

# The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA)

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## **Submission to the Special Rapporteur on the Right to Health**

### **Mental health of lesbian, gay, bisexual, trans and intersex persons**

Many lesbian, gay, bisexual, trans and intersex (LGBTI) persons lead happy, healthy and fulfilling lives. Yet throughout the world, many other LGBTI persons experience disproportionately high levels of mental health problems as compared to the general population. These difficulties arise due to the discrimination, harassment or violence that LGBTI persons often face as a result of the societal perception that they are defying gender norms. As with other minority groups – and even though the sexual orientation, gender identity or sex characteristics of a person may not be publicly known – the prejudices of society and family members towards LGBTI persons have negative impacts on mental health. Studies find that the more frequently a person suffers such discrimination and violence, the more likely they are to experience, for example, suicidal ideation.<sup>1</sup>

This submission provides a brief overview of some of the mental health risks and impacts on LGBTI persons. It aims to highlight the need for States to take measures to support LGBTI persons specifically, due to the high likelihood that they will face mental health problems during their lifetimes.

#### **Lesbian, gay and bisexual persons**

Studies in various countries have found that non-heterosexual people face significantly higher mental, sexual or emotional abuse or violence than heterosexual persons. The discriminatory attitudes of society “adds an additional layer of risk on top of biological, social, environmental and psychological factors which can lead to depression and anxiety.”<sup>2</sup> An Australian study, for example, found that gay and bisexual people are twice as likely to experience anxiety and three times as likely to experience depression and related disorders as heterosexual people.<sup>3</sup> The same study found that the situation was even worse with younger LGBT persons.

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<sup>1</sup> See, for example, Mayock P, Bryan A, Carr N, Kitching K, Supporting LGBT Lives: A study of the mental health and wellbeing of gay, lesbian, bisexual and transgender people, Gay and Lesbian Equality Network (GLEN) and BeLonG To Youth Service (2009).

<sup>2</sup> Factors affecting LGBTI people, Beyond Blue, available at: <https://www.beyondblue.org.au/resources/for-me/lesbian-gay-bi-trans-and-intersex-lgbti-people/factors-affecting-lgbti-people>.

<sup>3</sup> Rosenstreich, G, LGBTI People Mental Health and Suicide, Revised 2nd Edition, National LGBTI Health Alliance (2013).

Suicidality is a particular concern, with 17% of gay men or lesbians and 25% of bisexuals in Ireland, for example, reporting having attempted to commit suicide.<sup>4</sup> 15.7% of lesbian, gay and bisexual Australians reported current suicidal ideation, and same sex attracted Australians have up to 14x higher rates of suicide attempts than their heterosexual peers.<sup>5</sup> Research in Mongolia found that 73.3% of a survey of LGBT respondents had considered suicide “due to society’s intolerance and failure to understand them”.<sup>6</sup> Many persons who commit suicide have not disclosed their sexual orientation, gender identity or intersex status to others, or to very few.<sup>7</sup> A survey of gay men in China found that the leading cause of their psychological health problems included: the inability to understand and accept themselves, broken romantic same-sex relationships, the pressure to be married with people of the opposite sex or to maintain a heterosexual marriage, and the pressure of social discrimination.<sup>8</sup> Similarly, in Nepal, adult LGBT people appear to experience greater mental health problems when they fail to comply with society’s rigid heteronormative expectations.<sup>9</sup>

In some countries, same sex attraction is still considered by doctors and society to be a mental disorder.<sup>10</sup> Consequently, instead of receiving greater access to psychosocial support, LGB persons are sometimes subjected to harmful ‘therapies’ intended to eliminate or suppress their same-sex sexual attraction. According to the OHCHR, “such therapies have been found to be unethical, unscientific and ineffective and, in some instances, tantamount to torture.”<sup>11</sup>

### **Trans persons**

Experiences of discrimination, harassment, and violence are directly correlated with adverse mental health outcomes among trans persons. Studies indicate that trans persons are particularly vulnerable to depression and higher levels of suicidal ideation and attempts than the general population (one study from the United Kingdom on trans persons found that 84% of recipients had considered ending their lives,<sup>12</sup> with an Irish study showing that more than a quarter had attempted to commit suicide<sup>13</sup>). While early research on emotional and mental health outcomes among gender non-conforming persons have focused on the linkages between emotional distress due to one’s biological sex and increased rates of depression and suicidality,<sup>14</sup> more recent research has shifted focus away from internal factors to environmental and social factors.

