UK GAY MEN'S HEALTH NETWORK

Sexual Exclusion – Homophobia and health inequalities: a review

A review of health inequalities and social exclusion experienced by lesbian, gay and bisexual people

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Specialists in Health Promotion for Lambeth, Southwark and Lewisham

Elton John AIDS Foundation

The UK Gay Men's Health Network was established in 1999, primarily by gay men involved in the HIV sector. They were frustrated by the poor representation in health policy of gay men's needs beyond the area of sexual health.

The Network aims to draw on the growing body of research in order to intervene in wider debates around health inequalities and social exclusion being held by government bodies, health planners and policy makers, thereby ensuring that inequalities affecting the health and wellbeing of gay men are addressed in broader policy development.

For more information see **www.gaymenshealthnetwork.org.uk**

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"Talking to gay men with HIV,
I became aware of the links between
the prejudice they had faced while
growing up as children and teenagers
and the later experiences which
had led to some of them contracting
the virus.

For too long we have ignored the
devastating effect that discrimination
has on some lesbian, gay and bisexual
people. This report is an important
reminder that homophobia must
be addressed."

Sir Elton John

Dedicated to the memory
of Antony Kwok

Foreword

Health First, a specialist Health Promotion Service, works across 3 London boroughs with one of the most diverse population groups, namely Lambeth, Southwark and Lewisham. As such, Health First is committed to ensuring that communities are involved when addressing health inequalities and tackling the issue of health service provision.

Lesbian, gay and bisexual (LGB) people have often been invisible in this debate, with the result that their views have not been included in decisions about how to tackle health inequalities in the UK.

This report is a welcome addition to the health inequality literature; it highlights the diverse range of health issues that affect LGB people living in the U.K and provides valuable evidence for policy makers, practitioners, community groups and others to help ensure that all sections of the community are included in future health and education service planning.

Graham Rushbrook
Director
Health First
2004

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Executive summary

Our Healthier Nation 1998[161]

Social exclusion involves not only social but also economic and psychological isolation. Although people may know what affects their health, their hardship and isolation mean that it is often difficult to act on what they know. The best way to make a start on helping them live healthier lives is to provide help and support to enable them to participate in society, and to help them improve their own economic and social circumstances. That will help to improve their health.

This literature review is relevant to policy makers and practitioners in all areas of health, education, social services and welfare. It provides an overview of research relating to the influences on health outcomes for LGB people and sets out key recommendations for improving the health of LGB people. An appendix provides some examples of good practice around addressing the needs of LGB people in both health and education. The review takes a social determinant approach, recognising that most of the factors influencing the health of individuals are not within their control but must be addressed at societal level.

Research evidence clearly suggests that lesbian, gay and bisexual (LGB) people experience significant health inequalities. The review brings together available evidence of these inequalities in relation to mental health, suicide, self-harm, sexual health, eating disorders, substance misuse and bullying and highlights the relationship between homophobia, heterosexism and social exclusion and the health status of LGB people.

A wide range of research papers, policy and practice documents from both UK and international sources have been reviewed. The data illustrates that many LGB people are likely to experience health inequalities or social exclusion as a result of prejudice and discrimination. These factors are likely to affect individuals differently depending on age, class, disability, gender, ethnicity and social circumstances. It is also clear that there are common experiences and barriers for LGB people accessing appropriate health care.

Policy makers need to consider not just the human cost of discrimination on the grounds of sexual orientation, but also the obvious economic costs of these health and social inequalities.

The review specifically examines the life experiences of young people who are LGB, including the adverse effects that homophobic bullying can have on their health. Young people who are LGB face particular problems, including the risk of family disruption and rejection, isolation from friends and peers, and significant levels of bullying (verbal, emotional and physical) in schools. They also face serious difficulties in accessing appropriate support from teachers and other professionals including those in primary health care. The available evidence demonstrates that low self-esteem, anxiety and depression are common experiences for many young LGB people.

These in turn can be linked to other health concerns including the relatively high incidence of HIV infection among young gay men, the resurgence of other sexually transmitted infections (STIs) in gay and bisexual men, increasing incidence of certain STIs in young lesbian and bisexual women, higher than average rates of suicide and self-harm, homelessness, often associated with prostitution, and academic underachievement. Furthermore, problems associated with homophobia in early life such as bullying and low self-esteem, can continue into adulthood and have serious, long-term negative health and social consequences for individuals affected.

Dootson 2000[36]	*For gay, lesbian or bisexual youths, adolescence can be a traumatic, even life-threatening period. Rejection by family members and peers; a profound sense of isolation due to difference or perceived sexual deviation; and lack of appropriate, sensitive medical attention may all result from the hostility and prejudice of society at large toward homosexuality and may compromise the physical, mental and social wellbeing of gay adolescents.*

Some of the key issues arising from the research:

- Mental health problems in LGB people are higher than in the general population and this may be related to experiences of social exclusion and discrimination.
- Between 20 and 42% of gay and bisexual men have attempted suicide. Despite suicide, particularly in young men, being identified as a public health priority, this factor is rarely considered.
- There are links between self-harm and poor social support and internalised homophobia.
- Sex between men remains by far the major route of transmission of HIV in the UK, yet gay men's health continues to be deprioritised in terms of policy and funding.
- Gay and bisexual men are disproportionately affected by sexually transmitted infections and there is a systematic neglect of the sexual health of lesbians.
- The use of alcohol, tobacco and illegal drugs is higher among LGB people and may be associated with social and relationship problems.
- Homophobia in health services can make them inappropriate or inaccessible for LGB people.
- Schools are the most common location for young LGB people to face homophobic bullying. While nearly all schools have bullying policies, only 6% have policies that recognise homophobia. The report highlights that a minimum of 46,000 young LGB people are currently at risk of homophobic bullying.

