Guidelines for Good Practice with Lesbian, Gay and Bisexual Clients

Due for review

The Psychological Society of Ireland
Cumann Síceolaithe Éireann

Foreword

It is with great pleasure that as President of the Psychological Society of Ireland (PSI) I have the privilege to formally introduce the Good Practice Guidelines for Lesbian, Gay and Bisexual Clients.

These Guidelines are set within the Code of Ethics of the PSI. Membership of the Society is contingent on adherence to this Code of Ethics. This Code provides the overarching structure within which PSI members work. The LGB Guidelines further operationalise the Society's Code of Ethics as it pertains to lesbian, gay and bisexual clients. The LGB Guidelines are based on a comprehensive review of the best international evidence and, as such, uphold the commitment of psychology to scientific rigour.

The PSI has adopted these Guidelines as our standard for how we work with people who are lesbian, gay or bisexual. These Guidelines are the standard to which we hold ourselves accountable. We have had a long history in this country of treating people from minority groups very badly. We have a history of treating people who did not comply to dominant social norms punitively, or at the very least with cold indifference. Psychology itself has often been silent on these abuses and in some cases even complicit.

These Guidelines are a significant step forward towards ensuring that we as a profession not only renounce such complicities but also add our voice in advocacy for members of the LGB community.

There has been many people who have worked tirelessly over several years to produce this guide. Dr Ger Moane, Sexual Diversity and Gender Issues Special Interest Group Chair, deserves particular mention. Ger brought her academic rigour and thoroughness to make sure the PSI had the most robust evidence based guide available.

I am confident that these Guidelines will go a long way to preventing us from repeating injustices inflicted on minority groups in the past and ensuring that as a profession we contribute to an inclusive and equal society.

Warmly,

Dr Paul D'Alton
President
Psychological Society of Ireland.

Contents

A note on references

In order to facilitate readability a system of numbered referencing has been used in these Guidelines. Names and dates (APA style) have been replaced by numbers. Thus the first reference - Department of Health & Children (2000) – is given the number 1. From there on, this reference is number 1. This is not the same as the MLA footnote/endnote system, as the same number is used throughout the text for each reference.

1. Introduction

This good practice guide has been developed by the Psychological Society of Ireland (PSI) in collaboration with GLEN (Gay and Lesbian Equality Network) and the HSE National Office for Suicide Prevention. It aims to inform psychologists of what they need to know when providing a psychology service to a lesbian, gay or bisexual (LGB) person.

In recent years, a number of national policies have highlighted the need for lesbian, gay and bisexual people's needs to be considered by health professionals and for health care providers to be more inclusive of lesbian, gay and bisexual people in their practice[1,2,3,4,5,6]. Internationally, several psychological associations have developed guidelines for working with LGB persons[7,8,9]. There are specific issues that psychologists need to be aware of when providing their service to LGB people. By being aware of these issues psychologists can help to reduce or eliminate the barriers to accessing support services that LGB people can face[10,11]. The guide is intended to support psychologists to provide a service that is accessible for LGB people and one that is appropriate to their needs. Guidelines for good practice with transgender people, developed by Transgender Equality Network Ireland (TENI), have already been distributed to PSI members by the Society. These are available on the PSI website - www.psihq.ie

A significant body of empirical research has demonstrated that the stigmatisation, harassment and discrimination that LGB people face can have negative psychological effects[10,12,13,14]. Fear of coming out; questioning and disclosing one's sexual orientation; homophobic bullying in school or work; and fear of negative reactions from people around them, are examples of some of the stressors LGB people face related to their sexual orientation[10,15,16,17]. In addition to this, recent Irish research has shown that many LGB people have had negative experiences when using health and social services and feel healthcare professionals need more understanding of LGB issues[10].

Significant progress has been achieved in recent years in achieving equality for LGB people in Ireland. This has had a positive impact on the lives of LGB people and has allowed them to live more openly in society[10]. It has also resulted in a growing willingness among LGB people to disclose their sexual orientation to family, friends and colleagues as well as to professionals providing services to them. While LGB people will frequently present to psychologists with issues unrelated to their sexual orientation, this guide will provide information on the LGB-specific issues and needs that psychologists should be aware of.

The guide has four main sections which will address the most common questions and information gaps that psychologists may have in relation to providing a psychology service to lesbian, gay and bisexual people. These are:

1. Background – Context and Policy;
2. Sexual Orientation – Language and Concepts;
3. Health and Psychological Well-Being of Lesbian, Gay and Bisexual People;
4. Guide to Good Practice.

The guide also includes a glossary of terms, a directory of services in Ireland, and useful websites and publications. It also references extensive national and international research evidence.

These Guidelines were prepared by a working group of the Sexual Diversity and Gender Issues Special Interest Group (SDGISIG) that included Ger Moane (Chair), Claire Cullen, Cathy Kelleher and Finn Reygan. This group undertook extensive national and international consultation and prepared the Guidelines in collaboration with Odhrán Allen, Director of Mental Health Policy at GLEN. We would like to acknowledge the contributions of several members of the SDGISIG. We particularly appreciate the contributions and valuable feedback from members of the SDGISIG and other professional colleagues.

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2. Background

Much has changed in the lives of lesbian, gay and bisexual people in Ireland in recent years. Up until 1973 homosexuality was listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and was the subject of criminal law in Ireland until 1993. Over decades, a number of significant steps forward have taken place in Ireland including: the decriminalisation of male homosexual acts in 1993; the prohibition of discrimination on the grounds of sexual orientation under the Employment Equality Acts 1998-2007, the Equal Status Acts 2000-2004 and the Equality Act 2007; the introduction of same-sex civil unions in 2010; the launch of nationwide anti-homophobic bullying campaigns in schools; a growing number of 'out' high profile figures; the growing recognition among professional bodies of the need for LGB-affirming policy and practice; and the referendum on marriage equality in 2015.

This good practice guide is contextualised within this broader picture of ongoing, progressive change in Irish society particularly as this relates to LGB people.

Nevertheless, despite these advances in LGB rights provision, there is substantial research demonstrating ongoing homophobia in Irish society[10,15,18,19,20,21,22]. This research is in line with international research in documenting both actual experiences such as harassment and violence, and related psychological stress[12,14,23,24,25]. This ongoing discrimination is apparent in Section 37 of the Employment Equality Act which permits religiously managed institutions to employ, dismiss and undertake disciplinary action so as to maintain the religious ethos of the institution. The literature also indicates that the cumulative effect of this and other forms of discrimination continues to negatively impact the health and well-being of LGB people in Ireland[10,13]. Alongside these experiences of discrimination are the experiences of support and solidarity offered to LGB people by family and friends, and by the many resources listed in the Appendix to these Guidelines.

2.1 PSI Code of Ethics and Policy on Equality and Inclusive Practice

The PSI Code of Ethics[26] has four main sections:

1. Respect for the rights and dignity of the person;
2. Competence;
3. Responsibility;
4. Integrity.

Working with LGB clients, or clients dealing with sexuality, involves each of these areas. There is a need to ensure that psychologists have sufficient knowledge about LGB issues, that they are aware of their own prejudices and biases, and that they have the competence to work effectively with LGB clients. The current Code of Ethics does not deal specifically with particular client groups. It is thus essential for PSI to have clear and specific guidelines for working with LGB clients; other national and international psychological associations also have guidelines which can be accessed on their websites. These websites are listed in the Resource list appended to these Guidelines.

