About LGBT youth

HEALTH
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LGBT youth and health

Health is an important part of life. Good health is not a goal in itself or an absolute condition; rather, it is a resource that one needs in order to have the energy to strive for other goals and handle the challenges of daily life. Good health is established while growing up and is a human right. As a whole, a group can be seen as being of good health when members of the group are of good physical and mental health, financially and socially secure, largely protected from crime, bullying, discrimination and other violations of their human rights, and have ample opportunity to affect their living situation and their immediate environment.

In 2010, the Swedish National Board for Youth Affairs published the report Hon hen han [She, Zie, He] (2010a), which describes the general health of young people who identify as gay, lesbian, bisexual and trans (LGBT youth). The report shows that this group of young people generally are of poorer health than the rest of the Swedish youth population. Moreover, it demonstrates that their comparatively poorer health is due to fact that they are subjected to discrimination, violence and threats of violence to a greater extent than other young people in the same age group.

Discrimination leads to poor health and prevents these young people from developing their own identities.

The report also demonstrates that LGBT youth in Sweden are denied access to their basic social and legal rights. Swedish society is permeated by norms that contribute to the discrimination of this group of young people. Many of them have been discriminated against by governmental and municipal authorities and other public institutions, and this discrimination sometimes has a negative effect on their personal health. In effect, the norms of society prevent their personal development and limit their drive to shape their own lives.

In this text, we present the main results of the report. We have included in-depth discussions about hate crime and so-called honour-related violence, as well as examples of various strategies that young people employ in order to assert their resistance to the heteronormative society they live in. Examples of organisations working with LGBT youth are also included. The last section outlines various areas of development that the Swedish National Board for Youth Affairs has identified as necessary in order to promote and improve the health of LGBT youth.

Summary

LGBT and LGBTQ
The acronyms are short for lesbian, gay, bisexual, trans and queer/questioning people. Often, ”LGBT” is the term used in discussion; sometimes “queer” is also included in the collective acronym.

Queer
A broad term that can stand for various things but mainly entails a questioning of heteronormativity. People who identify with this term often see their gender identity and/or their sexuality as queer. When used in this manner, the term usually stands for a wish to include all genders and sexualities or a desire to avoid identifying oneself.
What do these terms mean?

Even if the terms LGBT and LGBTQ are used to refer the LGBT community as a whole, it is important to remember that this is not a homogenous group. There are many differences within and between the separate categories. This section discusses some of those differences and the way they can affect an analysis of the health situation of LGBT youth.

**Gender identity and sexual preference**

What does it actually mean to be an LGBT person? How much do young people who identify as gay, lesbian, bisexual or trans have in common? Are all LGBT people equally at risk of discrimination?

In comparison with other countries, Sweden has come quite far towards recognizing equal rights, at least when it comes to legislation. Moreover, Swedish legislation is generally considered to have a normative influence on society; that is, laws are seen as tools that can aid in the work to change people’s attitudes. An expanded anti-discrimination law thus has the potential to lead to a society-wide re-evaluation of existing norms. The terms and categories used in legislation change over time and in different places.

The use of the categories *homosexuality, bisexuality* and *heterosexuality* generally implies that there are two sexes, men and women. Homosexual people fall in love with or are attracted to people of the same sex as themselves. Bisexual people fall in love with or are attracted to people of both sexes and heterosexual people fall in love with or are attracted to people of the opposite sex.

Terms that refer to sexual preference are distinct from terms that concern gender identity. Simply put, everyone has a sexual preference: they are homo-, bi-, or heterosexual. But everyone also has a gender identity. They are trans people or cis people.

Trans is a term that refers to people whose gender identity and/or gender expression always or periodically is different from the biological sex that they were registered as at birth (trans is Latin for beyond or across). A trans person can for example be a person who is registered as biologically and legally male but who self-identifies as something else. Trans people is an umbrella term for a group that encompasses many subgroups and there are many ways to be a trans person. The term is most often used to refer to transsexual people, transvestites, intersexual people, and people who define themselves as transgendered or intergendered.

Cis is a term used to describe people who are not trans (cis is Latin for ‘on the same side’). A cis person is a person whose legal sex, biological sex, and gender identity all fit together and always have fit together according to prevalent societal norms. For example: a person born with a penis who identifies as male and is legally registered as male.
Summary

Gender
Gender is a socially constructed concept that divides people into two categories, women and men. There are several ways of viewing gender:

- Legal sex is the gender registered in the national registration database.

- Biological sex is assigned according to outer and inner sexual organs, sex chromosomes, and hormonal levels.

- Gender identity refers to the gender a person feels like they belong to. A person can identify as a man, woman, both, or neither.

- Gender expression is how a person expresses their gender, for example through clothes, body language, hairstyle, behaviour, voice modulation, and makeup use.

Zie
Zie is a gender-neutral pronoun that can be used instead of he or she. For instance, when you don’t know what gender a person is or if a person self-identifies as something other than male or female.

Transsexual
A person whose gender identity is not the same as the biological sex and/or the legal sex that they were registered as at birth, and who wants to completely or partially change their body to conform with their gender identity through surgery, hormonal treatments, or some other method.

Transvestite
A person who sometimes or always – completely or partially – dresses in and uses attributes that are usually seen as belonging to persons of another gender.

Transgender
A person with a gender identity that does not conform to a traditional male or female identity. The term can stand for a gender identity that cannot be understood through the dichotomy of male/female genders.

Intergender
Intergendered people define themselves as existing between or outside of the traditional gender categories.

Intersex
People are medically diagnosed as intersex when their biological sex cannot be defined as male or female according to the current categories that we have constructed.
Heteronormativity concerns the idea that men and women are the only two sexes that exist, and that they are attracted to and complete one another. In a heteronormative society one is expected to be comfortable with the sex one is assigned at birth and to express one’s gender in a way that conforms to that sex. That is, women are expected to be feminine and men are expected to be masculine. Gender is seen as constant and not changeable.

According to the norm, people are expected to be either a man or a woman and these two groups are referred to as opposite sexes. Everyone is expected to be heterosexual and strive for a monogamous relationship. To conform to or pass for conforming to the norm brings financial, political, and social rewards.

Critiquing the norm
Critiquing existing norms means working with a perspective aimed at investigating the norms that guide our values and ideas. The perspective can be employed when analysing norms in the workplace, at school or in society at large – norms exist everywhere and can change over time and be different in different places.

Today, critiquing existing norms is a central aspect of anti-discrimination work. It is necessary to reveal the societal structures that exclude people by sorting them into hierarchies according to gender, gender identity and expression, sexual orientation, ethnic identity, religious faith, disability, or age. Thus, instead of focusing on so-called deviant or minority groups and what characterises them, norm critique focuses on what makes something “normal” or “abnormal”. The popular notion of what fits in or conforms to the norm is what creates so-called “normative” structures and determines which people do not fall within these structures. A crucial aspect of the process of working with norm critique is seeing yourself as a co-creator of norms (Bromseth & Darj 2010).

It is important to remember that this perspective is not simply concerned with paying attention to particular norms but rather with an investigation of systems of norms. Therefore, norms need to be seen from an intersectional perspective, that is, as a set of circumstances that affect one another as opposed to existing in isolation. Using an intersectional perspective means looking at how different aspects of our lives, such as skin colour, disabilities, class, gender and sexual orientation, interact to determine our place in society. The conditions for “passing” and being deemed “acceptable”, as well as what is deemed normal or abnormal, all shift over time and are different in different societies. It is thus important to continuously interrogate our approach to anti-discrimination work, as well as to keep investigating the existing definitions for what is considered normal, in order for them not to become static and to prevent exclusion or erasure.

Summary

**Intersectionality**
Intersectionality is an analytical method that is used to study how different power structures are entwined and how different identities are created as a result of, for example, a combination of one’s religious faith, gender, sexuality, class and age. How these categories intersect differs depending on person and context.
Health statistics

This section presents the health situation of LGBT youth through the lens of various statistical reports.¹

It is not easy to form a cohesive picture of the health situation of young people. Available statistics and information lead to several (sometimes conflicting) conclusions. For instance, if you ask young people how they are feeling, most of them answer that they are fine. At the same time, many members of this group report symptoms that indicate a problematic health situation. These symptoms range from survey answers that suggest poor health to, as many of them do, stating that they have considered taking their own life. This indicator holds true for gay and lesbian youth and young trans people irrespective of whether they are analysed as separate groups or together (Ungdomsstyrelsen 2009b, 2010a, 2010b, 2011a).

As a group, gay, lesbian, bisexual and trans people, as well as people who are questioning their sexual orientation or their gender identity, are of significantly poorer health than the general population. This is especially true regarding their mental health and their abuse of alcohol, drugs and tobacco. Moreover, LGBT people are more likely to be victims of demeaning treatment, violence, and threats of violence. Similarly, it is also far more common for non-heterosexual youth to be victims of domestic violence or subjected to threats of violence by their family and to report a lack of security and emotional support as well as a lack of trust of other people. It is also common for them to face discrimination, violence, and harassment because of their sexual orientation and/or gender identity/gender expression.

