

LEARNING TO GROW UP

Multiple Identities of Young Lesbians, Gay Men and Bisexual People in Northern Ireland

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FOREWORD

The Northern Ireland Human Rights Commission is very pleased to publish this report during Pride Week 2003, as a contribution to the debate around multiple identities in Northern Ireland. The report focuses on the multiple identities of young people who are lesbian, gay or bisexual.

It is well known that a person's sexual orientation can raise complex and sensitive issues which impact on that person's interaction with the rest of society. The more research that can be done on the nature of that impact, the better. *Learning to Grow Up* looks primarily at the impact on young people within the health service and, to a lesser extent, within the employment field. We hope that it casts valuable light on the kind of experiences which young LGB people are exposed to in these spheres in Northern Ireland. We hope too that the recommendations made will be given serious consideration by the authorities to which they are directed.

The Commission's thanks go to all who assisted in the production of this report, but especially to Ms Felice Kiel who facilitated the focus groups and Dr Christine Loudes, one of our Investigations Workers, who was the principal author.

The report forms part of a larger publication on the experiences of people with multiple identities in Northern Ireland, the Republic of Ireland and Great Britain. *Re-thinking Identity: The Challenge of Diversity*, published in June 2003, was commissioned by the Joint Equality and Human Rights Forum, a group of statutory human rights and equality bodies from throughout the United Kingdom and Ireland. Copies are available from the Northern Ireland Human Rights Commission.

Brice Dickson
Chief Commissioner

July 2003

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EXECUTIVE SUMMARY

This research endeavours to present aspects of the multiple identities and experience of young lesbians, gay men and bisexual people (LGB people) in Northern Ireland, with a particular focus on access to the health care system. The information presented in this report was collected through three focus groups with young LGB people,¹ one with health service providers² and three interviews with young LGB people.³

The research highlights that young LGB people in Northern Ireland encounter some important obstacles because of their multiple identities: they are exposed to prejudices, homophobia and violence. Furthermore, young LGB people experience isolation within society and sometimes within their families. When accessing health care services young people are often exposed to prejudices, human rights abuses and lack of structures tailored to their needs. Their experience of working in the health care system is not always positive. Indeed, some young people have been subjected to discrimination because of their sexual orientation.

This report encourages health professionals, schools and decision-makers to give more weight to the multiple identities of young LGB people when designing their services, particularly in the application of section 75 of the Northern Ireland Act 1998 and in the inclusion and extension of the EU Framework Directive on Equal Treatment in Employment and Occupation in the Single Equality Bill. The government has a duty to respect the human rights of young LGB people and therefore should ensure their right to privacy and access to health and employment without discrimination. Finally, human rights institutions have a role to play in enhancing the rights of young LGB people in the exercise of their functions such as in the advice they provide on a Bill of Rights for Northern Ireland and in casework.

¹ Three focus groups took place: One in Derry/Londonderry which was attended by six young LGB people aged 16 to 24, one in the Belfast area with six young LB women aged 17 to 27 and one in Belfast with twelve young LGB people aged 16 to 24.

² The focus group with health service providers was composed of six women working in the Belfast/greater Belfast area.

³ Young LGB people aged 16 to 24.

1. INTRODUCTION

This research presents an account of some experiences of young lesbians, gay men and bisexual people (LGB people) in Northern Ireland and the specific issues they face in accessing health services and employment. It highlights some aspects of multiple identities especially along the lines of sexual orientation, age and gender. It highlights how the interplay of several identities means that young LGB people have to face different issues from “straight” (*i.e.* heterosexual) young people (*e.g.* invisible identity, homophobic bullying or victimisation at school) or older LGB people (*e.g.* absence of venues to meet other young lesbians and bisexual women or invisibility of teenage gay culture). It illustrates that identities are not necessarily obvious to another individual (as far as sexual orientation is concerned) but that young LGB people have to go through a process of self-identification called “coming out” which is difficult and sometimes followed by rejection.

Section 2 of the report defines the terms used in the research. The literature review in section 3 highlights some issues which are discussed further in the research and are important to the concept of multiple identities applied to young LGB people. Section 4 articulates differences faced by young LGB people using statistics, relevant data, information on young lesbians’ identity and issues that young people discussed in focus groups and interviews. This section presents their experience of the health care system including some issues in relation to employment. Section 5 of the report makes recommendations to the government, health services providers and human rights institutions in Northern Ireland. These recommendations are based on the outcomes of the focus groups, national legislation and international obligations that the UK has signed up to.

The research was informed by a literature review, focus groups and some interviews. The literature review consisted of the following documentation:

- Primary sources including domestic legislation, international human rights standards, and, where available, any qualitative and quantitative data on young people and LGB people.
- Secondary sources including relevant literature on young LGB people, identity issues, reports by public authority and NGOs and access to preliminary findings from on-going research.

All focus groups were held in the period running from September to November 2002 and each lasted two hours. Three focus groups, organised through support groups, took place with young people:

- One in Derry/Londonderry with six young LGB people aged 16 to 24.
- One in the greater Belfast area with a group of young women identifying as lesbian and bisexual. It was attended by six participants aged 17 to 27.
- One in Belfast with a group of twelve young LGB people aged 16 to 24.

One focus group was held with service providers including women from different health trusts as well as representatives of the voluntary sector. It was attended by six women.

Three interviews took place with young LGB people (two men and one woman) aged 16 to 24.

2. DEFINITION OF TERMS

2.1 Lesbian, gay and bisexual identity

Language is important when dealing with people's experience. There are words and terms that have a particular resonance for people. The following are those used by LGB people to define themselves.⁴

A lesbian is defined as 'a woman who is sexually and emotionally attracted to women. (Many lesbians prefer to be called lesbian rather than gay, queer or homosexual because it reflects their separate experience)'. A gay person is 'a man or woman who is sexually and emotionally attracted to people of the same sex. (Many gay men prefer to be called 'gay' rather than homosexual)'. A bisexual person is 'a man or woman who is sexually and emotionally attracted to people of either sex'. In the LGB culture, the term 'queer' is employed as 'a term primarily for gay men that is being reclaimed and some lesbians feel comfortable using it'. The term is also used in 'queer theory' which explores how gender and sexual identities have been defined by representations (through language, culture). '[Queer theory] assumes that representations pre-exist and define, as well as complicate and disrupt, sexual identity'.⁵ Queer theory rejects the identity-based gay and lesbian criticisms of the 1970s and 1980s and highlights that this identity is not reflecting the reality of people's experience but is a constructed representation.

2.2 Youth

Whilst the definition of children in the United Nations' Convention of the Rights of the Child (UNCRC) concerns people below 18 years of age,⁶ the definition commonly referred to in Northern Ireland when talking about 'youth' is that used by the Department of Education. In its youth service policy, the Department has defined

⁴ Definitions available on the website *Schools Out! National* at http://www.schoolsout.org.uk/san_definitions.html.

