



SEXUAL VULNERABILITY

AMONGST YOUNG LGBT PEOPLE IN SWEDEN

Negative experiences due to LGBT identity amongst young Swedish people increase the sexual vulnerability and risk of HIV transmission

by Mina Gäredal & Anna Ahlin

BACKGROUND

PREVIOUS WORK has shown that young LGBT¹ people are confronted with several challenges by opposing heteronormativity. Although it is important to mention that not every young LGBT person experiences such difficulties, it is obvious that heteronormativity creates obstacles that don't exist for young people within the heteronorm.

This puts young LGBT people in a position that clearly differs from young people within the heteronorm. The present study was performed to analyze which consequences breaking the heteronorm can have with respect to sexual vulnerability.

¹ In this study the term "LGBT" (Lesbian, Gay, Bisexual and Transgender) is applied to people outside the heteronorm. Hence it does not include lesbian, gay, bisexual and transgender people exclusively but also those who define themselves as for example queer, pansexual or not defining themselves at all.

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OBSTACLES AS SUCH ARE REVEALED BY:

- Constantly being put into question.
- Feeling insignificant or being treated like someone you are not.
- Getting irrelevant or false information regarding for example HIV and STI-transmission.
- Feeling like there is something “wrong” with you or that you are the one to blame for occurring problems.
- Internalized homophobia / transphobia.
- Feeling lonely.
- Receiving negative social feedback in terms of verbal and physical abuse or threats.
- Being in constant fear of the negative feedback mentioned above.

METHODS

Method

An online questionnaire provided by Quiser.com, the largest LGBT internet community in the Nordic countries.

Sampling frame

Our target group was people between 15 and 25 years who define themselves as non-heterosexual and/or transgendered¹. A banner linked to the questionnaire was advertised on profiles of those community members who belonged to the target group. In total, the banner was shown for 4979 profiles.

Data collection

Data were collected during two weeks in August 2009. The questionnaire consisted of 38 questions divided into **5 SECTIONS**:

1. Background data
2. Psychosocial life situation
3. Insecurity and vulnerability to aggressive behaviour
4. Sexual abuse
5. Sexual boundaries

¹ Transgender is an umbrella term used to describe anyone whose gender identity or expression situates them differently than the traditional gender role they were assigned at birth. Non-transgender persons are referred to as cisgender, a term used to describe those whose gender identity and gender expression is consistent with the gender role they were assigned at birth.

Respondents

3244 answers were counted, subsequent to a minor alignment resulting in 3094 respondents. Those respondents could be classified in

THREE AGE GROUPS:

- 15-18 years (905, 29 percent)
- 19-22 years (1332, 43 percent)
- 3-26 years (857, 28 percent)

Out of these², 2519 confirmed to be cisgendered (82 percent), 302 transgendered (10 percent) and 293 stated that they were unsure about their cisgender / transgender identity (8 percent).

Analysis

The quantitative data was analyzed by SPSS 17.0 (Statistical Package for the Social Sciences). The Chi2 - Test and the One- Way ANOVA were used to calculate the statistical significance. Rosenberg's Self Esteem Scale (RSE) was used to measure the respondents' self esteem (Rosenberg, 1989). The RSE scale goes from 0-30, where high values indicate a high self-esteem.

The results in this study were referred to the study "Unga, Sex och Internet" (Young, Sex and Internet) by Priebe 2009. Therein, the self-esteem was described by a RSE- analysis of a representative sample of Swedish 18-19 year olds.

² 1302 defined themselves as female (43 %), 1427 were male (47 %), 71 intergender / nongender (2 %), 56 unsure (2 %), 22 "other" (1 %) and 167 declared to identify as several of these gender categories mentioned (6 %). 1248 of the respondents were homosexual (41 %), 1202 were bisexual (40 %), 264 identified as queer (9 %), 202 as unsure (7 %) and 93 as other (3 %). 24 respondents were heterosexual (1 %), all of them identified as transgender.

