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rooted ideas, radical change

In the Name of Love:

The Church, exclusion and
LGB mental health issues



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Introduction

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From both outside and in; as a life-long non-conformist and now also a Canon within the Anglican Communion I have always found much to admire and respect about the Church of England – a Church of great breadth and magnitude but most impressively of genuine unity amidst diversity.

In the UK, the Church of England receives a greater degree of scrutiny, burden of social responsibility and higher public profile than any other religious denomination, group of churches or Christian organisation. One reason for this is that its very public governance structure provides mainstream journalists with a number of opportunities each year to observe its conversations – of both joy and struggle – and then, to squeeze the diversity and nuance they have witnessed into an over simplified, binary and generally misleading narrative.

Nowhere is this truer than in the ongoing debate, discussion and dialogue around same-sex marriage. The current media narrative – conservatives vs liberals and progressives battling traditionalists – fails to give recognition to the inclusive and tangible support that many lesbian, gay and bisexual people experience at a local Parish level. Although the recent report from the House of Bishops has generated much coverage around the Church's decision to retain its traditional stance on same-sex relationships, little press attention has been paid to the pages which describe the worth and dignity of human beings or restate its commitment to welcoming and caring for all people regardless of their sexuality.

But, all that being said, as I have reflected and pondered over the past fortnight I cannot help but conclude that the House of Bishop's report remains yet another missed opportunity to make a positive statement that signals change and therefore, in the end, just one more contribution to the sea of negativity that far too many LGB people are being left to drown in. And that makes me both sad and, to be honest, angry!

Over four decades of pastoral ministry, many years of leading a large Christian organisation and through my own network of friends and relationships, it has long been clear to me that the way we conduct our conversation around same-sex relationships – the theological positions we arrive at and pastoral attitudes and practises that flow from them – causes anguish for far too many people who are lesbian, gay or bisexual. It is no secret that the negative stance taken by the Church, and so many individual local churches, has a hugely distressing impact on large numbers of LGB people and leaves countless numbers of them living lives of forced secrecy and dishonesty. Tragically, it is also common knowledge that the resultant anguish and distress often leads to spiritual, mental and physical harm, and in the worst of cases to people making the desperate decision to take their own life.

Too often however, these powerful testimonies are dismissed by those that don't want to hear them – those who are not yet ready to face up to the scale of the damage that we collectively have unintentionally caused. My hope is that this report is the beginning of a sea change to this approach.

In the pages that follow, we will establish that there is watertight evidence that lesbian, gay and bisexual people are more likely than heterosexuals to experience poor mental health. We will demonstrate that negativity within society is a major cause of this. We will show, beyond reasonable doubt, that it is the Church and local churches who are fuelling this negativity. We will take a long, hard look in the mirror and see the consequences of what we have said and done staring back at us.



Lastly, the report will, of course, also make recommendations about the way forward; about what we can all do to start making a change. These recommendations are also detailed in the executive summary.

In conclusion, I want to clarify how we have used some important terminology throughout the report. Many of the studies and reports that we have read will talk about problems that face LGBT (lesbian, gay, bisexual and transgender) people. Where we have quoted these reports, we have repeated their terminology. However, where we are writing in our own voice, we have used the acronym 'LGB' (lesbian, gay and bisexual).

There are two reasons for this. Firstly, we think it is unhelpful and disrespectful to imply that all conversations around sexuality and gender identity can 'lumped' into the same category (although, of course, the fact that all have experienced discrimination from church and society does mean there is some overlap). The second is that we feel this report fundamentally deals with the issue of how the Church has responded to same-sex relationships and it is entirely false to assume that transgender people are also homosexual, although, of course, some are. We would like to be clear however that we are mindful of the pain that many transgender people have experienced. Indeed, the Oasis Foundation is also committed to continuing to explore how transgender people can be better supported through more authentic theology and appropriate pastoral care.

It is widely acknowledged that the Church's pastoral practise among LGB people has often been appalling; a scandal that we have swept under the carpet for too long. But, the questions raised in this report about the current situation across the Church, cannot

be dismissed as good, biblical theology being let down by poor pastoral practise. God is the great pastor – God is love. Therefore, any belief, any doctrine, any policy that causes destructive hurt and alienation cannot be born of a theology that reflects the God of the Bible.