⁵ Hedges, W. (1997) "Queer Theory Explained" available at <http://www.sou.edu/English/Hedges/Sodashop/RCenter/Theory/Explained/queer.htm>.

⁶ Article 1 of the United Nations' Convention on the Rights of the Child states that: "For the purposes of the present Convention, a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." The same approach is taken in Recommendation 1286 (1996) *On A European Strategy For Children* by the Parliamentary Assembly of the Council of Europe in 1996.

“youth” as those aged between 4 and 25 years of age.⁷ For some voluntary organisations offering services to young people, the term “youth” has been defined in a more restricted way as including people between the ages of 16 and 25.⁸ At international level, the World Health Organisation has defined young people as those between the age of 10 and 24.⁹ Whilst there are divergences as to the minimal age of “youth”, there appears to be an agreement that the concept of young people includes people over the age of 18 and is commonly understood to include people up to the age of 25.

From a sociological point of view, the notion of youth is understood as “people of a certain age, between childhood and adulthood, who form a significant social group, but it is difficult to define this age group precisely”.¹⁰ The extension of the notion of youth to people of legal majority can be explained by delays for young people in accessing the job market and becoming truly independent from their parents. “‘Youth’, in other words, describes aspects of people’s social position which are an effect of their biological age but not completely determined by it”.¹¹ Young people, as a group need protection because they are disempowered in our society.¹²

An important aspect of youth is the significance of peer groups. ‘[...] peer groups are so taken for granted by sociologists that it is sometimes easy to forget that references to youth culture are usually references to people of the same age doing things in groups’.¹³ In the case of young LGB people, groups make an essential contribution to developing, accepting and discussing issues of identity.

⁷ Department of Education of Northern Ireland (1999) *A Youth Service for the New Millennium. Youth Service Policy Review*, Belfast, p. 6. This official definition is also adopted by the Northern Ireland Youth Council.

⁸ For instance, GLYNI (Gay and Lesbian Youth Northern Ireland), an organisation set up to support young LGB people and offer them a safe meeting space, has defined its remit for young people in the bracket of 16 to 25 years old. The Youth Forum Northern Ireland has membership open to people between 16 and 25 years old.

⁹ World Health Organisation (1997) *Young People and Sexually Transmitted Diseases*. Fact Sheet No 186, Geneva available at <http://www.who.int/inf-fs/en/fact186.html>.

¹⁰ Frith, S. (1984) *The Sociology of Youth*. Themes and Perspectives in Sociology. Causeway Press Ltd, Lancashire, p. 1.

¹¹ *Ibid.*

¹² YouthAction Northern Ireland (2002) *Out and About: Supporting Young Lesbians. A Model of Effective Practice*, Belfast, p. 1.

¹³ Frith, S. (1984) p. 22.

This report examines the interplay of multiple identities of young LGB people (*i.e.* sexual orientation and age) and resulting issues (*i.e.* invisibility, violence, prejudice) facing them in Northern Ireland. As highlighted later, sexual orientation and age are not the only factors of identification; gender, class, place of living are also determining factors in the identification of young LGB people.

3. LITERATURE REVIEW

To date, there has been little research focusing specifically on the identities, needs and rights of young LGB people in Northern Ireland.¹⁴ Usually issues relating to young LGB people have been examined within research looking at LGB or LB issues generally.¹⁵ Several issues arise from the literature focusing on young LGB people and health within and outside of Northern Ireland. The recurrent issues are the invisibility of young LGB people; the diversity amongst young LGB people; the lack of relevant sex education and access to tailored sexual health services; the high number of suicides, drug abuse, self-harm and mental health issues amongst young LGB people; and finally, the denial of human rights for young LGB people.

3.1 Invisibility of young lesbians, gay men and bisexual people

The prevailing assumption of heterosexuality by society in general renders LGB people and youth in particular, invisible and seemingly non-existent. Young LGB people are usually not seen or portrayed in society, and especially not in schools and classrooms. The lack of qualitative as well as quantitative data available contributes to this invisibility.¹⁶ Hence, there is little reference to the sexual orientation of young people when researching the needs of young people. The lack of research is also evident in other areas of equality legislation (*e.g.* minority ethnic groups) and illustrates the social invisibility in mainstream society of certain groups and a widespread social devaluation of LGB people.¹⁷

¹⁴ There are fortunately a few exceptions. Foyle Friend & Westcare Business Services (2001) *Needs Assessment for the Lesbian, Gay, Bisexual & Transgendered Community in the North West of Ireland*, Derry. A forthcoming research by Youthnet, YouthAction Northern Ireland, GLYNI, Foyle Friends, the Rainbow project & VSB is looking at issues around education of LGB (to be published).

¹⁵ Feenan, D., Fitzpatrick, B., Maxwell, P., O'Hare, U., Ritchie, T. & Steele, C. (2001) *Enhancing the Rights of Lesbian, Gay and Bisexual People in Northern Ireland*, Northern Ireland Human Rights Commission, Belfast; Quiery, M. (2002) *A Mighty Silence. A Report on the Needs of Lesbians and Bisexual Women in Northern Ireland*, LASI, Belfast.

¹⁶ In September 2002, the Northern Ireland Statistics and Research Agency published the Equality Data Sources, an audit of research carried out by each department in different areas where Section 75 of the Northern Ireland Act 1998 applies. It shows that the category of "sexual orientation" has been greatly under-researched. (Available at <http://www.nisra.gov.uk/statistics/eqdatasources.html>.)

¹⁷ This is developed in CoSO's *Initial Response to the Draft Equality Schemes* available at http://www.geocities.com/coso_ni/response_to_the_draft_equality_schemes.htm. "There are two broad areas in which our constituency may differ from others governed by the statutory duty. First, members of the LGBT Community have been largely invisible in our society due to prejudice, ignorance and misinformation. These attitudes create marginalisation and social exclusion in our daily lives. They raise issues such as the combating of prejudice but also issues of monitoring in a

Young LGB people have limited opportunities in accessing information outside LGB organisations, phone-lines, the Internet and specialised magazines.¹⁸ There are several websites designed for young LGB people. They provide information and support and contribute to sharing experiences especially on the process of “coming out”. These websites and phone-lines are crucial as they are the first port of call for young LGB people looking for information.

3.2 Diversity amongst LGB people

The literature sometimes fails to acknowledge the diversity of experiences and identities amongst LGB people. Until recently, for example, there was a lack of research in the area of the interplay between sexual orientation and gender. Only in 2002 have the needs of lesbians and bisexual women in Northern Ireland been documented.¹⁹ A consequence of the lack of information is that issues that are specific to lesbians and bisexual women are generally ignored. A recent report stresses that “as a result of the impact of HIV and AIDS on the male community, the health needs of lesbian and bisexual women had been largely overlooked”.²⁰ As outlined by the findings in this report and the focus group with young lesbians and bisexual women, marginalisation and a sense of isolation appear to be even greater amongst young lesbians and bisexual women, which is explained by the invisibility of lesbians and bisexual women within the gay community. Outside of Northern Ireland, lesbian invisibility is also underlined in the report by the International Lesbian and Gay Association (ILGA).²¹ This invisibility is recorded in several countries in Europe and results in a greater isolation and marginalisation along the lines of gender.²²

context of confidentiality. Secondly, because our society is based on a presumption that everyone is heterosexual, your organisation will probably not have taken into account sexual diversity in society, which may, for example, take the form of same-sex partnerships.”

