

LGBTI+ Youth in Ireland and across Europe:

A two-phased Landscape and Research Gap Analysis

Summary Report for Service Providers



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Introduction

This summary report presents findings from a review of research conducted on LGBTI+ young people in Ireland and other European countries¹. It outlines the background, context and objectives of the review and the main findings. We summarise where there are gaps in the research and make suggestions for translating research knowledge into policy and practice. Recommendations developed in consultation with service providers and young LGBTI+ people are also presented in this report.

Who is this research about?

Young people who identify as lesbian, gay, bisexual, trans, intersex, or belong to other sexual and gender minorities (LGBTI+), experience poorer health and life outcomes than those who are heterosexual and/or whose sex assigned at birth and gender identity are aligned to each other. Inequalities are also found within the LGBTI+ community. Since the 1980s, significant changes have taken place in Ireland and other countries which have resulted in improved outcomes for LGBTI+ people. Nevertheless, inequalities remain across a variety of health and wellbeing outcomes.

These inequalities are embedded within a complex system of health determinants that include characteristics of the young person, their family, friends, schools, the healthcare and social care systems, and wider society. LGBTI+ young people are vulnerable to negative outcomes related to experiences such as bullying, rejection, harassment or physical violence, social exclusion, and stigmatisation.

Why was this research carried out?

In 2018 the Department of Children and Youth Affairs published the *LGBTI+ National Youth Strategy 2018-2020*², the world's first governmental strategy to improve the lives of LGBTI+

¹ Költő, A., Vaughan, E., Kelly, C., O'Sullivan, L., Saewyc, E., & Nic Gabhainn, S. (2021). *LGBTI+ youth in Ireland and across Europe: A two-phased Landscape and Research Gap analysis*. Dublin: Department of Children, Equality, Disability, Integration and Youth. Available at: <https://www.gov.ie/en/publication/88354-lgbti-youth-in-ireland-and-across-europe-a-two-phased-landscape-and-research-gap-analysis/> (Accessed: 3 December 2021)

² DCYA (2018). *LGBTI+ National Youth Strategy 2018-2020*. Dublin, Ireland: Department of Children and Youth Affairs. Available at: <http://www.gov.ie/en/publication/a6f110-lgbti-national-youth-strategy-2018-2020/> (Accessed: 3 December 2021)

young people. The strategy recognises that young LGBTI+ people can flourish when they have supportive experiences and consistent positive interactions with those around them.

The strategy set out three strategic goals, 15 objectives and 59 actions. The goals and objectives are aligned with the core outcomes of the *Better Outcomes, Brighter Futures: The National Policy Framework for Children & Young People 2014–2018* (BOBF)³. These outcomes include that all young people in Ireland: 1) are active and healthy; 2) are achieving in all areas of learning and development; 3) are safe and protected from harm; 4) have economic security and opportunity; and 5) are connected, respected, and contributing to their world.

Goal 3 of the *LGBTI+ National Youth Strategy* states that the research and data environments need to be developed to better understand the lives of LGBTI+ young people. The Health Promotion Research Centre in NUI Galway was commissioned to carry out a review of the research on LGBTI+ young people in Ireland and Europe that is relevant to the *LGBTI+ National Youth Strategy*.

How was this research carried out?

We used a scoping review methodology to identify and evaluate existing Irish and international research aligned to the five goals of the Irish BOBF framework. We included individual studies and evidence reviews published between 2000 and 2019 that were published in English on young people living in Europe. We also documented what the research findings said, the gaps that exist and where more or improved research was needed.

What did we find?

We reviewed 4603 studies, and the 126 that were relevant were included in the analysis. Each study was matched to the objectives of the *LGBTI+ National Youth Strategy 2018-2020*. The heat map (Figure 1) represents the distribution of evidence across the 15 objectives of the strategy.