The PSI has also developed a Policy on Equality and Inclusive Practice[27] which serves to complement the Code of Ethics. According to the PSI Policy, psychologists should:

- Expect diversity among their colleagues, students, research participants and client population, and respect this diversity;
- Provide an accessible and appropriate service within their area of competence;
- Understand the issues facing diverse groups and be able to respond to their specific psychological needs.

Inclusive practice applies to many forms of diversity, including sexual orientation. The PSI recognises the negative impact that social exclusion, discrimination and inequality can have on the health and psychological well-being of LGB people. To ensure professional psychological practice is underpinned by the principle of equality, the PSI promotes inclusive practice among psychologists in all their professional roles. This principle applies in direct client work, education, training and research.

Section three of this guide will present current theory and research on issues related to sexual orientation. Section four will outline the specific health and well-being issues facing LGB people. Section five will describe the principles of good practice when working with LGB people, and section six summarises international guidelines for LGB-affirming psychotherapy. This information will support psychologists to practice in an LGB-inclusive manner, along with the many services, supports, websites and publications listed at the end.

3. Sexual Orientation Language and Concepts

In order to support practitioners to respond appropriately and effectively to the needs of lesbian, gay and bisexual patients/clients, this section will clarify terms and concepts specifically relevant to LGB people and their sexual orientation.

3.1 Sexual Orientation

The American Psychological Association (APA) has posited four components of sexuality[28]. Sexual orientation is one of the four components of sexuality and is distinguished by an emotional, romantic, sexual or affectionate attraction to individuals of a particular sex. The three other components of sexuality are biological sex (whether we are born as a male or female), gender identity (the psychological sense of being male or female) and social gender role (the extent to which people conform to what is regarded in our society as feminine and masculine behaviour).

While sexual orientation exists along a continuum from exclusive attraction to the opposite sex to exclusive attraction to the same sex, three sexual orientations have traditionally been recognised. Heterosexual people are attracted to people of the opposite sex, homosexual people are attracted to people of the same sex and bisexual people are attracted to both sexes. Women with a homosexual orientation may prefer to be referred to as lesbian and will also use the term gay, and men with a homosexual orientation prefer to be referred to as gay. Many lesbian and gay people do not like the use of the term *homosexual* to describe their sexual orientation because of the association this word has with the historical criminalisation and pathologisation of homosexuality[29].

Sexual orientation is different from sexual behaviour. Sexual orientation refers to which sex one is attracted to and has relationships with. It also refers to the relationships one forms to meet the need for intimacy, attachment and love. This is different from sexual behaviour, which only refers to how one behaves in a sexual situation. Thus sexual orientation is multidimensional, involving attraction, intimacy, sexual behaviour and identity. Many people who have sexual experience with the same sex do not identify as lesbian, gay or bisexual and more people engage in same-sex behaviour than identify as LGB[30]. People may also experience change across time in whom they are attracted to or with whom they feel most intimate. Thus labels such as straight, lesbian, gay or bisexual may not reflect the full complexity of sexual orientation. There is no consensus among scientists as to why an individual develops a heterosexual, lesbian, gay or bisexual orientation[28]. Most people experience little or no sense of choice about their sexual orientation. Sexual orientation is integral to a person's life and their identity rather than being a lifestyle. A lesbian, gay, or bisexual orientation is as normal as a heterosexual orientation. A clear understanding of the concept of sexual orientation can help psychologists avoid making incorrect assumptions about LGB people and facilitate provision of an effective service to LGB people.

Although sexual orientation is commonly described using the terms lesbian, gay, bisexual and heterosexual, there are several newer terms that aim to avoid fixed labels such as lesbian, gay, bisexual or straight, which can be seen as imposing categorisation on what is an underlying continuum. Furthermore, those who are questioning their sexual orientation may not adopt these terms. The word 'queer' has gained considerable popularity with different groups, especially younger people who may challenge gender binaries as well as categorisation of sexual orientation. The term originated as a challenge to the pathologising of same-sex orientation but is now broadly used in culture and academia to reflect an identity or viewpoint that challenges normative definitions of gender and sexuality.

3.2 Gender Identity

Gender identity is commonly understood in society to be linked to two categories of biological sex, male and female, which are in turn culturally understood in terms of the masculine and feminine. These binaries, or opposites, have been resisted by lesbian, gay and bisexual people who often prefer not to conform to rigid gender roles. Transgender people have also challenged these polarities, highlighting both biological and cultural diversity. Transgender people include people whose gender identity and/or gender expression differs from the sex they were assigned at birth and people who may also have transitioned from male to female or from female to male in terms of their identity and appearance. Transgender individuals may identify as lesbian, gay, bisexual or heterosexual, or may reject any categorisation of their sexual orientation.

As previously noted, the PSI has distributed separate guidelines for working with transgender people. However, lesbian, gay bisexual and transgender people have come together under the umbrella term LGBT based on shared experiences of being a sexual or gender minority. Other terms include *queer* (Q), as previously noted, or *gender non-conforming* (GNC). Additionally, *intersex* (I) refers to people whose bodies and physiologies do not fit exactly into the categories of male and female. Thus the psychological literature may use varying acronyms – LGB, LGBT, LGBTQ, LGBTGNC or LGBTQI.[31]

3.3 Coming Out

Disclosure that one is lesbian, gay or bisexual is commonly referred to as 'coming out'. However, there is more to coming out than disclosure of one's sexual orientation. Coming out is an important and affirmative developmental milestone in the lives of lesbian, gay and bisexual people[10,28,32]. It involves accepting one's lesbian, gay or bisexual orientation, choosing to share this with others and developing a positive sexual identity. Coming out does not mean that someone is choosing to be gay but rather that they are accepting that they are gay. While some people have negative experiences when they come out[33,34] the majority of LGB people experience great relief when they come out and are increasingly met with support and acceptance from family and friends. This reflects more positive social attitudes towards lesbian, gay and bisexual people. However, it is important to note that coming out can be a time of heightened stress for LGB people which may result in them presenting to psychology services[32]. Young people can be especially vulnerable when coming out, as they may lack effective coping skills and may not have strong support systems in place[35].

Coming out is a lifelong process as both acceptance and disclosure can be the subject of considerable social pressures that continues across the lifespan. There are different starting points and processes involved in coming out[10,36]. For example, some individuals have always had a sense of being different and know from a young age that they are attracted to the same sex. Others may become questioning of their sexuality and/or experience a process of exploration, while others may have a dramatic experience of falling in love with a same sex person. There is considerable variation in the process and experience of coming to understand and accept lesbian, gay or bisexual orientation. Factors such as age, gender, family background, religion, and ethnicity can play a role. Disclosure of sexual orientation likewise varies greatly, and is particularly influenced by the cultural context; obviously anti-gay or intolerant cultures or sub-cultures create considerable challenges to coming out. Since the cultural (normative) assumption is one of heterosexual orientation, individuals often proactively indicate that they are lesbian, gay or bisexual.

3.4 Homophobia, Sexual Stigma, and Minority Stress

Although social attitudes towards lesbian, gay and bisexual people have changed markedly in recent years, nevertheless LGB people can still experience stigma, discrimination, harassment and exclusion in their everyday lives[10,15,18,19,20,21,37]. The term *homophobia* was coined by psychologist Weinberg[38] and adopted widely to refer to anti-gay prejudice and discrimination. Homophobia ranges from anti-gay attitudes, feelings and behaviours to institutionalised legislative and social discrimination. In the Irish context, for example, homosexuality was criminalised until 1993, and assaults and antigay violence continue[37]. Globally, anti-gay violence and oppression range from slurs to hate crimes, such as physical assault, to state sponsored imprisonment and execution[31].