¹⁸ When asked how they found information on coming out and LGB issues, most participants in the focus groups mentioned the internet as a source of information. Some referred to phone-lines and others to LGB magazines.

¹⁹ Quiery, M. (2002) *A Mighty Silence. A Report on the Needs of Lesbians and Bisexual Women in Northern Ireland*, LASI, Belfast.

²⁰ Quiery, M. (2002) p. 20.

²¹ ILGA-Europe (2000) *Report Submitted to the Legal Affairs and Human Rights Committee* (Parliamentary Assembly of the Council of Europe), Brussels, p. 16.

²² *Ibid.*

Research on the specific needs of bisexual people - beyond the needs for their sexual orientation to be protected - is limited. However, this should not hide the fact that young bisexual people might have particular needs and identities that are not reflected in the 'gay' culture. Further, bisexual people sometimes meet disapproval from the gay and lesbian community who have mobilised around their sexual orientation and used identity-based politics. 'Bisexuality, for example, might be viewed as merely a signpost on the road to a more "complete" gay identity, or a cop-out – a refusal of self-knowledge and political commitment'.²³ However, the European branch of the ILGA (ILGA-Europe) has acknowledged this lack. ILGA-Europe expressed its intention to "investigate what practical steps can be taken at European level to promote the rights of bisexual people beyond those issues being addressed by work to eliminate sexual orientation discrimination".²⁴

3.3 Sex education and sexual health

In Northern Ireland, young LGB people are rarely provided with sex education at school that reflects their sexual orientation.²⁵ The hetero-centred approach to sex education at school reinforces LGB people's invisibility. According to research published in 1996, only 56% of secondary school and 54% of grammar schools have "homosexuality" covered as part of their sex education programmes.²⁶ Further, sex education is often provided during religious education classes, which does not facilitate exploration of LGB issues given the ethos of churches in relation to homosexuality.²⁷ The lack of discussion of LGB issues at school is reinforced by the difficulties of talking about personal sexual matters in the family as illustrated in research by the Family Planning Association.²⁸

²³ Hedges, W. (1997) "Queer Theory Explained" available at <http://www.sou.edu/English/Hedges/Sodashop/RCenter/Theory/Explained/queer.htm>.

²⁴ Point 8.3 of the Work Programme 2001/2002 as approved by the 23rd ILGA European Conference, Rotterdam 24-28 October 2001.

²⁵ GLYNI (2001) Submission to the Children & Young Persons Working Group of the Northern Ireland Human Rights Commission, Belfast; Coalition on Sexual Orientation (2001) *A Guide to Involving and Consulting the Lesbian, Gay, Bisexual and Transgendered Community*, Belfast, p. 6 and Schubotz, D Simpson, A & Rolston, B, (2002) *Towards Better Sexual Health: A Survey of Sexual Attitudes and Lifestyle of Young People in Northern Ireland*, Family Planning Association & University of Ulster, Belfast, p. 47.

²⁶ Health Promotion Agency Northern Ireland (1996) *Sex Education in Northern Ireland. Views from Parents and Schools*, Belfast, p. 53.

²⁷ Health Promotion Agency (1996), p. 55.

²⁸ Schubotz, D *et al* (2002), p. 49.

In relation to sexual health, issues affecting young LGB people have been highlighted in recent research.²⁹ Young LGB people expressed concern around the lack of information available on sexual health. They also pointed out that most information available is male-oriented and does not meet the needs of young lesbians and bisexual women. The issue of access to protection against STDs for women (dental dams)³⁰ was raised in the focus groups and interviews.

3.4 Suicide, self-harm, drug abuse and mental health issues

The rate of suicide among young lesbians, gay men and bisexual people in the UK is much higher than the average for young people.³¹ It is understood as being linked to the constant victimisation, bullying, isolation, marginalisation and harassment to which young people are subjected because of their perceived different sexual orientation.³² Research in the United States has linked victimisation on sexual orientation with suicide attempt.³³ The study, conducted amongst a population of homeless adolescents, highlights the association between sexual orientation, suicidal attempt and drug use: 'The homeless youths who are gay-lesbian-bisexual clearly are a troubled group with high rates of depression and injection of drug use'.³⁴ In England, a study in 1996 presented similar findings.³⁵ In Northern Ireland, the Rainbow Project produced some research which highlighted the high number of gay and bisexual men who attempted suicide.³⁶ Preliminary findings from forthcoming research looking at the education of young people highlights the fact that these issues are affecting young LGB people in Northern Ireland too. Among 362 young people

²⁹ Foyle Friend *et al* (2001).

³⁰ 'Traditionally used in the dentist's office during dental surgery such as root canals, dental dams arrived at the height of the spread of STDs (Sexually Transmitted Diseases), predominantly AIDS. A dental dam is actually a small sheet of latex which acts as a barrier between the vagina or anus and the mouth. [...] These latex squares may provide some protection against the transmission of HIV and other sexually transmitted diseases.' Definition found on the website: <http://www.mama-shop.com/dentaldams/>.

³¹ ILGA-Europe, (2000) p.17.

³² *Ibid.*

³³ Noell, J W (2001) "Relation of Sexual Orientation to Substance Use, Suicidal Ideation, Suicidal Attempts, and other Factors in a Population of Homeless Adolescents" *Journal of Adolescent Health*.

³⁴ Noell (2001) p. 35.

³⁵ Rivers, I. (1996) "Young, gay and Bullied" *Young People Now* pp. 18-19.

³⁶ McCracken, A and White, R (1998) Suicide Research, Rainbow Project, Belfast. This research found that 54.1% of the 122 participants (aged 18-61) in the research had suicidal thoughts. One third of this sample had attempted suicide once.

under 25 years of age,³⁷ 29% had attempted suicide, 26% self harmed, 24% were medicated for depression and 21% had an eating disorder.³⁸ A recent research conducted in the north-west of Northern Ireland established that more than 80% of young people below 25 years old were alcohol drinkers and one third were concerned about their drinking.³⁹ These figures are quite alarming but coincide with findings in the US and England and they suggest that measures should be taken by health services to address the lack of structures of support for young LGB people.

3.5 Denial of human rights

Like other LGB people, young LGB people are denied some basic human rights. The literature dealing with the rights of LGB people has highlighted issues faced by young people.⁴⁰ These include bullying, discrimination, issues in relation to breach of confidentiality and lack of sex education tailored to the needs of LGB young people.