Stupidity, as the saying goes, is doing today exactly what we did yesterday and expecting different results. There is an elephant in the room and we need to acknowledge it and deal with it.

Therefore, I invite you to read this report in its entirety and to join the conversation about how the whole Church – not just Anglican, but Catholic, Orthodox, Non-conformist and Evangelical – might cease to be the problem and become a key part of the solution. It is time to have a different conversation; a more honest, pastoral, courageous and urgent conversation than the one we have just concluded, because for every day we fail to do so there are yet more lesbian, gay and bisexual young people who suffer the consequences of our inaction.

Rev. Steve Chalke MBE
Oasis Founder and Global Leader



Executive summary

Through pastoral ministry, proactive outreach and the personal testimonies of team members, volunteers and church attendees, Oasis has become increasingly aware of how the Church's traditional narrative around sexual identity and same-sex relationships has been destructive to the lives, wellbeing and mental security of people who are lesbian, gay or bisexual.

In the past three decades, a growing body of research has demonstrated that people of sexualities other than heterosexual are significantly more likely to experience poor mental health ranging from depression and anxiety to self-harm and suicide. Similarly, researchers have been able to link these problems to a sense of 'societal discrimination' and a perception of inferiority. This report however, is the first of its kind to explicitly make the link between local churches' pastoral practises of discrimination and its substantial contribution to negative attitudes in society, to a reduction of mental health and quality of life in lesbian, gay and bisexual people.

In the three distinct sections, the report establishes that:

1. LGB people are significantly more likely to experience mental health problems than heterosexuals

- From 'snapshot surveys' to detailed academic studies, there is comprehensive statistical evidence that mental health issues are more prevalent among LGB people. At a conservative estimate, LGB people are 3 times more likely to suffer from poor mental health, with some studies suggesting the figure could be closer to 13 times more likely.
- These mental health problems can affect LGB people of all ages, but the impact on youth (16-24) suicide rates and attempted suicide rates is particularly notable statistically.
- The fact that LGB people are more likely to suffer poor mental health is acknowledged by carers and health bodies such as the National Health Service.

2. These problems with mental health are as a result of discrimination and a sense of societal inferiority

- The vast majority of clinical practitioners do not believe there is any inherent link between being lesbian, gay or bisexual and a propensity to be mentally unwell.
- Instead there is a growing consensus that these vulnerabilities arise as a result of the treatment of LGB people in society.
- A major factor is direct discrimination and homophobia which many LGB people experience.
- A second factor, is a sense of societal 'inferiority' arising from explicit statements or implicit assumptions that heterosexuality is superior to homosexuality or bisexuality.

3. The Church and local churches are one of the biggest sources of direct discrimination against LGB people and the biggest contributor of negative views to debates about same-sex relationships in society and the media

- With the exception of the URC church, all of the major UK denominations have positions and policies which actively discriminate against people in same-sex relationships.
- Research demonstrates that church goers are almost three times more likely than a non-religion person to have negative views about same-sex relationships and while all groups of people have become more liberal in attitude since the early 80s, church goers have done so at a considerably slower rate.
- Analysis by the Oasis Foundation demonstrates that the majority of negative messages about same-sex relationships in the mainstream media are driven by churches or church goers and that most political opposition to the liberalisation of laws around same-sex relationships is from those who can be publicly identified as Christian.

The report therefore concludes that attitudes and pastoral practises of the Church and local churches are significantly contributing to a narrative that is causing harm to LGB people, leading to depression, anxiety and in extreme cases, physical harm and suicide. It then makes a series of recommendations that can be summarised as:

1. Commission and fund further research -

A vital next step in the progression of this conversation is an in depth piece of research with a strong quantitative and qualitative dimension. The Church of England should look to fund or part-fund a project of this nature in order to take the understanding of these issues to new levels.