Trans people are at great risk health-wise and young trans people are especially vulnerable. For example, they are likely to be victims of demeaning treatment, many of them engage in alcohol abuse, several have mental health issues and report general poor health.

The health condition of trans people as a group can clearly be statistically compared to the health situation of other groups. However, it is important to keep in mind that when comparing lesbian, gay or bisexual people with trans people, you are in fact comparing groups determined by sexual orientation to one that is determined by gender identity. In effect, in a comparison of the health situation of trans people with the health situation of lesbian, gay and bisexual people, the sexual orientation of trans people is erased. For example, because of the way studies are often phrased, we do not know if the health of trans people who identify as gay, lesbian or bisexual is worse than the health of the trans people who identify as heterosexual. At the same time, it is in fact relevant to compare the health of LGBT people with the health of the general population.

The Swedish National Board for Youth Affairs has been commissioned by the government to describe the health situation of LGBT youth. As part of this commission, the Board was granted access to the results of the national public health surveys of 2005 and 2008 (Statens folkhälsoinstitut), which are used here. In some cases, the results of certain years have been added together. We have also used statistics from Hälsa på lika villkor? Hälsa och livsvillkor bland hbt-personer [An equal right to health? Health and living conditions for LGBT people.] (Roth, Boström & Nykvist 2006), as well as from the Board’s 2009 youth survey.
One in five homo- or bisexual men have tried cannabis.
Physical health

Poor general health
Young men between 16 and 29 years of age who are unsure of their sexual orientation are more likely to report being of poor general health. Of these young men, 16 percent state that they are in poor health, which can be compared to 3 and 2 percent, respectively, of young homo- or bisexual men and young heterosexual men in the same age group (Statens folkhälsoinstitut 2005, 2008).

A larger percentage of homo- and bisexual women and women who are questioning their sexual orientation report poor health than of young heterosexual women. Of the young women between 16 and 29 years of age who are questioning their sexual orientation, 10 percent report being of poor general health, as do 7 percent of homo- or bisexual women, whereas only 2 percent of young heterosexual women do so (Statens folkhälsoinstitut 2005, 2008).

Young trans people are more likely to report being in poor health than older trans people. 23 percent of trans people between 16 and 29 years of age report a poor general health, which can be compared to 11 percent of trans people between 30 and 44 years of age and 6 percent of trans people between 45 and 64 years of age (Statens Folkhälsoinstitut 2005).

Long-term illness
Young homo- or bisexual people are more likely to report suffering from long-term illness.

Among young homo- and bisexual men (16–29 years of age), 4 out of 10 report having a long-term illness. 32 percent of young men who are questioning their sexual orientation report the same whereas only 23 percent of young heterosexual men do (Statens folkhälsoinstitut 2005, 2008).

Approximately every third lesbian or bisexual woman between 16 and 29 years of age report suffering from a long-term illness. The corresponding percentage for young heterosexual women is 21 percent (Statens folkhälsoinstitut 2005, 2008).

4 out of 10 trans people between 16 and 64 years of age (the numbers are consistent for every age group, approximately 41 percent) report suffering from a long-term illness (Roth et al. 2006).

Abuse of drugs, tobacco and alcohol
It is more common for young homo- and bisexual men to smoke tobacco daily and they are more likely to have tried cannabis in the last year. This suggests that young homo- and bisexual men are more likely to put themselves at risk health-wise than young heterosexual men are. Young homo- and bisexual women and young women who are questioning their sexual orientation also demonstrate a certain amount of at-risk behaviour, because it is more common for women in these groups to have tried cannabis than for young heterosexual women. However, there is no corresponding indicator of a more risky lifestyle in the statistics regarding daily smoking and young homo- and bisexual women and young women questioning their sexual orientation compared to young heterosexual women.
**Cannabis**

The percentage of young women between 16 and 29 years of age who have tried cannabis in the last year is considerably higher amongst homo- and bisexual women (12 percent) and amongst women questioning their sexual orientation (15 percent) than amongst heterosexual women (3 percent) (Statens folkhälsoinstitut 2005, 2008).

1 in 5 young homo- or bisexual men between 16 and 29 years of age have tried cannabis within the last 12 months, which can be compared to 7 percent of young men questioning their sexual orientation and 7 percent of young heterosexual men (Statens folkhälsoinstitut 2005, 2008).

**Smoking**

A higher percentage of young homo- and bisexual men (20 percent) between 16 and 29 years of age smoke tobacco every day than of young heterosexual men (8 percent) in the same age group (Statens folkhälsoinstitut 2005, 2008). 17 percent of trans people between 16 and 29 years of age report smoking daily, which can be compared to 18 percent of trans people between 30 and 44 years of age who report doing so. It is not more common for trans people to smoke than for homosexual or bisexual people (Roth et al. 2006).

**Alcohol abuse**

The statistics concerning alcohol abuse² establish that the percentage of young lesbian and bisexual women who engage in alcohol abuse is greater than the percentage of young heterosexual women who do so. Young men who claim they are unsure of their sexual orientation demonstrate significantly less alcohol abuse (barely one in five engage in behaviour that can be characterised as such) than young homo- and bisexual men and young heterosexual men (a little more than every third member of these groups engage in alcohol abuse)³ (Statens folkhälsoinstitut 2005, 2008).

It is not as common for trans people to engage in alcohol abuse (16 percent) as it is for homosexual people to do so (28 percent). Among bisexual people the corresponding number is 22 percent, but there is no statistically significant difference between bisexual people and trans people (Statens folkhälsoinstitut 2005).

A larger portion of young trans people between 16 and 29 years of age engage in alcohol abuse (31 percent) than of those between 30 and 44 years of age (11 percent) or those between 45 and 64 years of age (14 percent). This is another area where young trans people are more likely to have health issues (Statens folkhälsoinstitut 2005).

**Sports**

An important reason behind public funding of the sports sector is that participating in sports improves the health of young people. However, it is clear that the sports sector has more work to do regarding the creation of non-discriminatory environments. It is far less common for young homo- or bisexual people to be part of a sports organisation than for young heterosexual people. The differences are greater between hetero- and homosexual men than between hetero- and homosexual women and the differences are the largest in sports organisations for young people.⁴

**Participating in organised sport**

39 percent of young heterosexual men between 16 and 25 years of age state that they participate in organised sports activities every week. The corresponding percentage for homo- and bisexual men of the same age is 22 percent (Ungdomsstyrelsens ungdomsenkät 2009).

36 percent of young heterosexual women between 16 and 25 years of age state that they participate in organised sports activities every week. The corresponding percentage for young lesbian and bisexual women is 22 percent (Ungdomsstyrelsens ungdomsenkät 2009).
**Weekly exercise**
A slightly larger percentage of heterosexual young men between 16 and 25 years of age (58 percent) than of homo- or bisexual young men (45 percent) report that they exercise or play sports every week outside of organised sport (Ungdomsstyrelsens ungdomsenkät 2009).

Similarly, among young women between 16 and 25 years of age, a somewhat larger percentage of heterosexual women (58 percent) than of lesbian or bisexual women (52 percent) report exercising or playing sports every week outside of organised sport (Ungdomsstyrelsens ungdomsenkät 2009).

**Attending sports events**
There are significant differences between the percentages of young homo-, lesbian and bisexual people and young heterosexual people between 16 and 25 years of age who never attend sports events as spectators. Particularly among the young men. 74 percent of young homo-or bisexual men never attend sports events, as compared to 33 percent of young heterosexual men. Among young women, 54 percent of lesbian or bisexual women and 42 percent of heterosexual women report never attending sports events (Ungdomsstyrelsens ungdomsenkät 2009). (Ungdomsstyrelsens ungdomsenkät 2009).

**Leadership roles**
Almost one in ten of young men between 13 and 20 years of age report being in contact with a coach or another leadership figure in organised sports who expresses dislike for homosexual people. The corresponding percentage for young women of the same age is 2 percent (Ungdomsstyrelsen 2005).
Mental health

The statistics make it very clear that young gay, lesbian and bisexual people as well as young people who are questioning their sexual orientation are more likely to report having mental health issues. This is particularly true for young homo- and bisexual men and young men who are questioning their sexual orientation. Similarly, it is more common for young lesbian and bisexual women and young women who are unsure of their sexual orientation to report feeling worry, anxiety and panic, than it is for young heterosexual women to do so. As a group, gay, lesbian and bisexual youth and young people who are questioning their sexual orientation are statistically more likely to have suicidal thoughts or attempt to take their own life.

**Suicidal thoughts**

42 percent of young homo- and bisexual men between 16 and 29 years of age have had suicidal thoughts, as have 29 percent of young men who are questioning their sexual orientation. The corresponding percentage for young heterosexual men is 12 percent (Statens folkhälsoinstitut 2005, 2008).

47 percent of young lesbian and bisexual women and 34 percent of women who are questioning their sexual orientation have had suicidal thoughts. However, this percentage is also high among young heterosexual women: 1 in 5 have had suicidal thoughts (Statens folkhälsoinstitut 2005, 2008).

65 percent of young trans people between 16 and 29 years of age have considered taking their own life (Roth et al. 2006).