³ DCEDIY (2019). *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020*. Dublin, Ireland: Department of Children, Equality, Disability, Integration and Youth. Available at: <https://www.gov.ie/en/publication/775847-better-outcomes-brighter-futures/> (Accessed: 3 December 2021)

Figure 1. Distribution of research evidence across the *LGBTI+ National Youth Strategy* objectives

Very poor (1.0–2.7%)	Poor (2.8–4.5%)	Quite poor (4.6–6.3%)	Some (6.3–8.1%)	Fair (8.2–9.8%)	Quite high (9.9–11.6%)	High (11.7–13.4%)	Very high (13.5–15.2%)
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GOAL 1: Create a safe, supportive and inclusive environment for LGBTI+ young people

Objective 1: Create a more supportive and inclusive environment for LGBTI+ young people in formal education settings (15.2%)	Objective 2: Create safe environments for LGBTI+ young people (14.2%)	Objective 3: Make all youth services more inclusive of LGBTI+ young people and provide accessible LGBTI+ youth services nationally (5.9%)
Objective 4: Ensure equal employment opportunity and an inclusive work environment for LGBTI+ young people (2.4%)	Objective 5: Provide a more supportive and inclusive environment that encourages positive LGBTI+ representation and participation in culture, society, and sport, and reduces LGBTI+ stigma (9.6%)	Objective 6: Expand and develop supports to parents and families of LGBTI+ young people (4.7%)
Objective 7: Provide capacity building measures among service providers to improve their understanding of, and ability to engage with, LGBTI+ young people (9.4%)	Objective 8: Address gaps in current legislation and policies, and ensure inclusion of LGBTI+ young people in future legislation and policy development (3.3%)	Objective 9: Address fragmentation in funding and support networking of organisations to work collaboratively (1.2%)
	Objective 10: Provide an inclusive physical environment for transgender and intersex young people (4.7%)	

GOAL 2: Improve the physical, mental and sexual health of LGBTI+ young people

Objective 11: Respond effectively to the mental health needs of LGBTI+ young people (11.4%)	Objective 12: Strengthen sexual health services and education to respond to the needs of LGBTI+ young people, including in the area of sexual consent (4.3%)	Objective 13: Improve the physical and mental health of transgender young people (8.3%)	Objective 14: Improve the understanding of, and the response to, the physical and mental health needs of intersex young people (2.2%)
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GOAL 3: Develop the research and data environment to better understand the lives of LGBTI+ young people

Objective 15: Enhance the quality of LGBTI+ data and commission research to ensure evidence-informed policy and service delivery (3.3%)
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Main findings

This section summarises the findings for each of the fifteen objectives. Findings particularly related to service provision are highlighted below.

Objective 1: Supportive and inclusive environments in formal education

- There is a lack of LGBTI+-related information taught in schools, particularly about transgender and other gender non-conforming identities
- There is a lack of training for educators to appropriately respond to LGBTI+ students' issues
- Visible safe school policies and programmes in combination with supports can promote more positive psychological outcomes for LGBTI+ young people. School level policies and regulations have a greater role than state level regulations.

Objective 2: Safe Environments

- LGBTI+ young people often become targets of discrimination, bullying, victimisation, violence, and abuse, and not only because of their sexuality or gender but on other grounds also
- Many LGBTI+ young people do not report incidents of abuse or bullying or ask for help because they expect, or have previously experienced, that teachers do not listen to their problems
- Teachers often do not intervene, *not* because of their negative attitudes, but because they feel *unprepared* to support LGBTI+ students
- Most educators would like to receive more training on working with and handling issues related to their students' sexual orientation and gender identity
- Many educational systems are poorly equipped to handle diversity
- Research on perceived safety for LGBTI+ young people is limited to educational venues.

Objective 3: Inclusive youth services

- In some countries, LGBTI+ young peoples' need for targeted support and services is well-documented
- Even in countries where such studies are carried out, only a minority of locations – mainly urban – have specific LGBTI+ services

- Many young people feel discriminated against and not listened to properly when they seek help from medical, educational, social or legal services
- Girls, bisexual youth, transgender and other gender minority young people, and those with intersecting minority statuses experience higher levels of marginalisation and discrimination
- Barriers to inclusive youth services include a lack of acceptance and understanding of LGBTI+ individuals and a shortage of LGBTI+ spaces and resources
- Existing services may not be accessible to LGBTI+ young people because of barriers related to distance, fear, shame, anticipation of pressure to come out, or feeling discomfort with their sexual orientation or gender identity.