Recent legislation has had a considerable impact on the rights of LGB people. This includes:

- 1997 – the amendment of immigration rules to enhance the rights of same sex partners of someone present and settled in the UK
- 2000 – the removal of the bar on homosexuals serving in the Armed Forces
- 2000 – the equalisation of the homosexual male age of consent with that for the general population
- 2002 – the introduction of provisions (in the Adoption and Children Act) to enable same sex couples to apply to adopt children on the same basis as opposite sex couples
- 2003 – the repeal of Section 28 of the Local Government Act (1988)
- 2003 – the introduction of new employment equality regulations to prohibit discrimination in the workplace on the grounds of sexual orientation
- 2004 – the recently published Civil Partnership Bill, if passed, will introduce legislation allowing same sex couples to register their partnerships in civil ceremonies[74].

Resolving legal anomalies alone will not change a culture of social exclusion. However, these advances have created enhanced opportunities to address the inequalities outlined in this report. While there is a significant amount of evidence that these inequalities exist, it is striking that health, welfare and education policies consistently fail to address the specific needs of LGB people. There is also a lack of large-scale research into the impact of such policies on the health and wellbeing of this group. Such a glaring omission brings into question the most basic tenet of health inequalities - that is to improve the health of *all* groups experiencing poor health. It is worth noting that the impact on LGB people of policies designed to address other key government priorities – such as housing, transport and environment – that are outside the scale of this review has also been poorly evaluated.

In order to promote public health and address inequalities this review concludes with recommendations for government, policy makers and practitioners. In terms of both human and economic costs, steps must be taken to ensure that the health inequalities experienced by many LGB people are considered in all public health policy work. Recommendations include:

- UK governments should commission comprehensive research into the health and wellbeing of LGB communities. This should include the development of indicators against which the impact of future interventions can be evaluated.
- Education systems must introduce thorough, comprehensive **and effectively monitored** action to change the culture of homophobia and homophobic bullying in UK schools.
- Training and policies within health care systems should be reviewed and improved to counter the culture of institutionalised homophobia that makes services inaccessible and inappropriate to LGB people.

Health inequalities and the LGB population – an overview

The literature review undertaken for this report indicates that the health of many LGB people is affected by social exclusion, starting in youth and continuing through adulthood, resulting in a negative, cumulative effect across the life-course. The concept of social capital[114] seems highly relevant in this context for LGB people[103], who may find it difficult to build due to lack of networks and social trust[32]. This mirrors evidence that shows that people who are socially integrated live longer, whereas socially isolated people are at risk of earlier death[72].

By ignoring the inequalities faced by LGB people, both researchers and policy makers are playing a role in perpetuating them

The fact that a growing body of evidence exists which shows that LGB people experience serious health related problems makes it nothing short of astonishing that the vast majority of health inequalities research consistently overlooks sexuality. All the leading and respected commentators[56,78,81] seem oblivious to the significance of the problem[78]. Sexual orientation as a factor impacting on health inequalities is also repeatedly overlooked at both national and local policy levels. Life circumstances such as homelessness, high crime rates, bullying in schools, unemployment, racism and forms of social exclusion are highlighted, with practically no consideration of how homophobia and heterosexism may impact on these issues and affect health. Similarly, specific health concerns such as suicide and self-harm, mental health, smoking and drug misuse are prioritised but without an explicit reference to LGB people being made.

By ignoring the inequalities faced by LGB people, both researchers and policy makers are playing a role in perpetuating them. There is still a great deal of work to be done to make equality a shared responsibility across government departments and in local planning[131]. Building of inter-sectoral policy and practice is essential for any work that aims to tackle inequalities in LGB health and the root causes of these inequalities – homophobia, heterosexism and social exclusion[87].

Both health and education services need to respond better to the needs and experiences of LGB people by developing accessible and appropriate services and challenging homophobic and heterosexist attitudes throughout health and education authorities. In particular, a response is needed by education authorities to develop rigorous anti–bullying policies[145]. Although some of this work has begun, unless we address both the root causes and learn to deal better with LGB inequalities, we will continue to perpetuate the exclusion of one of the UK's significantly large minority groups.

There has been a lack of research into the health of LGB people[17,76,121,132] due in part to a lack of funding[68]. Statistics relating to database searching on Medline shows that only 0.1% of the research papers over the past 20 years include LGB people as explicit research subjects. Of the limited research that has been carried out in this field, 61% of it was disease specific[17]. LGB and disability is rarely considered other than in the context of AIDS. Furthermore, some studies are limited by small sample size and an over reliance on retrospective, self-reporting[88]. However, a substantial and growing body of evidence now exists with common threads emerging, demonstrating that LGB people experience serious health problems.

Homophobia, minorities and health

Where health outcomes are affected negatively through risk taking behaviour, it is easy to blame individuals. This, combined with powerful institutional homophobia, was evident in the 1980s when HIV was first diagnosed with culpability imposed on gay and bisexual men.

Other health issues identified in research evidence and considered to be fuelled by homophobia include eating disorders[62,128], substance abuse[68], self-harm[12, 31] and alcohol abuse[35]. These are universally linked to internalised homophobia and self-hatred which is in turn linked to the discrimination and isolation experienced by people across all ages in LGB communities[2,19,44,121148].

