



IASW

Irish Association of Social Workers
Cumann na hÉireann um Oibrithe Sóisialta

Lesbian, Gay & Bisexual People: A Guide to Good Practice for Social Workers

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Foreword

I am pleased to present this Guide to Good Practice for Social Workers devised by a working group of the Irish Association of Social Workers (IASW) and GLEN, the Gay and Lesbian Equality Network.

The guide is accompanied by a Quick Reference Guide and the IASW hopes that together with the more detailed document, they will provide a valuable resource to social workers in their practice.

The IASW is very grateful to Odhrán Allen, Director of Mental Health Policy, GLEN and the members of the IASW working group, Owen Smith, Ita Long and Sarah Houston, for their considerable input in and commitment to the writing of this Guide and ensuring its completion.

I would also like to thank all the members of the Association that provided feedback to the working group. All contributions were reviewed and taken into account in the writing of the Guide.

As always, we would be very happy to receive feedback on the main document and the quick reference guide as we intend to review them in the future.

Ineke Durville
President
IASW
May 2011

Introduction

This good practice guide has been developed by the Irish Association of Social Workers (IASW) in collaboration with GLEN (Gay and Lesbian Equality Network) to inform social workers of what they need to know when providing a service to lesbian, gay and bisexual (LGB) people and their families. It is endorsed by the Health Service Executive's National Office for Suicide Prevention who support GLEN in their work.

In recent years, a number of national policies have highlighted the need for lesbian, gay and bisexual people's health and social needs to be considered by mainstream services and for service providers to be more inclusive of lesbian, gay and bisexual people in their practice.^{1,2,3,4,5,6} There are specific issues that social workers need to be aware of when providing a services to LGB people. A recent Irish study⁷ found that 45% of participants actively seek out LGB-friendly healthcare professionals because of bad experiences they had in the past and 28% admitted to hiding the fact that they were gay for fear of a negative response from professionals. By being aware of these issues social workers can help to reduce or eliminate the barriers that LGB people can face when accessing social and emotional support services. This guide is intended to support social workers to provide services that are accessible for LGB people and that are inclusive of their social and emotional needs.

A large body of research has demonstrated that the stigmatisation, harassment and discrimination that LGB people face can have negative effects on their social and emotional well-being.⁸ 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 some of the stressors LGB people face related to their sexual orientation. In addition to this, recent Irish research^{7,9,10} has shown that many LGB people have had negative experiences when using health and social services and feel health and social care professionals need more understanding of and sensitivity to LGB people and the specific issues they face.

Significant progress has been achieved in recent years in achieving equality for lesbian, gay and bisexual 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. 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.⁷ While LGB people will frequently access social work services with issues unrelated to their sexual orientation, this guide will provide information on the LGB-specific issues and needs that social workers should be aware of in their work.

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

- 1 **Sexual orientation – concepts and language**
- 2 **Social and emotional well-being of lesbian, gay and bisexual people**
- 3 **Guide to good practice for social workers.**

The guide also includes a glossary of terms, a services directory, relevant legislation, further resources and reading, and references.

Odhrán Allen
Director of Mental Health Policy
GLEN



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1

**Sexual
Orientation –
Concepts and
Language**

1. Sexual Orientation – Concepts and Language

In order to support social workers responding appropriately and effectively to the needs of lesbian, gay and bisexual service users, in this section terms and concepts relevant to the LGB people and their sexual orientation will be clarified.

1.1 Sexual Orientation

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).¹¹

While sexual orientation exists along a continuum from exclusive attraction to the opposite sex to exclusive attraction to the same sex, three sexual orientations are commonly 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 generally prefer to be referred to as lesbian and men with a homosexual orientation prefer to be referred to as gay. Many lesbian, gay and bisexual 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.

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. There is no consensus among scientists as to why an individual develops a heterosexual, lesbian, gay or bisexual orientation.¹¹ Most people experience 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 and being lesbian, gay or bisexual is as normal as being heterosexual. A clear understanding of the concept of sexual orientation can help social workers avoid making incorrect assumptions about LGB people and thus limit the effect these could have on services provided to LGB people.

1.2 Coming Out

Open 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 stage in the lives of lesbian, gay and bisexual people.^{7,11,12} It involves accepting one's lesbian, gay or bisexual orientation, choosing to share this information with others and developing a positive LGB identity. It is important to emphasise that coming out is a process rather than a once-off event. Coming out does not mean you are choosing to be lesbian, gay or bisexual but rather that you are accepting that you are lesbian, gay or bisexual. While some people have negative experiences when they come out, 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 the more positive social attitudes towards lesbian, gay and bisexual people in Ireland. 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 services and this is particularly the case for younger people.¹²

1.3 Professional Anti-Gay Bias

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

- » Presuming service users are heterosexual
- » Pathologising, stereotyping and stigmatising LGB service users
- » Failing to empathise with or recognise LGB service users' concerns
- » Denigrating any non-heterosexual form of behaviour, identity, relationship, family or community (i.e. heteronormativity – see glossary)
- » Attempts to change a person's sexual orientation.¹³

Since the declassification of homosexuality as a mental health disorder in 1973, health and social care professionals have played a leading role in trying to reduce the stigma and prejudice created by the pathologisation of homosexuality.¹⁴ 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 inclusive and gay-affirmative service provision.