Recently, violation of the rights of young LGB people was mentioned in the Concluding Observations to the UK report by the UN Committee on the Rights of the Child.⁴¹ When considering adolescents' health in the UK, the Committee expressed concern around the lack for "homosexual young people" of "access to appropriate information, support and necessary protection to live their sexual orientation".⁴² The Committee was alarmed by the rising incidence of STDs⁴³ among young people. Further, issues of access to mental health services for young people have also been highlighted in the Concluding Observations of the Committee on the Rights of the Child. The Committee has recommended that the UK "take all necessary measures to strengthen its mental health and counselling services, ensuring

³⁷ Male sample: 232 and female sample: 130.

³⁸ Research by Youthnet *et al.*

³⁹ Foyle Friend *et al* (2001) p. 12.

⁴⁰ ILGA-Europe (2000) pp. 16-18 & Feenan *et al* (2001) pp. 9-16.

⁴¹ *Concluding Observations of the Committee of the Rights of the Child: United Kingdom of Great Britain and Northern Ireland* 31st Session, 833rd meeting held on the 4th October 2002. CRC/C/15/Add.188.

⁴² Concluding Observations, paragraph 41.

⁴³ STDs (sexually transmitted diseases). This terminology is used throughout this report since it is the term used by the participants in the focus groups and also by the Committee on the Rights of the Child. This approach has been chosen for the purpose of clarity and despite the consensus in Northern Ireland around the use of the termin 'sexually transmitted infections' (STI) instead of STDs.

that these are accessible and sensitive to adolescents, and undertake studies on the causes and backgrounds of suicides.”⁴⁴

Most issues presented in the literature review have been reflected in the focus groups discussions and interviews. Those findings are presented below.

⁴⁴ Concluding Observations.

4. IDENTITY AND EXPERIENCE OF YOUNG LGB PEOPLE

The issues considered below surfaced within the focus group discussions and interviews. Whilst some issues around LGB identities were mentioned during focus groups, most of the discussion centred around the experiences of young LGB people in society in general, at school, within health services and, to a lesser extent, in employment. This section illustrates that personal identity develops through an interactive process between the individual and his or her environment. When asked to talk about themselves young LGB people raised issues relating to how they define themselves but essentially focused on the impact on their lives of the resistance of their environment (school and health service) towards an acceptance of their identity.

4.1 Identity

Several aspects of youth identity were discussed during the focus groups. The most important one of these was the process of ‘coming out’. Other issues linked to identity were mentioned, including internalised homophobia, multiple identities of participants and the invisibility of gay teen culture.

4.1.1 *Coming out*

‘Coming out is the term used by lesbians, gay men and bisexuals to describe their experience of self discovery, self-acceptance, openness and honesty about their sexual orientation and their decision to share this with others when and how they choose.’⁴⁵ It is a delicate and long process of affirmation of one’s identity which has been described as a succession of stages by theories of identity development.⁴⁶ Most young people start the process of coming out during adolescence⁴⁷ which adds to the confusion inherent to adolescence. As outlined by a participant in the focus groups: *“Young people have to face the same difficulties as other teenagers and on top of*

⁴⁵ Definition found on the website *Schools Out! National* at http://www.schools-out.org.uk/san_definitions.html.

⁴⁶ Beaty, L A (1999) “Identity Development of Homosexual Youth and Parental and Familial Influences on The Coming Out Process” *Adolescence* available at http://www.findarticles.com/cf_0/m2248/135_34/60302525/p1/article.jhtml.

⁴⁷ YouthAction Northern Ireland outlines that “the average age for young women realising that they ‘felt different’ from peers was eleven to twelve years old and that they never spoke to anyone about this until they were fifteen to sixteen years old.” YouthAction Northern Ireland (2002) *Out and About: Supporting Young Lesbians. A Model of Effective Practice*, Belfast, p. 1.

that the issue of coming out". Another participant reported that: *"When you are gay, you have to mature more quickly; you have to learn to grow up"*.

The coming out process results in the person identifying as LGB personally and publicly. Because of the social pressure, some LGB people prefer to stay 'in the closet'. This term describes lesbians, gay men and bisexual people who are not open about their sexual orientation. Coming out usually happens first within the gay community where young people find support and understanding. Many young people in the focus groups had not come out to their parents but had found strength in regular meetings with other young LGB people.

Fear of exclusion means that coming out to one's family or friends is an extremely difficult step. Anxiety was expressed on several occasions in the focus groups and several of the young people had not come out to their family: *"I worry, will my parents kick me out when they find out?"*. Coming out requires lots of courage from young people and it is a difficult process: *"I am not sure how my mum would take it if I told her. I'd prefer if she approached me on the issue"*. Another participant highlighted the difficulty with coming out at a young age: *"It is very hard to tell them that you are gay. Once you tell them, they think that you are confused and try to talk you out of it"*.

Some participants mentioned the fact that when they came out, their parents and grand parents or other relatives expressed moral judgements on them being gay and said that *"they will go to hell"*. *"My granny is the only one who has a problem with it. She thinks the devil is inside us and that it is not our fault if we are gay."* Several participants have not come out to their family for fear of being judged or rejected. Other young people reported that despite their religious convictions, their parents were quite supportive: *"My mum knows about it and she accepts it because I am her son... but she keeps being worried about me going to Belfast"*.

Participants also mentioned the fact that they thought there was not enough support for parents of young LGB people, especially in rural areas. This point stresses the fact that coming out is a process affecting the family as a whole, beyond the young LGB person. It was mentioned that the Parents Advice Centre (PAC) was working with GLYNI (Gay Lesbian Youth Northern Ireland) on this issue and that an

information leaflet had been recently published for parents of young LGB people.⁴⁸ Research has recommended that family therapy can be useful in helping the connection to be maintained between young people their family.⁴⁹

Coming out to friends is another difficult process: *“I’ve told a few of my friends. Most of them were fine with it. But my best friend thought I was joking and she told other people. [...] You really have to be careful who you tell”*.

Participants pointed out the fact that the culture in Northern Irish society was not conducive to coming out for young people: *“It is a political and religious thing...people have strict ideas around sexuality”*. Some people explained that they did not come out for fear of being stigmatised: *“I want to be known as me not just the lesbian”, “you always have to talk about your sexual identity...it’s hard to have a bit of normality, just like everybody else”*.

In the focus group with Out and About,⁵⁰ women talked about domestic violence within lesbian relationships and most seemed to feel that lesbians rarely reported domestic incidents because they felt uncomfortable about disclosing their sexual orientation to the police or health care workers. In several focus groups, the issue of revealing sexual orientation when dealing with the police on homophobic assaults was mentioned. Many young people have difficulties with coming out to the police and felt that they are not taken seriously when they do reveal their sexual orientation.

4.1.2 Internalised homophobia

This term is understood as ‘the fear and self-hate of one’s own homosexuality or bisexuality that occurs for many gay and lesbian individuals who have learned

⁴⁸ Eastern Health & Social Services Board (2001) *“Mum, Dad, I’ve Got Something to Tell You” A Guide to Parents who have Lesbian, Gay or Bisexual Children*, Belfast.

