# Out on Your Own

## An Examination of the Mental Health of Young Same-Sex Attracted Men

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# Executive Summary

There is a paucity of sufficient, relevant and contemporary, local and national materials on mental and emotional health in relation to young gay and bisexual men. Research to date has indicated that young gay and bisexual men are more likely to suffer from mental health problems than their heterosexual counterparts (Young Life and Times Survey 2005, Bekerian 2003, King & McKeown 2003).

The literature review reports national and international research that demonstrates the higher incidence of mental health, suicidal ideation and self-harm among the LGB population. The literature also indicates that these difficulties have not arisen from homosexuality per se, but through growing up in a heterosexist society where homophobia is acceptable by many. With this in mind, the report aimed:

*"To investigate the perceived and expressed mental health needs of young same-sex attracted men in Northern Ireland; moreover to explore how young same-sex attracted men's mental health has been affected by society's attitudes to people of a non-heterosexual orientation."*

This report was funded by The Diana, Princess of Wales Memorial Fund. It is part of a project entitled 'Boyz II Men'. The project is comprised of three interlinked strands to address mental health issues in young gay and bisexual men. As well as a researcher, a counsellor and training officer are employed to form the 'Boyz II Men' team.

Both qualitative and quantitative research methods were utilised for the purposes of this study. The methods chosen involved a large scale quantitative survey, followed by face-to-face interviews. The target population for both research methods were same-sex attracted men aged twenty-five years or under who either currently lived in, or were brought up in Northern Ireland.

In total, 190 questionnaires were completed fully, or least to an extent which made it meaningful to include them in the sample. Most (93.4 per cent) of the sample identified as gay or bisexual. However, 5.8 per cent of the sample identified as 'Men who have sex with men' or 'Not heterosexual'. For this reason the study refers to *same-sex attracted* young men rather than *gay* and *bisexual* young men. Sixteen young men took part in face-to-face interviews.

## Main Findings

The findings from the questionnaire show that almost one third (32.4 per cent) of the respondents had a potential psychiatric disorder (as measured by the GHQ 12 score) and over one third (34.4 per cent) of the respondents had been diagnosed with a mental illness at some time in their lives. The findings also showed in total 37.9 per cent of respondents received professional help and a further 3.2 per cent had been referred for professional help and did not follow it through. Of those who received professional help, almost two thirds said it was related to their same-sex attraction.

The impact of negativity when coming out, isolation, difficulties in school and work related to sexual orientation and homophobia in society where analysed. Combined, all had an impact upon mental health. However, the key factor which predicted whether the respondent showed signs of a potential mental health difficulty (GHQ of four or more) was the absence of someone to talk to. When all factors were taken into account, this was also the only significant factor that explained lower self-esteem on the self-esteem scale.

Over one quarter (27.1per cent) of the respondents had attempted suicide and over two thirds (71.3 per cent) of respondents had thought about taking their own life. Four out of five (80.5 per cent) of the respondents who had suicidal thoughts indicated that the suicidal thoughts were related to their

same-sex attraction. Within the survey, 30.7 per cent of the respondents had self harmed. One fifth (20.6 per cent) of the respondents had self harmed more than once and 11.1 per cent had self harmed once. Two-thirds (64.4 per cent) of those who had self harmed indicated that the self-harming was related to their same-sex attraction.

As with mental health in the survey, it was a combination of different factors that contributed to suicidal thoughts, attempts and self-harm. In particular, homonegative experiences in school had a crucial impact on suicide and self-harm. Experience of bullying was a key factor in predicting whether the respondent had attempted suicide, while homophobia from other pupils was a key factor in whether the respondent had considered suicide. Homophobia from neighbours or other tenants was also a key predictor for suicidal thoughts, attempts and self-harm. Those interviewed, who had attempted suicide, contributed their suicide attempts, in part, to difficulties surrounding their sexual orientation

It was apparent in the interviews that some of the young men held negative beliefs about their sexual orientation and had a fear of society's attitudes to people of a non-heterosexual orientation. These factors were measured in the survey by the internalised homophobia scale. Those respondents who had a higher score on the internalised homophobia scale were more likely to have lower self-esteem, show signs of a mental health difficulty (GHQ12 above four) and consider suicide.

These quantitative findings were verified in the interviews. The young men spoke of different factors which affected their mental health. These factors were: difficulties accepting their sexuality, a shortage of people that understood what they going through and homophobia in school, at home and in society. Loneliness and isolation were subjects that also took great prominence in the interviews. It materialised that there was an absence of people interviewees felt they could talk to that understood issues surrounding sexual orientation.

Another common topic was the attitudes of family members to non-heterosexual orientations. Some interviewees described the blatant homophobia on their family's part due to this unappreciative perception of what it is to be gay. It led to one young interviewee leaving the family home. Moreover, in the questionnaire, two fifths of the respondents moved out of home because of negative attitudes to their sexual orientation. Leaving home because of negative attitudes to sexual orientation was a key predictor for suicidal thoughts. Those interviewed acknowledged that tensions with family members improved over time and that their families grew to accept their sexual orientation. Although, it transpired that this was often superficial. This was primarily connected to family members' aversion of the subject. Family members did not candidly express disapproval of non-heterosexual orientations but for some, their son's life as a gay man was never discussed and his sexual orientation was kept silent to extended family and family friends. The feeling of isolation remained with the young men and the inclusion that was so vehemently sought did not always happen.

It was confirmed through the survey and the interviews that most young men realise their sexual orientation while at school. Nearly two-thirds (65.3 per cent) experienced some difficulties in school related to sexual orientation. Most common were homophobia from other pupils (51.9 per cent) and bullying (44.7 per cent). Respondents who were bullied in school were more likely to have been diagnosed with a mental health problem, been referred for professional help, have a lower self-esteem, have self-harmed, have considered suicide and have attempted suicide. Additionally, homophobia from teaching staff was a key factor which explained higher GHQ score and referral for professional help.

It was clear to see in the interviews that the endemic homophobic pejoratives in school can have a negative impact on a young gay man's acceptance of his sexuality. This was coupled with a lack of teaching on non-heterosexual orientations. Two thirds (66.3 per cent) of the respondents stated they would like more training in schools. The young men's narratives also provided an overwhelming conviction that sexuality needs to be covered in the education system and some form of confidential

and non-judgemental support needs to be available to students.
The survey and the narratives illustrate that homonegative and heterosexist attitudes are widespread in Northern Ireland. Over one-third (33.9 per cent) of the respondents experienced negative attitudes at work because of their sexual orientation. Outside school, the most common place to experience homophobia was in an open place (44.2 per cent). However, two-fifths (41.1 per cent) experienced homophobia while receiving goods, facilities or services and 16.3 per cent were subject to homophobia from their neighbours or other tenants. An analysis of the findings and the narratives confirmed that homophobic incidents had an affect on the young men's emotional well-being. It appears that it is not just one instance of homophobia that affected the young men, rather, it is repeated instances of homophobia that had a negative affect on their mental health.

The needs of young same-sex attracted men are currently not being met. Although support groups for young same-sex attracted men exist, over half (55.3 per cent) of respondents had not used their services. There were practical reasons for this, such as the distant location of the groups or lack of knowledge of the existence of certain groups. Other difficulties also arose, namely that the young men were too anxious to attend by themselves. As limited support was available in school and family settings, the young men had no choice but to seek out other means to meet young LGB people. Most commonly, this was through the use of the internet and the gay scene. These avenues were invaluable to some of the young men. However, the research showed these avenues often do nothing to discourage self-destructive behaviours, such as alcohol or drug misuse or unsafe sex and they may not provide a supportive milieu for a young man who is lacking in self-confidence.

These collective factors have a bearing upon the mental health of young same-sex attracted men. It is therefore not a straightforward task to address the mental health needs of this population. A number of different elements will have to be addressed. LGB youth groups, personal development courses and individual counselling all have parts to play. However, changes need to be made to the psyche of our culture. Despite the welcomed changes to legislation which protect LGB people, there are still many facets of society that are heterosexist and homophobic.

The mental health needs of young same-sex attracted men must be addressed by everyone who works with young people. The needs of this population must be included in the strategic planning of organisations that work with young people, accompanied by inclusive policies which address the needs of LGB people and staff training. It is only when all sectors begin to be inclusive of LGB people that this acceptance and can filter through to the rest of society.

## Recommendations

1. Central Government funded specific training and resources on different sexual orientations should be provided to all professionals working with young people. This should not only include those in the field of mental health, but also teachers, youth workers and health and social services professionals.

2. Current Government Strategies and Action Plans such as the Mental Health Strategy, the Suicide Prevention Strategy and upcoming strategies such as the Sexual Orientation Strategy should take on board the findings of this report.

3a. The Department of Education needs to make schools aware that there are non-heterosexual students in their schools and ensure that non-heterosexual students are provided with the relevant protection and education.

3b. Schools should be designated fully for the purposes of Section 75 of the Northern Ireland Act 1998.

4. Government funding for specific LGB youth groups in Northern Ireland or an LGB element of an existing youth group, preferably for areas outside Belfast or Derry/Londonderry. Additionally Northern Ireland specific resources for young people on sexual orientation need to be developed. These should be disseminated widely in schools and the youth service.

5. Government support for personal development courses for gay and bisexual men.

6. Resources should be made available by the Government and other funding bodies for parents and families of same-sex attracted men. Materials should be widely available for example, in GP surgeries, social work offices and public libraries.

7. Government should provide complete financial backing to the Equality Commission for Northern Ireland to ensure the full implementation of the new anti-discrimination legislation covering Goods, Facilities and Services for people of differing sexual orientation. This legislation is due to be introduced later this year.

8. Further research into this topic should be supported by Government and/or other funding bodies in the next five years.

9. Specific research should be conducted by the Department for Social Development and/or Northern Ireland Housing Executive and/or Housing Associations into the needs of LGB people who access housing.

# 1. Introduction

On the face of it, things have never been better for lesbians, gay men and bisexual men and women (LGB people). In legislative terms, much progress has been made to redress the inequalities experienced by LGB people in Northern Ireland. The most recent and well-known piece of legislation has been the introduction of the Civil Partnership Act 2004. This provides a same-sex couple who form a civil partnership parity of treatment in a wide range of legal matters to a married opposite-sex couple. The first civil partnership took place in Belfast on the 19th December 2005.

Also, in 2004, homophobic crime was included as a hate crime in Northern Ireland. And in 2003, legislation came into effect which outlaws discrimination in employment and vocational training on the basis of sexual orientation. Section 75 of the Northern Ireland Act 1998 was the original piece of legislation to protect LGB people. This legislation states that public authorities have to have what is called “due regard” for the need to promote equality of opportunity across nine separate equality categories, one of which is sexual orientation.

Added to this legislative protection, tabloid press coverage of LGB lives is less vitriolic than perhaps it would have been ten or fifteen years ago. There are openly gay presenters on prime time television including a gay couple, and soap operas watched by millions of people often have permanent gay characters. In summer 2005, the 15th Belfast Pride was the biggest ever, with an estimated 4,500 to 5,000 people taking part. This was despite a campaign by a Christian group to have the parade banned.

This new media and public acceptance of LGB people and also the introduction of the new equality legislation for LGB are welcomed. However, this acceptance is not reflected in the attitudes of all society. Homophobia is still common. A recent study among LGB people in Northern Ireland revealed that harassment and violence were a serious problem. In total eighty-two per cent had experienced harassment and fifty-five per cent had been subjected to homophobic violence (Jarman & Tennant 2003). Moreover any person who spends time with young people today will realise that the in-vogue playground insult is to call someone ‘gay’.

Research on the mental health of LGB people has predominantly come from the USA. Some small scale local research has also highlighted this problem. The Rainbow Project is anecdotally aware of the high number of gay and bisexual men who access our services who have emotional and mental health difficulties. This was verified in Rainbow Project research that was carried out during the 1990s. The research highlighted how institutional and societal homophobia impacts on gay and bisexual men, manifesting itself in negative self-behaviours such as drug abuse, unsafe sex, self-harm and suicide.

For example ‘How Hard Can It Be?’ found that 54.1 per cent of gay men had seriously considered suicide, 32 per cent having attempted suicide at least once, 52.5 per cent used illicit drugs on a regular basis, and 21.7 per cent had a history of psychiatric illness. The research also highlighted that gay and bisexual men are thirty times more likely to attempt suicide that their heterosexual counterparts (White 1998).

Moreover, recent local research by YouthNet into the needs of young people who identify as lesbian, gay, bisexual or transgendered (LGBT) found that twenty-nine per cent had attempted suicide, twenty-four per cent had been medicated for depression, and forty-four per cent were bullied at school because of their sexuality (Carolan & Redman 2003).

Research carried out by the Northern Ireland Human Rights Commission, like other research, recognised the link between emotional problems and homophobia. The report states: “Discrimination has significant adverse impact on the emotional, physical, social and economic rights, entitlements needs and interests of lesbian, gay and bisexual people,” (Loudes 2003).

This dearth of specific local research on the mental and emotional health of young gay and bisexual attracted men was the driving force behind this research report. The report took the stance that it is homophobia and heterosexism that have a negative impact on the mental health of young gay and bisexual men. As such, the report aimed:

*"To investigate the perceived and expressed mental health needs of young same-sex attracted men in Northern Ireland; moreover to explore how young same-sex attracted men's mental health has been affected by society's attitudes to people of a non-heterosexual orientation."*

Indeed a report in England and Wales by Mind in 2003 showed that "Lesbians, gay men and bisexual men and women are at a greater risk of a range of psychological problems, including misuse of substances such as alcohol or drugs, despite similar levels of social support and quality of physical health," (King & McKeown 2003).

This is not to deny the importance of genetics in mental illness. However, it is often specific contexts and circumstances that can positively or negatively influence a young person's sense of mental health and well-being (Warwick et al 2000). Young LGB people experience the same stresses as their heterosexual counterparts, for example, moving house or school or parental divorce. Yet, with the stigma associated with being LGB many young people and adults are confronted with additional challenges that others of the same age may not experience.

This report was funded by The Diana, Princess of Wales Memorial Fund. It is part of a project entitled Boyz II Men. This project addresses issues of mental health for young gay and bisexual men in Northern Ireland. The project is comprised of three interlinked strands to address mental health issues. This report is the research strand. There is also a counsellor to support young gay and bisexual men experiencing poor mental health through the provision of one-to-one, and group therapeutic processes. A training officer provides tailored training to the education sector, statutory bodies, voluntary and community agencies and any other organisations that wish to create awareness of issues affecting young gay and bisexual men and, more specifically, the mental health difficulties among this population.

The report is divided into six sections. Chapter Two is an overview of research that has been carried out into young same-sex attracted men and mental health. Chapter Three describes the methodology used to complete the report. In Chapter Four, the findings of the questionnaire and the face-to-face interviews are combined. This chapter has been divided into nine sections with each section ending with a summary. In Chapter Five, the findings are discussed with other research that has been completed on the topic. Finally, Chapter Six draws a conclusion and a list of recommendations.

# 2. Literature Review: Mental Health and Young Same-Sex Attracted Men

## Introduction

There is an absence of sufficient, relevant and contemporary, local and national materials on mental and emotional health in relation to young same-sex attracted men. Most of the research that has been produced has originated in the United States. Research to date has indicated that lesbian, gay and bisexual (LGB) young people are more likely to suffer from mental health problems than their heterosexual counterparts.

Until relatively recently, homosexuality itself was viewed by many as a mental illness. It was not until 1992 that homosexuality was declassified as a mental illness by the World Health Organisation under the International Classification of Diseases (Davies and Neal 1996).

In recent years, however, concern has been raised, particularly in the LGB community, about the high levels of mental ill health, suicidal ideation and self harm among the young LGB population. These difficulties are not seen to have arisen from homosexuality per se, but through growing up in a heterosexist society where homophobia is acceptable by many.

## How many people are not heterosexual?

Much debate has arisen over the size of the LGB population. They are among the most difficult populations to define and quantify. This is because LGB people often live in heterosexual settings where they are unrecognised and disclosure could mean rejection (Taylor 1994:43).

In anticipation of the introduction of the Civil Partnership Act last year, the British Government declared that the true number of LGB people is one in 16.66, or six per cent of the population (Campbell 2005). Locally, a study by the Family Planning Association of 1013 young people aged 14 to 25 in Northern Ireland found that 10.9 per cent of male respondents reported having been attracted to another person of the same sex. This represents a sizeable proportion of the population (Schubotz et al 2002).

## Mental Health

A recent London-based study by the Economic and Social Research Council into mental health and young gay and bisexual men produced noteworthy findings (Bekerian 2003). Most of the participants were highly anxious and depressed and most experienced high levels of self-hatred and poor self-esteem. The research suggests that young gay and bisexual men are suffering from serious negative mental health issues. This is echoed in the latest research by Mind. This study shows that LGB people are at a greater risk of a range of psychological problems despite similar levels of social support and quality of physical health (King & McKeown 2003).

'The Young Life and Times Survey' records the views of sixteen-year-olds in Northern Ireland. The 2005 survey displayed some interesting findings about the mental health of same-sex attracted young people. In total 11.5 per cent of the young men sampled had showed signs of a mental health problem (GHQ12 score above four). However, young same-sex attracted men were significantly more likely to show signs of a mental health problem. 28.6 per cent of young same-sex attracted men showed signs of a mental health problem compared to 10.2 per cent of those who were attracted to the opposite sex (Young Life and Times Survey 2005).

Another study in England and Wales of LGB people found high rates of planned and actual deliberate suicide and self-harm and high levels of psychiatric morbidity compared with previous community studies of heterosexual people. The study also found that, compared with older participants, people under forty-years-old appear to be at a higher risk of mental disorder, harmful drinking and considering suicide and self-harm (Warner et al 2004). In a recent local study by YouthNet, findings were similar. Of 362 young LGBT people, twenty-three per cent of male respondents had been medicated for depression (Carolan & Redmond 2003).

An exploration of North American research on the topic revealed comparable findings. The 1996, 'US National Household Survey' on drug abuse noted men with one year histories of sex with men were more likely than exclusively heterosexually active men to meet criteria for major depression and panic attacks. Whilst the reasons for increased risk are not known, anxiety, mood and substance abuse disorders are thought to be sensitive to the effects of social factors (as cited in Mays and Cochran 2001).

Another US study found that while many LGB youth are healthy and functioning well, it was clear that a significant number have mental health problems that are being avoided or struggled with. Many of the young people in this study turned to negative behaviours such as dropping out of school, engaging in substance abuse and sexual promiscuity as a way to manage their emotional problems (Lock & Steiner 1999).

## Suicide and Self-Harm

Nearly three decades of research from multiple disciplines and using multiple methods have repeatedly documented the link between suicidality and same-sex attracted young people (Russell 2003). In YouthNet's study, twenty-nine per cent reported attempting suicide (Carolan & Redman 2003). Furthermore, research carried out by The Rainbow Project found that gay and bisexual men in Northern Ireland are thirty times more likely to attempt suicide than their heterosexual counterparts in the general population (White 1999). YouthNet's study also revealed that twenty-six per cent of the respondents had self-harmed (Carolan & Redmond 2003).

Much of the research into suicidality and sexual orientation is based in the USA and Canada. A study commissioned by the US government found that LGB young people were two to three times more likely to attempt suicide than their heterosexual counterparts and may account for thirty per cent of all suicides among young people (Mental Health Foundation 1997). Another US study by Russell & Joyner (2001) provides strong evidence that sexual minority youths are more likely than their peers to think about and attempt suicide. The strong effect of sexual orientation on suicidal thoughts is mediated by critical youth suicide factors, including depression, hopelessness, alcohol abuse, recent suicide attempts by a peer or family member and experiences of victimisation.

Research by Botnick et al (2001) showed that prior suicide attempts appear to be independently and positively associated with current low social support, low self esteem and with the use of poppers (amyl nitrate). The level of suicidal thoughts among young gay men in this study was high. Of the 345 young men, forty-four per cent had considered suicide and nineteen per cent had attempted suicide at least once.

Further evidence of the link between same-sex attracted young people and suicide is given by Herrell et al (1999). Data was analyzed from 103 identical and non-identical twin pairs in which one sibling reported same sex partners and the other did not. Same sex attracted men were found to be 6.5 times more likely than their co-twins to have attempted suicide. The increased risk was not explained by substance use or mental illness (as cited in Howard et al 2002:216). Likewise in a 21 year longitudinal study of 1265 children in New Zealand, LGB young people were 6.2 times more likely to attempt suicide (Fergusson, Horwood & Beuatrais 1999) as cited in (Howard et al 2002:216).

## Adolescent Development

Same-sex attracted young people are similar to all youths irrespective of sexual desires. A same-sex attracted young person still needs the love and respect of his or her parents and they must navigate this on-going relationship as they move towards adulthood. Same-sex attracted young people will be concerned about their peer status, about their desires, about love and about sex - and they also will wonder about their future (Savin-Williams 2001:06).

Gay and bisexual youth, however, also need to deal with the conflicts that arise as they become aware of their sexual orientation and the implications this will have on their lives. The same-sex attracted individual must deal with social stigmatisation, often without the support of family, friends, peers, teachers and service providers (Radowsky & Siegel 1997:191).

## Realisation of Sexual Orientation

Research has shown that young LGB people realise they are different before they realised they were gay (Cohen & Savin-Williams 1996, Dunne 1991, Flowers & Buston 2001). YouthNet's study revealed that the average age for males to realise their sexual orientation was twelve (Carolan & Redman 2003). Other research has confirmed that most gay men become aware of their sexuality in their early teenage years (Warner et al 2004).

When a young LGB person realises they are not heterosexual, it is most likely that at some stage they will decide to come out[1]. Research has indicated that delaying the disclosure of sexuality can result in problems with self-identity, decrease a person's self-esteem and thereby increase their suicide risk (Morrison and L'Hereaux 2001). Nevertheless, young people may delay coming out in fear of rejection from families and friends and being ostracised in school. Young LGB people tend to view themselves as the problem, and fear the exclusion to which revealing their difference might lead (Anderson 1987). Nonetheless, in hiding their sexual orientation LGB youth not only deprive themselves of valuable support networks but also each other (Douglas 1999).

## Friends

Often young LGB people come out to their friends first (Dunne 2001). Friends and peers are of great significance in every individual's adolescence. The abundance of heterosexual social opportunities can be frustrating and isolating to young gay people who would like involvement in an accepting peer group where there is a possibility of beginning intimate relationships (Anderson 1987) as cited in (Radowsky & Siegel 1997:195).

Young gay and bisexual men often find peer relationships unfulfilling. The need to hide their intimate feelings so as to prevent their sexual orientation being revealed means that many are isolated from their peers. The development of non-sexual relationships is often stalled because the gay or bisexual individual detaches themselves from both sexes for fear that the closeness will be misunderstood (Martin & Hetrick 1988) as cited in (Radowsky & Siegel 1997:195).

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[1] Come out - This is when a person has accepted their sexual orientation and has decided to reveal this to another person or persons thereby 'coming out' about their sexual orientation. A person can also be 'outed' when their sexual orientation is revealed by another person without their consent. Some people decide not to reveal their sexual orientation to others. This is often referred to as staying 'in the closet' or 'closeted'

Ramfedi (1987) found that forty-one per cent of a sample of young gay men described strong negative reactions from friends. While D'Augelli and Hershberger (1993) noted forty-six per cent of participants reported they had lost friends (as cited in Hershberger & D'Augelli 1995:65). A study by Hershberger et al (1998) found that the increased prevalence of suicide among LGB youth was associated with the loss of friends on the revelation of their sexuality.

From a heterosexual perspective, Duncan (1999) found the majority of heterosexual boys in his study found actual homosexual behaviour perplexing and the loss of friendship would occur upon a friend coming out. He also found that as the pupils in his study became older they were more violently opposed to homosexuality. In a study of young people in Northern Ireland, over half of all respondents said that sex between men was mostly or always wrong. Over one third of respondents said that sex between women is mostly or always wrong (Schubotz et al 2002).

## Family

*"The 'respectable' and widespread nature of homophobia means that it crosses class, cultural and ethnic lines and that there is no automatic safety net even in your own family"* (Wilton 2000:105).

A young person who is a member of a racial or ethnic minority group can usually turn to other members of the group such as family or friends for reassurance and assistance in dealing with racial or religious hostility, harassment or victimisation. For many young LGB this option is not available.

Many young LGB people withdraw from emotional investment in the family in order to minimise the significance of possible rejection and also to minimise the possibility of the discovery of their sexual orientation. This emotional isolation and feeling separated affectionately and emotionally from all social networks diminishes the feeling of self-worth, as the gay individual feels they are unworthy of receiving love (Anderson 1987) as cited in (Radowsky & Siegel 1997:197).

Similarly, a recent study of young people in Northern Ireland found that respondents who identified as LGB people were less likely to report a close personal relationship to their parents, less likely to be able to discuss personal or sexual matters with their parents and less likely to have received relevant sex information at home. However, young LGB people who had same-sex relationships on at least one occasion found it slightly easier to talk to their mothers about sexual matters than those who had exclusively heterosexual intercourse (Schubotz et al 2002:50). YouthNet's research into young LGB people in Northern Ireland found that seventy per cent of the sample had experienced homophobic attitudes from family members and forty-five per cent felt compelled to leave the family home as result (Carolan & Redmond 2003).

Indeed, when a young person decides to come out to family members this can be an especially troubling time. Many parents do not know how to cope with the news and react in a way that adversely affects the young person. Parental reactions tend to be similar to those of a grieving process, as the parents tend to react as if they have suffered a loss - the loss of the child they thought they knew and the loss of the future they expected for a child (Patterson 1994) as cited in (Radowsky & Siegel 1997:197). In a study of 138 young gay and bisexual men, stress over coming out to families was significantly associated with suicide attempts (Rotheram-Borus et al 1994).

Research has found that LGB youths whose parents were rejecting of their sexuality were considerably more likely to demonstrate mental health problems. Living with rejecting parents caused the LGB young people considerable distress, as they were unable to share their concerns with their families (D'Augelli 2002).

On discovering that their child is lesbian, gay or bisexual, some parents may react with violence, whilst others may ask their child to leave or forcibly eject them from the family home. In some cases the situation at home may become so uncomfortable that the young LGB person feels they have to

leave. This has lead to some gay adolescents finding themselves living in temporary accommodation or homeless. Others may leave the family home before their sexuality is revealed out of fear of their parents' reaction. Sixteen per cent of YouthNet's respondents had experienced homelessness (Carolan & Redmond 2003). A study of homeless LGB youth found that while sexuality was not always the immediate or obvious explanation for homelessness, over time it played a significant role for the majority of young people (Prendergast et al 2001).

## Social Relationships and Isolation

A recent US study looked at the role of social relationships and psychological distress amongst young LGBT people. The research showed that non-suicidal young people had higher levels of self-esteem, peer and family support and lower levels of negative social relationships (Rosario et al 2005).

Additionally, there is no outlet for young LGB people to learn the importance of relationships and emotions they involve (Valentine, Skelton and Butler 2002). In the pursuit of other men with same sex attractions, many young males make sexual contact without social interaction. This can lead to sexual contact being the first stage of peer social interaction; it provides a sense of safety but does little to promote genuine intimacy, commitment and self-esteem. This can result in young men being at an increased risk of HIV and other sexually transmitted infections. Their limited sexual experiences mean they have little knowledge of safer sex practices and low self esteem may mean they do not care enough about their own well being to practise safer sex (Radowsky & Siegel 1997:196).

