

**SECTION 6**

**SEXUAL ORIENTATION,  
EQUALITY AND HUMAN RIGHTS:**

**ACCESS TO HEALTH AND SOCIAL  
SERVICES IN  
NORTHERN IRELAND**

**Literature Review-  
Equality & Human  
Rights: Access to Health  
and Social Services in  
Northern Ireland**

## **Sexual Orientation, Equality and Human Rights: Access to Health and Social Services in Northern Ireland**

It is only in recent years with the emergence of equality and human rights legislation that there has been a substantive research focus on the lives of lesbian, gay and bisexual and transgender (LGBT)<sup>59</sup> people in Northern Ireland. Breitenbach (2004:7) in a recent report commissioned by OFMDFM offers a number of reasons why the lives of LGBT people have been under researched in Northern Ireland, including the previous lack of political commitment to tackling discrimination, a politically hostile climate in which LGBT people have not been afforded equality and the methodological difficulties in researching LGBT people.

Since the first literature review, published in March 2001, an increasing number of small scale studies have now emerged which focus on the experiences of LGBT people in Northern Ireland. On the positive side, many of these studies reveal pockets of good practice in targeting health and social services at LGBT people. However, the studies also reveal that much is yet to be achieved in order to ensure that LGBT people in Northern Ireland have equality of access to health and social care.

In terms of accessing health and social services, research evidence suggests that a number of obstacles prevent LGBT people accessing appropriate care (Inclusion Project, 2003:23). These include:

- **the prejudicial attitudes of some health care providers** – actual or perceived homophobic or negative attitudes displayed by some health and social care staff make LGBT people reluctant to access the services they require;
- **communication with health care providers** – the inability of LGBT people to disclose their sexual orientation or gender to health and social care staff may lead to inappropriate advice or treatment or prevent staff from offering services tailored to the needs of the individual; and,

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<sup>59</sup> This section acknowledges that transgender relates to **gender identification** and not **sexual orientation**. However, transgender people are given mention in this section as they experience many common issues with LGB people in regards to accessing health and social services.

- **limited knowledge of LGBT issues by health care providers**
  - there is a general lack of awareness amongst staff of the wider social issues which affect the lives of LGBT people and how to respond to these at a service level.

Much of the NI-based research reviewed in this section appears to concur that these are indeed major barriers to accessing health and social services for LGBT people here. This section briefly explores these issues and highlights other barriers to accessing HPSS that are experienced by - gay and bisexual men; lesbians and bisexual women; young and older LGBT people; and, LGBT people who are carers. It by no means provides a comprehensive account of all the barriers experienced by LGBT people in relation to accessing health and social care. A lack of available research in Northern Ireland into the interactions between sexual orientation and other social determinants such as ethnicity, disability and social class means that inequalities resulting from these interactions are not addressed in any great detail.

The final part of this section reviews the available literature on sexual orientation, health and human rights in Northern Ireland and identifies a number of HPSS legislative, policy and practices which have the potential to contravene the Human Rights Act.

## **Gay and Bisexual Men**

The wider health and social care needs of gay and bisexual men has been overshadowed somewhat by the issue of HIV and AIDS. Outlined below are a number of issues affecting gay and bisexual men in Northern Ireland many of which relate to barriers in accessing appropriate health and social care.

### *Gay and Bisexual Men: Health Issues*

**Mental Health** – Discrimination, homophobic bullying and harassment, family rejection and isolation have a profound effect upon the mental health of gay and bisexual men. This often leads to suicidal behaviour and self harm. Small scale surveys by the NI-based Rainbow Project, for example, suggest that gay men are more likely to attempt suicide and have identified a need for appropriate counselling services for gay men in Northern Ireland (Breitenbach, 2004:11).

**Homophobic Violence and Harassment** – A recent study into homophobic violence and harassment in Northern Ireland revealed that 82% of LGB respondents had experienced homophobic harassment and 55% had been subjected to homophobic violence. Results highlighted that males were more likely to experience both violence and harassment than females (85%-76% in the case of harassment and 61%-42% in the case of violence). (Jarman & Tennant, 2003:6). Jarman & Tennant (2003:5) argue that homophobic harassment can have “*a pernicious effect on the victim’s sense of self, their confidence and their health.*”

**Alcohol & Drugs Use** – there is evidence of frequent alcohol use amongst gay men and a higher level of drugs use (although research evidence in this area is often contradictory). Research suggests (Donald & Blux, 1996) that LGBT people may be reluctant to enter alcohol treatment services because of the perception that they may experience discrimination by health and social care professionals and/or other service users.