⁴⁹ Lasala, M C (2000) “Lesbians, Gay Men, and Their Parents: Family Therapy for the Coming-Out Crisis” *Family Process* Rutgers available at http://www.findarticles.com/cf_0/m0AZV/1_39/61522927/print.jhtml.

⁵⁰ “Out and About” is a group working with young lesbians and bisexual women and is part of YouthAction Northern Ireland. “This programme has been running for two years with the Out and About Group meeting on a regular basis for eighteen months. Initially the group consisted of twelve young lesbians aged sixteen to twenty-five years from a range of locations in the Greater Belfast area. During this time the young women have had an opportunity to meet up in a safe environment, share experiences and identify the key issues that impact on the lives of young lesbians in Northern Ireland. They are currently in the process of developing ways to address these issues with a core group of eight members.” YouthAction Northern Ireland (2002) *Out and About: Supporting Young Lesbians. A Model of Effective Practice*, Belfast, p. 4.

negative ideas about homosexuality throughout childhood. Once gay and lesbian youth realise that they belong to a group of people that is often despised and rejected in our society, many internalise and incorporate the stigmatisation of homosexuality and fear or hate themselves'.⁵¹ During the focus groups, several young people expressed positively their sexual identity; however on some occasions they referred to previous thoughts they had such as: "*I wish I was not gay*". This phenomenon has been also reported in the FPA research,⁵² which illustrates that some young people, when isolated, internalise homophobia. Support groups and participation in the (Gay) Pride events, celebrating gay culture, are important in overcoming this internalised homophobia.

4.1.3 Multiple identities

Multiple identities are central to the lives of young LGB people in Northern Ireland as mentioned during the focus groups. The experiences of young LGB people vary according to additional identities to sexual orientation and age. Hence their gender and the place where they live are significant. In relation to rural areas, young people feel a lack of support and a greater sense of isolation and invisibility because access to the gay scene is limited. The gay scene in Northern Ireland is small and is concentrated in cities: there is no support or meeting point for people who are living in the countryside. Further, in rural areas young people feel an added pressure as it is harder to keep anonymity. As outlined throughout this report there are issues around gender resulting in lack of support, invisibility and few meeting places for young lesbians and bisexual women. Further issues were raised regarding lesbians and bisexual girls in custody (*i.e.* difficulty in accessing dental dams and ignorance by health care staff). There are, without doubt, further issues to be explored around ethnicity and disability but these were not mentioned in the focus groups.

4.1.4 Invisibility of LGB teen culture

Young LGB people mentioned the invisibility of LGB youth culture: "*Gay teenage culture exists but it is not visible. You have to make an effort to find it*". This invisibility underpins the sense of isolation (presented later in this report) amongst

⁵¹ Definition found on the website *Schools Out! National* at http://www.schools-out.org.uk/san_definitions.html.

⁵² Schubotz, D *et al* (2002) p. 51.

young LGB people. The importance of the role of the media in the representation of a group in society has been widely documented.⁵³ Therefore, the lack of representation or stereotypical depiction of a minority group impacts on society's perception of this group. Participants in focus groups (both young people and services providers) felt that the media have a role to play to present positive role models for young LGB people in order to ease the acceptance of their own identity. At society level, it was thought this would contribute to creating a climate of openness and understanding around LGB issues.

4.2 Experience of young LGB people

The experience of young LGB people in Northern Ireland is difficult and often painful as testified by some of the focus groups' participants. Young people face institutionalised heterosexism, isolation and violence. All these issues are intertwined and very often one is the cause of another. Internalised homophobia is often the consequence of exposure of young LGB people to violence and/or institutionalised heterosexism combined with a sense of isolation reinforced by the lack of a role model. Invisibility, sense of isolation and exclusion in turn impact on the (mental or physical) well-being of young LGB people and can drive some of them to suicide.

4.2.1 Institutionalised heterosexism

This term is understood as 'system that has embedded within it unfair discrimination against, and the oppression of lesbians, gay men and bisexuals. It is often a subtle form of oppression which reinforces realities of silence and invisibility for gay and lesbian youth'.⁵⁴ This phenomenon is a form of cultural imperialism from the heterosexual majority. It is apparent in several aspects in the lives of LGB young people and is also culturally embedded in the media, use of language, educational system and in politics.

⁵³ Gross, L (1998) "Minorities, Majorities and the Media" in Liebes, T & Curran, J. (eds.) *Media, Ritual and Identity* (Routledge: London), 87-102; Keller, J R (2002) *Queer (Un) Friendly Film and Television* (McFarland: Jefferson).

⁵⁴ Definition found on the website *Schools Out! National* at http://www.schools-out.org.uk/san_definitions.html.

Participants in all focus groups (young people and health services providers) and in interviews mentioned the particularly oppressive nature of Northern Ireland society in relation to LGB life style and the fact that this moral disapproval is apparent at every stage of the life of a young person and especially at school. When asked about their particular experience, one young person said: *“There is nothing special about being gay but there are issues around being gay in Northern Ireland because of a social and religious stigmatisation of homosexuality. The strong influence of the church in education is impeding an open discussion on LGB issues”*. At school, a strong religious ethos often prevails which is not conducive to discussing issues such as sexual orientation and reinforce the invisibility of young LGB people.

Experiences mentioned in the focus groups illustrate that this moral approach is also present amongst medical staff, (this will be considered further in part 6.3.1).

Institutionalised heterosexism is also seen as the reason for the lack of funding for the voluntary organisations that offer support and information to young LGB people.

4.2.2 Isolation

When asked to describe the commonality among LGB youth, one participant said: *“One common experience of young LGBs is the isolation”*. This isolation is manifested in the lack of support and understanding around young LGB people and the stress related to coming out: *“Isolation ties in with the pressure, with not being able to come out”*; *“My parents are fine; we just don’t talk about it”*; and *“My parents are embarrassed and ashamed”*.

Youth groups have a very important role in overcoming this isolation. Everyone in a focus group with Out and About (YouthAction Northern Ireland) agreed that they gained a great deal of support from meeting as a group twice a month. To their knowledge they are the only young lesbian support group in Northern Ireland. They felt there was a strong need for more support and information. Several of the young women talked about the fact that they had no one to talk to about their sexual orientation when they were younger. One young woman said that she would often ring the Samaritans just to be able to talk about her feelings openly. Others talked about using the Internet to find out more about being lesbian.

4.2.3 Violence

Young LGB people are exposed to a high level of violence. This violence happens at school and in the street when they are perceived as being gay. Several participants referred to their experience of stigmatisation, name calling and bullying at school: *“I came out when I was 14 and I’m always being labelled as ‘the lesbian’ at school”*.

