing

Evidence suggests that LGB&T people are at high risk of experiencing anxiety, depression, self-harm and suicidal behaviour.

The reasons are complex, however studies have indicated that factors such as stigma, homophobic or transphobic bullying, isolation, rejection by family or friends, discrimination or harassment and a lack of or limited access to services/support may have a negative impact on individuals' mental health and wellbeing.^{66,67,68,69,70,71}

A number of research studies over the past decade have explored the issue of mental health among LGB&T people living in Northern Ireland.

Most recently, in 2013, a study to explore the experiences and perceptions of emotional health and wellbeing among LGB&T people in Northern Ireland had 571 responses (including 179 from LGB women and 29 transgender individuals):⁷²

- One in twelve (8.3%) of all respondents felt uncomfortable or very uncomfortable with their sexual orientation and/or gender identity (8.6% male, 7.6% female and 12% transgender).
- Nearly two thirds (64.7%) of respondents had personal, emotional, behavioural or mental health problems for which they needed professional help. However, only 39% had asked for professional help.
- The most commonly diagnosed mental health issues related to mood, anxiety and sleep.
- One in five (40.5%) respondents reported an episode of self-harm within the last year.
- The most commonly reported reasons given by those who reported self-harm were depression (19.6%), low self-worth (14.7%), stress/anxiety (12.3%) and wanting to die (12.3%).
- Of those who had self-harmed, more than half (56.3%) felt that their self-harm was 'somewhat', 'very' or 'very much' related to their sexual orientation and/or gender identity.
- Almost half (46.9%) of respondents indicated ever having experienced suicidal ideation; of these, 35.5% indicated that they have experienced suicidal ideation within the last month.
- Just under two thirds (64.1%) of those who had experienced suicidal ideation stated that suicidal ideation was 'somewhat', 'very' or 'very much' related to their sexual orientation and/or gender identity.
- Just over a quarter (25.7%) of respondents had at least one suicide attempt (males 26.6%, females 23.6%); with the highest reported incidence among transgender respondents (43.5%).
- Over a third (34.4%) of respondents 'did not know' or were 'unsure' about how to access advice or support in relation to emotional health and wellbeing.
- Just over half of respondents (51.3%) had accessed advice or support in relation to emotional health and wellbeing; of these 77.5% disclosed their sexual orientation and/or gender identity to the service provider.

[†] The AUDIT-C tool provides an indication of damaging levels of drinking; a score of above 3 indicates that an individual is dependent alcohol or engaging in alcohol abuse.

Previously the 'Shout' report (2003) found that almost a quarter (24%) of young LGB&T people had been prescribed medication for depression, 26% had experienced self-harm and 29% had attempted suicide.⁷³ A 2006 report exploring the mental health of young same-sex attracted men found that, over one quarter (27.1%) of the respondents had attempted suicide and over two thirds (71.3%) of respondents had thought about taking their own life.⁷⁴

Qualitative research in 2011 to explore healthcare issues for transgender people living in Northern Ireland found that many experience mental health concerns, particularly depression. Participants linked poor mental health with experience of social stigma, prejudice and discrimination, alienation from family and friends and social isolation.⁷⁵

Studies from the UK and Ireland also highlight the issue of mental health among LGB&T people.

In 2012, a large study examined the mental health needs and experiences of transgender people in the UK and reported that:⁷⁶

- Overall, seven out of ten (70%) participants were more satisfied with their lives since transitioning; only 2% were less satisfied.
- Within mental health services, 29% of the respondents felt that their gender identity was perceived as a symptom of mental ill-health; 17% were told that their mental health issues were because they were trans.
- About three quarters (74%) felt that their mental health had improved as a result of transitioning.
- Rates of current and previously diagnosed mental ill health were high; depression (55%) was the most common, followed by anxiety (38%) and stress (27%). However, many felt that they had mental issues which had not been diagnosed.
- Over half (53%) reported having ever self-harmed; with 11% currently self-harming.
- The majority (84%), had thought about ending their lives (27% within the last week)
- Prevalence of suicide attempts among those who had ever thought about ending their lives was 11% within the last year; lifetime prevalence was substantially higher, at 48%.
- Suicidal ideation and actual attempts reduced after transition, with 63% thinking about or attempting suicide more before they transitioned and only 3% thinking about or attempting suicide more post-transition.