2. Grant funding to mental health support services, particularly those working with LGB people

–We welcome the CofE's commitment to continued conversation but there needs to be an acknowledgement that, should their positions

on same-sex relationships ever change, it will not be possible to turn the clock back. As such, the Church of England and other church groups should look to do as much as possible to offset the consequences of its current discussions by funding mental health support services, particularly those seeking to help LGB people.

3. Dissenting local churches need to make their position heard – Churches that are inclusive to LGB people need to be clear on their inclusive position and find effective ways of presenting this to their local communities. An effective method would be to sign up to the 'Open Church charter' which is designed to be a badge of welcome, support and sanctuary for LGB and T people. More information can be found at <https://oasis.foundation/openchurchcharter>

4. Churches must be bolder in hosting an open conversation – It is imperative that churches of all groups and denominations engage in open dialogue and ascertain what the attitudes of members really are to inform church doctrine and pastoral practise.

5. Inclusive church members must speak up and be heard – While statistics currently available reveal that about half of UK church goers have inclusive views about people in same-sex relationships, half of those do not feel able to be talk about their views in a local church environment. Given the revelations of this report in the potential damage of what negative views may be doing to the mental health of LGB people, we would encourage people in every church group and denomination to be as courageous as possible in championing the position they believe in.

6. Acknowledge the issues raised in this report and pursue the conversation with greater urgency – Each church in the country needs to acknowledge the ways in which we have all been part of a bigger and damaging story that has hurt and wounded people mentally and physically. It should be part of each church's annual planning cycle and missional objectives to consider what can be done at a local and national levels to begin to correct this.

LGB people and mental health

The belief that people who are Lesbian, Gay or Bisexual are significantly more likely to experience mental health difficulties than heterosexuals is so widespread in the healthcare sector and society in general that it is often cited with confidence and without the need for qualification.

For example, the NHS 'Livingwell' guide to LGB and mental health opens with the claim that "Studies show that lesbian, gay and bisexual people show higher levels of anxiety, depression and suicidal feelings than heterosexual men and women" without feeling the need to cite or reference the studies in question.¹

However, the fact that this view has entered into the subconscious mind set of society, does not mean that it should be dismissed as anecdotal observation grounded more in assumption than evidence. In fact, "nearly three decades of research have repeatedly demonstrated that lesbian, gay, bisexual and transgender youth are significantly more likely to attempt suicide than their heterosexual peers"² and a growing body of research is now demonstrating that these dramatic infringements to mental wellbeing are affecting LGB people of all ages.

Amongst the alarming figures that research has established in the past decade are the following:

- 24% of gay men admitted to trying to kill themselves, while 54% admitted to having suicidal thoughts³
- In the year 2011-2012, three per cent of gay men and five per cent of bisexual men attempted to take their own life. Just 0.4 per cent of men in general attempted to take their own life in the same period⁴
- One in 14 gay and bisexual men deliberately harmed themselves in the year 2011-2012 compared to just 1 in 33 men in general who have ever harmed themselves⁵
- Gay and bisexual men are over three times more likely to be vulnerable to eating disorders than their heterosexual counterparts⁶
- 42% of young LGBT people have sought medical help for anxiety or depression⁷
- 52% of young LGBT people report self-harm either now or in the past⁸
- 44% of young LGBT people have considered suicide⁹

1 NHS Choice, Livingwell, Mental health issues if you're gay, lesbian or bisexual, <http://www.nhs.uk/Livewell/LGBhealth/Pages/Mentalhealth.aspx>

2 ILGA Europe: Suicidality among lesbian, gay, bisexual and transgender youth, http://www.ilga-europe.org/sites/default/files/Attachments/ilga-europe_lgbt_youth_suicide_final.pdf

3 Survey of gay men by FS Magazine, reported in Pink News <http://www.pinknews.co.uk/2015/08/06/depression-and-low-self-esteem-rising-among-gay-men/>

4 Stonewall Gay and Bisexual Men's Health Survey https://www.stonewall.org.uk/sites/default/files/Gay_and_Bisexual_Men_s_Health_Survey__2013_.pdf

5 Ibid

6 Ibid

7 Survey of 7000 LGBT young people aged 16-24 by charity 'Metro' reported by BBC Newsbeat <http://www.bbc.co.uk/newsbeat/article/25711600/higher-suicide-risk-for-young-gay-and-lesbian-people>

8 Ibid

9 Ibid



These statistics are taken from surveys based on sample sizes of a similar or greater number to surveys that researchers would generally judge to be statistically significant. Nonetheless, each must be considered a 'snapshot' and as such, there are limits to what can be drawn, dissected and extrapolated from the data.

