SUSTAINING HEALTHY RELATIONSHIPS
Briefing Paper
LGBT

Introduction

In March 2022 Relate NI Commissioned Ulster University to carry out evidence based research on healthy relationships and their importance to a range of areas to provide recommendations for improved public policy commissioning. This briefing paper is a summary of the findings relevant to those working in the fields of criminal justice. The full research report with it's 20 recommendations are available on request.

Why are Relationships Important?

Relate NI are passionate about enabling good quality relationships. Through our 75 years' experience of working with people throughout Northern Ireland, we've come to understand that relationships not only give our lives meaning, they are of vital importance to our wellbeing. This project adds further research and evidence to why good quality relationships matter. Evidence indicates that good quality relationships are a crucial protective factor which can prevent propensity towards substance misuse; shield us from the effects of long term health conditions; aid our recovery, and can even prevent illness in the first place. Conversely, poor quality relationships are risk factors for poor health and wellbeing. Not only do people in poor quality relationships have worse health than those in happier ones, but poor quality relationships are also worse for our health than none: unhappily married people are at greater risk of poor health than divorced people.

Put simply, good quality relationships:

- Are a foundation to our health and wellbeing: Evidence demonstrates that people who have good quality relationships have lower blood pressure than those in poorer quality relationships; close couple relationships can slow the rate of decline in people with dementia and even delay admission to hospital or care homes. Relationship distress is linked to anxiety and depression.
- Are important for children's life chances: Evidence indicates that children growing up with parents who have low parental conflict, whether together or separated, enjoy better physical and mental health; better emotional wellbeing; higher educational attainment and a lower likelihood of engaging in risky behaviours.

Context

Across the life course, our experiences in pre-natal and perinatal life, infancy, childhood, adolescence, adulthood, and old age are shaped by the quality and nature of our relationships with others[1] . This idea is the basis of attachment theory[2], an integral component to many mental health interventions. Further, research[3] on environmental systems, indicates that the quality of relationships in one system of life (e.g. the family) will influence and be influenced by the quality of relationships on other systems (e.g. school, the workplace).

Thus, our experiences of relationships directly influence our quality of life, wellbeing, and also our capacity to fulfil our potential and be more productive in education, employment and other domains[4]. Developing and sustaining healthy relationships is integral to the functioning of all social systems in which we live, including but not limited to, families and communities, education, health and social care, employment, and criminal justice. Therefore, developing and sustaining healthy relationships in all spheres of life is critical to the prosperity of everyone in society[5]

While the role of healthy relationships is understood by many, particularly those working directly to promote them, and to prevent and intervene on relationship-based crises, the fundamental role of relationships is not explicitly identified in public policy, which in turn affects commissioning priorities.

The Ulster University project team undertook research to demonstrate the core role of relationships in promoting wellbeing and life chances for everyone in society, which could be used to influence and inform public policy to specifically embed the role of relationships as protective and risk factors for meeting public policy objectives. The COVID-19 pandemic has highlighted further the importance of relationships, and both their positive and negative impacts on families, communities, and services[6].

The timing of this project is particularly pertinent given the Mental Health Strategy 2021-2031[7], the COVID-19 context, and the recent local elections and NI Executive Programme for Government to be implemented, making this an opportune