The Scottish-based Inclusion Project publication, “*Towards a Healthier LGBT Scotland*” (2003) highlights a number of other issues in relation to access to services for gay and bisexual men which could also be of relevance to gay and bisexual men in Northern Ireland:

**Sexual Health** – in the past sexual health services for gay men have tended to be dominated by the issue of HIV and AIDS. Health promotion initiatives must now concentrate upon other issues such as the rise in cases of syphilis amongst gay men in the UK.

**HIV & AIDS** – there is a need to recognise the emotional impact of HIV and AIDS among gay and bisexual men both in relation to personal diagnosis and in losing friends and partners to the disease. Further research is required into the coping strategies of gay and bisexual men. More research is also required into the uptake, and barriers to service usage, of GP and other primary care services (e.g. dental services) amongst HIV positive gay and bisexual men.

**Eating Disorders** – a significant number of gay men have eating disorders such as bulimia nervosa which may be connected to

depression, poor self-esteem, stigmatisation etc. However, research in this area is very limited.

**Domestic Violence** – this is very much an invisible issue with a lack of mainstream service provision for LGBT people experiencing domestic abuse. The fear of discrimination and prejudice from service providers makes LGBT people reluctant to report incidents.

A number of recommendations for addressing the barriers to accessing health and social services experienced by gay and bisexual men (some of which are also relevant to lesbians, bisexual women and transgender people) are outlined below.

### **Recommendations: Gay & Bisexual Men**

#### **Alcohol & Drugs Misuse:**

- **More information about substance use within LGBT communities is needed, including effective ways for health services to support LGBT to reduce risk taking behaviours with the aim of improving longer term health.**
- **Addiction agencies, treatment centres and health promotion agencies need to consider how they target the needs of LGBT people.**

#### **Eating Disorders:**

- **More research is required into eating disorders amongst gay and bisexual men. Diet and nutrition services need to consider how to target services at LGBT people.**

#### **Sexual Health:**

- **Continued co-operation by the DHSSPS and its associated bodies and the voluntary and community sector to disseminate sexual health promotion information to gay and bisexual men. An increase in training for HPSS staff on the sexual health needs of gay and bisexual men is advisable. More information on the sexual attitudes and behaviour of gay and bisexual men is needed to target services more effectively.**

#### **HIV:**

- **More research is required into the coping mechanisms and**

mental and emotional needs of those who are HIV positive or their friends/relatives/partners. Further research is also needed into the uptake of services, including primary care services, of people who are HIV positive. This must include identifying barriers to service usage.

#### **“Stock-take” of Services**

- In May 2003 each NHS Board in Scotland nominated an LGBT lead to undertake an audit of current planning and provision of LGBT targeted services. It is suggested that the DHSSPS and its associated bodies could perhaps consider a similar exercise.

#### **Homophobic Violence and Harassment**

- Jarman & Tennant (2003) recommend the development of a campaign to raise awareness around the themes of homophobia and homophobic harassment which might include the creation of a Task Force to develop a wider range of policy recommendation on LGB issues. In light of this recommendation the DHSSPS and its associated bodies could become involved in such a campaign/task force or similar arrangements. The DHSSPS and associated bodies may also wish to consider providing support to services for victims of homophobic incidents in co-operation with LGB organisations.

### **Lesbian & Bisexual Women**

It is only relatively recently that the experiences of lesbian and bisexual women in Northern Ireland have begun to emerge. There has been a tendency for the needs of this group of women to be overlooked because service providers often assume that their needs are similar to those of heterosexual women.

A study by Quiery (2002) entitled, *“A Mighty Silence”*, reveals that lesbian and bisexual women experience a disturbing level of homophobia, at both an institutional and individual level, in Northern Ireland. The study further reveals that there is a lack of structured services, including health and social services, which are tailored to meet the needs of lesbian and bisexual women here.

Quiry (2002) identifies a wide range of issues which can affect the physical and emotional health and wellbeing of lesbian and bisexual women. A number of these issues are briefly examined below and should be taken into consideration in regards to the design and delivery of health and social services.

### *Lesbian and Bisexual Women: Issues Affecting Mental and Physical Health*

Specific issues affecting the mental and physical health of lesbian and bisexual women include (Quiry,2002):

**The Impact of Multiple Identity:** lesbian and bisexual women are not a homogenous group and are often defined by multiple identities. That is, they can be women in rural and urban areas, younger and older women, working and middle-class women, nationalist or republican women, unionist or loyalist women, mothers or disabled women (Quiry, 2002:11). In common with women in general, lesbian and bisexual women also have domestic and family responsibilities as mothers, lone parents, carers and workers. As women they are also more likely to be in low paid and temporary jobs (Quiry, 2002:13).