Several other terms have been developed in psychology to refer to anti-gay prejudice and discrimination. Herek argues for the term sexual stigma, identifying structural sexual stigma (institutionalised prejudice and discrimination), enacted sexual stigma (behaviours directed at LGBT individuals), felt sexual stigma (reactions of LGBT individuals to experiences of sexual stigma) and internalised sexual stigma (long-term feelings of shame and inferiority)[39]. Of particular interest to psychologists has been the psychological impact of such prejudice. A large body of published empirical research clearly supports the view that homosexuality per se is not indicative of or correlated with psychopathology[40,41]. However, given the stresses created by stigma, inequality and harassment, LGB people are at a heightened risk of psychological distress related to these experiences[12,42]. The term *minority stress* was used by Meyer to describe the mental health consequences of stigmatisation, social exclusion, discrimination and harassment of minority groups such as the LGB people[12,42]. The concept of minority stress is based on the understanding that alienation from social structures, norms and institutions can contribute to mental health problems and even increase the risk of suicide among members of minority groups. The term *heterosexism* refers to the assumption that heterosexuality is natural and superior. The term *transphobia* has been adopted to refer to prejudice and discrimination against transgender and gender non-conforming people.

3.5 Professional Anti-Gay Bias

Professional anti-gay bias results in lesbian, gay and bisexual people receiving sub-optimal care and experiencing direct or indirect discrimination or exclusion when they use health services[43]. The characteristics of professional anti-gay bias are:

- Presuming patients/clients are heterosexual;
- Pathologising, stereotyping and stigmatising LGB clients;
- Assuming psychological problems are due to being lesbian, gay or bisexual;
- Failing to empathise with or recognise LGB clients' health concerns;
- Denigrating any non-heterosexual form of behaviour, identity, relationship, family or community;
- Attempts to change a person's sexual orientation;
- Deliberate provision of a lesser service (e.g.: putting a person to the end of a waiting list; not making appointments available; deliberate ignoring of comments/questions that do not fit in with personal beliefs; being off-hand or minimising a person's concerns)[43].

Since the declassification of homosexuality in 1973, psychologists have played a leading role in trying to reduce the stigma and prejudice created by the pathologisation of homosexuality[44]. This has largely been achieved through the establishment of a more evidence-based view of human sexuality, challenging the unscientific basis of anti-gay bias and by establishing standards for being LGB-inclusive and affirmative in service provision. Any of the above forms of professional anti-gay bias can result in lapses from acceptable standards of professional practice. While such lapses are often due to a lack of awareness of contemporary research on human sexuality or from a lack of familiarity with LGB issues, it is good practice for psychologists to challenge any anti-gay bias they may have to ensure they avoid any of the above behaviours. Even the most subtle or indirect expressions of anti-gay bias may have an adverse effect on the therapeutic relationship[43] and the LGB person's willingness to disclose relevant personal information and concerns to their psychologist or to derive benefit from psychology services.

3.6 Reparative (Conversion) Therapy

As the name suggests, reparative (or conversion) therapy is based on the belief that homosexuality is an illness and aims to cure LGB people by converting them to heterosexuality. It is an approach based primarily on a religious ideology that all people should be heterosexual[45,46]. It is not evidence based and its assumptions about sexual orientation are not consistent with existing evidence. Extensive empirical research has been carried out on the use of reparative therapy with LGB people and this research has demonstrated that reparative therapy does not work and can be damaging to the mental health of LGB people who undergo it[28,45,46]. The evidence that it can be damaging has meant that many psychological associations consider reparative therapy or efforts to change sexual orientation to be unethical.

3.7 Same Sex Relationships

Research on same-sex relationships has shown that many lesbians, gay men, and bisexual people live satisfying lives and form stable, committed relationships and families that are equivalent to heterosexuals' relationships and families in essential respects[47,48,49,50]. However, same-sex relationships may not receive the same level of recognition and support from family and community. Additionally, same-sex couples do not have the legal and social protections provided by the legal relationship of marriage, although marriage and civil partnership are becoming increasingly available. Lesbian, gay and bisexual people may experience challenges in disclosing and gaining acceptance of their relationship, and experience less support during processes of separation or breakup.

3.8 Same Sex Parenting

Empirical studies have failed to find reliable differences between the children of same-sex and heterosexual couples with regard to their gender identity, gender role behaviour, sexual orientation, mental health, or psychological and social adjustment[51,52,53,54,55,56]. There has been extensive research in this area, involving comparisons between children reared by lesbian couples and those reared by heterosexual couples; between children with stepmothers and stepfathers; follow-up studies of adults raised by lesbian mothers; and studies with gay men who are parents. The studies draw on quantitative and qualitative measures of gender identity, sexual orientation, psychological adjustment, social adjustment, parental styles and quality of parent-child relationship. They have been conducted in different cultures (Europe and North America), at different time periods using small samples as well as population studies. They have been published and reviewed in international peer-reviewed journals and by professional bodies such as the APA and the American Academy of Pediatrics' Committee[7,51,58,59]. They agree in their conclusion that the quality of the parental relationship is the most important factor in childrearing. However, same sex parents and their children can experience prejudice and may not have full legal recognition of their relationship.

4. Mental Health and Psychological Well-Being of LGB People

For the most part, lesbian, gay and bisexual people face the same mental health issues as heterosexual men and women. However, there are a number of specific mental health and well-being issues, which psychologists should be aware of in relation to lesbian, gay and bisexual people. A good understanding of these issues is the foundation of providing an inclusive service to LGB people. Obviously experiences of prejudice and discrimination can have an impact on the mental health and well-being of LGB people and this section will focus on these mental health issues.

4.1 The Impact of Homophobia and Minority Stress

A great deal of research has demonstrated the link between homophobia, minority stress and mental health risks among the LGB population[12,42,60]. International research on LGB mental health and suicidality has demonstrated that:

- Minority stress can lead to elevated levels of suicidal behaviour and self-harm among LGB people [60,61,62];
- LGB people are at increased risk of psychological distress compared to heterosexual people [61,63,64,65,66];
- LGB people are at increased risk for depression, anxiety and substance use disorders[12,61,63,67,68].

While it is not the case that all LGB people are at elevated risk of poor mental health, the findings of this research have been consistently interpreted as resulting from the aforementioned minority stress. This research demonstrates that the increased risk of psychological distress and suicidality among LGB people is strongly associated with external stressors such as stigma, presumed heterosexuality, homophobia, prejudice and victimisation as well as internal stressors such as anxiety about coming out. A table at the end of this section summarises research findings.

Irish research has reflected international trends in focusing on experiences of prejudice and discrimination[13,15,19,20,21,69,70,71]. Research has documented youth experiences of bullying and harassment[15,20,69]; the inadequacy of health and education services[19,72,73,74]; the relationship between minority stress and psychological distress[13]; and experiences of homophobia and its links to drug and alcohol use[75]. Studies on transgender experiences also focus on experiences of prejudice and discrimination[76], and sources of support and affirmation.[77]

4.2 The Supporting LGBT Lives Study

The *Supporting LGBT Lives* study was the first major study of the mental health and well-being of Irish LGBT people[10]. The study was funded by the HSE National Office for Suicide Prevention as part of Reach Out, the national suicide prevention strategy. Following is a summary of the findings from this study which gathered quantitative data from 1,110 participants and qualitative data from 40 interviewees.

4.2.1 Depression

The period prior to coming out was consistently identified as one when LGB people were particularly susceptible to depressed feelings linked to anxiety about coming out. A number of themes related to LGB identity underpinned the experience of depression, including feelings of inadequacy and isolation; perceived 'outsider' status; and the denial and concealment of self. Following coming out, reporting a history of depression was linked with the following experiences:

- Fear of or actual experience of homophobic bullying and other forms of victimisation;
- Strained relationship with parents and siblings after coming out;
- Loss experienced with the breakdown of an intimate relationship and the resulting loss of support.