Recent research suggests that there are strong linkages between living in an oppressive

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<sup>4</sup> Mayock P, Bryan A, Carr N, Kitching K, Supporting LGBT Lives: A study of the mental health and wellbeing of gay, lesbian, bisexual and transgender people, Gay and Lesbian Equality Network (GLEN) and BeLonG To Youth Service (2009).

<sup>5</sup> Rosenstreich, G, LGBTI People Mental Health and Suicide, Revised 2nd Edition, National LGBTI Health Alliance (2013).

<sup>6</sup> Being LGBT in Asia: Mongolia Country Report, UNDP and USAID (2014).

<sup>7</sup> Rosenstreich, G, LGBTI People Mental Health and Suicide, Revised 2nd Edition, National LGBTI Health Alliance (2013).

<sup>8</sup> Being LGBT in Asia: China Country Report, UNDP and USAID (2014).

<sup>9</sup> Being LGBT in Asia: Nepal Country Report, UNDP and USAID (2014).

<sup>10</sup> See, for example, Being LGBT in Asia: China Country Report, UNDP and USAID (2014), and Being LGBT in Asia: Cambodia Country Report, UNDP and USAID (2014).

<sup>11</sup> A/HRC/29/23.

<sup>12</sup> McNeil J, Bailey L, Ellis S, Morton J and Regan M, Trans Mental Health and Emotional Wellbeing Study 2012, available at: [http://www.gires.org.uk/assets/Medpro-Assets/trans\\_mh\\_study.pdf](http://www.gires.org.uk/assets/Medpro-Assets/trans_mh_study.pdf).

<sup>13</sup> Mayock P, Bryan A, Carr N, Kitching K, Supporting LGBT Lives: A study of the mental health and wellbeing of gay, lesbian, bisexual and transgender people, Gay and Lesbian Equality Network (GLEN) and BeLonG To Youth Service (2009).

<sup>14</sup> Lev, A. I. (2004). Learning to listen to gender narratives. *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families* (pp. 185–228). Binghamton, NY: Haworth Clinical Practice Press.

environment and poorer mental health outcomes among transgender persons.<sup>15</sup> Studies have shown that a number of experiences can affect the health and emotional well-being of transgender persons including experiences of gender-related harassment, violence, and discrimination, social isolation, and rejection at both the familial and societal levels. In particular, there is a strong association between experiences of social injustice and rates of suicide among trans populations. Studies have demonstrated a positive association between gender-related victimization and depressive symptoms among transgender persons. Additionally, trans persons that have experienced high levels of transphobia are more likely to consider suicide than those experiencing low levels of transphobia.<sup>16</sup> Conversely, transgender persons with high levels of social support were significantly less likely to attempt suicide than those with little support.<sup>17</sup> Moreover, research on rates of suicidality among transgender persons shows that intersecting identity categories influence mental health outcomes. Transgender persons from particular social groups are at heightened risk for attempted or completed suicide including Indigenous people, youth, seniors,<sup>18</sup> and sexual minority youth and adults.<sup>19</sup>

Emotional and mental health outcomes among transgender persons have also been linked to access to gender affirming services. For transgender persons who wish to undergo some form of transition, the ability to do so was linked with decreased rates of suicidal ideation and attempts, reduced depression, greater life satisfaction, and a decrease in mental health service use.<sup>20</sup> These findings highlight the importance of removing barriers to accessing transition tools in increasing better mental health outcomes among transgender persons.

### **Intersex persons**

Genital normalizing surgery performed on intersex persons can have deep psychological impacts, including depression, poor body image, dissociation, social anxiety, suicidal ideation, shame, self-loathing, difficulty with trust and intimacy, and post-traumatic stress disorder.<sup>21</sup> In addition, the repeated genital examinations and/or medical photography imposed on some intersex persons during childhood can be “experienced as deeply shaming” and may lead to symptoms of PTSD.<sup>22</sup> Some genital exams go beyond what is necessary for medical diagnoses or monitoring. As a leading patient advocacy group has

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<sup>15</sup> Nuttbrock, L., Hwahng, S., Bockting, W., Rosenblum, A., Mason, M., Macri, M., & Becker, J. (2010). Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *Journal of Sex Research*, 47, 12–23.

<sup>16</sup> Bauer, G. R., Pyne, J., Francino, M. C., & Hammond, R. (2013). Suicidality among trans people in Ontario: Implications for social work and social justice. *Service social*, 59(1), 35-62.

<sup>17</sup> For example, a 2013 study showed that 2% of participants with high levels of social support considered committing suicide compared to 16% of participants who had low levels of social support, Bauer, G. R., Pyne, J., Francino, M. C., & Hammond, R. (2013). Suicidality among trans people in Ontario: Implications for social work and social justice. *Service social*, 59(1), 35-62.