The every day occurrence of homophobia, whether implicit or explicit, has an impact on self-confidence, self-worth and emotional health and wellbeing. An Irish study reported that lesbians believed that homophobia had impacted on their health. They felt that alcohol and drug use, domestic violence and emotional problems remain undocumented and that they were generally ignored by mainstream health services[115].

Health and education policies fail to address cross-cutting minority issues. Issues of multiple disenfranchisement for young LGB people from minority ethnic communities[36] are profound. LGB issues are not clearly understood as a parallel form of discrimination within black and minority ethnic communities nor is racism understood in the LGB community.

Imran from Naz website 2003[99]	*When my parents did finally find out that I'm gay, they confronted me and started telling me the rights and wrongs of my behaviour... They didn't have a clue how to handle the situation with me. They just wanted to keep their community reputation intact.*
Ranjit from Cant 2003[24]	*I think people are quite threatened by us when we go out on the scene a group of Asians. People are sceptical – not sceptical, but apprehensive.*

There is evidence that current HIV health promotion interventions fail to address the needs of gay men from minority communities[157,158,159].

Papers examined for this report suggest that virtually nothing exists relating to the experiences of disabled LGB people. Recent research carried out by Beyond Barriers[14] showed that, of a sample of 924 LGB people, 9% of them identified as disabled (n=75).

Kirsten Hearn, GLAD Conference 2002[55]

When I came out in 1982 I thought I was the only disabled dyke in the world.

Sexual health/HIV

Data regarding HIV infection in the UK shows that gay and bisexual men continue to be the group at greatest risk of acquiring the virus. In the UK in March 2003 a cumulative total of 29,291 men who have sex with men had been diagnosed with HIV since statistical data collection began in this area. The diagnosis rate has remained fairly stable since 1988 at an average annual rate of around 1500 newly infected men who have sex with men per annum. Despite frequently misleading presentation of statistics, gay and bisexual men accounted for an estimated 70% of infections diagnosed in 2000 and likely to have been acquired in the UK[108]. In 2002, this figure had risen to 80%[66].

Gay and bisexual men continue to be the group at greatest risk of acquiring HIV

Contrary to popular belief, there is emerging data showing higher or at least similar prevalence of STIs in lesbians, compared to a control group of women who have not had sex with women. Studies suggest that some viral infections, such as herpes simplex virus, can be relatively high in lesbian women[25,83]. However, access to lesbian focused sexual health services is limited[10,46,83].

Assumptions that lesbians have not had or are not engaging in heterosexual intercourse have been shown to be wrong[25,152]. Clearly if young lesbian and bisexual women are having sex with men then they have the same risk of contracting STIs and experiencing unplanned pregnancy as their heterosexual counterparts. Lesbians may also be at increased risk of cervical cancer and ovarian cancer[25,152] due to factors such as non-use of oral contraception and, in some cases, not giving birth and therefore missing out the natural protection attained from periods of increased levels of oestrogen.

For young people there is a gap relating to HIV education in schools, based in the context of anti-discrimination. For example, the negative effects of homophobia on self-esteem can reduce an individual's ability to assert rights to safer sex. The issues that impact on the ability to adopt healthy behaviours are accessible health resources, personal skills and motivation[64] and the evidence gathered here shows that nationwide support is needed in order to achieve this.

Mental health

A recent report from MIND identifies that gay men, lesbians and bisexuals generally report more psychological distress than heterosexuals[153].

Discrimination on any grounds is recognised to contribute to poorer health outcomes particularly in relation to mental health[65, 106]. Homophobia has a serious negative impact on the mental health of significant numbers of LGB people. Health outcomes include depression, heightened levels of anxiety and low self-esteem [45,111,120].

There is a body of evidence to show that gay men are more at risk of experiencing poor mental health than other men due to hate crimes, rejection, discrimination and internalised homophobia. The combination of internalised homophobia and chronic stress are likely to result in mental health problems[48]. This can be counterbalanced by feelings of congruence once they are publicly "out" with feelings of the private and public self being more in line[140]. However, the crux is having the self-confidence to make this decision and carrying it through in a manner that underpins self-worth.

Gay men, lesbians and bisexuals generally report more psychological distress than heterosexuals

There is growing recognition of the emotional impact of HIV among gay men – both in relation to a personal positive diagnosis and what has been termed 'multiple loss syndrome' which describes the effect of dealing with multiple bereavements of friends and partners[146].

Suicide and self-harm

Remafedi[118] reviewed a range of research studies examining the link between suicide and sexual orientation, which suggest unusually high rates of attempted suicide, in the range of 20 – 42%. He cites 6 population-based controlled studies published since 1997 that corroborate these findings. All have found a clinically and statistically significant association between suicide attempts and homosexuality and that this is strongest amongst men.

Another study[9] showed an increase in suicidal ideation as compared to the general population. It looked particularly at young gay men and concluded that they were 13.9% times more likely than their heterosexual peers to attempt suicide. This particular study linked this to the process of coming out especially in those who had high levels of depression. Other research confirms the significance of the additional stress created for LGB people by not being able to predict the reactions of others (peer, parents, authority figures) to their sexual orientation[62].

Both the above studies are Canadian, however a number of small-scale UK studies have indicated significantly higher levels of attempted suicide or self-harm amongst young LGB people[154, 155]. A recent study of young gay and bisexual men in Edinburgh[164] found that

- Young gay and bisexual men are 6.7 times more likely to attempt suicide than the general population
- They are 5.6 times more likely to injure themselves without suicidal intent than young men in the general population
- Suicide attempts are most common in those young gay/bisexual men aged 14 - 20

Larger American studies show an increased risk of 2-3 times in suicide in young LGB people. Further research is required[60].