**Violent Assault and Verbal Abuse:** lesbian and bisexual women can experience verbal abuse and violent assaults as a result of their sexual orientation. A number of interviewees in Quiry's study also highlighted how they had been intimidated from their homes.

**Self-Esteem:** many lesbian and bisexual women often feel unacceptable to mainstream society with homophobia (including internalised homophobia) having a profound impact upon self-esteem and personal development.

**Coming Out:** women who are still "closeted" (that is, who do not reveal their sexual orientation to others) tend to experience isolation and are unlikely to meet other lesbians or access support. On the other hand, "coming out" may increase the level of harassment and rejection experienced.

**Discrimination at Work:** many women who are "out" at work can experience discrimination ranging from severe harassment to ostracism and isolation.

### *Lesbian and Bisexual Women: Access to Health and Social Services*

Quiery (2002:20) highlights that homophobia (as manifested in many of the issues already outlined) has a profound impact upon the health and wellbeing of lesbian and bisexual women, and can be associated with issues such as alcohol and drugs misuse, domestic violence and mental health problems. Quiery (2002:20) maintains that many of these issues remain undocumented and ignored by health and social services in Northern Ireland. For example, interviewees in the study felt that in general, GPs tended to be either unsympathetic or simply did not recognise the health and social care needs of lesbian and bisexual women.

A number of gaps in statutory health and social service provision have been identified by the study, including the need for more one-to-one counselling for women in distress, donor insemination counselling and relationship counselling (Quiery, 2002:17).

A report by YouthAction (NI) Gender Equality Unit (2002:7) reveals that young lesbians in Northern Ireland can feel acutely marginalised, particularly in relation to accessing appropriate health and social services. Young lesbians taking part in YouthAction's "Out and About" programme, for example, stated that the way in which many GPs assumed they were heterosexual made them feel "awkward". The group were also concerned about the continued lack of appropriate information for lesbian and bisexual women in regards to Sexually Transmitted Infections (STIs) and other general health issues. In addition to this, the group highlighted that discussions on sex and relationships, in both school and health and social care settings, tend to focus on issues such as boyfriends, contraception, pregnancy, childbirth or abortion and not on issues which are directly relevant to them.

### *Lesbian and Bisexual Women: Specific Health Risks*

A recent article in the British Medical Journal (Hughes & Evans, 2003:939-940) argues that lesbian and bisexual women have specific health needs and that a lack of awareness of these needs amongst healthcare professionals could lead to ill-informed advice and missed opportunities for the prevention of ill-health. The BMJ article advises that health and social care providers should

develop their knowledge of lesbian and bisexual women's health and begin to identify relevant risk factors.

The Gay and Lesbian Medical Association has identified a number of these risk factors. It is important to note, however, that research evidence in relation to the prevalence of diseases and conditions amongst lesbian and bisexual women is often contradictory. Such risk factors include:

- **breast cancer** – it is suggested that lesbians have the greatest concentration of risk factors for breast cancer, including lower take-up of breast cancer screening and a higher prevalence of smoking.
- **depression and anxiety** – chronic stress is often experienced as a result of homophobic discrimination and harassment. Experiences of prejudice can discourage access and disclosure of sexuality in the health care setting (BMJ, 2003:939-940).
- **gynaecological cancer** – it is suggested that lesbians have higher risks for some gynaecological cancers as a result of lower take-up of cervical screening services and delayed screening behaviour.
- **fitness** – it is believed that lesbians tend to have a higher body mass than heterosexual women. A higher level of obesity amongst lesbians can have implications for heart disease, cancers, diabetes etc. It is recommended that competent advice about healthy eating and exercise should be targeted at this group.
- **substance use** - research (mainly US based) indicates that illicit drugs use may be more common amongst lesbians than heterosexual women (due to added stressors such as discrimination). It is suggested that lesbians need support from health care providers to explore areas such as stress reduction and coping techniques.
- **tobacco** – research also indicates that tobacco smoking is higher amongst lesbians and that this has implications for higher rates of cancer and heart disease.