A significantly larger 2014 study by Cambridge University and funded by the Department of Health in 2014, broadly corroborates the data and trends from these earlier and smaller studies.

Specifically, the Cambridge University study found that:

- Sexual minorities were two to three times more likely to report having a longstanding psychological or emotional problem than their heterosexual counterparts.
- Nearly 11% of gay men and 15% of bisexual men reported such a problem, compared with 5% of heterosexual men.
- Just over 12% of lesbian women and almost 19% of bisexual women reported such problems compared with 6% of heterosexual women.¹⁰

With a consistent trend established across a range of different surveys conducted by a variety of different bodies we are compelled to conclude that gay and bisexual men and women experience significantly greater mental health problems than heterosexuals. While the statistics in the public domain tend to focus on the more extreme and life threatening issues of suicide and self-harm, the NHS also believes that LGB people are more likely to suffer from anxiety and depression which can seriously undermine the quality of a person's life and have profound consequences to physical as well as mental health.¹¹

It is clear that gay and bisexual men and women are at a significantly inflated risk of suicide, self-harm, depression and anxiety. Exploring with urgency why this situation has arisen and what – if anything – can be done to reverse and prevent it is plainly very necessary.

¹⁰ Cambridge University: Lesbian, gay and bisexual men and women report poorer health and experiences of NHS
<http://www.cam.ac.uk/research/news/lesbian-gay-and-bisexual-men-and-women-report-poorer-health-and-experiences-of-nhs>

¹¹ NHS Choice, Livingwell, Mental health issues if you're gay, lesbian or bisexual
<http://www.nhs.uk/Livewell/LGBhealth/Pages/Mentalhealth.aspx>

The causes and influences of higher levels of mental health and distress

Having established that LGB people are more likely to suffer problems with mental health, the question naturally turns as to why this might be the case. For some the answer is straight forward: homosexuality (and presumably bisexuality) is in and of itself a form of mental illness which leads naturally enough to other expressions of mental and emotional distress. This view, though rare, is still held by some Christian groups.¹²

In Western society, among the clinical professions and thought leaders in this field of study, this view is held only by an extreme minority. The mainstream view, expressed confidently by the American Psychological Association as scientific fact, is that “same-sex sexual attractions, behavior, and orientations per se are normal and positive variants of human sexuality—in other words, they do not indicate either mental or developmental disorders”.¹³

There is however a growing consensus as to the factors that are causing, influencing and impacting poorer mental health amongst LGB people. These are diverse and wide ranging but can be broadly assigned to one of two categories:

- 1. Direct homophobia and discrimination** – whereby LGB people directly experience a lack of access to communities, bullying or inferior treatment because of their sexuality or membership of a same-sex relationship.
- 2. Societal inferiority** – whereby LGB people feel second class because of both explicit and implicit references in families, communities, the media and society that to be homosexual or bisexual as an inferior status to heterosexuality.

This distinction is best detailed – albeit in slightly different language - in an extensive 2007 research project by ILGA Europe, that looked to address concerns around high levels of suicide amongst LGB youth and was able to isolate a number of factors that contributed toward vulnerability of mental health and, more encouragingly, ways in which those factors could be confronted and reduced.¹⁴

The study suggested that research had “shown that a social environment that excludes and stigmatises LGBT youth causes many of them to turn to suicide as an escape from depression, isolation and hopelessness”. It went on to suggest that “where governments and educational

¹² Christian Research Institute: Is homosexuality an illness <http://www.equip.org/article/is-homosexuality-an-illness/>