During the focus group with service providers one participant said: *“On our boys’ playgrounds, they know that the worst thing that they can be called is gay. Five and six years old are saying it without having any idea of what it means. They just know that it is a derogatory term”*. One young woman reported: *“When I was 14 or 15, I got kicked and pushed every day coming home from school”*. Another participant mentioned his experience of seven years of bullying. There was no support to deal with homophobic bullying; it was not even acknowledged that this was happening in the school. Many young people felt that schools do not know how to deal with bullying and even less with homophobic bullying. The issue at school is not limited to bullying by peers. Some young people reported victimisation from their teachers: *“Teachers are the ones who gave me hassle”* and *“Teachers would gossip about me”*. One solution is located in education on equality and diversity: *“Diversity needs to be taught at a young age...things shouldn’t just be looked at in text book terms”*.

One young woman talked about being the victim of a homophobic attack during which she was badly beaten. When she got home her mother said that this would always happen to her because of the “lifestyle” she was leading. Participants in focus groups reported that a high number of young people have been attacked coming out of gay night clubs and have been victims of homophobic assaults.⁵⁵

4.3 Experience in the health care system

By way of introduction to the delicate relationship between LGB issues and the health care system, it is important to remember that up until a decade ago the World

⁵⁵ A survey entitled “Combating Homophobic Hate Crime in Northern Ireland” is currently being undertaken by the Institute for Conflict Resolution. The survey will document this issue further.

Health Organisation classified homosexuality as a mental health disease.⁵⁶ This position resulted in an ambiguous relationship between the health system and LGB people.

4.3.1 *Prejudices in health services*

Whilst a few young LGB people were very open and confident in their GPs and had positive experiences, several of them recounted that their GPs were judgmental about their sexual orientation. One young woman reported that her doctor said to her that “gay people go to hell”. He “outed” her to her family and wanted to book her in to see a psychiatrist: *“I felt guilty to be gay and depressed. So I went to see another doctor. But he was also making comments and I was still depressed”*. These attitudes inspire some feelings of anger, mistrust and hurt amongst young people.

Health service providers send out an ambiguous message to LGB people. On the one hand, they offer non-judgemental advice on sexual health to young LGB people in GUM Clinics (Genito-Urinary Medicine), on the other, they refuse to take blood from gay men. Consequently, young LGB people feel that they are either invisible or stigmatised by health professionals: *“Blood transfusion services do not take blood from gay men and this contributes to stigmatising gay men and marking lesbian, gay and bisexual issues. Gay men are still perceived as carrying HIV”*. The Terence Higgins Trust, a charity working on education on HIV and AIDs, discussed guidelines on blood donations with the National Blood Authority and stated that ‘current guidelines, while contentious and sometimes poorly expressed, should be abided by and regularly re-examined’. However the charity does also call for greater clarity about the grounds for exclusion.⁵⁷ The stigmatisation of young LGB people is centred on HIV and the use of language. One nurse reported that: *“The language used in the health care system shows the stigmatisation of LGB: HIV patients are called AIDS patients and medical staff wonder if they are gay”*. This stigmatisation

⁵⁶ In 1981 the Parliamentary Assembly of the Council of Europe passed Resolution 756 (1981) which called on the WHO to delete homosexuality from the International Classification of Diseases. After lobbying from the ILGA this happened in 1991.

⁵⁷ “Much of people’s difficulties with the guidelines lie in the manner in which blanket exclusions of entire social groups are made without recourse to individual variation and behaviour. This, in turn, leads to concerns about the stigmatisation of those groups. THT believes that greater clarity about why the exclusions differ and why they are necessary would contribute to better public understanding of them, and decrease the unintended stigma currently caused by them.” (Paragraph 4 of the Trust policy on Blood Donation and Related Guidelines in the UK, agreed in November 2002.)

combined with a sense of isolation and invisibility drive young people to hide their sexual orientation when they access the health care system.

4.3.2 Breach of confidentiality

There is an assumption that everyone is heterosexual and when this is not the case young people have to identify themselves as being gay/lesbian/bisexual in order to access health services, especially in relation to sexual health. Health professionals in the focus group felt that the system is built in a way that forces gay, lesbian and bisexual people to come out. This is not expected of young heterosexual people. One young person said: *“Doctors assume you are straight, you have to out yourself”*.

Focus groups’ participants mentioned negative experiences with their GPs in relation to respect of their privacy. In some cases, GPs threatened to, or did, “out” young people to their families. The issue of forced outing of young people should be considered with care. It puts young people into a position of vulnerability and fear of losing familial support: *“I spoke to the family doctor about the fact that I am gay and then he spoke to my mum. He broke the confidentiality and “outed” me”*. It is also a breach of the young person’s right to private life and confidentiality which is protected by human rights law (Article 8 of the European Convention of Human Rights and Article 16 of the United Nations’ Convention on the Rights of the Child).

4.3.3 Lack of structures of support for young LGB people

Because of the violence, social disapproval, isolation and discrimination they experience, young LGB people are more subject to depression, anxiety and poor mental health than their heterosexual peers: *“Mental health issues are linked with coming out and the stigma attached to being gay in particular in the Northern Irish society”*. In the focus group with young lesbians and bisexual women, participants talked about the prevalence of mental health problems among lesbians and the lack of support available. They felt that mental health problems were linked to lack of acceptance, the pressures of having to “hide” one’s sexual orientation and the pressures resulting from being openly lesbian: *“[Having to hide one’s sexual orientation] leads to lies and guilt and stress”*. Both, the process of coming out in a society which devalues LGB lifestyle and the need to hide one’s sexual orientation

on certain occasions are factors which impact negatively on the emotional and mental well-being of young LGB people.

4.3.4 *Sexual health*

Sexual health is an issue that was frequently mentioned in the focus groups. In particular, the lack of information and tailored services to deal with the needs of LGB young people is a big issue: “*Things that are important to us are never explained*” and “*There isn’t enough information about STDs (sexual transmitted diseases)*”. As illustrated by recent research,⁵⁸ the awareness level among young LGB people on sexual health and STDs is limited: ‘95% of people on the gay scene aren’t aware of health or sexual health’. This can be because: “*It’s awkward to ask about sexual health*”, but is also due to the fact that LGB young people are made invisible by a system that caters mainly for heterosexual people.

This issue outlines the gender dimension of the study as young lesbians and bisexual women felt that issues on sexual health for LGB people were concentrated around male sexual orientation. Issues specific to young lesbians and bisexual women are often overlooked. Participants in several focus groups mentioned that the needs of young lesbians and bisexual women are not catered for. For example, “*Dental Dams are not freely available*”, whereas young gay men can access condoms freely.

4.4 Experience at work

Among young people who took part in the focus groups and interviews, three people had been training or working as nurses. Their experiences of working in the health care system differed as some worked in private nursing and some worked in a public authority. However, experiences reported by these young people did not draw a positive picture of the conditions of work in the health system. One young person described how he was discriminated against at work and victimised by his employer. This victimisation led to the resignation of the young person. The victimisation went even beyond the loss of the job when he discovered that no solicitor wanted to take his case for constructive dismissal against his employer.