These findings are consistent with study on the mental health and wellbeing of trans people in Ireland (2012) which reported that mental health, wellbeing and life satisfaction scores improved after going through transition.⁷⁷ However, it also reported that many trans people had negative experiences with general medical and gender-specific services. Almost half of the respondents reported ever having self-harmed; 80% had considered suicide and half of these had made a suicide attempt.

Another large UK survey (2007) of trans people reported that 34.4% reported having attempted suicide at least once as an adult; almost 14% had attempted suicide more than twice.⁷⁸

A study to examine mental health and wellbeing among LGB&T people in Ireland (2008) found that:⁷⁹

- Two thirds of respondents reported having felt down or depressed in the past 12 months, and over two fifths reported having felt depressed in the previous 30 days.
- Almost 25% of the sample had taken medication prescribed by a doctor for the treatment of anxiety or depression at some stage, and 8% were currently taking such medication.
- Over 60% of interview participants attributed the experience of depression directly to social and/or personal challenges connected with their LGB&T identity. They identified a range of psychological and external stressors which contributed to their psychological distress, including the stigma that LGB&T people experience, their lack of integration with the community, their social isolation and problems of self-acceptance, low levels of, and/or limited access to, formal or informal mechanisms of social/psychological support.

- Participants who experienced homophobic bullying or other forms of victimisation were particularly susceptible to depression.

In a UK survey of LGB people (2012), only 7% of respondents reported that they had never experienced a mental health problem: the mental health problems reported included low self-confidence or self-esteem (71%), depression (58%), isolation (54%), anxiety including panic attacks (50%), suicidal thoughts (40%), self-harm (23%) eating disorders (19%) and attempted suicide (15%).⁸⁰

Domestic abuse

Domestic abuse is defined by the PSNI as *'behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) inflicted on one person by another where they are or have been intimate partners or family members, irrespective of gender or sexual orientation'*.⁸¹

There are no official statistics on the levels of domestic abuse against LGB&T people in Northern Ireland.⁸² However, some UK studies provide evidence that domestic abuse is an issue for LGB&T people.

A survey of gay and bisexual men's health issues (2011) reported that:⁸³

- 49% have experienced at least one incident of domestic abuse from a family member or partner since the age of 16 (compared to 17% of men in general).
- 40% have experienced domestic abuse from a partner (compared to 14% of men in general).
- 78% who have experienced domestic abuse have never reported incidents to the police. Of those who did report, 53% were not happy with how the police dealt with the situation.

A survey of lesbian and bisexual women's health issues (2008) reported that:⁸⁴

- One in four of all lesbian and bisexual women have experienced domestic violence in a relationship. Two thirds of those say the perpetrator was a woman, a third a man.
- Eight in ten lesbian and bisexual women who have experienced domestic violence have never reported incidents to the police.

In 2012, a large UK study found that over 16% of trans respondents had experienced domestic abuse.⁸⁵

A 2010 Scottish report on transgender people's experience of domestic abuse found that:⁸⁶

- 80% of transgender respondents to a 2010 survey indicated that they had experienced some form of emotional, sexual or physical abuse from a partner.
- Only 6 out of 45 respondents had contact with the police regarding their experience of domestic abuse.
- 98% of 45 respondents experienced negative impacts due to the domestic abuse most commonly psychological/emotional problems (76%), stopped trusting people/difficulty in other relationships (73%) and isolation from family or friends (49%).

Sexual health

Gay, bisexual, and other men who have sex with men (MSM) represent a diverse community. However, these men are disproportionately impacted by syphilis, HIV, and other sexually transmitted infections (STIs).

Surveillance data from Genitourinary Medicine (GUM) clinics in Northern Ireland shows that in 2012 MSM accounted for:^{87,88}

- 65% of new episodes of male diagnoses for uncomplicated gonorrhoea;
- 90% of new Syphilis infections;
- 58% of new HIV diagnoses.

In 2010, the European MSM Internet Survey (EMIS) collected information on the knowledge, attitudes, needs and behaviours of men who have sex with men (MSM), including those who identify as gay or bisexual, in relation to HIV, sexual health, and well-being. Findings from Northern Ireland sample (n=416) reported:⁸⁹

- Most respondents identified themselves as gay or homosexual (84%); 10.8% identified as bisexual, 4.1% reported that they didn't usually use a term; 0.5% any other term and 0.2% as straight or heterosexual.
- Most respondents had sex exclusively with men (82.9%), 9.4% with both men and women, and 0.7% only with women. A total of 7% of respondents indicated having no sexual partners in the previous 12 months.
- Around two fifths (40.7%) of respondents indicated that they are 'out' all to all or almost all of the people that know them, while 27.7% said they were out to few people or no one.
- Two thirds of respondents (66.1%) were currently single, 29.3% were in a relationship with one man; 1.4% were in a relationship with more than one man while 3.1% were in a relationship with a woman.
- 68.9% of respondents indicated that they had one or more non-steady sexual partner in the previous 12 months.