¹³ Report of the American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

¹⁴ ILGA Europe: Suicidality among lesbian, gay, bisexual and transgender youth http://www.ilga-europe.org/sites/default/files/Attachments/ilga-europe_lgbt_youth_suicide_final.pdf

authorities take specific measures to combat exclusion and discrimination faced by LGBT youth and to address the roots of a hostile social environment, significant improvements can be achieved.”¹⁵

The study surmises that the causes of mental health problems can best be described in ‘social or socio-political’ terms rather than psychological ones, with pressures coming from the ‘minority stress’ created by social context.¹⁶

Perhaps unsurprisingly, explicit homophobia – defined in the report as an irrational fear of, or anger towards homosexuality and bisexuality and toward lesbian, gay, bisexual and transgender people – is a contributing cause of creating a social environment that stigmatises, marginalises and discriminates against LGBT people. However, just as significant is the notion of ‘heterosexism’ – “the belief, stated or implied, that heterosexuality is superior (theologically, morally, socially, emotionally) to homosexuality; it often finds expression in the presumption (conscious or unconscious) that all people are or should be heterosexual, or in ignoring (consciously or unconsciously) the existence and needs of people who are not heterosexual.”¹⁷

The ILGA report – which itself surveyed a range of other reports, studies and statistics – attributed the following factors to the presence of both homophobia and heterosexism:

- A lack of full community membership, equal rights, respect and recognition for LGBT people
- Distorted representation or invisibility in media and all spheres of life
- Lack of public awareness and debate
- A lack of positive role models

- Lack of support in “coming out” and lack of groups to belong to
- An experience of “heterosexist socialisation” - the experience that heterosexuality guarantees social inclusion, whereas non-heterosexuality leads to marginalisation
- Being silenced and isolated
- Rejection by family and friends
- Parents’ disappointment and feelings of failure
- Schools: invisibility of LGBT issues both in the curriculum and more generally; lack of training for teachers and parents; and failure to acknowledge bullying of LGBT people as a problem¹⁸

Since the publication of the ILGA report, other studies have drawn similar conclusions. The 2014 study by Cambridge University – discussed in the previous section – found that the poor health reported “by sexual minorities may in part be due to potentially hostile and stressful social environments created by the stigma, prejudice and discrimination that they face”.¹⁹ In 2012, an Australian study also indicated that mental health problems encountered by gay men were a result of discrimination and lack of societal acceptance.²⁰

As with the evidence of heightened vulnerability for LGB people around mental health, the first decade and a half of the 21st century has presented a significant and growing body of evidence that societal discrimination – and the less severe but equally significant factor of perceived societal inferiority – underpins the situation. This report will examine the extent to which the church and local churches are contributing to negative attitudes towards same-sex relationships.

15 Ibid

16 Ibid

17 Ibid

18 Ibid

19 Cambridge University: Lesbian, gay and bisexual men and women report poorer health and experiences of NHS
<http://www.cam.ac.uk/research/news/lesbian-gay-and-bisexual-men-and-women-report-poorer-health-and-experiences-of-nhs>

20 La Trobe University’s ‘Private lives 2’ survey of 4000 gay men, reported on Life Site
<https://www.lifesitenews.com/news/poor-mental-health-among-homosexuals-caused-by-lifestyle-itself-or-discrimi>

The role of the Church in contributing toward a damaging message

For many organisations, LGB people and heterosexual individuals, the fact that the Christian Church is homophobic is simply taken for granted. In the ILGA study outlined in the previous section, many LGBT young people report that they simply do not believe that following an organised religion is an option for someone in – or seeking to be in – a same sex relationship.²¹ For many young people, the Church is not seen as inclusive. For instance, a 2016 survey conducted for the Oasis Foundation by YouGov found that 41% of 18-24 year olds in the UK fear that if local churches increased their role in the delivery of public services, it would lead to LGBT people being discriminated against.²²

This section will set out the two major ways that the Church and local churches contributes to the problem of mental illness amongst LGB people:

1. By direct discrimination of LGB people and reduced access to communities.
2. Through being the biggest source of negative contribution around national discussions on same-sex relationships.