**Suicide attempts**

17 percent of young men between 16 and 29 years of age who are questioning their sexual orientation and 11 percent of young homo- or bisexual men of the same age have attempted to commit suicide. This can be compared to 3 percent of young heterosexual men (Statens folkhälsoinstitut 2005, 2008).

Among young women between 16 and 29 years of age, as many as 1 in 4 young lesbian and bisexual women have attempted to take their own life, as have 1 in 5 of the young women who are questioning their sexual orientation. The corresponding percentage for young heterosexual women is 8 percent (Statens folkhälsoinstitut 2005, 2008).

27 percent of trans people between 16 and 29 years of age have attempted to commit suicide, as have 28 percent of trans people between 30 and 44 years of age and 12 percent of trans people between 45 and 64 years of age (Roth et al. 2006).

**Victimisation and violence**

Young homo- and bisexual people are considerably more likely to be subjected to threats of violence, violence, and discrimination. Young trans people are especially likely to be targeted.

**Violence**

More than 1 in 3 (36 percent) young homo- and bisexual men between 16 and 29 years of age and 20 percent of young men who are questioning their sexual orientation have been victims of violence. This can be compared to 9 percent of young heterosexual men (Statens folkhälsoinstitut 2005, 2008).
12 percent of young homo- or bisexual women between 16 and 29 years of age and 8 percent of young women questioning their sexual orientation have been victims of violence. The corresponding percentage for young heterosexual women is 5 percent (Statens folkhälsoinstitut 2005, 2008).

5 percent of young trans people and people with uncertain trans identity between 15 and 26 years of age were victims of violence in the last 12 months (Ungdomsstyrelsen 2010a). One third of all trans people between 16 and 64 years of age have been victims of violence or harassment at least once in their life. Out of these, 27 percent reported that they were victims of violence or harassment within the last 12 months because of their gender expression or their gender identity. The corresponding percentage for young people between 16 and 29 years of age is 34 percent (Roth et al. 2006).

Younger people appear to be more likely to be subjected to violence than older people. 7 percent of people between 15 and 18 years of age have been subjected to violence, which can be compared to 1 percent of people between 23 and 26 years of age. In most cases, the victim does not know the perpetrator (Ungdomsstyrelsen 2010a).

**Threats of violence**

Among young homo- and bisexual men between 16 and 29 years of age, 24 percent have received violent threats. The corresponding percentage for young heterosexual men of the same age is 6 percent (Statens folkhälsoinstitut 2005, 2008). 1 in 5 young lesbian and bisexual woman between 16 and 29 years of age have received violent threats; this can be compared to 8 percent of young heterosexual women (Statens folkhälsoinstitut 2005, 2008).

13 percent of young people between 15 and 26 years of age had been subjected to threats of violence in the last year. 24 percent of young trans people and 18 percent of people with uncertain trans identity have received violent threats within the last year (Ungdomsstyrelsen 2010a). 20 percent of trans people between 16 and 64 years of age report being recipients of violent threats within the last 12 months (Roth et al. 2006).

**Discriminatory treatment**

2 out of 3 young bisexual and lesbian women (65 percent) report that they have been subjected to various forms of discriminatory treatment. It is also more common for young women who are questioning their sexual orientation to report being subjected to discriminatory treatment than for young heterosexual women to do so (Statens folkhälsoinstitut 2005, 2008).

**Afraid to go out alone**

It is more common for young homo- or bisexual men between 16 and 29 years of age to state that they are afraid to go out alone than for young heterosexual men of the same age (Statens folkhälsoinstitut 2005, 2008).

**Domestic violence**

Approximately 10 percent of young people between 16 and 25 report being victims of domestic violence. The percentage of non-heterosexual youth who stated the same was significantly higher: 19 percent of them reported being victims of domestic violence (Ungdomsstyrelsens ungdomsenkät 2009).
Psychosocial health and victimisation

In the report *Hon hen han* [She, Zie, He] the Swedish National Board for Youth Affairs concludes that being a victim of hate crimes or sexual abuse can affect a person’s psychosocial health. These conclusions are drawn from a study of the connections between psychosocial living situations and sexual orientation (and/or gender identity) and how this affects individual health. The study was done by the Board and the Swedish Youth Federation for LGBT Rights. Among the questions asked were ones regarding whether the person had a social support system and how family and friends had treated them. The study demonstrated that LGBT people who have been victims of sexual abuse or violence are more likely to have a problematic psychosocial living situation. Additionally, trans people and people with an uncertain trans identity are more likely to be subjected to sexual abuse or violence and they are also more likely to have a very problematic psychosocial living situation.5

Research has revealed that persons with less self-confidence tend to be at a greater risk of being victims of sexual abuse (Gäredal & Nathorst-Böös 2009). Being the victim of sexual abuse or violence has a negative effect on one’s psychosocial health, especially if there is no social support system present (Larsson, Lilja & Fossum 2008). Thus, psychosocial health and victimisation affect one another.

LGBT people who have mostly been negatively treated by family and friends and who have a lower self-esteem are also more likely to be subjected to violent threats. Younger people who are still at school are more at risk for this than older people are. Trans people and people of uncertain trans identity are more likely to know the person who threatens or otherwise harms them. To not have to defend your sexual orientation or gender identity (to have it seen as perfectly normal) and to have people to identify with is central to a person’s psychosocial health. Support from close friends and family and a safe and positive psychosocial living situation are important factors in decreasing the risk of being subjected to violence or other kinds of violations. The fear of being subjected to violence or ill treatment risks having a profound effect on a person’s ability to have a functional social life.

Feeling unsafe in public spaces

A third of LGBT youth, 32 percent, have at some point in their life refrained from going out due to fear of ill treatment because of their sexual orientation and/or gender expression. 8 percent have done so in the past 12 months. Younger people (those who are between 15 and 18 years of age) are more likely to feel unsafe than older people (those who are between 19 and 26 years of age) (Ungdomsstyrelsen 2010a).

49 percent of trans people between 15 and 26 and 40 percent of people with uncertain trans identity of the same age have at some point abstained from going out due to fear. If they have a problematic psychosocial living situation they are more likely to avoid going out. This group also exhibits significantly less self-confidence than the other groups (Ungdomsstyrelsen 2010a).
Sexual abuse
35 percent of LGBT youth between 15 and 26 years of age were subjected to sexual abuse in the last year. The percentage for 15 to 18-year-olds is 46 percent (Ungdomsstyrelsen 2010a).
49 percent of young trans people between 15 and 26 years of age and 44 percent of young people with uncertain trans identity of the same age reported being forced to perform one or more sexual acts in the last year. People of this group who lack a foundation for their psychosocial well-being are more likely to have been victims of sexual abuse (Ungdomsstyrelsen 2010a).

Hate crimes
Hate crimes cannot be defined as a specific type of crime; they can be anything from a murder to derogatory writing on someone’s wall. The bias behind the crime is what determines whether or not it is a hate crime and what kind of hate crime it is. For example, someone who commits a hate crime characterised as racist could be motivated by a bias against the victim’s ethnic background, skin colour or perceived nationality, whereas the aggressor behind a religious hate crime could be motivated by their bias against the victim’s assumed or actual religious affiliation.

This section discusses hate crimes where the motive is related to the victim’s sexual orientation (homosexuality, bisexuality or heterosexuality) and/or their transgressive gender expression or gender identity (for example, how the victim chooses to express their biological sex, their social gender and/or the gender they identify as, or simply the fact that they identify as a gender that is different than their biological sex).

The development of hate crimes in Sweden
Despite the increasing awareness of LGBT issues, there has not been a noticeable decrease in the number of hate crimes directed against LGBT people. This means it might be necessary to problematize the idea that as long as society becomes more enlightened and tolerant, the number of hate crimes will decrease. However, the increasing awareness does make it more likely that those who are victims of a hate crime will dare to bear witness of what happened to them, and to understand and be able to explain the structural aspect of these crimes (that they are hate crimes and not just isolated incidents).

Since 1997, a report on hate crimes in Sweden is published every year. In order to put together statistics on these crimes the Swedish Police maintains a list of search terms that include specific derogatory terms/slurs or other indicative words (such as ”bög” [a derogatory term for homosexual men], “blatte” [a derogatory term for people with a non-Swedish background] and “slöja” [the Swedish word for a hijab]). A police report that includes any of these words should be flagged automatically and filed as a hate crime. A comprehensive analysis of the current statistics on hate crimes does not exist and the yearly report often emphasises the problems and limitations of this kind of data collection. Moreover, police officers do not always have the necessary training to understand, classify, and handle crimes with these kinds of biases involved.

According to the currently available hate crime statistics, the majority of reported hate crimes are racially motivated (74 percent). Hate crimes of a homophobic, biphobic or heterophobic nature are the second-most common (15 percent) and the third most common is those where the perpetrator is motivated by a bias against the victim’s religious affiliation (11 percent). Since 2008
Swedish National Council for Crime Prevention also records the number of reported transphobic hate crimes. In 2009 and 2010 these made up 1 percent of the reports (Brottsförebyggande rådet 2011). All of these percentages have remained more or less constant since 2005. The percentage of the total number of reported crimes that were characterised as hate crimes increased between 2000 and 2008 and decreased somewhat during 2009 and 2010. It is important to emphasise that this is an approximated minimum based on the number of reported crimes. It is impossible to draw on the existing statistics to determine or even give a rough estimate of the number of crimes that are not reported.