1.4 Conversion (Reparative) Therapy

As the name suggests, conversion (or reparative) therapy is based on the belief that homosexuality is an illness and aims to cure LGB people by repairing their sexual disorder or converting them to heterosexuality. It is an unscientific approach based on a religious ideology that all people should be heterosexual. 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.¹⁵

The IASW passed a motion in 2009 strongly opposing conversion therapy, which seeks to change the sexual orientation of gay, lesbian and bisexual people. Therefore, the IASW does not support referral to or the practice of conversion therapy or any approach aiming to change a person's sexual orientation and instead promotes inclusive practice that is gay-affirmative. Even where service users present with distress related same-sex attraction, social workers should take a gay-affirmative approach¹⁵ (see section 3.4 of this guide for more details on gay-affirmative approaches).

1.5 Inclusive Practice

The Equal Status Acts 2000 to 2008 promote equality and prohibit discrimination, harassment and victimisation on the nine grounds of gender, sexual orientation, age, marital status, family status, religion, race, disability and membership of the Traveller community.¹⁶ The Acts apply to the provision of all services in both the public and private sector. By adhering to the principle of inclusive practice, social workers can ensure they are complying with the Equal Status Acts. Inclusive practice means that social workers should:

- » Expect diversity among their service user population, colleagues, students and research participants and respect this diversity
- » Provide an accessible and appropriate service
- » Understand the issues facing diverse groups and be able to respond to their specific social and emotional needs.

Inclusive practice applies to many forms of diversity, including sexual orientation. The IASW recognises the negative impact that social exclusion, discrimination and inequality can have on the social and emotional well-being of LGB people. The principle of equality underpins the IASW Codes of Ethics.¹⁷ By becoming a member of the IASW, social workers in Ireland commit themselves to inclusive practice in all their professional roles. This principle applies equally in direct service provision, education, training and research.

Section two and three of this guide will help social workers appreciate the experiences and circumstances of LGB people in Ireland as well as the specific social and emotional issues facing LGB people. The guide will also help social workers to be aware of the potential impact of minority stress on the social and emotional well-being of LGB people and the possible role it may play in their presentation to support services. The guide will also describe the principles of good practice when working with LGB people and families, which will support social workers to practice with due sensitivity to LGB people's needs.



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2

Social and Emotional Well-Being of LGB People

2. Social and Emotional Well-Being of LGB People

For the most part, lesbian, gay and bisexual people face the same health and social issues as heterosexual people. However, there are a number of specific social and emotional issues which social workers should be aware of in relation to LGB people. A good understanding of these issues is the foundation of providing an inclusive service to LGB people.

2.1 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 and harassment in their everyday lives.⁷ A large body of published empirical research clearly supports the view that a lesbian, gay or bisexual orientation per se is not indicative of or correlated with psychopathology. However, given the stresses created by stigma, inequality and harassment, LGB people are at a heightened risk of psychological distress related to these experiences.^{18,19,20,21,22} This is often referred to as minority stress,⁸ a term used to describe the mental health consequences of stigmatisation, social exclusion, discrimination and harassment of minority groups such as the LGB people.

The concept of minority stress is based on the understanding that alienation from social structures, norms and institutions can contribute to social and emotional problems and even increase the risk of suicide among members of minority groups. This concept provides a particularly useful lens for health and social care professionals working with LGB people because it is centred on an understanding that alienation from social structures, norms and institutions can create psychological distress and even increase the risk of suicide.^{8,23}

International research on LGB mental health has demonstrated that:

- » **Minority stress can lead to elevated levels of suicidal behaviour and self-harm among LGB people** ^{24,25,26,27,28,29,30,31,32}
- » **LGB people are at increased risk of psychological distress compared to heterosexual people because of minority stress** ^{8,20,32,33,34,35}

- » **LGB people are at increased risk for depression, anxiety and substance use disorders related to minority stress** ^{20,23,26,30,32}
- » **Lack of social support at the time of coming out can increase the risk of suicidal behaviour particularly among younger LGB people** ^{27,28,36}
- » **Elevated levels of alcohol consumption and recreational drug use have been found among LGB people when compared to heterosexual peers** ^{34,35,37,38,39,40,41,42,43}

While it is not the case that all LGB people are more vulnerable to social and emotional difficulties, the findings of the above research have been consistently interpreted as resulting from the aforementioned minority stress. This research also demonstrates that the increased risk of psychological distress and suicidality among LGB people is strongly associated with social stressors such as stigma, presumed heterosexuality, homophobia, prejudice and victimisation as well as more personal stressors such as anxiety about coming out and fear of rejection.

2.2 Lesbian, Gay and Bisexual Issues Across the Life Cycle

This section gives an overview of LGB issues across the life cycle and focuses specifically on young people, families, older people, same-sex parenting and grief/loss. It is intended as an introduction to some of the key issues and research findings. For more detailed information see the further resources and reading section.