1. Direct discrimination of LGB people and reduced access to communities

While a number of studies have blamed the mental health issues experienced by LGB people on societal discrimination, the ILGA report of 2007 explicitly claimed that exclusion from community groups or being treated, or perceived as, inferior are significant contributing factors in damaging gay and bisexual people's quality of life, potentially leading to serious and life threatening problems.²³

All but one of the major UK Christian denominations view homosexuality as in some way inferior to heterosexuality and generally place some bar on anyone in a sexually active same-sex relationship participating fully in the life of local churches. Despite a huge variance of opinion within the **Church of England**, their official view remains that sex belongs in marriage and that "homosexual genital acts...fall short of this ideal" and that those who practise such acts "be met by a call to repentance and the exercise of compassion."²⁴ The Church of England has not asked the UK Government to change legislation to allow same-sex marriages to take place within its jurisdiction and people in sexually active same-sex relationships are not valid candidates for ordination.²⁵

While believing that homosexual inclinations are not inherently sinful, the **Roman Catholic** Church is

21 ILGA Europe: Suicidality among lesbian, gay, bisexual and transgender youth
http://www.ilga-europe.org/sites/default/files/Attachments/ilga-europe_lgbt_youth_suicide_final.pdf

22 YouGov omnibus research included in 'Faith in Public Service', Oasis Foundation
<https://oasis.foundation/sites/foundation.dd/files/Oasis%20Foundation%20Report%20FINAL%20RS.PDF>

23 ILGA Europe: Suicidality among lesbian, gay, bisexual and transgender youth
http://www.ilga-europe.org/sites/default/files/Attachments/ilga-europe_lgbt_youth_suicide_final.pdf

24 The Church of England, Homosexuality
<https://www.churchofengland.org/our-views/marriage,-family-and-sexuality-issues/human-sexuality/homosexuality.aspx>

25 Ibid

26 Catholic Tracts <https://www.catholic.com/tract/homosexuality>



clear in its view “that acts intended to arouse or stimulate a sexual response regarding a person of the same sex” are always sinful.²⁶ The **Baptist Union** of Great Britain has, recognising the autonomous nature of its ecclesiology, permitted individual ministers to make their own decision on whether to conduct same-sex marriages but is clear to “affirm the traditionally accepted Biblical understanding of Christian marriage, as a union between a man and a woman, as the continuing foundation of belief in our Baptist Churches” and notes that it would find the decision to conduct a same-sex marriage as ‘unbecoming’ of a Baptist minister.²⁷

While the **Methodist** Church has a more liberal approach – allowing both church members and ministers to enter into legal same-sex marriages – it still maintains “that marriage is a gift of God and that it is God’s intention that a marriage should be a life-long union in body, mind and spirit of one man and one woman.”²⁸ The **Salvation Army** is clear that sexual acts are only permissible “in a monogamous heterosexual marriage”²⁹ while in contrast, the **United Reformed Church** has become the UK’s largest church denomination to offer, support and fully celebrate same-sex marriages.³⁰

Pentecostal groups tend to be more direct in their condemnation of same-sex relationships, with the **Assemblies of God** believing that “God has declared great displeasure and opposition toward homosexual conduct.” They proceed to clarify that “at every turn the Assemblies of God refutes the

practice, the acceptance, and the promotion of homosexuality.”³¹ The **Elim** church does not seem to have published their official position on same-sex marriage but comments made by their senior leaders during the high-profile public debate make it unlikely they would take a positive stance on the issue.³²

New Church groups – such as **New Frontiers**, **Ichthus** and **Pioneer** – have generally not put statements of their doctrines and positions in the public domain. However, significant anecdotal evidence suggests that these groups are amongst the most hostile to same-sex relationships and in many cases bar those in same-sex relationships from local church membership.³³

Even without this analysis of the current landscape, it is widely accepted that the Church and local churches have caused hurt and pain to its LGBT people. Even those who remain unconvinced of the need to affirm same-sex relationships have publicly apologised for the churches behaviour, including Archbishop of Canterbury Justin Welby.³⁴ However, given the evidenced impact that exclusion and discrimination have on the mental health of gay and bisexual men and women, it is clear that the Church’s stance on sexuality has resulted at the very least in anxiety and depression and in many cases in self-harm and even suicide. We would simply ask the churches to consider whether this represents the Good News of God’s Kingdom.