As has been noted, isolation is a major problem for young LGB people. In a recent local study into homophobic bullying, the absence of other gay peers, positive role models and support groups led to a tremendous sense of isolation for those who partook in the study (Beattie 2004).

Another study into young LGB people found that many had extensive periods of loneliness, isolation and depression, sometimes lasting significant periods of time (Ingram 2000 as cited in Bridget 2003). An Australian study also found many of the young LGB people who contributed were experiencing loneliness or isolation. Fear of being outed and of coming out to parents or friends were common themes. Young people were aware that confiding in the wrong person had the potential to make their lives at home and school very difficult (Hillier et al 1998:71). However, studies have shown that coming out doesn't always eradicate a young LGB person's isolation and loneliness (Martin & Hetrick 1988, Sears 1991 as cited in Cohen & Savin-Williams 1996, Hillier et al 1998).

## Alcohol and Drugs

Research has indicated that young LGB people are more likely than their heterosexual counterparts to drink alcohol and use recreational drugs. This was found in a recent study by Mind in England and Wales (King & McKeown 2003) and has been mirrored in international research (Bontempo & D'Augelli 2002, Hillier et al 1998, Greenwood et al 2001, Hughes & Eliason 2002). The commercial gay scene revolves primarily around pubs and nightclubs, where the ethos of drinking and drug taking is ever present. This could encourage many young gay and bisexual men to engage in the ritual in order to meet other men.

Research has indicated that many young LGB people use alcohol and drugs to suppress the anxiety and depression that result as they try to understand their sexual orientation and the need to hide their sexuality. Alcohol and drugs also serve to numb the pain of isolation and ridicule by friends and family. They may also provide a feeling of power that may counteract constant devaluation. Alcohol and drug use can provide the person with a sense of identity and wholeness, as well as soothing that which is missing in their lives (Shifin & Solis 1993) as cited in (Radkowsky & Siegel 1997).

## Homophobia and Heterosexism

It is from an understanding of homophobia and heterosexism that it is possible to fathom the context in which young lesbians, gay men and bisexuals find themselves invisible, struggling to create an identity and also a sense of community belonging (Johnson and Johnson 2000:623).

The term homophobia has been defined as "the irrational fear or intolerance of homosexuality or an irrational, persistent fear or dread of homosexuals" (Morin & Garfinkle 1978:31 as cited in Radkowsky & Siegel 1997:192). However, it is used more generally to describe anti-gay feelings or behaviours (MacGillivary 2000:303). Heterosexism is the positing of heterosexuality as normal and the key source of social reward (Flowers & Buston 2001:51). It describes an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behaviour, identity, relationship, or community (Herek 1990). The institutions within our society are based on the heterologic that men are sexually and affectionately attracted to women and vice versa (MacGillivary 2000:303). Moreover, those whose sexual orientation is other than heterosexual clearly constitute a minority that suffers from negative treatment at the hands of the socially dominant (Johnson and Johnson 2000:623).

## Institutional Homophobia or Heterosexism

Institutional homophobia or heterosexism is the way in which government, businesses, religious organisations, educational institutions and other organisations and institutions discriminate against people on the basis of their sexual orientation. These organisations and institutions set policies, allocate resources and maintain unwritten standards for the behaviour of their members in ways that discriminate. For example, religious organisations have policies against LGB people holding offices. In Northern Ireland, church organisations have received certain exemption from duties of non-discrimination that apply to others. Educational institutions fail or refuse to allocate funds for sexual orientation support groups, and many businesses have norms for social events which prevent LGB people bringing their partners, while heterosexual couples are encouraged to bring their partners (Banks 2003:13).

## Cultural homophobia or Heterosexism

These terms refer to social standards and norms which dictate that being heterosexual is better or more moral than being a LGB person, and that everyone is heterosexual or should be. These are not written standards but they are reflected, for example, in television shows where most of the characters are heterosexual and the assumption by most adults is that everyone will eventually marry a person of the opposite sex. Often, heterosexual people do not realise these standards exist (Banks 2003:14).

## Religion and Homophobia

Religion is a highly contentious issue in Northern Ireland and is an area from which many people form part of their identity. While persecuted groups traditionally find solace within religion, this has not been the case with LGB people. They frequently find that organised religion is not welcoming of their sexual orientation and they may also find that it provides the context for unbridled rejection. An important distinction between homophobia and other forms of discrimination is the widely held belief that love between two people of the same sex is morally wrong. Whilst the most extreme racist may not believe it is morally wrong to be black, many religious fundamentalists use religious principles to insist that to be lesbian, gay or bisexual is immoral, quoting excerpts from religious literature to condemn homosexuality (Wilton 2000:08).

## Internalised Homophobia

Internalised homophobia is frequently described in LGB literature and is often viewed as a stressor. It is believed to occur when a person has learned to accept heterosexuality as the norm and as the correct way to be. The individual struggles to come to terms with their own same sex attractions and suffers from distress as a result of their own negative attitudes towards their own sexual orientation (Flowers and Buston 2001:52).

Many LGB people have found it necessary to hide their sexuality from others for prolonged periods of time. Sometimes, mainly during an individual's early years, the young person may be so influenced by heterosexual orientated culture that they successfully deny the significance of their own erotic fantasies. The individual learns to adopt heterosocial mannerisms and behaviours. Sometimes individuals believe that by doing this they will influence the erotic fantasies to become heterosexual like those of their peers. Whether or not homosexual desires are denied, they are usually hidden from others at first. Unconscious anti-homosexual attitudes are so common among gay and lesbian patients that some therapists believe they are universal (GAP 2000:18).

Internalised homophobia in LGB people can result in lower levels of community integration and social support, lower self-esteem, increased feelings of guilt, demoralisation, alienation, isolation and other problems (Flowers and Buston 2001). While The Group for the Advancement of Psychiatry (GAP) posits that adverse consequences of internalised homophobia include vocational or educational underachievement coupled with a sense of lack or entitlement to give and receive love. This results in irrational efforts to undermine love relationships (GAP 2000:18).

Furthermore, Hershberger & D'Augelli (1995:72) found that a general sense of personal worth, coupled with an individual's positive view of their own sexual orientation is critical for a young person's mental health. Internalised homophobia may also result in a young person snubbing the gay scene and the safe-sex messages that are targeted at young gay and bisexual men. This leaves many gay and bisexual men at risk of contracting STIs. Similarly, it has been found that internalised homophobia and low self-esteem can lead to general patterns of self-destructive behaviour, including unsafe sex and substance misuse (Valentine, Skelton and Butler 2002; Aggelton et al 2000).

## Discrimination in Education

Young people spend the majority of their day-to-day lives within formal education. It is here that their attitudes and behaviour are shaped; as such it is an obvious place to begin to tackle homophobia and heterosexism (Flowers & Buston 2001:52). However, since most schools are not prepared to deal with the issues surrounding homosexuality, the heterosexism that exists in our culture is perpetuated through the education system. Often positive teaching on homosexuality is not provided in schools, and homophobic taunts are ignored by teachers.

A study in Ireland revealed that fifty-seven per cent of respondents experienced various problems in school. The problems included isolation, depression, poor self-esteem and harassment and bullying. The vast majority of those who experienced such problems said they were due to being lesbian or gay (Combat Poverty Agency 1995:49).

## Homophobic Bullying

In recent years there has been both extensive media coverage and research on the general theme of bullying. Nevertheless, there is a paucity in terms of homophobic bullying. Most of the current research focusing on bullying at school has ignored its sexual nature (Rivers 2001:33). Yet studies have revealed that many LGB people have been the victims of homophobic bullying. These studies have also shown that homophobic bullying is more severe than bullying in general and also that many LGB people have experienced mental distress as a result (Rivers 1996).

Schools have a statutory obligation under Northern Ireland's Children's Order 1988 to protect young people in their care. Additionally, the Education and Libraries Order (NI) 2003 includes provisions to safeguard and promote the welfare of all registered pupils while in the care of the school and to ensure that every school develops and implements a child protection policy. Article 19 specifically states that prevention of bullying be specifically addressed in consultation with pupils (HMSO, 2003). The bill to implement this Order was being debated by The Northern Ireland Assembly prior to its suspension. However, it is likely that the Bill will eventually be passed.

'The Young Life and Times Survey 2005' found that 26.6 per cent of a sample of sixteen-year-old men had been bullied in school. However, young same-sex attracted men were significantly more likely to have been bullied. 66.7 per cent of same-sex attracted men were bullied in school compared to 23.9 per cent of those who were attracted to the opposite sex (Young Life and Times Survey 2005).

Other local research by YouthNet revealed that forty-four per cent of respondents had been bullied at school because of their sexual orientation (Carolan & Redmond 2003). Research from the UK and abroad yielded similar findings (Trenchard & Warren 1984, Mason & Palmer 1996:02, Hillier et al 1998:33).

A study of secondary schools in England and Wales found clear evidence that homophobic bullying takes place in secondary schools and that many teachers are aware of its existence. Ninety-seven per cent of teachers were aware of general bullying taking place within their schools; eighty-two per cent were aware of homophobic verbal bullying and twenty-six per cent were aware of homophobic physical bullying. The majority of the sample who reported homophobic bullying noted one or two incidents of homophobic bullying per term. In one school, thirty incidents of homophobic bullying were reported in one term. This is likely to be a more accurate estimate of the frequency of homophobic bullying as there is evidence that schools do not monitor the sexuality-related nature of bullying and these figures also only refer to those incidents reported to teachers (Douglas et al 1997:61).

Nonetheless, in the latest research by Mind a comparison was made between heterosexuals and LGB people. It was discovered that bullying at school was reported no more often by gay than heterosexual men. However, those gay men that had been bullied believed the bullying was instigated by their sexual orientation (King & McKeown 2003).

A UK study by Rivers (1996) examined the types of homophobic bullying behaviours that respondents are subjected to in greater detail. The study indicates that bullying which lesbian and gay men experience in school is more severe in nature than bullying in general (Rivers 1996:18). While Thurlow (2001) found that homophobic pejoratives, many of them scathing, are the most predominant categories of abusive language among young adolescents.

## Impact of Homophobic Bullying

YouthNet's research revealed that, of those who were bullied, fifty-three per cent had been on medication for depression, fifty-four per cent had self-harmed and fifty-seven per cent had attempted suicide (Carolan & Redmond 2003). Indeed, research on bullying in general has found an association between bullying and a number of mental health problems including anxiety, depression and psychosomatic symptoms (Kaltiala-Heino et al 2000).

Rivers (1996) found that forty per cent of those who experience homophobic bullying reported attempting suicide on more than one occasion. Some participants said they lived daily with the long-term effects of bullying. Others suffered from regular nightmares and flashbacks while some felt insecure in long-term relationships and became overly possessive because they thought their partners would leave. Levels of depression, anxiety and hostility were higher than normal among the group as a whole and many had required counselling or psychiatric help (Rivers 1996:19).

These findings are echoed in North American studies. One study found that those who identify as lesbian, gay or bisexual are disproportionately associated with victimisation at school. Those LGB youths who experienced low levels of discrimination were found to be similar to their heterosexual peers. The results showed those LGB youths in the high victimisation groups were engaged in substantially higher health risk behaviour in comparison to heterosexual youths in the high victimisation group. There is also the possibility that those young people experiencing high victimisation at school are more likely to play truant, and therefore may not have attended school when the survey had taken place (Bontempo & D'Augelli 2002). Another US study found school-based homophobia was associated with lower self-esteem and increased likelihood of self destructive behaviour (Uribe and Harbeck 1991).

## Discrimination of Young LGB People in Education

It appears that many schools do not provide the necessary protection and education to LGB students. A study in England and Wales reported that ninety-nine per cent of schools had a policy on bullying and discipline but only six per cent referred to homophobic bullying (Douglas et al 1997:60). An Australian report yielded comparable findings. There was a belief among the students that there was no protection available in the regulated school environment and there was evidence that if assault or harassment occurred procedures and practices would not prevent a reoccurrence. Many LGB students commented on the double standards in place in their schools and could not understand why other students were given protection (e.g. against racist attacks) and they were not (Hillier et al 1998:33).

Gay and bisexual men are also discriminated against as they are not provided with sex education that is appropriate to them. This means that many are not fully aware of safer sex practices. A study of schools in England and Wales found that ninety-eight per cent of schools had a policy on the provision of sex education. Eighty-four per cent included reference to HIV or AIDS but were less likely to include reference to lesbian, gay or bisexual issues.

Moreover, young gay men are becoming sexually active at a much younger age, estimated to be between fourteen and seventeen years. Considering young gay and bisexual men may not have the experience or assertiveness to negotiate safer sex, they are at a further increased risk of contracting STIs (Bekerian 2003). In 'Vital Statistics Ireland' more than one in ten (12.8 per cent) gay men under twenty did not know it was possible to have a HIV infection without knowing it. This underlines the need for a basic education on STIs (Carroll et al 2002).

It is also apparent that teachers are not trained to give support to LGB students. A US study discovered that young people who had positive feelings about their teachers were significantly less likely than their peers to experience a wide range of difficulties within school. It showed that supportive teachers could help prevent the dilemmas that LGB youth face (Russell et al 2001).

However, Mac an Ghaill (1994) points out that homophobia in schools cannot be blamed on the teachers as it is a reflection of society as a whole. Sanders and Burke (1994) pose a similar argument which outlines how the prejudice and discrimination found in wider society is often reproduced in the school environment (as cited in Douglas et al 1999:55).

It is not only LGB youth who experience victimisation (Rivers and Carragher 2002). Duncan (1999) in his research into sexual bullying discovered that school children will call other students 'gay' - although not necessarily with reference to the victim's sexual orientation. The term 'gay' had a dual understanding; first and most commonly as a description of a low status male who did not even meet with the lowest acceptable standards of 'laddishness' whether homosexual or not and secondly as a homosexual male (Duncan 1999:117). Schneider and Owens (2000:352) have an analogous viewpoint. The unfavourable consequences of being viewed as lesbian or gay has resulted in many heterosexual, as well as non-heterosexual youths, trying to adhere to strict traditional gender roles

to avoid being labelled ‘gay’ or a ‘fag’. A young heterosexual who does not abide by gender roles, may endure the same individual and interpersonal outcomes of heterosexism as lesbian, gay or bisexual youths.

This was also noted in a Northern Irish study into bullying by the University of Ulster where it was found that name-calling of a sexual nature was a common technique of intimidation and harassment. The use of this language was also aimed towards individuals who do not conform to traditional gender stereotypes (Collins et al 2002). While MacGillivary (2000:303) points out that the inclusion of gender identity, sexual orientation and discrimination against lesbians, gay men and bisexuals in the curriculum can help to de-stigmatise non-heterosexual identities and can deconstruct gender role stereotypes.

This underlines the point made by Schneider & Owens (2000:352) who commented that if communities value raising children who embrace differences rather than fear them, then school environments need to communicate tolerance and appreciation of diversity. Lesbian, gay and bisexual pupils are generally teased, tormented and bullied and robbed of the opportunity to learn and grow in a safe and nurturing environment that endorses who they are, while all children are robbed of the opportunity to be part of a truly open and diverse community (Simoni 1996) as cited in (Schneider & Owens 2000:352).

## Discrimination at Work

The European Union Framework Employment Equality Directive was introduced into Northern Ireland in January 2004. The directive outlaws discrimination in employment and vocational training on the grounds of sexual orientation. Nevertheless, discrimination in the workplace has been documented. In a study carried out by The Human Rights Forum in Northern Ireland, a young person described how he was discriminated against at work and victimised by his employer. The young person eventually resigned, only to discover that no solicitor wanted to take his case for constructive dismissal. Other participants in the study commented how they kept their sexuality secret in work in order to minimise intrusive discussion by colleagues and avoid stigmatisation (Loudes 2003). Additionally, YouthNet’s research found that 20 per cent of young LGBT people had to leave a job because of their experiences as individuals who identified as LGBT (Carolan & Redmond 2003).

## Homophobia in Society

A recent local study by the Institute for Conflict Research found that 31 per cent of the respondents had been a victim of a crime within the last six months. 58 per cent of these respondents thought the crime was motivated by homophobia (Radford et al 2006). Additionally, earlier research by The Institute for Conflict Research found that 82 per cent of the respondents had experienced some form of homophobic harassment, with a further 55 per cent experiencing homophobic violence (Jarman & Tennant 2003:38). Research by Beyond Barriers in Scotland found that two thirds (68 per cent) of the participants reported verbal abuse at some time in their lives and those aged under 24 were more likely to state that they had experienced verbal abuse in the last twelve months (42 per cent). A study in the US had similar findings (Dean, Wu and Martin 1992 as cited in Hershberger & D’Augelli 1995:65).

Another US study by Herek et al (1999) found that hate crime victimisation appears to be associated with greater psychological distress for gay men and lesbians, than victimisation of a non-bias crime. Lesbians and gay men, who experienced an assault or other person-based crime based on their sexual orientation within the previous five years, reported significantly more symptoms of depression, traumatic stress, anxiety and anger than did their counterparts who experienced non-bias person crimes in that time, or no crimes at all (Herek et al 1999:949).

This may be because homophobic violence is characterised by its extreme nature. A study into those convicted of violent attacks on lesbians and gay men found that the most important distinction between homophobic assault and other forms of unprovoked violence, such as racist beatings, was that violence among lesbian, gay and bisexuals is considered socially acceptable among a large proportion of the population (Comstock 1991) as cited in (Wilton 2000:23).

## Effects of Homophobia and Heterosexism

A recent study in England and Wales found a strong relationship between perceived discrimination in the form of physical attacks, verbal abuse, property damage and bullying at school and higher rates of mental disorder and suicidal ideation (Warner et al 2004). Again, most of the studies on the effects of homophobia and heterosexism have been conducted in North America.

A US review of research on homosexuality has shown that lesbians, gay men and bisexuals have a shorter life expectancy and face health risks and social problems at a greater rate than the heterosexual population. The suspected reason for the increased problems is the chronic stress placed on lesbians, gay men and bisexuals from coping with society's negative responses and stigmatisation (Banks 2003:09).

The National Survey of Midlife Development in the US surveyed a representative sample of adults aged twenty-five to seventy-four years, who self-identified as homosexual, bisexual or heterosexual about their lifetime and day-to-day experiences with discrimination. Sexual orientation itself was commonly, but not invariably perceived as the basis for this discrimination. The respondents felt discrimination had negative consequences on their quality of life. The findings showed a relatively strong association between experiences of discrimination and indicators of psychiatric morbidity and support the perspective that social stigma of homosexuality may impact upon mental health (Mays and Cochran 2001). There is also clear evidence from research on racial and other forms of discrimination, that exposure to discriminatory behaviour is associated with mental health problems (Kessler et al 1999).

Identifying as an LGB person is not genetically or biologically perilous to an individual's physical or psychological health (O' Hanalon 1995; Ramfedi et al 1998; Ross et al 1988; and Wayment and Pepalu 1995) as cited in (Banks 2003:15). However, much research indicates that homophobia increases a host of risk factors associated with psychological, psychosocial, psychiatric and social and health problems and that homophobia is a major health hazard to those who identify as an LGB person and society (Banks 2003:15).

# 3. Methodology

Both qualitative and quantitative research methods were utilised for the purposes of this study. The methods chosen involved a large scale quantitative survey followed by face-to-face interviews. The target population for both research methods were same-sex attracted men aged twenty-five years or under who either currently lived in, or were brought up in Northern Ireland.

## Survey Questionnaire

It was realised, that not all men who are attracted to other men define themselves as gay or bisexual. However, these men will often be perceived as gay or bisexual and will have similar experiences. In acknowledgement of this the questionnaire targeted same-sex attracted men and asked the respondents how they defined their sexual orientation. The questionnaire topics were derived from secondary research into the topic. The issues that appeared most pertinent were developed into questions to find out about the mental health needs of young same-sex attracted men and the relationship between mental health and society's attitudes to people of a non-heterosexual orientation.

The questionnaire was divided into seven sections, the first two of which covered demographics and social background. The third section, on health, covered mental health, alcohol and drug taking. The fourth section dealt with coming out and sexual experiences. The fifth section covered respondents' relationships with family and friends, while the sixth section covered discrimination experienced as a result of sexual orientation. The final section asked what services the respondents would like to see provided for young same-sex attracted men in the future.

Within the questionnaire, respondents were asked to complete standardised questionnaires on psychological status and self-esteem.

*General Health Questionnaire (GHQ-12):* This is a short version of the General Health Questionnaire, a screening instrument designed for use in general populations to detect the presence of symptoms of mental ill-health, in particular depression (Goldberg and Williams 1988). The GHQ 12 is the most widely used and statistically sound self-completion questionnaire used to detect psychological disorders in the general population. It asks informants about their general level of happiness, depression, anxiety, self-confidence and stress in the four week period before they completed the questionnaire. The most common way of analysing GHQ 12 questions is to establish whether or not respondents are a 'case' in relation to mental ill-health. A score of 1 is given for every answer to the 12 questions that indicate that the respondent's general health has decreased in the recent past. A respondent with a threshold score of four or more on the GHQ12 is identified as having a potential psychiatric disorder or as being a 'case'.

*Rosenberg Self-Esteem Inventory (Rosenberg 1979):* This is a 10-item measure of self-esteem answered on a 4 point Likert scale with response options ranging from 'strongly agree' to 'strongly disagree'. It is scored from 1 to 4 for each item, for a possible range of 0 to 30.

An adapted questionnaire on internalised homophobia was also included in the survey. This is a scale adapted from Nungesser's Homosexual Attitudes Inventory (1983). Items have been changed to reflect updated attitudes towards being gay. Respondents were asked to indicate how much they agreed with 12 statements from 'strongly agree' to 'strongly disagree' to assess internalised homophobic feelings. They relate to sexual behaviour and identity. A scale of internalised homophobia was developed by scoring the responses. They were scored from 0 to 4 with 'strongly agree' scoring 0, 'agree' scoring 1, 'neutral' scoring 2, 'disagree' scoring 3 and 'strongly disagree' scoring 4. Respondents can therefore obtain a score ranging from 0 to 48. Higher scores indicate higher internalised homophobia.

A draft questionnaire was piloted among twenty-five young gay and bisexual men. The men were recruited through two gay youth groups - Gay and Lesbian Youth Northern Ireland (GLYNI) in Belfast and The Rainbow Project in Derry/Londonderry. The pilot ensured the questionnaire was understandable and that the questions were phrased appropriately. It also provided an estimated time of completion. The young men were asked for their comments on the questionnaire. These responses, coupled with the analysis of the results, led to a number of changes to the final questionnaire.

The data from the questionnaires was analysed using the Statistical Package for the Social Sciences (SPSS) Version 13. To improve the accuracy of the data input, 10 per cent of the surveys were checked. All open ended answers and comments were word processed.

## Distribution and Publicity

A primary difficulty in research into the LGB population is accessing the sample. In order to access the young men, various promotional tools were used. The following LGB organisations put a link to the questionnaire on their websites: www.gaynewry.com; www.gayderry.com; www.queerspace.org.uk; www.cara-friend.org; www.usilgb.org www.menofthenorth.com; www.uk.gay.com

Unfortunately, the Gay and Lesbian Youth Northern Ireland (GLYNI) website was off-line for the duration of the questionnaire distribution and a link could not be put on the website. However the message board was still active and a posting was placed on the message board requesting respondents. Similarly, a number of gay chat rooms were used to promote the survey by posting messages and sending emails to members. Respondents were also requested on the emailing lists for Coalition on Sexual Orientation (CoSO), Northern Ireland Community and Voluntary Association (NICVA) and YouthNet's Epipe.

Press releases were issued to all the major newspapers in Northern Ireland and all gay press in Ireland, north and south. The booklet questionnaires were distributed in The Rainbow Project's drop-in centres in both Belfast and Derry/Londonderry, LGBT youth groups in Newry and Banbridge/Craigavon, GLYNI in Belfast, Strabane Youth Office, Derry Youth Information Service, LGB groups at University of Ulster on all four campuses, the LGB group in Queen's University and The Garage in Belfast.

A mail shot, which consisted of two questionnaires and promotional material, was sent to all YouthNet members (excluding organisations only for females) Aware Defeat Depression, LATCH, Community Action on Mental Health, Northern Ireland Association for Mental Health, You First, Simon Community and SHAC Housing.

One month was spent visiting the commercial gay venues in Belfast and Derry. Questionnaires with freepost return envelopes and flyers promoting online completion were distributed.

Questionnaires were available for completion in paper format and on The Rainbow Project's website between August 2004 and February 2005. In total 190 questionnaires were completed fully or at least to an extent which made it meaningful to include them in the sample. One quarter (25.3 per cent) of the questionnaires were completed in paper format and three quarters (74.7 per cent) were completed online via The Rainbow Project's website. Most (93.4 per cent) of the sample identified as gay or bisexual, however, 5.8 per cent of the sample identified as 'men who have sex with men' or 'not heterosexual'. For this reason the study refers to *same-sex attracted* young men rather than *gay and bisexual* young men.

Due to the nature of the gay and bisexual population, it was not feasible to recruit a representative sample of same-sex attracted men aged twenty-five and under. Therefore, an opportunistic sample was used.

## Face-to-Face Interview

Sixteen face-to-face interviews were conducted. The interviewees consisted of an opportunity sample from those who had previously taken part in the quantitative part of the study and who indicated they would be willing to take part in further research. The inclusion criteria for the qualitative study were that participants were aged twenty-five years or under when the questionnaire was completed, same-sex attracted and were brought up or live in Northern Ireland. The men's ages ranged from sixteen to twenty-six years (one interviewee was twenty-six, although he was twenty-five when he completed the survey).

The interviews were conducted at a mutually agreed venue and took from thirty minutes to one hour. The interviews were tape-recorded and transcribed by the researcher. Each interviewee gave written formal consent and was provided with £10.00 by way of thank you for taking part. Travelling expenses incurred in reaching the agreed venue were reimbursed.

Considering the sensitive issue of this research, it was not considered appropriate to ask the interviewee before the interview if they had experienced mental health difficulties, in order to assess their suitability for interview. Consequently, there is no information on all facets of poor mental health. There was also one interviewee who has never experienced poor mental health. This does not hinder the research but rather adds value, as it is possible to see how life experiences can affect interviewees in both a positive and negative way.

All the young men interviewed identified as gay. As no information was held about the interviewees before the interviews took place, it was not possible to ensure that same-sex attracted men who did not identify as gay were included in the sample. The interviews were based on self-report. It was not possible to verify the interviewees' accounts of their life experiences.

## Ethical Concerns

Respondents were not asked for their name or address on the questionnaire to ensure confidentiality. However, the questionnaire was used as a tool to recruit people for the face-to-face interviews. To guarantee confidentiality, the form in which the respondents indicated they would like to take part in the follow-up study was received separately from the returned questionnaires. It was, therefore, not possible to link those who took part in the interviews with their questionnaires. To further ensure the confidentiality and anonymity of the sixteen young men interviewed, their names have been changed in this report.

It was understood that the survey asked some sensitive questions which could act as a prompt for respondents to get help for their mental health difficulties. With this in mind, a list of local support groups was drawn up and placed at the end of the questionnaire. The interviews focused on sensitive topics that are not normally discussed in an open domain. In anticipation of the interviewees becoming distressed, details of The Rainbow Project's counselling service were given to all the respondents before the interview began.