Objective 4: Equal employment and inclusive work environment

- There is a lack of research internationally on LGBTI+ young peoples' experiences of employment
- Existing research in the Irish and the European contexts suggests that the vast majority of LGBTI+ young people do not encounter difficulties in work because of their LGBTI+ status
- Transgender and gender-non-conforming people encounter more problems than their sexual minority peers
- These problems can diminish quality of life and contribute to mental health problems.

Objective 5: Representation and participation

- A lack of role models, positive representation and visibility increases the social isolation of LGBTI+ young people
- Increasing visibility and fostering social solidarity through Gay-Straight Alliances and other inclusion initiatives can act as a protective factor against adverse outcomes
- LGBTI+ young people's participation in sport, culture, and society is under-researched.

Objective 6: Supports to parents and families

- Family support can counterbalance, or buffer negative school experiences of LGBTI+ young people
- The perspectives of parents and other family members of LGBTI+ young people have not been thoroughly investigated
- There is a lack of adequate information, education, and counselling for families to understand and support their children, which can lead to families feeling fearful, frustrated, isolated, and guilty

- Family rejection is strongly associated with mental health problems, risky sexual behaviours, and substance use
- Coming out to family and friends, psychosocial development, learning coping techniques and developing a 'toolkit' for resilience may help older LGBTI+ young people and their families
- Lesbian girls experience more discrimination in the family than gay boys, while the opposite pattern was found in experiences within the educational system
- LGBTI+ young people are more likely than their non-minority peers to report parental physical abuse and childhood sexual abuse.

Objective 7: Capacity building for service providers

- There is a lack of awareness and education about LGBTI+ issues among adults, especially teachers
- Mental health service providers are often not responsive to the needs of LGBTI+ young people
- Psychological and emotional needs of LGBTI+ young people are not adequately addressed due to the lack of psychological support, both generally and for those identified as LGBTI+
- Barriers to providing such support include service providers' fears about raising gender and sexuality issues, often due to fear of the potential for resistance or backlash from parents
- Conducting mutual needs assessments of both service providers and users has many benefits.

Objective 8: Gaps in legislation and policy

- Poor physical and mental wellbeing in LGBTI+ young people can partly be attributed to systematic transgressions of their human rights and a lack of proper protective legislation
- LGBTI+ young people in Ireland have prioritised trans and non-binary people's rights, such as: gender recognition for individuals under the age of 18; the need for gender-neutral bathrooms; access to medical processes for gender transition; use of correct name and pronouns; employment for trans people; and recognising non-binary identities.

Objective 9: Fragmentation in funding and networking for collaborative work

- Most youth work organisations report that they require help to make provision specifically for young LGBTI+ people and/or to address LGBTI+ issues with young people

- Youth organisations have a clear willingness to coordinate across services and develop inter-agency links with LGBTI+ specific youth services
- Services need support in delivering LGBTI+ awareness training, and to develop shared inter-professional protocols that are well coordinated.

Objective 10: Inclusive environments for transgender and intersex youth

- Young transgender and gender minority people often face exclusion and harassment in their schools and workplaces
- Gender minority young people experience even more adversity than their LGB peers
- Staff often have minimal or no training around transgender-related issues, needs, and terms
- Comprehensive school-level interventions increase the sense of safety and school belonging for gender minority students
- Some parents and families of LGBTI+ young people need help to understand and support their children.

Objective 11: Mental health

- LGBTI+ young people have a higher risk for suicide than heterosexual and cisgender populations
- Mental health is closely related to experiences of marginalisation and stigma
- LGBTI+ people report high prevalence of stressful childhood experiences, including sexual, physical, and emotional abuse, and physical or emotional neglect
- Within LGBTI+ young people, girls are more likely to report psychological distress than boys
- Existing evidence on stress and anxiety in gender minority youth demonstrates they carry a disproportionate burden; they also report lower global self-worth and body image
- LGBTI+ young people are more likely to engage in multiple substance use behaviours.