HIV and STI testing

*"Fear of the negative social consequences of a positive diagnosis (stigma, discrimination, rejection)" (p8) is reported to be a significant barrier to HIV testing.*⁹⁰

- Within the UK, respondents from Northern Ireland were least likely to have ever been tested for HIV (49.5%) compared to England (30.3%), Scotland (39.6%) and Wales (44.3%).⁹¹
- Just under half (47.3%) of NI respondents indicated that their last test result was negative (30.2% tested in the last year, 17.1% tested over a year ago); 3.3% reported testing HIV positive.
- Those living in the South Eastern HSCT (58.7%) and Western HSCT (55.6%) were most likely to report that they had never been tested.
- Just under half (47.6%) of respondents indicated that they had never been or don't know if they had been tested for an STI, while 33.3% indicated that they had been tested in the last year and 19.1% reported that they had been tested over a year ago.
- Over two thirds (68.6%) of respondents indicated that they were very confident or quite confident (16.7%) that they could get a test for HIV if they wanted one; 7% reported a little confident, 3.5% were not at all confident and 4.2% did not know.
- Amongst those men not diagnosed as HIV positive, 81.9% perceived that it was possible for them to get free HIV testing.

Living with HIV

Early diagnoses and successful antiretroviral treatment mean that people with HIV can expect to live longer, healthier lives.

In 2012, 639 residents of Northern Ireland with diagnosed HIV infection (487 men and 152 women) accessed care. Of those receiving care, 55% (349/639) acquired their infection through sexual contact involving MSM and 42% (269/639) acquired their infection through heterosexual contact.⁹²

Stigma relating to HIV is a challenge which may impact on the accessibility to services as well as the mental health and wellbeing of people living with HIV. While most reports focus on stigma within

the general population, some studies report that HIV-positive individuals also experience stigma within communities of gay men.⁹³

The EMIS survey on men living with HIV in Ireland (n=143, 8.4% in NI) reported that:⁹⁴

- 47.1% of men living with HIV were not happy with their sex lives with the main reason for this being worry about passing on HIV or other STIs.
- Around 9 out of 10 men living with HIV reported having at least one non-steady sexual partner in the past year; on the last occasion over half (55.5%) reported that they did not disclose their HIV positive status and 5.1% indicated that they had not been truthful about their HIV status.
- The majority of men indicated that they had concerns about disclosing their HIV status and avoided telling others (93.1%) or worried that others would view them unfavourably because they have HIV (92.8%).
- Men also reported being shunned or avoided sexually (70%) or socially (47%) when it was known they were HIV positive.

Lesbian and bisexual women

“Women who have sex with women (WSW) are a diverse group with variations in sexual identity, sexual behaviors, sexual practices, and risk behaviors.”⁹⁵

Traditionally many health care providers have perceived WSW to be at low risk of STIs.^{96,97} This perception also exists among women themselves and may lead to less frequent use of barrier methods to prevent STIs or fewer or less frequent health screenings. However, there is evidence that STIs can be passed between female partners.^{98,99,100,101}

In 2008 a survey of lesbian and bisexual women in Great Britain found that:¹⁰²

- Less than half have ever been screened for sexually transmitted infections. Three quarters of those who had never been tested “don’t think I’m at risk”, one ten were “too scared” to get tested and 4% had been told by healthcare workers that they do not need a test.

More recently, in 2012, a survey of LGB people in the UK found that:¹⁰³

- Nearly half of lesbian and bisexual women respondents (n=1,204) had never had a sexual health screening and of these, 43% said “I do not think I need one because I have never had unprotected sex”.
- 43% (n=620) said they usually go for a sexual health screening every 1-5 years, but a quarter (25%) wait until they have symptoms before going for a screening.