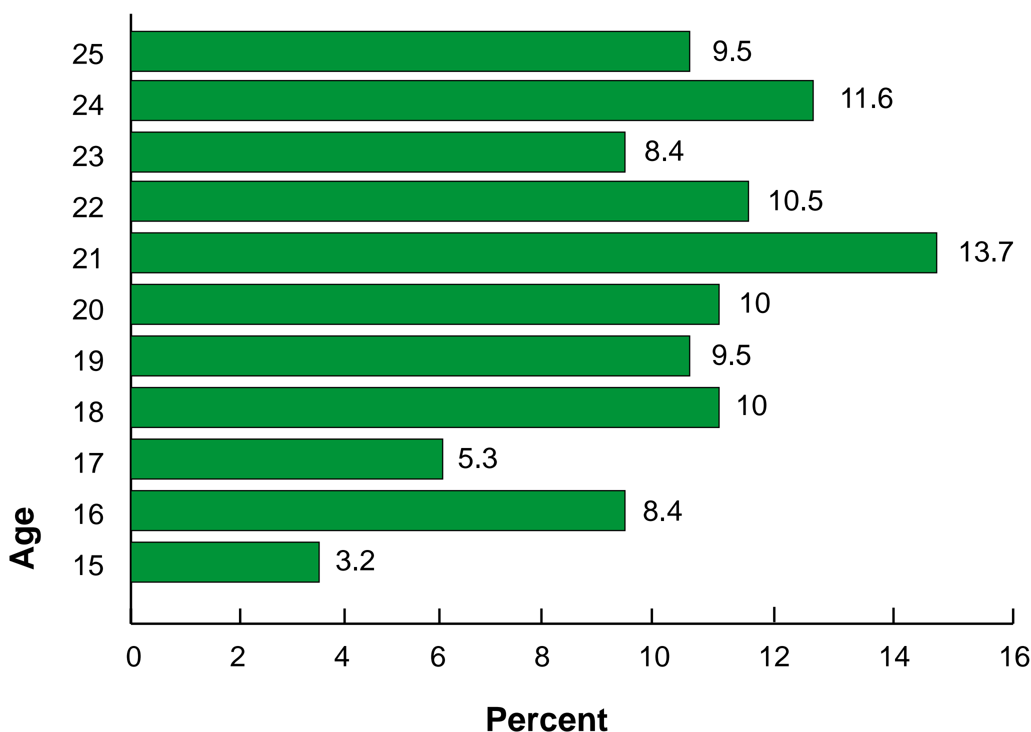
# 4. Findings of Survey and Face-To-Face Interviews

## 4.1 Introduction and Profile of Respondents and Interviewees

The aim of the quantitative research was to obtain an overview of the incidence of poor mental health, suicidal ideation and self-harm in young same-sex attracted men. The aim of the qualitative research was to gain a deeper understanding of these issues, and the diverse situations that young gay or bisexual man face as a result of their same-sex attraction. Furthermore, both research methods aimed to discover what factors can influence young same-sex attracted men's mental health - in particular the effect of society's attitudes to people of a non-heterosexual orientation.

Ultimately, it is hoped this insight will encourage policy makers and educationalists to improve the lives of other young people who may find themselves in similar situations.

### Profile of Respondents and Interviewees

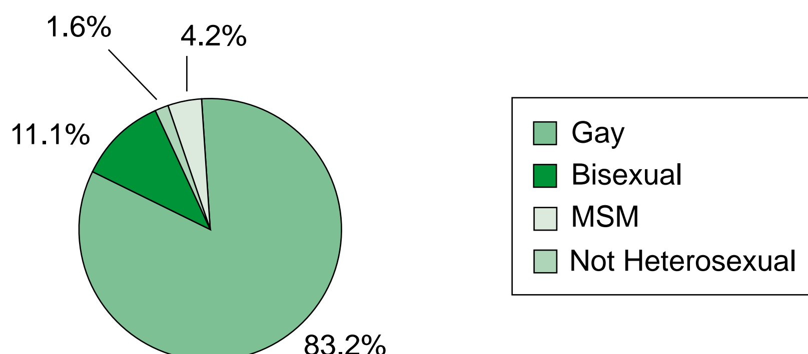



### Age

The average age of respondents in the sample was 20.6. Figure one indicates that in total 26.9 per cent of the respondents were aged between fifteen and eighteen. 33.2 per cent of the respondents were aged between nineteen and twenty-one and 40 per cent of the respondents were aged between twenty-two and twenty-five. The interviewees' ages ranged from sixteen to twenty-six (one interviewee was twenty-five when he completed the survey).

## Sexual Orientation

**Figure 2: Sexual Orientation of Respondent**




As can be seen from Figure Two, over four-fifths (83.2 per cent) of the respondents in the survey identified as gay. 11.1 per cent identified as bisexual. 5.8 per cent of the respondents identified as either 'Men who have sex with men' or 'Not heterosexual'. These options were available as some men realise they are attracted to men but do identify as gay or bisexual. All interviewees identified as gay.

## Where do the participants live?

Table One shows that just over half the respondents reside in Northern Ireland's two largest cities. 38.9 per cent currently live in Belfast and 14.7 per cent currently live in Derry/Londonderry. Notably these are the only cities in Northern Ireland with gay commercial venues and full-time gay organisations. The table demonstrates the movement of respondents to these cities, with 9.4 per cent of respondents moving to Belfast and 2.5 per cent moving to Derry/Londonderry. Moreover it reveals that nearly half (46.4 per cent) of the young, same-sex attracted men live in rural areas isolated from a commercial gay scene or community, and over half of the respondents (57.9 per cent) grew up in these areas.

The interviewees also resided in different parts of Northern Ireland. Half of the interviewees (8) lived in Belfast or Derry/Londonderry, and the other half lived outside the major cities in Northern Ireland.

**Table 1: Demographic Background**

| Area and Postcode (BT) | | R lives now (%) | R Grew up (%) |
|---|---|---|---|
| *Armagh/Craigavon* | 60-67 | 3.7 | 5.3 |
| *Ballynahinch/Lisburn* | 24-28 | 3.7 | 4.7 |
| *Belfast* | 1-17,29 | 38.9 | 29.5 |
| *Derry/Londonderry* | 47-49 | 14.7 | 12.6 |
| *East Tyrone* | 45,46,68,71 | 1.6 | 5.3 |
| *Fermanagh* | 74,92-94 | 1.1 | 1.1 |
| *Newtownabbey/Mid-Antrim* | 36-44 | 11.1 | 10.5 |
| *North Coast* | 51-56 | 1.6 | 2.6 |
| *North Down* | 18-23 | 6.3 | 7.9 |
| *South Armagh/South Down* | 30-35 | 7.4 | 7.9 |
| *West Tyrone* | 78-82 | 2.1 | 3.2 |
| *NI (Not specified)* | - | 2.1 | 10.5 |
| *Outside NI* | - | 5.8 | 7.9 |
| *Did not answer* | - | - | 0.5 |
| *TOTAL* | | 100 | 100 |

## 4.2 Mental Health

*"I have had major issues trying to straighten out my sexuality with my very strong Christian faith... I'm working the whole thing through and don't want it to affect me like it did in the last year when I was on five different medications for depression, panic attacks and other mental symptoms." (Twenty three-year-old gay man)*

### General Health

Respondents who completed the questionnaire were asked how their health was in the last twelve months. Nearly two thirds (63 per cent) said it was good and a further 30 per cent said it was fairly good. Only 6.3 per cent said it was not good.

Within the survey, 15.8 per cent of the young men indicated they had a long standing illness, disability or infirmity. In 40 per cent of these cases the long standing illness was a mental illness.

In total, 6.9 per cent of the respondents indicated they had a health problem or disability that substantially limited their ability to carry out day-to-day activities. In 61 per cent of these cases the health problem was a mental health issue.

### General Health Questionnaire (GHQ 12)

Respondents were asked to complete the General Health Questionnaire (GHQ12). A respondent is deemed to show signs of a mental health problem if four or more answers to the twelve questions suggest that they felt worse in the recent past than they usually do. Using this threshold nearly one third (32.4 per cent) of the respondents showed signs of a possible mental health problem. This is exemplified in Table Two.

**Table 2: Respondents score on the GHQ 12 scale (%)**

| Respondents score | Per cent |
|---|---|
| *Less than four* | 67.6 |
| *Four or more* | 32.4 |

### Mental Health Diagnosis

In the survey just over one third (34.4 per cent) of the respondents had been diagnosed with a mental health problem at some time in their lives. The breakdown of these mental illnesses can be seen in Table Three.

**Table 3: Respondents diagnosis of mental health problem**

| Mental health problem | Per cent |
|---|---|
| *Depression* | 27.7 |
| *Anxiety* | 16 |
| *Obsessive Compulsive Disorder* | 6.9 |
| *Bulimia Nervosa* | 4.8 |
| *Manic Depression* | 2.7 |
| *Anorexia Nervosa* | 1.1 |
| *Schizophrenia* | 0.5 |
| *Other mental Illness* | 1.6 |

Depression was the most common mental health problem (27.7 per cent) followed by anxiety (16 per cent).

All the interviewees were aware that there appeared to be high levels of emotional instability among their friends and associates. Nearly all mentioned gay friends who had suffered from mental ill health or who had self-harmed or attempted suicide. Simon is a member of a university based LGB group. He is anecdotally aware of the high levels of mental ill health among the LGB population.

*"There are not that many members but the people who have come in and out over the past two and a half years - every single one of them has had mental health issues; maybe not a mental illness. Low in mood, but not depressed. Different things, you know. Most gay people I know have mental health issues. I have a friend out in Ballymoney who suffers from severe depression. There are a couple of members in here who have suffered with depression and self-harmed. When I compare that to my heterosexual group of friends, that doesn't seem to be the case. It's definitely a very worrying thing. Obviously, it must be something to do with their sexuality that's causing this mental health issue. Lower self-esteem or whatever that may be. It's because of how society treats homosexual people.'"(Simon)*

Gary described how he suffered from depression when he was coming to terms with his sexuality. He believes that trying to confirm to heterosexist norms caused his depression. He described how he learnt to adopt heterosexual mannerisms and behaviours, going as far as to become engaged to a woman.

Interviewer: *"How were you emotionally when you were coming to terms with your sexuality?"*

*"Volatile, temperamental, stressed out. It got to the stage where people knew there was something wrong but they didn't know what, because I wasn't my usual self. I was very moody and depressed. Usually I was quite a bubbly person and I just wasn't myself at all. I felt angry. I wasn't tearful or anything. Anger was there a lot. I have been treated for depression with medication. I think my sexuality was causing the depression. I wouldn't so much contribute my depression to my sexuality but how I was trying to deal with it, because I was in denial at the start, you know. Why did this have to happen to me and what's my parents going to say? I think I would attribute it more to not because I'm gay but because of how I dealt with it. Because I tried to keep it hidden. Because I tried to be something that I wasn't. I was engaged to be married and everything - it was how I dealt with it. If I had of just come out, I think it would have been easier." (Gary)*

He further stated how he believed confiding in someone earlier would have prevented the depression he suffered. He acknowledged, though, that his experiences may not necessarily be the same for others. Indeed, research has shown that a general sense of personal worth, coupled with an individual's positive view of their own sexual orientation is critical for a young person's positive mental health (Hershberger & D'Augelli 1995:72)

*"Although everyone's circumstances are different, I believe if I had had came out earlier I wouldn't have had the bouts of depression. I don't think they would have happened. I was living a lie and part of me was hidden and you can't do that long term or you will end up depressed or emotionally stressed." (Gary)*

Carl described how he had suffered from depression, and attempted suicide. He is now receiving counselling.

*"I'm still coming to terms with depression. I was in tech until March of this year but I had to drop out because I went into hospital for attempted suicide. But now I'm medicated and it's going grand. I'm in counselling." (Carl)*

He attributes his depression and suicide attempt, in most, to feeling isolated because of his sexuality and the homophobia he experienced. Similarly, an American study found the differences in suicidality, depression and hopelessness between heterosexual and non-heterosexual youth could be attributed to the effects of stress, social support and coping through acceptance (Safren & Heimberg 1999).

*"Mostly, it was to do with my sexuality. For years, it was because I felt like there was no one I could really talk to about being gay. I hadn't really heard of GLYNI too much. It wasn't too well known and all the friends I had were straight or pretending to be straight and playing football and other sport which wasn't me and I didn't really know anyone who was going through the same thing so I had no one to talk to about it which I think was a big contribution to my depression."* (Carl)

## Suicide

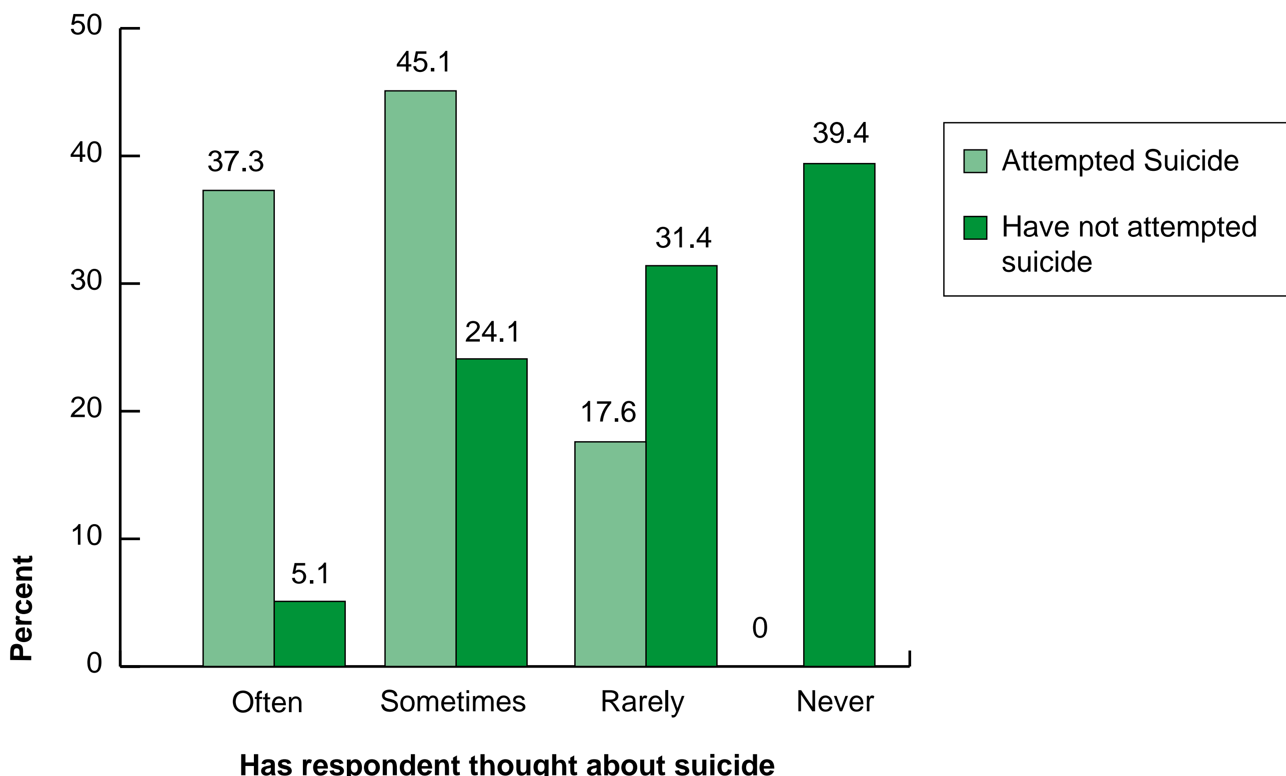
One of the respondents who completed the questionnaire gave his reasoning for the high incidence of suicide among the gay and bisexual population.

*"Homosexual stereotypes and closed-minded people are what cause gay and bisexual men to fear coming out. There needs to be more awareness and truth communicated to society about homosexuality and more help for those who are in fear of coming out or even suicidal at the thought of people knowing about their sexuality."* (Nineteen-year-old gay man)

Over one quarter (27.1 per cent) of the respondents in the survey had attempted suicide. In total, 70.8 per cent of these respondents had attempted suicide more than once. Figure Three shows the relationship between suicide and thoughts and attempts. It is possible to see that respondents who have attempted suicide are more likely to have thought about suicide.

Of those that completed the survey, 13.8 per cent of the respondents had often thought about taking their own life, 29.8 per cent had sometimes thought about taking their own life and 27.7 per cent indicated that they had rarely thought about taking their own life. This indicates that over two thirds (71.3 per cent) of respondents had thought about taking their own lives. Four out of five (80.5 per cent) of the respondents who had suicidal thoughts said they were related to their same-sex attraction.

**Figure 3: How often those who have attempted suicide/have not attempted suicide thought about taking their own life**



Some of the interviewees described how they were feeling when they were suicidal. When Wayne was around thirteen, he started hearing a man's voice in his head. He attempted suicide seven times and was sectioned after his seventh attempt. He first came out to his therapist. Despite having experienced mental illness, he still attributes his suicidal ideation in part to his sexuality.

*"I would say, in a percentage, fifty per cent was related to my sexuality and having a low self-esteem, thinking I was ugly, having him in my head, not wanting to go out - which was a great shame."* (Wayne)

Simon also suffered from depression and had attempted suicide three times. He wasn't aware if his suicide attempts were related to his sexuality.

*"I have suffered with depression for about four years. That would have been two years at A-level and my first two years at college. I'm not suffering with depression now since October. It was very severe depression. I don't know if that was linked to being gay. I had a lot of family problems and depression runs a lot in my family as well and just a lot of life events. So, I don't think depression could be linked with my sexuality. I don't know. It might have some influence but I don't know. For the depression I suffer from I don't think my sexuality was a major thing in my life to cause it."* (Simon)

Simon says of his suicide attempts: *"I remember when that was happening in my life there were more major things on my list that were causing it. Now, the gay thing came in somewhere but it wasn't a cause for me to attempt suicide, but when ever everything was out on the table it was out on the table with the rest of my problem."* (Simon)

However, he acknowledges being anxious while coming to terms with his sexuality.

*"I never felt annoyed in myself. I felt more worried about people finding out. Very anxious about the whole thing. Very anxious about people knowing about it. I suppose I did have issues with it. I felt a bit upset as well because I think when that happened people were starting to realise I was gay and then I was saying 'I am.' I was starting to identify with it. I was just coming to terms with it."* (Simon)

## Self-Harm

In total, 30.7 per cent of the respondents had self-harmed. Of those who self-harmed, 20.6 per cent of the respondents had self-harmed more than once and 11.1 per cent had self harmed once. Two-thirds (64.4 per cent) of those who had self-harmed stated that the self-harming was related to their same-sex attraction. One of the interviewees self-harmed. Nigel explained why he self-harmed.

*"I did cut myself, but it was for attention. I love having a bit of attention rather than being ignored all the time. As long as it's good attention I'm happy like."* (Nigel)

## Referral for Professional Help

Within the survey, 37.9 per cent of the respondents who completed the questionnaire received professional help for personal problems from a counsellor, therapist, psychiatrist or community psychiatric nurse in the last 10 years. A further 3.2 per cent were referred for professional help but did not follow the therapy through. Nearly two thirds of those who received professional help (65.4 per cent) said it was related to their same-sex attraction and a further 3.8 per cent said they didn't know if it was related to their same-sex attraction.

Five of the interviewees have received professional help for personal problems. Three of the interviewees had supportive therapists who helped them with their difficulties. Anthony found the

therapy worthwhile and would recommend therapy to others. His therapist was completely accepting of his sexuality and helped him with issues surrounding his sexuality including the homophobia he experienced. Ben was also in counselling and first came out to his counsellor. The counselling he received was part of the rehabilitation programme for his drug addiction. Wayne also first came out to his counsellor.

Two of the interviewees described receiving professional help from people who did not have an understanding of the issues. Frank was referred after he had attempted suicide for the second time. He described how at first the counsellor wasn't very helpful and it took some time before the counsellor accepted he was gay.

*"At the start I found (the counselling) very condescending because I kept getting asked did I hear voices in my head and I kept saying no, and he started getting pissed off, and then I started getting 'It's only a phase,' rubbish and then once he established it wasn't a phase then he started listening to me and then he started to help me... Once the counsellor accepted I was gay and wasn't going to change, then we started talking."* (Frank)

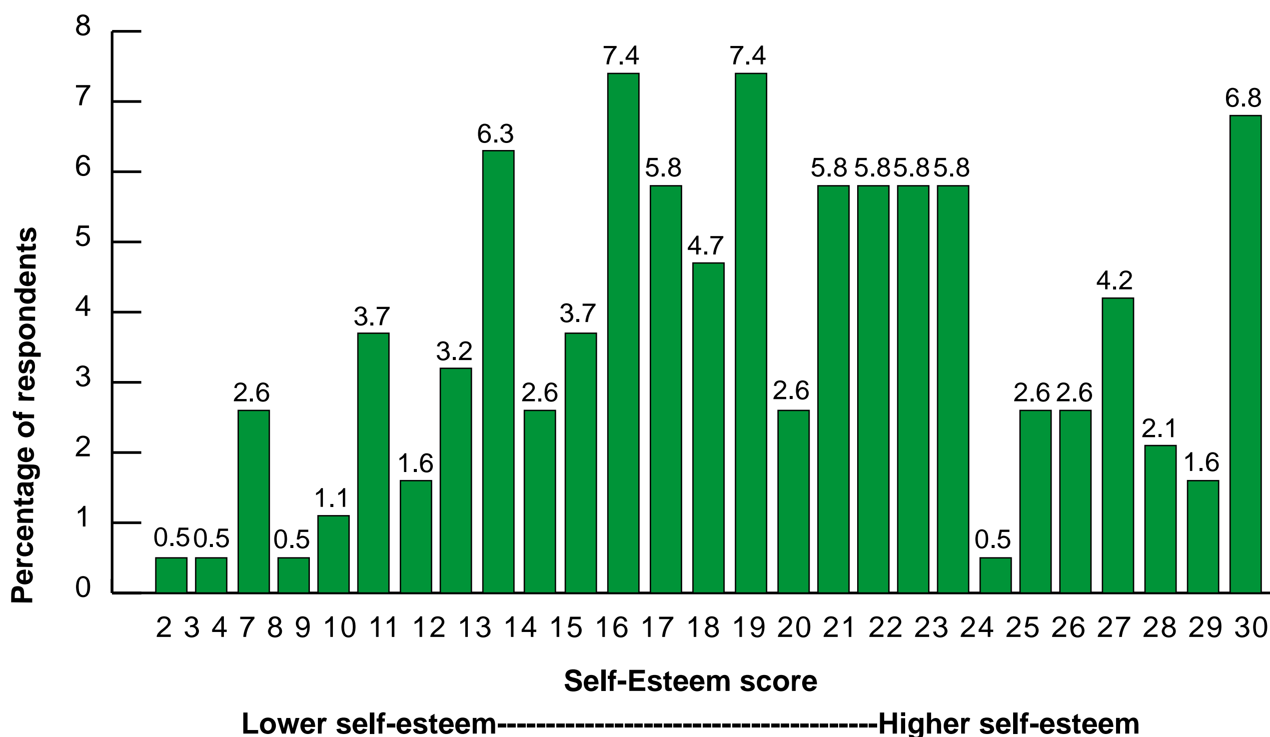
Damien visited a school counsellor on the school's recommendation when he was outed in school. In a similar vein to Frank, the counsellor was homophobic and aimed to 'cure' him of his homosexuality.

*"Whenever I went into the school counselling system, where I was reminded that I could go to a psychiatrist and talk about my sexuality and the sort of spectrum that I was on and what could be done, I freaked out about this and so did my mum. My mum didn't really think it was horrendous. She just didn't want any son of hers going to a shrink, basically. But, I still couldn't believe that was their recommendation."* (Damien)

## Self-Esteem

In the survey, self-esteem was measured using Rosenberg's self esteem scale. Respondents were asked to indicate how they felt about ten different statements. Figure Four shows respondents' scores on the self-esteem scale. Scores range from 0 to 30 with lower scores indicating lower self-esteem and higher scores indicating higher self-esteem. The average score on the scale was 18.4.

**Figure 4: Respondents scores on the self-esteem scale**



An analysis of the findings from the survey shows that respondents who have a higher GHQ score are significantly more likely to have a lower self-esteem. The interviewees spoke of different circumstances when it was apparent that they had low self-esteem. The interviewer asked Carl if the homophobia he experienced affected him in anyway.

*''For a while it did. I would say now that it doesn't, but I think on some level it still does a bit. I'm okay with people sort of making comments, you know. They're dealing with their own insecurities. They can say what they like; think what they like. It's not going to change who I am."* (Carl)

Although Carl has learned to deal with the homophobia, he notes he is aware 'on some level' of how constant exposure to negative comments about his sexual orientation may have an effect on his self-esteem. When Rory was in school, his sexuality was a secret. Rory didn't know any other gay people. He needed affirmation that men could fancy him back, not knowing this impacted upon his self-esteem. He felt no one would fancy him.

*"I was always down and constantly miserable. Plus, I was quite overweight while I was in secondary school. I sort of thought I'll never find anybody. I always sort of looked at myself and said 'I'm fat.' I thought even if there were other gay people I knew they probably wouldn't fancy me."* (Rory)

Keith described how it took him a long time to gain self-confidence. Like Carl, he had to learn that he did not have to be friends with those people who did not accept him for who he was.

*"I think over the past number of years, with coming out, it has raised my confidence and my self-esteem and all, and made me go 'This me, this is who I am. Accept it or don't accept it. If you want to be my friend, be my friend. If you don't, then I'm not going to change.' It's taken me that amount of time."* (Keith)

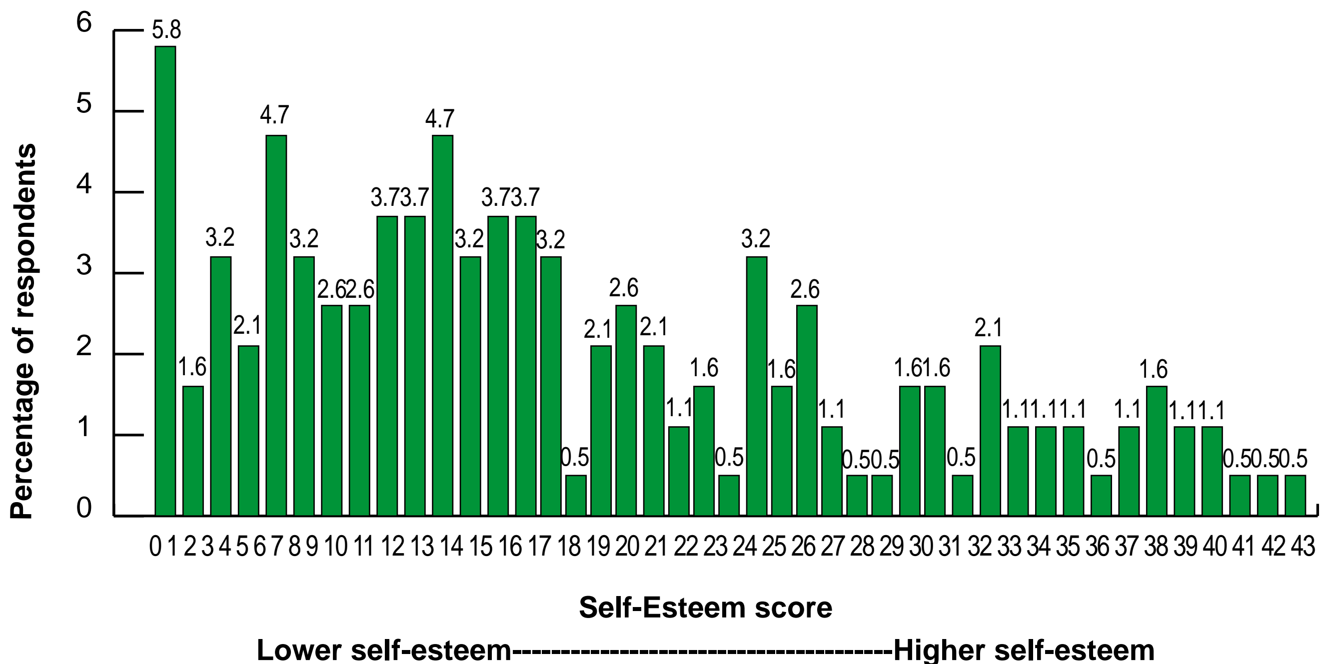
## Internalised Homophobia

Internalised homophobia was measured in the questionnaire. To assess internalised homophobic feelings, respondents were asked to indicate how much they agreed with twelve statements.

