

# Young lesbian women's health and wellbeing in New Zealand



*Research within Aotearoa New Zealand and internationally suggests that young lesbian-identified women are over represented in negative health statistics. Young adult lesbian-identified women aged 18 – 24 years (considered 'youth', 'post-school age' and sometimes 'pre-adult') also comprise a particularly under researched group. Furthermore, evidence indicates young lesbians have higher uptake of behaviours that are injurious to health and engage with unique health and wellbeing issues and strengths (Dibble & Robertson, 2010; Kaminski, 2000; Myers & Lavender, 1997). In this article **Katie Palmer**, a doctoral student at Auckland University of Technology, presents a brief overview of some health issues for young lesbian women, as well as an indication of gaps in our research knowledge base. She argues that lesbian specific research is needed to continue to address a broader neglect and marginalisation of both lesbian experience and gender analysis that has even been identified within research and theory that is seen to be gay-positive (Kitzinger & Coyle, 2002). Lesbian health research is also recommended as part of a disaggregation of lesbian-and-gay and lesbian-bisexual-women who have sex with women (WSW) health research in order that the full range of needs and concerns of women can be explored and addressed (Kitzinger & Coyle, 2002; Wilkinson, 2002).*

This year a national study of 8,000 young women in Australia was published suggesting that lesbian-identified young women are twice as likely to be binge drinking and 3 times as likely to be drinking at risky levels compared to heterosexual women (Hughes, Szalacha, & McNair, 2010). In New Zealand, analysis of the Health Behaviours Survey data (conducted by researchers at Massey University in 2007) showed significantly higher use of alcohol, tobacco and illicit drugs among lesbian, gay and bisexual (LGB) populations compared to heterosexual, with these disparities being particularly notable for lesbian women with regard to illicit drug use. Recently released "Youth 07" data stated that most school-aged same sex attracted youth (male and female) reported feeling 'happy' and 'supported by friends and/or family', yet these young people were also three times as likely to exhibit depressive symptoms and half had deliberately self harmed in the last year – figures more than double that reported by heterosexual youth (Rossen, Lucassen, Denny, & Robinson, 2009). In Aotearoa there remains evidence of differential general life outcomes for LGB people in relation to heterosexual populations, including higher rates of physical and verbal assault, bullying and victimisation, depression and social isolation, workplace discrimination and impediments to career progression (Associate Minister of Health, 2006). Further, the New Zealand Suicide Prevention Strategy 2006-2016 has identified both an increased risk for LGB young people and a lack of data to understand the extent of this risk and the factors that contribute to it (Associate Minister of Health, 2006).

Surrounding these negative statistics, evidence also suggests lesbian women engage with unique health and wellbeing issues that produce and constrain possibilities for 'keeping health' in their lives (Dibble & Robertson, 2010; Kaminski, 2000; Myers & Lavender, 1997). Whilst an extensive review of these issues is impossible here, some examples include: financial barriers to accessing health services, the impact of negative past experiences within health services on subsequent service use, issues around and impact of disclosure of lesbian identity on quality of care, the invisibility of lesbians in health-promotion discourse (specifically in relation to safer-sex and cervical screening), as well as the relatively high levels of social support and community connectedness that are reported by some lesbian women (Dibble & Robertson, 2010; Hunt & Fish, 2008; Power, McNair, & Carr, 2009; Saphira & Glover, 2000, 2001). Suggested priority areas for lesbian specific health research, based on a recent survey of 345 lesbian health researchers and practitioners in the U.S, were: depression, quality of life, internalised homophobia, resilience, ageing, alcohol abuse, weight management, the coming out process, intimate partner violence, smoking prevention/cessation, parenting, cancer, youth and social support (Dibble & Robertson, 2010). It is suggested that this broad range of lesbian health issues reflects unique stressors that are related to being in the

'sexual minority', and also lesbian specific and broader cultural/community barriers and enablers of health (Dibble & Robertson, 2010; Dolan, 2005; Haas, 1994; Roberts, 2001).