2.2.1 Young People

In addition to the range of issues and challenges that any young person may be facing, they may also be dealing with one or more of the following related to their sexual orientation:

- » **Questioning their sexual orientation, confusion about romantic feelings or difficulty accepting an LGB orientation**
- » **Fear of a negative reaction or rejection if they come out to significant others in their life or lack of acceptance or support from family or friends after coming out**

- » **Name-calling, harassment or homophobic bullying in school, in their local community or in youth service**^{7,36,44,45}

The most common age that young people realise they are LGB in Ireland is age 12 but the age that most first disclose their sexual orientation to another person is age 17.⁷ This means that most young LGB people conceal their sexual orientation from others for approximately 5 years. This period coincides with puberty, school and a critical period of social, emotional and vocational development. For many young people the concealment of their sexual orientation is related to a fear of rejection by friends and family but parents in particular. This is associated with increased risk of depression and self-harm and when coupled with other stressors such as negative school experiences and/or harassment the risk is magnified.^{7,12}

Increasingly young people are finding it easier to come out and are doing so at a younger age.^{7,46,47,48} By being aware of the factors contributing to positive experiences of coming out, social workers can support young people who are struggling through the process. These factors are:

- » **Getting the acceptance and support of family and friends**
- » **A positive turnabout or life event, such as resolving difficulties in school or starting dating**
- » **Getting support from LGB community organisations and services**
- » **Developing a positive LGB identity, good self-esteem and positive coping strategies**⁷

It is important for social workers to consider whether sexual orientation issues may be part of a young person's difficulties, especially when school refusal, depression, self-harm and/or suicidality feature as part of their presentation to the service.

2.2.2 Families

When discussing LGB people in the context of family life it is relevant to address both the families of LGB people and same-sex parenting. Coming out to one's family is a significant life event and LGB people are increasingly met with support and acceptance from families when they come out. This reflects the 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 which may result in LGB people

presenting to mental health and other support services. This is particularly true for younger people.¹² 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.^{7,9,12}

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.⁴⁹ However, some parents may have a harder time coming to terms with their son 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 siblings and friends.

In the past the partner of a lesbian, gay or bisexual person was often not acknowledged as their next-of-kin when using health and social services. However, the recent passing of the Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010⁵⁰ has introduced the new civil status of Civil Partner which confers broadly similar legal status as a married heterosexual couple. The Equality legislation has now been amended replacing marital status with the new category of civil status which prohibits discrimination on the grounds of being married, in a civil partnership or being single. Therefore, social workers should treat a same-sex civil partnered couple in the same way as they would a married heterosexual couple in the context of their legal rights and entitlements. Unless an LGB service user indicates otherwise, social workers should recognise their partner as their next-of-kin and involve them as appropriate in the service being provided.

The enactment of the civil partnership legislation provides same-sex couples with many of the same entitlements and will be subject to many of the same legally enforceable duties and obligations as parties to a civil marriage. The provisions of the Civil Partnership Act include protections and obligations across areas such as protection of the couple's shared home, next of kin, domestic violence, residential tenancies, succession, refugee law, pensions, taxation, maintenance, social welfare and immigration. Despite the very significant

progress civil partnership brings, this legislation does not recognise or protect children in same-sex headed families. Nor does it recognise the non-biological same-sex partner of gay or lesbian parent. This leads to varying levels of uncertainty and vulnerability for gay and lesbian parents and their families.

2.2.3 Parenting

A number of new family forms have emerged, or have become more visible, since the 1970s and these include families created by assisted reproductive technologies and families with same-sex parents.⁵¹ Many lesbian, gay and bisexual adults are also parents and like heterosexual parents, they are a diverse group. Some LGB people may have had their children in the context of a heterosexual relationship while others have children outside the context of heterosexual relationships and marriage (e.g. fostering, adoption and assisted human reproduction).⁵² Unlike heterosexual parents, LGB parents can be subject to prejudice and negative assumptions about their parenting ability because of their sexual orientation.⁵³ Such prejudice

may impact on an LGB person's perception of themselves as a prospective parent or indeed their decision to be considered as a foster or adoptive parent.

For over four decades researchers have been comparing the development of children with gay and lesbian parents and children with heterosexual parents. These studies have found no significant developmental differences between the two groups of children in their intelligence, psychological adjustment, social adjustment, popularity with friends, development of social sex role identity or development of sexual orientation.^{52,53,54,55,56,57,58}

It is important that social workers working with gay and lesbian parent families and those involved in the assessment of LGB adults as potential foster or adoptive parents are aware of the very significant body of research evidence that demonstrates that LGB people are just as capable of being good parents as heterosexual people and that their children are just as likely to be healthy and well-adjusted. Below is a summary of the research on same-sex parenting.

SUMMARY OF RESEARCH ON SAME-SEX PARENTING

Parenting Issue	References
The Impact of Gay Parenting on Children's Development: <ul style="list-style-type: none"> » The sexual orientation of parents does not affect the psychological well-being of children » The sexual orientation of parents does not affect the social development of children » The sexual orientation of parents does not affect the cognitive development of children 	59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77
The Quality of Parenting: <ul style="list-style-type: none"> » The parenting skills of lesbian and gay parents are at least as good as those of heterosexual parents » The sexual orientation of parents does not affect the quality of their relationships with their children » Parent's mental health does not differ based on their sexual orientation » The quality of the couple relationship between the parents does not differ based on sexual orientation 	60, 65, 69, 70, 72, 74, 75, 78, 79, 80, 81, 82, 83, 84, 85,
Impact on Children's Gender and Sexual Development: <ul style="list-style-type: none"> » Parent's sexual orientation has no impact on children's gender identity » Parent's sexual orientation does not determine the sexual orientation of their children 	60, 70, 71, 74, 75, 77, 79, 80, 81, 86, 87, 88, 89, 90, 91, 92

In a culture where, for many, heterosexuality and heterosexual parents is the assumed social norm, social workers need to be particularly aware of the specific issues for and concerns of gay and lesbian parent families, as well as not assuming a heterosexual orientation of the parents they meet.