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[1] Boyd and Bee, 2014; Waddell, 2019
[2] Bowlby, 1988; Ainsworth, 1972
[3] Bronfenbrenner (1995)
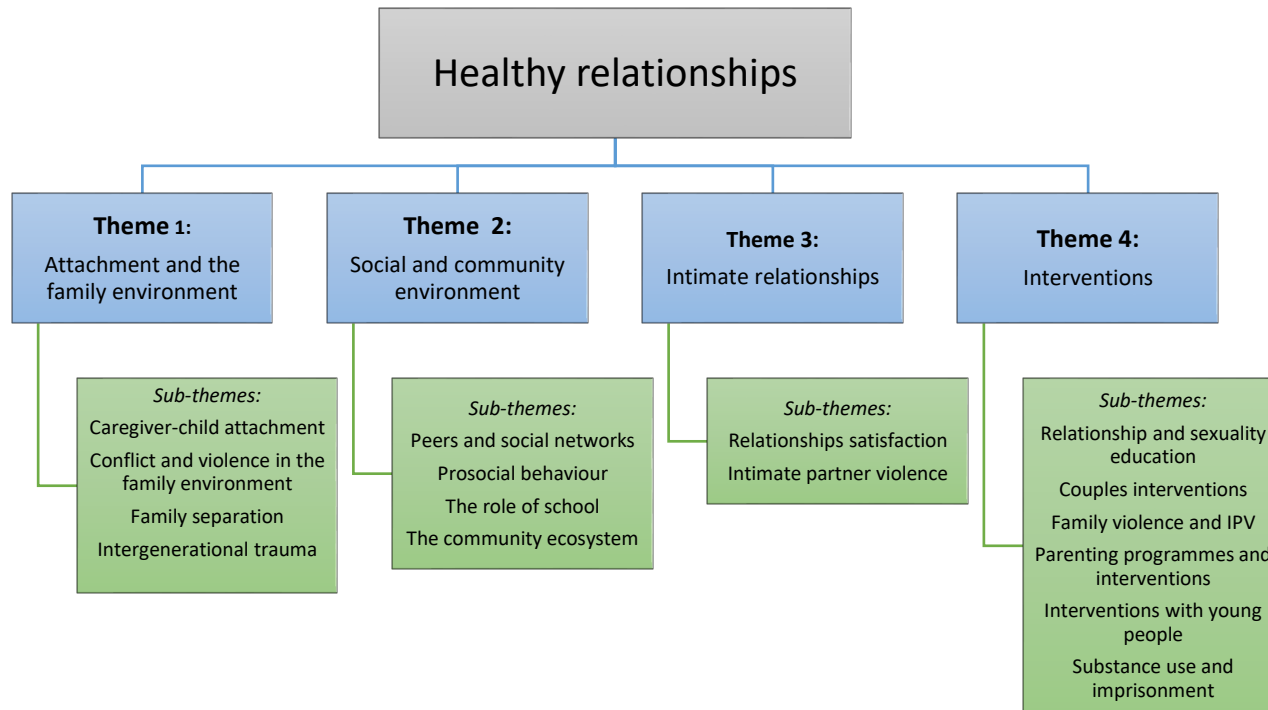[4] Beckett and Taylor, 2019; Waddell, 2019
[5] Dimmock et al. 2022; Hawkins, et al., 2022
[6] Goldstein and Flicker, 2021
[7] Department of Health, 2021

moment to intervene and influence policy to define and integrate relationship-based interventions into public policy actions.

Findings: The Key themes of the overall project

Healthy relationships

Theme 1:
Attachment and the family environment

Theme 2:
Social and community environment

Theme 3:
Intimate relationships

Theme 4:
Interventions

Sub-themes:
Caregiver-child attachment
Conflict and violence in the family environment
Family separation
Intergenerational trauma

Sub-themes:
Peers and social networks
Prosocial behaviour
The role of school
The community ecosystem

Sub-themes:
Relationships satisfaction
Intimate partner violence

Sub-themes:
Relationship and sexuality education
Couples interventions
Family violence and IPV
Parenting programmes and interventions
Interventions with young people
Substance use and imprisonment

Themes relevant to this briefing paper

Intimate Relationships

The topic of relationship satisfaction is very important for healthy relationships and research has identified sensitive points in a couple's relationships and family lifecycles. Positive, and constructive communication between partners alongside emotional expressiveness has been identified as strong indicators and predictors of relationship satisfaction (Abreu-Afonso et al. 2022).

Couples can face challenges emanating from the wider ecosystem that directly impact their relationship. Research with same-sex or LGBT couples has found that these couples face distinct challenges that can affect relationship satisfaction specifically regarding coming out, internalized homophobia, stigma, pervasive negative social attitudes, and discrimination (Frost et al. 2009; Lee & Guterman, 2013; Barden et al. 2021). Same sex-couples can need professional relationship support that supports the development and maintenance of their relationships, as well as well-being. In a conceptual framework by Pietromonaco and Overall (2021), their application of relationship science to how COVID-19 has affected couples finds that COVID-19 related external stress was likely to increase harmful dyadic processes, which undermines the couple's relationship quality. COVID-19 was found to exacerbate the broader pre-existing context of couple's relationships with regard to social class, minority status, age, and their individual vulnerabilities such as their insecure attachment style or depression (Pietromonaco and Overall, 2021).

Supporting the improvement of communication and emotional expressiveness can reduce divorce however external factors from wider society such as economic stress or stigma can negatively impact couples' relationships, especially for those identifying as LGBTI+.