Nearly half of the respondents (46.8 per cent) were afraid people would harass them if they came out more publicly and over one quarter (26.3 per cent) would be extremely unhappy if their sexual orientation was made public. Interestingly, over one quarter (28.4 per cent) felt critical about themselves when they thought about their sexual orientation and 16.3 per cent felt depressed when they thought about their sexual orientation. A small number (5.3 per cent) felt homosexuality is a perversion and 13.7 per cent believed they were inferior because of their sexual orientation.

Figure Five shows respondents' scores on the Internalised Homophobia scale. Scores can range from 0 to 48 with higher scores indicating higher levels of internalised homophobia.

**Figure 5: Respondents scores on the Internalised Homphobia scale**




Other people can influence a person's internalised homophobia, as one of the respondents who completed the questionnaire demonstrated: *"My parents hated it, couldn't believe it and were disgraced and started making me feel bad about myself."* (Twenty one-year-old gay man)

Similarly, in the interviews, Frank described how institutional homophobia attributed to his difficulty in accepting his sexuality.

Frank: *"I went to a Catholic grammar school. Very strict and all that. 'Gay' was an insulting term. So, even when it was covered in school, like religion, it was horrendous. Gays were worse than paedophiles and bestiality. In school, that's how they taught."* (Frank)

His school experiences have left Frank suffering from internalised homophobia. Frank has learned that heterosexuality is the correct way to be and there is something abnormal about non-heterosexual orientations. He is suffering from distress as a result of his own negative attitudes towards his sexual orientation (Flowers & Buston 2001). This is illustrated further in the following extract.

*"'...It was (an) awful (time), and it lasted a long time too and there would still be the odd time that I'd get down and that I would worry about my weight and stuff and hate being gay. There's times that I hate being gay. I got a counsellor and everything for it."* (Frank)

Internalised homophobia can also arise from a fear of other people's reactions to non-heterosexual sexual orientations. This is described by Wayne.

*"I have a fear of walking through Royal Avenue, or anywhere, that society labels... I think because I would be afraid of my parents' house getting burnt out or something. Like, that was my home. That's what I'm scared of."* (Wayne)

This fear of how society can react to non-heterosexual people was reiterated throughout all of the interviews.

## Internalised Homophobia Mental health, Suicidal Ideation and Self-Harm

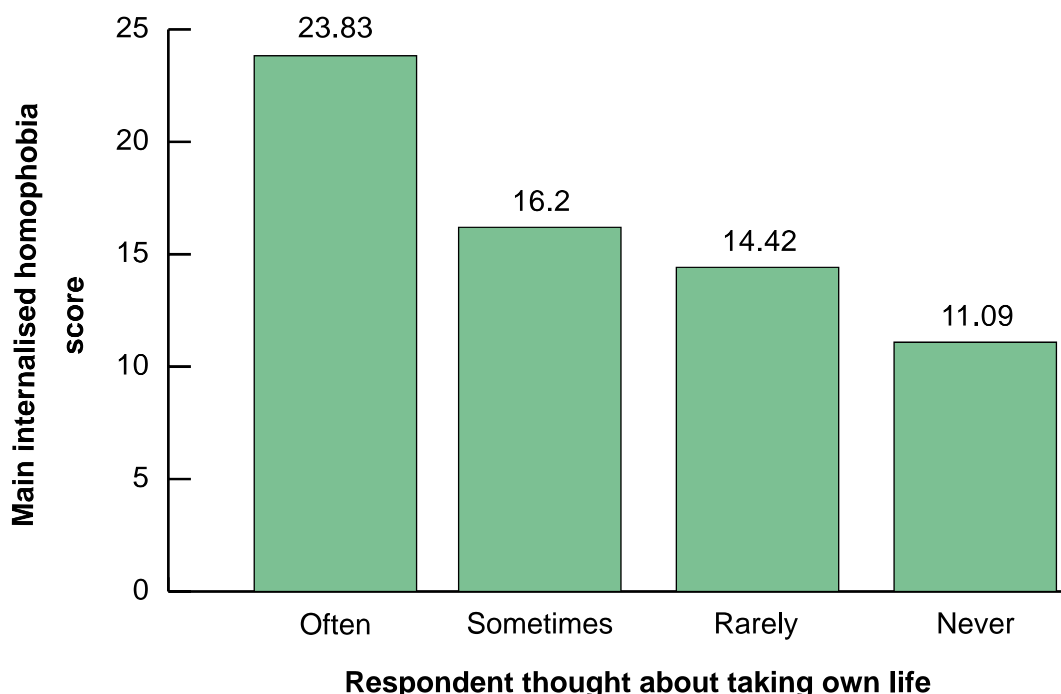
An analysis of the findings from the survey shows that respondents with a higher internalised homophobia score are also more likely to have showed signs of a possible mental health problem (GHQ four or more) have self-harmed and have thought about suicide. This is exemplified in Table Four. For instance, respondents who have showed signs of a mental health problem (GHQ12 score of four or more) have a mean internalised homophobia score of 22.2 compared to a mean internalised score of 12.6 for those who did not show signs of a mental health problem (a GHQ12 score of below four).

**Table 4: Mean Internalised Homophobia Score and GHQ12, Self-Harm and Thoughts about Suicide**

| | Mean Internalised homophobia score |
|---|---|
| GHQ more than four | 22.2 |
| GHQ less than four | 12.6 |
| Has self-harmed | 19.1 |
| Has not self-harmed | 13.6 |
| Has thought about suicide | 16.9 |
| Has not thought about suicide | 11.1 |

Figure Six visualises the relationship between internalised homophobia and thoughts about suicide. The bar chart shows the mean internalised homophobia score for responses to the question *'How often have you thought about taking your own life?'* As can be seen the lower the level of internalised homophobia the less likely it was that respondents thought about taking their own life.

**Figure 6: Bar chart of main internalised homophobia score for responses to the question Have you ever thought about taking your own life?**



These findings show that young, same-sex attracted men who have negative beliefs about their sexual orientation, coupled with a fear of society's attitudes to people of a non-heterosexual orientation (as measured by the internalised homophobia scale) are more likely have to a negative self-view, have a mental health difficulty and have considered suicide.

## Positive Mental Health

The findings show that not all same-sex attracted men will have experienced mental health difficulties, suicidal ideation or self-harm. One of the interviewees spoke of his liberal upbringing and how he did not experience negativity surrounding his sexuality. Mark described how his mother taught him about different sexual orientations and was very accepting of his sexuality. He also was educated in school about sexual orientation and when he came out in school he did not experience homophobia. Mark didn't have any difficulty accepting his sexuality and it never caused him any emotional turmoil. He acknowledges that these factors were reassuring to him.

*''A lot of people say that they felt - I don't know if 'dirty' is the right word. They just didn't feel comfortable with it. I have never in my life felt uncomfortable with it. It's just who I am and I think that's a lot to do with my mum because she brought me up to just be who you are and if being gay is part of that, you know, and if people can't live with that then tough luck. That's their problem and I'm quite comfortable with it."* (Mark)

Mark attributed never having experienced mental health difficulties to his positive outlook and upbringing.

*"I have friends who are twenty six and still haven't told their mum and dad. How their parents don't know, I don't know. Looking at that there, their parents are more or less saying 'That's wrong and this is how it should be,' and my parents - mum especially - she was more forward. She basically encouraged me to accept difference. Maybe, if she hadn't been like that, then I would have had difficulties with it."* (Mark)

## 4.2 Summary

### Survey

- Nearly one third (32.4 per cent) of the respondents reported a GHQ 12 score of four or above. This indicates that nearly one third showed signs of a mental health problem.
- Over one third (34.4 per cent) of the respondents had been diagnosed with a mental illness at some time in their lives.
- In total, 37.9 per cent of respondents received professional help and a further 3.2 per cent had been referred for professional help and did not follow it through.
- Nearly two thirds (65.4 per cent ) of the respondents who received professional help indicated that it was related to their sexual orientation.
- Over one quarter (27.1per cent) of the respondents had attempted suicide.
- Over two thirds (71.3 per cent) of respondents had thought about taking their own life.
- Four out of five (80.5 per cent) of the respondents who had suicidal thoughts indicated that the suicidal thoughts were related to their same-sex attraction.
- Within the survey, 30.7 per cent of the respondents had self harmed. One fifth (20.6) per cent of the respondents had self harmed more than once and 11.1 per cent had self harmed once.
- Two thirds (64.4 per cent) of those who had self harmed indicated that the self-harming was related to their same-sex attraction.
- Nearly half (46.8 per cent) of the respondents were afraid people would harass them if they came out more publicly
- Over one quarter (26.3 per cent) would be extremely unhappy if their sexual orientation was made public
- Over one quarter (28.4 per cent) felt critical about themselves when they thought about their sexual orientation.

The quantitative findings also show that the young same-sex attracted men who had negative beliefs about their sexual orientation and a fear of society's attitudes to people of a non-heterosexual orientation (as measured by the internalised homophobia scale) are more likely to have lower self-esteem, have showed signs of a mental health difficulty (GHQ12 above four) and have considered suicide.

### Interviews

Interviewees were aware of high levels of poor mental health among LGB people. Those interviewed attributed poor mental health to difficulties in accepting their sexuality and a scarcity of people to whom they felt they could discuss their qualms.  Interviewees who had attempted suicide attributed part of the suicidal feelings to difficulties surrounding sexuality.  Some of the interviewees expressed low levels of self-esteem and lacked confidence. For some this was coupled with internalised homophobia. Similar to the quantitative findings, a fear of how society can react to people of a non-heterosexual orientation was reiterated throughout the interviews. Two of the interviewees who had received professional help remarked that those providing the help did not have an understanding of the issues around sexual orientation and as a result they found the sessions worthless. One young man described how he contributes his positive mental health to his upbringing and the general acceptance of his sexuality.

## 4.3 Feeling of Difference & Telling Someone

### A Feeling of Difference

The factors which can affect young, same-sex attracted men's mental health are examined further in the remainder of this chapter. However, it is important to understand the experiences of young men when they first realise they are attracted to other men and how they felt at this early stage of development.

For most of the interviewees, their sexual orientation was something innate that they gradually became aware of over time. Some fully realised that they were gay in their later teenage years. For others, this happened earlier; some as far back as primary school. Table Five shows the average age respondents in the survey realised they were attracted to other men was twelve and the average age they realised they were gay or bisexual was fourteen. This shows that most of the respondents were in their early secondary school years when they realised they were attracted to other men.

Interviewees commented that, when going out with girls, they had realised there was something missing. This feeling was unanimous among those interviewed - i.e. they knew they were different before realising they were gay. This feeling of difference is recorded by other research (Newman & Muzzonigro 1993, Telljohann & Price 1993, Isay 1989 as cited in Cohen & Savin-Williams 1996, Dunne 1991, Flowers & Buston 2001).

The feelings of difference to heterosexual peers amongst respondents appeared to emerge from the heterosexist expectancy that everyone should be attracted to the opposite sex. It caused Rory distress as he had difficulty accepting why he was different and not like everyone else he knew.

*"I was like, 'Why me? Why do I have to be so different from everybody else?' Because everybody else was so happy growing up and getting their exams and had really nice girlfriends and stuff."* (Rory)

This perception that young people must adhere to heterosexist norms was also evident in other extracts. Richard commented: *"When I was a child, I always knew I was different. I didn't like girls in the way I should have." Likewise, Mark remarked how he thought, while in school, "I'm meant to be finding girls attractive but I'm finding guys attractive."*

Ben said he wished he had been told in school that to be heterosexual was not the only option: *"I think it would be good if schools could talk about 'It's okay to be different. You don't have to be a hetero man...'"* These thoughts are reiterated throughout the other interviews.

**Table 5: Age respondents in survey first realised their sexual orientation and first revealed their sexual orientation**

| | Average | Median | Mode |
|---|---|---|---|
| Age respondent first became aware of same-sex attraction | 11.9 | 12 | 12 |
| Average age respondent first realised they were gay or bisexual | 14.0 | 14 | 12 |
| Average age respondent first "came out" (82.1per cent of respondents) | 17.1 | 17 | 15 & 18 |
| Average age respondent "came out" to mother (58.9per cent of respondents) | 18.0 | 18 | 16 & 18 |
| Average age respondent "came out" to father (49.5per cent of respondents) | 18.1 | 18 | 16 |

## Revealing Sexual Orientation

A significant part of a lesbian, gay or bisexual (LGB) person's development is revealing their sexual orientation. Most young people begin the coming out process in adolescence; indeed all the young men interviewed had come out to at least one person. The process can be emotionally challenging and in some instances it can be an extremely troubling time for a young LGB person.

As can be seen in Table Five, four fifths (82.1 per cent) of the respondents have come out. The average age of respondents to come out was seventeen. Over half (56.4 per cent) of the respondents had come out to at least one person by the time they were seventeen. Over two thirds (68.6 per cent) of the respondents first came out to friends. The next most common person to come out to was the respondent's mother or father (11.5 per cent) and then another family member (10.9 per cent). The other nine per cent of respondents came out to youth workers, their brother's girlfriend, a member of the clergy, social workers and health workers.

The interviewees in this research had accepted their own sexuality before they decided to tell others. This is consistent with other research which has shown that many who identity as LGB come out to themselves first at a relatively early age and then reveal their identity only to select others, when the environment is positive and supportive (Cohen & Savin-Williams 1996).

Certainly, the interviewees tended to tell a 'safe' person first - someone they knew would be less likely to have a difficulty with it. This person varied for the interviewees. Female friends were a common choice. This is consistent with other studies (Dunne 2001). For others, respondents told another gay person and in two cases, a therapist. For all the interviewees, coming out was a positive experience, as it was a relief to be able to tell someone how they were feeling. This is also consistent with other research (Cohen & Savin-Williams 1996). Many of those interviewed commented that their friends already knew or suspected.

Research has indicated that delaying the disclosure of sexuality can result in problems with self-identity, decrease a person's self-esteem and thereby increase their suicide risk (Morrison and L'Hereaux 2001). Nevertheless, young people may delay coming out in fear of rejection from families and friends and being ostracised in school. Young LGB people tend to view themselves as the problem and fear the exclusion to which revealing their difference might lead (Anderson 1987). By hiding their sexual orientation, LGB youth not only deprive themselves of valuable support networks but also of other non-heterosexual youth (Douglas 1999).

Anthony, like other interviewees, was frequently the target of homophobic pejoratives while in school. He described his fears of being abused, if he was to come out in school.

*"I would never ever tell anyone while I was in school. The amount of abuse I would have got if I had have told anyone would be unbelievable... People used to say things to me but I would never say I was actually gay. They used to say 'So, are you gay or what?' and stuff like that and I just denied everything. They were a very anti-gay school and used to make jokes about people 'Oh, he's gay, he's gay,' and stuff. I would never have said anything because I would have had too much abuse at school then and it would have been really hard."* (Anthony)

However, other interviewees did come out in school and had a positive reaction from the other students. Frank described how it wasn't a problem for him in school: *"I started telling people the year before my GCSEs, in fourth year and then I completely came out in the last year of school - seventh year. I actually came out on the last say of sixth year, but they had the whole summer to gossip so when I came back for seventh year it wasn't a big deal."* (Frank)

Mark also commented on the positive reaction he received: *"I came out to some friends when I was sixteen, in fifth form, but most of my friends knew in lower sixth, when I was seventeen. One of the reactions was 'We didn't expect it of you, we expected it of...' I can't mention the name, but he turned out to be gay as well. They were grand."* (Mark)

The interviewees also noted a fear from the community they live in. Keith described how he feared coming out would result in a homophobic attack.

*"Where I come from is quite a close knit town and I was, I suppose, afraid of getting bashed. I never knew anybody that was gay and I didn't have anyone to confide in like that there. It was just where I was from as well."* (Keith)

## Friendships and revealing sexual orientation

Ten percent of those who completed the survey stated that none of their friends were aware of their sexual orientation. However, for most of the sample (70 per cent) all or most of their friends were aware of their sexual orientation. Half (44.8 per cent) of the respondents lost at least a few friends when they revealed their sexual orientation. One respondent indicated that he had lost all his friends. A further eight indicated that they had lost most friends.

One of the young men who completed the questionnaire described how his friend reacted negatively when he revealed his sexual orientation: *"I first came out to a friend -he punched me in the face and called me a faggot and then we kicked the shit out of each other. After that I decided not to tell anyone for a while."* (Nineteen-year-old gay man)

When the factors relating to mental health were analysed, it was discovered that those respondents who lost friends when they revealed their sexual orientation were more likely to have attempted suicide and self-harmed.

While most of the interviewees had supportive friends, there were instances of homophobia. Damien had to pretend he was joking about his sexuality: *"One of my friends, when I told him I was gay, he freaked completely. It was when we were sixteen. I then told him I was lying."* (Damien)

Terry reported how a friend, who was religious, could not accept his sexuality. Terry now rarely sees him.

*"One friend reacted badly but he lives in Dundonald and I don't really see him anymore. He's sort of religious and quoted some Bible passages at me. You know, sins of the flesh and going to hell and stuff like that... (he) certainly made me feel a bit bad, because me and him were really good mates from Tech. .. He sort of had it in his head that, after I told him, that I was going to change or something like that. But he didn't seem to understand that I was gay while I knew him and I wasn't doing anything about it and I just hadn't told anyone. The person he knew was still me. Like, he's all right with me. He says 'Terry, I can't accept you as a gay person but I can accept you as a friend."* (Terry)

Even when the interviewees were with friends who were accepting of their sexuality, they still experienced homophobia. Simon and James spoke of homophobia they received from friends through mocking or personal questions about their sex lives. They both reported that they tried not to take it seriously. This is exemplified by Simon.

*"People question me all the time: 'So, what was it like? And how's that?' And sometimes people would be talking about sex and I would say something and they would shudder... And slagging from very close friends: 'And shut up you owl faggot or queer.' Yes, it does get me down sometimes. Not an awful lot, but it does irritate me and I just say to them, basically, shut up... My friends - it would be their husbands that would have an issue with it, especially ones from the country - real rural areas. They just can't understand it. They actually think there is something wrong with me. They treat me differently, like."* (Simon)

## Family and Revealing Sexual Orientation

Table Five notes 58.9 per cent of respondents had disclosed their sexual orientation to their mother, and half (49.5 per cent) had disclosed their sexual orientation to their father. Three fifths (61.6 per cent) of the respondents' parents were aware of their son's same sex attraction.

Respondents were asked to write, in brief, how their parents reacted to the disclosure of their sexual orientation. These responses were categorised into three broad groups: Good, Badly and Okay. Of those respondents who had come out to their parents, almost one third (32.7 per cent) had a good reaction, nearly half (47.7 per cent) had an okay reaction and one fifth (19.6 per cent) had a bad reaction from their parents. Twenty out of the twenty-one respondents whose parents reacted badly to the revelation of their sexual orientation, had thought about suicide.

Two contrasting reactions from those who completed the survey are noted below.

*"My parents reacted positively. They said they were proud of me. (They) love me even more; I'm a lot happier they say."* (Sixteen-year-old gay man)

*"My mum, I believe, cried herself to sleep for many days after I told her. A few nights after I told my dad (I told them one after the other) we had a horrific argument about it, which resulted in me crying and him telling my mum that he doesn't think I'm gay and that it is just because I haven't had any relationships with women."* (Twenty-five-year-old gay man)

Some of the interviewees were out to their families. Others were not and felt they were not ready to tell their families yet. A common theme was a fear of how their parents would react. Terry described how his sister knows about his sexual orientation and drops hints to his family but he hasn't told his parents yet. Nevertheless, he feels his mum suspects. Terry would like to move out before he tells his parents as he predicts there will be a fall-out and he doesn't want to have to live in the house during arguments. He would like to be in a long-term relationship to show he was committed to being gay so he wouldn't be told it was a phase.

*"It's not something I want them to know yet. I actually have it in my head that I would come out to my family whenever I move out. That way, I don't have to live with the fallout. But I don't know when I'm going to move out, and then I thought I would come out to them whenever I'm in a steady long-term relationship, so that I can show that I am dedicated to it."* (Terry)

Rory has not yet told his family because his father hasn't been well. He worries about his mother because she is religious. He acknowledges it was difficult lying to his friends and difficult lying to his parent. He acknowledges this has caused him distress but he has not reached a time he feels ready to tell them.

*"I did feel guilty lying because I did lie quite a lot. If anyone asked me anything like 'Are you going out with anyone?' I would say 'Yes,' but instead of saying it was a man I would pretend it was a woman just to please them. It always felt like I was lying to all my friends and still do, to a certain extent, to my family. It does upset me now and again. It's to protect me and I think I should keep on saying it until I feel comfortable. Hopefully, when I do tell them, they will be okay with it and they will understand. Telling my family is quite a big step."* (Rory)

Owen has not told his family either. He is only sixteen and, like Rory, he finds it stressful lying about his sexual orientation, causing him to be depressed. Like other research has shown, Rory expressed a feeling of lack of authenticity, feeling he was living a lie and others would not accept him if they knew the truth about his sexual orientation (Hunter and Mallon 2000).

*"...So, I'm always hiding it and I don't like it. It kind of stresses me out a wee bit. Even though people do know and I am happy with that, I want everyone to know because I'm still hiding it and I don't want to hide it anymore... Like, I'll just suddenly be depressed about it, I'll be like, I couldn't be bothered. Why do I have to hide this? But, if they find out it, will be very uncomfortable."* (Owen)

The respondents' feelings regarding the hiding of their sexual orientation during adolescence - a developmental period when young people generally develop romantic attachments - may make the management of one's hidden identity more perplexing and stressful (Hunter and Mallon 2000).

Previous research has indicated that LGB people having the support of their families can help to increase levels of self-acceptance and this in turn relates to fewer mental health problems (Hershberger & D'Augelli 1995). Indeed, for many of the interviewees, coming out to their families had been a positive experience. Frank, who had experienced mental health difficulties, described how coming out was a good experience for him as his family gradually began to accept his sexual orientation.

Even though most respondents experienced their coming out as a positive action, it was often described as a gradual process, which took time for parents to accept. Many described coming out to families as difficult. The homophobic attitudes of family members were frequently mentioned. Underlying homophobia and heterosexism were also apparent in the interviews. The interviewees' stories were familiar. Often, the interviewees were told they were going through a phase and that that they would eventually get married to a woman and have children, as is apparent when Keith described his father's attitude.

*"He sort of still thinks it's a wee phase I'm going through and I'm going to come out one day and get married and have children, which is so never going to happen like."* (Keith)

## Negative Attitudes to Sexual Orientation from Family

A fifth (19.5 per cent) of those who completed the survey indicated they had experienced homophobia from their family members. These respondents were significantly more likely to have been referred for professional help and considered suicide. Homophobia from families can arise in diverse forms that are not always obvious. These different homophobic experiences are discussed below.

## Leaving Home

Although there have been many arguments to support coming out as a psychologically healthy action, there is evidence that coming out in itself may not necessarily lead to positive outcomes, especially if the individual does not receive support (Pilkington & D'Augelli 1995, Savin-Williams 1990). Carl moved out, in part, due to the difficulty he had living with his parents, after he came out to his family.

*"My mum was sort of the same, and my dad was incredibly homophobic. He didn't talk to me at all for months. He only recently started to talk to me again. (It was) part of the reason I moved out."* (Carl)

Two fifths (41 per cent) of respondents moved out of their home as a result of negative attitudes to their sexual orientation. Respondents were not asked to distinguish which home they moved out of. This may have been a family home, or a home with tenants or friends. Additionally, one in ten (10.1 per cent) of the sample indicated that they had been homeless as result of their sexual orientation.

Respondents who had moved out of home because of negative attitudes to their sexual orientation were more likely to have attempted suicide, thought about suicide and self-harmed. Those who were homeless, as a result of their sexual orientation, were more likely to have been referred for professional help.

## A Lack of Understanding

For Carl, there was blatant homophobia from his family. For other interviewees, the homophobia experienced from family members was more subtle. Homophobia was displayed through

uneducated views on homosexuality. Both Frank's and Damien's families related their children being gay with HIV. Frank described his father's reaction: *"I think his biggest fear was AIDS because that's what his cousin had died of."* While Damien was told by his step-dad: *"If I decided I was gay and insisted on going out with men, that he and my mum would expect me to have a regular HIV test."*

## Keeping it Quiet

Some of those interviewed commented how their families had requested that they did not make their sexuality known outside the immediate family. Keith described how his father had told him to keep his sexuality a secret and this made him feel like he had not come out to them.

*"He never really accepted it. He does to a point, because he came the next day and said 'You know, we should sort of keep this quiet,' bcause I was in school at the time and he didn't want me getting a hard time in school. I did see where he was coming from, in one way, but in another way, I didn't know what to do because I sort of felt I hadn't really come out then to a point."* (Keith)

Wayne had suffered from poor mental health and had attempted suicide before he decided to come out to his mum. However, when Wayne had told his mother he was gay, she was more concerned about the neighbours' reactions.

*"She said 'What would people think?' I'm like 'Hello, who's more important me or the neighbours?' I said 'I couldn't give two fiddlers what anybody thinks about me.' At that stage, I didn't... I still don't to this day... 'If you had found me dead after suicide and you had to go out and tell people. That, in my opinion, that's ten times worse than saying your son is happy and he is gay.' She looked at me as if to say I know what you're saying but... She was still only absorbing the initial shock."* (Wayne)

Ben described how his immediate family know he is gay but do not want the extended family to know. They showed their homophobia by insisting he dress conservatively at an upcoming wedding, so that other family members don't become aware of his sexuality.

*"I have a family wedding in August but I don't know how I'm going to do that. It will be like 'Don't be coming in with your blond hair or your mad clothes or anything like that there.' Even though half of my family kind of have an idea they just wouldn't approach it... Well, because it's me and it's my cousin's wedding... They know, but their mummy and daddy don't know even. We were out in America for a wedding a couple of years ago and Jim, one of my cousins, he said to me: 'Ben, I know. I haven't got a problem with it. I kind of always knew. Just be who you are. Fuck your family.' That was his attitude. I said 'Jim, it's not as easy as that,' because we all grew up in a very strong Catholic background. We had to keep everything within the family home."* (Ben)

Interviewees also described how the subject was never discussed further after they had come out to their families. This caused some unhappiness for the interviewees. Frank remarked that he would have liked to be able to discuss his sexuality with his brother, in order to dispel his stereotypes, but he found that he cannot.

*"...He won't talk about it. He won't mention it at all... But it hasn't affected us in any other way. We still fight. We still argue and talk but we don't mention it at all. I don't know if I would like to talk to him about it because he has an image of gay people in his head like Craig from 'Big Brother' and Graham Norton and that's his image. I would like to talk to him about it because then he would realise that we're not all like that."* (Frank)

Wayne also had difficulty with his family not discussing his life as a gay man. He was even happy when his father joked about his sexuality with him.