RESULTS

Self-esteem

The following parameters were shown to co-vary with self-esteem: transgender / cisgender identity, social network and the acknowledgment from relatives and close friends.

Additionally, low age co-varies with low self-esteem, but this does not refer to LGBT people exclusively.

THE AVERAGE RSE-VALUE of the respondents in present study was 18.0.

The average RSE value of young people in general according to Priebe et.al, was 21.8. Even though this difference might have several explanations, the result implicates that opposing to the heteronorm is associated with a lower self-esteem.

RESPONDENTS UNSURE of their transgender / cisgender identity show similar results to those with a transgender identity. The average RSE value for transgender and “unsure” respondents is 16.2 whereas the mean RSE value for cisgender identified respondents turned out to be 18.2. Both transgender and unsure respondents have in common that they are breaking the gender norm, which is very strong in our society. Hence, the transgender and “unsure” respondents, who represent 18 percent of the total respondents, will in the following be treated as one category, referred to as transgender.

With an average RSE value of 18.5, respondents from the three largest cities in Sweden show a higher self-esteem than those who live in rural areas with an RSE value of only 15.2. There could be many explanations to this difference and it is not possible to give a comprehensive explanation out of present data. However it should be noticed that the results might indicate that living close to numerous people to identify with co-varies with a higher self-esteem.

YOUNG LGBT PEOPLE getting positive acknowledgement from people closely related to them, such as family and friends, show to have a higher self-esteem. This reflects in a RSE value of 19.0, whereas respondents who got negative feedback show a RSE value of 15.0. Respondents who answered with “Few or no one know about my sexual orientation / gender identity” had a RSE value of 16.5 which is significantly lower than those with a positive support. It is obvious that a high self-esteem correlates with a positive response from familiar people and thus the ability to be open about their LGBT-identity.

FIGURE 1 AND 2 show the RSE-value subdivided by the parameters outlined above in comparison to the average RSE in the present study as well as in Priebe et. al. The results indicate that a negative feedback to one’s LGBT-identity contributes to a low self-esteem. The self-esteem seem to decrease by lacking a social environment that makes a person feel validated and increase with an opportunity to meet others to identify with. The lowest self-esteem was found amongst the youngest transgender respondents.

Categories	RSE* -value
Representative sample of Swedish 18-19 year olds	21.8
Average in the study	18.0
Cisgendered	18.2
Transgendered or unsure	16.2
Large cities	18.5
Countryside	15.2
Positive response from close relations	19.0
Close relations don't know	16.5
Negative response from close relations	15.0

*Rosenberg's self esteem

Fig. 1 RSE-value for some relevant categories in relation to self-esteem



Fig. 2 Differences related to the average RSE-value

Sexual vulnerability

A low self-esteem clearly co-varies with sexual vulnerability. This is reflected in a co-variance between low self-esteem and...

1)

DIFFICULTIES IN RESPECTING ONE'S OWN SEXUAL BOUNDARIES

In this study, the experience of agreeing to take part in sexual activities without really wanting to, was interpreted as having difficulties to respect one's own sexual boundaries.

FIGURE 3 shows the percentage of respondents who said that they had agreed to take part in sexual activities¹ without actually wanting to within the last 12 months, subdivided by age and transgender#/cisgender identity. As shown in the diagram, young transgender# people have the greatest trouble in respecting their own sexual limits. This category has also the lowest self-esteem according to the RSE values.

The respondents had the chance to choose from a list of potential answers to express why they had agreed to sexual activities without really wanting to.

THE 5 MOST COMMON REASONS ARE

- Not wanting to disappoint sex partners by saying “no”.
- It felt right at first and later it did not feel right to stop.
- Having the desire for sex but not with the one/s who participated.
- To feel validated.
- Feeling good and being flattered about the fact that someone was interested in them.

1

In the questionnaire a wide range of sexual activities was defined, and the figure shows the percentage of respondents stating that they without actually wanting to had taken part in any of these activities.