4.2.2 Self-Harm

Twenty-seven percent of respondents indicated that they had self-harmed at least once in their life, with over 85% of these reporting at least two self-injurious acts and 46% reporting six or more acts of self-harm. The average age of onset of self-harm was 15 years. Respondents who were female were twice as likely to report a history of self-harm with almost 40% of female respondents reporting a history of self-harm. Just over 50% of those who had self-harmed sought no form of help for their self-harm, through either formal or informal means.

Reporting a history of self-harm was linked to the following experiences:

- A history of being verbally or physically threatened or physically hurt because of one's LGB identity (i.e. LGB victimisation);
- Feeling alone and socially isolated particularly in school;
- Fear of rejection or non-acceptance of significant others (friends and family) when considering coming out;
- Experiencing a lack of acceptance and support from family members and parents, in particular, after coming out.

The cessation of self-harm was linked to a positive turnabout or life event, such as the transition out of secondary school, and LGB people's efforts to manage their psychological distress in a more self-affirming, constructive way.

4.2.3 Suicidal Behaviour

A little over 17% of respondents had attempted suicide, with just under two thirds of whom trying to end their lives on more than one occasion. Eighty-five percent of those who had attempted suicide saw their first attempt as in some way related to their LGB identity and almost 50% saw it as very or very much related to their LGB identity. A quarter of all female survey participants and fifteen percent of male participants had attempted suicide at least once in their lifetime. A higher proportion of those identifying as bisexual (25%) had attempted suicide than those who identified as gay or lesbian (17%). Thirteen percent of participants had actually made a suicide plan during the previous twelve months and almost a fifth of these had gone on to attempt suicide.

The average age of first attempted suicide was 17.46 years (with an age range of 8 to 42 years), which supports existing evidence that it is young LGB people who are most at risk of suicidal behaviour[60]. Over half of those aged 25 or younger admitted to ever having given serious consideration to ending their own lives while just under a fifth admitted to ever having attempted suicide. Over a third of those aged 25 years and under had thought seriously about ending their lives within the past year. This indicates that a significant sub-group of young LGB people in particular are at risk for suicidal ideation and attempting suicide.

Those with higher alcohol consumption were more likely to have thought seriously about taking their own life in the previous twelve months. Twenty-five percent of those who sought medical treatment after attempting suicide were not offered follow-up assessment with a mental health professional.

Reporting a history of attempted suicide was linked to the following experiences:

- A history of being verbally or physically threatened or physically hurt because of one's LGB identity (i.e. victimisation experiences);
- Experiencing homophobic bullying in school;
- Fear of rejection by family and friends prior to coming out;
- Lack of acceptance or support from family and parents, in particular, after coming out;
- The experience of alienation and being regarded as different.

The most common protective factor for those with a history of suicidal behaviour was the presence of supportive significant others in their lives, including parents, siblings and/or friends.

4.2.4 Mental Health, Resilience and Wellbeing

Happiness and life satisfaction was high overall among respondents in the *Supporting LGBT Lives* study as was self-esteem. In addition to this, 81% of respondents reported that they were now comfortable or very comfortable with their LGB identity. These findings suggest that despite the often difficult social circumstances within which LGB people live their lives, most LGB people feel good about themselves, are satisfied with their lives, and many have developed the ability to be resilient to the aforementioned minority stress.

Two processes of becoming resilient to minority stress were identified; sourcing social support, and developing personal resilience. Sources of social support for LGB people include supportive friends, accepting family, belonging to LGB community groups and organisations, and positive school and work relationships. The sources of personal resilience which supported positive mental health and buffered the effects of minority stress were forming a positive LGB identity, developing good self-esteem, positive turning points (such as the transition out of secondary school where many experienced homophobic bullying) and developing coping strategies.

4.2.5 Accessing Health Services

The *Supporting LGBT Lives* study examined LGB people's experience of using health services including mental health services. Some of the key findings were:

- 76.9% felt healthcare professionals need to have more knowledge and sensitivity to LGB issues;
- 45% of respondents actively seek out LGB-friendly healthcare professionals because of bad experiences they had with providers in the past;
- Only 40% felt respected as an LGB person by healthcare professionals;
- 28% admitted to hiding the fact that they were gay for fear of negative reactions from health care professionals[10].

The *Supporting LGBT Lives* study indicated that a very significant number of LGB people perceive that health professionals do not have the necessary knowledge and understanding to provide a service appropriate to their needs. In addition to this, professionals typically presumed that their patients/clients were heterosexual, leading to reluctance on the part of these patients/clients to disclose their sexual orientation and associated mental health issues or concerns. These findings indicate the need to provide psychologists with resources that can support them in understanding and meeting the needs of LGB clients. Five steps are recommended to achieve this, and are presented in Section 5.

4.3 Health-Related Behaviours

Most lesbian, gay and bisexual people will present to psychologists with the usual range of mental health issues seen in practice and routine practice will apply[91,92]. However, research on health-related behaviours among LGB people has shown elevated levels of smoking, alcohol consumption and recreational drug use when compared to their heterosexual peers[72,86,90,93]. Little data exists to describe why these elevated levels exist. It is useful for psychologists to be aware of these findings and to screen LGB clients for tobacco, alcohol and drug use. Where appropriate, referral to smoking, alcohol and drug cessation should be offered to LGB clients.

4.4 Strength and Support

Research indicates that LGB people frequently lead happy and successful lives, display resilience, and build strengths associated with their LGB identity, despite the threats to psychological well-being posed by homophobia and minority stress[10,94,95,96,97]. It is necessary for psychologists to understand the specific factors that promote strength and resilience among LGB people, though research in the area is lacking. Existing research internationally and in the Irish context indicates that while family, institutions and society can be a source of homophobia, they can also offer strength and support to LGBT people[10,94,98,99,100,101]. Research has shown that LGBT community supports are important sources of strength for LGBT people of all ages[96,102]. The LGBT community offers many organisations focusing on health and wellbeing, as well as policy, sport, cultural and social groups. In the Irish context, the *Supporting LGBT Lives* study demonstrated that friends, family, the LGBT community, and specific social environments, such as school and the workplace, are important sources of social support for LGBT persons[10]. Irish research has also highlighted emotional strengths such as courage and solidarity, and has explored the role of spirituality[20,70]. While little research nationally or internationally has addressed the unique protective factors for LGB young people, studies have highlighted the importance of: support from LGB peers[94,103]; family support and self-acceptance[98]; and family connectedness, adult caring, and school safety[99]. A summary of sources of strength and support is provided in the table below.

Summary of LGB Mental Health Issues

Mental Health Issue	References
Minority stress can lead to elevated levels of suicidal behaviour and self-harm among LGB people	60,61,67,68,78,79,80,81,82,83
LGB people are at increased risk of psychological distress compared to heterosexual people as a result of minority stress	61,63,64,65,66
LGB people are at increased risk for depression, anxiety disorders and substance use disorders as a result of minority stress	12,61,63,67,68
Lack of social support at the time of coming out can increase the risk of suicidal behaviour among LGB people	80,81,84
Elevated levels of alcohol consumption have been found among LGB people when compared to heterosexual peers	65,66,72,85,86,87,88,89,90
Elevated levels of recreational drug use have been found among LGB people when compared to heterosexual peers	66,72,87,88,89,90
LGB people who have support from family, friends and workplace show greater resilience to minority stress	10,42,94,95,96
LGB people who belong to LGB community groups and organisations show greater resilience to minority stress	10,42,70,100

5. Guide to Good Practice with LGB Clients

This section describes the steps that psychologists can take to ensure that their practice is inclusive of the needs of lesbian, gay and bisexual clients. Psychologists will encounter patients/clients who identify as LGB, and those who engage in same-sex behaviour but do not identify as LGB, as well as those who are questioning their sexual orientation.