*“One thing that I have struggled with and I have received counselling for it is the fact that I can’t open up to them. It would be like coming out to them all over again. It has been four years since I came out to them and in those four years daddy has referred to my sexuality twice. Once, we got into my sisters car and she was in the front and daddy and I got into the back and there was a handbag sitting there and daddy said ‘Oh that would suit you.’ Now, I was on a high for about a week when he said that to me. I didn’t take it in the wrong way. I really enjoyed it because I thought to myself at least he has a sense of humour and wasn’t ‘I’m not going to sit in the back with him.’”* (Wayne)

These interviewees described how their parents not talking about their sexuality caused them distress. Conversely, Anthony described how his father getting to know his boyfriend helped him accept his son’s sexuality.

*“My father... He had a lot of trouble with it at first but now - he’s fine with it now. Especially since I’ve been going out with Paul for two years now, and he knows Paul really well now and gets on really well with him and all. I think getting to know Paul has helped him get over it.’* (Anthony)

Positive experiences from family members can have a great impact on young people’s emotional health. Keith described how one of his brother’s acceptance of his sexuality made him feel.
*“I have two brothers. One who’s a real, not really but a real hard man as such and I thought, ‘God he’s never going to accept it.’ But he actually came down the next day and threw his arms around me and said ‘Look, you’re my brother and I’ll love you no matter what.’ To this day, tears would come to my eyes in wonder because he’s real sort of hard and I thought he would never accept it.”* (Keith)

## Out on Your Own

Loneliness and isolation are common experiences for the young people interviewed. The loneliness and isolation the young men felt before coming out often continued after the revelation of their sexual orientation. This experience echoes the findings of other studies into young same-sex attracted men (Martin & Hetrick 1988, Sears 1991 as cited in Cohen & Savin-Williams 1996, Hillier et al 1998).

Respondents who completed the survey were asked if they had people to talk to in the last few months. Under one third (32.1 per cent) said they always had someone to talk to. One fifth (20.5 per cent) often had someone to talk to. One quarter (25.3 per cent) sometimes had someone to talk to and 21.5 per cent rarely or never had someone to talk to. Respondents who rarely or never had someone to talk to were more likely to have shown signs of a mental health problem (GHQ12 above four), have a lower self-esteem and have self-harmed.

Experiences of loneliness are described in the following extracts. Owen is sixteen. He is too young to go to gay venues. He tried to get information about GLYNI and could not access it. He has also found it difficult to meet people. This extract displays the isolation he feels.

*“You feel kind of alone like you’re the only one, even though you know that you’re not. There doesn’t seem to be very many other gay people. There are ones on TV but they don’t seem very real. Nobody ever says. Everybody is hiding it at that point so you don’t know anyone else. And it’s kind of hard to get in touch with organisations and stuff like that. It’s really bad... When I’m depressed about it, it would just be nice to talk to someone who knows or understands... There’s never been anyone I’ve ever felt that comfortable to talk to about it. There’s no one I can talk to who really understands what I’m talking about.”* (Owen)

Even interviewees with supportive families and friends experienced difficulty, as they believed their families and friends did not understand what they were going through, or did not feel comfortable talking to them about it. For example, Keith had come out to one of his friends and his family but still felt lonely and depressed as they did not really understand what he was going through, and there was no one else who could provide support to him.

*"It was pretty tough, even though my friend knew. You still felt like you had no one to talk to and even when my parents knew as well, I still felt I'd no one to talk to about it. I'd no gay friends. I always wanted to join with GLYNI. You looked it up on the website and you always wanted to join cause I felt it was a way of getting to know friends and for people to be there to help me cope with it as well. Not that I had loads to cope with but I did have a certain amount. When I hear other people's stories of what they went through, it wasn't that much. I felt I had no one to turn to and I really wanted to get to know other gay people as well. At times it would physically upset me and I would cry and stuff like that there but I never let anyone know about it. It was always in my room. Never anybody knew about it. I would always put on a brave face for everybody but I think if I wouldn't have come out to my parents, it would have killed me inside. It really, really would have. It would have really ate at me, you know what I mean? I would have had to have got in contact with somebody if I would have got that way. I was upset. I didn't know who to turn to at a point."* (Keith)

Rory described how he felt alone while in school. After he left school, he discovered there were fifteen other gay people in his year going through the same thing.

*"I think there are fifteen people in my year that have come out since we left school. Like, it felt like I was the only person in school and that's what made it so much worse and when you hear there are fifteen other people, it's quite shocking. They were going through the same thing."* (Rory)

Loneliness did not contribute to his mental health: *"In lower sixth and upper sixth, I was very depressed about it... I didn't know anyone else who was gay; anyone who was openly gay,"* (Rory)

Other interviewees also reported that schools did little to make them feel less isolated. Frank described how he did not tell anybody how he was feeling, because he did not feel there was anyone he could approach.

*"There was nothing in personal and social development and there was nothing in sex education (on homosexuality) and no emotional support. There was an anti-bullying team, but it was actually older pupils who ran it and they wanted on it because it fitted their profiles. So, all the footballers and that were on it and I just didn't think I could trust them. So I kind of didn't tell anybody anything."* (Frank)

## The Impact of Negative Reactions, Unsupportive Family, Loneliness upon Mental Health, Suicidal Ideation and Self-Harm

It is apparent that negative reactions, unsupportive family and friends and loneliness can contribute to young same-sex attracted men's mental health. An overview of the significantly related factors can be seen in the Table Six and Seven.

Table Six illustrates the factors that were significantly related to GHQ score, mental illness diagnosis, referral for professional help and self-esteem score. It can be seen, for example, that respondents who sometimes, rarely or never had someone to talk to were more likely to have a GHQ12 score above four (which indicates a potential mental health problem) than those respondents who always or mostly had someone to talk to. Table Six shows that 20 per cent of those who always or mostly had someone to talk to obtained a GHQ score of four or above compared to 42.2 per cent of those who sometimes, rarely or never had someone to talk to.

Table Seven displays the factors that were significantly related to self-harm and suicidal thoughts and attempts. For example, respondents who experienced homophobia from family members were significantly more likely to have thought about suicide. 95.6 per cent of those who had experienced homophobia from family members had considered suicide compared to 64.7 per cent of those who had not experienced homophobia from family members.

**Table 6: Negative reactions, Unsupportive family, Loneliness and GHQ, Mental illness diagnosis, Referral for professional help and Self-esteem**

| | GHQ 4 + (%) | Diagnosed with Mental Illness (%) | Referred for Professional Help[2] (%) | Mean Self-Esteem Score |
|---|---|---|---|---|
| Left home because of SO | | 42.9 | | |
| Did not leave home because of SO | | 28.3 | | |
| Homeless because of SO | | 57.9 | 68.4 | |
| Not Homeless because of SO | | 31.6 | 38 | |
| Always or mostly had someone to talk to | 20 | | | 18.7 |
| Sometimes, rarely or never had someone to talk to | 42.2 | | | 14 |
| Subject to homophobia from family | | | 62.2 | |
| Was not subject to homophobia from family | | | 35.9 | |

**Table 7: Negative reactions, Unsupportive family, Loneliness and Self-harming, Thoughts about Suicide and Suicide Attempts.**

| | Thought about Suicide[3] (%) | Attempted Suicide (%) | Self-Harmed (%) |
|---|---|---|---|
| Parents Reacted Badly | 95.2 | | |
| Parents reaction OK or good | 65.1 | | |
| Left home because of SO | 85.7 | 35.1 | 403 |
| Did not leave home because of SO | 60.2 | 21.1 | 25.7 |
| Homeless because of SO | | 47.4 | 52.6 |
| Not Homeless because of SO | | 24.6 | 29.2 |
| Lost friends | | 35.4 | |
| Did not lose friends | | 20.4 | |
| Always or mostly had someone to talk to | | | 25 |
| Sometimes, rarely or never had someone to talk to | | | 38.9 |
| Subject to homophobia from family | 94.6 | | |
| Was not subject to homophobia from family | 64.7 | | |

Tables Six and Seven illustrate numerous factors that are significantly related to mental health, suicidal ideation and self-harm. It is not possible to establish from these cross tabulations which factor(s) were key in predicting mental health, suicidal ideation and self-harm. To further discover which factors were crucial, the data was explored with the use of regression analysis.

Logistic regression models were used to investigate what variables best predicted whether a respondent:

- was a GHQ12 case (potential mental health problem);
- had been diagnosed with mental illness;

[2] This refers to respondents who have received professional help and those who have been referred and have not followed it through.

[3] This refers to respondents who often, sometimes and rarely have thought about suicide.

- had been referred for professional help;
- had had suicidal thoughts;
- had attempted suicide; and
- had self-harmed.

Furthermore, a multiple linear regression model was used to establish what variables best predicted the scalar self-esteem variable. Compared to descriptive cross tabulations, which can only show to what extent variables are related to each other, regression models are a powerful tool that can actually predict what factors contribute to the presence of absence of a factor or condition (e.g. GHQ12 caseness) or to the variance in a scalar variable (e.g. self-esteem).

For the purpose of this report, the variables tested related mainly to sexual orientation of respondents and their coming out. The variables entered in all regression models were:

- Respondent's parents reacted badly to sexual orientation
- Respondent left home because of negative attitudes to his sexual orientation
- Respondent had been homeless as a result of negative attitudes to his sexual orientation
- Respondent lost friends when his sexual orientation was revealed
- Respondent had people to talk to
- Respondent subjected to homophobia from his family

## Mental Health, Referral for Professional Help and Self-Esteem

The first test examined the factors which predicted whether respondents had a GHQ12 score above four, which indicates a potential mental health problem. It was discovered that a combination of factors best predicted whether a respondent had a GHQ score of above four. However, the most crucial single factor influencing poor mental health was the absence of someone to talk to. This explained thirteen per cent of all 'cases' of poor mental health, i.e. respondents with a GHQ12 score of four or above.

A key factor in predicting the diagnosis of a mental health problem was whether respondents left their home because of negative attitudes to their sexual orientation. This factor explained eight per cent of all 'cases' of mental ill-health.

Homophobia from family members was the singular factor that impacted significantly upon referral for professional help. Around eight per cent of the cases of respondents who had been referred for professional help were statistically related to homophobia from family members.

The above predictor variables combined accounted for twenty-two per cent of the variance on the self-esteem scale. However, like with GHQ, 'having people to talk to' was the only singular factor which significantly influenced respondents' score on the self-esteem scale.

## Suicide and Self-Harm

Two crucial factors impacted upon whether a respondent had considered suicide. The first was leaving home because of negative attitudes to sexual orientation (explaining sixteen per cent of all cases). The second factor was homophobia from family members which increased the figure to twenty-three per cent.

Examining the relation between attempted suicide and the above predictor variables, being homeless as a result of sexual orientation was the most crucial factor, explaining about five per cent of cases where respondents had attempted suicide.

Being homeless as a result of sexual orientation also explained about eight per cent of cases where the respondent had self-harmed.

## 4.3 Summary

### Survey

- The average age for respondents to first become aware of their same-sex attraction was twelve and the average age for the respondents to come out was seventeen.
- Three fifths (61.6 per cent) of the respondents' parents were aware of their sons' sexual orientation.
- One fifth (19.6 per cent) had a bad reaction from their parents when they revealed their sexual orientation.
- One fifth (19.5 per cent) had experienced homophobia from their families.
- Nearly half (44.8 per cent) of the respondents lost at least a few friends when they revealed their sexual orientation.
- Over one fifth (21.5 per cent) rarely or never had someone to talk to.
- Two fifths (41 per cent) moved out of home because of negative attitudes to their sexual orientation.
- One in ten (10.1 per cent) have been homeless because of their sexual orientation.

The predictor factors (bad reaction from parents, leaving home, being homeless, losing friends, having people to talk to and homophobia from families) as a whole contributed to mental health, suicidal ideation and self-harm, although some factors were more pertinent than others. The regression analysis verified the findings of the qualitative research, that isolation experienced because of a scarcity of people that young same-sex attracted men can talk to, is a crucial factor for a young man's mental health and self-esteem. The analysis also showed that family relations can have an impact upon young same-sex attracted men. Homophobia from family members was a key factor in thoughts about suicide and referral for professional help. Leaving home because of negative attitudes to sexual orientation was a key factor in thoughts about suicide and being diagnosed with a mental illness. Being homeless because of sexual orientation was a central factor in attempting suicide and self-harm.

### Interviews

Interviewees knew they were different before they realised they were gay. The reason for delaying disclosure was often a fear of how others would react. Many experienced extreme isolation before coming out. Most interviewees' friends were accepting, but there were instances of homophobia. Those interviewees who had came out to their families described how there was a gradual acceptance of their sexual orientation. However, some interviewees spoke of how, after coming out, their sexual orientation was never again discussed within their families, with an expectation that it be kept a secret from the wider family circle and neighbours. This saddened those interviewed as they felt they had not fully come out. The loneliness they experienced before they came out remained as they were unable to discuss their life as a gay man with their family.

## 4.4 Gay and at School

### Difficulties in School Arising From Negative Attitudes to Sexual Orientation

Lesbian, gay and bisexual people often experience difficulties in school because of negative attitudes to non-heterosexual orientations. Research has shown that homophobic bullying is common, and LGB students are seldom provided with appropriate support in school. Often, sexual orientation is only mentioned in schools within a moral framework and couched within a religious perspective. These findings are mirrored in both the questionnaire and interviews results.

Table Eight shows the difficulties the respondents had in school, related to their sexual orientation. Nearly two thirds (65.3 per cent) of those who completed the questionnaire had experienced at least one difficulty in school related to their sexual orientation. Similarly while all those interviewed did not experience homophobic bullying per se, they did experience homophobia in an institutionalised form.

**Table 8: Difficulties in school related to sexual orientation**

| Difficulties in school related to sexual orientation | Per cent |
|---|---|
| *Homophobia from other pupils* | 51.9 |
| *Bullying* | 44.7 |
| *Achieved lower results* | 18.9 |
| *Avoided attending school (truancy)* | 18.2 |
| *Homophobia from teaching staff* | 15 |
| *Leaving school early/Dropping out* | 9.5 |
| *Homophobia from other school staff* | 9.6 |
| *Other problems in school related to sexual orientation* | 2.1 |
| *At least one of the above difficulties in school related to sexual orientation* | 65.3 |

### Homophobic Bullying

Nearly half (44.7 per cent) of those who completed the questionnaire had experienced homophobic bullying. Those who experienced homophobic bullying were more likely to:

- have been diagnosed with a mental illness
- have been referred for professional help
- have a lower self-esteem
- have attempted suicide
- have thought about suicide
- have self-harmed

Interviewees reported that they experienced homophobic bullying after perceptions made about their sexual orientation by fellow classmates. As highlighted by other research, students who generally did not fit in with the rest of their classmates were also subjected to homophobic abuse, rather than just gay students (Duncan 1999, Schneider & Owens 2000) as illustrated by Terry.

*"At school, there are the people who are smart and those who are not so smart, and they are the ones that are popular because they're on a football team or whatever and they will say to you 'Give us an answer,' and if you don't they will call you queer and they just call you queer for the sake of it. They are bullies. Even if they don't know you are gay, and they will just call you it. 'Gay' and 'Queer' have just become insults to be used by people willing to use them, basically. It doesn't matter whether you are gay or not. They will just use it as an insult against you."* (Terry)

Interviewees often described how they were frequently called the terms 'Gay' and 'Queer' in school.

This is also reflected in other research where it was found that homophobic pejoratives are the most predominant categories of verbal abuse among young people (Thurlow 2001). Owen described how it affected him: *"I was thinking it and feeling it and they were calling me it and I didn't know how to deal with it. I was thinking they just called me gay, so it must be a bad thing..."* The name-calling did not appear to have increased Owen's confidence.

Consequently, interviewees who had been the victims of homophobic abuse did not feel they could be open about their sexuality, as they harboured a fear that the bullying could get worse. Although, it might be expected that young people are generally building self-esteem and establishing an identity during school years, many young LGB people are learning from peers and adults that they are among the most hated in society (Cohen & Savin-Williams 1996). This is reflected in Frank's comment.

*"Once I realised I was gay, I was scared that they would use that as well, and because I was brought up to think that I was no worse than a paedophile, that didn't really help."* (Frank)

Indeed, in a study of 1013 young people in Northern Ireland, over half of all interviewees said that sex between men was mostly or always wrong. Over one third of interviewees said that sex between women is mostly or always wrong (Schubotz et al 2002).

Notably, while it was obvious that homophobic bullying had an effect on the young people interviewed, many had a tendency to play the bullying down and the effect it had on them. However research on bullying has found an association between bullying and a number of mental health problems including anxiety, depression and psychosomatic symptoms (Kaltiala-Heino et al 2000).

Keith described how he experienced homophobic bullying from his peers while in middle school. In upper sixth, it was the students in the lower years that actually caused him distress. However, he could not defend himself because of their age and his status on the school committee. Keith also reported that his experiences were not as bad as the experiences of other gay friends.

*"Yeah, well I did. To be honest, like, I did. But it was from wee first or second years. I mean, them coming up and saying 'He's queer,' blah, blah. It was really, really embarrassing. When you're seventeen or eighteen and you're getting picked on by these twelve or thirteen year olds, it was so embarrassing... When you were in upper sixth, everybody was friends with everybody so it didn't seem to be any different. But, when you were in fourth year and you were more friends with girls than boys, people noticed it then and they did sort of slag you and stuff like that there. Like 'What are you?' and calling you all the names of the day. I did experience - not a whole lot, but I did experience a good amount of it as well. When I hear some of my friends' stories of coming out, I'm like 'No. That didn't happen to me.' That was just the way our school was."* (Keith).

Owen is still at school and is not out to his classmates. He described how he coped with being bullied and how the bullying did not really affect him. Yet, earlier in the interview, he talked about being depressed.

*"I was bullied, like. Properly bullied. Sometimes there was this one guy who was, like, constant - 'He's gay!' But it didn't really get me down because I was just, like, 'Leave me alone,' sort of thing and I was alright with it. My friends knew... A lot of the guys say it. A load of the guys in my group, and we're all called gay because we don't like sports and because we're different. I'm pretty sure most of them aren't gay. It's just what people say."* (Owen).

Similarly, Carl described how he learned to deal with the homophobic abuse. He just ignored what was being said: *"I just developed a thick skin and was like, 'You know what? You can say what you like. Do whatever you want. I don't care.'"* (Carl)

Terry also said: "It sort of affected me at the time. I would keep denying it or else say 'I am gay,' and they would leave me alone as they would have to figure out how I was. Leaving school makes you grow up a lot and you're sort of willing to accept things a lot more." (Terry)

From the interviewees' discussion of the homophobia experienced, it transpired that young men who did not adhere to traditional masculine stereotypes, such as playing sports, or who went against these stereotypes and joined the choir or drama group were subject to homophobic abuse. This was conclusive with all those interviewed. The interviewees described how they constantly had to listen to homophobic abuse in school, even when they were not open about their sexuality.

A US study noted that school-based homophobia was associated with lower self-esteem and increased likelihood of self destructive behaviour (Uribe & Harbeck 1991).

## Teacher & School Support

It is often reported that LGB people experience no support in school, with no teaching provided on sexual orientation issues. 'Playing it Safe' a study of secondary schools in England and Wales found that many schools do not provide the necessary protection and education to LGB students (Douglas 1997). However, some of the interviewees had positive encounters in school. These are important to note, as they highlight good practice.

Carl was subject to bullying in school. One of the teachers was aware that Carl was gay and provided him with support. The school has continued to provide support for other gay students since Carl left the school.

*"I was actually close to a lot of my teachers. Some of them - one of them in particular - knew about the bullying in the lower school and he tried his best to help me, but he never caught them in the act and there wasn't so much he could do. One of the teachers in the upper school asked us to write a short story and I wrote one about a boy going through being gay and he sort of figured it was to do with me and he asked me if I was going to do what he did at the end of the thing. So, he looked out for me after that as well and helped me a lot. None of them ever gave me hassle for it. They were 'That's okay, no worries.' The teachers were brilliant at the school. It was just the students I had a problem with."* (Carl)

The support continued after he had left school: *"There's some people I know who are in fifth year, now going into sixth year - I was in the wrong year - who are gay and they started a wee coffee morning for them at breakfast and the teachers were involved. I don't think it's that formal, just meeting up in the morning."* (Carl)

Damien also described how one supportive teacher made a difference for him. This is echoed in another study which showed that supportive teachers can help prevent the dilemmas that LGB youth face (Russell et al 2001).

*"I was outed in school because some girl saw me out one night and went and told someone who was in my year and he started formally questioning me in the rec room, and then a group of four girls came round and said 'You know if you are, we think you should tell us,' and all that sort of bullshit, you know? Wee bitches. So I panicked and went and told a teacher about it. She was a lovely woman who was fantastic... Any time I knew I needed to speak to anyone, I could go to that teacher. I needed to go to the GUM clinic and she brought me. So, she was just lovely. Absolutely lovely. She just realised what was going on and helped."* (Damien)

Mark described how he was taught about sexual orientation in school and how having someone who was gay come in and speak to them gave him a lot of reassurance.

*"...The school runs a project for third years. It might have been someone from The Rainbow Project. And a guy came up to talk to us about sexual orientation, STIs, HIV and stuff like that, and that was run by the RE department to encourage people to be aware of difference... This guy came in and he didn't say whether he was gay or not, but I was about fourteen then and I kind of picked up on the fact that he was. It kind of reassured me that there are other people out there. Where, whenever*

*you're that age, you aren't aware that there are other people because everyone you know is at school, it's kind of beneficial in that way. That was quite amazing that it was organised by the RE department, because usually its 'Homosexuality is an abomination,' and all that."* (Mark)

Terry described how the school he attended did not tolerate homophobic comments from teachers. This provided a good example for students.

*"One of my teachers at school, he actually got suspended because he implied that two of the students were gay. He was only gone for about two or three days. Two of the wee lads in my year were coming out of the changing rooms and they were out a bit late and Mr Young apparently said 'Woo-hoo-hoo! What were you two up to in there?' And implied that they were doing something, and they went and complained and he got suspended for it."* (Terry)

Other interviewees described negative experiences in school around their sexual orientation. Ben reported his experience when he asked about homosexuality during a sex education lesson.

*"Second year. I was kind of getting to know what the birds and the bees were. About a man and a woman, and I didn't understand it. I was about thirteen and I was in RE and I turned round, stood up and said to my teacher 'What happens, Miss, if you swing the other way?' And she said to me 'Get out of my class,' and I was suspended for two weeks. It's just something you couldn't say because I went to a very staunch Catholic school and you just couldn't talk about it."* (Ben)

The interviewees described institutional homophobia within the schools they attended. Rory spoke of a friend's experience of homophobia which was hidden to protect the public image of the school.

*"...there is a friend I have now that was in lower sixth in the school and he was very openly gay in lower sixth and he had two friends who were quite openly gay as well, and they were really badly bullied and were beaten up by the rugby team and stuff like that, which was just humiliating, and he said there was an incident in the sixth form centre when somebody punched him and I think they called him some name and he sort of retaliated with something else and the fella started to hit him. And it was all sort of swept under the carpet. The teachers in the school were told just to let it be otherwise there would be a big inquiry or something. Our school was sort of 'As long as the public don't know, it's okay.'"* (Rory)

Owen also spoke of his school's ethos resulting in limited teaching for LGB pupils.

*"I don't think, even if the teachers had have heard, they would have even thought that person might have been gay. They would have just said 'Stop that,' or something. It's a really uptight school, you know. Everyone has to be proper and the teachers wouldn't be very into talking to you about things. You must stay in line... My school doesn't teach about gay people. It's just stuck on straight people... It (sexuality) has never been raised at all."* (Owen)

Like Owen, nearly all the interviewees commented on the lack of teaching on LGB issues and how relationship and sex education never mentioned sexual orientation. Rory further described how sexuality was touched on in his school but was not taken seriously by the pupils.

*"I do remember there was this guy who came to our school and the whole year had to sit and listen to his talk. It was about drugs awareness and sex awareness and there was a really tiny part of it about sexuality but even that was sort of laughed at by people in our year."* (Rory)

Frank believed it would have been beneficial if sexuality had been raised in a positive light while he was in school.

*"Yeah, because I hated it, but if I saw teachers or people with authority talk about it in a positive way... At that time my dad had left and you look to someone in authority to look up to, and in school*

*that's a teacher and when you see teachers in school condemning them to hell, its not very good. If they talked about it in a positive way it would help people definitely. Things could have been completely different."* (Frank)

The lack of discussion on same-sex attraction within the school setting resulted in young LGB people feeling isolated and lacking appropriate guidelines.

*"I went to a Catholic grammar school and there was nothing set up to talk to you about sex education for my lifestyle. There was no one for me to talk to about it. The guy I first came out to was very much encouraging that I go out there and have my sexual experience. Looking back now, I would love to have had some sort of peer support group that is sitting down and talking okay talk, to be about what is going on."* (Damien)

The results of the questionnaire also showed significant relationships between other difficulties at school related to sexual orientation and mental health, suicidal ideation and self-harm.

## Training in Schools

In the survey, respondents were asked what services they would like to see provided in the future for LGB people. Two thirds (66.3 per cent) stated they would like more training provided in schools.

This was echoed throughout each of the interviews. The interviewees felt more information on LGB issues needed to be provided in schools and schools needed to be aware that gay people exist, as highlighted by Frank: *"Have it recognised that there's gay people out there. They could be in this room. They could be in this school. They are here."* (Frank).

Interviewees also noted that teachers must be trained on the issues and students must feel safe going to them, as Keith pointed out: *"I know if I had have turned round and told one of my teachers 'I'm gay and I don't know what to do,' they wouldn't have had a clue what to do. And it could turn into, like, frenzy when the social workers involved and this, that and the other when the person is only looking advice and someone to turn to."* (Keith)

Other interviewees said they would like to have had someone to speak to other than teaching staff as is illustrated by Paul: *"During my school years, it would be nice to have someone to talk to in school, like a counsellor or someone. Someone who was independent from the teachers."* (Paul)

## The Impact of Difficulties in School, Related to Sexual Orientation on Mental Health, Suicidal Ideation and Self-Harm

An overview of the significant relationships between difficulties in school related to sexual orientation and mental health, suicidal ideation and self-harm can be seen in Table Nine and Ten.

Table Nine shows the difficulties in school that were significantly related to GHQ score, mental illness diagnosis, referral for professional help and self-esteem score. It can be seen that respondents who experienced homophobia from other pupils were more likely to have been diagnosed with a mental illness. For example, 42.3 per cent of respondents who experienced homophobia from other pupils had been diagnosed with a mental illness compared to 24.2 per cent who did not experience homophobia from other pupils.

Table Ten shows the factors in school that were significantly related to self-harm, suicide thoughts and attempts and internalised homophobia score. It can be seen that respondents who were bullied at school because of their sexual orientation were more likely to have attempted suicide. For example, 35.3 per cent of those respondents who had been bullied because of their sexual orientation had attempted suicide compared to 20 per cent who were not bullied.