2.2.4 Older People

In Ireland, older LGB people grew up in a time when homosexuality was pathologised and considered a mental illness and when sexual relationships between same-sex couples was considered a criminal act, immoral and sinful. Heterosexuality was seen as the only legitimate sexual orientation and LGB people were marginalised, rendered invisible and socially excluded.⁹³ Indeed, a recent Irish study of older gay people⁹⁴ documents the stigma, marginalisation and discrimination that older LGB people have faced and the social and emotional impacts this adversity had on their lives and continues to have for some, including:

- » Past rejection by family and friends resulting in isolation and loneliness
- » Loss and grief related to losing contact with family/friends or loss of friends or partners through illness (including AIDS)
- » Substance misuse as a way of coping with psychological distress
- » Self-harm and suicidal ideation as a consequence of psychological distress related to the above
- » The enduring impact of historical experiences of pathologisation, criminalisation and stigmatisation, such as the fear of hostility from medics or other health professionals
- » They may never have come out or may continue to conceal their sexual orientation from anyone other than their LGB friends
- » The fear of an unsafe environment in which to be open about their LGB identity or to involve their same-sex partner in their care
- » The fear that they may need to 'go back in the closet' if they access services or are placed in long-term nursing home care^{7,94,96,97,98,99}

Despite the very challenging and threatening context of older LGB people's earlier lives, most are now comfortable with their sexual orientation and display a marked resilience to the minority stress they have experienced in their lives.⁹⁴ Factors related to the development of this resilience include:

- » Accepting one's LGB identity and deciding to live one's own life
- » Accessing support from other LGB organisations
- » Accessing professional support
- » Experiencing affirming relationships with family and friends
- » Developing and maintaining friendship with other LGB people

Older LGB people have significantly diminished traditional supports when compared to the general older population. They are less likely to have a partner or children to provide them with health and social care, resulting in greater dependence on friends, caregivers and LGB organisations.⁹⁵ This translates into a lack of traditional support networks that may not be replaced by the strength of other close friendships or informal support networks within the LGB community. However, despite having a greater need for formal support services in old age than is the case with their heterosexual counterparts, older LGB people may be reluctant to access the services they need or fear disclosing their sexual orientation when using services for a number of reasons:

Social workers need to be aware of the potential for such fears and concerns among older LGB people and how these can impact on their intervention. It is important to consider that any older person using their service may be LGB or have a same-sex partner. Some older LGB people may withhold disclosure of this information for fear of negative reaction or inadequate standards of care as a result of such disclosure.

2.2.5 Loss and Grief

The loss of a loved one through death is a universal human experience and is considered to be one of the most stressful life events that a human being can experience.¹⁰⁰ The introduction of civil partnership for same-sex couples will yield similar protections to marriage in terms of financial security and leave entitlements. It also allows the surviving partner to publicly display their grief and entitles them to access support and comfort from religious organisations, health care professionals, and conventional bereavement support groups. Many older LGB people lacked this acknowledgement of their grief and social protection when their partner died.¹⁰

While not all bereaved gay or lesbian partners experience lack of social and emotional support, research indicates that many LGB people experience the pain of silent mourning, often being deprived of the rituals of communal sorrow and other social/psychological supports.^{101,102,103} This is termed disenfranchised grief which occurs when the relationship, the loss and the griever is not recognised.¹⁰⁴

Social workers need to acknowledge the significance of the LGB person's loss, not just as a friend but as a partner and lover, and demonstrate a willingness to develop the communicative space necessary to talk about their pain and loss as well as providing appropriate bereavement support services. For some people this may mean a preference for attending a gay or lesbian bereavement counsellor, or attending services provided by gay and lesbian support groups.

2.3 Mental Health

The Supporting LGBT Lives study⁷ was the first major study of the mental health of lesbian, gay, bisexual and transgender people in Ireland. The study was funded by the HSE National Office for Suicide Prevention as part of Reach Out, the national suicide prevention strategy.⁴ Below is a summary of the findings from this study which gathered quantitative data from 1,110 participants and qualitative data from 40 interviewees.

2.3.1 Mental Health Resilience and Well-Being

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; through 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.

2.3.2 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.**

2.3.3 Self-Harm

27% of respondents in the Supporting LGBT Lives study 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 15.87 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 by 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 ways.

2.3.4 Suicidal Behaviour

17.7% of respondents in the Supporting LGBT Lives study had attempted suicide, just under two thirds of whom had tried to end their lives on more than one occasion. 85% 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%). 13% 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. 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, as measured on the CAGE¹⁰⁵ were more likely to have thought seriously about taking their own life in the previous twelve months. 25% 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.



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3

Guide to Good Practice for Social Workers

3. Guide to Good Practice for Social Workers

This section describes the steps that social workers can take to ensure that their practice is inclusive of the needs of lesbian, gay and bisexual service users and is gay-affirmative. Given that approximately 5 to 7 per cent of the population identify as LGB,¹⁰⁶ it follows that a similar percentage of service users attending any service will also identify as LGB. In Ireland, this equates to approximately 250,000 LGB people.