- **alcohol** – alcohol use and misuse may also be higher amongst lesbians and that this has implications for cancer and osteoporosis.
- **domestic violence** – is under-reported amongst lesbians. There is a clear lack of available support and counselling or knowledge of appropriate services for referral by health and social care professionals.
- **heart disease** – smoking and obesity are the most prevalent risk factors for heart disease amongst lesbians which may not be monitored effectively due to lower use of screening services.

There are many gaps in information in relation to how multiple identity can impact upon equity of access to health and social services for lesbian and bisexual women. Very little is known, for example, of the experiences of disabled lesbian and bisexual women; lesbian and bisexual women in rural areas; or lesbian and bisexual women from black and minority ethnic groups. There is a clear need for more research in this area in order to improve service accessibility.

### **Recommendations: Lesbians & Bisexual Women**

- **steps should be taken to improve access to information on a wide range of issues (e.g. relationships, sexual health) for lesbians and bisexual women. Information (e.g. leaflets, posters etc) should be made available in GPs' surgeries, health clinics and a wide range of other health and social care settings.**
- **DHPSS and associated bodies should recognise and support the needs for further research on the multiple identities of lesbian and bisexual women and how these affect access to health and social services.**
- **there is a need for further research into the counselling needs of lesbian and bisexual women including donor insemination counselling, relationship counselling and one-to-one counselling.**

- **research indicates that there is a reluctance by many lesbian and bisexual people to access screening services (e.g. cervical, breast screening) either because some HPSS staff assume heterosexuality or because women fear negative responses from health care providers. There is a need to raise awareness of the needs of lesbians and bisexual women through the provision of training HPSS staff; this should be carried out in co-operation with LGBT organisations.**
- **There is very little information concerning the prevalence of diseases and conditions amongst lesbian and bisexual women in Northern Ireland. There is a clear need for greater research in this area so that appropriate services and advice can be targeted at this group.**

## **Bisexual People**

Bisexual people often have identities which are not reflected in mainstream gay culture. In addition to this, bisexual people can also experience disapproval and marginalisation by the gay community (Loudes, 2003:11).

There are many similarities in how LGBT people interact with health care professionals and common experiences in relation to accessing services. It is possible, however, that there may also be access difficulties or experiences for bisexual people which are different to those of lesbians and gay men. Unfortunately, research in this area is particularly limited.

## **Young Lesbian, Gay & Bisexual People**

In a report commissioned by the Northern Ireland Human Rights Commission entitled *“Learning to Grow Up”*, Loudes (2003) explores the multiple identities and experiences of young LGB people in Northern Ireland. The study focuses particularly upon the experience of young LGB people in accessing health and social services and highlights that, in relation these services, young LGB people are often exposed to prejudices, human rights

abuses and lack of structures tailored to their needs (Loudes, 2003:3).

Through a series of focus groups and interviews with both health care providers, a number of barriers to accessing health and social services were identified by the study. These issues include:

- **The prejudicial attitudes of some health and social care providers:** whilst many young LGB people reported positive experiences with GPs, several also recalled that their GPs were judgemental about their sexual orientation. One participant related to how her GP had told her that “gay people go to hell”, had “outed” her to her family and had wanted to refer her to a psychiatrist. Loudes (2002:23) notes that these attitudes can inspire feelings of anger, mistrust and hurt amongst young people. The negative attitudes of some health and social care providers could therefore be a barrier, preventing young LGB people from access the services they require.
- **Sex Education & Sexual Health:** young LGB people are rarely provided with appropriate sex education and sexual health promotion initiatives in Northern Ireland. There is a lack of appropriate LGB specific information on sexual health and what information is available tends to be male orientated and neglects to take into consideration the needs of young lesbian and bisexual women. (Loudes, 2003:12).
- **Breaches in Confidentiality:** some young people reported negative experiences with their GPs in relation to respect for privacy and confidentiality, e.g. in some instances GPs “outed” young people to their families against their wishes. Loudes (2003:23) argues that these attitudes are not only making young LGB people reluctant service users, they may also be a breach of Article 8 (i.e. right to respect for private and family life) of the European Convention on Human Rights.
- **Lack of Structure and Support for Young LGB People:** Loudes (2003:23) suggests that because of homophobic violence, social disapproval, and social isolation young LGB people are more likely to be subject to depression, anxiety and poor mental health. The rates of suicide, substance misuse and self-harm amongst young LGB people are believed to be higher than those of the general population. Young people in the study

spoke of mental health problems and the lack of support available to them.