Regarding RSE curriculum, specific education that supports LGBTI individuals in developing and maintaining their intimate relationships is essential for individual well-being, relationship development and maintenance, safe-sex practices, and in supporting them with the management of wider societal stigmatized attitudes (Gowen et al. 2014; Li et al. 2013; Barden et al. 2021; Whitton et al. 2021). Findings from an RCT on the effects of relationship education for same sex couples recommends that programs include information and relevant examples of different types of relationships including LGBTI (Barden et al. 2021) and that they are provided with resources for skill-building, dyadic coping, emotional regulation and support with the unique stressors or relationships challenges. Exclusion of LGBTI content can have negative effects for

LGBTI youth around safer sex practices, IPV, pathologizing LGBTI persons and creating unsafe school environments (Gowen et al. 2014; Whitton et al. 2022).

Aside from traditional couples therapy, Markman et al. (2020) has found substantial evidence for the effectiveness of couple's relationship education (CRE) in helping couples achieve relationship success. Frost (2009) recommended when working with LGBT clients who struggle with internalized homophobia that counsellors should focus on supporting the development of positive self-regard, depressive symptoms, and support them to develop healthy social support networks and intimate relationships

Relate NI's 'Relatable' Relationships and Sexuality Awareness Programme
LGBTQIA+ Case Study

In 2022 Relate NI were awarded a 2 year contract with PHA to deliver 8 one hour modules on relationships and sexuality education called 'Relatable' for 15-16 year olds in community settings, across the 5 Trust areas. The programme was designed in line with UNESCO 2018 International technical guidance on sexuality education – An Evidence Informed approach.

The topics covered are: healthy relationships, skills for health and wellbeing, the body and human development, sexuality and sexual behaviour, sexual and reproductive health, understanding gender, violence and staying safe. These are usually delivered over 4 weeks at 2 hours per week.

We asked one of our RSE facilitators to design a case study on the impact of RSE one group of young people.

Case Study

Relate N.I delivered a programme to 8 young people within EOTAS (Education Other Than At School) in East Belfast.

One of the participants Theo, is a young trans female to male, and is 15 years old. At the beginning of the first session when asked their name they said, "that's complicated"! Theo is their chosen name and is the name they would like to be referred too. This had been a difficulty for friends, family and their previous educational providers.

During the initial introductions another member of the group, a young male 15 year old, began to ask what certain terms meant such as Trans and Non-Binary, I explained the outline of the programmme and that within the eight sessions we would be discussing gender, sexual orientation and sexuality. We would also have dedicated time for Questions and Answers and if anyone wasn't confident asking their questions out loud, they could write them down, confidentially, on a post-it note and I would answer them the following week.

All RSE programmes with a new group begin with the creation of a contract between the young people and the facilitator. Due to the gender variance within the group, I put a greater emphasis on the use of respectful language and the importance of open discussion and the avoidance of stereotyping as to not shut down conversation and encourage questions and healthy debate.

Theo was quite self-deprecating when they referred to themselves, so we spent some time on the power of language and the impact it can have on our self-esteem. We talked about how insults are very sexual in nature, as well as the disproportionate amount of derogatory language used when referring to members of the LGBTQI+ community and how important confidence and self-acceptance are in relationships. Boundaries and self-explanation around physical appearance and gender identification came up numerous times. Theo found this encouraging and affirming, as it was a topic not covered before due to a lack of RSE in their previous school.

The practical information regarding contraception and access to services, within the second session, was of particular interest to Theo as menstruation can have a negative effect on young trans female to males, exacerbating existing gender dysphoria. Gender dysphoria being a rather large topic I focused the discussion more towards what the group thought represented masculinity and femininity. How people looked, presented, cut their hair, what clothes they wore etc. Bringing the conversation round to values, judgment and the breaking down of stereotypes. The power of hormones and the effects on the body was discussed at length and was of great interest to all members of the group along with the importance of condom use as an unplanned pregnancy, more so for a young trans female to male, would have both negative and complex ramifications for all participants.

The practical information on STIs brought up interesting topics for discussion with in the group. Some stereotyping around who gets STIs and how they are spread presented in the discussions. Questions were asked why only LGBTQI+ people got certain STIs by numerous members of the group and I implemented a few myth-busting exercises to encourage the young

people to reflect on where these preconceived notions came from, and to examine the potential damage they could do to others.