Objective 12: Sexual health

- LGBTI+ young people report a lack of sexual health education in school, or that LGBTI+ related issues are not included, which is a barrier to achieving good sexual health
- LGBTI+ young people report more difficulty obtaining sexual health information than their heterosexual and cisgender peers
- LGBTI+ young people are more likely to engage in condomless sex, have an unplanned pregnancy, and report higher levels of other risky sexual behaviours, for instance

engaging in sexual intercourse before the age of 14 or having been offered money or gifts for sex

- LGBTI+ young people are at elevated risk of physical aggression, emotional abuse, and sexual violence from dating partners.

Objective 13: Health of transgender youth

- Significantly more adolescent girls are now presenting with gender dysphoria than adolescent boys than previously, and the reasons for these changes are unknown
- Transgender young people's health and wellbeing is still poorly researched and understood
- Transgender young people are disproportionately affected by adverse health outcomes, including self-harm and suicidal behaviours
- The evidence base for interventions is quite poor, although parental support appears to be a strong protective factor
- The evidence for interventions with puberty blockers and cross-sex hormones is poor.

Objective 14: Intersex youth

- Young people with intersex variations have been overlooked in the research on children's health
- Research in Ireland on young people with intersex variations is limited to a single study⁴, which reported that intersex-identified young people were disproportionately affected by bullying, and victimisation than their LGB peers and were more likely to experience mental health difficulties, including self-harm and suicide.

Objective 15: Research

- Researchers increasingly recognise the value of shifting the discourse on LGBTI+ health away from an emphasis on being 'at risk' and placing focus on the positive aspects of LGBTI+ identities

⁴ Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., DeVries, J., Begley, T., McCann, E., Sheerin, F. and Smyth, S. (2016) The LGBTIreland Report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland. Dublin: GLEN and BeLonG To. Available at: <https://belongto.org/wp-content/uploads/2018/05/LGBT-Ireland-Full-Reportpdf.pdf> (Accessed: 3 December 2021)

- Research that focuses on risk factors where young people are portrayed as ‘victims’ deflects from societal and macro-level factors that contribute to LGBTI+ health and wellbeing disparities
- Protective factors across individual, family, community and societal levels can mitigate against negative outcomes in various domains and increase resilience and well-being.
- There is a gap in knowledge around effective interventions to improve the lives of LGBTI+ young people across Europe.

What do young people say?

LGBTI+ young people who participated in the stakeholder feedback sessions at the launch identified three key action areas that should be prioritised: Education, Safe Spaces and Healthcare. Their recommendations on Safe Spaces largely overlapped with Education.

All Services: LGBTI+ young people want to be understood and for services to be LGBTI+ inclusive. They want staff to be patient, and to understand and accept that some young people have different identities, and that gender norms can damage young people when they feel they don’t fit the norms. They also want staff to be educated on inclusive language and the challenges young LGBTI+ people face. They particularly highlighted the need for services to be safe for young people who are ‘closeted’, with a focus on confidentiality and not ‘outing’ young people. They want less emphasis on youth ‘coming out’ and more on having a safe environment for everyone. LGBTI+ young people want positive role models to be promoted. Inequalities within the LGBTI+ community also concern LGBTI+ young people; they want rural youth voices to be platformed, more opportunities for younger LGBTI+ voices to be heard, and for services to provide specific assistance to those who have homophobic or transphobic parents.

Safe Spaces: LGBTI+ young people want to be able to explore their sexual orientation and gender identity in safe, non-judgmental ways, and to discuss problems regarding homophobia particularly from those in a position of power. LGBTI+ young people need places to ‘be’ that are well signposted and visible. They want to be able to have conversations around positive mental health and gender euphoria instead of focusing on the negative all the time. LGBTI+ young people want stakeholders across all sectors to be informed about how to create and maintain safe spaces.