**Table 9: Difficulties in school related to sexual orientation and GHQ12, Mental Health Diagnosis and Self-Esteem**

| | GHQ 4 + (%) | Diagnosed with Mental Illness (%) | Referred for Professional Help[4] (%) | Mean Self-Esteem Score |
|---|---|---|---|---|
| Bullied | | 42.4 | 49.4[4] | 17 |
| Not bullied | | 27.6 | 34.3 | 19.6 |
| Homophobia from teaching staff | 46.4 | | 60.7 | 15.8 |
| No homophobia from teaching staff | 27.8 | | 37.7 | 19 |
| Homophobia from other pupils | | 42.3 | | |
| No homophobia from other pupils | | 24.2 | | |
| At least one difficulty at school related to sexual orientation[5] | | 39.5 | | 17.8 |
| No difficulties in school related to sexual orientation | | 24.2 | | 19.8 |

**Table 10: Difficulties in school and Self-Harm, Thoughts about Suicide and Suicide Attempts**

| | Thought about Suicide[6] (%) | Attempted Suicide (%) | Self-Harmed (%) |
|---|---|---|---|
| Bullied | 84.5 | 35.3 | 41.2 |
| Not bullied | 60 | 20 | 23.8 |
| Homophobia from other pupils | 83.5 | | |
| No homophobia from other pupils | 57 | | |
| At least one difficulty at school related to sexual orientation | 79.8 | 32.3 | |
| No difficulties in school related to sexual orientation | 53 | 16.7 | |

To further discover the impact of these factors, the data from the survey was explored with the use of regression analysis. The following predictor variables were entered in the regression analysis[7].

- experience of bullying
- achieved lower results
- homophobia from other pupils
- at least one difficulty in school related to sexual orientation

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[4] This refers to respondents who have received professional help and those who have been referred and have not followed it through.
[5] The respondent indicated that they had experienced at least one difficulty at school because of their sexual orientation. The difficulties are listed in Table 8.
[6] This refers to respondents who often, sometimes and rarely have thought about suicide.
[7] Logistic regression models were used to investigate what variables best predicted whether a respondent: was a GHQ12 case; had been diagnosed with mental illness; had been referred for professional help; had had suicidal thoughts; had attempted suicide; and had self-harmed. Furthermore, a multiple linear regression model was used to establish what variables best predicted the scaler self-esteem variable. Compared to descriptive cross tabulations, which can only show to what extent variables are related to each other, regression models are a powerful tool that can actually predict what factors contribute to the presence of absence of a factor or condition (e.g. GHQ12 caseness) or to the variance in a scalar variable (e.g. self esteem).

## Mental Health, Referral for Professional Help and Self-Esteem

In particular, homophobia from teaching staff explained three per cent GHQ12 scores above four. In terms of a mental health diagnosis, one statistically significant key factor arose, i.e. homophobia from other pupils. This explained four percent of cases.

Homophobia from teaching staff was the strongest predictor for whether a respondent had been referred for professional help (explained two per cent of cases).

Difficulties in school accounted for three per cent of variance in self-esteem scores. At least one difficulty in school related to sexual orientation was the only factor to have a singular significant impact.

## Suicide and Self-Harm

In terms of thoughts about suicide, homophobia from other pupils was a key factor explaining twelve per cent of cases where a respondent had thought about suicide.

Experience of bullying was a key factor contributing to attempted suicide, with four per cent of cases explained by this factor. Experience of bullying was also a crucial factor in self-harm (five per cent of cases explained).

## 4.4 Summary

### Survey

- Nearly two-thirds (65.3) experienced some difficulties in school related to sexual orientation. Most common were homophobia from other pupils (51.9 per cent) and bullying (44.7 per cent).
- Two thirds (66.3) stated they would like more training in schools.
- Respondents who were bullied in school were more likely to have been diagnosed with a mental health problem, been referred for professional help, have lower self-esteem, have self-harmed, have considered suicide and have attempted suicide.

The regression analysis shows that negative experiences in school, related to sexual orientation, had an impact upon mental health, suicidal ideation and self-harm. In particular, homophobia from teaching staff was a key factor in whether the respondent had a GHQ12 score of four or above and whether the respondents had been referred for professional help. Homophobia from other pupils was a crucial factor in the diagnosis of a mental health difficulty and thoughts about suicide. The analysis also showed that bullying was a key factor, influencing whether respondents had self-harmed or attempted suicide. At least one difficulty in school had a significant impact on the self-esteem.

### Interviews

Interviewees experienced homophobic bullying based on perceptions of their sexual orientation. As was found in the quantitative analysis, homophobic pejoratives impacted upon the young men's self-esteem and emotional well-being. Interviewees tried to play down the impact it had upon them. Interviewees with supportive schools or teachers praised their efforts. There was a unanimous belief that sexuality should be raised in a positive context in school. The lack of positive teaching around sexual orientation contributed to the young men's loneliness and also led to the young men not being provided with appropriate relationship guidelines.

## 4.5 Difficulties at Work Related to Sexual Orientation

Respondents who completed the survey were asked if they had ever experienced difficulties at work because of negative attitudes to their sexual orientation. Table Eleven displays those difficulties respondents experienced at work because of their sexual orientation. One third (33.9 per cent) of the respondents experienced at least one difficulty at work because of their sexual orientation. The most prevalent one was homophobia from other staff members, with one fifth (19.8 per cent) having experienced homophobia from their colleagues.

**Table 11: Difficulties in work related to sexual orientation**

| Difficulties at work related to sexual orientation | Per cent |
|---|---|
| *Homophobia from other staff members* | 19.8 |
| *Homophobia from clients/customers* | 14.8 |
| *Homophobia from employers/superiors* | 8.8 |
| *Fired or forced to leave a job* | 5.3 |
| *Refused a job* | 4.8 |
| *Passed over on a job promotion* | 2.6 |
| *Other problems at work related to sexual orientation* | 2.7 |
| *At least one of the above difficulties in work because of sexual orientation* | 33.9 |

Some LGB people may be reluctant to be open about their sexuality at work because of a fear of harassment from colleagues (Snape et al 1995). However, regulations were introduced in Northern Ireland in December 2003 which legally protects LGB people from discrimination in the workplace.

Some interviewees reported experiencing homophobia at work. These instances may have taken place before the regulations were enforced. However, it is interesting to note the nature of homophobia in the workplace and how the employers dealt with it. Four of the interviewees experienced homophobia at work. In three of the cases, the homophobic incidences were reported to management. In Gary's case the homophobic comments were made behind his back and when a colleague reported it to management, the person in question was reprimanded for their behaviour. Gary only found out afterwards.

Mark and Ben both felt that, even after the homophobic incidences in their workplaces were reported, the extent of the homophobic bullying decreased but did not cease fully. For Ben it never completely stopped but he was happy that the supervisor had done what he could. Mark worked in a hardware store, where many of the employees had come from male dominated manual labour jobs after being made redundant. He felt his employees were limited in what they could do because those responsible for the homophobia were in temporary jobs and were not concerned about repercussions.

*"I worked in a hardware store... It was full of men that had recently been made redundant from the steel works and factories. So, bear in mind the background they're coming from - this macho image. I wasn't actually out in this company. I came out to a couple of people after work, who were friends, but I hadn't come out to the staff team and some of them would say things... Because there was a bigger workforce there, you would experience that. People would say things... And I actually did on two occasions put in complaints. They didn't deal with it appropriately and a friend of mine was on the staff board and she brought it up for me, that this was not being tackled. It basically went as far as the management could take it, because all you could say was 'Look, would you say to people would you kindly stop doing this?' And all you can do is sack them and because they were coming from steel works and factories it was just a temporary job for them and they didn't really care."* (Mark)

Damien described the homophobia he experienced while working in a youth organisation. He ended up leaving the youth sector and went to work in a completely different field because of the attitudes

of those in the organisation. Damien believes that if the people were better trained, they would have understood what they were saying was homophobic. Most heterosexuals do not perceive themselves as homophobic. However, inexperience with lesbian, gays and bisexuals can lead to the acceptance of misinformation and biased attitudes (Ellis & Vasseur 1993, Smith 1993b).

*"I worked for a youth organisation and that was my only real experience of homophobia in the work place. It was bad. I would have been asked questions about my sexual practices quite openly in the office and then, when I left, I was accused of not being able to take a joke. I left because I just hated the place... Yeah, a lot of stuff about my sexuality was used. A lot of questions were asked... They just used to make you feel about your sexuality. 'You're not too bad a gay guy. The other one was really strange about his sexuality.' They would say things like 'Why are you gay? It's such a waste.' Straight comments like that. I hated it. It was awful. There was such a real negative vibe in the office as well and it was actually one of the managers that was the worst person for it... There are some people who have worked in that organisation for ten - fifteen years and need some training."* (Damien)

## The Impact of Difficulties in Work related to Sexual Orientation on Mental Health, Suicidal Ideation and Self-Harm

The findings from the survey were explored further to discover the significant relationships between respondents having experienced difficulties at work because of sexual orientation and mental health, suicidal ideation and self-harm.

Table Twelve shows those difficulties at work which were significantly related GHQ score, mental illness diagnosis, referral for professional help and self-esteem score. It can be seen that respondents who experienced homophobia from superiors were more likely to have been referred for professional help. For example, 75 per cent of those who experienced homophobia from superiors had been referred for professional help compared to 37.9 per cent who had not experienced homophobia from superiors.

**Table 12: Difficulties at Work related to Sexual Orientation and GHQ, Mental Health Diagnosis, Referral for Professional Help and Self-Esteem**

| | GHQ 4 + (%) | Diagnosed with Mental Illness (%) | Referred for Professional Help[8] (%) | Mean Self-Esteem Score |
|---|---|---|---|---|
| Homophobia from customers/clients | | 53.6 | | |
| No Homophobia from customers/clients | | 30.9 | | |
| Homophobia from other staff | | 55.6 | 55.6 | |
| No homophobia from other staff | | 29.2 | 37.7 | |
| Homophobia from superiors | | 75 | 75 | |
| No homophobia from superiors | | 30 | 37.9 | |
| At least one difficulty at work related to sexual orientation[9] | | 51.6 | 54.7 | |
| No difficulties at work related to sexual orientation | | 25.4 | 34.1 | |

[8] This refers to respondents who have received professional help and those who have been referred and have not followed it through.
[9] The respondent indicated that they had at least one difficulty at work related to their sexual orientation. These difficulties are listed in Table 11.

Table Thirteen shows the difficulties at work which were significantly related to self-harm, suicide thoughts and attempts and internalised homophobia score. It can be seen, among other findings, that respondents who had experienced at least one difficulty at work because of their sexual orientation are more likely to have considered suicide. For example, 79.7 per cent of those who had at least one difficulty in work because of their sexual orientation had considered suicide compared to 65.9 per cent who had not experienced difficulties at work related to their sexual orientation.

**Table 13: Difficulties at work related to Sexual Orientation and Self-Harm, Thoughts about Suicide, Suicide Attempts and Internalised Homophobia**

| | Thought about Suicide[10] (%) | Attempted Suicide (%) | Self-Harmed (%) |
|---|---|---|---|
| At least one difficulty at work related to sexual orientation | | 79.7 | |
| No difficulties at work related to sexual orientation | | 65.9 | |

To further discover the impact of these factors, the data from the survey was explored with the use of regression analysis. The following predicator variables were entered in the regression models.[11]

- homophobia from customers/clients
- homophobia from other staff members
- homophobia from superiors
- at least one experience of homophobia at work

## GHQ12, Mental Health Diagnosis and Referral for Professional Help

There were no key factor difficulties at work that explained whether the respondent had a GHQ score of four or more.

There were two key factors predicting a mental illness diagnosis. The first was homophobia from superiors (nine per cent of cases explained) and at least one experience of homophobia at work (twelve per cent of cases explained when combined).

One vital factor influenced whether the respondent was referred for professional help. This was homophobia from superiors, which explained six per cent of 'cases'.

Homophobia at work did not significantly impact upon variance in self-esteem scale.

## Suicide and Self-Harm

One crucial factor explained whether the respondents had considered suicide, i.e. at least one experience of homophobia at work, which explained three percent of 'cases'.

There were no key factors relating to difficulties at work which explained suicide attempts or self-harm.

[10] This refers to respondents who often, sometimes and rarely have thought about suicide.

[11] Logistic regression models were used to investigate what variables best predicted whether a respondent: was a GHQ12 case; had been diagnosed with mental illness; had been referred for professional help; had had suicidal thoughts; had attempted suicide; and had self-harmed.
Furthermore, a multiple linear regression model was used to establish what variables best predicted the scalar self-esteem variable. Compared to descriptive cross tabulations, which can only show to what extent variables are related to each other, regression models are a powerful tool than can actually predict what factors contribute to the presence of absence of a factor or condition (e.g. GHQ12 caseness) or to the variance in a scalar variable (e.g. self esteem).

## 4.5 Summary

### Survey

- One-third (33.9 per cent) of the respondents experienced negative attitudes at work because of their sexual orientation.
- The most prevalent was homophobia from other staff members (19.8 per cent) followed by homophobia from clients or customers (14.8 per cent).

Homophobia from superiors was a key factor predicting a mental illness diagnosis and whether the respondent had been referred for professional help. Having at least one homophobic experience in work was a key factor in predicting whether the respondent had a mental illness diagnosis and whether the respondent had considered suicide. There was no key factor from homophobia at work that had an influence on GHQ score, self-esteem, self-harm or suicide attempts.

### Interviews

Some of those interviewed experienced homophobia at work. Two of the interviewees felt their management was limited in what they could do to prevent any further homophobia taking place. They learned to accept that there was little more they could do to change the situation. One interviewee left the field he trained in because of the homophobia he experienced in one organisation. He felt the management would have benefited from training on sexual orientation.

# 4.6 Society's Attitudes to People of a Perceived Non-Heterosexual Orientation

## Respondents' experiences of homophobia

Respondents who completed the survey were asked if they had ever experienced homophobia in a number of varying situations. The findings from this question can be seen in Table Fourteen. Over two thirds (69.5 per cent) of the respondents had experienced homophobia in at least one of these situations. Over two-fifths experienced homophobia in an open place and while receiving goods, facilities or services.

**Table 14: Respondents experiences of homophobia**

| Homophobic experiences | Per cent |
|---|---|
| *In an open place* | 44.2 |
| *Attending religious services* | 14.7 |
| *At home from neighbours* | 14 |
| *At home from other tenants* | 7 |
| *Experience of homophobia from either neighbours or other tenants* | 16.3 |
| **Experience of homophobia while receiving goods, facilities or services** | |
| *Visiting bars* | 36.3 |
| *Visiting restaurants* | 13.2 |
| *Visiting a youth club* | 9.1 |
| *Visiting hotels / B&Bs* | 6.8 |
| *Visiting clubs and societies* | 5.8 |
| *Visiting sports clubs* | 5.3 |
| *Being provided health services* | 2.6 |
| *Voluntary community sector* | 2.6 |
| *Experience of homophobia while experiencing goods or facilities in one or more of the above categories* | 41.1 |

The majority of interviewees also reported experiencing homophobic abuse in an open place, from strangers. Most interviewees said they had learned to ignore the verbal abuse, taking the attitude *'It's their problem, not mine'* (Gary). Studies have found an association between victimisation and suicide (D'Augelli 2002, Hersberger & D'Augelli 1995). Indeed, a review of research has shown that lesbians, gay men and bisexuals have a shorter life expectancy and face health risks and social problems at a greater rate than the heterosexual population. The suspected reason for the increased problems is the chronic stress placed on lesbians, gay men and bisexuals from coping with society's negative responses and stigmatisation (Banks 2003:09).

Anthony, Keith and Simon commented on the homophobia in rural towns, which they perceived as being worse than homophobia in Belfast. All three described instances of homophobia in an open place. They were all different experiences but they show how a young LGB person is constantly reminded of their non-heterosexual sexual orientation, which is deemed unacceptable in society. Homophobic taunts caused embarrassment for Keith.

*"There are a good amount of gay people in Lurgan... But there has been times when you're called names. Even people driving past in cars. Not all the time, like. Once or twice. Like, it's people that were in my year in school calling me names, and it's embarrassing, you know, when you are with friends because I don't really turn around and mouth back. I would just ignore it and walk on. I've learned to do that. A couple of times it happened and I just lost it and I nearly ended up in a brawl and somebody had to pull me back, you know."* (Keith)

In both Anthony and Simon's cases, it was children who made the homophobic comments. This did not seem to make the comments any less hurtful. Simon pointed out that the children must have been taught by society that it is acceptable to be homophobic.

*"People in Fermanagh are really homophobic... It's awful hard to come out and say 'I'm gay,' or whatever in Fermanagh. You'd get in an awful lot of trouble. I live in the town and I work in the town and I'd be walking home from work, or whatever, and you would have all these wee kids saying the thing out of 'Little Britain' - 'You're the only gay in the village,' - to you. And I've that screamed at me the whole way home, and stuff. I would have an awful lot of stuff screamed at me, like. I haven't came out and said I'm gay everywhere but certain people would know the guy I started going out with and his sister started telling everyone we were going out, and all. So, like, the whole of Enniskillen knows we're going out now and I get all this stuff yelled at me."* (Anthony)

*"...It's (Newry) a horrible place to be if you're gay. I really feel that people in Newry are homophobic. I just can't ever see a gay scene happening in Newry and I don't like it as a place to be in. Being gay in Newry just isn't, you know - I remember walking into a newsagent one time in the shopping centre and there was this wee fella standing behind me. He was only primary school age and he said: 'Oh, fucking dirty queer,' and ran away. I turned to say something to them but they had gone. If children are thinking that at that age it reflects the town's view on gay people. For such a big place, it is so backward, both politically and on everything else. If you don't fit into the norms of society there, forget about it."* (Simon)

All interviewees had experienced some form of homophobia. Many of the interviewees had experienced verbal abuse from people in an open place without provocation on their part. The abuse was drawn from the perception they are gay. The interviewees, like those who had experienced homophobia in school, tended to play down what had happened and felt relieved that they had never been attacked or experienced physical homophobia.

Verbal abuse is something heterosexual people are unlikely to experience because of their sexual orientation. Repeated instances of homophobia can have a detrimental effect on a person's mental and emotional well-being. Anthony said the homophobia he experienced *"Was the reason I went to a psychologist in the end."*

Interviewees commented that the homophobia they experienced was usually from people driving past in cars, or people making comments when they are walking down the street. However, this did not only occur in rural towns. Wayne described an experience in Belfast.

*"The only thing that got me going one day was when someone spat at me in the street. I was walking past St Ann's Cathedral and four guys in a car stopped beside me and pulled the window down and shouted 'Faggot!' I just looked at them with a real observation look. 'Ten out of ten for observation skills,' I said, and then one shouted 'Faggot!' and spat out at me as they went past."* (Wayne)

The interviewees described how they tried not to let it bother them, this is exemplified by Paul *"I don't really let it bother me at all. At first, I would have let it bother me but I feel more comfortable about it now."* (Paul)

Damien described experiencing homophobia after being affectionate with his partner on a trip to London. He and his partner had been affectionate in other cities and countries before coming to London, and had never experienced any negativity. Damien explained how the experience affected him, as it made him feel that it might never be completely acceptable for him to be openly gay.

*"We were in Hammersmith and we were holding hands and we got to the tube station and he gave me a quick snog and I got all giggly and everything and as I looked around, I caught eyes. There were three teenagers standing on the balcony. I saw all three heads pop over and give us this look. I was like 'Bollocks,' but I didn't think about it. We walked out of the station and all we heard was 'Oi, you fucking faggot!' There was a black guy, a white guy and an Asian guy. They walked past and tried to trip my partner up and then I got spat on. They had, like, a football in their bag and*

*swung it round and luckily I ducked and it missed me. So, we said 'Fuck this,' and we just ran. We got to the Apollo and it took me a good few hours to calm down from the experience. This horrible sensation came over me that it's never going to be okay for me just to be completely normal. There are always going to be one or two of the minority that are going to do this. I was completely gutted. I guess I was being a little too idealistic."* (Damien)

Carl described an occasion when he experienced homophobia from people with whom he had previously attended school. It affected him in a similar way that the homophobia affected Damien. It made Carl feel that he could not always go out and have a normal night, without experiencing homophobia; that it would never be completely okay to be gay.

*"There was one time I went out with a few friends from primary school I hadn't seen in a while. We went to a disco and while I was there, there was a group of lads who sat in the booth next to us. They were from my school and they started to make comments and throw papers, which disturbed me and also annoyed my friends as well. That was one of the times when I felt the lowest because I thought to myself, I can't even go out and enjoy myself with my friends without something like this happening."* (Carl)

## The Impact of Negative Attitudes in Society on Mental Health, Suicidal Ideation and Self-Harm

As discussed earlier, respondents who completed the survey were asked if they had experienced homophobia in a number of varying situations. An overview of the significant relationships between the homophobia experienced and mental health, suicidal ideation and self-harm can be seen in Table Fifteen and Sixteen.

Table Fifteen shows those homophobic experiences that were significantly related to GHQ12 score, mental illness diagnosis, referral for professional help and self-esteem score. For instance, it is possible to see, among other relationships, that respondents who experienced homophobia in an open place were more likely to have been diagnosed with a mental illness. As 46.4 per cent of those who experienced homophobia in an open place had been referred for diagnosed with a mental illness compared to 24.5 per cent who had not experienced homophobia in restaurants.

**Table 15: Homophobic Experiences and GHQ, Mental Health Diagnosis, Referral for Professional Help and Self-Esteem**

| | GHQ 4 + (%) | Diagnosed with Mental Illness (%) | Referred for Professional Help[12] (%) | Mean Self-Esteem Score |
|---|---|---|---|---|
| Homophobia while receiving goods, facilities or services[13] | | 47.4 | 50 | |
| No homophobia while receiving goods, facilities or services | | 25 | 34.8 | |
| Homophobia from neighbours or tenants | | 54.8 | 66.7 | 16.1 |
| No homophobia from neighbours or tenants | | 30.2 | 35.8 | 18.9 |
| Homophobia in an open place | | 46.4 | | 17.3 |
| No homophobia in an open place | | 24.5 | | 19.3 |

Table Sixteen shows those homophobic experiences that were significantly related to self-harm and suicide thoughts and attempts. It is possible to see that respondents who had experienced

[12] This refers to respondents who have received professional help and those who have been referred and have not followed it through.
[13] This refers to at least one experience of homophobia while receiving goods, facilities or services as listed in Table 14

homophobia from neighbours were more likely to have considered suicide, as 93.5 per cent of the respondents who had experienced homophobia from their neighbours or other tenants had considered suicide compared to 66 per cent who had not experienced homophobia from their neighbours or tenants

**Table 16: Homophobic Experiences and Self-Harm, Thoughts about Suicide and Suicide Attempts**

| | Thought about Suicide[14] (%) | Attempted Suicide (%) | Self-Harmed (%) |
|---|---|---|---|
| Homophobia while receiving goods, facilities or services[15] | | 35.9 | |
| No homophobia while receiving goods, facilities or services | | 20.5 | |
| Homophobia from neighbours or tenants | 93.5 | 48.4 | 48.4 |
| No homophobia from neighbours or tenants | 66 | 22.6 | 28.3 |
| Homophobia in an open place | 78.6 | | |
| No homophobia in an open place | 64.2 | | |

To investigate these relationships further, regression analysis[16] was used. The following predictor variables were tested

- homophobia while receiving goods, facilities and services
- homophobia in an open place
- homophobia from neighbours or other tenants

## Mental Health, Self-Esteem and Referral for Professional Help

Two key factors had a significant impact on mental health diagnosis - i.e. homophobia while receiving goods facilities and services (explaining seven per cent of caseness) and homophobia in an open place which increased this figure to ten per cent.

Of those who had been referred for professional help, there was one crucial factors - i.e. homophobia from neighbours or other tenants. This explained seven per cent of 'cases'.

There was no key factor which impacted upon GHQ12 score or self-esteem.

## Suicide and Self-Harm

For those who thought about suicide, attempted suicide and self-harmed there was one identical key factor in each of the models. This was homophobia from neighbours or other tenants. This explained nine per cent of 'cases' suicidal thoughts, six per cent of cases in attempted suicide and three per cent of cases for self-harm.

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[14] This refers to respondents who often, sometimes and rarely have thought about suicide.
[15] This refers to at least one experience of homophobia while receiving goods, facilities or services as listed in Table 14
[16] Logistic regression models were used to investigate what variables best predicted whether a respondent; was a GHQ12 case; had been diagnosed with mental illness; had been referred for professional help; had had suicidal thoughts; had attempted suicide; and had self-harmed.
Furthermore, a multiple linear regression model was used to establish what variables best predicted the scaler self-esteem variable. Compared to descriptive cross tabulations, which can only show to what extent variables are related to each other, regression models are a powerful tool that can actually predict what factors contribute to the presence of absence of a factor or condition (e.g. GHQ12 caseness) or to the variance in a scaler variable (e.g. self esteem).

## 4.6 Summary

### Survey

- Over two-thirds (69.5 per cent) of respondents have experienced some form of homophobia.
- The most common place to experience homophobia was in an open place (44.2 per cent). The next most common place to experience homophobia was while visiting bars (36.3 per cent).
- Two-fifths (41.1 per cent) have experienced homophobia while receiving goods, facilities or services.
- In total 16.3 per cent experienced homophobia from their neighbours or other tenants.

Certainly, some key factors arose that predicted mental health, suicidal ideation and self-harm. It is apparent that homophobia from neighbours or other tenants had a detrimental affect on the young men. This was a key factor explaining referral for professional help, suicidal thoughts and attempts and also self-harm. While key factors in predicting a mental illness diagnosis were homophobia while receiving goods, facilities and services and homophobia in an open place.

### Interviews

Many of the interviewees reported experiencing homophobia in an open place. This was mostly from strangers but in one case it was people the interviewee had known from school. The interviewees from rural towns perceived the homophobia to be worse than it was in major cities. However, other interviewees also gave examples of homophobia experienced in cities. Random homophobic pejoratives aimed at the interviewees created a negative feeling in the young men. While the experiences were different, they all had the same outcome. The young men felt that, even though they can be completely comfortable with their sexual orientation and have accepting family and friends, their sexual orientation will not be completely acceptable by all of society and they will face wanton homophobia living their day-to-day lives. This is something which their heterosexual counterparts may never have to experience.

## 4.7 Factors Relating to Negative Reactions to Sexual Orientation and Unconnected Factors on Mental Health, Suicidal Ideation and Self-Harm

### Factors relating to negative reactions to sexual orientation

It is apparent that negative attitudes to sexual orientation factors have an impact upon mental health, suicidal ideation and self-harm. As has been demonstrated earlier in the chapter, these difficulties with sexual orientation arise in varying contexts from home, friends, school, family, work and society in general. To further discover the impact of these factors, the predictor variables relating to negative attitudes to sexual orientation were entered in the seven regression models[17].

### Mental Health, Self-Esteem and Referral for professional help

The first test carried out examined which factors predicted whether respondents had a GHQ12 score above four, which indicates a mental health problem. There was one key factor that predicted whether the young men showed signs of a mental health problem on the GHQ12 scale. This was the absence of someone to talk to, which explained eight per cent of 'cases'.

There were two key factors that explained diagnosis of a mental health problem. Around nine per cent of the cases of respondents who had been diagnosed with a mental illness were statistically related to homophobia from superiors. This rose to thirteen per cent when homophobia in an open place was added to this model.

Examining the relation between referral for professional help and all the predictor variables, there were two crucial factors. The first was homophobia from neighbours or other tenants, which explained seven per cent of 'cases'; the second was homophobia from superiors, which increased this figure to thirteen percent.

The predictor variables explained twenty-one per cent of the variance on the self-esteem scale. There was one key factor that had a significant influence on the variance of the self-esteem scale - i.e. an absence of someone to talk to.

### Suicide and Self-Harm

There were two key factors which explained thoughts about suicide. Around twenty-four per cent of the cases are explained by homophobia from other pupils. Leaving home because of negative attitudes to sexual orientation increased this figure to thirty-three per cent.