IT WAS ALSO POSSIBLE to give alternative answers. Some of those can clearly be seen as an attempt to fit in the heterosexual norm: “I tried to be straight” and “I tried to be normal and convince myself that I wasn’t gay”. Overall, the results verify that a difficulty to respect one’s own sexual boundaries co-varies with low self-esteem. Furthermore, the need of feeling validated may be contributing factors.

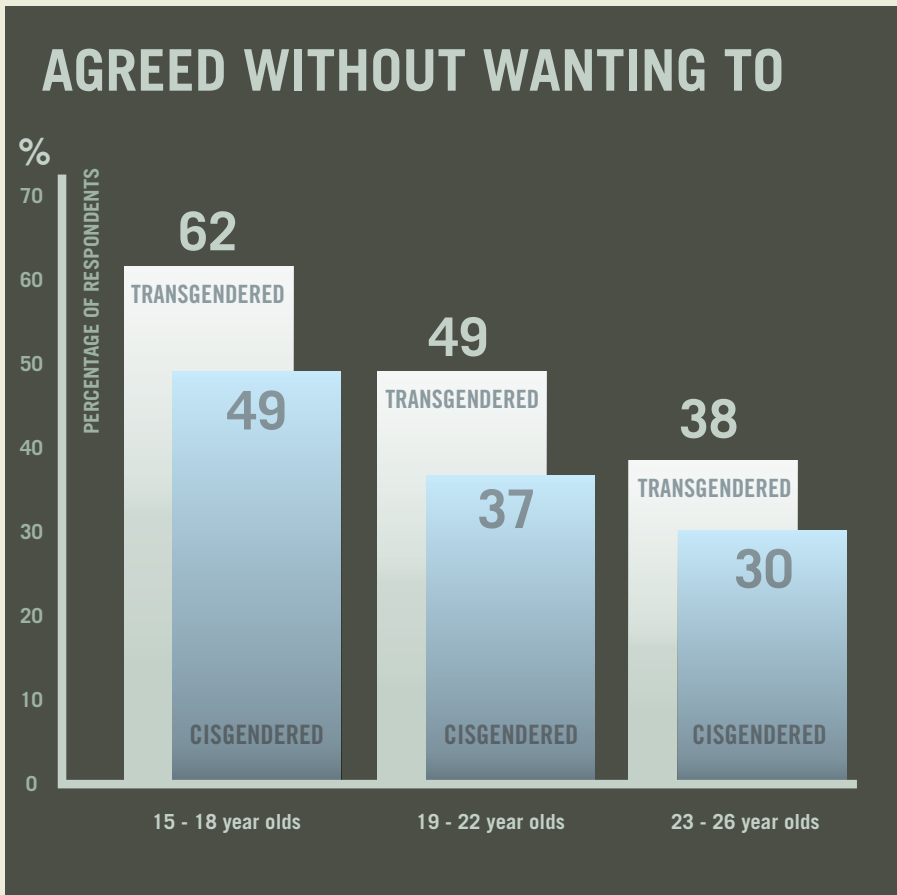


Fig. 3 Have in the last 12 months agreed to participate in sexual activities without actually wanting to

2)

A HIGHER VULNERABILITY TO HIV- AND STI TRANSMISSION DUE TO UNSAFE SEX

The respondents were asked what kind of sexual activities they unwillingly have agreed on, and 17 percent answered that in the past 12 months they agreed on having unprotected sex without actually wanting to. **FIG. 4** shows the results, subdivided into age and transgender# / cisgendered identity. A clear pattern of distribution can be seen where the youngest transgender# respondents most frequently states that they unwillingly have agreed on having unprotected sex, the same category who most frequently answered that they had participated in sexual activities without really wanting to. Once again it should be noted that this pattern co-varies with the RSE self esteem values for these categories. Since unprotected sex are likely to lead to a higher risk for HIV and STIs, a low self-esteem and difficulties in respecting one's own sexual limits can thus be correlated with a greater vulnerability for HIV and STI transmission.