5.1. Be aware of LGB mental health issues and gay-specific stressors

While LGB people are as diverse and varied a group as heterosexual people, these clients can face a number of barriers to receiving quality health care including:

- Professionals' assumption that clients are heterosexual;
- Professionals' hesitancy to inquire about sexuality and sexual orientation;
- Professionals' lack of understanding of LGB health issues;
- LGB people's fear of negative reaction when disclosing their sexual orientation or previous experience of negative responses from services.

While LGB people will frequently present to psychologists for reasons unrelated to their sexual orientation, the following is a brief summary of the range of LGB-specific stressors that can and do impact on the health and well-being of this group:

- Questioning sexual orientation;
- Rejection of or difficulty accepting LGB sexual orientation;
- Fear of coming out or unable/not wanting to come out;
- Lack of acceptance or support from family and friends;
- Homophobic bullying or harassment in school, workplace or other environments;
- Being exposed to negative messages about being LGBT including stigmatisation, prejudice and stereotyping, and the potential impact this can have on self-concept, self-identity and self-esteem;
- Older LGB people – lack of social support, isolation and fears about long-term placement (e.g. ethos of nursing home);
- Loss of opportunities and experiences (e.g. because of lack of rights and recognition, not coming out)
- Bereavement (e.g. when person loses a partner but is not 'out' to family, etc);
- Relationship crisis (e.g. conflict or domestic violence);
- Isolation and loneliness (e.g. no contact with LGB community, living in non-urban area or absence of long-term relationship);
- Parents who are LGB (e.g. LGB parents may be anxious about the level of support they will receive from family and friends, their community, schools and service providers. LGB parents may also be anxious about the impact that openness about their sexual orientation may have on their children or their access to or custody of their children);
- Hiding and secrecy (e.g. an LGB person who is in heterosexual marriage);
- Being exposed to harmful 'reparative' or 'conversion' therapy.

Depending on their families and where they live, LGB people may have to struggle against prejudice and misinformation about their sexual orientation and often fear being rejected by family and friends if they come out. This can be compounded by rural isolation for those living outside of urban areas[32,82]. However, research has found that coming out and acceptance of one's LGB sexual orientation is strongly related to good psychological adjustment (i.e. the more positive one's LGB identity is, the better one's mental health and the higher one's self-esteem)[28,104].

LGB people may be affected by homophobic bullying, resulting in psychological distress and feelings of isolation. This is particularly true for people becoming aware of their LGB orientation at a younger age, which is increasingly common[10,105,106,107].

5.2. Do not assume all clients are heterosexual

Any person who uses your service may identify as lesbian, gay or bisexual or have a history of relationships with members of the same sex. Such clients may or may not have come out. By keeping an open mind and not assuming clients are heterosexual, you are demonstrating to LGB clients that they are welcome to disclose their sexual orientation to you or to discuss issues related to being LGB that may be relevant on their presentation. Asking open and inclusive questions when taking a client's history is the easiest way to indicate your openness.

Be aware that you probably already have lesbian, gay and bisexual service users, even if you do not know who they are. Use the terms *lesbian, gay* and *bisexual* instead of the term *homosexual* when talking to patients/clients as many LGB people do not like the term homosexual because of negative historical associations with this word. Using open language demonstrates to clients that you are not assuming they are heterosexual. The following are some examples.

Examples of Inclusive Questions	
Instead of:	**Use:**
Are you married?	Do you have a partner?
Do you have a girlfriend/ boyfriend?	Are you in a relationship?
What is your husband's/wife's name?	What is your partner's name?

A situation that may arise is that you think a client is struggling to disclose their sexual orientation to you. In this instance, as with any sensitive matter, you can support them by reassuring them that all personal information disclosed is confidential and that you provide a non-judgemental service. If it is appropriate to the conversation you are having with the client you could enquire about relationships both current and past. If someone is hinting at an LGB issue, you could try asking something like:

"It sounds as if you are questioning your feelings/your orientation / your identity… has that been on your mind?"

For some clients, using language like 'sexual orientation' or 'gay' may be too threatening. The above is an example of how you can hint at these without stating them explicitly. You can also explain to the client the importance for you as their psychologist of understanding issues that are relevant to their mental health so that you can identify the appropriate intervention or supports that they may need.

Parents of LGB children also use your service. For most parents whose son or daughter comes out as LGB, they can accept and support their child and adapt to the new awareness of their child's LGB identity[57]. However, some parents may have a harder time coming to terms with their son's or daughter's disclosure. They may express concerns about their child's well-being and feel a sense of loss of the assumed heterosexuality of their child. They may be upset about a perceived loss of grandchildren and other aspects of what they imagined for their child's future. Most parents come to realise over time that despite the challenges LGB people can face, most live lives that are as satisfying and fulfilling as their heterosexual brothers and sisters.

5.3. Respond supportively when clients disclose that they are LGB

Coming out is an important time in LGB people's lives and asking LGB clients about their experience of coming out shows them that you understand this. Coming out is potentially also a time of heightened mental health risk, particularly for younger LGB people[32,80,81,84] so providing LGB clients with an opportunity to talk about coming out may provide them with much needed support. Young LGB people in particular may be questioning their sexual orientation or seeking help in clarifying romantic feelings.

Ways of asking a client about coming out and their life experiences related to being LGB include:

- "Does anyone know you are lesbian/gay/bisexual?";
- "Have you come out to anyone in your family?";
- "How have things been for you since you came out?";
- "Who/what has helped you with coming out?";
- "Are there lesbian/gay/bisexual people you know that you can talk to? Are they supportive?";
- "Have you had any negative experiences since coming out?".

Helping clients to feel safe and supported will facilitate their process of self-acceptance and coming out.

LGB clients who are presenting for reasons unrelated to their LGB identity may openly disclose their sexual orientation in the course of their meetings with you. Other clients may not have fully accepted their sexual orientation or may only be in the very initial stages of questioning or coming out and this should be dealt with in a sensitive manner. If a person tells you he or she may be or is lesbian, gay or bisexual, respond in an affirmative and supportive way. Try to avoid the assumption that young people are only going through a phase or are too young to make such a declaration. Provide information that will support and reassure the young person and consider referring them to an LGB organisation for support. Section 8 of this guide provides detailed information about services and resources, while Section 9 lists websites and publications for professionals and also for service users.

Some LGB people may not want to come out and this should be respected. While you may assume that coming out would be the best thing for the person, this is not necessarily the case. Most people who are not out to some or all of the people in their life usually have good personal reasons for this. For others, they may not be able to come out because they are married, they are part of a religious order or because they perceive it would be detrimental to their life in some way (e.g. homophobia in certain work environments).

5.4. Challenge anti-gay bias and take a gay-affirmative approach

It is important to avoid any of the following when providing a psychology service to LGB patients/clients:

- Presuming clients are heterosexual;
- Pathologising, stereotyping and stigmatising LGB clients;
- Failing to empathise with or recognise LGB clients' concerns;
- Failing to appreciate any non-heterosexual form of behaviour, identity, relationship, family or community;
- Attempts to change a client's sexual orientation.