One key factor explained suicide attempts - i.e. homophobia from neighbours or other tenants (explaining five per cent).

There were two key factors which explained self-harm. The first was bullying in school, which explained five per cent. This increased to eight per-cent when an absence of people to talk to was added to this model.

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[17] Logistic regression models were used to investigate what variables best predicted whether a respondent: was a GHQ12 case; had been diagnosed with mental illness; had been referred for professsional help; had had suicidal thoughts; had attempted suicide; and had self-harmed.
Furthermore, a multiple linear regression model was used to establish what variables best predicted the scaler self-esteem variable. Compared to descriptive cross tabulations, which can only show to what extent variables are related to each other, regression models are a powerful tool that can actually predict what factors contribute to the presence of absence of a factor or condition (e.g. GHQ12 caseness) or to the variance in a scalar variable (e.g. self esteem).

## Factors Unconnected to Sexual Orientation relating to Mental Health, Suicidal Ideation and Self-Harm

Many studies have been carried out on mental health, suicidal ideation and self-harm in the general population. It was expected that other factors unconnected to the young men's sexual orientation would also have contributed to mental health, suicidal ideation and self-harm in young same-sex attracted men. These factors were likely to have affected the young men, whether or not they were gay or bisexual.

Table Seventeen shows the factors that were significantly related to GHQ12 score, mental illness diagnosis, a referral for professional help and self-esteem scale. For instance, it is possible to see that respondents who experienced sexual abuse after seventeen are more likely to have a GHQ score above four. As 76 per cent of those who experienced non-consensual sex before seventeen had been diagnosed with a mental illness, compared to 27.9 per cent who had not experienced non-consensual sex before seventeen.

**Table 17: Factors unconnected to Sexual Orientation and GHQ, Mental Health Diagnosis, Referral for Professional Help and Self-Esteem**

| | GHQ 4 + (%) | Diagnosed with Mental Illness (%) | Referred for Professional Help[18] (%) | Mean Self-Esteem Score |
|---|---|---|---|---|
| Family member treated for a mental illness | | 51.8 | | |
| No Family member treated for a mental illness | | 24.5 | | |
| Family member(s) attempt /complete suicide | | 52.8 | | 16.8 |
| No Family member(s) attempt /complete suicide | | 29.9 | | 19.3 |
| Friend(s) attempt/complete suicide | | 53.8 | 58.5 | |
| No friend(s) attempt/complete suicide | | 21.3 | 34 | |
| Serious problem with close relative | 50 | 55.6 | | |
| No serious problem with close relative | 28.5 | 32 | | |
| Employment or financial crisis | | | 50.6 | |
| No employment or financial crisis | | | 34.5 | |
| Sexually abused before 17 | | 59.4 | 71.9 | |
| Not sexually abused before 17 | | 29.1 | 34.8 | |
| Non-consensual sex (NCS)before 17 | | 76 | 80 | |
| No NCS before 17 | | 27.9 | 35.2 | |

Table Eighteen illustrates those factors that were significantly related to self harm, suicide thoughts and attempts. It can be seen that those respondents whose family member(s) have attempted/completed suicide are more likely to have attempted suicide, as 44.4 per cent of respondents whose family member(s) attempted/completed suicide had also attempted suicide compared to 22.7 per cent of respondents whose family member(s) have not attempted/completed suicide.

[18] This refers to respondents who have received professional help and those who have been referred and have not followed it through.

**Table 18: Other Factors and Self Harm, Thoughts about Suicide and Suicide Attempts**

| | Thought about Suicide[19] (%) | Attempted Suicide (%) | Self-Harmed (%) |
|---|---|---|---|
| Family member(s) attempt /complete suicide | | 44.4 | |
| No Family member(s) attempt /complete suicide | | 22.7 | |
| Friend(s) attempt/complete suicide | | 41.5 | 46.2 |
| No Friend(s) attempt/complete suicide | | 19.1 | 22.3 |
| Serious problem with close relative | 94.4 | 55.6 | 61.1 |
| No serious problem with close relative | 68 | 23.8 | 28.5 |
| Employment or financial crisis | 81.8 | | 40.3 |
| No employment or financial crisis | 62.8 | | 25.7 |
| Serious boyfriend trouble | | | 50 |
| No boyfriend trouble | | | 27 |
| Sexually abused before 17 | 87.5 | 56.3 | 53.1 |
| Not sexually abused before 17 | 67.1 | 20.9 | 27.2 |
| Non-consensual sex (NCS)before 17 | 92 | 60 | 56 |
| No NCS before 17 | 67.3 | 21.8 | 27.9 |

To further discover the impact of these factors, the data from the survey was explored with the use of regression analysis. The following predictor variables were entered into the regression models[20]

- family member treated for a mental illness
- family member(s) attempt/complete suicide
- friend(s) attempt/complete suicide
- had a serious problem with a close relative
- an employment or financial crisis
- serious boyfriend trouble
- sexually abused before seventeen
- non-consensual sex before seventeen

## Mental Health, Self-Esteem and Referral for Professional Help

There was one key factor which predicted whether the respondent had a GHQ12 score of four or more. This was a serious problem with a close relative, explaining eight per cent of 'cases'.

However, there were three key factors that explained mental health diagnosis: NCS before seventeen explained nineteen per cent, a family mental illness took this figure to twenty-eight per cent and a friend's suicide took this figure to thirty-three per cent.

[19] This refers to respondents who often, sometimes and rarely have thought about suicide.

[20] Logistic regression models were used to investigate what variables best predicted whether a respondent: was a GHQ12 case; had been diagnosed with mental illness; had been referred for professional help; had had suicidal thoughts; had attempted suicide; and had self-harmed.
Furthermore, a multiple linear regression model was used to establish what variables best predicted the scaler self-esteem variable. Compared to descriptive cross tabulations, which can only show to what extent variables are related to each other, regression models are a powerful tool that can actually predict what factors contribute to the presence of absence of a factor or condition (e.g. GHQ12 caseness) or to the variance in a scalar variable (e.g. self esteem).

Two crucial factors predicted whether a respondent had been referred for professional help. Sexual abuse before seventeen explained fifteen per cent, while the suicide of a friend(s) increased this figure to nineteen percent.

The predictor variables did not have a significant influence on the variance of the self-esteem scale.

## Suicide and Self-Harm

There were three key factors explaining thoughts about suicide. The first was an employment or financial difficulty (explaining ten per cent). Sexual abuse before seventeen raised this to figure to sixteen percent). Finally, having a problem with a close relative increased the figure to twenty-two per cent.

Exploring attempted suicide, the key factors were sexual abuse before seventeen (explaining twelve per cent) and a family member(s) having attempted/completed suicide (explaining seventeen per cent).

There were three crucial factors predicting whether the respondent self-harmed. The first key factor was sexual abuse before seventeen, explaining twelve per cent. A problem with a close relative raised this to eighteen per cent and a family member(s) having attempted/completed suicide increased the caseness to twenty-three percent.

## 4.7 Summary

The further analysis of the factors relating to sexual orientation show that isolation has a major part to play in the mental health of young same-sex attracted men. The absence of someone to talk to was a key factor in three models, GHQ12 score of four or above, self-esteem and self-harm. The analysis also verifies that negative experiences in school relating to sexual orientation have an impact on young same-sex attracted men. Experience of bullying was a key factor in self-harm, while homophobia from pupils in school was a key factor which predicted whether the respondent had considered suicide.

Homophobia from neighbours/other tenants was a crucial factor in two models, referral for professional help and self-harm. Additionally, homophobia in the workplace also had an impact on the young men. Homophobia from superiors in work was a key factor in the diagnosis of a mental illness and referral for professional help. Furthermore, homophobia in an open place was a key factor in one model - diagnosis of a mental illness.

It was apparent with the analysis into factors unconnected to sexual orientation, that sexual abuse has an impact upon mental health, suicidal ideation and self-harm. Sexual abuse before seventeen was a key factor in four of the models: referral for professional help, thoughts of suicide, suicide attempts and self-harm, while the experience of non-consensual sex before seventeen was a key factor in a mental illness diagnosis. Having a problem with a close relative was a key factor in three models, GHQ12 score, self-harm and suicidal thoughts.

Having a friend or family member attempt or complete suicide also affected the young men. Having a friend attempt or complete suicide was a key factor in the mental illness diagnosis model and the professional help model, while having a family member attempt or complete suicide was a crucial factor in whether the respondent had attempted suicide or self-harmed. Additionally, having a family member who had been diagnosed with a mental illness was a key factor in whether the respondent had been diagnosed with a mental illness.

The findings also show that it is not just negative attitudes to sexual orientation that have an impact upon same-sex attracted young men. Other factors unconnected to sexual orientation also have an influence. However, these factors are not alone. The findings confirm that the unsupportive, hostile and unsympathetic heterosexist environment, in which, young same-sex attracted men are raised are additional factors that have a negative impact on the emotional well-being of this population.

## 4.8 How are the Needs of Young Same-sex attracted Men Currently Being Met?

### LGB Organisations

There are over twenty LGB organisations in Northern Ireland, including The Rainbow Project, that offer a range of services to LGB people. The support LGB groups provide can be extremely helpful to young people. Noted in other research is the importance of finding like minded LGB people when a young LGB person has accepted his/her sexuality (Dunne 2001).

Respondents who completed the survey were asked if they had made use of any of the LGBT organisations in Northern Ireland. In total, almost half (44.7 per cent) have made use of the services of LGBT organisations. The organisations accessed can be seen in the Table Nineteen.

**Table 19: Respondents use of LGBT organisations**

| LGBT Organisation | Per cent |
|---|---|
| *The Rainbow Project* | 26.8 |
| *Gay and Lesbian Youth Northern Ireland (GLYNI)* | 18.9 |
| *Cara Friend* | 6.3 |
| *Queer Space* | 4.7 |
| *Foyle Friend (before closing)* | 7.4 |
| *Other LGB Organisation* | 8.4 |

This means that over half of the respondents have not accessed LGB groups. One of the respondents who completed the questionnaire had not used the groups because he was too uncomfortable to go alone: *"I know there are support groups in my area, but I'm just too uncomfortable to go there alone as I know no one else in my age group is also gay. Befriending is something crucial to gay people in my age group."* (Sixteen-year-old gay man)

Another respondent who completed the questionnaire had difficulty accessing the group because of its location: *"There should be more LGB groups. My nearest one that I know of is in Belfast, which is over an hour for me and I don't drive."* (Seventeen-year-old gay man)

According to some interviews, another difficulty was a lack of information about LGB groups: *"There is a lot of gay folk, including myself, that don't actually know what the organisations do."* (James)

The only group Rory knew about was The Rainbow Project, and he only discovered Rainbow when he came to university. He would have contacted groups when he was younger if he had known they had existed: *"I don't really know anything about them, probably because I lived in Ballynahinch. I think if I had known about them, maybe I would have contacted them, even for advice someone to talk to."* (Rory)

Owen emphasised that it can be difficult to find out about LGBT groups as they are not widely available: *"It's just kind of hard to get in touch and stuff, because you worry about everyone. It's hard, like... Things are badly advertised. I didn't really know about The Rainbow Project until this year. It would be better if people knew about it. Like, everyone here seems really open."* (Rory).

Some of the interviewees had used LGB services. Interviewees described how they found the services provided by The Rainbow Project beneficial. This was exemplified by Gary and Wayne.

*"If we lost Rainbow, it would be detrimental to the community, the emotional well-being of somebody - Rainbow is all they have. Sometimes, there are people who come here (The Rainbow Project) who don't go out on the scene a lot, so this is their only chance to talk to other gay men. Plus, they do other things, like. Condoms are given out in the bars. I think, you know, without the message being*

*reinforced and put out there, people will be careless. I mean, it's also great for people who meet one-to-one where they can chat, like. Someone who has just come out and don't know what they're doing. And they also support families; mothers who don't know what to do when their son has just came out. They can come here and get support... There's always room for improvement but I think they're doing an excellent job at the minute."* (Gary)

*"I'm a great believer in what's meant to be is meant to be. I mean, I've gained a very positive outlook on life and I feel The Rainbow Project has been very helpful. I attended a personal development course recently (at The Rainbow Project), which was very valuable and I took a lot out of that... I think Rainbow is invaluable to society because the amount of research you carry out, the meetings you attend, the publications, all the groups."* (Wayne)

Ben talked about projects he had taken part in with The Rainbow Project and specifically how The Rainbow Project encouraged him to practice safer sex.

*"Because I didn't care before, it was very hard for Rainbow staff to sit down and talk to me about STIs and condom use and all that kind of stuff. Still, now I have difficulties using a condom, you know what I mean? But, I am working on it, don't get me wrong... That's been excellent work that you do and I think that kind of thing needs to go into schools."* (Ben)

Carl and Frank have both used GLYNI and found the experience helpful as they found other people who had similar experiences.

*"I started going to GLYNI in fifth year and that helped me a lot and then I came out to my family, friends, work colleagues and that there... I loved GLYNI. I thought it was the best thing that happened. I had friends who were like me - they were fun. They were outgoing and I didn't know there could be people the way they were. I thought it was class."* (Carl)

An LGBT group was set up in a rural area in the centre of Northern Ireland in 2004. Keith was a member and found the experience very positive.

*"I heard through a friend that it (The Craigavon LGBT Group) was being set up. I was all for it, you know what I mean? But by that time I had come out about a year and a half... When it came about, you feel really good about it. It was just somewhere you could be yourself, in Lurgan. I sort of thought, if this gets up and running, it will make a change. There will be someone there for fifteen, sixteen year olds to turn to down the line so they don't feel they don't have anybody... It was just somewhere you could feel secure and discuss not even real issues. It was just great to meet up with people."* (Keith)

Not everyone's experiences of LGB groups have been positive. Mark had an experience with an older, predatory man when he was first coming to terms with his sexuality. His story emphasises the need to have services provided for young LGB people from fully trained professionals.

*"Whenever I was seventeen, I accessed an LGB group and I can truly say that was probably one of the biggest mistakes of my life. I went to it just to get to know people and I was introduced to three individuals. Two of them were twenty - twenty-one and they were pleasant enough and there was one gentleman in his thirties who, if I may so, had other ideas in his head as to what he was there for. I went down there to befriend and he had other ideas in his head and that kind of scared me off. That was whenever I came out to all my friends in lower sixth in secondary school and I went down there to meet people and I met people I didn't particularly want to know and that kind of scared me off meeting people until I was nineteen."* (Mark)

Carl and Frank only discovered GLYNI by using a search engine on the internet. Carl described how he turned to the internet because he had no one to talk to about how he was feeling: *"I was sick of having no one to talk to so I did a search for gay youth groups in Ireland and GLYNI was one of the first ones there. So, I checked out the website and all the message boards and decided to become a member."* It would seem that many young LGB people turn to the internet for support.

## The Internet

For some of those interviewed, the internet provided invaluable support when they were feeling isolated from their heterosexual peers and families. This was apparent in the questionnaire. Respondents who completed the survey were asked how they would normally look for a new boyfriend. Nearly two thirds (62.4 per cent) of the respondents who completed the survey had looked for boyfriends via the internet. This was the second most common way to meet a boyfriend after pubs and clubs.

Frank lives in Magherafelt which is about forty-five minutes drive from Belfast, where GLYNI is based. The distance meant he could not attend frequently. He had been told about gay chat-rooms and spoke highly of how it helped him cope with isolation.

*"Once I found a particular gay chat-room, it was great because I made so many friends. I was in the middle of the counselling when I started to talk to people online and it really helped... I used to just log onto the main chat-room and just talk away. I didn't know who the person was, but it was like a little community and it had regulars as well, so you always knew the person."* (Frank)

Moreover, the interviewees commented that the internet also provided a common way to meet people for friendships and to get support. An Australian study noted comparable findings to this research, where many young people were using the internet for support. It was clear that the internet played an important role as an unregulated space in which young LGB people can meet other young LGB people, share their problems and find care and support (Hillier & Walsh 1998).

The interviewees in this study noted an air of caution with the use of internet chat-rooms as Ben and Simon commented.

*"There are dangers and scares. You have to be very cautious and all that stuff. And the bad side is, sometimes you meet sleazy people and closeted men." (Ben). "The only downfall is that there are a lot of people on it that only seem to be interested in sex."* (Simon).

However, the internet was regarded as beneficial, especially to those in rural areas and those who do not access the commercial gay scene, as noted by Gary: *"I think gay chat-rooms are a good idea because it's anonymous and for those gay men who aren't able to access the gay scene, or are in the closet, it's an opportunity to meet or talk to other gay men."*

*"It's (gay chat-rooms) the only way I have of meeting other gay friends or finding gay friends in the area."* (Paul).

## The Gay Scene

The most common way for respondents to meet a boyfriend was via pubs/clubs. Over three quarters (77.5 per cent) had looked for boyfriends in these venues.

'The Gay Scene' - or 'The Scene' - is how many LGBT people refer to commercial gay venues. Those men who have experienced isolation in school and home because of their sexual orientation may become hopeful when they visit a gay commercial venue, expecting that the people encountered there will be welcoming and supportive. Unfortunately, this is not always the case. A common topic among the interviewees was that the gay scene is an excessively 'bitchy' place where individuals have to look and behave in a certain way in order to be accepted. This behaviour on the scene may act against the development of positive self-esteem among young same-sex attracted men. This is illustrated by Frank.

*"When I first started going (out on the scene) I thought, this will be so good because I'll meet all these people and they'll all be in the same situation and it will be a bit more support. I think people only really go there to pull, not really to make friends. When I first started going out, I thought it would*

*be a place where you would feel accepted and you would meet lots of people you could relate to and stuff like that, but for a lot of people, It's all for show and it's not really a friendly environment. There's a whole lot of bitching and backstabbing going on."* (Frank)

However, the gay scene does provide an outlet for many LGB people to behave in the way they wish to without having to conform to heterosexist norms. Damien commented: *"The gay scene is like everything. It's good in moderation."* Rory also stated: *"I think, if you didn't go onto the scene and see the way everything is, you don't really understand what being gay is for most people."*

Wayne had a different view of the scene. His attitude may prove beneficial to those gay men who are finding it difficult to cope with the pressures of the gay scene.

*"The scene I find very positive. I do hear people that think it's really bitchy, but at the end of the day, it's what you make of it. If you want to go in and associate with people that you know are bitching behind your back, that's your choice. I have been in that situation and I removed myself because it was a waste of my energy, and I'm not wasting energy on being with people I don't want to be with."* (Wayne)

## Self-destructive behaviour

Damien did not get depressed when he was coming to terms with sexuality. However, he acknowledged it was a difficult time. He attributed his emotional stability to the support that he received when he first came out. However, he still felt he could have done with more support as he engaged in a lot of self-destructive behaviour after he came out.

*"For me, my mother wasn't talking to me. I refused to talk to my brother and my step dad was a no-no. So I just went out and got plastered and fucked up school. A lot of that was down to me, but I just think if I had more support I could have avoided it."* (Damien)

## Alcohol and Drugs

Respondents who completed the questionnaire were asked about their use of alcohol and drugs. In the survey, 5.9 per cent drank alcohol every day or nearly every day, 20.2 per cent drank several days a week, 40.4 per cent drank at least once a week, 23.9 per cent drank less than once a week and 9.6 per cent did not drink at the time of the survey. 41.8 per cent of the respondents smoked.

Over two thirds (71.6 per cent) of the respondents had tried drugs or solvents at least once. The most common drug used was poppers21, with 58.5 per cent of respondents having used poppers at least once. Second most popular was cannabis, with over half (54.5 per cent) of the respondents having tried this drug at least once. This was followed by ecstasy (34.2 per cent) and cocaine (20.7 per cent). In total, 17.4 per cent of the respondents indicated that they used some form of drug on a regular basis, the most common again being poppers with 10.6 per cent indicating they used poppers on a regular basis.

Those interviewed spoke about their use of alcohol and drugs. Due to the self-reporting nature of the interview, it is hard to determine whether the young men are misusing or have misused alcohol or drugs. Although one interviewee admitted to being an alcoholic and another spoke of his heroin addiction, for which he is now in recovery. In both these cases, the interviewees believed issues connected with their sexuality did not play a major part in their addiction. A recent study in England and Wales found LGB people were more likely than the heterosexual population to drink and have used recreational drugs (King & McKeown 2003). This is mirrored in international research (Bontempo & D'Augelli 2002, Hillier et all 1998, Greenwood et al 2001).

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[19] Poppers, or amyl nitrate, is a legal substance used by some same-sex attracted men.

The nature of the qualitative research cannot endorse these studies but it has become evident, through the extracts, that drinking and drug-taking are major elements of the gay scene. This may be attributed to a social environment which exists in pubs and clubs. Damien made a comment which alluded to this.

*"...Sixteen or seventeen is too young to be going to gay venues. I didn't know about anywhere else. There was no GLYNI, or support groups in school. I used to arrive into school hung over because I had been in the Parliament the night before... It was a case of Dutch courage as well. I think it was more of a case of being out on the gay scene. The fact that it's a bar is just encouragement to get drink, to sniff poppers, to shag all round. I think I fell into that trap to begin with."* (Damien)

Most of the interviewees did not view their drinking habits to be any different from their heterosexual counterparts. Drinking for them was just part of an enjoyable night out. Notably, however, interviewees spoke of the use of alcohol for a confidence boost. Keith explained that he had to be drunk to build up the courage to first go to a gay bar. Frank also commented that in order to get the confidence to go to a gay bar he has to get drunk.

*"There's the odd time I go and get plastered and if I do get really bad, nine times out of ten, it's in a gay club... I'm very inhibited when I go into a gay club. I don't talk to men a lot. Going to the bar is bad enough. You just walk in and you feel as though they're all looking at you, looking down at you."* (Frank)

Gary described how alcohol is part of the gay scene: *"I think I drank more after I came out... I think alcohol - although not to generalise, not everybody's the same - alcohol is a big thing on the gay scene. I mean, I don't know any gay men that don't drink. It's part of the lifestyle, enjoying going out and partying. Enjoy going for lunch and we'd have a drink over lunch and chat. As I say, it's not for everybody but it is a big part of the gay scene in a sense. I definitely drank more after I came out and it wasn't because I was unhappy or anything it was just through too much socialising."* (Gary)

All the men interviewed were aware of drugs on the scene. Gary, Simon and Wayne had used recreational drugs but had never viewed their usage as a problem. Others mentioned having tried poppers but they never used on a regular basis. Simon believed drugs were used more frequently on the gay scene.

*"Drugs, I think, are more on the gay scene. Yes, drinking as well. It's more drugs, not so much drink. I think there is a quare difference when you go out to a heterosexual club compared to the Kremlin or Pepe's, like. People on ecstasy and cocaine. I've tried ecstasy and cocaine. You're standing going 'Jesus Christ.' It seems to be part and parcel with the gay scene. I mean, it's just a bit fake for me now, just."* (Simon)

Nigel does not take drugs but believes other people take them to escape from reality and leave their problems behind.

*"I don't touch drugs myself but they are a big thing. I drink a bit but I wouldn't touch anything else. I have friends that would pop Es like they're sweets but I always tell them it's not good craic, like. I don't see the point in, at the end of the night, chewing the face of yourself, you know. But I think that's how other people deal with things as well. They just get so down, or something, and then get a big up from taking something so they can leave their problems behind."* (Nigel)

## Relationships and sex

Respondents who completed the survey were asked some questions about relationships and sex. Just over one quarter (27.4 per cent) of the respondents had a boyfriend. Nearly two thirds (65.4 per cent) of these relationships were under one year.

**Table 20: Respondents age when they had first same-sex experiences**

| | Average | Median | Mode |
|---|---|---|---|
| *Age first same-sex sexual experience (88.9 per cent of respondents)* | 15.71 | 16 | 16 |
| *Age first had oral sex with a man (88.9 per cent of respondents)* | 16.01 | 16 | 16 |
| *Age first had anal sex with man (75 per cent of respondents)* | 17.41 | 18 | 18 |

Table Twenty shows the respondents' ages when they first had sexual relationships with other men. 11.1 per cent (twenty-one) of the respondents had not had any same-sex sexual experience. Of these twenty-one respondents, sixteen identified as gay, two identified as bisexual and three identified as not heterosexual. This confirms that a person does not have to engage in sexual activity in order to establish their sexual orientation.

Of the respondents who had same-sex sexual experience, the average age for respondents' first same-sex sexual experience was 15.7. The average age most respondents had oral sex was sixteen. The average age respondents had anal sex was seventeen. Over half (55.4 per cent) of respondents had oral sex with a man before seventeen (the legal age of consent in Northern Ireland) and over one third (38 per cent) had anal sex before the age of seventeen.

Over two-thirds of the respondents (67.1per cent) never used condoms for oral sex, 38.8 per cent always used condoms and 48.2 per cent sometimes used condoms for anal sex. 12.9 per cent said they rarely or never used condoms while having anal sex.

It is evident that the young men were not always protecting themselves against sexually transmitted infections (STIs). This data emphasises the need for appropriate sex education for this population. Indeed, Damien's comments highlight the importance of giving proper sex education and relationship guidelines to young same-sex attracted men. He admitted he behaved inappropriately when he was first on the scene, as he didn't have any appropriate guidelines.

*"I thought there was a great sense of community but also I was a sixteen-year-old out there by myself., I spent the first few months going nuts. I was new on the scene getting loads of attention, some of it from slightly older men and I liked older men so it suited perfectly. I spent my first two years on the scene, drunk and being a bit of a tart. I guess I never had any guidelines on how to behave sexually on the scene and I was involved in inappropriate stuff because of it. It was my own choice as well, but I was sixteen and I was getting all this attention and I didn't know what to do with it. Yeah, so I slept around a lot because of it."* (Damien).

Damien made his first sexual contact without social interaction. Valentine, Skelton and Butler (2002) found that this provides a sense of safety but does little to promote genuine intimacy, commitment and self-esteem.

## 4.8 Summary

The needs of young, same-sex attracted men are currently not being met. Although support groups exist for young, same-sex attracted men, over half of the respondents (55.3 per cent) had not used their services. There were practical reasons for this, such as the distant location of groups or lack of knowledge of the existence of certain groups. Also, some young men were too anxious to attend by themselves.

As limited support was available in school and family settings, the young men had no choice but to seek out other means to meet young LGB people. Most commonly, this was through the use of the internet and the gay scene. These avenues were invaluable to some of the young men, but may have acted to encourage self-destructive behaviours, such as alcohol or drug misuse or unsafe sex (the findings of the survey indicated that the young men did not always use condoms when having sex).

Additionally, the internet and gay scene may not necessarily have provided a supportive milieu for those young men lacking in self-confidence. The findings from the survey illustrate that drinking and drug-taking were common among the young men. Those interviewed mentioned drinking alcohol to gain confidence.

# 5. Discussion

The findings of this report show that young, same-sex attracted men who experience negative attitudes to their sexual orientation are at a greater risk of experiencing mental health difficulties, suicidal ideation and self-harm. This is exemplified through the evidence from the quantitative and qualitative results. In particular the findings show that some young, same-sex attracted men experience extreme isolation when coming to terms with their sexual orientation. This isolation often continues after the revelation of their sexual orientation. Negative attitudes to non-heterosexual people within school, from family members, at work and from individuals in day-to-day life are a constant reminder that to be gay or bisexual is not fully acceptable in society. The research suggests that it not just one homonegative experience that can affect young same-sex attracted men, rather, it is the repeated exposure of incidences of homophobia and heterosexism that will eventually be detrimental to young, same-sex attracted men's mental health.