Homophobic bullying appears to be a significant factor and, where young LGB people are not experiencing homophobic bullying at school, then the risk of suicide is comparable to their non-LGB peers[15, 18,31].

Most information available relates to gay men or young LGB people. One small study into self-harm with lesbians and bisexual women showed that there were links with this type of behaviour and poor social support and internalised homophobia[12].

While there is a need for stronger and wider studies of suicide issues for the LGB population, when drawn together, the evidence creates a picture that strongly suggests increased risk of suicidal thoughts, attempted suicide and suicide. Ensuring LGB youth gain skills to deal with ignorance, intolerance, discrimination, abuse and rejection that could lead to despair and isolation, might further decrease their risk for suicide[63]. Families, peers, teachers, health professionals and youth workers can assist in this by being inclusive of sexual diversity. This highlights the need to have anti-homophobia training in schools and health services.

Young gay men are more likely than their heterosexual peers to attempt suicide

Eating disorders

Another area of LGB health concern relates to body image and its possible association with eating disorders. While most patients with bulimia nervosa are heterosexual women, a significant number of gay men present with it. One study[128] compared the food-related attitudes and behaviours of heterosexual men and women with those of lesbians and gay men and concluded that gay men and heterosexual women were similar in disordered eating patterns contrasting with lesbians and heterosexual men[128].

Significant differences have been evidenced between gay and heterosexual males in levels of recurrent binge eating (25% and 10% respectively) and purging (11.7% and 4.4% respectively). Gay men also report higher levels of body image disturbance compared to their heterosexual counterparts.

Russell & Keel[125] found that participants reporting less comfort with their sexual orientation reported more depression, poorer self-esteem, more anorexic symptoms and greater body dissatisfaction.

Substance abuse

Problem drinking and other substance abuse within the LGB community is reported by some to be of concern[31, 62,68]. Various links are made to chronic stress, lack of positive events to buffer this stress and internalised homophobia leading to increasing use and abuse of alcohol and drugs[48, 61]. As the gay scene tends to be predominantly pub and club based, this may result in increased consumption of alcohol, tobacco and drugs by LGB people[61, 69,142]. Two recent studies indicate that young gay men are more likely than straight men to take illegal drugs including ecstasy, cocaine and marijuana[153, 163].

A recent study by Hughes & Eliason[68] of the body of research into substance abuse in LGB populations highlights the following patterns of substance use and abuse:

Lesbians and bisexual women

- Fewer lesbians than heterosexual women abstain from alcohol, particularly when recovery is controlled
- Even when rates of heavy drinking among lesbian and heterosexual women are reasonably comparable, lesbians report more alcohol-related problems

Gay and bisexual men

- A wide range of findings showed more frequent drinking by some gay men, but also higher levels of abstinence by others. Higher levels of certain drugs e.g. poppers, E, amphetamine etc amongst younger gay men and a higher than general lifetime use of cannabis and cocaine were also reported

An earlier study[35] showed that both gay men and lesbians appear to be less likely to abstain from alcohol than their heterosexual counterparts. Early reports on alcohol problems in this population suggested that lesbians and gay men were involved in alarmingly high rates of problem drinking. However, more recent research suggests that gay men are not at significantly higher risk of drinking heavily or for developing drinking problems then heterosexual men. Overall it is clear that more information about substance use within LGB communities is needed.

Attitudes of health professionals

There is evidence of widespread homophobia and heterosexism amongst healthcare professionals that impacts on the ability of LGB people to access healthcare. These attitudes need to be monitored and addressed[42,106].

The lack of awareness in the medical profession, along with lack of support for LGB doctors[94,124], perpetuates homophobia and impacts adversely on LGB health outcomes[35,94]. Religious upbringing is identified as a significant correlating factor to negative views in health care professionals[107] and impacts on their own sexual identity[94]. Homophobia aimed at LGB doctors has increased since the advent of HIV[124].

There is evidence of widespread homophobia and heterosexism amongst healthcare professionals

A London based study of gay men showed that, despite all the research participants having previously disclosed their sexuality in many areas of their lives, there was considerable anxiety and fear of stigmatisation in relation to doing so in the context of primary care services. This generated problems for men wishing to discuss health needs and treatments in relation to their sexuality[23]. This research illustrates the difficulties experienced by gay and bisexual men in communicating their personal needs and the social context of their lives to primary care providers. Other studies corroborate this for gay men[142].

Lesbians also feel unable to disclose their sexuality to health care professionals due to homophobia and heterosexism[25,80,152]. Many prefer access to a lesbian friendly service[67]. These concerns about disclosing sexuality can lead to avoiding or delaying seeking health care when needed[135].

LGB people can be reluctant to disclose their sexuality even if discrimination is only perceived rather than actually experienced. This highlights the need for positive, LGB affirming messages to be clearly displayed[20,115]. Best practice suggests that practitioners should ask about sexual orientation routinely to avoid this being missed[63].

There is evidence of widespread homophobia amongst doctors[86] and of the need for education at medical school, nurse training and training of other allied health professions to be holistic and inclusive of LGB issues[106, 107]. Medical students and clinicians frequently fail to conduct in-depth sexual and family histories, and to consider issues related to sexual orientation and homophobia[11].

The prevalence of homophobia among the nursing profession also gives cause for concern and this is raised through various sources[36,42,112,116,119,148]. Nurses are guided in their actions by the UKCC code of professional practice, which states that all clients have a right to respect, dignity and high standards of care. The literature on homophobia shows that the reality is very different for LGB people[1,2,14].