Instead psychologists should ensure that all counselling, psychotherapy and psychosocial support offered is client-centred and gay-affirmative. Gay-affirmative therapy takes the perspective that a culturally competent and affirmative approach should be taken to intervention with LGB clients (see section 6)[45]. Gay-affirmative therapy is based on the following key principles derived from scientific research:

- Same-sex sexual attractions, behaviour, and orientations *per se* are normal and positive variants of human sexuality and are not indicators of either mental or developmental disorders;
- Homosexuality and bisexuality have historically been stigmatised, and this enduring stigma can have a variety of negative consequences throughout the life span for LGB people;
- Lesbians, gay men, and bisexual people can live satisfying lives and form stable, committed relationships and families that are equivalent to heterosexuals' relationships and families in essential respects;
- Same-sex sexual orientation is not linked to family dysfunction or trauma;
- Sexual orientation cannot be changed and so called 'reparative/conversion therapy' does not work and can be damaging to the mental health of those who undergo it[45].
- There is strong evidence from international research to support the practice of gay-affirmative therapy with all LGB clients, including those who are exploring and/or questioning their sexual orientation and those who express dissatisfaction with their sexual orientation[45].

5.5. Demonstrate that your practice is inclusive of LGB people

There are a number of practical things you can do to demonstrate that your service is inclusive of LGB people:

- Ensure all relevant paperwork, history-taking questions and information leaflets use language which is inclusive of LGB people and their families. For example, on a registration form rather than just asking for *Marital Status* ask for *Marital/Relationship Status*;
- Consider displaying LGB leaflets and/or a poster in your waiting room (e.g. leaflets from your local LGB service, LGB helpline numbers or specific LGB information [available from your local LGB organisation – see Appendix]);
- Consider displaying a sign in your service that highlights your policy of being an inclusive practice. The following is a suggested wording for this:

  This practice recognises and values the diversity of all people using the service and does not discriminate on the basis of gender, age, sexual orientation, marital status, family status, socioeconomic status, religion, disability, race, ethnicity and membership of the Traveller Community.;

- Include LGB people in general health information (e.g. in mental health leaflets for young people include a reference to questioning sexual orientation, fear of coming out and homophobic bullying as possible stressors affecting this group);
- Name LGB people in service ethos statements and, where appropriate, include LGB people in consultations on service design and evaluation.

The therapeutic relationship is central to the quality of service provided and mental health outcomes achieved when providing a psychology service to all clients. The steps recommended above are five different ways of communicating your openness, respect and understanding to LGB patients/clients which will promote an optimum therapeutic relationship between you and your LGB clients. By following these five steps you can ensure you are providing an accessible and appropriate psychology service to LGB patients/clients attending your practice.

6. LGB-Affirming Therapy

The APA has guidelines for affirming psychotherapy with LGB clients and the following is a brief adaptation of these guidelines[108]; the numbers below correspond to the numbered sections in the APA guidelines.

6.1 Attitudes towards homosexuality and bisexuality

1. **Recognise that homosexuality and bisexuality do not constitute mental illness**

   As far back as the 1970s the APA began focussing on removing the stigma and discrimination associated with LGB sexual orientation and advocating that psychologists avoid unfair discrimination in their practice. Psychologists have an important role to play in challenging the historical pathologising of LGB people.

2. **Reflect on your attitudes and knowledge about LGB people, seek further information and make referrals where necessary**

   In the absence of awareness about personal beliefs, limitations, needs and values around sexual orientation, psychologists risk creating obstacles to a client's progress in psychotherapy[109]. For example, the LGB client's sexual orientation may be presumed to be the source of psychological difficulties when it is not[110]. Being blind to the specific needs and experiences of LGB clients may also be unhelpful[111].

3. **Understand the manner in which social stigmatisation, discrimination and prejudice impact on LGB mental health and well-being**

   Anti-LGB stigmatisation, discrimination and prejudice includes: anti-LGB jokes; feeling unsafe; loss of employment; family rejection; anti-LGB violence; unacknowledged relationships; unacknowledged grief at the loss of a partner; homophobic bullying in schools; isolation in rural communities; and workplace and physical safety. Be aware of how these stressors can lead to mental health problems, emotional distress, depression, anxiety, substance use, and suicide[112,113,114,115,116,117].

4. **Understand how prejudiced views of LGB people can influence the ways in which LGB clients present in therapy**

   Because of stigmatisation and bias some LGB people may feel conflicted or have questions regarding their sexual orientation and fear losing family, friends, career, and spiritual/religious communities. This loss coupled with discrimination and marginalisation may make identifying as LGB difficult[108]. Therefore, assess the social context in which the LGB client lives, including pressures, lack of support, and stereotyping in his or her environment.

6.2 Relationships and families

5. **Become more knowledgeable about and respect LGB relationships**

   LGB people in relationships face the usual challenges of any couple as well as some specific challenges. These include disclosing their same-sex couplehood to family, friends, work colleagues, care givers, and health professionals as well as the impact of gender socialisation on same-sex couples. There may also be external issues such as negative reactions from family or from previous or current heterosexual partners. Parenting also presents specific challenges for LGB families given the historic lack of socially sanctioned supports for LGB relationships and family forms.

6. **Be aware of the specific challenges of LGB parents**

   Extensive research indicates there are no significant differences in the parenting capabilities of heterosexual, homosexual and bisexual parents[118,119]. However, LGB parents face stigma and institutionalised discrimination and may be refused custody, have limited visiting rights, or be excluded from fostering and adoption as a couple. The primary challenges that children in LGB families face is the prejudice and misperceptions about LGB people in society at large.

7. **Know that LGB families may include people who are not legally or biologically related**

   Given the historical lack of legal and social recognition of LGB relationships and families, many LGB people developed alternative family structures composed of networks of close friends[120] as well as extended and blended families. Many LGB people may derive less support from their families of origin than their heterosexual peers do from theirs. They also face lack of recognition, if not rejection, of their relationships and families from families, work and in society at large.

8. **Understand how sexual orientation may influence the client's relationship with his or her family of origin**

   The LGB individual's family of origin may have difficulty accepting their LGB family member for a number of reasons including religious beliefs, negative stereotype, as well as familial or cultural norms[121,122]. Some LGB people are pushed out of their families of origin because of negative reactions on the part of family members and even when reactions are more positive a period of adjustment within the family may be necessary[123,124].

6.3 Issues of diversity

9. **Recognise the life issues and challenges around conflicting cultural norms, beliefs and values for LGB ethnic and racial minorities**

   The divergence in cultural norms between mainstream and minority cultural norms can be challenging and a source of stress for LGB ethnic and racial minorities. There may be no one community in which LGB people from ethnic and racial minorities feel fully that they belong due to possible racism in LGB communities and homophobia in cultures-of-origin. In short, multiple minority status can be a psychological stressor[122,125].

10. **Understand the specific challenges faced by bisexual people**

    Sexuality tends to be polarised into heterosexual and homosexual creating challenges for people who are bisexual[126,127,128]. As a result, bisexuality may be erroneously thought of as a transitional state of arrested development and bisexual people may face negative attitudes in both heterosexual and homosexual communities. Psychologists therefore need to develop a more nuanced and less dichotomous model of sexual orientation.

11. **Understand the specific challenges faced by LGB youth**

    LGB young people face particular stressors and are vulnerable to particular risks when coming out. They may lose the support of parents and family when declaring their sexual orientation and many supports available for young people are tailored to heterosexual youth, thereby, leaving LGB young people more isolated and at risk. There is a growing body of literature on the developmental needs of LGB young people as well as peer support services available to them (see www.belongto.org).