Education: LGBTI+ young people want inclusive sex education that includes sexual health and risk, and health education that focuses on issues that are particularly relevant to LGBTI+

young people's lives. For example, they want to learn about minority stress, gender, and sexual fluidity and what constitutes trans identity, as well as access to resources relevant to LGBTI+ young people. In schools, LGBTI+ young people want LGBTI+ inclusive guidance and counselling to be available, acknowledgement of non-conventional gender identities and pronouns and greater visibility of LGBTI+ issues in curricula. They want schools to reduce gender norms in what is taught and how, in co-curricular activities, and in school uniforms.

Health Services: LGBTI+ young people want better and easy access to support services, including health and mental health services. They want General Practitioners and other health professionals to have training in LGBTI+ issues, and to be able to access services without stigma. They want access to Pre- and Post-Exposure Prophylaxis, and trans-specific health care, including hormones, pubertal blockers and gender realignment surgery.

Figure 2. Word cloud of recommendations from LGBTI+ young people



Key Recommendations from the Policy Makers

During the launch of the main report, a series of virtual roundtables were held with key stakeholders. Drawing on these discussions, Table 1 below illustrates the issues identified as priority areas for action within the service provision, quotes from service providers who attended the roundtable event, and the cross-cutting objectives of the strategy that these relate to.

Table 1: Priorities for Service Providers

Action Areas	Strategy Objectives
Capacity Building	1, 2, 3, 4, 5, 7
<p><i>"Training for staff"</i></p> <p><i>"Information and awareness training about the experiences of LGBTI+ young people"</i></p> <p><i>"More support from management - should be mandatory for management to complete training on LGBTI+ issues"</i></p> <p><i>"Training on practicalities - how to make your space more inclusive, how to show you are LGBTI+ friendly, terminology, impact homophobia, biphobia and transphobia has on the community, responding to young people when they disclose their sexual orientation/ gender identity, local, regional and national supports available"</i></p> <p><i>"Certified, consistent, LGBT+ awareness training"</i></p> <p><i>"Knowledge on how to support and inform the parents and families of LGBTI+ young people"</i></p>	
Policy and Governance	8
<p><i>"A policy climate that promotes LGBTI+ work"</i></p> <p><i>"A youth officer/staff member assigned to develop LGBTI+ policies, programmes, etc."</i></p> <p><i>"Inclusive policy writing"</i></p> <p><i>"Policy development support"</i></p> <p><i>"Review of the Gender Recognition Act to allow for trans young people aged 16 and 17 to legally change their name"</i></p> <p><i>"We need a gender identity service for under 18s - there is none here since Christmas"</i></p> <p><i>"Rainbow proofed policy development support"</i></p> <p><i>"Support in addressing/viewing organisational policies, procedures, practice"</i></p>	

Collaboration	1, 2, 6, 9, 11, 13
<p><i>“Reaching out to other organisations in their area that have the knowledge and support to help, who can work with young people parents and workshops for staff”</i></p> <p><i>“A standard approach across all CAMHS⁵ to ensure when they need support, they can receive it”</i></p> <p><i>“Collaborations between LGBTI+ specific services and general support service providers / mental health services etc.”</i></p> <p><i>“School and youth services should work together to ensure a holistic approach”</i></p> <p><i>“Collaboration should be between all services”</i></p>	
Healthcare System	11, 12, 13, 14
<p><i>“A robust healthcare system needs to be in place for the child and adolescent gender identity service”</i></p> <p><i>“An appropriate health care system for trans people to avail of medical support and services in Ireland (creation of an MDT⁶)”</i></p> <p><i>“Mental health services links</i></p> <p><i>“Timely access to healthcare for trans young people - delays in access to healthcare often negatively impacts on mental health”</i></p> <p><i>“Ensure understanding and non-discrimination in other healthcare services that do not relate specifically to trans or non- binary young people’s gender identity, e.g., feeling safe accessing a sexual health check-up, smear test, visiting the GP⁷ etc.”</i></p>	