Evidence suggests that WSW may be at greater risk than women with exclusively male partners, through behaviours such as risky sex with male sexual partners and activities such as injecting drug use. A UK study which compared sexual, reproductive, general health and risk behaviours found that, compared with women who reported sex exclusively with men, women who reported sex with women and men were more likely to report; larger average number of male partners, HIV risk behaviours including injecting drug use, unsafe sex, their most recent partner as ‘not regular’, choosing sexual partners at higher risk of STI or blood born infection. Around one fifth of women who reported sex with women and men (18%) reported an STI diagnoses in the past 5 years compared to 3.8% of women who reported sex exclusively with men. Only 4 of the 178 WSW reported no male sexual partners ever.¹⁰⁴

Findings from the most recent Natsal survey provide evidence for a change in the sexual experiences of women with increases in the proportions reporting ever having had a same-sex partner between Natsal-2 and Natsal-3.¹⁰⁵

Cancer

There is little evidence on the incidence of cancer in the LGB&T community. A lack of monitoring data in relation to sexual orientation and gender identity may limit comparisons and understanding of inequalities related to cancer. Many studies have tended to focus on cervical and breast cancer.

In 2009 the All Party Parliamentary Group on Cancer reported that lesbians may be at a higher risk of breast cancer.¹⁰⁶ It has been suggested that lifestyle factors (including higher rates of smoking, alcohol and obesity) and the fact they may be less likely to have given birth or used oral contraceptives (protective factors for endometrial and ovarian cancer) may contribute to an increase in risk.¹⁰⁷

A review on cervical screening commissioned by the NHS Cervical Screening Programme reported that *“Lesbian and bisexual women may contract Human Papilloma Virus through their own previous sexual behaviour with men; in addition, HPV may also be transmitted through lesbian sex by a female partner who has had previous heterosexual sex.”* (p3-4)¹⁰⁸

The review reported that prevalence rates of HPV among lesbian and bisexual women ranged from 3.3% to 30% and that lesbian and bisexual were up to 10 times less likely to have had a test in the past three years. It also identified risk factors for cervical cancer including smoking, early age of first intercourse and high numbers of male partners as risk factors for HPV infection which is necessary for the development of cervical cancer. These risk factors may be more common among lesbian and bisexual woman.¹⁰⁹

Regular cervical screening is an important preventative measure for cervical cancer. A study on lesbian and bisexual women's health reported that 15% of lesbian and bisexual women over the age of 25 have never had a cervical smear test compared to 7% of women in general and that one in five who have not had a test have been told they are not at risk.¹¹⁰

Young LGB&T people

Adolescence is a difficult time for many young people but can be especially challenging for LGB&T youth. Young people coming to terms with their sexual orientation in a heteronormative[‡] society may experience feelings of confusion, shame and isolation.¹¹¹ Young transgender people report feeling confused, scared and abnormal; feelings of isolation and disempowerment fuel self-loathing, particularly during puberty when the young person's body is undergoing unwanted changes.¹¹²

Evidence suggests that young LGB&T people may be at higher risk of mental health problems and risk behaviours including substance misuse, self-harm and suicide.

- In 2008 the Young Life and Times survey reported that young same sex attracted people were more likely to report feeling stressed (60%, very often/often) compared to heterosexual young people (38%), self-harm (37% vs 8%), feel pressurised to drink alcohol (82% vs 77%), smoke tobacco (61% vs 38%), lose weight (57% vs 30%), have sex (37% vs 22%) or take illegal drugs (22% vs 14%).¹¹³
- In 2003 young LGB&T people reported a number of negative life experiences including physical abuse (35%), unsafe sex (27%), receiving medication for depression (24%), eating disorder (21%), drug misuse (23%), alcohol misuse (34%), self-harm (26%) and attempted suicide (29%).

Bullying at school

Most young people realise that they are LGB&T at an age where they are still attending school.^{114,115,116} A study of young LGB&T people in Northern Ireland found that over half (52%) realised that they were LGB&T by the time they were 13 years old, with the majority (89%) knowing by the age of 17. Young transgender people in Northern Ireland report being aware that that their

[‡] The concept of heteronormativity (Butler 1990) is the view that heterosexuality is the normal sexual orientation.

gender identity is different as early as 3-5 years old, however, due to a lack of information and understanding may not have been able to discuss their feelings until later.

Negative attitudes and stigma towards those who are, or are perceived to be, LGBT place these young people at increased risk for bullying. Homophobic or transphobic bullying can include verbal, physical and/or emotional abuse by an individual or group.