12. **Consider the experiences of different generations of LGB people and, in particular, the challenges faced by older LGB clients**

    Remember that LGB people from different generations may have very different life experiences given changing social norms around sexual orientation. These norms may impact the LGB individual's sense of self as well as psychological and social functioning[129]. The challenges of life transitions may often be the same as for their heterosexual peers; however, multiple minority status can exacerbate certain challenges and end-of-life care in particular may be unprepared to adequately respond to the needs of LGB people and their families[130].

13. **Recognise the challenges of LGB people with disabilities**

    LGB people with disabilities may face discrimination on the basis of both disability and sexual orientation[131]. In LGB communities there may be an excessive focus on physical appearance and in relationships there may be issues around sexuality, mobility, and legal and medical decision making. There may also be dependence on health care professionals and caregivers whose attitudes towards sexual orientation may not be fully supportive.

6.4 Education

14. Support and provide professional education on LGB issues

In Ireland there continues to be a lack of adequate training for psychologists on issues related to sexual orientation. This leads to a situation in which novice therapists and graduates may be unprepared to competently address the issues of LGB clients. Therefore, the introduction of LGB-related modules is recommended on all courses and psychologists already in practice should seek continuing professional training in this area.

15. Increase your knowledge and understanding of LGB issues through ongoing education, training, supervision and consultation

It is recommended that training for psychologists on LGB issues include the following: human sexuality; LGB identity development; the effects of discrimination on LGB people, their relationships and families; ethnic and cultural diversity in relation to sexual orientation; as well as workplace and career barriers faced by LGB people.

16. Familiarise yourself with relevant mental health, educational and community resources for LGB people

When LGB people are considering going to a psychologist or therapist they may often gauge the level of awareness, knowledge and preparedness of the psychologist in this area. Psychologists should therefore familiarise themselves with both the issues involved as well as the resources and supports available to LGB people (see section 8 - Directory). Supports include: those for LGB young people; for the (heterosexual) families of LGB individuals; LGB spiritual and religious support groups; groups for people living with HIV; as well as the local LGB community resource centres that are found around Ireland.

7. Glossary of Terms

Lesbian

A lesbian woman is one who is romantically, sexually and/or emotionally attracted to women. Many lesbians prefer to be called lesbian rather than gay.

Gay

A gay man is one who is romantically, sexually and/or emotionally attracted to men. The word gay can be used to refer generally to lesbian, gay and bisexual people. Most gay people do not like to be referred to as 'homosexual' because of the negative historical associations with the word and because the word gay better reflects their identity.

Bisexual

A bisexual person is someone who is romantically, sexually and/or emotionally attracted to people of both sexes.

Transgender

A person whose gender identity or gender expression is different from the sex to which they were assigned at birth.

LGBT

is an acronym for lesbian, gay, bisexual and transgender.

Straight

refers to a person who is romantically, sexually and/or emotionally attracted to people of the opposite sexes.

Queer

has been adopted as a term that can mean being lesbian, gay, bisexual or transgender, or more broadly can mean a rejection of binaries such as male-female or gay-straight and a challenging of heteronormativity.

Coming Out

is the term used by lesbian, gay and bisexual people to describe their experience of discovery, self-acceptance, openness and honesty about their LGB identity. It also refers to their decision to disclose, i.e. to share this with others when and how they choose.

Sexual Orientation

refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviours, and membership in a community of others who share those attractions.

Homophobia

refers to fear of or prejudice and discrimination against lesbian, gay and bisexual people. It is also the dislike of same-sex attraction and love or the hatred of people who have those feelings. The term was first used in the 1970s and is more associated with ignorance, prejudice and stereotyping than with the physiological reactions usually attributed to a 'phobia'. While homophobic comments or attitudes are often unintentional, they can cause hurt and offence to lesbian, gay and bisexual people.

Minority Stress

refers to the mental health consequences of stigmatisation, social exclusion, discrimination and harassment of minority groups such as the LGB people.

8 Directory of Lesbian, Gay and Bisexual Services - Ireland

Helplines

Cork Lesbian Line	021 431 8318
Dublin Lesbian Line	01 872 9911
Dundalk Outcomers Helpline	042 935 2915
Gay Information Cork	021 427 1087
Gay Switchboard Dublin	01 872 1055
Limerick Gay & Lesbian Helpline	061 310 101
Outwest Helpline	094 937 2479
TENI Helpline (Transgender Support)	085 147 7166

Up-to-date information and contact details for gay helplines and services nationally are available at www.lgbt.ie

Services and Resources in the Republic of Ireland

Dundalk Outcomers	042 932 9816	www.outcomers.org
LINC (Lesbians in Cork)	021 480 8600	www.linc.ie
Outhouse Community Centre Dublin	01 873 4932	www.outhouse.ie
Rainbow Support Service Midwest	061 310 101	www.southgroup.wetpaint.com
Gay Kilkenny	083 404 1321 (text only)	www.gaykilkenny.weebly.com
Transgender Equality Network Ireland	01 633 4687	www.teni.ie
Gay Men's Health Service	01 873 4952	gmhpoutreach@eircom.net
The Other Place (Cork)	021 427 8470	www.theotherplacecork.com
Outwest Ireland	087 972 5586	www.outwestireland.ie
South Waterford	086 214 7633	www.southgroup.wetpaint.com
Gay Kerry	087 294 7266	www.gaykerry.com
Gay Westmeath	086 066 6469	www.gaywestmeath.com

Services in Northern Ireland

Lesbian Advocacy Services Initiative	(028) 2764 1463	www.lasionline.org
Rainbow Project Belfast	(028) 9031 9030	www.rainbow-project.org
Rainbow Project Derry	(028) 7128 3030	www.rainbow-project.org
Gay & Lesbian Youth N. Ireland	(028) 07707 216921	www.glyni.org.uk

Specialist Support Groups

Young People: BeLonG To Youth Service For a full list of LGBT youth supports see	01 670 6223	info@belongto.org www.belongto.org
Parents of LGB people LOOK (Parent Support)	087 253 7699	www.lovingouroutkids.org
Parent Support in Cork	021 430 4884	info@gayprojectcork.com
Transgender Equality Network Ireland (TENI) (provides support for trans people and their families)	01 873 3575	www.teni.ie
Greenbow Deaf LGBT Group		www.greenbowdeaf.com

Policy

Gay and Lesbian Equality Network (provides support, advocacy and training)	01 672 8650	www.glen.ie

Social, sports and cultural activities

Check *Gay Community News*, the monthly LGBT magazine, at www.gcn.ie for a detailed list of LGB social, cultural and sporting groups and organisations and online forums.