Eva Tiby’s 1999 dissertation demonstrated that young non-heterosexual people are considerably more at risk for violence in their everyday life than heterosexual youth are (Tiby 1999). These results are founded on survey responses from approximately 3000 young people who identify as non-heterosexual and are members of RFSL (The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights). 25 percent of these young people reported being victims of homophobic hate crimes. What separated those who were more likely to be victimised from those who were less likely can be summarized as life style and exposure. This means the risk of becoming a victim of such a crime increases depending on how open a person is about their sexuality or their gender identity/expression.

In 2004, a follow-up study of the research done in this dissertation demonstrated that the percentage of LGBT youth who reported being victims of a homophobic hate crime had increased significantly: 53 percent of the women and 51 percent of the men reported that this had happened to them (Tiby 2005). Eva Tiby reflects on the results:

“The results surprised me as well. I would speculate that the increase in the number of hate crimes was a reaction to the positive development of LGBT rights, an expression of a sort of counter-movement to the rising awareness in society. It could be that the perpetrators belong to a subset of society who used to just dismiss LGBT people as ‘disgusting’ and have now been moved into action. Claiming a space in daily life results in friction, and it’s in daily life that non-heterosexuality is continually seen as a problem. Moreover, a difference in method between the first and second study could explain part of the so-called increase.”

(Interview with Eva Tiby.)
The increase in hate crimes and those who state that they have been the victim of one could be the result of a heightened awareness and a diminished tolerance for discriminatory or derogatory treatment, as well as a higher level of awareness amongst individuals that what they have been subjected to actually counts as a hate crime.

Despite the Swedish parliament’s 2009 decision to enter gender identity and expression into the national anti-discrimination legislation, these categories have not yet been entered into the paragraphs specifically pertaining to hate crime. Thus, while these categories may very well be the primary bias of perpetrators who commit various kinds of violations, their lack of presence in hate crime law can result in several hate crime cases being more difficult to identify.

It is important to develop the discussion further in order to better understand the mechanisms behind hate crimes. Central aspects like age, gender and perpetratorhood are not always adequately defined and problematized. There is also a tendency to set perpetratorhood and victimisation against one another. People who commit these kinds of crimes are often also more at risk of being victimised than are the rest of the population. Therefore, these categories ought to be problematized to a higher degree and we ought to have discussions about gender, masculinity and sexuality and what these terms stand for.

For instance, there is a high degree of homosocial but prejudiced behaviour going on in these circles; that is, it is common to largely spend time with people of the same biological sex in a context that is held together with sexism and homophobia. Thus, the heterosexual identity of young men is constructed in relation to the homosexual – the other. Homophobia becomes an identity-shaping process for insecure young men (Lalander & Johansson 2002).

At-risk environments

According to the report Hon hen han [She Zie He] (Ungdomsstyrelsen 2010a), schools and workplaces, followed by public places and the home, are the most common places for hate crimes to occur. According to the report Hatbrott 2010 – Statistik över polisanmälningar med identifierade hatbrottsmotiv [Hate Crimes in 2010 – Statistics on Police Reports with Identified Hate Crime Motives] (Brottsförebyggande rådet 2011), the Internet is another common location for hate crimes.

School

School is simultaneously a place where young LGBT people are at risk of being victims of a crime and a place they cannot avoid going to. Because it is common for LGBT-related hate crimes to occur in schools, they are also important arenas for the integration of norm critique in the preventative work against harassment and hate crimes.

The study Intolerans [Intolerance] (Brottsförebyggande rådet & Forum för levande historia 2004) demonstrates that a mere 7 percent of the students had “a high degree of intolerance toward homosexual people”. Eva Tiby concludes that it is no longer socially acceptable to make derogatory comments about someone’s sexuality and that hate crimes cannot be explained by homophobia alone. Preventative work related to hate crime issues should therefore be connected to a broader discussion on heteronormativity and the centrality of hegemonic masculinity to the overarching social order in schools.

In the school environment, masculinities and femininities are created daily and in every moment. Young men often consider feminine or ”non-masculine” men to be suspect, homosexual, and as threats against a stable male identity. Gender is associated with power and heterosexual men are in power and in charge of a hegemonic masculinity. Hegemonic
masculinity, here, refers to the hierarchy of male gender roles that exist within a certain context and is associated with certain privileges.

Lastly, it is important to keep in mind that schools are places where young people are vulnerable, but they are also arenas where public efforts are possible and have the potential to make a difference.

**Workplace**

Today, the anti-discrimination legislation concerning the workplace covers discrimination motivated by someone’s sexual orientation or gender, gender identity and gender expression. This means it is illegal to deny someone employment or fire them based on any of those characteristics. It is also compulsory for employers to actively work to protect their employees from bullying, derogatory language, and harassment in the workplace.

Despite the existing legislation, LGBT people are discriminated against in the workplace. Only a minority of the group are currently facing discrimination, but it can result in serious consequences for them, including mental health issues. It is also important to keep in mind that workplace issues do not only affect people who are employed full-time: students in primary school, secondary school, and at university often come into contact with the labour market when working during their school holidays or part-time while going to school.

The report *Hon hen han* [She Zie He] (Ungdomsstyrelsen 2010a) demonstrated differences between the workplace victimisation of young LGBT people and older LGBT people. For example, young LGBT people are more likely to be subjected to exclusion and bullying, whereas older LGBT people are more likely to have been fired due to their sexual orientation. Moreover, a consequence of the assumption that everyone is a heterosexual cis person is that LGBT people are often seen as breaking the norm. Thus, even if the majority of LGBT people are not victims of direct discrimination, individuals are still being discriminated against, either by direct harassment or special treatment.

Being discriminated against or being excluded from the social life of a workplace, or even the presence of a risk of being discriminated against, can result in fear, worry, anxiety, depression and suicidal thoughts. As a young person who is new to the workforce, exclusion can be a terribly difficult thing to deal with. There are several strategies for avoiding this. One is to choose to remain closeted, that is, to not tell your colleagues about your identity as gay, lesbian, bisexual or trans. The connection between discrimination and poor mental health means the work against discrimination of young LGBT people needs to be a part of any general work to improve workplace health.

Carina Bildt, a researcher of workplace dynamics, is one of the few researchers who has studied the nature and extent of workplace discrimination against LGBT people. Bildt claims that it is often overlooked because it primarily takes the form of a subtle harassment that is rarely seen as a major problem since the focus of anti-discrimination work is too often placed on more open direct or indirect harassment (Bildt 2004a).

Indeed, a study from Arbetslivsinstitutet (a now defunct government agency) about workplace conditions for gay, lesbian and bisexual people, demonstrates that only some of the workplace discrimination against LGBT people takes the shape of derogatory slurs and acts that express open homophobia (Bildt 2004b). Instead, the problem often lies in the culture of the workplace, where silent rules for how projects are organised and conducted and how social life and joking operates are what actually ostracises and excludes. Earlier studies also demonstrates that it is somewhat less
likely for gay, lesbian or bisexual people who are not open about their sexual orientation to be subjected to discrimination; however, a life where you are always hiding your sexual identity can have other negative health effects.

The Internet

Many young LGBT people see the Internet as a safe zone where they can express sides of themselves that they are afraid to or unable to express at other times. Getting in touch with other young LGBT people can help them feel less alone. These tendencies can be seen in the report *Se mig* [See Me] (Ungdomsstyrelsen 2009c), where young LGBT people responded to surveys and were interviewed about their use of the Internet (a shortened English-language version of this report can be downloaded at www.ungdomsstyrelsen.se/english).

In general, the ability to be anonymous online is seen as something positive. You can be yourself without the risk of encountering a parent or someone from school. The Internet is thus a ‘place’ where you can contact someone of the same sex without running the risk of repercussions like violence or rumours. Essentially, it is a safe space where you are free from society’s limiting heteronormativity and find tangible evidence that you are not alone. This can be very important for the health and self-esteem of young LGBT people.

The Internet is also a good place to look for information on LGBT organisations and LGBT issues that may not be covered in the sexual education curriculum in school. Moreover, erotic materials found online can help young LGBT people explore their sexualities and be strengthened in their identities.

But Internet use also carries risks. The report *Se mig* [See Me] (Ungdomsstyrelsen 2009c) demonstrates that young LGBT people are more vulnerable to these risks. Primarily, they concern undesired contacts and sexual suggestions that can be difficult to say no to. It is much more likely for young LGBT people to report that they have been pressured or coerced into sex at least once in conjunction with an Internet contact.

Young non-heterosexual people, especially young men, are at a much higher risk of being subjected to internet-related sexual abuse, of having experience of sex in exchange for money, and of being bullied or threatened via Internet or cell phones.

The young people in the interviews state that one learns to deal with the risk over time, and they emphasize the individual’s ability to affect what happens to them online. Therefore, working to strengthen the self-confidence of young LGBT
people as well as their ability to establish personal boundaries can be a way to decrease sexual victimisation on the Internet. The young people in the study describe a number of strategies that they use in order to avoid negative situations and to ensure that the persons they are in contact with are who they claim to be.