⁵⁸ Foyle Friend *et al* (2001).

One young man outlined that he felt there was a difference between the treatment of people working in the public sector where some protections were put in place to address discrimination, bullying and victimisation in the workplace, and in the private sector where these protections are not available. Despite this he decided not to come out because he did not want to be stigmatised at work and talked about behind his back.

A young lesbian explained her reasons for not coming out at work: *“I’m not out to work colleagues because I work in an all male environment...male attitudes to lesbians... they don’t understand, they feel threatened or treat it as a sexual fantasy”*.

Similar issues have been outlined in a recent report on young lesbians and bisexual women.⁵⁹ More generally, many young LGB people still feel that they have to hide some aspect of their identity in the workplace (even where legal mechanisms are in place) because they feel that their sexual orientation will be a factor of isolation and alienation from their colleagues.

4.5 Conclusion

This research highlights the fact that the experience of young LGB people in Northern Ireland is characterised by four elements: invisibility, denial of human rights, isolation of young LGB people and diversity amongst young LGB people.

The invisibility of young LGB people is characterised by the fact that their experience is rarely documented and that gay teenage culture is not represented in mainstream culture. When they decide to come out, young LGB people are often exposed to homophobia, bullying and victimisation. If they decide to delay the process of coming out, young people tend to find themselves isolated in a culture promoting a heterosexual life style. The focus groups and literature review demonstrated that young LGB people encounter obstacles that heterosexual young people might not face in accessing health services (*e.g.* prejudice and lack of properly tailored services) and educational services (*e.g.* homophobic bullying and victimisation). Further, young LGB people are exposed to denial and/or negative

⁵⁹ “I find it extremely hard in work because of everyone’s homophobia. I do not think I would be accepted in work ever if I ever ‘came out’.” YouthAction Northern Ireland (2002) p. 5.

perceptions of their identity at a period where they are in a vulnerable position due to their age. Those difficulties need to be further documented, researched and taken on board by service providers and decision-makers. The discussions in focus groups also highlighted the diversity among young LGB people living in Northern Ireland. Gender is an important factor in the identification of young lesbians and bisexual women. The focus group with young lesbians and bisexual women confirmed some of the literature findings around the invisibility of lesbians and bisexual women. This invisibility and sense of isolation is increased for young lesbians who have few places to meet and to discuss issues related to their experiences. Another important factor mentioned during the focus groups concerned the place of living. Participants accentuated the sense of isolation faced by young LGB people living in rural areas. Within the group chosen for the study there are people with multiple identities, which are defined along the lines of sexual orientation, age, gender and geography. Other identifications should be considered in further research such as class, disability and ethnicity in order to establish further the impact of, and the interplay between, multiple identities.

5. RECOMMENDATIONS FOR CHANGE

Several recommendations were put forward in the focus groups (by health professionals and young LGB people). Other measures are the consequence of the implementation of domestic or international law. Finally, some recommendations are addressed to the Northern Ireland Human Rights Commission and the Equality Commission for Northern Ireland.

5.1 Recommendations in health service provision

This research highlights that the health needs of young LGB people are not exclusively an issue for health professionals. Thus, a holistic approach to health care (involving co-operation between schools, the social care and the medical professionals) should be promoted to deal with the needs of young LGB people. This approach should consider the cause of health problems and define health and social services in an environment conducive to dealing with them. 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 continuous training of the medical profession to recognise societal evolution. This recommendation was suggested during the focus groups by both service providers and young LGB people. Both agreed that the needs of young LGB people are not adequately met at present and that training would be a first step in achieving this. However, while young lesbians, gay men and bisexual people thought that a training focusing on young LGB people should be provided, the health professionals thought that it should be mainstreamed into training on the needs of young people generally. For effective implementation of the statutory duty to equality of opportunity as set out in section 75 of the Northern Ireland Act 1998, medical staff should be trained in the needs of young LGB people in order to address the prejudices and stereotyping facing young LGB people.
- Participants in the focus groups suggested that GPs and health professionals should create a friendly environment for young LGB people that would be conducive to the process of coming out. This could be done by placing leaflets on sex education in GPs' surgeries and pharmacies for consultation by young

⁶⁰ In addition, a list of GPs that are LGB friendly could be compiled for use by young LGB people.

- In accordance with the Concluding Observations of the Committee of the Rights of the Child to the UK government, health and social services providers should consider setting up tailored mental health mechanisms to deal with the needs of young LGB people to overcome the stress of coming out, of victimisation, of bullying and of discrimination.
- Schools, led by the Department of Education, should play a proactive role in providing information on LGB issues (for instance sex education) and in putting in place structures to ensure that homophobic bullying is effectively addressed.
- Given the important role played by LGB organisations in providing information and support to young LGB people, these organisations should be properly funded. In addition, health service providers should increase or consider partnership work with LGB organisations.
- Government should respond positively to the concerns of the international community as expressed by the UN Committee on the Rights of the Child, which recommended putting in place structures to ‘provide adequate information and support to homosexual ... young people’.⁶¹ This implies a need for information and outreach on sexual health and mental health issues.

⁶⁰ “Established in 1994, The Rainbow Project exists to address the physical, mental and emotional health of gay and bisexual men living in, working in or visiting Northern Ireland. Our main areas of work include: advocacy, information, support, research, counselling, prevention and education. We are Northern Ireland’s only gay and bisexual men’s health organisation and house the only gay male specific counselling and support service available in the north. We also disseminate free condoms, lubricant and safer sex information in gay and gay-friendly commercial and educational venues.” Information at <http://www.rainbow-project.com/>.

⁶¹ *Concluding Observations of the Committee of the Rights of the Child: United Kingdom of Great Britain and Northern Ireland* 31st Session, 833rd, paragraph 42.

- In the implementation of section 75 of the Northern Ireland Act 1998⁶² and in particular the implementation of their Equality Schemes, health and social service providers need to avoid the trap of considering the nine groups specified in section 75 in isolation. This research illustrates that it is important to examine the needs of people with multiple identities. This is the case for young LGB people who are placed at the intersection of several categories such as sexual orientation, age, gender, disability and ethnic minority. The “one size fits all” approach that has prevailed in many areas of health care should be reconsidered to respond to the needs 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 financing and conducting the gathering of statistics. The Concluding Observations of the Committee on the Rights of the Child noted that ‘the Committee is still concerned with the absence of a nation-wide mechanism to collect and analyse data on the areas covered by the Convention’. This should include young LGB people. The collection of information and monitoring process should be carried anonymously with due respect given to the right to privacy of young LGB people.
- The right to privacy is an internationally recognised right (*e.g.* Article 8 of the European Convention on Human Rights) and Article 16 of the Convention on the Rights of the Child is applicable to young people. Consequently, it is the duty of the State to introduce proper safeguards to ensure that confidentiality is respected between medical staff and the young person. This action should be instigated by the Department of Health and Social Services and Public Safety, the British Medical Association and the different health trusts and boards so that there is uniformity in implementation. Further, the right to privacy of young people should be protected in relation to their parents. The practice of outing young LGB people to their parents should be proscribed in the light of the *Gillick*

⁶² Under Section 75 of the Northern Ireland Act, public authorities have a duty to promote equality of opportunity “between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without.”

principle⁶³ which recognised that some people under 16 years of age are able to consent to medical treatment without parental consent.