Evidence from a number of studies conducted in the UK and Northern Ireland highlight the issue of homophobic/transphobic bullying in schools:

- A 2013 study found that two thirds of respondents (66.3%) had heard verbal threats directed at LGBT people in school.¹¹⁷
- Young trans people reported being the target of regular (almost daily) verbal abuse from other pupils of all ages which frequently occurred in public spaces with witnesses. They also reported that staff, who were aware of the bullying, did not try to stop it.¹¹⁸
- In 2011, the Education Equality Project reported that 98% of young people had heard homophobic language at school.¹¹⁹
- The Young Life and Times survey (2008) found that seven out of ten same-sex attracted young men and over six out of ten (62%) same-sex attracted young women reported school bullying; this compared to 37% of all respondents.¹²⁰
- In a 2008 study, exploring homophobia and homophobic bullying, pupils reported being aware of homophobic language (87%), physical assault (37%) and deliberate exclusion (43%) of someone due to their sexuality or perceived sexuality. Nearly one quarter (23%) of pupils indicated it was, or might be acceptable to hit, punch, kick or spit on young gay people. The study also found that teachers were aware of verbal bullying (85%), physical bullying (12%) and exclusion of young people (35%) where the young person was LGBT (or perceived to be) due to their sexuality or perceived sexuality.¹²¹
- A study of same-sex attracted young men found that nearly two-thirds (65.3%) experienced some difficulties in school related to their sexual orientation; most commonly homophobia from other pupils (51.9%) and bullying (44.7%).¹²²

Other UK reports provide evidence on the experience of young LGBT and homophobic or transphobic bullying.^{123,124,125}

Impact of bullying

Homophobic or transphobic bullying at school can have a substantial impact on a young person's life. It can result in young people being less engaged with school or dropping out of school which can impact on achievement. Experiencing homophobic/transphobic bullying may increase the risk of these young people engaging in risk behaviours including substance abuse, self-harm or suicide.^{126,127,128,129,130,131,132.}

- Same sex attracted young men who experienced homophobic bullying were more likely to have lower self-esteem, self-harmed, thought about or attempted suicide.¹³³
- Young LGBT people reported that they had been bullied (44%), been truant (25%), obtained lower results (33%) dropped out (15%) or changed school because of their sexual orientation.¹³⁴
- The School Report (2012) found that LGBT pupils who experience homophobic bullying:¹³⁵
 - skip school (44%); 13% skip school more than six times
 - change their plans for future education (32%)
 - have symptoms consistent with depression (46%)
 - deliberately harm themselves (41%)
 - attempt or think about taking their own life (41%) directly because of the bullying.

Role of schools

Evidence suggests that many young people are not taught about LGBT issues at school.^{136,137}

Young LGT&T people also report that teachers who witness homophobic/transphobic language or bullying do not intervene and, as such, many young people do not report bullying. Teachers report being aware of homophobic bullying in both primary and secondary schools.^{138,139} In a Northern

Ireland study teachers reported the most common hindrances in tackling homophobic bullying were parental disapproval (53%); a lack of confidence in developing and delivering resources (39%); student disapproval (35%) and school inexperience in dealing with these issues (29%). It also found that, while about a half (49%) felt that school was an appropriate setting to provide information on LGB issues, 34% were uncertain and 17% felt it was inappropriate.¹⁴⁰ A UK survey of transgender people reported that 45% of respondents did not feel that teachers had the tools to tackle the bullying of gender variant children in schools.¹⁴¹ Reports by the Rainbow Project and ICR highlight that the absence of information on diversity in sexual orientation and gender identity in the Northern Ireland curriculum contributes to the invisibility of LGB&T issues in society. The reports make a number of recommendations for implementation including the promotion of 'Gay-Straight Alliances' as a model of best practice in helping to reduce homophobic and transphobic prejudice and discrimination in school settings.^{142,143}

A report by the Rainbow Project in 2011 highlighted the experience of homophobic bullying in schools and made a recommendations to address the issue including the need to ensure that diversity of sexual orientation is included in the mandatory curriculum, that teachers receive effective training on how to intervene when they witness homophobic language and behaviour, that all schools have a comprehensive policy on how to tackle homophobic bullying and a legal duty be place on schools to promote equality of opportunity for all young people.

In 2011 a review on the nature and extent of bullying in schools in Northern Ireland was commissioned by the Department of Education.¹⁴⁴ Recommendations 9 and 10 made specific reference to the need for further research to understand attitudes of parents, pupils and teachers to homophobic bullying, identify ways of addressing this and highlighted the need to capture data to evaluation interventions.