In relation to mental health services and homophobia Wells[148] surmises that mental health nurses' attitudes reflect those in wider society where **77% were either moderately or severely homophobic**. Clearly this could impact on the service lesbian and gay people receive. One recent study carried out by Health Promotion in Glasgow[31] raises concerns about the mental health of young LGB people and how services respond.

Interesting questions should arise for nursing education, as nurses' biases and prejudices are often communicated directly or indirectly to nursing students, who then in turn alienate themselves from LGB people[36,119]. Nurses who discriminate against LGB patients are in breach of their professional code of conduct and are also missing opportunities for health promotion with LGB people[136,149].

The nursing profession also needs to extend support to young LGB people[36]. The RCN's emergency resolution[79] asking for government guidance for teachers and school nurses to combat homophobia in schools highlights the issues for school nurses who, the RCN believes, need to be given clear guidance on how to deal with homophobic bullying in schools. It is particularly difficult for school nurses to tackle homophobia where school policy is not supportive[79,112].

Young LGB people and health inequalities

Sex and relationships education and health

DfES Sex and Relationship Education Guidance, 2000[160]	*'It is up to schools to make sure that the needs of all pupils are met in their programmes. Young people, whatever their developing sexuality, need to feel that sex and relationship education is relevant to them and sensitive to their needs.'*

Health inequalities faced by young LGB people are impacted on by the lack of information about same sex relationships in school based sex education. Teenage years are a vulnerable time for LGB people[133] and lack of emotional competence at this time can lead to risk taking behaviours[123] and violence[126].

Ruth, Stonewall Youth 2003[139]	*I like things simple, and I'm not saying that being gay isn't simple it's the coming out part that's hard. Because of this, I started to worry and think that I'll never be able to discover who I am, so I started hanging about with the wrong type of people who got into drugs, alcohol and having sex at a young age. Although myself I knew I wasn't like that I went along with the crowd thinking that this was the best thing for me if I wanted to forget about things.*

Sex and relationships education that does not acknowledge same sex relationships compounds isolation and stigma and there is increasing evidence that anti-gay sentiments adversely affect mental health[117,142]. Many educators have a fear of how any information on same sex relationships will be interpreted by parents and the media, resulting in their avoiding LGB issues altogether[144]. Harvie[64] identified heterosexism in school based sex education as a risk factor for exposure to HIV in young gay and bisexual men in Glasgow. This was due to incomplete information about safer sex. The young men had received no information about anal sex and extra strong condoms or where they could go for information and advice.

The most recent DfEE Sex and Relationship Guidance, July 2000[34] states
It is up to schools to make sure that the needs of all pupils are met in their programmes. Young people whatever their developing sexuality, need to feel that sex and relationships education is relevant to them and sensitive to their needs. The Secretary of State is clear that teachers should be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support. There should be no direct promotion of sexual orientation.
Section 1, Paragraph 30

The use of the word "promotion" creates difficulties and the legislative and policy context are strongly criticised by gay activists as "weak and insufficiently inclusive"[104]. Concerns arise from the directives of The Learning and Skills Act 2000 that expressly recommends marriage as the best environment for bringing up children and that schools must not use "inappropriate materials" as these may not have regard for the religious and cultural background of young people.

Currently teachers feel disempowered by their own lack of knowledge and the high level of homophobia displayed by pupils. They identify for themselves how desperately they need training in how to challenge homophobia effectively[137]. Where teachers do get training, this has been shown to help them deal more effectively with sexual orientation issues in class[150].

Bullying and health

PACE 2003[105]	*A survey of young LGB people in London showed that 47% had experienced harassment or physical abuse at school and 83% had been verbally abused.*
Sex and Relationships, Ofsted, 2002[162]	*'…in too many secondary schools homophobic attitudes among pupils often go unchallenged. The problem is compounded when derogatory terms about homosexuality are used in everyday language in school and their use passes unchallenged by staff. Where problems arise, staff have often had insufficient guidance on the interpretation of school values and what constitutes unacceptable language or behaviour.'*

The effects of bullying may last a lifetime[26]. In particular, we know that victims of any type of bullying have poorer health outcomes, with increased morbidity and mortality.

Generally, the consequences of bullying are identified as loss of confidence, diminished self-esteem, becoming withdrawn and nervous, reduced ability to concentrate, fall in academic achievement, truancy, school-phobia and attempted suicide[16,37,59,71]. Links have also been made with post traumatic stress disorder and bullying[21].

In the longer term, the effects of bullying can lead to poor mental health including depression, anxiety, low self-esteem, feelings of guilt, shame, social isolation, fear of meeting strangers, psychosomatic symptoms, agoraphobia, anxiety attacks and exceptional timidity[37,52,95]. Research shows that both perpetrators and bullied displayed a range of behavioural difficulties and psychological problems[134].

Several studies in the UK and US show victimisation of LGB young people in schools to be around 37%. Based on the moderate estimate of 1.2% of the school population identifying as LGB[121], this suggests that at least 46,000 LGB young people are experiencing homophobic bullying.

This does not take into account the many other young people who experience homophobia because they have lesbian or gay parents[3,110,117] or, for example, boys who do not fit traditional, "normal" masculine roles[109].

A proportion of teachers and other school staff will also identify as LGB and will be subject to anti-gay sentiments. Epstein[40] highlights the difficulty of teaching from the closet and the dilemmas faced by gay and lesbian teachers having to hide their identity because of the difficulties associated with being out as a teacher.