Loudes (2003:3) suggests that health professionals and others must give more weight to the multiple identities of young LGB when designing services. Young LGB people in rural areas, for example, can experience a greater sense of isolation and lack of support and service provision. The report identifies a number of recommendations for improving the access of young LGB to health and social services, some of which are outlined below:

### **Recommendations: Young LGB People [Loudes, 2003]**

- **a holistic approach to health care for young LGB people must be taken (involving co-operation between schools, health and social services). In this process education on health, especially sexual health, information and support structures should be provided for young LGB people.**
- **There is a need for the continuous training of health and social care professionals to recognise the needs of young LGB people.**
- **GPs and health care professionals should create LGB-friendly environments that would be conducive to the process of “coming out”. This could be done by making available leaflets, posters etc on sex education in GP surgeries or pharmacies etc.**
- **a list of GPs who are LGB-friendly could be compiled for use by the LGB community.**
- **health and social service providers should consider setting up tailor-made mental health mechanisms to deal with the needs of young LGB people (e.g. to overcome the stress of coming out, victimisation, bullying and discrimination).**
- **given the important role played by LGB organisations in providing information and support to young LGB people, these organisations should be properly funded. Additionally, health service providers should increase or**

**consider partnership work with LGB organisations.**

- **in implementing section 75 of the NI Act 1998, health and social service providers need to avoid the trap of considering the nine groups in isolation from one another. It is vital to consider the multiple identities of young LGB people.**
- **the absence of statistics on the number of young LGB people and research into their needs should be remedied by the engagement of public authorities in the financing and conducting of statistics. Mechanisms for the collection of information should be carried out anonymously and should respect the right to privacy.**
- **the DHSSPS and associated bodies should ensure the protection of young LGB people's right to privacy and confidentiality.**

### **Older Lesbian, Gay, Bisexual and Transgender People**

Very little research exists, in either a Northern Ireland or UK context, on the needs and concerns of older lesbian, gay and bisexual people in relation to health and social care. A report by Age Concern (2002:2) entitled "*Issues Facing Older Lesbians, Gay Men and Bisexuals,*" highlights that most of the research which is available has been conducted in the US.

Age Concern (2002) suggest that older LGB people face many issues in respect of ageing in common with older heterosexuals, such as reduced income following retirement, health concerns, the death of friends and family and discrimination through ageism. However, Heaphy et al (2003:2) argue that in contrast to older heterosexuals, "*ageing lesbians, gay men and bisexuals are likely to find their lifestyles at odds with social provision and policy that has been established with the heterosexual norm in mind.*"

Age Concern (2002:4) argue that mainstream health and social services for older people, e.g. hospital care, care homes and domiciliary care, often fail to take into account the sexual orientation of older people. Care homes and sheltered

accommodation in particular rarely recognise the needs of individuals or couples who are lesbian, gay or bisexual (Age Concern 2002:4).

In the health and social care context, a lack of understanding by health and social care professionals of older LGB people may create barriers to accessing appropriate services. For example, older LGB people may face difficulties in gaining access to their partner's bedside during hospitalisation because their relationship is not recognised. (Age Concern, 2002:4).

There are many gaps in knowledge about non-heterosexual ageing in Northern Ireland and the implications for health and social services. This may therefore be an area which requires a much greater focus in terms of research and policy formation.

**Recommendations: Older LGB People [adopted from Age Concern, 2002 recommendations]**

- **To identify problems and areas of best practice in relation to services for older LGB people. To encourage the development of protocols by services in relation to privacy and confidentiality to enable older LGB people to disclose their sexual orientation in order that they may access appropriate services.**
- **To promote the need for a strategic governmental approach to understanding and meeting the needs of older LGB people in a range of areas including health and social services and housing. To promote the inclusion of LGB people's issues into mainstream policy making and service delivery.**
- **To encourage partnership working between policy makers, public service providers, voluntary organisations and LGB groups to enable the voices of older LGB people to be heard.**

**Disability and Sexual Orientation [see Disability Section]**

**Lesbian, Gay, Bisexual and Transgender People as Carers**

LGBT carers are very much an invisible group in Northern Ireland with little existing research into the needs of LGBT carers and their access to health and social services. The vast majority of published research into the lives and needs of LGBT carers again appears to have emerged from the US.