Despite the fact that young people are clearly aware of the risks of using Internet in conjunction with love and/or sex, many of them have trouble reconciling their idea of the Internet with that of the media and others and they feel that there is a tendency to depict the Internet as a dangerous place. One of the risks of perpetuating this idea of the Internet is that the young people may take on the responsibility themselves if something unpleasant happens to them because they feel as though they ought to have known better. If it is constantly described as taking a risk to date someone you’ve met online, it can reinforce the idea that one only has oneself to blame if something happens.

Meeting people online and then in real life is very important for the social life of these young people, as well as for their love life. Many of them would never consider not engaging in these kinds of social interactions. Therefore it is important to remember that the message that it is considered at-risk behaviour to date people whom one meets online can make the few young people who are victims of Internet-related crimes feel guilty, even though what happened to them is not their fault (Ungdomsstyrelsen 2009c).

**Violence in the family**

Children and young people who are victims of physical and psychological abuse by their parents are an especially vulnerable group in society. Domestic violence is a seeding ground for other issues and how this violence affects people’s lives is a topic that needs further investigation. Young LGBT people who are victims of domestic violence or abuse are sometimes also victims of violence or abuse outside of the home but are not always given the help they need when they turn to the authorities. In many cases, they are left to deal with a very problematic situation on their own.

In the yearly youth survey by the Swedish National Board for Youth Affairs (2009), approximately 10 percent of young people between 16 and 25 reported being victims of domestic abuse. The percentage of young people who are not heterosexual who said they had been victims of violence in the family was considerably higher: approximately 19 percent had been victims of domestic abuse. This indicates that this group is more vulnerable to victimisation in the home as well as out of it.

A similar result can be found in a 2006 survey by NOVA (Norsk institutt for forskning om oppvekst, velferd og aldring), where young people between 14 and 16 participated. Additionally, the results of the follow-up study *Ung i Oslo* [Young in Oslo] (Ulstein Moseng 2007) demonstrated that the percentage of young people who needed medical attention once or more than once in the last 12 months after having been victims of domestic violence, was greater among young people who had had sex with someone of the same gender than among young people who only had only had sexual experiences with someone of the opposite sex.

The role of the parents in the health and wellness of a child is strongly emphasised in the UN convention for the rights of the child. Moreover, many young people consider family the most important thing in their life, followed by friends (Ungdomsstyrelsen 2007b). When young people have problems or are worried about something, 76 percent of them turn to a friend and 74 percent to their mother. Few turn to a representative of a public authority or to a volunteer organisation (Ungdomsstyrelsen 2007a).

According to Judith Lewis Herman, American professor of psychiatry, children who are victims of psychological and physical abuse within the family are forced to find ways of continuing to trust people who cannot be trusted. That is, they must create safety in an
unsafe situation, find ways to control a situation that cannot be controlled, and be empowered in a situation where they are powerless. This has consequences: compensating for the lack of adult care in this manner has a profound effect on their personalities (Lewis Herman 2007).

Domestic violence is often seen as something that occurs solely in male-female relationships, but is slowly beginning to be seen as something that exists in same-sex relationships as well. A 2005 study called Våldsamt lika och olika – om våld i samkönade relationer [Violently similar and different – concerning violence in same-sex relationships] received a great deal of attention (Holmberg & Stjernqvist 2005). Before this study, there was hardly any research on this topic in Sweden. The study constructed a survey that was directed at same-sex couples; one fourth of the respondents reported currently experiencing or having experienced some kind of psychological, sexual or physical violence from their partner in a same-sex relationship. In 2009, a review of existing research called Våld i samkönade relationer – en kunskaps- och forskningsöversikt [Violence in same-sex relationships – an overview of existing research] (nationellt centrum för kvinnofrid 2009) concluded that there was a need for considerably more research concerning violence in same-sex relationships. Particularly because an all-too simplified understanding of gender and power dynamics will result in erasing the experiences of many people.

**Honour-related violence and oppression**

Here, the term honour is used in the context of persons who are part of a group that has defined what gives honour and what leads to a loss of honour. Honour-related violence refers to the violence, control mechanisms, and threats that are enacted with the objective of restoring the honour and the reputation of a family. Some domestic violence and abuse directed at LGBT youth can be defined as being forms of honour-related violence that occur because the family does not tolerate the choices of the young person (Ungdomsstyrelsen 2011b).
LGBT people and honour-related oppression

In the 2005 report *Hedersrelaterat våld mot ungdomar på grund av sexuell läggning* [Honour-related violence against young people due to their sexual orientation], the County Administrative Board of Skåne discussed the situation of young homo- and bisexual people in families that subscribe to this idea of honour. The report is structured around interviews with young people and looks into how different public institutions handle the issue of honour-related oppression and violence. The report finds that violations of the rights of young people perpetrated by their families occur in all cultures, irrespective of the religious affiliation of the parents, but also that culture and religion can have an effect on the victimisation of young people.

The report concludes that schools, youth health clinics, social services and the police all have trouble noticing young gay, lesbian, and bisexual people who are victims of ill treatment by their families. These public institutions cannot see that LGBT youth are more likely to be subjected to violence and oppression; this blindness occurs partially because the institutions in question tend to ignore the issue of homo- and bisexuality. This sometimes results in young people being left to solve their problems without help. This can have serious consequences, as can be seen in the stories of the young people who were interviewed for the report. Some of them have been through traumatic experiences and are engaging in destructive behaviour, several report mental health issues and some have suicidal thoughts. Other examples of possible consequences include homelessness, restrictions of their freedom of movement, a loss of security and belonging, and the absence of positive reinforcement.

Six young people who live with honour-related issues were interviewed for *Hon hen han* [She He] (2010a). These interviews give us additional information about how young LGBT people handle physical violence and threats of violence due to their sexual orientation. In regards to honour-related violence and oppression, young gay, lesbian, bisexual and trans people are especially vulnerable to its consequences. The interviews describe death threats, assaults, suicide attempts, self-destructive behaviour, drug use, and other issues, and the initial cause of their problematic living situation was the intolerance of their parents and the threats they had made against their children.

The Swedish Youth Federation for LGBT Rights and Almaeuropa conducted an interview study with young LGBT people living with honour-related issues called *HBT och heder* [LGBT and honour] (Darj, Nathorst-Böös & Jarl-Åberg 2011). The issues are sometimes related to the fact that their families have not accepted or would not accept their children identifying as LGBT. Young heterosexual people living in environments where there are strong taboos surrounding sexuality (so-called Free Church movements) were also interviewed for the study.

The study concludes that young LGBT people are even more vulnerable than young heterosexual people because professionals who are in a position to help often minimise the violence perpetuated against these young people. The consequential lack of both familial and professional support has a negative effect on their self-esteem. A similar situation is when young LGBT people are victims of hate crimes at school but not supported by their families when they try to tell them what happened. Support from close family members and/or a safe and healthy psychosocial living situation is an important prerequisite for the health of young people.
The study also demonstrates that the norms attached to honour-related issues have different consequences for young people depending on their sex. In general, young women face more restrictions, as do young men who are not heterosexual. Young heterosexual men are far less restricted, but the lives of boys who are or who are suspected of being homosexual are severely policed. Several of the young LGBT people who are interviewed in the study describe having been subjected to systematic violence by several family members, and there is a need to establish more safe houses for boys and young men who are victims of violence.

On occasion, young people living in families who subscribe to honour norms are subjected to an attempted conversion to heterosexuality. One of the possible strategies for this is an enforced marriage, where the young person is supposed to be converted to heterosexuality through this act.

Strategies and resistance

The report *Hon hen han* [She Zie He] focuses on the strategies and coping mechanisms used by young LGBT people on a daily basis in order to survive and resist the heteronormative society they live in. This resistance can take different forms and often centres on creating safe places and alternative ways of making families.

Fanny Ambjörnsson works with the research project *Queerkids, baby-butchar och lesbianer. Livsvillkor och motståndsstrategier bland två generationer hbt-kvinnor* [Queer kids, baby butches and lesbians. Living conditions and strategies of resistance amongst two generations of LGBT women], and has interviewed around 30 young LGBT people as part of this project. The young people in the study share their experiences of violent threats or being harassed by strangers in the street; they discuss how they feel that they encounter prejudice and are treated wrongly when they interact with social services and health care; and they share their memories of school as an unsafe place. The research project connects these injustices and the situation that many young LGBT people are living in to different ways of unconscious or conscious resistance.

“Most people can’t find the words to describe oppression, but if you ask what engagement looks like and how a person can resist and struggle in their everyday life, it becomes fairly clear.”

(Interview with Fanny Ambjörnsson)

Resistance is something that happens in a very ordinary context. One concern is place. This refers to creating safe spaces where people are given time and opportunity to be seen, be understood, and to create a social context. It is a way of stretching the boundaries of heteronormativity and finding alternative ways to live.

Safe spaces are both searched for and actively created. A safe space can be anything from a university program, a workplace or a social institution, to a cafe, a bar or a club. Creating safe spaces has always been central to the history of the LGBT movement. Therefore, it is interesting to note that it continues to be one of the most important resistance strategies used by young LGBT people. Supporting this already existent energy to find and create safe spaces is a possible venue for national, regional and local efforts.

