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A Review of the Impact of
Discrimination and Social Exclusion on
Lesbian and Bisexual women's health
in Northern Ireland

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e x e c u t i v e s u m m a r y

Acknowledgements

I would like to thank all those involved in the review.

These include the members of the Review Steering Group:

- Barbary Cooke, Director, Community Development Health Network
- Mary Deehan, Counsellor
- Orlaith Hendron, Out and About Group, Youth Action
- Paula Keenan, Independent Consultant
- Anne McGlade, Equality Manager, Eastern Health and Social Services Board
- Maria Noble, Equality trainer and researcher
- Pauline O'Flynn, Lasi Board member
- Rita Wild, Director of Lasi

Thanks are also due to those women who attended the four focus groups and the organisations that gave their support including Indigo, Youth Action, Greenbow Deaf Lesbian, Gay, Bisexual Transgender Society of Ireland, Lesbian Line, Linc (Lesbians in Cork) and the Coalition on Sexual Orientation (CoSo). Caoimhe Gleeson, Health Service Executive also assisted with relevant information.

The review has been funded by Investing for Health, Department of Health, Social Services and Public Safety and by the Eastern Health and Social Services Board.

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October 2007

Please note that this report is available in alternative formats on the LASI website
www.lasionline.org

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1.0. Executive Summary

- 1.0.1 Health and illness reflect the nature of the interface between ourselves and the environment and have always been important social indicators of the well being of our society. The technological and social advances of the early part of the 20th century increased both the quality and the longevity of our lives (Wilkinson, 2005). Although many diseases are affected primarily by material conditions, an increasing number of illnesses are powerfully affected by our lifestyles and our social and emotional well being.

“Recent research has revealed that some intensely social factors are among the most important determinants of health in the rich countries. These include the nature of early childhood, the amount of anxiety and worry we suffer, the quality of our social relationships, the amount of control we have over our lives, and our social status rather like the way that receding floodwaters reveal the nature of the underlying terrain, so the influence of psychosocial factors on health has become increasingly visible as the force of material privation has declined.”
(Wilkinson, 2005)

- 1.0.2. The higher people’s social status is the longer and the healthier lives they live. It is therefore understandable that discrimination, prejudice and oppression will have a significant impact on the lives of lesbian, gay and bisexual people. There is still relatively little research on lesbian and bisexual women’s health and none specifically based in the North of Ireland. However, there is a growing body of knowledge that may be useful in guiding health service providers in Northern Ireland when planning strategically to meet the health needs of lesbian and bisexual women and their families.

“Lesbian, gay, bisexual and transgender (LGBT) people should be viewed as a cultural minority, with important social determinants of health equivalent to those from specific ethnic or geographic backgrounds.”
(McNair & Thomacos, 2005)

- 1.0.3 It is important to note that much of the international research, particularly academic research, tends to draw on a white, middle class and economically secure population in their studies. Economic poverty and class have been shown to have the greatest impact on health (WHO, 1997). Sexual identity and orientation must therefore be viewed as one of a number of factors which impact on women’s health. The lesbian and bisexual women’s community is not homogeneous and many women face multiple discrimination in accessing appropriate health services. Many of the health risks for lesbian and bisexual women are the same as those for heterosexual women, but there are some concerns specific to the lesbian population. Fundamentally, lesbians need access to the same high quality health screening and preventive care that is appropriate for all women throughout the life cycle.

1.1. Key Findings

- 1.1.0 Heterosexism impacts on the lives of lesbian and bisexual people in profound and contradictory ways. At the individual level, evidence suggests that in order to cope with heterosexism lesbian and bisexual women may develop a range of social skills and a high degree of personal resilience. At the collective level, the interaction between lesbian and bisexual women’s experiences of heterosexist discrimination and their alternative sexual and gender identities have resulted in the formation of unique community norms, values and practices. They provide lesbian and bisexual people with social support, connectedness and a positive sense of personal and collective identity. Nonetheless, the major effects of heterosexism on the health and wellbeing of lesbian and bisexual people are negative.