⁵ Child and Adolescent Mental Health Services

⁶ Multi-Disciplinary Team

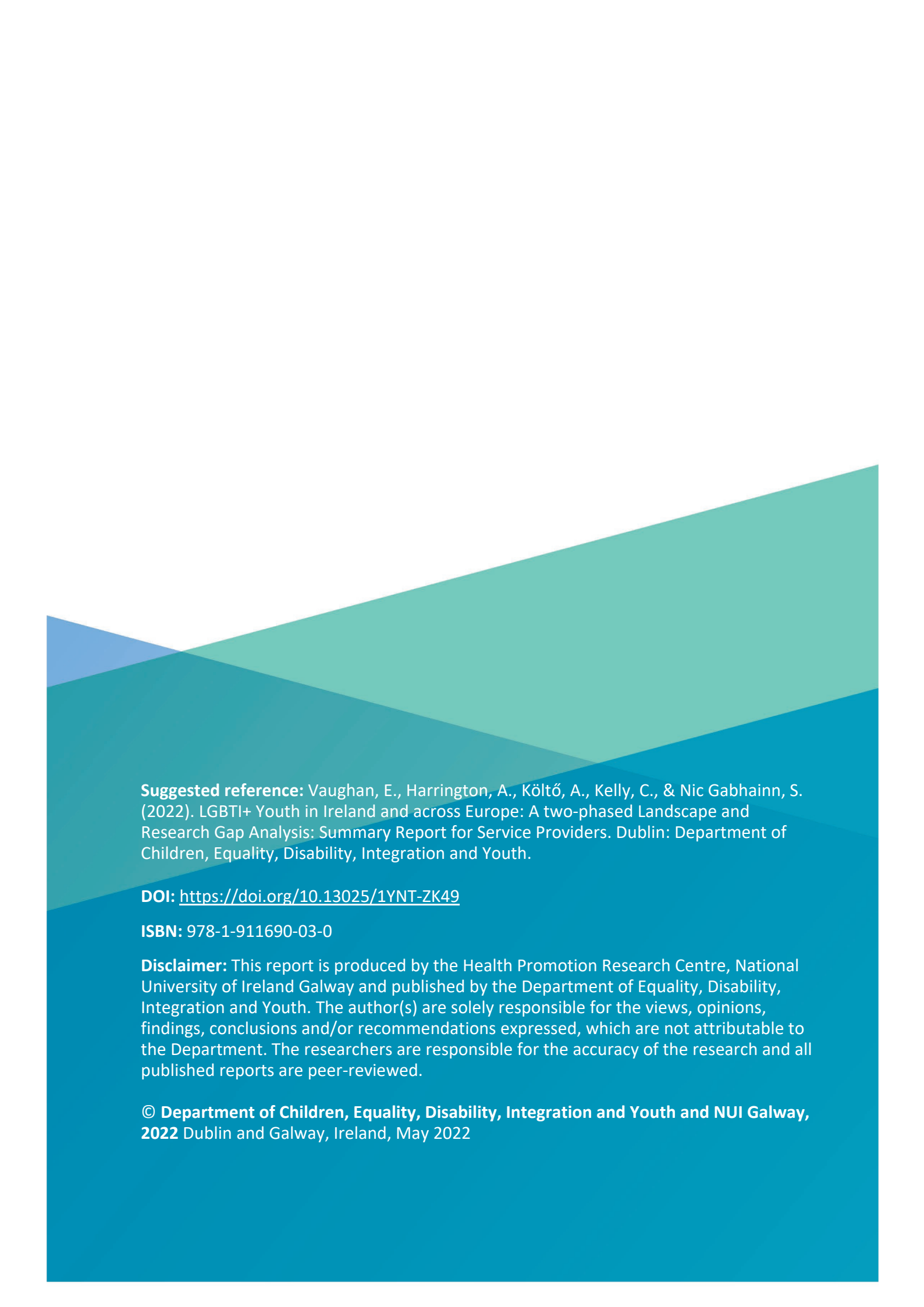
⁷ General Practitioner – Primary Health Care Physician

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