Coming out

Young LGB&T people have different experiences when they first 'come out'. People's reactions can be varied and unpredictable. There is evidence that young LGB people may not first come out to parents.¹⁴⁵ A Northern Ireland study of young LGB&T people found that more than half (53%) had disclosed their sexuality by age of 17 and over three quarters reported that they had first come out to friends (78%), brothers/sisters (28%) parents (25%). Nearly two thirds (63%) of young people felt that they could not come out to their parents, extended family (52%), brothers/sisters (46%).¹⁴⁶ In a culture where negative attitudes towards same sex attraction exist, young people may want to protect their parents. However, young people may not want to disclose their sexual orientation to parents because they fear rejection or victimisation. Such fears contribute to the mental health of young LGB&T people. Evidence suggests that positive relationships with parents and family acceptance can protect against mental health problems in young LGB&T people. Parental awareness of a young person's sexual orientation at an early age may also result in lower levels of internalised homophobia in young people.^{147,148}

A report on trans young people found that young people highlighted the importance of parental support for a young person's self-determination and reducing emotional problems.¹⁴⁹

Unfortunately, young LGB&T people still experience family rejection and this can increase their risk of homelessness. Additionally, some young trans people may also decide to leave home in order to start life in their preferred gender identity.

Northern Ireland studies have identified homelessness as an issue for young LGB&T people with one study reporting that 16% of young LGB&T people had experienced homelessness.¹⁵⁰ Another study reported that one in ten (10.1%) had been homeless as a result of their sexual orientation. It also found that two fifths (41%) of young same sex attracted men had moved out of their home due to negative attitudes to their sexual orientation and that these young people were more likely to have attempted suicide, thought about suicide and self-harmed.¹⁵¹

The issue of homelessness for LGB&T people has also been highlighted in a number of UK reports.^{152,153}

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Older LGB&T people

Many older LGB&T people have lived through a time when same sex relationships were pathologised and, for gay and bisexual men, illegal.¹⁵⁴ In Northern Ireland, homosexuality was decriminalised in 1982, 15 years later than England and Wales.¹⁵⁵ While in recent years, progress has been made to protect the rights of LGB&T people, older LGB&T people may have experienced prejudice or discrimination and as a result may be less open about their sexual orientation or gender identity than younger age groups. Concealment of their sexual identity as a result of victimisation or internalised stigma, may impact on opportunities for LGB&T people to make or strengthen social relationships or access healthcare, increasing the risk of poor mental or physical health.^{156,157}

LGB&T people face many of the same issues as other members of the general public when ageing. However, they are more likely than their heterosexual counterparts to be single and live alone and are less likely to have children, making it likely that they will expect/need to rely on formal support services.¹⁵⁸ While LGB&T people develop their own social networks these are likely to be with people of the same age who are experiencing similar aging issues. This means that they are more likely to rely on more formal care and support as they get older.¹⁵⁹ Fear of discrimination and prejudice may impact on older LGB&T people's willingness to access care and services.¹⁶⁰ For example, they may experience different mental health stresses as they might not have been able to come out at all in early life. It may also mean that they present to health care services at a later stage when conditions may be more advanced.^{161,162,163}

In 2011, Stonewall commissioned a survey of 1,050 heterosexual and 1,036 lesbian, gay and bisexual people over the age of 55 across Britain.¹⁶⁴ The survey asked about their experiences and expectations of getting older and examined their personal support structures, family connections and living arrangements. It also asked about how they feel about getting older, the help they expect to need, and what they would like to be available from health and social care services.

Key findings from the survey report that LGB people over 55 are:

- More likely to be single. Gay and bisexual men are almost three times more likely to be single than heterosexual men, 40% compared to 15%.
- More likely to live alone. 41% of LGB people live alone compared to 28% of heterosexual people.
- Less likely to have children. Just over a quarter of gay and bisexual men and half of lesbian and bisexual women have children compared to almost nine in ten heterosexual men and women.
- Less likely to see biological family members on a regular basis. Less than a quarter of lesbian, gay and bisexual people see their biological family members at least once a week compared to more than half of heterosexual people.