Another form of everyday resistance concerns the family, since a large part of the resistance of young people relates to the active creation and maintenance of alternative forms of family. Instead of the biological family there is a discussion of the chosen family. This concept can include friends, partners, former lovers, children, nieces
and nephews, in any kind of combination. The point is generally to demonstrate the diversity of relationships that exists outside of the heterosexual ideal of the nuclear family.

Strategies for resistance can appear mundane and pointless from the outside. For instance, resistance can take the form of creating informal networks to spread information about workplaces and living arrangements that are friendly to people who live outside the norm, or about health care institutions that welcome LGBT youth and do not treat them with prejudice. Another important strategy is to accompany one another to encounters that one anticipates will be difficult, such as bringing a friend to a doctor’s appointment if the doctor is not receptive to LGBT perspectives and there is a possibility of conflict. There are also public actions, for example, so-called “kiss-ins” where people are encouraged to come to a public place at a certain time to make out and thereby demonstrate resistance to narrow-minded rules and normative ideas about what is appropriate that mean that same-sex couples are seen as provocative when they demonstrate affection publicly.

In general, the resistance strategies of LGBT people includes both finding safe spaces where they can be themselves, and actively attempting to change the norms of majority society. That is, both creating safe spaces where one can find social acceptance in the present, and engaging in a political effort to push the boundaries of what is socially acceptable so that majority society will become more open in the future.

Victimisation beyond two genders

In the report *Unga med attityd* [Young People with Attitude] (Ungdomsstyrelsen 2007b) it is made clear that the young people of today have become far more open to homosexuality and other formerly norm-defying concepts. Today it is deemed much more “acceptable” and “normal” to have sex with someone of the same gender than it used to be. However, despite this increased openness to other sexual orientations than heterosexuality, the surveys of *Hon hen han* [She Zie He] (Ungdomsstyrelsen 2010a) demonstrate that many LGBT people live in a difficult situation. Fanny Ambjörnsson claims that:

“In a society like Sweden, where we simultaneously consider ourselves very ‘LGBT-friendly’ and few people express themselves negatively openly in the media, it is important to point out that victimisation still exists. When we have legislation that is supposed to protect people through anti-discrimination measures and programs, it is easy to forget that people actually are still being discriminated against in schools and on the street. It is important that people are allowed to describe this victimisation themselves in more detail and that more aspects of this kind of victimisation are brought forward.”

(Interview with Fanny Ambjörnsson.)

Fanny Ambjörnsson points out that it is a multi-layered problem. Norms that dictate how people are supposed to look as related to their sexual identity or gender identity/expression make it very difficult for people who do not fit into these norms. They are more likely to be subjected to discrimination or worse. The most vulnerable
group seems to be the people with transgressive gender identities or expressions. This includes people who do not identify as a woman or a man, or people who perform masculinity while having a biologically female body and vice versa.

One of the most fundamental norms in our society is the one that states that there are two sexes and that people are easily categorised as one or the other. Heteronormative ideas about gender often lead to models of explanation that are far too limiting. Prejudice and expectations related to gender affects people on a daily basis in the form of exclusion through “staring”, but also in the form of harassment and violence.

According to the report by the Swedish National Public Health Institute Hälsa på lika villkor? Hälsa och livsvillkor bland hbt-personer [Health on equal terms? Health and living conditions among LGBT people] (Roth et al. 2006), nearly 30 percent of trans people had been subjected to violence or harassment because of their gender expression or their gender identity in the last year. More than half had experienced some form of discrimination.

In the 2008 interview study Är du kille eller tjej? En intervjustudie om unga transpersoners livsvillkor [Are you a boy or a girl? An interview study on the living conditions for young trans people] by RFSL Ungdom, six people with different backgrounds and experiences were interviewed about what it was like to be a young trans person. The conclusions that can be drawn from this study suggest that trans people experience a systematic stigmatisation and a consistent erasure, which the informants connect to heteronormative ideas surrounding gender, which they claim are among the more important causes of exclusion and erasure (RFSL Ungdom 2008).

Young trans people are especially vulnerable because they are subjected to normative ideas and reactions in school and at home. As a trans person, this can make it difficult to develop your gender identity. Another difficulty can be the lack of role models. There is also a considerable lack of easily accessible information about trans issues in schools or at health clinics, for example. Moreover, the opportunities to come into contact with other trans people is highly limited. Often, young trans people are subjected to discriminatory treatment, conflicts with their families, disbelief or a lack of understanding from the people in their immediate surroundings, long waiting periods before they can access medical care, and several other difficulties that in their turn can all lead to mental health issues. Some interview subjects in the study avoid seeking help for health issues, either because they have been treated poorly by health care professionals in the past, or because they are afraid they will be discriminated against.

Using this study as a foundation, RFSL Ungdom published a brochure called Att göra synligt [To make visible] (RFSL Ungdom 2009) about what people working in schools and the health care system can do to improve their treatment of young trans people. The purpose of the brochure is to allow voices that are not listened to very often to be heard, and to make visible the consequences for those who rebel against heteronormative ideas about gender.

The interview study about young trans people was part of a now finished project called Transformation, started by RFSL Ungdom in 2007.
The norm that there are only two existing genders can make it difficult for young trans people to develop their gender identity.
Project: Transformation

Transformation investigated the situation of young trans-identifying people. Among other issues, the project was concerned with changing the situation of these young people by improving their access to medical treatment, making it easier for them to change their name to a name that ran contrary to their assigned gender$^8$ and to be identified with a new pronoun (he, she or zie]. The project was also working towards changing society’s narrow-minded conception of gender. The project manager Frida Darj says:

“Our most important task is to undermine the system that forces people to identify themselves and other people according to biological sex and within very narrow boundaries. At the same time, we are here for people who have to live in this world, as a support for those who want to go through gender corrective surgeries or who want to know how best to ‘pass’ as belonging to one of the two gender categories. We must be able to achieve a balance between these two perspectives and be able to support people without reinforcing norms concerning bodies and identities.”

(Interview with Frida Darj.)

Many young trans people are asked to confirm their gender identity in situations where it does not fill a specific purpose and by people they have never met before. Frida Darj points out that this is a little easier to deal with when it concerns a trans person who identifies as either a woman or a man and can pass as belonging to either of those categories. When it comes to a person who does not wish to be categorized at all, or whom others do not consider a clear fit for the gender he or she identifies as, a majority of people will choose to continue using biological categories for gender.

Today, trans people have the right to certain surgical and legal gender corrective measures, but it is a conditional right. A legal sex change requires a sterilisation and they are not allowed to preserve sex cells for future use. The project Transformation partially focuses on promoting the universal right that people have to their own body.

The project Transformation is now finished, but it continues online and the issues are kept alive through the work of RFSL Ungdom.
Meeting places and projects

It is essential that meeting places for young LGBT people exist. Having access to a safe space where they do not have to defend their sexual orientation, gender identity or gender expression, can be of enormous help in strengthening their mental health. It is also crucial that these meeting places have a holistic perspective on the to improve the health of young lesbian, gay, bisexual and trans people. Young people who are not doing well, who are victimised and excluded, need a context.

Staff in charge of meeting places that are meant to provide support to young LGBT people must be both competent and aware. These meeting places must be experienced as safe spaces. For young people whose sexual orientation or gender identities are not accepted in society or in their homes, these meeting places are extremely important. In Sweden, non-profit organisations like The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights and the Swedish Youth Federation for Lesbian, Gay, Bisexual and Transgender (LGBT) Rights play a central role in this work.

The Swedish National Board for Youth Affairs wants to emphasise the responsibility of the municipalities to support the work being done to improve the health of LGBT youth and the development of their identities. In particular, municipalities have a responsibility to support specific meeting places for this group and to guarantee the longevity of these places. However, the Board also wishes to point out that more knowledge is needed about what is necessary to create and maintain a safe space that can strengthen the mental health of young LGBT people.

Examples of projects

Here, we describe some projects and other programs that are aimed at young LGBT people in different ways. A crucial starting point, both for programs that are open to all young people and for those that have specific target groups, is to strive for the creation of an environment that is not too private or personal and does not make assumptions about its visitors. The absence of assumptions can be the decisive factor that makes more people feel included, whether the meeting place in question is a classroom, a workplace or something else.

Café BFree

Café BFree is a municipality-run meeting place for young people who have concerns relating to gender identity, homosexuality, bisexuality and transsexualism, or who already define themselves as a young LGBT person. One night every week, LGBT youth know that they have the premises entirely to themselves. There, they get a chance to meet other young people who are dealing with with the same issues. The purpose of BFree is that the young people who come to the café can support one another and exchange thoughts and ideas. It is meant to be a safe space and a prejudice-free environment, regardless of whether the young visitors define themselves as LGBT or not.

Very few municipalities run operations specifically aimed at young LGBT people. BFree is part of a larger educational effort where the employees of municipalities receive training on issues...
relating to the concerns of gay, lesbian, bisexual and trans people and how discrimination can be avoided.

**Camp for young trans people**
In the summer of 2009 and 2010, RFSL Ungdom organised camps for trans people between 14 and 25 years of age. The camps allowed young trans people to meet other trans people, both adults and other youths, and the primary purpose was to strengthen the confidence of the participants.