This guide does not examine sexuality within present day social work theory and practice. Instead it is more a 'how to work' document. Readers will be referred to a number of sources in order to help their own understanding of sexuality within social work practice. The guide has been approached in the context of an equality and anti-discriminatory model as a lot of the literature reviewed discussed sexuality within the context of anti-discriminatory practice theory or an ethnic identity model. The latter identifies lesbian, gay and bisexual people as a minority group. There are limitations within these approaches and Hicks¹⁰⁷ analyses how social work contributes to the creation of categories such as lesbian and gay. He suggests that social workers tend to proceed from a position of heteronormativity which can then lead to a problem-forming approach in practice.

The Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010 came into force in January 2011. It introduces major reform of family law. The Act is particularly significant for same-sex couples who can now register their relationship under the Act. The Act provides protection for these couples more or less equivalent to that afforded to married heterosexual couples except in the area of child care. We refer readers to the section on relevant legislation in this guide.

A number of research studies exploring lesbian, gay and bisexual people's experience of support services have found that they can experience the same discrimination within services as they do in wider society.^{7,9,108,109,110,111} Many participants in these studies did not feel safe to be 'out' particularly in health and social services, and reported experiencing insensitivity, prejudice and discriminatory practices. Although participants identified examples of sensitive practice, there were many examples of overt homophobia and subtle forms of discrimination, including lack of empathy, the presumption of heterosexuality, an unwillingness to discuss sexual orientation or biased approach to same-sex couples or parents.

Participants who reported discussing their sexual orientation with staff often received 'clumsy and ill informed responses'.¹¹¹ Both the researchers and participants emphasised the need for service providers to create an environment where disclosure could take place and stressed the need for professionals to educate themselves about lesbian, gay and bisexual issues.

The Supporting LGBT Lives study⁷ included an examination of LGB people's experience of using health services in Ireland. Some of the key findings were:

- » **76.9% felt healthcare professionals need to have more knowledge of 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 professionals.**

These findings indicate that a very significant number of LGB people perceive that health and social care 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 service users were heterosexual, leading to reluctance on the part of these service users to disclose their sexual orientation and associated social and emotional issues or concerns, for fear of a negative or hostile response. These findings also indicate the need to provide social workers and other professionals with resources that can support them to understand and better respond to the social and emotional needs of LGB service users.

The remainder of this section describes good practice for social workers as recommended by the IASW when providing a social work service to LGB people.

3.1 Be aware of LGB social and emotional issues and LGB stressors

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

- » Professionals' assumption that service users are heterosexual
- » Professionals' hesitancy to inquire about sexuality and sexual orientation
- » Professionals' lack of understanding of LGB specific issues
- » LGB people's fear of negative reaction when disclosing their sexual orientation or previous experience of negative responses from services.^{7,9}
- » Loss, e.g. loss of opportunities and experiences because of lack of rights and recognition, not coming out, bereavement or relationship break-up
- » Bereavement, e.g. when a person loses a partner but is not 'out' to family
- » Relationship crisis, e.g. conflict or domestic violence
- » Isolation and loneliness, e.g. no contact with LGB community, living in non-urban area or the absence of a 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. Also LGB people who would like to be considered as foster or adoptive parents, may fear a negative or biased response from services because of their sexual orientation
- » Hiding and secrecy, e.g. an LGB person who is in heterosexual marriage
- » 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 or workplace
- » Being exposed to negative messages about being LGB 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)
- » Being exposed to harmful 'reparative' or 'conversion' therapy – a religious-based therapy that attempts to change a person's sexual orientation but has been proven to be harmful to LGB people's mental health.^{7,9,94}

Social workers are likely to engage with LGB people with the usual range of health and social issues and the normal social work assessments and interventions are likely to be provided.^{112,113} However, social workers need to be mindful of the specific stressors that can and do impact on the lives of this group. The following is a brief summary of these stressors:

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.^{7,9,12} 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.^{7,11,114}

LGB people may be affected by homophobic bullying or harassment, 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.^{7,46,47,48} Social workers working with children and adolescents have an important role in identifying stressors related to sexual orientation when young people present with emotional and behavioural difficulties.

3.2 Don't assume all service users are heterosexual

Any service user may identify as lesbian, gay or bisexual or have a history of relationships with members of the same sex.^{108,109,112} Such service users may or may not have come out. By keeping an open mind and not assuming service users are heterosexual, you can demonstrate to LGB service users 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 story of distress. Asking open and inclusive questions when talking to service users about their past and present context is the easiest way to indicate your openness.

Be aware that you already have lesbian, gay and bisexual service users, even if you don't know who they are. Use the terms lesbian, gay and bisexual instead of the term homosexual when talking to service users as many LGB people do not like the term homosexual because of negative historical associations with this word. Using open language demonstrates to service users 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/wife's name?	What is your partner's name?

If you do incorrectly assume a service user is heterosexual (e.g. asking a man if he has a wife or girlfriend when he is gay), don't ignore this situation. It is good practice to give your apologies to the person and if necessary discuss this further with the person.

Another situation that may arise is that you think a service user 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 someone is hinting at an LGB issue, you could try asking about relationships both current and past. With a young person you could enquire in a similar way that you would with any young person. For example, you could ask:

"Is there anyone you like?" or "Is there anyone you fancy?"