Stonewall (a national lobbying organisation for lesbian and gay rights)[138] commissioned research[37] with teachers (n=307) on the responses of secondary school teachers to LGB pupils, bullying, HIV & AIDS education & Section 28. It found that:

- 99% of schools had a policy on bullying & discipline
- only 6% of schools had anti-bullying policies explicitly mentioning homophobia

Victimisation and isolation has been shown to impact on the education of LGB pupils putting them at risk of low educational achievements and/or leaving school at the earliest opportunity to escape from the hostile environment[38,53,121,127]. This is likely to lead to a downward spiral leading to poorer job opportunities, low income and poverty. This route is generally well documented[56,81] for people who do not achieve well in primary and secondary education.

At least 46,000 LGB young people in the UK are experiencing homophobic bullying

Using homophobic language is one of the most common forms of homophobic bullying and is ranked highest as stigmatising and abusive by LGB people[1,113,120,145]. These studies show that homophobic verbal abuse is rife and largely unchecked in UK schools. The way in which homophobic language is used, with varying force and often without intention, is in itself a problem as young people do not realise the potential damage being inflicted on those around them who are LGB[98,141].

Buston and Hart[22] presented information about overt homophobia, in which teachers were observed to be complicit. This concerning trend is backed up by a study of LGB youth in Edinburgh, where more than 10% of young people said they had experienced bullying of one sort or another from teachers[53]. This suggests that teacher awareness and ability to deal with homophobic bullying is limited. Parents and teachers are key in terms of access to adult support for LGB young people but are often unaware or ignorant of the issues[7,38,53,127].

The Scottish experience (where Section 2A was repealed in 2000) suggests that the repeal of Section 28 is unlikely to have a widespread beneficial effect in the short to medium term. Subsequent guidance brought out by the Scottish Executive is carefully and at the same

time loosely worded, taking perspectives from each of the main religious groups across Scotland. Due to the nature of the Scottish education system it is open to the individual interpretation of head teachers, although the *Standards in Scotland's Schools etc Act 2000:Conduct of Sex Education in Scottish Schools* places a responsibility on local authorities to implement the guidance. This, along with the fact that the curricular guidelines relating to sex education are not explicit about how to tackle same sex relationships and very few anti-bullying policies address homophobia[85] has resulted in Scottish teachers continuing to feel unable to fully address LGB issues[137].

Recommendations for action

The following recommendations are intended to address the health inequalities outlined in this review. They have implications for policy makers, health and education practitioners and those engaged in research.

Health services

The first step to raising awareness of LGB issues in health care services is targeting those responsible for developing, organising and delivering staff training[30,67,86,106,142]. In addition to being referenced in other aspects of training, the promotion of anti-homophobia strategies needs to be explicit such that they are prioritised to become visible, overtly discussed and effectively monitored[22,43,58,77].

- **Both training and qualified health and education professionals need to receive training in values and attitudes and, specifically, addressing homophobia and heterosexism. This support should be ongoing and challenge professionals to assess the origins of their attitudes and subsequently challenge their own and others' prejudices and beliefs towards LGB individuals.**
- **Medical students and clinicians need to be trained to communicate better with patients, conduct in-depth sexual and family histories, and consider issues related to sexual orientation and homophobia[11].**
- **Health services specifically targeting LGB people need to be developed and mainstream services and professionals (sexual health, substance misuse, mental health etc) need to ensure practice is inclusive.**
- **This includes recognising the potential impact of external and internal homophobia on mental health.**
- **Clinical examinations should routinely include questions about sexuality and it should be clear to patients that all information will be received sympathetically.**
- **All health care services should be explicitly aware of LGB service users and ensure they are welcoming by using posters, public statements, inclusive language, acknowledging both partners etc.**
- **Services targeting other minority groups need to be inclusive of LGB issues.**

Education

Schools have clear responsibilities in relation to young people's health and wellbeing and they need to ensure that the needs of all pupils – including those who are LGB –are addressed[75,144]. Institutional changes in schools are desperately needed at policy and practice levels.

A whole school approach to challenging heterosexism and homophobia is needed but currently not addressed in diversity statements that tend to focus on disability and ethnicity[145]. This is despite the Department for Education and Employment (DfEE) Circular 10/99[33] which highlights the need to tackle bullying including that based on sexuality. Behaviour management pastoral and other emotional support are essential elements of strategies for all schools[1,29,47,145].

Policy makers, educationalists and schools must be supported to recognise the benefits for all of actively valuing diversity in sexuality as in other areas of life. Young LGB people should be valued and affirmed for their contribution to a school's diversity.

- **There needs to be an ongoing commitment to all staff training on same sex issues to ensure that policy and practice are underpinned by a developed understanding of LGB issues, the impact of homophobia and skills to challenge discrimination[53,144].**
- **Anti-bullying policies need to be explicit about homophobic bullying and include monitoring procedures to record instances of it occurring and the measures taken to counteract it[144]. Schools need to understand and address the physical and mental health costs of homophobic bullying[79].**
- **This should be coupled with routine recording of homophobic incidents and clear messages that homophobia will not be tolerated from any members of the school community. These messages should be given equal priority as those around, for example, racism and sexism.**
- **Sex and relationships education (SRE) guidelines need to be developed to ensure that delivery is based on diversity and respect[57] and inclusive of the needs of all pupils. School staff will require training to support this.**
- **Schools should work to eliminate homophobic and heterosexist language and practice, offering support for LGB pupils, information about same sex relationships and affirming LGB images in schools.**
- **Their needs to be recognition of and support for LGB parents and staff.**
- **Confidentiality policies and guidelines need to be explicit that, unless a young person is at risk from abuse, any disclosure with regard to sexuality will be treated as confidential.**
- **Inclusion/equal opportunities policies should specifically reference sexuality.**