- The dispositions in the Single Equality Bill should not be reduced to measures for the elimination of discrimination in employment⁶⁴ but rather extended to include provisions dealing with access to goods, facilities and services including health services.
- The Human Rights Commission and the Equality Commission should ensure the protection of the rights of people with multiple identities in the forthcoming Bill of Rights and the Single Equality Bill.⁶⁵
- The Human Rights Commission should consider taking a case in its own name under the Human Rights Act, seeking to establish the scope of Article 8 in relation to protection of confidentiality in health care (*e.g.* GPs, Trusts) for young LGB people. It would ensure that the privacy of young LGB people is protected when dealing with medical and educational staff.

5.2 Recommendations in employment

- Statutory bodies should enforce the obligation of equality of opportunity contained in Section 75 of Northern Ireland Act 1998, through training of existing staff, reiteration of commitment to the equality duty when advertising vacancies and placing advertisements in gay, lesbian and bisexual newsletters and magazines.
- Employers should ensure that proper mechanisms are put in place to avoid any victimisation, bullying or harassment in employment. This should be provided for in the Single Equality Bill.

⁶³ In the case of *Gillick v West Norfolk and Wisbech Area Health Authority* [1986] FLR 224, the House of Lords stated that children under 16 of age could consent to medical treatment if they understand the pros and cons of that treatment. Although that case dealt with contraception services, the principle has been extended to all areas of medicine and dentistry. However, it does not apply to the refusal of medical treatment – parents can still over-rule children’s autonomy in that respect.

⁶⁴ This will follow from the implementation of the European Framework Directive on Equal Treatment in Employment and Occupation (Directive 2000/78/EC).

⁶⁵ The clause dealing with non-discrimination (chapter 4 clause 4) in the consultation document on the Bill of Rights would extend the anti-discrimination’s protections to combined grounds. See Northern Ireland Human Rights Commission (2001) *Making a Bill of Rights for Northern Ireland. A Consultation by the Northern Ireland Human Rights Commission, Belfast.*

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Appendix 2: Contributing Organisations

Thanks are due to the following organisations for their contributions to the research:

- Brook Clinic Belfast
- Central Services Agency
- Committee on the Administration of Justice
- Eastern Health and Social Services Board
- Dunluce Health Centre
- Gay Lesbian Youth Northern Ireland
- Green Park Health and Social Services Trust
- Family Planning Association
- Foyle Friend
- Include Youth Northern Ireland
- Institute for Conflict Resolution
- Northern Ireland Council for Ethnic Minorities
- North West Belfast Health and Social Services Trust
- Out and About group
- Queer Space
- Simon Community
- Western Health and Social Services Board
- YouthAction Northern Ireland
- Youthnet

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Appendix 3: International Standards

Several international documents protect the rights of young LGB people even when they do not formally mention LGB people. The following are extracts of international standards binding on the British government.

European Convention on Human Rights (ECHR)

The ECHR protects the rights of everyone living on the territory of a signatory state to the Convention, regardless of their age. Since the introduction in the Human Rights Act 1998 in the United Kingdom, the articles of the Convention are binding on public authorities in domestic law. The articles of the Convention of most relevance to the experience of young LGB people are:

Article 8 respect private and family life

1. Everyone has the right to respect for his private and family life, his home and his correspondence.
2. There shall be no interference by a public authority with the exercise of this right except such as is in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic well-being of the country, for the prevention of health or morals, or for the protection of the rights and freedom of others.

Article 14 prohibition of discrimination

The enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.

United Nations Convention on the Rights of the Child (UNCRC)

The UNCRC protects everyone below the age of eighteen. Its implementation is regularly monitored by the Committee on the Rights of the Child which issues General Observations to Signatory States. The following articles have been selected as they are of most relevance to the experience of young LGB people.

Article 2 anti-discrimination clause

1. States Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.

Article 8 preservation of identity

1. States Parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference.

2. Where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her identity.

Article 12 freedom of opinion

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law.

Article 13 freedom of information

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

2. The exercise of this right may be subject to certain restrictions, but these shall only be such as are provided by law and are necessary:

(a) For respect of the rights or reputations of others; or

(b) For the protection of national security or of public order (ordre public), or of public health or morals.

Article 16 protection of privacy

1. No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, nor to unlawful attacks on his or her honour and reputation.

2. The child has the right to the protection of the law against such interference or attacks.

Article 24 right to health care

1. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.

2. States Parties shall pursue full implementation of this right and, in particular, shall take appropriate measures:

(a) To diminish infant and child mortality;

(b) To ensure the provision of necessary medical assistance and health care to all children with emphasis on the development of primary health care;

(c) To combat disease and malnutrition including within the framework of primary health care, through *inter alia* the application of readily available technology and through the provision of adequate nutritious foods and clean drinking water, taking into consideration the dangers and risks of environmental pollution;

- (d) To ensure appropriate pre-natal and post-natal health care for mothers;
- (e) To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition, the advantages of breast-feeding, hygiene and environmental sanitation and the prevention of accidents;
- (f) To develop preventive health care, guidance for parents and family planning education and services.

3. States Parties shall take all effective and appropriate measures with a view to abolishing traditional practises prejudicial to the health of children.
4. States Parties undertake to promote and encourage international cooperation with a view to achieving progressively the full realization of the right recognized in the present article. In this regard, particular account shall be taken of the needs of developing countries.

International Covenant on Civil and Political Rights (ICCPR)

The ICCPR is a United Nations' Covenant to which the UK is party. Its implementation is regularly monitored by the Human Rights Committee which issues General Comments and Communications. The articles of the Convention of most relevance to the experience of young LGB people are:

Article 2 anti-discrimination clause

1. Each State Party to the present Covenant undertakes to respect and to ensure to all individuals within its territory and subject to its jurisdiction the rights recognized in the present Covenant, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

Article 17 right to privacy

1. No one shall be subjected to arbitrary or unlawful interference with his privacy, family, home or correspondence, nor to unlawful attacks on his honour and reputation.
2. Everyone has the right to the protection of the law against such interference or attacks.

Article 26 equality before the law

All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

The Human Rights Committee has clarified that Article 2(1) and Article 26 protect against discrimination on the ground of sexual orientation (which are included in discrimination on ground of sex).⁶⁶

⁶⁶ See *Toonen v Australia*, UN Doc: CCPR/C/50/D/488/1992, at para 8.7, views of the Human Rights Committee adopted on 31 March 1994.