- 1.1.1 While lesbians do experience the same health issues and problems as other women, the social and cultural context of lesbian lives are specific to this community and affect their access to health care, which potentially affects long-term health outcomes.
- 1.1.2 The diversity of lesbian and bisexual women is often not recognised by either voluntary organisations or statutory bodies. The needs and concerns of lesbian and bisexual women who identify as for example; black, minority ethnic, parents, people with disabilities, nationalist or unionist are often unidentified and unaddressed. Indeed lesbian and bisexual women are members of all the groupings identified in Section 75 of the Northern Ireland Act (1998). Many women suffer multiple discrimination not only on the grounds of their sexual orientation but also based on their community and social identity, and are deprived of support from both their birth communities and the lesbian and bisexual womens community, and the limited services that are currently available.

1.2. Access Issues

- 1.2.0 Lesbian and bisexual women experience significant barriers to accessing health services. They:
- are reluctant to disclose their sexual orientation for fear of discrimination by health professionals;
 - lack awareness and knowledge of health risks;
 - access health services less often than other women;
 - delay treatment and follow-up;
 - generally prefer a more holistic approach to healthcare;
 - have a preference for female service providers;
 - are at risk of psychological distress, damaged self-esteem and reluctance to access preventive care if they do not have access to an LGB community;
 - have a high uptake of counselling services which could reflect the homophobic society within which lesbians have to live and/or the value lesbians place on internal and emotional well-being;
 - are up to 2-3 times more likely to attempt suicide and have higher levels of self harm than their heterosexual counterparts;
 - have a 1 in 2 chance of mental illness as diagnosed in the General Health Questionnaire 12 at the age of 16 in Northern Ireland. (Young Life and Times Survey 2005,2006).

1.3. Health Professionals

- are often misinformed or uninformed about lesbian health issues;
- have limited available research on the health status or long-term health outcomes for lesbians;
- have little or no training in lesbian health at undergraduate or postgraduate level in Northern Ireland;
- limit access to existing assisted reproduction services;
- do not facilitate official acknowledgement of lesbian family forms or provide adequate and appropriate care of lesbians and their children;
- can create negative experiences in relation to health care which can directly impact on women's willingness to seek regular care.

1.4. Increased Risk of Illness

- 1.4.0 Research demonstrates that lesbians have increased risk of some illness compared to other women. Lesbians:
- have less frequent health checks;

- are more likely to have poorer screening for cervical and breast cancer;
- have a false belief they have “immunity” against particular sexually transmitted infections (STIs) and cancers because of their sexuality;
- are less likely to have given birth or breast fed;
- delay child bearing until their 30s;
- have less need for long-term use of oral contraception;
- have higher rates of long-term use of substances including tobacco, drugs and alcohol.

1.5. Access to services and support in Northern Ireland

- There are no dedicated facilities within the Health Service for lesbian and bisexual women;
- Few voluntary and community based agencies provide services or support for lesbian and bisexual women and their families - there is only one paid worker to cover the specific needs of lesbian and bisexual women;
- Support services aimed at marginalised sections of the population do not make provision for their lesbian and bisexual members and users;
- There is no dedicated counselling service for lesbian and bisexual women;
- Strategies and policies aimed at marginalised groups within Northern Ireland society do not include the specific needs of lesbian and bisexual women;
- Lesbian and bisexual women’s experience of marginalisation and social exclusion impacts negatively on their confidence and self esteem reducing their visibility and their ability to take leadership roles and advocate on their own behalf.

1.6. Models of good practice

1.6.0 In the course of the review a number of strategies and good practice initiatives were identified both nationally and internationally. Health and social care providers in Northern Ireland could usefully adopt some or all of these policies and practices.

These include:

- The adoption of a Health Strategy for Lesbian, Gay, Bisexual and Transgendered people by the state of Victoria in Australia which incorporates both voluntary and statutory agencies and establishes clear targets and goals to meet the health needs of lesbian, gay, bisexual and transgendered people (Ministerial Advisory Committee on Gay and Lesbian Health, 2003),
- Further research is needed into the needs of specific groups of lesbian and bisexual women e.g. young women, Black and Ethnic Minority women, older women, lesbian and bisexual women with disabilities and lesbian parents and their children;
- The establishment of Lesbian and Bisexual Women’s Resource Centre/s which adopt a social model of health and support the development of support groups are central to the improvement of the health of lesbian and bisexual women;
- The invisibility of lesbian women and their families in health promotion campaigns contribute to levels of heterosexism and lesbophobia;
- It is good practice to incorporate lesbian and bisexual health needs into undergraduate and postgraduate health training at all levels.