For some service users, using language like 'sexual orientation' or 'gay' may be too threatening. Below is an example of how you can hint at these without stating them explicitly. You can also explain the importance for you as a social worker of understanding issues that are relevant to their involvement with your service so that you can help them to identify the appropriate intervention or supports that they may need or benefit from.

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

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.⁴⁹ However, some parents may have a harder time coming to terms with their son 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.

In the past the partner of a lesbian, gay or bisexual person was often not acknowledged as their next-of-kin when using health and social services. However, the recent passing of the Civil Partnership legislation has introduced the new civil status of Civil Partner which confers broadly similar legal status as a married heterosexual couple. The Equality legislation has now been amended replacing marital status with the new category of civil status which prohibits discrimination on the grounds of being married, in a civil partnership or being single. Therefore, social workers should treat a same-sex civil partnered couple in the same way as they would a married heterosexual couple in the context of their legal rights and entitlements. Unless an LGB service user indicates otherwise, social workers should recognise their partner as their next-of-kin and involve them as appropriate in the service being provided.

3.3 Respond supportively when someone discloses they are LGB

Coming out is an important time in LGB people's lives and asking LGB service users about their experience of coming out shows them that you understand this. Coming out is potentially also a time of heightened stress and mental health risk, particularly for younger LGB people,^{27,28,36} so providing LGB service users 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 service user 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 service users to feel safe and supported will facilitate their process of self-acceptance and coming out.

LGB service users 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 LGB service users 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 person and consider referring them to an LGB organisation for support.

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).

3.4 Challenge anti-gay bias and take a gay-affirmative approach

In keeping with the high standard of professional behaviour required by both IASW and CORU (the Health and Social Care Professionals Council), it is important to avoid any form of anti-gay bias in your practice. It is good practice for social workers to address any anti-gay bias they may have or any they encounter in their work to ensure they avoid any of the behaviours described in section 1.3.

Even the most subtle or indirect expressions of anti-gay bias may have an adverse effect on the therapeutic relationship.¹³ Anti-gay bias impacts on the willingness of an LGB person to disclose relevant personal information and concerns to a social worker; to fully gain from the service they are accessing; and the decision to attend support services again in the future. Implementing the guidelines in this document will support social workers to practise in an inclusive and gay-affirmative way.

Gay affirmative social work practice affirms a lesbian, gay or bisexual identity as an equally positive human experience and expression to heterosexual identity and is increasingly considered the preferred method to work in a culturally competent manner with gay and lesbian clients¹¹⁵. Originally developed by psychologists, the approach has been broadened and is applicable to many settings in which social workers are employed. Embracing a gay-affirmative approach is one way to overcome any anti-gay bias practitioners may have. There is much written in the social work literature about the consequences of anti-gay bias and homophobic attitudes on social work practice. These consequences include:

- » Practitioners minimising or exaggerating the importance of sexual orientation in the client's life and thus failing to address the client's presenting problems
- » Changing the topic or cutting clients short when they talk about gay and lesbian issues, thus, devaluing their life experience
- » Viewing clients strictly in terms of their sexual behaviour and/or defining them as gay or lesbian solely on the basis of their sexual orientation, denying gay or lesbian identity of celibate individuals, and informing gay or lesbian clients that they are not gay or lesbian because they fail to meet some arbitrary definition; and
- » Perpetuating self-hatred in gay and lesbian clients^{115,116,117}

Social workers should ensure that all support and therapy provided is gay-affirmative. A gay-affirmative approach takes the perspective that a culturally competent and affirmative approach should be taken to intervention with LGB service users. A gay-affirmative approach is based on the following key principles derived from 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
- » 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 background, problems or trauma
- » Sexual orientation cannot be changed and attempts to change a person's sexual orientation do not work and can be damaging to the mental health of those who undergo it
- » The historical stigmatisation of lesbian, gay and bisexual people can have a variety of negative consequences throughout the life span for LGB people and social workers need to be proactive in challenging this stigmatisation among professional peers, society and service users.¹⁵

There is strong evidence from international research to support taking a gay-affirmative approach with LGB service users, including those who are exploring and/or questioning their sexual orientation and those who express dissatisfaction with their sexual orientation.¹⁵ The American Psychological Association have produced a set of practice guidelines for counselling and therapy with LGB clients¹¹⁸ as well as a report on appropriate intervention with LGB people who express dissatisfaction with or distress about their sexual orientation.¹⁵ Both these resources can support social workers to take an inclusive and gay-affirmative approach in their work with LGB service users, particularly in the context of counselling and family therapy.

The principles of gay affirmative practice in social work can be summarised as:

- » Do not assume that a client is heterosexual
- » Believe that homophobia in the client and society is the problem, rather than sexual orientation
- » Accept an identity as a gay, lesbian or bisexual person as a positive outcome of the helping process
- » Work with clients to decrease internalised homophobia to achieve a positive identity as a lesbian, gay or bisexual person
- » Be knowledgeable about different theories of the coming out process for lesbian, gay and bisexual people
- » Deal with one's own homophobia and anti-gay bias¹¹⁹

While homophobia is something that many social workers would not consider to be an issue in their own practice, it is equally the case that none of us is without our own unique set of biases, pre-understandings and prejudices. In order to be genuinely inclusive and respectful in our practice, it is important that we each acknowledge and are aware of these biases, and how they might affect our attitudes to and our work with LGB people.