HIV/sexual health

- **Gay and bisexual men constitute approximately 80% of all new HIV diagnoses likely to have been acquired in the UK. Prevention strategies – particularly relating to young (including school age) gay men – need to be radically enhanced.**
- **Similarly, treatment programmes need to better address the needs of gay men.**
- **Following the UK's international commitment to the United Nations declaration from the 2001 special session on HIV/AIDS, a pan-UK policy establishing a consistent approach to addressing HIV must be instituted as a matter of urgency[96].**
- **Sexual health services which specifically address the needs of lesbians need to be developed.**

Research

- **There is an urgent need for further research into the health inequalities faced by the LGB population. Areas of particular concern include:**
  – Levels of homophobic bullying in schools and the workplace
  – Mental health/eating disorders/suicide
  – Substance abuse
  – The impact of homophobia and heterosexism on health outcomes.
- **To ensure that LGB people's needs are considered in mainstream health research, organisations need to establish where LGB people are at an increased risk of disease either as a result of same sex practices or homophobia. This needs to recognise that the current culture of heterosexism that permeates health services actually increases the likelihood of ill health for the LGB population[90].**

National policy

Other than the Scottish Involving People strategy[130], health policy is non-LGB specific resulting in a patchwork of service provision and leaving unaddressed the health inequalities faced by LGB people.

- **Policy makers must adopt a cross-cutting approach. All health and education policy – including that targeting other minority groups – should consider the potential impact on LGB people.**
- **In order to address heterosexism and homophobic practice, LGB people's needs as service users across the range of education and health services need to be raised and backed by inclusive policies.**
- **LGB people should be actively encouraged to become involved in the design, delivery and evaluation of health and education services.**

Delivering attitudes training in LGB issues in partnership with LGB people would help facilitate the necessary attitudinal change in health care practitioners at all levels of health service[58,106,122].

In this review we have examined evidence relating to education and health services. Given the invisibility this has shown regarding LGB issues it seems safe to conclude that further research would show similar results in neighbourhood renewal, regeneration, housing, immigration and asylum and so forth. It is also evident that PCTs will need to consider how they make health services inclusive for this largely invisible population, when it may be hard to evidence their existence in the locality. This may require them to look beyond the geographical boundaries of the PCT and develop appropriate responses with other partners, including other PCTs, to ensure that there are at least some LGB specific services in the vicinity.

Human rights approaches to sexuality are a useful way of highlighting gaps in policy and practice. The Human Rights Act (article 2), the right to education, can be cited in instances of homophobic bullying as it undermines educational opportunities[143], as can Article 5, the right to liberty and security. The Act also applies to health and is useful to encourage moves to look at diversity within health care provision[91].

Appendix – examples of good practice

International

The **Australian** Education Unit[8] has a policy on supporting LGBT people. It addresses both welfare of all school staff, LGB students and staff, covering issues such as institutional discrimination, the curriculum and SRE.

The issue of LGB health is currently being advanced in Victoria through the appointment of the Ministerial Advisory Committee on Gay and Lesbian Health (MACGLH). Anti-homophobic training and LGB specific education is required for health care professionals, schools, welfare, housing and other social agencies as part of their ongoing staff/ personal development[89].

In **America**, *LGB&T Health 2001*[54] is the companion document to *Healthy People 2010 - a prevention agenda for the Nation*, the health improvement strategy in the US for the first decade of the 21st century. It covers key areas to address LGBT access to health services.

In Boston the department of Public Health has developed partnerships with the local LGB communities, health policy makers and service providers to address issues of health access and support[30].

In **Canada** there is recognition that homophobia has a negative affect on everyone and that it is one of the one of the greatest barriers to SRE messages, regardless of orientation[109].

In 2000, the Equality Authority in **Ireland** brought out a policy document, *Implementing Equality for Lesbians, Gays and Bisexuals*[41], which aims to mainstream LGB issues across public sector services.

United Kingdom

The Northern Ireland Human Rights Commission produced a similar report to Ireland called *Enhancing the Rights of Lesbian, Gay & Bisexual People in Northern Ireland*[101]. It looks at international and domestic laws, policies, practice and recommendations relevant to education & young people, family law, employment law, immigration and asylum, criminal law and access to and standards of health care and welfare.

The report identifies the following health and welfare rights important to the LGB community:

- Training of health workers, mental health professionals & social workers on LGB issues
- Mental health issues / concern about pathologising sexual orientation
- Hospital visitation rights for same sex partners
- Information on LGB services & organisations to be made freely available in hospitals, GP surgeries, GUM clinics, public libraries etc

- Maintenance of confidentiality
- Reverse current ban on gay men & blood donation
- Sexual health education re the needs of lesbians
- Reproductive rights, access to in vitro fertilisation for lesbians
- Availability of condoms & dental dams in public buildings
- Treatment of LGB people in nursing homes
- Benefits entitlements, social security issues
- Consideration of LGB people's social, psychological & spiritual welfare
- Treatment of LGB prisoners; sexual health, conjugal visits, issues around HIV status
- End to recording of sexual orientation on patient's medical records for non-medical reasons – this can lead to discrimination in realtion to insurance etc.