When discussing consent and the law, we used scenarios involving non-gender specific young people demonstrating the spectrum of gender variance and sexual orientation. This encouraged participation and a robust discussion around navigating all forms of relationships including boundaries, body image and self-esteem, balance and power dynamics. Members of the group disclosed histories of addiction within their family and stated how much of an impact it had on relationships within the family. I provided signposting to relevant services as well as one to one support where applicable after the group session.

Within another session, we returned in greater depth to gender and the definitions of terms requested by different participants within the group. There were a lot of questions around terms that members of the group had heard but did not understand e.g. sexual orientation and concepts such as polysexual and pansexuality. Theo described how due to a lack of discussion, education for both students and teachers, in their previous school, they had felt under constant pressure to justify who they were and their trans identity. This coupled with invasive questioning about their genitals and the school's strict uniform policy ultimately resulted in them leaving mainstream education. The RSE programme was the first time they were provided with accurate, secular, information around issues affecting them as well as a non-judgmental space to discuss them. It was also the first time all members of the group felt they could ask questions around LGBTQI issues in a safe, open and confidential space.

Within the last session, we discussed aspects of the law, images, online safety and porn consumption. Theo raised some very interesting points around the 'male gaze' and their own experience of feeling constantly watched/looked at while other members of the group discussed how porn affected their notions of what sex was, discussing things like expectation and performance. We returned to touch on self-confidence and the importance of trust, and where the support services are and how to access them. Theo had stated that the discussion within the sessions had made them more open with their family about how they felt and more confident in who they were within themselves, and felt confident in moving forward regarding relationships. Other members of the group stated they would be more confident in asking for help and felt better knowing where to go to access services. There was also some reflection on previous relationships and risk-taking behaviour.

A lack of RSE with in Theo's former school contributed to removing them from mainstream education affecting their educational attainment as well as their friendship groups. This caused a lack of confidence, self-esteem and impacted their social development. They became withdrawn from family and peers and felt 'alone' and 'different'. The RSE sessions provided by Relate NI had a positive influence opening healthy communication for Theo, strengthening family ties and boosting confidence allowing them to be more sociable and able to take greater control of their relationship and sexual health in the future.

Conclusion

Healthy family relationships, including inter-parental relationships, are critical to children's life chances and have an impact on the probability of engaging in criminal activity and the criminal justice system. The family support infrastructure in Northern Ireland provides parents, carers, guardians and children with access to invaluable support and services, however more needs to be done to ensure that relational capability is built; relationships are prevented from falling into states of distress in as much as is possible; and people are protected at times of crisis such as relationship breakdown. Parenting and family support often focuses exclusively on parental behaviours, skills and techniques at the cost of focusing on the parental relationship and its impact on children. Overall, this this research project has found that relationships have a fundamental role in nurturing and maintaining people's wellbeing, as well as the quality of family and community environments. The quality of attachment with family, friends, and romantic partners has important implications across multiple domains in society including education, employment, health and social care, and criminal justice. However, currently there is a significant strategic gap in policy, in identifying the integral role of healthy relationships across key priority areas. As such, a key recommendation of this research is the development of a *Healthy Relationships Strategy*, which would involve a centrally driven, structural approach to embedding the role of relationships within government policy.

Final recommendations and associated policies

| 13. Provide therapeutic interventions for adults who have | a. Comprehensive RSE
b. Access to counselling support from the outset of sentencing | • Improved economic outcomes | ✓ Mental health strategy delivery |

been incarcerated or subject to post-release supervision

c. Supporting social network and friendship development

d. Address trauma gap with men who have been imprisoned

e. Gender specific family reunification programmes

f. Access to couple's therapy

g. Psychological support during and after incarceration

h. Access to community-based interventions after release

i. Policy makers can support with economic resources

j. Support for children of parents and families who are affected by incarceration using appropriate evidence-based approaches

k. Families of incarcerated individuals are provided with economic support

l. Provide or fund programmes to address intergenerational offending

- Improved mental health and well-being

- Improved family relationships

- Improved parent-child relationships

- Reduced IPV perpetration

- Reduced recidivism rates

- Improve public safety

- Improved community health

- Improved economic opportunities

- Reduced substance-use issues

- Reduce intergenerational cycles of crime involvement

plan for 2021/31 (2022)

✓ Making Life Better (2014)

✓ Stopping Domestic and Sexual Violence and Abuse in Northern Ireland (2016)

✓ Preventing Harm, Empowering Recovery - Substance Use Strategy 2021-2031 (2021)

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