3.5 Demonstrate that your practice is inclusive of LGB people

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

- » **Ensure all documentation, assessment forms and information leaflets use language which is inclusive of LGB people and their families. For example, ask for Civil Status instead of Marital Status**
- » **Be conscious of the physical environment and the imagery in posters and literature. 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 section 5).**
- » **Consider displaying a sign in your service that highlights your policy of being an inclusive service. The following is a suggested wording for this:**

We recognise and value the diversity of all people using this service and do not discriminate on the basis of age, gender, sexual orientation, race, civil status, family status, religion, disability or membership of the Traveller community

- » **Include LGB people in general service literature, e.g. in a parenting leaflet include a reference to same-sex headed families or in fostering services include the gay community in advertising for prospective foster parents**

- » **Be mindful of the need to be inclusive of LGB social activities/events, LGB community resources, and LGB organisations when engaging LGB service users in care planning and linking with community groups, (see LGB services in section 5)**
- » **Name LGB people in service ethos statements and where appropriate include LGB people in consultations on service design, evaluation and education.**

3.6 Conclusion

The therapeutic relationship is central to the quality of the service provided and the outcomes achieved.^{13,116}

The above steps recommended by the IASW (3.1 to 3.5) are five different ways of communicating your openness, respect and understanding to LGB service users which will promote an optimum therapeutic relationship between you and your LGB service users and their families. By following these five steps you can ensure you are providing an accessible, sensitive and appropriate service to LGB service users.



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4

Glossary of Terms 11,120

4. Glossary of Terms ^{11,120}

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 but many women prefer to be called lesbian. Most gay people don't 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.

LGB is an acronym for lesbian, gay and bisexual

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

Coming Out is the term used by LGB people to describe their experience of discovery, self-acceptance, openness and honesty about their LGB identity and 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 of 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. While homophobic comments or attitudes are often unintentional, they cause hurt and offence to LGB people.

Internalised Homophobia is the fear and dislike of one's sexual orientation that occurs in some lesbian, gay and bisexual people. Having been exposed to homophobia growing up, some LGB people internalise this stigmatisation of homosexuality resulting in feelings of fear, shame, guilt and low self-esteem. LGB people who experience internalised homophobia can overcome it by being supported to accept their sexual orientation and to build a positive LGB identity.

Heteronormativity refers to the assumption that heterosexuality and heterosexual norms are universal. Heteronormativity can manifest as the assumption that everyone is heterosexual or that lesbian, gay and bisexual orientations are a deviation from the 'heterosexual norm'.

Transgender is an umbrella term used to describe people whose gender identity (internal feeling of being male or female) and/or their outer gender expression, differs from that usually associated with their birth sex. Not everyone whose feelings, appearance or behaviour is gender-atypical will identify as a transgender person. Many transgender people live part-time or full-time in another gender. Transgender people can identify as transsexual, transvestite or another gender identity. See www.teni.ie for more information.



5

**Directory of
LGBT Services
in Ireland**

5. Directory of LGBT Services in Ireland

LGBT Helplines:

National LGBT Helpline:	1890 – 929 539
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 Gay Helpline:	094 – 937 2479
TENI Helpline (Transgender Support)	085-1477166

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

LGBT Services and Groups in Republic of Ireland

Dundalk Outcomers www.outcomers.org	042-9329816
Gay Men's Health Service gmhpoutreach@eircom.net	01-8734952
LinC (Lesbians in Cork) www.linc.ie	021-4808600
The Other Place (Cork) www.theotherplacecork.com	021-4278470
Outhouse Community Centre Dublin www.outhouse.ie	01-8734932
Outwest Ireland www.outwestireland.ie	087-9725586
Rainbow Support Service Midwest www.rainbowsupportservices.org	061-310101
South Waterford www.southgroup.wetpaint.com	086-2147633
Gay Kilkenny www.gaykilkenny.weebly.com	083-4041321 (text only)
Gay Kerry www.gaykerry.com	087-2947266
Transgender Equality Network Ireland www.teni.ie	01-6334687
LGBT Diversity	021-4305000

www.lgbtdiversity.com

Greenbow Deaf LGBT Group 086 367 1375
www.greenbowdeaf.com

Gay & Lesbian Equality Network 01-6728650
www.glen.ie

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

LGBT Services in Northern Ireland

Lesbian Advocacy Services Initiative (028) 27641463
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

Support for LGBT Young People

BeLonG To Youth Service 01-6706223
info@belongto.org

For a full list of LGBT youth supports see
www.belongto.org

Support for Parents of LGBT People

National LGBT Helpline 1890-929539
www.lgbt.ie

LOOK (Parent Support) 087-2537699
www.lovingouroutkids.org

Parent Support in Cork 021-4304884
info@gayprojectcork.com

LGBT 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.