27 Baptist Union statement http://www.baptist.org.uk/Groups/273782/Same_Sex_Marriage.aspx

28 Methodist website <http://www.methodist.org.uk/who-we-are/views-of-the-church/human-sexuality/talking-of-marriage-and-relationships/frequently-asked-questions-marriage-and-relationships>

29 Salvation Army position statement on Human Sexuality file:///C:/Users/GStreeter/Downloads/human_sexuality.pdf

30 The URC empowers its local churches to conduct marriages of same-sex couples <http://www.urc.org.uk/media-news/2084-the-united-reformed-church-votes-to-allow-the-marriage-of-same-sex-couples-in-its-churches.html#sthash.5GPVs0d.dpuf>

31 Homosexual Conduct http://ag.org/top/Beliefs/relations_11_homosexual.cfm

32 <http://www.telegraph.co.uk/news/religion/10024693/Ethnic-minority-churches-dismiss-Camerons-diversity-arguments-for-gay-marriage.html>

33 Anecdotal evidence received and considered by Oasis pastoral support team

34 Daily Telegraph, Justin Welby says sorry to LGBTI community for hurt and pain caused by Anglican church <https://www.theguardian.com/world/2016/jan/15/justin-welby-says-sorry-to-lgbti-community-for-hurt-caused-by-church>

2. The biggest contributor of negative attitudes within society and the media

This report has established that direct experience of homophobia and exclusion can have a serious impact on the mental health of an LGB person and that given the positioning of all but one of the UK's major church denominations, British Christians will have been collectively responsible for causing harm to its LGB members. However, it has also established that a major cause of the problem is an underlying sense of societal, often 'heterosexist' discrimination of LGB, due to attitudes in the media and society.

As such, it is necessary and appropriate to ask the question of whether and how local churches, in addition to its direct discrimination against LGB people, contributes to a wider negative narrative around same-sex relationships in society.

In 2013, at the height of the public debate around the coalition Government's plan to introduce same-sex marriage in England and Wales, the British Social Attitudes survey revisited the question of how members of the public felt about the morality of same-sex relationships. While all groups of people have become more liberal in their attitudes since the question was first asked in 1983 (with the exception of a brief period in the late 80s and early 90s when fears around the outbreak of HIV hardened views amongst most groups) those of a religious persuasion have done so at a much slower rate. In 1983, Anglicans were 1.2 times more likely than the non-religious to think homosexuality was wrong; now they are 2.6 times more likely.³⁵

These findings are supported by other research. While a YouGov survey in 2013 found that only 37% of the general population opposed same-sex marriage, according to research by Oasis the following year, opposition among church-goers was 49%.

It is not therefore a big leap to assume that if negative views about same-sex relationships are disproportionately to be found in the Church, it is churches –that are responsible for a disproportionate share of the negative narrative found in the media and society. However, to be sure of this we do not have to rely on assumption. An analysis by the Oasis Foundation found that there is significant evidence to show that the Church is the biggest negative voice in the public, political and media discussion around the legitimacy of same-sex relationships:

- Of the signatories listed on the website of the Coalition for Marriage (the campaign against same-sex marriage), 74% can be publicly identified as Christian.
- Of the MPs who voted against the introduction of same-sex marriage in 2013, 54% self-identify as Christian and many others may privately consider themselves people of faith.
- An analysis of 100 national media articles on the topic of 'same-sex marriage' found that 47% contained a negative comment, and of those negative comments 91% are from a Christian leader or commentator or politician who can be identified as Christian.

To accept the premise that a societal negativity toward LGB people negatively affects their mental health, potentially putting their lives at risk leads logically to accept that the UK Church is to a very large extent, responsible for fuelling this narrative in today's environment.