Many of the young participants in the camp stressed how important programs and organisations like this camp, Egalia (a youth club), LGBT student organisations, and RFSL Ungdom are for them. Several participants said things along the lines of "I can't believe I thought I was the only one" and that it had been good to "be allowed to be yourself". Many of them also emphasised the importance of the camp only being open to trans people. Unlike some of their previous experiences in LGBT contexts where trans issues were sidelined in favour of other concerns, the camp put their stories front and centre.

Programs aimed at young LGBT people are few and hard to find. This has made it more difficult for young trans people to develop their identity together with others who are in the same situation, which is such a crucial aspect of strengthening their selves, their self-esteem and by extension their health. Unfortunately, in 2011 the camp was not fully funded and did not take place.

**Stockholm Pride**
Stockholm Pride is by far the largest LGBT event in Sweden, gathering tens of thousands of participants for a week of seminars, debates, parties and a final parade.

For six years, a youth café called Lava has hosted Pride Ung, a meeting place for young people between 13 and 25 years of age. In 2011, it was a larger event than ever before. Every day it was visited by between 200 and 300 young people from all over Sweden and even some from other countries. No one over 25 was allowed to enter. "We created a really nice room, starting with the concepts of workshops, fun and hanging out", explains Jojo Stenberg who works for RFSL Stockholm and created Pride Ung together with Lava Kulturhuset, RFSL Ungdom and Stockholm Pride.

**Egalia**
The youth club Egalia is run by RFSL Stockholm and is entering its fifth year. Egalia was one of the first Swedish programs specifically aimed at young LGBT people. Today, Egalia is not just a youth club but also a method and a supporting organisation for other programs and organisations that are being developed all over Sweden.

The Egalia model is based on practical experience and aims to create a safe space that is completely free of heteronormativity and from threats and harassment. The continued existence of Egalia means a lot for its visitors. It is crucial that young people see themselves in their surroundings, have access to LGBT role models, and be able to find events, media, and activities aimed especially at them. There is a zero tolerance policy regarding negative comments about others and a great deal of the work is focused on cooperation.

The Egalia model serves as a foundation for all the methods used within all Egalia programs and is founded on three pillars: safety, representation and continuity. The purpose of the Egalia model is to serve as insurance that the workings of the Egalia program will remain the same regardless of who works with, is in charge of, or finances the operation.

**Tusen Bilder Tusen Ord**
*Tusen Bilder Tusen Ord [A Thousand Images, A Thousand Words]* is an art project started in 2009 and run by RFSL Ungdom. It is funded by Allmänna arvsfonden (a governmental organisation who distributes funding based on the inheritance of people
who die without leaving a will) and is directed at LGBT people who are 26 years old or younger. The project is based on the idea that giving people the opportunity to express themselves artistically can help improve their mental health. *Tusen Bilder Tusen Ord* centres around activities like photography, painting, collage, drawing, creative writing, screen-printing, moviemaking, audio engineering, and drawing comics. The purpose is for everyone in the group to be themselves, develop further and express themselves.

**Hallongrottan Books**

Sometimes important meeting places emerge as a result of individual engagement, without any governmental or municipal support. For years, the centre of Stockholm has been the home of a cafe and a bookstore that serve as meeting places for LGBT youth. The bookstore Hallongrottan is run by Lotta Vilde Wahl and others.

“As a young person you need to meet other young people in order to be able to be who you want to be. ... A context and a feeling of belonging gives strength to someone who feels like they live outside the norm, and it makes it easier to resist demands to conform.”

(Interview with Lotta Vilde Wahl.)

**Copacabana**

The cafe Copacabana has many LGBT people among their regular visitors, which has meant recurring threats and even arson: the café was burned to the ground in 2004. After the fire, around 500 people held a manifestation and raised enough money to pay for steel blinds to protect the café at night. Today things are much quieter and people are happily having coffee at Copacabana, irrespective of their sexual orientation or political affiliation. “*Copacabana is seen as a cozy cafe, a radical queer feminist cafe, a gay cafe – it all depends on who you ask*”, says the owner Susanne Mobacker. She does not want to choose a definition because she wishes for people to be able to create their own relationship to the cafe.

Susanne hopes that Copacabana is a meeting place that makes it possible for young people to “see themselves in someone else, to think that’s the way I want to be, that’s how I could be somehow”. 

photo: Colourbox.com
The need for safe spaces

Lotta Vilde Wahl and Susanne Mobacker both feel that the need for safe spaces specifically aimed at young LGBT people is as great as it has always been. Lotta Vilde Wahl points out that it is really mostly those who live in larger cities who presently have any access to these kinds of environments.

“I lived and worked in Älvsjö outside of Ullared for five years, and that was of course a completely different situation than the one in Stockholm. I worked as a counsellor and started by creating a network for young lesbian and bisexual girls. We tried to stay in touch through email and get together every now and then to talk, and even those small contacts were very important. A lot of them were in difficult situations and none of them were out to their families. The girls had to travel to different places to get together, many travelled up to a hundred kilometres for our meetings. In order for young LGBT people to survive outside the big cities you need to hear the stories of other people, and, of course, the internet is an essential way of still sort of managing to hang out, even when you can’t get together in person. The girls I met needed to talk to one another, but they also needed to meet older LGBT people who understood what they were going through. What they said was most important to them was the existence of meeting places and something to hold in their hand when they were alone, like a movie or a fictional or nonfictional book of some kind that focused on a theme they could identify with.”

(Interview with Lotta Vilde Wahl.)

Lotta Vilde Wahl sees an increasing tendency for different projects or programs that are aimed at young people to transition into becoming different kinds of training or educational programs for adults. That these efforts will lead to something that ”will make it alright” seems to be a subtext.

“However much you train people, the current situation isn’t one where safe spaces specifically aimed at young people won’t be needed, not right now or within the immediate future. This ’certification’ of Swedish institutions through courses and other programs doesn’t mean that we’re done now. Many surveys demonstrate that finding a person who is there for you and is stable can be the decisive factor for how a person’s life continues to develop. When you’re alone and your life is shitty, every chance to feel like part of a greater whole can be essential.”

(Interview with Lotta Vilde Wahl.)

settle for merely being tolerated by those around them, Lotta points out.

“If you are 13 or 14 years old and you keep hearing that we live in such a prosperous and tolerant country where mostly all the political struggles have succeeded and everyone can come out, it results in a lot of pressure on you when you don’t experience your surroundings as tolerant. This can lead to a lot of guilt because you might feel like it’s your fault if you are treated badly by the people in your life. But it’s not your fault, it depends entirely on where you are, how well young LGBT people are treated by their families and their schools and how well those institutions manage what they are supposed to do in these situations.”

(Interview with Lotta Vilde Wahl.)
On meeting one another

Operations like Café BFree, Egalia, Hallongrottan and Copacabana all have more or less formalised policies on how to treat their visitors. To respect another person when meeting them is not just about treating everyone in the same way; it is also important for everyone who works at a place like this to think through how they interact with others and what kind of changes they can make, as well as how they interact with each other as staff and how they treat visitors.

“It’s not like it’s a great disaster if someone uses the wrong word. But it is incredibly important that our basic policy is to treat everyone with respect. ... Recently, a guy was checking out our binders (specialised garments worn to hide your breasts) and started to make fun of them. I told him that he could either tone it down or go outside, no one should be made to feel ashamed of something like that. If everyone is meant to feel safe here we can’t have people making fun of things, it’s not okay.”

(Interview with Lotta Vilde Wahl.)

It is important to keep in mind that no place can be completely free from norms. Rather, the key is to remember that norms determine many of our actions and not be afraid to re-evaluate old ideas, and to be open to accepting how people want to be treated and spoken to instead of trying to create something “universal”. Susanne Mobacker describes how important it is that adults respect the identities of young people and that they avoid treating people according to preconceived notions:

“All adults who meet young people every day must learn to not assume that they know who they are encountering based on what they see, and to avoid deciding what gender a person belongs to unless it’s necessary. It is so incredibly important to be seen, especially for young people. ... You have to really try to avoid assuming you know what gender identity a person has, or whether they have a girlfriend or a boyfriend or many or none. I think that should be a fundamental principle that everyone adheres to, all the time.”

(Interview with Susanne Mobacker.)
Improving health and areas of development

In *Hon hen han* [She Zie He] the Swedish National Board for Youth Affairs identifies a number of very alarming statistics concerning the health of young LGBT people. Here, we discuss the areas and efforts that should be prioritized in order to improve the health of this group.

**Anti-discrimination work**

The statistics regarding the health of LGBT youth are so alarming that powerful efforts are absolutely necessary. One of the most important factors when working to improve the health of LGBT youth is to decrease the discrimination of these young people. Actively working against the norms that permeate society and contribute to discrimination can be an important part of anti-discriminatory practice. When the dominant norms are too restrictive, they contribute to worsening the health of LGBT people. Therefore, it is imperative to investigate the norms that define certain people as normal and commonplace and others as deviating from the norm. The Swedish National Board for Youth Affairs wish to point out that the ideas, norms and values of young people as well as those of adults are key in developing a way to work towards a universal respect of everyone’s equal worth. This will promote the mental health of young people in the family, at school, in the workplace and in other areas of society.