There are also a number of Irish websites detailing LGB groups and activities as well as online forums, including:

www.lgbt.ie

www.gaycork.com

www.queerid.com

www.gaire.com

www.angrypotato.net

www.gaelick.com

www.dublinpride.org

www.gaze.ie

www.gaytheatre.ie_





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6

Relevant Legislation

6. Relevant Legislation

Civil Partnership and Certain Rights and Obligations of Cohabitants Act 2010

This Act provides same-sex couples who **register as civil partners** with most of the rights and protections available through civil marriage. A separate scheme in the legislation provides opposite-sex and same-sex cohabitants who do not marry or register as civil partners with a more limited set of protections

www.oireachtas.ie/documents/bills28/acts/2010/a2410.pdf

Equal Status Acts 2000 to 2008

These Acts promote equality and prohibit discrimination in the **provision of goods and services** in both the public and private sectors across nine grounds. These grounds are the same as those in the Employment Equality Acts 1998 to 2004.

www.oireachtas.ie/documents/bills28/acts/2000/a800.pdf

Employment Equality Acts 1998 to 2004

These Acts promote equality and prohibit discrimination in **employment** across nine grounds. These grounds are: gender, marital status, family status, sexual orientation, religion, age, disability, race and membership of the Traveller Community.

www.oireachtas.ie/documents/bills28/acts/1998/a2198.pdf

Domestic Violence Act 1996

This Act provides same-sex couples with protection from **domestic violence**. A same-sex partner can apply for either a safety order, an interim protection order or a barring order.

www.irishstatutebook.ie/1996/en/act/pub/0001/index.html

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7

Further Resources and Reading

7. Further Resources and Reading

Social Work Practice with LGB People & Families

Appleby, G. A. & Anastas, J.W. (1998). *Not Just a Phase: Social Work with Lesbian, Gay and Bisexual People*. New York: Columbia University Press

BeLonG To Youth Service (2010). *Lesbian, Gay, Bisexual and Transgender: An Information Booklet for Parents*. Available at: www.belongto.org/attachments/250_parents_and_children_booklet_front.pdf

Chernin, J. N. & Johnson, M. R. (2003). *Affirmative Psychotherapy and Counselling for Lesbians and Gay Men*. London: SAGE Publications

Commission for Social Care Inspection (2008). *Providing Appropriate Services for LGBT People*. Available at: www.cqc.org.uk

Cosis Brown, H. (2008). *Social Work and Sexuality – Working with Lesbians and Gay Men: What Remains the Same and What is Different?* *British Association of Social Work Journal: Practice*, 20 (4): 265 – 275

Fish, J. (2009). *Invisible No More? Including Lesbian, Gay and Bisexual People in Social Work and Social Care*. *British Association of Social Work Journal: Practice*, 21 (1) 48-63

Fish, J. (2008) *Navigating Queer Street: Researching the intersections of LGBT health*. *Sociological Research Online*, 13, 1 at: www.socresonline.org.uk

Hicks, S. (2008). *Thinking Through Sexuality*. *Journal of Social Work*, 8 (1): 65 – 82

Morrow, D. & Messinger, L. (2006). *Sexual Orientation and Gender Expression in Social Work Practice: Working with Gay, Lesbian, Bisexual, and Transgender People*. New York: Columbia University Press.

Rainbow Ripples and Dr Ruth Butler (2006). *The Rainbow Ripples Report: Lesbian, Gay and Bisexual Disabled People's Experiences of Service Provision in Leeds*. Available at: www.leeds.ac.uk

Saltzburg, S. (2009). *Parents' Experience of Feeling Socially Supported as Adolescents Come Out as Lesbian and Gay*. *Journal of Family Social Work*, 12(4), 340-358.

Parenting, Fostering, Adoption and Child Welfare:

American Civil Liberties Union (2006). *Too High A Price: The Case Against Restricting Gay Parenting* at: www.aclu.org

American Psychological Association (2005). *Lesbian and Gay Parenting*. Available at: www.apa.org/pi/lgbt/resources/parenting.aspx

Hicks, S. (2011). *Lesbian, Gay & Queer Parenting: A Sociological Account*. Basingstoke: Palgrave Macmillan

Mallon, G.P. & Woronoff, R. (2006). *Busting Out of the Child Welfare Closet: Lesbian, Gay, Bisexual and Transgender-Affirming Approaches to Child Welfare*. *Child Welfare*, Volume 85 (2): 115 – 122

Matthews, J.D. & Cramer, E.P. (2006). *Envisaging the Adoption Process to Strengthen Gay- and Lesbian-Headed Families: Recommendations for Adoption Professionals*. *Child Welfare*, 85 (2): 317 – 340

Rosenwald, M. (2009). *A Glimpse Within: An Exploratory Study of Child Welfare Agencies Practices with LGBTQ Youth*. *Journal of Gay and Lesbian Services*, 21: 345 – 356

Older LGB People:

Age Concern (2001). *Opening Doors: A Resource Pack for working with older lesbians and gay men*. Available at: www.ageuk.org.uk

Alzheimer's Society (2010). *Understanding and Respecting Lesbian and Gay People*. Available at: www.alzheimers.org.uk

Alzheimer's Society (2010). *Choosing Residential Accommodation for Lesbian and Gay People*. Available at: www.alzheimers.org.uk

Concannon, L. (2009). *Developing Inclusive Health and Social Care Policies for Older LGBT Citizens*. *British Journal of Social Work*, 39 (3): 403-417.

Langley, J. (2001). *Developing Anti-Oppressive Empowering Social Work practice with Older Lesbian Women and Gay Men*. *British Journal of Social Work*, 31: 917 – 932

Articles relevant to specific areas of social work practice can be accessed through an electronic journals service such as EBSCO e.g. SocINDEX with Full Text.

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8

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