³⁵ British Social Attitudes Survey, Homosexuality
<http://www.bsa.natcen.ac.uk/latest-report/british-social-attitudes-30/personal-relationships/homosexuality.aspx>

Conclusions

1. A growing body of evidence demonstrates that people who are lesbian, gay or bisexual are more likely to experience poor mental health. This can range from anxiety, depression and issues with body image to self-harming and suicidal thoughts.
2. This propensity toward poor mental health is caused by people experiencing homophobia personally and by a societal bias toward 'heterosexism' which communicates the explicit or implicit message that heterosexuality is the norm and anything else is inferior.
3. In the UK, local churches are one of the biggest 'organised discriminators' of LGB people. Christians are also the biggest grouping of people who fuel negative attitudes about same-sex relationships in media and society.
4. The Church must take a disproportionate share of the blame for the mental health issues of people who are lesbian, gay or bisexual. The church must accept the role it has, however unintentionally, played in the in the poor mental and physical health of LGB people, including anxiety, depression and ultimately a risk to their physical health and even their lives.

Recommendations

The research presented in this report has made stark observations about the role of UK churches in contributing to poor mental health in lesbian, gay and bisexual people. The consequences of this can lead to anxiety, depression, low self-esteem, self-harm and even suicide.

However, there are things that the Church and local churches can do to contain the damage caused by their theological conversations, adopt a more positive pastoral position and influence positive perceptions of same-sex relationships in society. Given this report is released against the backdrop of the Bishops Report of February 2017, these recommendations will first discuss what the Church of England can do before moving on to address considerations for the wider Church in the UK.

Recommendations for the Church of England

1. Commission and fund further research

- This report captures significant insights into attitudes within the UK Christian church and the impact of its teachings and pastoral practises on LGB people. However, a vital next step in the progression of this conversation is an in depth piece of research with a strong quantitative and qualitative dimension. The Church of England should look to fund or part-fund a project of this nature in order to take the understanding of these issues to new levels.

2. Grant funding to mental health support services, particularly those working with LGB people

- In the Bishops Report, it is acknowledged that what is currently presented might not be the final answer and

that the conversation continues. We welcome the Church's commitment to continued conversation but there needs to be an acknowledgement that, should their positions on same-sex relationships ever change, it will not be possible to turn the clock back. Any damage that these conversations, and the negative narrative it might inadvertently help to foster, do to church members or to people outside the church cannot necessarily be reversed in the future. As such, the Church of England should look to do as much as possible to offset the consequences of its current discussions by funding mental health support services, particularly those seeking to help LGB people.

3. Dissenting local churches need to make their position heard

- The Church of England has long been a place of diversity and has made a historic success of staying united as an organisation despite disagreement on some significant theological and pastoral issues. As such a large number of local churches within the Anglican communion do not agree with the conclusions of the House of Bishop's report. These churches need to be clear on their inclusive position and find effective ways of presenting this to their local communities. An effective method would be to sign up to the 'Open Church charter' which is designed to be a badge of welcome, support and sanctuary for LGBT people.

More information can be found at <https://oasis.foundation/openchurchcharter>



Recommendations for wider UK churches

(note: many of these will also apply to people within the Anglican communion)

4. Churches must be bolder in hosting an open conversation – Research conducted by Oasis in 2015 found that local church members were more likely to be inclusive of LGB people than their church leaders. It is imperative that churches of all groups and denominations engage in open dialogue and ascertain what the attitudes of members really are to inform church doctrine and pastoral practise.

5. Inclusive church members must speak up and be heard – While statistics currently available reveal that about half of UK church goers have inclusive views about people in same-sex relationships, half of those do not feel able to be talk about their views in a local church environment. Given the revelations of this report in the potential damage of what negative views may be doing to the mental health of LGB people, we would encourage people in every church group and denomination to be as courageous as possible in championing the position they believe in.

6. Acknowledge the issues raised in this report and pursue the conversation with greater urgency – Each local church in the country needs to acknowledge the ways in which we have all been part of a bigger and damaging story that has hurt and wounded people mentally and physically. It should be part of each church's annual planning cycle and missional objectives to consider what can be done at a local and national levels to begin to correct this.



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