Coon (2003), for example, in a US study into LGBT care giving highlights a number of issues which may also be relevant to LGBT carers in Northern Ireland. The study notes that LGBT carers provide similar assistance to family, friends and partners to that of their heterosexual counterparts including hands-on assistance, care management activities (e.g. arranging a care home) and emotional support (Coon, 2003:1). However, Coon (2003:1) argues that LGBT carers can experience a great deal of discrimination which discourages self-disclosure of sexuality and which can create barriers to service utilisation (as outlined below):

- **Discrimination and Intolerance** – because of homophobic or negative attitudes many LGBT carers may withhold relevant information to health and social care providers or extinguish their help-seeking behaviour **altogether in order to protect themselves.**
- **Individual and Interpersonal Barriers** – many LGBT people may struggle with internalised homophobia<sup>60</sup> which again impedes health-seeking behaviour. Individuals may not disclose their own or their partner's sexuality for fear of negative reactions from health and social care providers.
- **Organisational/System Barriers** – many organisational obstacles in residential/nursing home care and other service agencies have discriminatory policies which discourage “outness” amongst LGBT people. In some circumstances health and social care providers will give decision-making powers to biological relatives rather than long-term partners or can refuse appropriate visitation rights.
- **Policy Barriers** - policy barriers ranging from lack of same sex domestic partner benefits including disability benefits and

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<sup>60</sup> i.e. hatred or fear of one's own homosexuality.

retirement benefits can have emotional and financial implications for LGBT carers.

There are many existing gaps in information regarding LGBT carers in Northern Ireland. This is clearly an area which requires further research. Outlined below are a number of recommendations emerging from the Coon (2003) study which could be appropriate for HPSS in Northern Ireland.

### **Recommendations: LGBT Carers [Coon, 2003]**

- **Conduct in-service training for health and social care providers on the unique needs of LGBT seniors, care recipients and care givers.**
- **Develop partnerships between LGBT community organisations and health and social care providers to create more effective pathways of care for LGBT carers and their recipients including respite programmes for LGBT carers.**
- **Support media and community service campaigns within the LGB community to increase LGBT awareness of available resources.**
- **Support the need for a needs assessment and research into the needs and experiences of caregivers in relation to accessing health and social services;**

### **Lesbian, Gay , Bisexual & Transgender People and Socio-Economic Status**

Another issue in which there is a scarcity of research is the effect of poverty on LGBT people's access to health and social services in Northern Ireland. Quiry (2002:9) suggests that, in particular, lesbians and bisexual women as mothers and unpaid carers are less likely to be cushioned from discrimination by the effects of the 'pink pound' (which is largely seen as a male phenomenon).

Recent research suggest that a range of factors including educational attainment, occupation and social stratification may be associated with increased HIV risk and morbidity amongst homosexually active men (Keogh et al, 2004:4). The Annual UK Gay Men's Sex Survey data indicates that men with less formal education have a higher prevalence of diagnosed HIV infection than men educated to A-Level standard or above. Less well educated men are also less likely to encounter the HIV health promotion interventions which are available to them because they are less likely to go to gay bars, read the gay press or attend gay social groups (Keogh et al, 2004:4).

In terms of service usage, Keogh et al's (2004:41) study of working class gay men found that take-up of HIV services for HIV-positive working class gay men was affected by their male working class background and attitudes. For example, working class men who were more recently diagnosed with HIV were unaccustomed to thinking of their health as requiring careful monitoring or that medical diagnostic techniques could be used in the maintenance of their health.

The interaction between gender, sexual orientation, education, employment and socio-economic status is clearly complex and can affect up-take of, and barriers to, health and social service services. However, there is little existing research in regards to this area in Northern Ireland.

### **Sexual Exclusion – Homophobia and Health Inequalities Review**

A report published in 2004 by the Gay Men's Health Network in associated with Health First<sup>61</sup> provides what is perhaps the most comprehensive review of the needs of, and health inequalities experienced by, Lesbian, Gay and Bisexual (LGB) people across the UK. The paper reiterates much of what has already been explored throughout this section, i.e., the high rate of suicide and attempted suicide in the LGBT community, the high incidence of self-harm and eating disorders particularly amongst young gay and bisexual men, the systematic neglect of the sexual health of lesbian and bisexual women, the prevalence of drugs and alcohol

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<sup>61</sup> The Gay Men's Health Network is a lobbying body which aims to improve the health and well-being of gay men. Health First is a specialist Health Promotion Service which works across 3 London boroughs.

usage and the inaccessibility and inappropriateness of health and social care services in meeting the needs of LGBT people.

In developing an equality and human rights framework for the health and social services in Northern Ireland, it would be prudent for the DHSSPS and its associated bodies to taken into careful consideration the findings and recommendations of this comprehensive report. A number of the recommendations which specifically relate to health and social care are briefly outlined below. However, it is worth noting that the report stresses that only the development of inter-sectoral policy and practice will be effective in addressing the root causes of LGB health inequalities (i.e. homophobia, heterosexism and social exclusion).