The survey also highlighted lifestyle differences between LGB people over 55 and their heterosexual counterparts. LGB people over 55:

- Drink alcohol more often; 45% drink alcohol at least 'three or four days' a week compared to just 31% of heterosexual people.
- Are more likely to take recreational drugs; 9% have taken drugs within the last year compared to 2% of heterosexual people.
- Are more likely to have a history of mental ill health and have more concerns about their mental health in the future.
- Lesbian and bisexual women are more likely to have ever been diagnosed with depression and anxiety; two fifths have been diagnosed with depression, one third with anxiety.
- Gay and bisexual men are twice as likely to have ever been diagnosed with depression and anxiety than heterosexual men.
- 49% of LGB people worry about their mental health compared to 37% of heterosexual people.

However, the findings showed that LGB people feel that service providers including social care and support services (61%), housing services (58%), mental health services (43%) or GP and other health services (17%) may not be able to understand and meet their needs.

In 2011, research including a survey and interviews, explored the experiences and needs of older LGB&T people living in Ireland. Among the findings it reported that:¹⁶⁵

- Around two fifths of participants lived were single (43.1%) and living alone (45.8%).
- One in ten reported not being out to close family.
- A fifth (20.6%) reported that they were uncomfortable coming out about their LGB&T identity.
- Just under a third (32.6%) reported having had a mental health problem, most frequently depression; 11.4% had seriously thought about ending their life and 4.5% said that they had self-harmed in the past 12 months.
- Over eight out of ten (82%) reported being current drinkers and 14% worried about their drinking. Alcohol was used to help cope with their LGB&T identity, provide confidence to come out or numb painful feelings, emotions and thoughts.
- About a third of participants (32.5%) believed that healthcare professionals had sufficient knowledge about LGBT issues; while less than half (42.9%) felt respected as an LGBT person by healthcare providers.

Accommodation and support

Issues such as reduced mobility and health and social care needs mean that many older people may need to consider moving to more suitable accommodation. Evidence suggests that LGB people may be apprehensive about having to go into retirement homes or nursing or residential care as they fear that their needs will not be understood or met.^{166,167} Their concerns include issues around disclosure and possible discrimination, not being able to express their sexuality and becoming disconnected from LGB social networks.

The issue of housing and home care services specifically for LGB&T has been raised in some reports, however views on this are mixed.¹⁶⁸ One qualitative study with older LGB people found that while not many felt strongly about having exclusively gay or lesbian care home, the majority would prefer there to be other LGB residents.¹⁶⁹

A report by The Rainbow Project explored the experiences of care providers in Northern Ireland nursing and residential homes in caring for older LGB&T people.¹⁷⁰ The findings highlighted that while sexual orientation was included in policies, no reference was made to gender identity and that entry assessment procedures did not routinely identify the sexual orientation/gender identity of clients. This may limit the extent to which care providers can meet specific client needs based on sexual orientation/gender identity. The report also highlighted the need for specific staff training in relation to caring and sexual orientation/gender identity and the need for resources and tools to support service providers to create inclusive nursing and residential facilities.

In a 2013 survey of LGB&T people over the age of 40 years in Northern Ireland, 48.8% of respondents said they would not feel comfortable being 'out' in a care/nursing home environment while 27% said they would not feel comfortable being out to a home care provider.¹⁷¹ When asked what needed to be done to create a safe space for older LGB&T people in care/nursing homes and with home care providers, the most common response related to training for staff on LGB&T needs (90.6%) followed by accommodation for same sex couples (88.8%). Seven out of ten of respondents felt that Northern Ireland should have care/nursing home (69.4%) and home care (70.6%) services provided by LGB&T providers.

HIV/AIDS

HIV/AIDS is a particular concern for older gay and bisexual men due to continued transmission of HIV among older populations and the increased life expectancy for those living with HIV/AIDS due to current medications.

In 2010 a report by the Joseph Rowntree Foundation described the needs, concerns and characteristics of people aged 50 and over who are living with HIV in the UK. The report found that:¹⁷²

- While most people were registered with a GP, there were fears and experiences of poor treatment in primary care and generalist health settings.
- Older people with HIV reported varying levels of sexual activity with gay/bisexual men most likely to have multiple partners.
- Substantial levels of depression and mental health concerns.
- Three quarters were concerned about future access to social care such as home help. Many expressed anxiety about needing to use home care or residential care because of perceived, and sometimes experienced, prejudice and ignorance about HIV within these services.
- One in five reported experiencing discrimination in the past year, either because of age or HIV status. Overall, people were as likely to report age discrimination as HIV discrimination, but HIV discrimination was far more prevalent in healthcare and provision of goods and services.