The importance of safe and non-discriminatory contexts or safe spaces where young people can be themselves cannot be emphasised enough. Paying attention to and making visible the norms that limit and exclude young people has to be done at all levels of society, from anti-discrimination legislation to the work of individual teachers, health professionals, sports coaches and others.

It is the opinion of the Swedish National Board for Youth Affairs that the government ought to be a pioneer in all anti-discrimination work. Perspectives relating to the conditions of LGBT people need to be emphasised in reports, projects, method development, and funding distribution.

Young people are a heterogeneous group and all work aimed to promote the needs of young people must be developed in direct cooperation with them. Due to their unique background, young LGBT people have unique competences that are valuable to society, as well as experiences that can serve as important starting points in the work to improve the general health of this group.

**Meeting places**

It is very important that there be specific meeting places and other programs that work with a holistic perspective aimed at improving the health of young LGBT people. Young people who are not doing well, who are exposed to victimisation and excluded in society, need a context where they feel safe. Therefore, governmental support for meeting places of young LGBT people is necessary. The opportunity to get together in a meeting place that exists for their sake, where they can feel safe and do not have to defend their sexual orientation, gender identity or gender expression, is important in order to improve their mental health.

Municipalities must make sure that their local meeting places for young people are also inclusive of young LGBT people. These meeting places must be established in smaller towns and communities. Today they are primarily located in the bigger cities. Competent and aware staff is needed to run these kinds of meeting places. These programs are essential to the young people whose sexual orientation and/or gender identity is not accepted by society or by their families.
The school as an arena for improving health

School is central to young people’s lives. While growing up, they spend large parts of their life in school and they cannot choose not to attend. School is also the place where many young LGBT people are subjected to violations and abuse. In order to stop this from happening, further knowledge about methods for preventative work is needed, especially methods that focus on norm critique. The Swedish School Inspectorate (a governmental organisation that works to make sure the schools are up to standard) points out how important it is that schools work actively to find out where and when the risks of harassment and discriminatory treatment are the greatest. Schools must develop routines for their work to prevent discriminatory treatment, harassment, threats and violence, and they must make sure that these routines are followed. The programs used in the preventative work should include a perspective that employs norm critique.

Critiquing the norm in schools

Skolverket’s (the National Swedish Agency for Education) report *Diskriminerad, trakasserad, kränkt* [Discriminated against, harassed, violated] (Skolverket 2009) emphasises that the foundation for active anti-discrimination and anti-violation work is that the staff is aware of the importance of critiquing the norm. This perspective entails focusing on the rewards of conforming to the norm instead of pointing out those who deviate from it. There is less concern with deconstructing existing norms and more with making people aware that the norms exist and that it is necessary to work against norms that exclude people.

Safe and secure sexuality

The national public health policy asserts that a safe and secure sexuality while growing up is an important foundation for the identity and health of the individual, both during youth and later in life. Those who
are responsible for sexual education in schools very rarely have training or special competence to teach this subject. Many young people report that the classes are very heteronormative and spend very little time on non-heterosexual concerns. It is important that sexual education in schools should not contribute to discrimination due to lacking competence. Therefore, it is important to improve the existing competence in the subject.

**Improving public institutions**

The Swedish National Board for Youth Affairs asserts that public institutions exclude and ignore the needs and living situations of young LGBT people. It is important to make these needs visible and that public institutions maintain inclusive perspectives. National, regional and municipal institutions therefore need to improve their knowledge about the situation and needs of young people in order to be more inclusive of various groups that are at risk health-wise.

One example of how the concerns of young LGBT people are handled poorly is that many young LGBT persons who report abuse or assaults are not satisfied by how they are treated by the police. Moreover, young people report feeling violated and discriminated against in schools and when coming into contact with health care professionals or social services. This problematic treatment can be the result of a lack of knowledge about the living situation of these young people on the part of the official, which can lead to unconscious discrimination. This in its turn leads to many young LGBT people expecting a less-than optimal treatment when they need help, which leads to them having a low level of confidence in public institutions. At worst, this could result in them not contacting the police, healthcare or social services when they need help.

Those who work with young people, especially in schools or healthcare or who do preventative work in the public health field thus need training in how to prevent poor mental health among young LGBT people and how they can work against normative gender roles and discrimination.

It is also important that professionals from schools, student health services, youth clubs, medical care, police, social services, child- and youth mental health services, national employment offices and regional social insurance offices work to improve their treatment of young LGBT people in order to prevent discrimination from occurring.

**Ensuring the quality of accessible information**

It is important to ensure that the information that is distributed to young people by national and municipal efforts in accordance with anti-discrimination legislation is qualitative, and the information should be supplemented by the experiences of children and young people.

Young people need to have access to current, knowledge-based and qualitative information regarding issues of sexuality, gender, equality, and health. Today, it is easy to find information online, but that information is not always inclusive. A Swedish example of qualitative and inclusive information is UMO.se, a national online resource for young people between 13 and 25 years of age, launched in 2009. The purpose of this website is to make it easier for young people to find current and relevant information about sex, health and relationships.

Sites like www.umo.se and www.heder.nu (a website containing information on honour-related oppression and violence) are important for young people who are in difficult situations and for those who have questions that are difficult to ask. However, not all young people have unmonitored Internet access. For those who cannot get access to the Internet without someone seeing what they are reading, qualitative information on paper about sexuality, gender identity, and health can be invaluable.
References


Ungdomsstyrelsen (2005). Om unga hbtq HÄLSA ENG.indd 36


**Legislation**

- Diskrimineringslag (2008:567)
- Lpo 94
- Skollag (1985:1100)

**Online sources**

- Hallongrottan Books
  - www.hallongrottan.com
- Heder.nu
  - www.heder.nu
- Kafé Copacabana
  - www.kafecopacabana.com
- Nationella ungdomsmottagningen på nätet
  - www.umo.se
- Projektet Transformering
  - www.transformering.se
- Qruiser
  - www.qruiser.com
- RFSL Stockholm Egalia
  - www.egaliaung.se
- RFSL Ungdom
  - www.rfslungdom.se
- Statens folkhälsoinstitut
  - www.fhi.se
Notes

1 The Swedish National Institute of Public Health (2009) http://www.fhi.se/Documents/Aktuellt/Nyheter/pm-unga-hbt-livsvillkor-halsa-0907.pdf Livsvillkor och hälsa bland unga homo- och bisexuella: Resultat från nationella folkhälsoenkäten. [Living conditions and health among young homo- and bisexual people: Results from the national public health survey.]. There will also be intermittent comparisons with the web survey conducted by the Swedish National Institute of Public Health, which was presented in the report Homosexuella, bisexuella och transpersoners hälsosituation. Återrapportering av regeringsuppdraget att undersöka och analysera hälsosituationen bland hbt-personer [The health situation of homo-, bisexual, and trans people. Reporting the governmental commission to investigate and analyse the health situation of LGBT people.] (Statens folkhälsoinstitut 2005).

2 What constitutes alcohol abuse is based on an index that the Swedish National Institute of Public Health has calculated based on the responses to a number of questions in the national public health survey (Statens folkhälsoinstitut 2008).

3 However, these habits can be seen in relation to the fact that young men who reported questioning their sexual orientation are more likely to report a very low rate of social participation. Therefore, the relatively low rates of alcohol abuse among the members of this group should not solely be taken as an indication of good health.

4 The report Unga och föreningsidrotten – En studie om föreningsidrottnens plats, betydelse och konsekvenser i ungas liv. [Young people and organised sports – a study about the place, meaning and consequences of organised sports in the lives of young people] (Ungdomsstyrelsen 2005) and the 2009 national youth survey done by the Swedish National Board for Youth Affairs present their results sorted by sexual orientation and the respondents are divided into men and women. The health situation of trans people can thus not be investigated using these results.

5 These results come from a study that was carried out by RFSL Ungdom in cooperation with the Swedish National Board for Youth Affairs, which was financed by the Board and the Crime Victim Compensation and Support Authority. The purpose was to investigate whether there is a connection between psychosocial living situation and the vulnerability to hate crimes and sexual abuse, with a particular focus on the situation of young LGBT people. The data collection was done through a survey on Qruiser (www.qruiser.com), which is the largest Nordic online community for LGBT people. The survey Sex på vems villkor [Sex on whose conditions] was only visible to the people who were part of the target group, that is, people between 15 and 26 years of age who had reported a sexual orientation and/or a gender identity or gender expression other than ‘heterosexual cis person’. The results were discussed in more detail in Hon hen han [She Zie He] in the chapter “Hur utsatthet för brott påverkar livssituationen” [How victimisation affects your living situation] (Ungdomsstyrelsen 2010a).

6 Today, there are relatively few studies that investigate the situation of young people in the workplace.

7 Like hate crime issues, honour-related violence and oppression needs to be connected to a broader discussion of heteronormativity and gender.

8 A gender-contrary name is a name that according to the norm belongs to the opposite sex.
The Swedish National Board for Youth Affairs

is a government agency that works to ensure that young people in Sweden have access to influence and welfare.

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