**Recommendations: UK Men's Health Network – Sexual Exclusion – Homophobia and Health Inequalities Review (2004)**

**Organising and Delivering Staff Training:**

- **Staff need to receive training in values and attitudes (i.e. addressing homophobia and heterosexism). This support should be ongoing and should challenge staff to assess the origins of their attitudes and those of others towards LGB individuals.**
- **Medical students and clinicians needed to be trained to communicate better with patients, conduct in-depth sexual and family histories, and consider issues relating to sexual orientation and homophobia.**

**Developing Services:**

- **Services need to be developed which specifically target LGB people. Mainstream services and professionals (e.g. substance misuse, sexual health etc) need to ensure that practice is inclusive.**
- **Services targeting other minority groups need to be inclusive of LGB issues.**

**Mental Health:**

- **There is a need to recognise the potential impact of external and internal homophobia on mental health.**

**Awareness:**

- **All health care services should be explicitly aware of LGB service users and ensure that they are welcoming by using posters, public statements, inclusive language etc**

**National Policy:**

- **Policy makers must adopt a cross-cutting approach. All health and education policies should consider the potential impact on LGB people.**
- **LGB people should be actively encouraged to become involved in the design, delivery and evaluation of health and education services.**

**Human Rights & Lesbian, Gay & Transgender People**

A report by Feenan et al (2001), published by the Northern Ireland Human Rights Commission, explores human rights issues in relation to access to, and standards of, health and social care for LGB in Northern Ireland.

A number of the issues highlighted by the report are briefly outlined below; most of them have implications for the DHSSPS and its associated bodies, particularly in relation to Articles 8 (right to family life) and 14 (prohibition of discrimination) of the European Convention on Human Rights (ECHR):

- **Adoption** – currently gay and lesbian couples cannot jointly adopt children in Northern Ireland although it is possible for one person in the relationship to adopt as an individual (possible breach of Articles 8 and 14).
- **Next of Kin Status** – currently LGB people may be excluded from access to, and care of, partners because they are perceived by some HPSS staff not to meet the definition of “next of kin” (possible breach of Articles 8 & 14).
- **Blood Transfusion** – the Blood Transfusion Service ban on blood donations from men who have engaged in anal sex with men may be viewed as a discriminatory practice. The report argues that whilst it may be difficult to invoke a human right

relevant to blood donation, the discrimination could contravene the Blood Transfusion Service obligations under Section 75 (Feenan et al, 2001:72).

- **Access to Reproductive Services** – eligibility criteria for access to reproductive services may discriminate against lesbians (and gay and bisexual men) in favour of married heterosexual couples. Whether this contravenes Articles 8 and 14 of the ECHR remains to be tested in the courts.
- **Mental Health** - research (MIND, 1997) shows that mental health services may actually undermine the mental health of gay and lesbian users of mental health services. The tendency by some health and social care professionals to pathologise the mental health of LGB people (i.e. by telling them that they would have fewer problems if they altered their sexuality) may be in violation of Article 5 in relation to involuntary psychiatric admission (i.e. right to security of the person), Article 3 (the right not to be subjected to torture, inhuman or degrading treatment) and possibly Article 14 (prohibition of discrimination).

These are but a few illustrations of how a number of HPSS legislation, policy and practices could, (a) be in violation of the human rights of LGB people in Northern Ireland and (b) could compromise equality duties under Section 75 of the Northern Ireland Act 1998.

As Feenan et al (2001:71) highlights, the range of policies and procedures produced by the DHSSPS, HSS Boards, Trusts and other relevant HPSS bodies is vast. It is therefore quite possible that many other potential violations of human rights in relation to sexual orientation currently exist. It is perhaps advisable that the DHPSS and its associated bodies conduct a policy audit to identify and address these issues.