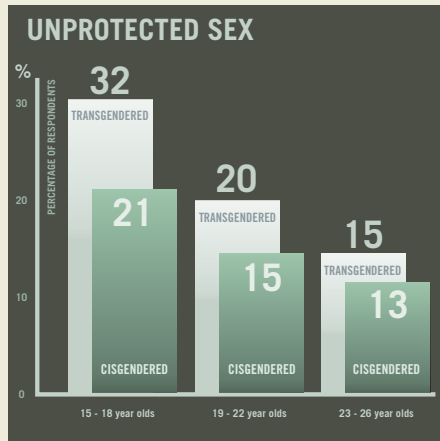


Fig. 4 Have in the last 12 months agreed to have unprotected sex without actually wanting to

3)

A STRONGER TENDENCY TO BE SUBJECTED TO SEXUAL ASSAULT

Respondents were asked for their experiences with sexual assault. 28 percent of the respondents had been forced to vaginal, anal and / or oral sex. 14 percent of the respondents have been confronted with at least one assault within the past 12 months. Respondents who had been subjected to vaginal, anal and / or oral assault show a significantly lower self-esteem than those who were spared from this experience. Respondents with an experience of assault had a RSE value of 15.7, whereas those who had not suffered in terms of a vaginal, anal or oral sexual assault had an RSE of 18.7. Subdivision by cisgender/transgender identity and age makes clear that the category with lowest self esteem, transgender persons aged 15 - 18, most frequently states an experience of vaginal, anal and/or oral sexual abuse within the last 12 months (FIG. 5). Presumably, a low self-esteem and the experience of a sexual assault affect each other both ways. People with a low self-esteem increasingly tend to become victims of sexual assaults, and an experience of sexual assaults tends to result in a decreasing self-esteem.

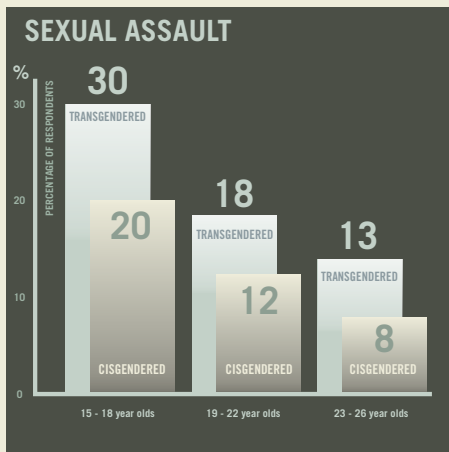


Fig. 5 Have experience of anal- vaginal- or oral sexual assault in the last 12 months

CONCLUSION

The study shows a clear correlation between sexual vulnerability and a low self-esteem. Our results demonstrates that heteronormativity with the lack of support and a chance of identification, contributes to a low self-esteem for young LGBT people. Hence, an important part of prevention work against HIV, which correlates with sexual vulnerability, should be to strengthen the self-esteem of young LGBT people. One way to achieve this is to ensure a non- heteronormative perspective in all activities that young people are involved in as well as to all fields where young people exist. This also includes having access to information about sex and relations where identities as well as attractiveness and relationships outside of heteronormativity should be pointed out.

Additionally, LGBT- specific expertise is needed in many institutions, such as youth clinics, to ensure an adequate support. Therefore, a consolidated knowledge of needs that young LGBT people have is mandatory. Young transgender people show the lowest self-esteem, and is consequently to an even higher extent in need of recourses.

FURTHERMORE, our results show that for our respondents a high self-esteem clearly correlates with a higher chance to meet like- minded people they can relate to. As a result, it is possible to be open about one's identity without being put into question.

IN SUMMARY

An important part of HIV prevention is to strengthen the self-esteem of young LGBT people:

- To have access to a social environment which is appropriate and where it is possible to meet other young LGBT people to relate to and identify with.
- To be able to be open about one's identity in school, at home and within the own social environment without being put into question or badly treated.
- To get appropriate support and information where non- heteronormative identities and relationships are explained and visualized.