2.0 Background

This review of Lesbian and Bisexual Women's Health has been commissioned by Lesbian Advocacy Services Initiative (LASI) which is a non-governmental organisation which "works to improve the quality of life for, and enhance the voices of, lesbian and bisexual women and our families. Lasi is committed to identifying and addressing discrimination and oppression faced by lesbian and bisexual women in the North of Ireland and to the promotion of social inclusion".

LASI was established in 1996 and secured funding from the Big Lottery in 2004 to appoint a Director to support the implementation of LASI's strategic aims. LASI has six core strategic aims:

- Advocacy
- Capacity building
- Networking
- Outreach
- Organisational development
- Research

LASI is committed to working in partnership with individuals, community and voluntary sector groups and appropriate statutory agencies for the successful implementation of our strategy. The core values underpinning LASI's work are:

- Community development principles
- Empowerment
- Equality
- Diversity
- Interdependence
- Ownership
- Participation
- Social inclusion

3.0 Recommendations

3.1 Sexual Health

- 3.1.0 Consideration should be given to the specific sexual health needs of lesbian and bisexual women in the production and distribution of sexual health information.

3.2 Emotional & Mental Health

- 3.2.0 The Department of Education and the Youth Service Liaison Forum should undertake a review of the effectiveness of current provision (including resource allocation) for young lesbian and bisexual women – in line with the *Youth Work strategy 2005 – 2008*.
- 3.2.1 The DHSSPS should work in partnership with lesbian/bisexual women's organisations to develop a strategy for addressing their health and social support needs. This should recognise the multiple identities of lesbian and bisexual women and pay particular attention to the social and health care needs of older women.
- 3.2.2 Support and information for the families of lesbian and bisexual women should be considered by statutory and voluntary bodies, religious organisations and schools.
- 3.2.3 The Tackling Violence At Home Strategy should identify strategies and an action plan to address the incidence of domestic violence in lesbian relationships.
- 3.2.4 Those responsible for managing the *NI Suicide Prevention Strategy* should conduct further research into the incidence of self harm and suicide ideation amongst lesbian and bisexual women in Northern Ireland.
- 3.2.5 Phase II of the Mental Health Public Information Campaign and all health promotion campaigns should reflect the mental health needs of lesbian, gay and bisexual people.
- 3.2.6 Schools and colleges should address homophobic bullying and provide access to peer support groups for Same Sex Attracted Young people.
- 3.2.7 Counselling organisations should be required as a condition of grant aid to devise strategies and action plans address the needs and concerns of lesbian and bisexual women.

3.3 Services and Support

- 3.3.0 Further work should be undertaken with staff within health and social services, responsible for the provision of training, to ensure that future training plans reflect the needs of lesbian and bisexual women. Plans should consider prioritising staff groups for the targeting of training.
- 3.3.1 Health and social care professional working in areas such as Health Promotion, Sexual Health and Primary Care should receive advice, guidance and support on the appropriate way to address health issues with patients and clients. In particular staff should be made aware that it is inappropriate to assume that everyone is heterosexual.
- 3.3.2 The DHSSPS under the *Healthier Futures* strategy should consider specific actions and develop an action plan to improve accessibility and responsiveness of services for lesbian, gay and bisexual people.

- 3.3.3 All governmental health strategies and policies should address the needs of lesbian and bisexual women with specific actions and targets.
- 3.3.4 DHSSPS funding to voluntary organisations should require them to devise strategies and action plans to address the health needs of lesbian and bisexual women.
- 3.3.5 Funding should be made available to enable lesbian and bisexual women's organisations to identify, address and lobby for their health needs.
- 3.3.6 Non governmental organisations should, in conjunction with appropriate lesbian and bisexual women's organisations, consider undertaking needs analysis of lesbian and bisexual women.
- 3.3.7 Non governmental organisations should be required as a condition of grant aid to devise strategies and action plans to address the needs and concerns of lesbian and bisexual women.
- 3.3.8 The lesbian and bisexual community should be grant aided to act as an advocate for themselves in relation to health issues.
- 3.3.9 A lesbian and bisexual women's resource centre should be established to adopt a community development approach to lesbian and bisexual women's needs.

Published by Lesbian Advocacy Services Initiative
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October 2007
Funded by: DHSSPSNI Investing for Health