### **Recommendations: Human Rights & LGB People**

- **Recommended that the DHSSPS and its associated bodies take note of the NI Human Rights Commission report conducted by Feenan et al (2003) – “Enhancing the Rights of Lesbian, Gay and Bisexual People in Northern Ireland”.**

- **That the DHSSPS and associated bodies conduct a legislative and policy audit to identify and address potential human rights violations.**

## References

Age Concern (2002) *Issues Facing Older Lesbians, Gay Men and Bisexuals*. (available to download [www.ageconcern.org.uk/AgeConcern/media/OLGMppp.pdf](http://www.ageconcern.org.uk/AgeConcern/media/OLGMppp.pdf))

Breitenbach, E. (2004) *Researching Lesbian, Gay, Bisexual and Transgender Issues in Northern Ireland*. Belfast: OFMDFM

Coon, D. W. (2003) *Lesbian, Gay, Bisexual and Transgender Issues and Family Caregiving*. (available to download at [www.caregiver.org/caregiver/jsp/content/pdfs/op\\_2003\\_lgbt\\_issue\\_s.pdf](http://www.caregiver.org/caregiver/jsp/content/pdfs/op_2003_lgbt_issue_s.pdf))

Douglas Scott, S., Pringle, A. & Lumsdaine, C. (2004) Sexual Exclusion – Homophobia and Health Inequalities: a review. UK Gay Men’s Health Network. (available to download at <http://www.gaymenshealthnetwork.org.uk/>)

Feenan, D., Fitzpatrick, B., Maxwell, P., O’Hare, U., Ritchie, T. & Steele, C. (2001) *Enhancing the Rights of Lesbians, Gay and Bisexual People in Northern Ireland*. Belfast: Northern Ireland Human Rights Commission.

Gay & Lesbian Medical Association. *10 things lesbians should discuss with their health care providers*. (available to download at <http://www.gay.com/health/hiv/?sernum=1891>)

Heaphy, B., Yip, A. & Thompson, D. (2003) *Lesbian, Gay and Bisexual Lives Over 50: a report on the project “the Social Policy Implications of Non-Heterosexual Aging”*. Nottingham: York House Publications.

Hughes, C. & Evans, A. “Health needs of women who have sex with women”. *BMJ*, 2003: 327:939-940.

Jarman, N. & Tennant, A. (2003) *An Acceptable Prejudice? Homophobic Violence and Harassment in Northern Ireland*. Belfast: Institute for Conflict Research.

Keogh, P., Dodds, C., & Henderson, L. (2004) *Working Class Gay Men: Redefining Community, Restoring Identity*. Sigma

Research. (available to download at [www.sigmaresearch.org.uk/downloads/report04a.pdf](http://www.sigmaresearch.org.uk/downloads/report04a.pdf))

Louder, C. (2003) *Learning to Grow Up: Multiple Identities of Young Lesbians, Gay Men and Bisexual People in Northern Ireland*. Belfast: Northern Ireland Human Rights Commission.

Stonewall Scotland & NHS Scotland (2003) *Towards a Healthier LGBT Scotland*. Glasgow: Inclusion Project.

Quiery, M. (2002) *A Mighty Silence: A Report on the Needs of Lesbians and Bisexual Women in Northern Ireland*. Belfast: Lesbian Advocacy Services Initiative.

YouthAction NI (2002) *Out and About: Young Lesbian Project. A Model of Effective Practice*. (available to download at [www.youthaction.org/downloads/out%20and%20about.pdf](http://www.youthaction.org/downloads/out%20and%20about.pdf))

## Useful Web-Links\*

- **Cara-Friend (NI)** – voluntary counselling, befriending and information organisation for the LGB community.  
[www.cara-friend.org](http://www.cara-friend.org)
- **Coalition on Sexual Orientation (CoSo)** – aspires to represent the LGBT Community on issues around sexual orientation.  
[www.coso.org.uk](http://www.coso.org.uk)
- **Foyle Friend** - provides information, support, advocacy and training to people who identify as lesbian, gay, bisexual, transgender community  
[www.iol.ie/~nwgay/](http://www.iol.ie/~nwgay/)
- **Gay & Lesbian Youth Northern Ireland (GLYNI)** – GLB youth organisation.  
[www.glyni.org.uk](http://www.glyni.org.uk)
- **Gay Men’s Health Network** – report on homophobia and health inequalities. [www.gaymenshealthnetwork.org.uk](http://www.gaymenshealthnetwork.org.uk)
- **Rainbow Project** – project aims to address the physical, mental and emotional health of gay and bisexual men in Northern Ireland. Provides regular social research publications.  
[www.rainbow-project.com](http://www.rainbow-project.com)
- **Regard** – information and research on disabled GLB men and women.  
[www.regard.org.uk](http://www.regard.org.uk)
- **Sigma Research** – social research groups specialising in the behavioural and policy aspects of HIV and sexual health.  
[www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk)
- **QueerSpace** – useful list of publications.

[www.queerspace.org.uk](http://www.queerspace.org.uk)

\*Please note that this is NOT a definitive list of relevant websites.