Young people

The Medical Research Council's Sexual Health and Relationship Education research programme (SHARE)[151] looked at homophobia in schools. They identified areas of good practice where homosexuality was not problematised, homophobia was effectively challenged and explicit references were made to same sex relations in SRE sessions[22]. Staff experienced in challenging homophobia and heterosexism were shown to be key to dealing with discrimination and negativity in the classroom[84]. Teaching materials and training are being developed with the intention of rolling them out to all Scottish schools.

A 1998 European conference[4] hosted by the Anti-Bullying Network looked at issues for gay and lesbian young people. The Network subsequently published an information guide for schools on homophobic bullying[5] that highlighted this issue in relation to teachers' duty of care.

The Network's *Tackle Homophobic Bullying Policy, advice and support* document[6] offers practical information including prevalence of homophobic bullying, definition of homophobia, effects of bullying, strategies to tackle homophobic bullying and looks at responsibility strategies of employers to protect LGB staff. With regard to schools a whole school approach is advocated.

In England, the National Healthy School Standard is producing a resource for schools that aims to support them in addressing homophobia. This should be available in Autumn 2004.

Numerous other websites and resources exist to support schools and others working with young people:

- Kidscape[73] produce an anti-bullying policy framework for schools
- The Schools-out[129] website identifies 21 steps that schools can use to tackle homophobic bullying

- Channel 4's *Off Limits: growing up gay*[27] has useful guidance for school staff on sexuality legislation and includes activities to address lesbian and gay issues within the school curriculum.
- *Safe for all*[145] is a best practice guide for secondary schools around tackling homophobic bullying
- *Breaking Down the Barriers in Education*[39]
- MESMAC materials on homophobia[49,50,51]
- *Sexuality Education in Schools*[82]
- Bolton Homophobic Bullying Forum materials[92]
- Practical Guidelines for Schools and Colleges on Homophobic Bullying[70]
- The NASUWT[97] gives policy, advice and support for teachers on homophobia

Health projects

In 2002, the Scottish Executive Health Department commissioned Stonewall Scotland to review the health of LGBT people across Scotland. This project examines how LGBT people access healthcare and aims to identify any barriers preventing them from using the full range of services. An initial report has collected together evidence from the first year of the project and provided some early recommendations on taking this agenda forward[156].

North Warwickshire NHS Trust[100] has developed a project with a gay counsellor specifically for LGB users of their mental health services. This work includes one-to-one, group work, families work, advice & support to staff and training.

Brighton & Hove have developed a multi-agency LGBT community strategy that addresses a broad range of social inclusion and health issues. Overall it aims to introduce a step-change approach to LGBT service delivery, based on partnership working[147].

In 2001 a series of young people's focus groups were held in Tayside[28]. They raised particular concerns about the effects of homophobia at school and in health services.

Their recommendations for health services were:

- Children and Young People's services need to consider the health inequalities and social exclusion experienced by gay and lesbian young people and young people with lesbian or gay parents – this can negatively affect their mental, social and physical wellbeing
- The review of child and adolescent mental health services will need to take these findings into consideration
- Need for training for health staff on lesbian and gay issues
- Young people's health services need to offer advice and information on lesbian and gay issues

And for Education:

- Sexual health and relationship education in schools should take account of the full range of relationships in a balanced way
- These programmes should enable pupils to take a balanced view of difference and be tolerant of others
- Schools anti-bullying policies should take account of lesbian and gay issues

Young people themselves identified good practice suggestions including modifying language to be inclusive, suggesting that teachers and youth workers do not assume heterosexuality and that SRE provision should address the needs of all young people[117].

Glossary of terms used in this report

Coming out
An accepted phrase that describes lesbian, gay and bisexual people's experience of disclosing their sexuality. As the coming out process is never over for LGB people, this is an ongoing, sometimes daily, decision and can cause the person to feel stressed.

Homophobia
An irrational fear and dislike of lesbian, gay and bisexual people, which can lead to hatred resulting in verbal and physical attacks and abuse.

Heterosexism
The belief that heterosexuality is naturally superior to homosexuality or bisexuality. This belief justifies domination and the imposition of values and beliefs. Can also refer the way in which we believe or presume that an individual is heterosexual.

Organisational or institutional homophobia & heterosexism
This is systematic discrimination directed at lesbian, gay and bisexual people by government, business, employers, public services and other organisations. It can include such apparently benign examples as invitations to company events that invite husbands or wives but do not acknowledge same sex relationships. This exclusion is not necessarily deliberate but means that institutions have not considered same sex partners as an option. In schools this can emerge in sex and relationships education sessions that tend to focus on heterosexuality.

Societal or cultural homophobia & heterosexism
This relates to the general assumption of heterosexuality in society. This means that social and cultural norms promote discrimination against lesbian, gay and bisexual people. Homosexuality is always considered as "different" to be welcomed, tolerated, or despised. The media, film, TV, books, holiday brochures, insurance companies, religious institutions, schools etc back this up.

Internalised homophobia
For many people, straight, lesbian, gay and bisexual, homophobia can be internal and not always recognised by the individual. However, internalised homophobia can and does cause many negative effects for lesbian, gay and bisexual people. It can affect the way people see themselves and the way others (heterosexual society) treat them. Internalised homophobia often leads to denial of one's true sexuality in situations that are threatening or require the individual to come out.

Social exclusion
This is a widely used term for what can happen when people experience a combination of linked problems such as unemployment, lack of opportunity to develop skills, low incomes, poor housing, high crime environments, poor health and family breakdown. In this review we have linked this to such problems occurring across a person's life or life-course.

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