As alluded to above, current research discusses how indicators of wellbeing for lesbians are related to more obvious social processes of exclusion and marginalisation (or the effects of "closeting" and isolation experienced in response to this), but research also describes how everyday spaces and interactions are often experienced (consciously or otherwise) as heterosexual, infused with heterosexual assumptions, practises, expressions and implied values – such as that of the nuclear family arrangement observed in the workplace (Valentine, 1993; Willis, 2009). This ongoing daily interaction with heteronormative context can be seen to represent a health risk for women. There is a growing body of literature suggesting that an analysis of heteronormativity - or the ways in which heterosexual relationships, histories and meaning making is/are naturalised, rewarded and enforced in everyday life - is vital in producing any understanding of the subjective experiences of lesbian women.

The ways in which young lesbian women's experience threads through multiple health-relevant areas is not well articulated in the literature. Young adult lesbian women represent an under researched group as, often due to practical visibility and sampling constraints, much research focuses on either school aged same-sex-attracted youth or lesbian-identified women in their 30s and 40s who are more connected to community and women's networks. This in-between group aged around 18-24 is also variously defined as either 'adolescent' or 'adult'. Lynne Hillier's (2010) national survey research with same-sex-attracted youth in Australia hints at sizable discursive shifts that have taken place over the past ten years (for example an explosion of talk about the possibility and desirability of 'equal love' in the form of legal marriage and reproductive rights for all couples) since her survey was first conducted in 1998. These shifts suggest that young adult lesbians today have grown up in a different environment, even to women in their 30s and 40s. In addition, the representation of LGB youth as an 'at risk group' has been criticised as totalising and limiting of late (for examples see Savin-Williams, 2005; Willis, 2009). This point emphasises the need for research that is in-depth enough to represent something of the diversity of young lesbian lives and provide an analysis and richness to surround survey findings such as those described in the Australian studies published this year. A review of the literature yields few studies situating young lesbian women in analysis of the context of their lives, and none have been conducted in New Zealand to date. This gap in research also includes a lack of attention to age and the historical development of women's and lesbian health discourse as important factors in understanding young lesbian definitions, experiences and practises around health and wellbeing today.

David Semp's (2006) study highlighted 'homonegative' discourses surrounding homosexuality (predominantly male) and mental health in New Zealand and the impact of these on quality of care in public mental health services. Semp also shed light on how heteronormativity defined above and a mainstream medical model which tends to focus on symptoms and pathology within individuals (rather than a social justice or systemic approach) can work together. These dominant institutions tend to play down the ways in which social marginalisation and oppression can actually be involved in producing what we view as mental health problems. Silence around or the (de)valuing of talk about a relationship between young lesbian identity and health and wellbeing has also been commented on in a narrative study such that:

*By listening to queer-identified youths' discourses of queerness, and asking youth how to extend the range of their own narratives, it becomes possible to also identify areas of inquiry that have not been actively linked to queer identity (i.e., "normal" topics like physical health or disordered eating) or that have been considered "too weird" (such as self development) to include in a LGBTQ [lesbian, gay bisexual, transgender, queer] research agenda (Welle, Fuller, Mauk, & Clatts, 2006, p. 56).*

Research shows that women who self-identify as lesbian are marginalised by society. Such marginalisation contributes to lesbian women's lower levels of health and wellbeing and a higher uptake of behaviours that are injurious to health. Little research has been carried out in New Zealand. Research is needed that will address a gap in understanding of issues for young lesbian women identified by the Ministry of Health (Associate Minister of Health, 2006) and contributes to policy which meets the needs of these women more effectively and enhances their health and wellbeing. Other possible benefits could be contributing to the opening up of "lesbian space" for young women, and the ability of young lesbian women to connect with others' experiences in New Zealand.

Katie Palmer is undertaking her doctoral studies on young lesbian women's health within the School of Health Care Practice at Auckland University of Technology. Her qualitative research will begin to address key questions including:

- How has the development of discourses around 'health' 'lesbian identity' and 'youth' for women influenced the way young lesbians construct and manage their 'health' today?
- What identity investments are linked with the ways in which young lesbian women talk about and manage their health?
- What is the meaning of various "healthy" and "risky" practises in their lives?
- How are young lesbian women in New Zealand looking after themselves?
- What have been young lesbian women's experiences with the healthcare system in New Zealand?

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