Northern Ireland policy relevant to LGB&T

In 2013 the Office of the First Minister and Deputy First Minister (OFMDFM) published “Together: Building a United Community Strategy”.¹⁷³ The strategy is a key building block in the implementation of the Programme for Government 2011-2015 and reflects the Executive’s commitment to improving community relations and building a united and shared society. It states a commitment “... to publishing a Sexual Orientation Strategy this year, which will be informed by a full public consultation. The intention is that the Strategy and associated action plans will address the issues that impact on the daily lives of LGBT people.” (Section 1.25 p17). It also states that the strategy “is for the benefit of all individuals, regardless of gender, including transgender people, and does not take away from the importance of actions to ensure that there is no discrimination on the basis of gender.” (Section 1.26 p17). The commitment to publish a sexual orientation strategy was reiterated in a response to an assembly question (AQO 5254/11-15) in January 2014.¹⁷⁴

A number of other strategies are relevant for LGB&T issues:

- [Department of Health, Social Services and Public Safety. New strategic direction for alcohol and drugs, Phase 2, 2011-2016. A framework for reducing Alcohol and Drug related harm in Northern Ireland.](#)
- [Department of Health, Social Services and Public Safety. The Northern Ireland Suicide Prevention Strategy 2012 - March 2014 \(Refreshed June 2012\).](#)
- [Investing for health. Belfast: Department of Health, Social Services and Public Safety, 2002.](#)
- [A healthier future: A twenty year vision for health and social wellbeing in Northern Ireland 2005-2025.](#)
- [Promoting mental health strategy and action plan 2003-2008. Belfast: Department of Health, Social Services and Public Safety, 2003.](#)
- [Sexual health promotion strategy and action plan 2008-2013.](#)
- [Tackling sexual violence and abuse. A regional strategy 2008-2013. Belfast: Northern Ireland Office and Department of Health, Social Services and Public Safety, 2008.](#)
- [Section 75 of the Northern Ireland Act 1998. A guide for public authorities. Belfast: Equality Commission, 2010.](#)
- [Tackling violence at home. A strategy for addressing domestic violence and abuse in Northern Ireland. Belfast Northern Ireland Office and Department of Health, Social Services and Public Safety, 2005.](#)
- [Lifetime opportunities. Governments anti-poverty and social inclusion strategy for Northern Ireland. Belfast: Office of the First Minister and Deputy First Minister, 2006.](#)
- [Our children and young people-our pledge. A ten year strategy for children and young people in Northern Ireland 2006-2016. Belfast: Office of the First Minister and Deputy First Minister, 2006.](#)

- [A shared future. Policy and strategic framework for good relations in Northern Ireland. Belfast: Office of the First Minister and Deputy First Minister, 2005.](#)
- [The Bamford Review of Mental Health and Learning Disability \(Northern Ireland\). Belfast, 2006.](#)

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Further reading/resources

- [Equality Commission for Northern Ireland. Promoting sexual orientation equality. Priorities and recommendations. Belfast: Equality Commission for Northern Ireland, 2013](#)
- [The lesbian, gay, bisexual and trans public health outcomes framework companion Document. Department of Health, England,](#)
- [Scottish Government equality outcomes: Lesbian, gay, bisexual and transgender \(LGBT\) evidence review \(2013\)](#)
- [Sexual orientation and the 2011 Census – background information.](#)
- [2010 Annual evidence update - sexual health: HIV/AIDS - behaviour change in high-risk populations - citations.](#)
- [The health inequalities in cancer and Lesbian, Gay, Bisexual, Transgender \(LGBT\) communities. Policy Statement. London: Cancer Research UK, 2008](#)
- [Hansson U, M Depret and Fitzpatrick B. Equality mainstreaming. Policy and practice for LGB people. Belfast: Institute for Conflict Research, 2007.](#)
- [Sexual orientation: A practical guide for the NHS. London: Department of Health, 2009.](#)
- [Equality impact assessment for national sexual health policy. London: Department of Health, 2010.](#)
- Quiry M. Our health and wellbeing. Your business. Guidelines on lesbian and bisexual women's health and social care in Northern Ireland. Belfast: Lesbian Line, 2011.

Useful links

- [Cara friend](#)
- [The Rainbow Project](#)
- [Gay and Lesbian Youth Northern Ireland \(GLYNI\)](#)
- [HERe NI](#) (previously Lesbian Advocacy Services Initiative (LASI))
- [TransgenderNI](#)
- [Stonewall](#)

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