There will be some men who would have experienced mental health difficulties no matter what their sexual orientation. The research does not deny there are other contributing factors. Nevertheless, a young gay or bisexual man has to deal with the conflicts that arise as he becomes aware of his sexual orientation and negative attitudes to his sexual orientation (Radowsky & Siegel 1997). The heterosexual peers of young, same-sex attracted men will probably never have to go through this added anxiety in their adolescent development nor throughout the rest of their lives.

## Mental Health

Almost one third (32.4 per cent) of the respondents showed signs of a mental health problem on the GHQ12 scale (GHQ12 score above four). In comparison, in the 'Northern Ireland Social Wellbeing Survey', 21 per cent of young people aged sixteen to twenty-four showed signs of a mental health problem (Miller et al 2003). The higher level of poor mental health among young, same-sex attracted men is also evident in the findings of another local study. Of the sixteen-year-olds sampled for the 'Young Life and Times Survey 2005' 28.6 per cent of the young, same-sex attracted men scored above four on the GHQ scale compared to 10.2 per cent of those who were only attracted to the opposite sex (Young Life and Times Survey 2005). The findings of the survey also showed that over a third of the respondents had been diagnosed with a mental health problem and over a third had received professional help. Of those who received professional help, almost two thirds said it was related to their same sex-attraction.

The impact of negative attitudes to sexual orientation on mental health was investigated further with an analysis of the survey findings. A combination of different factors contributed to poor mental health among those sampled. These factors were categorised into different groupings. Firstly, negativity when coming out, family acceptance and isolation, secondly, difficulties in school related to sexual orientation, thirdly, difficulties in work related to sexual orientation and finally, homophobia in society. In all four groupings, a combination of the factors explained whether the respondent showed signs of a mental health problem (as measured by GHQ12). When all four groupings were analysed together, the key factor which predicted signs of a potential mental health difficulty in the respondent (GHQ of four or more) was the absence of someone to talk to. This was also the only significant factor that explained the lower self-esteem on the self-esteem scale.

These findings were verified in the interviews. The young men spoke of different factors which affected their mental health. These factors were: difficulties accepting their sexuality, a shortage of people that understood what they going through and homophobia in school, at home and in society. Heterosexist attitudes meant the standard avenues of support, such as family, friends, and school were not appealing. Coming out did not eradicate the isolation for the young men, as those close to the young men were not knowledgeable on issues surrounding different sexual orientations.

## Isolation

Loneliness and isolation were subjects that also took great prominence in the interviews. They appear to be at the root of many emotional problems for young same-sex attracted men. It materialised that there was an absence of people interviewees felt they could talk to and that understood issues surrounding sexual orientation. Heterosexism had an influence on the men from a young age as they realised they weren't heterosexual, as was expected. As found in other research, the customary heterosexism in life from family, education, the law and the media also hindered the young men's sense of belonging (Flowers & Buston 2000).

Hiding sexual orientation for a lengthy period of time can contribute to emotional difficulties for those who do not identify as heterosexual. It has been associated with feelings of dishonesty, alienation, frustration, shame and futility as well as physical and mental health problems (Pilkington & D'Augelli 1995). The person has to continually monitor their actions to ensure their true identity is not revealed in some cases pretending to have feelings for the opposite sex (Hunter & Mallon 2000).

Similarly, the interviewees in this study expressed that it was difficult to maintain the façade of being heterosexual and that it caused emotional stress. The young men felt isolated but for various reasons, believed that they were not yet ready to reveal their sexual orientation. This is because disclosure may result in discrimination and homophobia. If a young person is dependent upon another, or others, to provide a home, an income and educational opportunities, it is not always appropriate for a person to disclose to members of her/his family or peers. The revelation could be damaging, especially where those who are told do not have an understanding of LGB issues (Carragher & Rivers 2002:470).

Some interviewees described the blatant homophobia by their families as indicative of an unappreciative perception of what it is to be gay. It led to one young interviewee leaving the family home. Moreover, in the questionnaire, two fifths of the respondents left home because of negative attitudes to their sexual orientation. Moving out of home because of negative attitudes to sexual orientation was a key factor predicting thoughts about suicide. Other research has found that young LGB people, whose parents are rejecting of their sexuality, are significantly more likely to develop mental health problems (D'Augelli 2002).

Those interviewed acknowledged that tensions with family members improved over time and that their families grew to accept their sexual orientation. Although it transpired that this was often superficial. This was chiefly palpable to family members' aversion of the subject, as Browning (1987:48) stated: "the absence of discussion sends a negative message" (as cited in Hunter and Mallon 2000). Family members did not candidly express disapproval of non-heterosexual orientations but for some their son's life as a gay man was never discussed and his sexual orientation was kept silent to extended family and family friends. As a result, the inclusion that was so vehemently sought by the young men did not always happen.

As noted in other local research, this research provides evidence that the absence of other gay peers, positive role models and support groups for the young men led to a tremendous sense of isolation (Beattie 2004). Often, this isolation was exacerbated by the neglect of family members to discuss their son's life as a gay man. For some, the isolation led to poor mental health, suicidal ideation and self-harm.

## Suicide and Self-Harm

Over one quarter of the respondents in the quantitative sample had attempted suicide and over two thirds had thought about taking their own life. Four out of five of the respondents who had suicidal thoughts indicated that the suicidal thoughts were related to their same-sex attraction. Nearly one third (30.7 per cent) of the sample had self-harmed and two-thirds indicated their self-harming was related to their sexual orientation.

As with mental health in the survey, it was a combination of different factors from each of the four different groupings that contributed to suicidal thoughts, attempts and self-harm. In particular, homonegative experiences in school had a crucial impact on suicide and self-harm. Experience of bullying was a key factor in predicting whether the respondent had self-harmed, while homophobia from other pupils was a key factor in whether the respondent had considered suicide. Also, homophobia from neighbours or other tenants was key in predicting suicidal thoughts, attempts and self-harm.

Those interviewed who had attempted suicide contributed their suicide attempts, in part, to difficulties surrounding their sexual orientation. Similarly, other research has shown that lesbian, gay and bisexual people are more likely to attempt suicide when they are struggling to come to terms with their sexuality. If they had completed suicide, it would not be recorded as gay-related (Hersberger & D'Augelli1995).

## Internalised Homophobia

It was clear in the interviews that some of the young men had experienced internalised homophobia. As has been found in other research, respondents gave descriptions of the homonegative attitudes and actions in everyday society, predominantly within school. This, together with the lack of gay peers and role models, resulted in some of the respondents accepting the myths and stereotypes surrounding homosexuality (Beattie 2004).

The quantitative findings show that young, same-sex attracted men who had negative beliefs about their sexual orientation and a fear of society's attitudes to people of a non-heterosexual orientation (as measured by the internalised homophobia scale) were more likely to have a negative self-view, have a potential mental health difficulty (GHQ four or more) and have considered suicide.

Similarly other research has found that a negative self-image, coupled with victimisation or the threat of victimisation, can have negative consequences on a persons mental and physical health (Russell and Joyner 2001, Bontempo and D'Augelli 2002).

## Homophobia

The survey and the narratives illustrate that homonegative and heterosexist attitudes are widespread in Northern Ireland. The findings of this study verify other research where it has been found that young people who experience homophobia at home or in school, whether verbal or physical, exhibit higher symptoms of mental distress (D'Augelli 2002). An important finding in the survey was the impact of discrimination in education.

## Discrimination in Education

It was confirmed, through the survey and the interviews, that most young men realise their sexual orientation while at school. It is important therefore, that schools recognise there are non-heterosexual students in their establishments and offer them the required protection. As has been found in numerous other studies, the words 'Gay' and 'Queer' were common playground taunts. These taunts were directed at those students who did not confirm to traditional masculine stereotypes (Carragher & Rivers 2002). Over half of the respondents had experienced homophobia from other pupils and forty-four per cent of the sample had been bullied at school because of their sexual orientation. This was the same figure as found by YouthNet's study into LGBT young people (Carolan & Redman 2003).

In comparison to the general population, thirty per cent of post-primary school respondents reported being bullied in a Northern Irish study into bullying in schools (Collins 2002). Further evidence of the higher levels of bullying experienced by young, same-sex attracted men is apparent in the 'Young Life and Times Survey 2005' which noted that 66.7 per cent of the same-sex attracted young

men were bullied in school, compared to 23.9 per cent of those who were only attracted to the opposite sex ('Young Life and Times Survey 2005').

As discussed earlier, homonegative experiences in school were a predictor for suicidal ideation and self-harm. Additionally, those who experienced homophobia from teaching staff were more likely to have a higher GHQ score and been referred for professional help.

In the interviews it was clear to see that the endemic homophobic pejoratives in school can have a negative impact on a young gay man's acceptance of his sexuality. This was coupled with a lack of teaching on non-heterosexual orientations. The young men's narratives also provided an overwhelming conviction that sexuality needs to be covered in the education system and some form of confidential and non-judgemental support needs to be available to students.

This is similar to the findings of other research, where it was found that young LGB people have little accurate information about emerging sexual identity. In turn, they rely on a wealth of myths, stereotypes and misinformation regarding lesbian, gay and bisexual people (Gonsiorek 1988 as cited in Hunter & Mallon 2000). Education about heterosexual relationships and sexual heath will have little impact upon a LGB person.

## What support is available for young same-sex attracted men?

Lack of support and relevant teaching for young, same-sex attracted men is not solved by the youth or voluntary sectors. Funding limitations to the voluntary sector and a certain level of ignorance, in part, from the youth sector prevent this crucial service being provided to young LGB people. Currently, there are two main LGBT youth groups in Northern Ireland specifically for young men: GLYNI in Belfast and The Rainbow Project in Derry/Londonderry. In the past couple of years, two further groups have been set up in rural towns. However, due to funding limitations and a lack of paid staff, these groups they are currently not running and their future is uncertain.

Inevitably, young people will look for alternative means of support. Those interviewed spoke of finding this support on the internet. This was invaluable for some of the respondents. However, the young men mentioned the unsavoury and predatory men who sometimes access gay chat-rooms. Websites for gay and bisexual men, which often have a major sexual element, may not necessarily educate the young men on the importance of relationships and the emotions they involve. This lack of emotional and relationships skills could result in young men lacking the self confidence and experience to say 'No' to unwanted sexual encounters (Valentine, Skelton and Butler 2002).

Moreover, many of the respondents began sexual relations when they would have still been in school. The narratives demonstrated that the young men did not receive appropriate guidelines surrounding sex and relationships at school. In this study, and in local research by Beattie, it was evident that "Due to the combined factors of heterosexism and gay invisibility, gay teenagers do not have the same opportunities as their heterosexual counterparts to develop emotional and relationship skills before they embark on adult sexual relationships." (Beattie 2004:196)

The respondents also used commercial gay venues as a means of meeting other gay people. These venues can be an excellent outlet for young people who do not identify as heterosexual. However, respondents spoke of the need to binge drink in order to gain Dutch courage. Others mentioned the frequent use of narcotic substances.

Indeed, alcohol appears to play a big part in gay life. Some of those interviewed spoke of alcohol use as part of the culture. 71.6 per cent of gay men had tried drugs or solvents at least once compared to 29.1 per cent of the population as a whole (NACD/DAIRU 2003). This mirrors other national and international research that LGB people were more likely to drink and use recreational drugs (Moore et al 1997, Bontempo & D'Augelli 2002, Morrison & L'Heureux 2001). It is reported in other studies that internalised homophobia and low self-esteem they can lead to self destructive

behaviour, including unsafe sex and alcohol and drug misuse (Valentine, Skelton & Butler 2002, Aggleton et al 2000).

Interestingly, interviewees found that commercial venues were not the supportive environments they expected, as they were often “bitchy” places. This milieu cannot be beneficial for a person who has a low self-esteem or who is feeling isolated. Perhaps having venues and social spaces which are not dominated by the consumption of alcohol and/or the use of narcotics could help dissolve this culture. Furthermore, if the young men had been brought up in a non-heterosexist and non-homophobic society, they may have developed a stronger self-image and realised there were people out there who had the same feelings they did. If this had been the case, they may not have found gay venues so daunting and felt the need to drink to gain the courage to meet other same-sex attracted men.

The following quote from Gonsiorek underpins the findings of this research and illustrates what those who work with young people need to do.

*“The most powerful treatment for the emotional concerns of gay and lesbian youth is to normalise their experiences as adolescents.”* (Gonsiorek 1988:121 as cited in Radowsky & Siegel 1997)

It is also necessary that everyone in society, from educators to policy makers, concentrate on challenging the social processes and structures which perpetuate an atmosphere in which heterosexist views and homophobic actions flourish, rather than nurture prevailing societal attitudes which concentrate on perpetrators and victims of heterosexism and homophobia (Dodds et al 2005).

# 6. Conclusion and Recommendations

It is clear from the research that the homonegative attitudes and prevailing heterosexism in Northern Irish society, together with the isolation that being non-heterosexual may bring, play a major part in the incidence of emotional and mental health difficulties, suicidal ideation and self-harm in this population.

The education sector provides little positive teaching on LGB people and fails to provide young, same-sex attracted men with life and relationship skills needed to negotiate perilous situations. Also, most same-sex attracted men grow up in heterosexual families and they do not have the family support experienced by their heterosexual counterparts. When young same-sex attracted men do eventually enter into the gay community, this can provide a safe place but it also can open them to new risks such as alcohol and drug abuse and unsafe sexual behaviour.

These collective factors have a bearing upon the mental health of young same-sex attracted men. It is therefore not a straightforward task to address the mental health needs of this population. A number of different elements will have to be addressed. LGB youth groups, personal development courses and individual counselling all have parts to play. However, changes need to be made to the psyche of our culture. Despite the welcomed changes to legislation which protect LGB people, there are still many facets of society that are heterosexist and homophobic.

The mental health needs of young same-sex attracted men must be addressed by everyone who works with young people. The needs of this population must be included in the strategic planning of organisations that work with young people, accompanied by inclusive policies which address the needs of LGB people and staff training. It is only when all sectors begin to be inclusive of LGB people that this acceptance and can filter through to the rest of society.

## Recommendations

**1. Central Government funded, specific training and resources on different sexual orientations should be provided to all professionals working with young people. This should not only include those in the field of mental health, but also teachers, youth workers and health and social services professionals.**

This training and resources should include:

- how developing sexuality and issues around coming out can affect mental well being
- how homonegative attitudes and heterosexism can contribute to mental health difficulties, self harm and suicidal ideation
- the increased risk of mental health difficulties in young, same-sex attracted men
- the increased risk of suicide and self-harm in young, same-sex attracted men
- the increased use of substance misuse in young, same-sex attracted men
- how to challenge homophobia
- how to deal with disclosures regarding sexual orientation
- how to develop policies around bullying and victimisation related to sexual orientation

The research has shown specific risk factors unique to young, same-sex attracted men. Those who work with young people may be the first point of contact and must be aware of these issues. Training will allow for the provision of a non-judgemental and knowledgeable service to young, same-sex attracted men. Resources will reinforce the training and provide specific reference points.

**2. Current Government Strategies and Action Plans such as the Mental Health Strategy, the Suicide Prevention Strategy and upcoming strategies such as the Sexual Orientation Strategy should take on board the findings of this report.**

The target of the Promoting Mental Health Strategy and Action Plan 2003-2008 is to reduce the proportion of people with a potential psychiatric disorder (as measured by the GHQ12 score) by a tenth by 2010. Almost one third (32.4 per cent) of the sample showed signs of a potential psychiatric disorder on the GHQ12 scale. In comparison, in the Northern Ireland Social Wellbeing Survey, 21 per cent of the sample showed signs of a potential psychiatric disorder (Miller et al 2003). The research demonstrates that this population needs particular attention in the strategy. Over one quarter of the respondents (27.1 per cent) had attempted suicide and over two thirds (71.3 per cent) had considered taking their own life. These findings should also be taken into consideration in the Suicide Prevention Strategy. The Sexual Orientation Strategy will be consulted on and issued later this year. This strategy will include topics that have arisen in this report including education, health and housing.

**3a. The Department of Education needs to make schools aware that there are non-heterosexual students in their schools and ensure that non-heterosexual students are provided with the relevant protection and education.**

The department should ensure that:

- all school bullying policies have specific reference to homophobic bullying. All school staff should be trained in how to deal with homophobic pejoratives from students
- a non-judgemental and confidential counselling or listening ear service should be available in all schools. Those who provide the service should be fully trained in issues surrounding sexual orientation.
- sex and relationship education is inclusive of all sexual orientations
- students should be educated on the use of language, specifically the effects of derogatory language, differing sexualities, masculinity/femininity and gender roles

**3b. Schools should be designated fully for the purposes of Section 75 of the Northern Ireland Act 1998.**

The research has shown that difficulties in school, related to sexual orientation, impact upon mental health, suicidal ideation and self-harm. It was demonstrated how homophobic pejoratives effected the young men's self-esteem and mental health. This, coupled with the dearth of positive teaching within school, fostered the young, same-sex attracted men's loneliness. In addition, the young men were afforded inadequate sex and relationship guidelines which can result in self-destructive behaviour. The endorsement of Department of Education is needed to ensure that these recommendations are adhered to by schools. Designating schools fully for the purposes of Section 75 will ensure equality of opportunity for all pupils. This will concurrently help the young people within the education system, while the positive teaching on different sexual orientations will then filter through to the rest of society.

**4. Government funding for specific LGB youth groups in Northern Ireland or an LGB element of an existing youth group, preferably for areas outside Belfast or Derry/Londonderry. Additionally, Northern Ireland specific resources on sexual orientation, for young people need to be developed. These should be disseminated widely in schools and through the youth service.**

The resources should include information on:

- links to appropriate websites
- information on relationship skills
- the gay scene and alcohol and drug use
- who young people can talk to and how they can get in contact with sources of help

The research shows that young same-sex attracted men experience isolation and there is a scarcity of people they can talk to who understand what they are going through. Over half of the respondents had not used existing LGB organisations. It appears that many young men don't know

the services exist or they live too far away to access the services. Social groups for young LGB people can provide an alternative to both the commercial gay scene and gay chat-rooms. Widely distributed resources can go some way to promote the services that are available. Additionally, with the youth groups, resources can supply vital information on coming out, relationships and sex, the gay scene and other information specific to same-sex attracted men.

**5. Government support for personal development courses for gay and bisexual men.**

The courses can provide guidance to the men on:

- relationship and emotional skills
- sex education
- learning on positive mental health
- dispel stereotypes of gay and bisexual men
- internalised homophobia

The research demonstrated that alongside mental health difficulties, many young men are also lacking in self-confidence and suffer from internalised homophobia. When these young men eventually enter into the gay scene, they are not confident enough to be themselves and often drink to gain the courage to meet other men. Personal development courses can be used to boost young, same-sex attracted men's self-esteem and educate young men on relationships and safer sex. Moreover, such courses would provide an opportunity to dispel gay stereotypes and enable young men to be happy with who they are.

**6. Resources should be made available by the Government and other funding bodies for parents and families of same-sex attracted men. Materials should be widely available for example, in GP surgeries, social work offices and public libraries.**

The material should include reference to:

- the importance of talking to your child about their life as a gay or bisexual man and any relationships they may embark on
- tips on how to come out as the parent of a gay child to friends and relatives
- awareness raising of what it means to be gay or bisexual
- information on the higher levels of mental health, suicidal ideation and self harm among same-sex attracted men and the reasons for the higher levels displayed in this population
- organisations they can contact for support

A major finding in the research was that unsupportive parents have negative repercussions on a young, same-sex attracted men's mental health. Forty percent of the respondents left home because of negativity towards their sexual orientation. This was linked to suicide and mental health difficulties. However, it was not just when parents were blatantly homophobic that effected the emotional well-being of the young people. Parents' lack of discussion on the topic also caused distress for the young men.

Support, therefore, needs to be available for parents. Such support may help parents deal with, for example, a child's disclosure, discussion of a young person's sexuality and how the parents themselves can come out as the parents of a gay child. Parents need to understand how important it is to their child's mental health to be accepting of their sexual orientation. This could be achieved through specific funding for resources and LGB family group.

**7. Government should provide complete financial backing to the Equality Commission for Northern Ireland to ensure the full implementation of the new anti-discrimination legislation covering Goods, Facilities and Services for people of differing sexual orientation. This legislation is due to be introduced later this year.**

The findings of the research show that two fifths (41.1 per cent) of the young men who took part in the survey had experienced homophobia while accessing goods, facilities and services. Furthermore, the research showed that the young men who had experienced homophobia while receiving goods, facilities or services were more likely to have been diagnosed with a mental illness, been referred for professional help and have attempted suicide.

**8. Further research into this topic should be supported by Government and/or other funding bodies in the next five years.**

The new research should also include:

- gay and bisexual men aged over 25
- lesbian and bisexual women of all ages
- transgender people[1]

It is important that this research is repeated to discover if the mental health needs of young, same-sex attracted men have changed and also to discover what other processes need to be put in place to make improvements. This research focused on the mental health of young, same-sex attracted men. However, the mental health of all people who do not identify as heterosexual is important. The experiences of older gay and bisexual men and lesbians and bisexual women will be similar. Nevertheless, they will have different life experiences and therefore their mental health needs will be diverse.

**9. Specific research should be conducted by the Department for Social Development and/or Northern Ireland Housing Executive and/or Housing Associations into the needs of LGB people who access housing.**

The research showed that two fifths of the respondents have moved out of home because of negative attitudes to their sexual orientation and one in ten had been homeless because of their sexual orientation. In addition, leaving home because of negative attitudes to sexual orientation was a key factor explaining thoughts about suicide and the diagnosis of a mental illness. In total 16.3 per cent of the respondents had experienced homophobia from their neighbours or other tenants. This was a key factor explaining referral for professional help, suicidal thoughts and attempts and self-harm. It is apparent from the findings of the research that many young same-sex attracted men have difficulties with housing and these difficulties are linked to poor mental health. The limitations of this research cannot determine how to best move forward to help the young men with housing problems. For this reason it is recommended that specific research be carried out into the topic.

[1] Transgender status is related to a person's gender, while sexual orientation is related to a person's sexuality. However a number of transgender people are lesbian, gay or bisexual. Many gay and lesbian groups have transgender members. Transgender people are likely to associate with such organisations rather than form specific transgender groups because numbers are small. Including transgender people within the research would enable the procurement of valuable data about this undersized population.

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# Glossary

**Average/Mean:** This is the arithmetical average when scores or values are added together and divided by the number of cases.

**Come out:** This is when a person has accepted their sexual orientation and has decided to reveal this to another person or persons thereby 'coming out' about their sexual orientation. A person can also be 'outed' when their sexual orientation is revealed by another person without their consent. Some people decide not to reveal their sexual orientation to others. This is often referred to as staying 'in the closet' or 'closeted'.

**General Health Questionnaire (GHQ12):** This is a short version of the General Health Questionnaire, a screening instrument designed for use in general populations to detect the presence of symptoms of mental ill-health, in particular depression (Goldberg and Williams 1988). The GHQ 12 is the most widely used and statistically sound self-completion questionnaire used to detect psychological disorders in the general population. It asks informants about their general level of happiness, depression, anxiety, self-confidence and stress in the four week period before they completed the questionnaire. The most common way of analysing GHQ 12 questions is to establish whether or not respondents are a 'case' in relation to mental ill-health. A score of 1 is given for every answer to the 12 questions that indicate that the respondent's general health has decreased in the recent past. A respondent with a threshold score of four or more on the GHQ12 is identified as having a potential psychiatric disorder or as being a 'case'.

**Heterosexism:** This is the positing of heterosexuality as normal and the key source of social reward (Flowers and Buston 2001).

**Homophobia:** This is a term used to signify negative attitudes towards lesbian, gay or bisexual people.

**Internalised Homophobia:** This is when a LGB person has learned to accept heterosexuality as the correct way to be. Hearing and seeing negative depictions may lead LGB people to internalise these negative notions.

**Interviewees:** This refers to the young men who took part in the interviews.

**Median:** This is the value above and below which half of the measurements or cases fall. The median is not affected by extreme 'outlying' values.

**Mode:** This reflects the most commonly occurring score in a set of data; it is possible to have more than one mode.

**Participants:** This refers to all the young men who took part in the study.

**Respondents:** This refers to the young men who took part in the survey questionnaire.

# Appendix 1

Members of the research steering group

| | |
|---|---|
| **Dr Dirk Schubotz** | Young Life and Times Director for ARK Social & Political Archive |
| **Dr Karen Beattie** | University of Ulster |
| **Dr Katy Radford** | Trinity College Dublin |
| **Dr Neil Jarman** | Director of the Institute for Conflict Research (ICR) |
| **Dermot Feenan** | Lecturer in law in the School of Law at the University of Ulster, Jordanstown |
| **Dominic McCanny** | Diversity & Equality Manager for Armagh & City District Council |

# Appendix 2

| *Current Work Status* | *%* |
|---|---|
| Full time employment | 40.2 |
| In School | 13.8 |
| Further Education/ Government employment scheme | 15.4 |
| University | 24.3 |
| In Part time employment | 24.3 |
| Not working | 10.1 |

Figures do not add to 100 per cent, some respondents indicated they worked as well as attending school or further education.

| *Highest Educational Qualification* | *%* |
|---|---|
| No educational qualifications | 4.7 |
| School leaving certificate | .5 |
| GCSE/Junior certificate | 23.7 |
| A-Level/GNVQ/Leaving certificate | 38.4 |
| Recognised training apprenticeship | 2.6 |
| Third level | 26.8 |
| Other | 2.6 |
| Did not answer | .5 |

| *Gross Income* | *%* |
|---|---|
| <£5000 | 39.4 |
| £5000-£9999 | 21.8 |
| £10000-£14999 | 24.5 |
| £15000-£19999 | 4 |
| £20000-£24999 | 4.3 |
| £25000+ | 3.7 |

| *Perceived Financial Management* | *%* |
|---|---|
| Living comfortable | 21.6 |
| Doing alright | 36.4 |
| Just about getting by | 30 |
| Finding it quite difficult | 8.9 |
| Finding it very difficult | 3.2 |

| *Living Situation* | *%* |
|---|---|
| At home with parents | 54.2 |
| Alone | 9 |
| With partner | 4.8 |
| With other tenants/university Accommodation | 12.1 |
| With Friends | 14.8 |
| Temporary accommodation or hostel/foyer | 5.2 |

| *Religion respondent was brought up in* | *%* |
|---|---|
| Roman Catholic | 51.1 |
| Church of Ireland | 16.8 |
| Methodist | 2.6 |
| Baptist | 0.5 |
| Presbyterian | 10 |
| Free Presbyterian | 0.5 |
| Jehovah's Witness | 1.1 |
| Brethren | 1.1 |
| Other Christian | 3.2 |
| Hindu | 0.5 |
| Pagan | 0.5 |
| No Religion | 8.4 |
| Other | 3.7 |

| *Ethnicity* | *%* |
|---|---|
| White | 95.3 |
| Irish Traveller | 0.5 |
| Chinese | 0.5 |
| Pakistani | 0.5 |
| Indian | 1.2 |
| Multiple Heritage | 0.5 |
| Other | 1.1 |

| *Factors unconnected to sexual orientation* | *%* |
|---|---|
| Family member diagnosed with a mental illness | 29.8 |
| Family member(s) attempted/completed suicide | 19.6 |
| Close friend(s) attempted/completed suicide | 34.9 |
| Serious problem with a close relative | 9.5 |
| Employment or Financial Crisis | 40.5 |
| Experienced sexual abuse before seventeen | 17 |
| Experienced sexual abuse after seventeen | 7.2 |