<sup>18</sup> Nock, M.K., G. Borges, E.J. Bromet, C.B. Cha, R.C. Kessler et S. Lee (2008). Suicide and Suicidal Behavior, *Epidemiologic Reviews*, vol. 30, p. 133-154.

<sup>19</sup> King, M., J. Semlyen, S.S. Tai, H. Killaspy, D. Osborn, D. Popelyuk et I. Nazareth (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay, and bisexual people, *BMC Psychiatry*, vol. 8, no 70, p. 1-17.

<sup>20</sup> McNeil, J., Bailey, L., Ellis, S., Morton, J., & Regan, M. (2012). Trans mental health study 2012. *Edinburgh, Scottish Transgender Alliance*.

<sup>21</sup> San Francisco Human Rights Commission, A human rights investigation into the medical “normalization” of intersex people, (2005), available at [http://sfhrc.org/site/uploadedfiles/sfhumanrights/Committee\\_Meetings/Lesbian\\_Gay\\_Bisexual\\_Transgender/HRC%20Intersex%20Report.pdf](http://sfhrc.org/site/uploadedfiles/sfhumanrights/Committee_Meetings/Lesbian_Gay_Bisexual_Transgender/HRC%20Intersex%20Report.pdf), referred to in Advocates for Informed Choice’s Submission to the Special Rapporteur on the Right to Health on the Rights of People with Intersex Conditions in the United States, (2015) [AIC].

<sup>22</sup> Hughes IA et al. Consensus statement on management of intersex disorders, *Archives of Disease in Childhood* 2006, 91:554-63, referred to in AIC.

stated: “[C]hildren with intersex conditions are subjected to repeated genital traumas which are kept secret both within the family and in the culture surrounding it. (...) These children experience their treatment as a form of sexual abuse, and view their parents as having betrayed them by colluding with the medical professionals who injured them.”<sup>23</sup> Rates of self-harming behaviour and suicidal tendencies among intersex people are comparable to those among women who have experienced physical or sexual abuse. Many intersex people report a level of trauma and fear of doctors that renders them unable to access even ordinary medical care.<sup>24</sup>

Mental health providers are important actors in helping adolescents to combat the impact of discrimination that intersex persons may face.<sup>25</sup> It is also essential that parents and families of intersex children receive adequate psychosocial assistance, both to be able to provide support to their children as they grow up, and to be able to make fully informed decisions. When families have not been prepared psychologically for aspects of intersex experiences, such as questions about future gender identity, “a false sense of urgency can propel parents to agree to genital surgery or removal of gonads without adequate understanding of the long-term consequences in adulthood.”<sup>26</sup>

However, access to psychosocial care can be extremely difficult for intersex persons and their families.<sup>27</sup> Research in the United States has found that only 58% of larger healthcare facilities with paediatric endocrinology training programs have a mental health professional available to support families during the process of diagnosis of their children.<sup>28</sup> The same study found that only 19% of patients and families actually receive any form of psychological support during diagnosis, and only 15% receive support after a diagnosis.<sup>29</sup>

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<sup>23</sup> Alexander T. The Medical Management of Intersexed Children: An Analogue for Childhood Sexual Abuse, 1997, <http://www.isna.org/articles/analogue>, referred to in AIC.

<sup>24</sup> San Francisco Human Rights Commission, A human rights investigation into the medical “normalization” of intersex people, (2005), referred to in AIC.

<sup>25</sup> Malouf M and Baratz A, Disorders or Differences of Sex Development in Addressing the Needs of Youth Who Are LGBT and Their Families: A System of Care Approach, Edited by Fisher SK, Ryan C, Blau GM, 67-86 (2012).

<sup>26</sup> Tamar-Mattis A, Baratz A, Baratz Dalke K, Karkazis K, Emotionally and cognitively informed consent for clinical care for differences of sex development, *Psychology & Sexuality* (2013).

<sup>27</sup> Malouf M and Baratz A, Disorders or Differences of Sex Development in Addressing the Needs of Youth Who Are LGBT and Their Families: A System of Care Approach, Edited by Fisher SK, Ryan C, Blau GM, 67-86 (2012).

<sup>28</sup> Malouf M and Baratz A, referring to Leidolf ME, Curran M, and Bradford J, Intersex mental health and social support options in pediatric endocrinology training programs, *Journal of Homosexuality* (2008) 54(3), 233-242.

<sup>29</sup> Malouf M and Baratz A, referring to Leidolf ME, Curran M, and Bradford J, Intersex mental health and social support options in pediatric endocrinology training programs, *Journal of Homosexuality* (2008) 54(3), 233-242.