9 Websites and Publications

Irish websites

LGB Mental Health

LGBT Mental Health Website: www.lgbtmentalhealth.ie

Look After Yourself, Look After Your Mental Health: Information for LGBT People. NOSP, GLEN & BeLonG To, 2010. Available at: www.glen.ie/attachments/NOSP_Mental_Health_Guide_for_LGBT_People.PDF

Mayock, P., Bryan, A., Carr, N., & Kitching, K. (2009). *Supporting LGBT Lives: a study of mental health and well-being*. Available at: www.glen.ie

Dillon, B. & Collins, C. (2004). *Mental health: lesbians and gay men*. GLEN: www.glen.ie

Young LGB People

BeLonG To Youth Project – various reports on young people available online at: www.belongto.org/resource.aspx?sectionid=192

BeLonG To information on Coming Out
www.belongto.org/article.aspx?articleid=44

Lesbian & Bisexual Women's Health

Quiery, M. (2007). *A mighty silence: a report on the needs of lesbian and bisexual women in Northern Ireland*. www.lasionline.org/dls/A_MIGHTY_SILENCE.pdf

Gay & Bisexual Men's Health

Devine, P., Hickson, F., McNamee, H. & Quinlan, M. (2006). *Real lives: findings from the All-Ireland gay men's sex surveys, 2003 and 2004*. www.gayhealthnetwork.ie/pdf/Real%20Lives%20Report%20June%202006.pdf

Sexual Health – various publications available on Gay Health Network website at: www.gayhealthnetwork.ie/public.html

Collins, E. & Sheehan, B. (2005). *Men who have sex with men: HIV prevention among those who are HIV positive – a resource paper*. www.glen.ie/public/pdfs/Secondary%20Prevention%20REPORT%202006.pdf

Bereavement

Coping with the Death of Your Same-Sex Partner
Irish Hospice Foundation & GLEN, 2010. Available at:
www.glen.ie/attachments/Same-Sex_Partner_Bereavement_Leaflet.PDF

Sexual Orientation & Disability

National Disability Authority, (2005). *Disability & sexual orientation: A Discussion Paper.* www.nda.ie/cntmgmtnew.nsf/0/6794373CD472D23D80257066004C9D32/$File/NDADisabilityandSexualOrientation.pdf

Professional Associations

PSI Sexual Diversity and Gender Issues Special Interest Group

www.psihq.ie/psi-sexual-diversity-gender-group

American Psychological Association

www.apa.org

Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues (Formerly Division 44 of APA)
www.apadivision44.org

Appropriate Therapeutic Responses to Sexual Orientation
American Psychological Association, 2009. Available at:
www.apa.org/pi/lgbt/resources/therapeutic-response.pdf

Answers to Your Questions for a Better Understanding of Sexual Orientation. (Resource for LGBT Service Users). American Psychological Association, 2008. Available at:
www.apa.org/topics/sexuality/sorientation.pdf

Answers to Your Questions about Transgender People and Gender Identity. (Resource for LGBT Service Users). American Psychological Association, 2011. Available at:
www.apa.org/topics/sexuality/transgender.pdf

Australian Psychological Society.

Gay and Lesbian Issues and Psychology Group
www.groups.psychology.org.au/glip/

BPS Psychology of Sexualities Section

www.bps.org.uk/psychology-public/areas-psychology/psychology-sexualities-section

Canadian Psychological Association

Section on Sexual Orientation and Gender Issues (SOGII)
www.sogii.ca/

The International Network on Lesbian, Gay, & Bisexual Concerns & Transgender Issues in Psychology

(Lists many of the international divisions/groups/sections focusing on LGBT issues and psychology)
www.apa.org/pi/lgbt/resources/international-network.aspx

World Professional Association for Transgender Health

www.wpath.org
Standards of Care for the Health of Transsexual and Transgender People. World Professional Association for Transgender Health, 2011. Available at: www.wpath.org/publications_standards.cfm

Professional Handbooks - examples

Butler, C., O'Donovan, A & Shaw, E. (2010). *Sex, Sexuality and Therapeutic Practice: A Manual for Therapists and Trainers.* London: Routlege.

Clarke, V., Ellis, S., Peel, E. & Riggs, D. (2010). *Lesbian, Gay, Bisexual, Trans and Queer Psychology: An Introduction.* Cambridge: Cambridge University Press.

D'Augelli, R & Patterson, C.J. (1995). *Lesbian, Gay and Bisexual Identities over the Lifespan.* Washington, DC: Open University Press.

Neal, C. & Davies., D. (2001). *Pink Therapy Vol 3: Issues in Therapy with Lesbian, Gay Bisexual and Transgender Clients.* Open University Press.

Related Irish Research on LGBT Issues

Devine, P., Hickson, F., McNamee, H., & Quinlan, M. (2006). *Real Lives - Findings from the all-Ireland internet gay sex survey 2003 and 2004.* Dublin: GMHP.

Gay HIV Strategies/Nexus Research (2000). *Education: Lesbian and gay students.* Dublin: Gay HIV Strategies/Nexus Research.

GLEN/Nexus (Gay and Lesbian Equality Network and Nexus Research Co-operative) (1995). *Poverty – Lesbians and gay men: The economic and social effects of discrimination.* Dublin: Combat Poverty Agency.

Gowran, S. (2004). 'See no evil, speak no evil, hear no evil?' The experiences of lesbian and gay teachers in Irish Schools. In J. Deegan, D. Devine, & A. Lodge (Eds.), *Primary voices: Equality, diversity and childhood in Irish primary schools* (pp. 37-55). Dublin: Institute of Public Administration.

Health Service Executive (HSE) LGBT Health Sub-Committee (2009). *LGBT health: Towards meeting the health care needs of lesbian, gay, bisexual and transgender people.* Dublin: HSE.

Kabir, Z., Keogan, S., Clarke, V., & Clancy, L. (2013). Second-hand smoke exposure levels and tobacco consumption patterns among a lesbian, gay, bisexual and transgender community in Ireland. *Public Health, 127*(5): 467-472.

Kelleher, C. (2009). Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. *Counselling Psychology Quarterly, 22*, 4, 373-379.

Mayock, P., Bryan, A., Carr, N., & Kitching, C. (2008). *Supporting LGBT lives: A study of the mental health and well-being of lesbian, gay, bisexual and transgender people.* Dublin: GLEN.

McCann, E. & Sharek, D. (2014). Survey of lesbian, gay, bisexual, and transgender people's experiences of mental health services in Ireland. *International Journal of Mental Health Nursing, 23*(2): 118-127.

McCann, E., Sharek, D., Higgins, A., Sheerin, F., & Glacken, M. (2013). Lesbian, gay, bisexual and transgender older people in Ireland: Mental health issues. *Aging and Mental Health, 17*(3): 358-365.

McElroy, C. (2009). *Transphobia in Ireland: Research report.* Dublin: Transgender Equality Network.

Minton, S.J., Dahl, T., O'Moore, A.M., & Tuck, D. (2006). Homophobic bullying amongst lesbian, gay, bisexual and transgender young people in the Republic of Ireland. *Irish Educational Studies, 27*(2): 177-191.

Moane, G. (2008).Building strength through challenging homophobia: Liberation workshops with younger and midlife Irish lesbians. *Journal of Gay and Lesbian Social Services, 20*: 129-145.

Moane, G. (2013). Sexual Diversity and Gender Issues:The Special Interest Group. *Irish Journal of Psychology, 34*(3-4),163-168.

Morrisson, T.G., Harrington, R., & McDermott, D.T. (2010). Bi now, gay later: Implicit and explicit binegativity among Irish university students. *Journal of Bisexuality, 10*(3): 211-232.

Mullen, G. & Moane, G. (2013). Transgender identity affirmation: A qualitative study'. *International Journal of Transgenderism, 14*(3): 140-154.

Norman, J. (2005). *A survey of teachers on homophobic bullying in Irish second level schools.* Dublin: Dublin City University.

Norman, J., Galvin, M., & McNamara, G. (2006). *Straight talk: Researching gay and lesbian issues in the school curriculum.* Dublin: Centre for Evaluation in Education.

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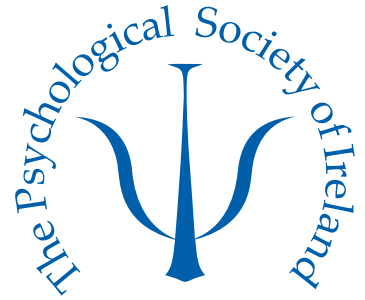
Notes



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